

The background of the cover is a photograph of a line of medical students. They are wearing white lab coats and are looking down at documents or books they are holding. The student in the foreground has a name tag that reads "Thomas F. Frist, Jr. College of Medicine BELMONT UNIVERSITY".

# Thomas F. Frist, Jr. College of Medicine at Belmont University

STUDENT HANDBOOK  
2025-2026

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Revised Dec. 2025

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## ABOUT BELMONT

Consistently recognized as a “Most Innovative” university, Belmont University draws almost 9,000 students who represent every state and more than 28 countries. The campus sits on 93 picturesque acres just two miles from downtown Nashville, Tennessee, a dynamic and vibrant hub for government, healthcare, music, tourism, and more. Belmont is a private, four-year university that combines the best of liberal arts and professional education in a Christian community of learning and service. The University’s purpose is to help students explore their passions and develop their talents to meet the world’s needs.

**Belmont University Mission:** *We are a Christ-centered, student-focused community, developing diverse leaders of purpose, character, wisdom and transformational mindset, eager and equipped to make the world a better place.*

## STUDENT HANDBOOK NOTICE

The Thomas F. Frist, Jr. College of Medicine’s (FCoM) Student Handbook is presented in conjunction with the Belmont University’s handbook, *The Bruin Guide*, to identify the many facilities, services, and resources that may be of value to our students during their training. All University student policies and procedures are included in *The Bruin Guide*. **However, policies in this handbook, or accessible through the medical students’ enrollment hub, specific to medical students supersede similar university policies governing non-medical students.** Please note that the University cannot possibly list all required student behaviors in the Catalog and/or Student Handbook, so whenever in doubt, students are strongly encouraged to contact the Dean, Associate Deans, or Directors responsible for the issue in question, for clarification. This handbook is not a contract between the University and the student. Rather, it is intended to provide information to guide students along their educational journey. Students are expected to review the handbook in its entirety, be familiar with and adhere to its contents, and refer to it as necessary.

# THOMAS F. FRIST, Jr. COLLEGE OF MEDICINE

## PROGRAM OVERVIEW

The Doctor of Medicine (M.D.) program is a four-year graduate degree program. The FCoM is committed to educating excellent future clinicians, whose knowledge and clinical decision-making is firmly grounded in foundational sciences, and who consider the whole patient, with deep and nuanced understanding of the spiritual, socioeconomic, and systems factors that affect health care.

Our guiding principle is to integrate as much as possible basic, foundational sciences and clinical medicine. Core clinicians and foundational scientists have developed the curricular content and will teach collaboratively through large and small-group settings for case-based, organ system study. Emphasis will be on active and self-directed learning, as well as heavy utilization of simulation. The centerpiece of the curriculum is integrated cases that feature social, spiritual, and cultural determinants of health and the humanities in the context of delivering whole-person patient care.

**Our Mission:** The Thomas F. Frist, Jr. College of Medicine at Belmont University is dedicated to cultivating diverse physician leaders of character who embrace a whole-person approach to healing in a community of service-learning, inspired by the love and grace of Christ.

**Our Vision:** Shaping medicine through transformative whole-person care.

**Our Values:** We are united by a common set of value statements:

- Love Learning
- Lead by Serving
- Live with Integrity
- Heal Together in Humility
- Welcome Difference

## ACCREDITATION STATEMENTS

Belmont University is accredited by the **Southern Association of Colleges and Schools - Commission on Colleges** to award baccalaureate, master's, and doctoral degrees, including the Doctor of Medicine degree.

**The Thomas F. Frist Jr. College of Medicine (FCoM) was granted preliminary accreditation in October 2023** from the Liaison Committee on Medical Education (LCME).

## FCoM MEDICAL EDUCATION PROGRAM OBJECTIVES

General Competency	Medical Education Program Objective(s)
Patient Care (PC 1.0)	Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
Patient Care	PC 1.1 Gather essential and accurate information about patients and their conditions through history-taking
Patient Care	PC 1.2 Gather essential and accurate information about patients and their conditions through physical examination
Patient Care	PC 1.3 Interpret clinical information and diagnostic data to formulate an assessment, including a prioritized differential diagnosis
Patient Care	PC 1.4 Determine diagnostic interventions and management plans based on patient information and preferences, scientific evidence and clinical judgment
Patient Care	PC 1.5 Verbally present patient information clearly, accurately, and efficiently
Patient Care	PC 1.6 Perform common procedures correctly and safely.

General Competency	Medical Education Program Objective(s)
Knowledge for Practice (KP 2.0)	Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences.
Knowledge for Practice	KP 2.1 Apply established and evolving biomedical and clinical scientific principles to health care for patients and populations
Knowledge for Practice	KP 2.2 Apply epidemiological sciences principles and evidence to address medical conditions, health disparities, resources, and disease prevention/health promotion
Knowledge for Practice	KP 2.3 Apply social-behavioral sciences to patient care, addressing psychosocial and cultural influences on health, disease, and barriers to and attitudes toward care
Knowledge for Practice	KP 2.4 Contribute to the creation, dissemination, application, and translation of new health care knowledge or practices
Knowledge for Practice	KP 2.5 Demonstrate knowledge necessary to integrate spirituality into patient care

General Competency	Medical Education Program Objective(s)
Practice-Based Learning and Improvement (PBLI 3.0)	Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning
Practice-Based Learning and Improvement	PBLI 3.1 Identify strengths and deficiencies in one's own knowledge, skills, and attitudes, then engage in learning activities that meet improvement goals
Practice-Based Learning and Improvement	PBLI 3.2 Incorporate feedback into daily practice
Practice-Based Learning and Improvement	PBLI 3.3 Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement

General Competency	Medical Education Program Objective(s)
Interpersonal and Communication Skills (ICS4.0)	Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals
Interpersonal and Communication Skills	ICS 4.1 Communicate effectively with patients, families, and colleagues across a broad range of socioeconomic and cultural backgrounds
Interpersonal and Communication Skills	ICS 4.2 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about end of life, adverse events, bad news, disclosure of errors, and other sensitive topics
Interpersonal and Communication Skills	ICS 4.3 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
Interpersonal and Communication Skills	ICS 4.4 Maintain accurate and timely medical records

General Competency	Medical Education Program Objective(s)
Professionalism (PR5.0)	Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
Professionalism	PR 5.1 Demonstrates respect for others, as well as sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
Professionalism	PR 5.2 Demonstrates the ability to prioritize and advocate for patient needs
Professionalism	PR 5.3 Demonstrate respect for confidentiality and patient autonomy



Professionalism	PR 5.4 Demonstrate accountability to patients, society, and the profession
Professionalism	PR 5.5 Demonstrate a commitment to ethical principles in the practice of medicine

General Competency	Medical Education Program Objective(s)
Systems-Based Practice (SBP 6.0)	Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
Systems-Based Practice	SBP 6.1 Demonstrate an understanding of various health care delivery settings and systems, as well as an ability to work in them
Systems-Based Practice	SBP 6.2 Coordinate patient care within the health care system, demonstrating collaboration, understanding, and respect for the roles of other allied health professionals in meeting patient needs
Systems-Based Practice	SBP 6.3 Incorporate cost awareness and risk-benefit analysis in patient and population-based care
Systems-Based Practice	SBP 6.4 Demonstrate awareness of how government health policy impacts the health of individual patients and communities, specifically related to healthcare disparities
Systems-Based Practice	SBP 6.5 Uses health information technology effectively to support patient care, with an understanding of technology's capabilities, limitations, and benefits

General Competency	Medical Education Program Objective(s)
Interprofessional Collaboration (IPC 7.0)	Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.
Interprofessional Collaboration	IPC 7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
Interprofessional Collaboration	IPC 7.2 Communicate with interprofessional team members in a responsive and responsible manner

General Competency	Medical Education Program Objective(s)
Personal and Professional Development (PPD 8.0)	Demonstrate the qualities required to sustain lifelong personal and professional growth.
Personal and Professional Development	PD 8.1 Develop an understanding of the challenges of a career in medicine related to personal physical, mental, emotional, social, and spiritual wellbeing, and use this knowledge to work toward balancing personal and professional demands
Personal and Professional Development	PPD 8.2 Demonstrate behaviors that promote wellness, resiliency, and prevention of burnout, including self-reflection, healthy coping behaviors, and appropriate help-seeking behaviors
Personal and Professional Development	PPD 8.3 Practice flexibility and maturity in managing and adjusting to change, with the capacity to alter one's behavior
Personal and Professional Development	PPD 8.4 Understand and model leadership skills that enhance team functioning, the learning environment, and the health care delivery system
Personal and Professional Development	PPD 8.5 Recognize, address, and appropriately communicate the ambiguity that is intrinsic to clinical healthcare and identify strategies to deal with the uncertainty
Personal and Professional Development	PPD 8.6 Develop an understanding of the roles implicit bias, stereotypes and systemic racism can play in the perceptions of health care providers and patients in the health care system

## ACADEMIC CALENDAR 2025-2026

<b>MS1: 2025 - 2026 Academic Calendar</b>	
<b>Fall Term 2025</b>	
July 28 - August 1	New Student Orientation
August 1	White Coat Ceremony
August 4	First Day of Term
August 4 - September 12	Molecular & Cellular Foundations – 6 weeks
September 1	Labor Day (No Class)
September 15 - September 17	Impact Week 1
September 18	Student Wellness Retreat
September 22 - October 31	Immunology, Microbiology, & Dermatology – 6 weeks
November 3 - November 5	Impact Week 2
November 10 - December 19	Hematology & Basic Principles of Oncology – 5 weeks
November 24 - November 28	Fall/Thanksgiving Break (No Class)
<b>Longitudinal Courses</b>	
August 4 - December 19	Integrated Clinical Practice 1A – 19 weeks
August 4 - December 19	Wonder & Wisdom in the World of Medicine 1A – 19 weeks
December 19	Last Day of Fall Term
<b>Spring Term 2026</b>	
January 5	First Day of Term
January 5 - February 27	Cardiovascular – 8 weeks
January 19	Martin Luther King, Jr. Day (No Class)
March 2 - March 6	Spring Break (No Class)
March 9 - March 11	Impact Week 3
March 16 - April 24	Pulmonary – 6 weeks
April 3	Good Friday (No Class)
April 27 - May 29	Musculoskeletal – 5 weeks
May 25	Memorial Day (No Class)
<b>Longitudinal Courses</b>	
January 5 – May 29	Integrated Clinical Practice 1B – 20 weeks
January 5 – May 29	Wonder & Wisdom in the World of Medicine 1B – 20 weeks
May 29	Last Day of Spring Term
<b>Summer Term 2026 (Optional)</b>	
June 8	First Day of Summer Term
June 8 – July 2	Summer Elective 1
June 19	Juneteenth (No Class)
July 3	Independence Day Holiday (No Class)
July 6 – July 31	Summer Elective 2
July 31	Last Day of Summer Term

<b>MS2: 2025 - 2026 Academic Calendar</b>	
<b>Fall Term 2025</b>	
August 4	First Day of Term
August 4 - September 5	Gastrointestinal – 5 weeks
September 1	Labor Day (No Class)
September 8 - September 10	Impact Week 4
September 15 - October 17	Renal – 5 weeks
October 20 - December 19	Neurology & Behavioral Science – 8 weeks
November 24 - November 28	Fall/Thanksgiving Break (No Class)
<b>Longitudinal Courses</b>	
August 4 - December 19	Introduction Clinical Practice 2A – 19 weeks
August 4 - December 19	Wonder & Wisdom in the World of Medicine 2A – 19 weeks
December 19	Last Day of Fall Term
<b>Spring Term 2026</b>	
January 5	First Day of Term
January 5 – March 6	Endocrinology & Reproduction – 9 weeks
January 19	Martin Luther King, Jr. Day (No Class)
March 9 – March 20	Foundation Capstone – 2 weeks
March 23	Wellness Retreat
April 3	Good Friday (No Class)
<b>Longitudinal Courses</b>	
January 5 - March 20	Integrated Clinical Practice 2B – 11 weeks
January 5 - March 20	Wonder & Wisdom in the World of Medicine 2B – 11 weeks
March 23 – May 1	USMLE Step 1 Independent Study
May 4 – May 10	Break
May 10	Last Day of Spring Term
<b>Summer Term 2026</b>	
May 11	First Day of Summer Term
May 11 – August 7	Block 1 Clerkships
May 11 – August 7	Family Medicine Longitudinal Clerkship
May 26	Memorial Day (No Class)
June 19	Juneteenth (No Class)
July 3	Independence Day Holiday (No Class)
August 7	Last Day of Summer Term
August 10 – August 14	Semester Break

# NON-DISCRIMINATION POLICY

## THOMAS F. FRIST, JR. COLLEGE OF MEDICINE AT BELMONT UNIVERSITY

Belmont University is a Christ-centered community. The University faculty, administration, and staff uphold Jesus as the Christ and as the measure for all things. As a community seeking to uphold Christian standards of morality, ethics, and conduct, Belmont University holds high expectations of each person who chooses to join the community. In compliance with federal law, including provisions of the Title IX of the Education Amendments of 1972, Titles VI and VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act and Section 504 of the Rehabilitation Act of 1973/the Americans with Disabilities Act, Belmont University does not discriminate on the basis of race, sex\*, color, national or ethnic origin, age, disability, military service, or sexual orientation in its administration of education policies, programs or activities; its admissions policies; or employment. Consistent with applicable civil rights law, the University primarily hires employees of the Christian faith who are committed to support the mission of the University.\*\*

The University has appointed the Chief Human Resources Officer/Deputy Title IX Coordinator to serve as coordinator of non-discrimination compliance for staff and faculty. The Director of Institutional Equity and Compliance and Title IX Coordinator serves as coordinator of compliance for Title IX (sex discrimination) issues and questions for students.

*\* Consistent with U.S. Supreme Court precedent (Bostock. v. Clayton County (2020)) and applicable federal regulations, the prohibition against discrimination on the basis of “sex” includes a prohibition against discrimination on the basis of “gender identity.” The Frist College of Medicine will not discriminate on the basis of gender identity.*

*\*\* In accordance with accrediting standards for its professional education programs in law and medicine, the University does not apply religious criteria in employment, educational policies or practices, or student activities (including admissions) within those programs. All employees hired by the University, regardless of religious faith, shall be committed to support Belmont’s Christ-centered, student-focused mission.*

# Thomas F. Frist, Jr. College of Medicine

## ADMISSIONS REQUIREMENTS

### Admissions Requirements

- Completion of a bachelor's degree or above (must be completed prior to matriculation)
- Completion of all required pre-requisite coursework (must be completed prior to matriculation)
- MCAT Scores

### Required Pre-Requisite Courses

BIOLOGY	8 semester hours including lab
GENERAL CHEMISTRY	8 semester hours including lab
ORGANIC CHEMISTRY	8 semester hours including lab
PHYSICS	8 semester hours including lab
BIOCHEMISTRY	3 credit hours
COLLEGE ENGLISH	6 credit hours
COLLEGE MATHEMATICS	3 credit hours

### Recommended Courses

*The following courses are only recommended to complement your preparation for the MCAT and/or medical school. Not taking these courses will not negatively impact the consideration of your application.*

GENETICS	3 credit hours
CELL BIOLOGY	3 credit hours
HUMAN GROWTH AND DEVELOPMENT	3 credit hours
ABNORMAL PSYCHOLOGY	3 credit hours
INTRO TO PSYCHOLOGY	3 credit hours
INTRO TO SOCIOLOGY	3 credit hours
STATISTICS or BIostatISTICS	3 credit hours

# Thomas F. Frist, Jr. College of Medicine

## ADMISSIONS SELECTION PROCESS

### Selection Factors

The Frist College of Medicine at Belmont University (FCoM) through the activities of its Office of Admissions and Admission Committee is committed to the admission of academically qualified students who fulfill the mission, vision and values of FCoM and demonstrate experiences and attributes consistent with applicant attributes defined by the FCoM faculty. The FCoM uses a holistic review process for the assessment of all application materials. Through the holistic review process, the FCoM Admissions Team and Committee will seek to shape a class that gives voice to additional applicant characteristics and facilitates the admission of academically qualified applicants from its designated mission-aligned priority categories. The composition of each class is designed to enhance a rewarding and rigorous medical education experience for all.

## PRE-MATRICULATION REQUIREMENTS

After an admission offer has been made and accepted, there are several requirements that must be completed as a part of the onboarding process. These items include:

- 1) Successful completion of all coursework in the current plan of study, if applicable.
- 2) Successful completion of all the pre-requisite coursework,
- 3) Submission of the Technical Standards Attestation Statement.
- 4) Successful completion of the AMCAS Criminal Background Check.
- 5) Successful completion of a drug screen.
- 6) Submission of official transcripts.
- 7) Submission of immunization records.
- 8) Completion of pre-matriculation assessments assigned by the Student Success Center.
- 9) Upload photo for Belmont ID badge.
- 10) Submit FAFSA for scholarship and financial aid consideration.
- 11) Opt-in or waive out of the student health insurance.
- 12) Verify understanding of financial responsibility statement to clear the way for registration.
- 13) Other miscellaneous items, as directed.

## **TECHNICAL STANDARDS FOR ADMISSION, RETENTION, AND GRADUATION**

Medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behaviors. Qualified applicants must demonstrate the cognitive and physical abilities, and behavioral and communication skills required to complete a rigorous curriculum and meet certain technical standards for medical students and physicians. A graduate of the Frist College of Medicine at Belmont University (FCoM) must have the knowledge and skills to function in various clinical settings and to provide a wide spectrum of care.

The FCoM acknowledges Section 504 of the 1973 Vocational Rehabilitation Act, PL 101-336 – the Americans with Disabilities Act (ADA) 1993, and the ADA Amendments Act of 2008 – PL 110-325, but ascertains that certain minimum technical standards must be present in prospective candidates.

In order to acquire the requisite knowledge and skills, students must possess both sensory and motor abilities that permit them to accomplish the activities described in these standards, with or without reasonable accommodations. A student must be able to effectively process information through their sensory functions, with or without a reasonable accommodation, and do so consistently, rapidly and accurately. Students must be able to learn, integrate, analyze and synthesize data. A student must be able to tolerate physically challenging workloads and function effectively under stress with an inclusive and diverse patient population. The responsibilities of medical students may require their presence and attention during daytime and nighttime hours.

Reasonable accommodations are modifications or adjustments to the tasks, environment, or to the way things are usually done that enable individuals with disabilities to have an equal opportunity to participate in an academic program or a job (U.S. Department of Education, 2007). Providing accommodations cannot “fundamentally alter” the essential elements of a course or curriculum and/or create an “undue burden” requiring significant difficulty or expense on the institution ([ada.gov](http://ada.gov)).

A candidate for the M.D. degree must have aptitude, abilities and skills in five areas: 1) observation, 2) communication, 3) motor and sensory function, 4) intellectual, conceptual, integrative and quantitative ability, and 5) attitudinal, behavioral, interpersonal and emotional characteristics. Technical compensation can be made for some handicaps in these areas, but a candidate must be able to perform in a reasonably independent manner. The use of a trained intermediary would mean that a candidate’s judgement must be mediated by someone else’s power of selection and observation. Therefore, third parties cannot be used to assist students in accomplishing curricular requirements in the five skill areas specified above.

### **Observation**

Students must have sufficient visual ability to observe patients accurately from a distance and close at hand. They must be able to observe and participate in laboratory exercises and demonstrations in the foundational sciences. They must be capable of viewing and developing the skills needed to interpret diagnostic modalities. Students must be able to obtain a medical



history and perform a complete physical exam, including detecting and interpreting non-verbal communication such as a change in posture, body language, mood, and facial expressions demonstrated by patients.

### **Communication**

Students must be able to communicate effectively, in writing and verbally in English, and must be able to speak with, understand, and establish a rapport with patients, families, fellow students, faculty, and other members of the health care team.

### **Motor and Sensory Function**

Students must have sufficient motor and sensory functions to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A student must be able to do basic laboratory tests, carry out diagnostic procedures and read EKGs and X-rays. In addition, a student must be able to execute motor movements reasonably required to provide general care and emergency treatments to patients. Such actions require coordination of both gross and fine muscular activities, equilibrium, and functional use of the senses of touch, smell, and vision.

### **Intellectual, Conceptual, Integrative, and Quantitative Ability**

Students must have sufficient cognitive abilities to master the body of knowledge comprising the curriculum of the Frist College of Medicine. They must be able to recall large amounts of information, perform scientific measurements and calculations, and understand and learn through a variety of instructional modalities including, but not limited to, classroom instruction, small group discussion, individual and self-directed study of materials, preparation and presentation of written and oral reports, peer review, and assessment, as well as the use of computer-based technologies. Students must demonstrate the reasoning abilities necessary to gather, analyze, synthesize, and integrate information from varying sources efficiently and effectively. They must be able to measure and calculate accurately, perceive 3D relationships, and understand the spatial relationships of systems.

### **Attitudinal, Behavioral, Interpersonal, and Emotional Characteristics**

Students must have the capacity to learn and understand ethical principles, professional standards for physicians, and state and federal laws governing the practice of medicine. Students must demonstrate the maturity, emotional stability, stamina, and sensitivity required to form effective relationships with patients, faculty, staff, colleagues, and all healthcare team members. They must exhibit honesty, integrity, and dedication.

Students must be able to effectively communicate with and provide care, in a non-judgmental manner, for individuals whose culture, spiritual beliefs, physical or mental abilities, sexual orientation, or gender expression differ from their own. They must be able to examine the entire patient, male and female, regardless of their social, cultural, or religious beliefs. Students must have the capacity to develop the requisite skills to identify personal biases, reactions, and responses, recognize differing points of view, and not allow personal attitudes, perceptions, or stereotypes to compromise patient care.

Students must have sufficient emotional and mental health to utilize their abilities fully, exercise sound judgment, and complete educational and patient care responsibilities safely, effectively, and with courtesy, compassion, and respect. They must be capable of modifying their behavior in

response to feedback and evaluation. Students must exhibit adaptability, work effectively under stress, and tolerate an often physically, mentally, and emotionally taxing workload. They must also display flexibility and learn to function in the face of uncertainties inherent in the clinical environment. Student performance cannot be impaired by the abuse of substances, including alcohol and drugs.

### **Annual Attestation Requirement**

Students are required to review and attest to their ability to meet the Technical Standards, with or without accommodations, initially as a part of the onboarding process and annually thereafter until graduation. For students needing accommodations, please review the Technical Standards Attestation Statement and the Accommodations Policy.

## **ETHICAL AND LEGAL CONSIDERATIONS**

Candidates for admission must meet all legal requirements to be licensed to practice medicine in the State of Tennessee. As such, candidates for admission must disclose any conviction or plea of guilty, nolo contendere, or no contest to, a misdemeanor or felony in any jurisdiction (other than minor traffic offenses). All misdemeanors and felonies must be disclosed, even if adjudication was withheld. Driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this disclosure.

## **CRIMINAL BACKGROUND CHECK**

For many healthcare roles, including being licensed by a state as a physician, obtaining hospital privileges as a physician, or being employed by a healthcare provider, individuals must meet certain standards regarding their history of criminal activities. The medical school employs similar standards as part of the onboarding process and decisions regarding medical student advancement and graduation. The criminal background check includes information about misdemeanors and felonies, all convictions and conviction-equivalent adjudications, arrests regardless of final adjudication (including not guilty, nolo contendere or no contest, dismissals, and similar outcomes), sexual, elder, and child abuse registries, and arrests without final adjudication.

Background checks are necessary to:

- Ascertain the eligibility of accepted applicants and enrolled medical students to meet some of the criteria that are required to eventually become licensed as physicians.
- Bolster the public's trust in the medical profession.
- Enhance the safety and welfare of patients, peers, and employees of the medical school and affiliates.
- Minimize the liability of the medical school and affiliated clinical facilities.

The following are examples of the information that may be required and reviewed by the medical school as part of the criminal background check:

- **Social Security Number Search:** A search of credit report header data to help confirm the applicant's identifying information such as name, aliases, addresses, and Social Security Number and to determine areas of prior residence.
- **County Criminal Records Searches:** A direct search of county courthouse records for any felony or misdemeanor criminal history. All records are researched to help ensure positive identification and complete, easy-to-read details.
- **Statewide Criminal Records Search:** A search conducted through statewide criminal records repositories or court systems for any felony or misdemeanor criminal history.
- **Federal Criminal Records Search:** A direct search of federal courthouse records for any felony or misdemeanor criminal history. All records are researched to help ensure positive identification and complete, easy-to-read details.
- **National Criminal Database Search:** A multi-jurisdiction private database search covering more than 194 million criminal records collected from across the country. While the database does not contain information from all states, it supplements county, statewide and federal criminal searches. To ensure compliance with the Fair Credit Reporting Act (FCRA), all database findings are verified directly through the source of information to ensure that records reported are current and up-to-date.
- **National Sexual Offender Database Search:** A search of a national private database that contains sex offender data collected from across the country. All records are researched to help ensure positive identification.
- **U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities Search:** A search of the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE), a database that provides information to the public, health care providers, patients, and others relating to parties excluded from participation in Medicare, Medicaid, and all Federal health care programs.
- **Search for Dishonorable Discharge from the Armed Forces:** Military records are verified through either telephone interviews with the subject's former commander or by obtaining the applicant's DD-214 form. Verification generally includes subject's name, Service Number, rank, dates of service, awards and decorations, and place of entrance and separation.
- **International Screening:** International criminal records searches are generally performed by facilitating the applicant in obtaining an official Police Clearance or Police Certificate from a specific country. In those countries that have established third-party criminal records search facilities, including Canada and Great Britain, searches are obtained directly through those channels.
- **Fingerprint check:** A search of the Integrated Automated Fingerprint Identification System, which is the central database of fingerprints and arrest data managed by the Federal Bureau of Investigation.

All criminal background check information is deemed confidential. Confidentiality of criminal background check information is maintained in a manner consistent with FERPA guidelines by storing these results and supporting documentation separately from students' permanent files. The Office of Admissions is responsible for storing criminal background check information for onboarding applicants, and the office of Student Affairs is responsible for storing criminal background check information for students. In addition, criminal background check information may be shared with the Admissions Committee, Student Assessment and Promotions Committee (SAPC), clinical affiliate facilities, and others on a need-to-know basis.

After the initial AMCAS criminal background check as part of the onboarding process, the FCoM requires an annual criminal background check by the beginning of each academic year.

## **DRUG SCREEN**

The FCoM is dedicated to delivering the highest quality education and upholding professional standards across all programs. As part of this commitment, FCoM strives to maintain a drug-free environment for medical students, faculty, and staff, ensuring a safe clinical setting for patients. The College of Medicine is responsible for ensuring that students remain free from the influence of illicit or illegal substances while collaborating in teams, engaging in learning, and providing clinical care. Consequently, all students accepted into and enrolled in the MD degree program are required to undergo mandatory drug screening.

Drug screening is a mandatory requirement for participation in clinical rotations for the medical school's affiliated clinical sites. The Thomas F. Frist, Jr. College of Medicine (FCOM) requires an annual 12-panel drug screen at the beginning of each academic year. The Office of Student Affairs and Belonging is responsible for coordinating the drug screens. Random drug screens may be requested at any time if there is a concern about student impairment.

The drug testing procedure will perform a 12-panel test for the following drugs:

1. Amphetamine (methamphetamine)
2. Barbiturates
3. Benzodiazepines
4. Cocaine
5. Cannabis metabolites
6. Fentanyl
7. MDMA/Ecstasy
8. Methadone
9. Methaqualone
10. Opiates (codeine & morphine)
11. Phencyclidine
12. Oxycodone

## **IMMUNIZATIONS**

The FCoM immunization requirements align with Belmont University's Student Health & Immunization Requirements and the guidelines of the university's other health professions programs with clinical access, Tennessee colleges and universities, the Association of American Medical Colleges (AAMC), and CDC guidelines. Students may petition for religious and medical exemptions. Students must complete the Health & Immunization Requirements electronically through the Belmont Health Portal. The College of Medicine also requires students to complete the AAMC Standardized Immunization Form and upload it to the Belmont Health Portal.

The current immunizations requirements are listed below:

### **MMR (Measles, Mumps, Rubella)**

- Vaccination -2 doses of MMR vaccine or
- Measles Titer
- Mumps Titer
- Rubella Titer

### **Varicella (Chickenpox):**

- Vaccination - 2 doses of Varicella vaccine or
- Varicella Titer

### **TDAP (Tetanus, Diphtheria, Acellular Pertussis):**

- Vaccination - 1 dose of adult Tdap within the past 10 years

### **Hepatitis B:**

- Vaccination - 3 doses of Hepatitis B vaccine

### **Influenza (Flu):**

- Vaccination - 1 dose annually given during flu season: October 1 to March 31)

### **COVID-19**

- Vaccination - Proof of COVID-19 vaccination

### **Tuberculosis Screening and Testing**

- 2-step TST (Tuberculin Skin Test) within the past 12 months or
- Documentation of previous positive reactor (Chest x-ray required for clearance)

## **STUDENT HEALTH SERVICES**

Belmont offers on-campus student health services Monday – Friday, 8:00 am – 4:30 pm; closed on weekends. The Student Health Services Clinic is located on the first floor of McWhorter Hall adjacent to the campus pharmacy. (615) 460-5506

## **COUNSELING SERVICES**

Belmont Counseling provides free and confidential short-term mental health care and education for all Belmont students. Appointments can be scheduled through the Health Portal or by phone at (615) 460-6856. Walk-In Urgent Care Hours are Monday – Friday 8:30 am – 4:00 pm. Counseling Services is located in 218 Gabhart.

## **URGENT CARE FACILITIES NEAR CAMPUS (AFTER HOURS)**

Students can access Belmont’s Student Health and Counseling Services during business hours to meet their physical and mental health needs. If there is an emergent medical or mental healthcare need after hours, the following urgent care facilities are the nearest facilities to Belmont University.

### **CareNow Urgent Care – West End (1.6 miles)**

3404 West End Avenue, Suite 101, Nashville, TN 37203

(615) 866-4238

Hours: 7:00 am – 7:00 pm (Mon – Fri); 8:00 am – 6:00 pm (weekends)

### **Complete Health Partners (5.3 miles)**

6746 Charlotte Pike, Nashville, TN 37209

(629) 203-7858

Hours: 9:00 am – 7:00 pm

### **Concentra Urgent Care (1.6 miles)**

315 14<sup>th</sup> Avenue North, Nashville, TN 37203

(615) 321-5698

Hours: 7:00 am – 5:00 pm (Mon-Fri); closed weekends

### **Vanderbilt Health Walk-In Clinic Belcourt (.8 miles)**

2111 Belcourt Avenue, Suite 103, Side A, Nashville, TN 37212

(615) 875-1000

Hours: 7:30 am – 7:30 pm (Mon-Fri); 8:00 am – 5:00 pm (weekends)

# CURRICULUM OVERVIEW

## **Year 1, Phase 1 (Foundational Phase)**

(39 Instructional Weeks, Fall – 19 weeks; Spring – 20 weeks)

Molecular & Cellular Foundations (6 weeks)

Immunology/Microbiology/Dermatology (6 weeks)

Hematology/Basic Principles of Oncology (5 weeks)

Cardiovascular (8 weeks)

Pulmonary (6 weeks)

Musculoskeletal (5 weeks)

Integrated Clinical Practice 1A/B (39 weeks, including 3 Impact Weeks)

Wonder & Wisdom in the World of Medicine 1A/B (39 weeks, including 3 Impact Weeks)

## **Year 1, Phase 3A - Optional Summer Term (Individualization Phase)**

Non-Clinical Electives (Up to 8 weeks – counts towards total elective credits)

## **Year 2, Phase 1 (Foundational Phase)**

(27 Instructional Weeks + 6 weeks independent USMLE Step 1 Preparation)

Gastrointestinal (5 weeks)

Renal (5 weeks)

Neurology/Behavioral Science (8 weeks)

Endocrinology/Reproduction (9 weeks)

Foundation Capstone (2 weeks)

Integrated Clinical Practice 2A/B (30 weeks, Including 1 Impact Week)

Wonder & Wisdom in the World of Medicine 2A/B (30 weeks, Including 1 Impact Week)

## Year 2, Phase 2 (Clerkship Phase)

(12 Instructional Weeks: 2 Core Clerkship Rotations + 1 Assessment Week)

<b>Core Clerkships* - Dyad Options (one per term)</b>	<b>Term</b>
Option A – Surgery 8 weeks; Neurology 4 weeks	Summer Term (1)
Option B – Internal Medicine 8 weeks; Psychiatry 4 weeks	Fall Term (2)
Option C – Pediatrics 6 weeks; OB/GYN weeks	Spring Term (3)
Family Medicine (longitudinal) – 12 weeks	All Terms

## Year 3, Phase 2 (Clerkship Phase)

(27 Instructional Weeks: 4 Core Clerkship Rotations & 3 Impact Weeks + 2 Assessment Weeks)

### Fall Semester

<b>Core Clerkships* - Dyad Options (one per term)</b>	<b>Term</b>
Option A – Surgery 8 weeks; Neurology 4 weeks	Summer Term (1)
Option B – Internal Medicine 8 weeks; Psychiatry 4 weeks	Fall Term (2)
Option C – Pediatrics 6 weeks; OB/GYN weeks	Spring Term (3)
Family Medicine (longitudinal) – 12 weeks	All Terms

Integrated Clinical Practice 3 B (2 Impact weeks)

Wonder & Wisdom in the World of Medicine 3 B (2 Impact Weeks)

### Spring Semester

<b>Core Clerkships* - Dyad Options (one per term)</b>	<b>Term</b>
Option A – Surgery 8 weeks; Neurology 4 weeks	Summer Term (1)
Option B – Internal Medicine 8 weeks; Psychiatry 4 weeks	Fall Term (2)
Option C – Pediatrics 6 weeks; OB/GYN weeks	Spring Term (3)
Family Medicine (longitudinal) – 12 weeks	All Terms

Integrated Clinical Practice 3 C (2 Impact weeks)

Wonder & Wisdom in the World of Medicine 3 C (1 Impact Weeks)



**\*Core Clerkships**

Internal Medicine (8 weeks)

Family Medicine (longitudinal course (12 weeks per semester)

Surgery (8 weeks)

Psychiatry (4 weeks)

Neurology (4 weeks)

Pediatrics (6 weeks)

Obstetrics & Gynecology (6 weeks)

**Year 3, Phase 3B (Individualization Phase)**

(4 weeks USMLE Step 2 CK preparation)

**Year 4, Phase 3B (Individualization Phase)**

(32-40 Instructional Weeks)

Acting Internship 1 (4weeks)

Emergency Medicine (4 weeks)

Critical Care (4 weeks)

Up to Six Electives (24 weeks, 4 weeks each)

Transition to Residency (Integrated Clinical Practice 4)(4 weeks)

# **ACADEMIC POLICIES & PROCEDURES**

## **Technical Standards Policy**

### **Purpose:**

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 10.5 of the Liaison Committee on Medical Education (LCME) accreditation standards: “A medical school develops and publishes technical standards for the admission, retention, and graduation of applicants or medical students in accordance with legal requirements.”
- To ensure annual review of the technical standards by faculty.
- To ensure annual attestation by students of their knowledge of and ability to meet the technical standards, with or without accommodations.

### **Background:**

FCoM is committed to ensuring all students meet the faculty approved technical standards, and supporting students in need of accommodations to meet these standards.

### **Applicability:**

Compliance with this policy extends to all FCoM faculty and students.

### **Policy Statement:**

Attestation of faculty review and student submission of attestation statements are required annually.

### **Responsibility:**

Compliance with this policy will be the responsibility of the Office of Student Affairs and Belonging. The Assistant Dean for Admissions will ensure the Admission Committee reviews the Technical Standards annually and forwards either recommendations for update or affirmation of the existing Technical Standards to the Curriculum Committee. The Curriculum Committee will review and approve the Technical Standards, as referred by the Admission Committee, and the Technical Standards Policy annually. The Assistant Dean for Admissions will communicate and verify completion of the attestation statement for all incoming students as part of the onboarding process. The Director of Student Support Services will verify completion of the attestation statement all continuing students at the beginning of each academic year. The Associate Dean for Faculty Success or their designee will verify each faculty member has reviewed the Technical Standards as a part of the annual attestation process.

### **Publication and Communication of the Technical Standards:**

The Technical Standards will be published online in the academic catalog and the student handbook. Candidates who interview are provided a link to review the Technical Standards online as a part of the interview reading packet and attest to having accessed the document. They are also advised that they are not required to submit the attestation statement and/or disclose the need for accommodations through the attestation process until AFTER admission to the FCoM has been offered and accepted.

### **Student Attestation:**

Incoming students must review the Technical Standards and submit the Technical Standards Attestation Statement as part of the onboarding process. The Technical Standards with Attestation Statement is posted in the Canvas onboarding course for incoming students. If a student is in need of accommodations, the attestation form directs them to Belmont University's Office of Accessibility Services for evaluation and determination of any accommodations. (See the Accommodations Policy for more details.

Enrolled students must submit the Technical Standards Attestation Statement at the beginning of each academic year. If a student is in need of accommodations, the attestation form directs them to Belmont University's Office of Accessibility Services for evaluation and determination of any accommodations. (See the Accommodations Policy for more details.

### **Faculty Review & Approval:**

The Admission Committee will review to affirm the Technical Standards or make recommendations for changes to the Curriculum Committee in March of each year. The Curriculum Committee will review and approve the Technical Standards referred by the Admission Committee in April of each year to ensure publication in the upcoming year's academic catalog and student handbook in June of each year. The approved Technical Standards are posted in the FCoM Core Faculty Training Course in Canvas under "Annual Attestations."

## **Accommodations Policy**

### **Purpose:**

- The purpose of this policy is to outline process and procedure for student petitions for accommodations needed to meet the FCoM Technical Standards, including timely notification to Course/Clerkship Director(s), Director of Assessment and Evaluation and the Director of Student Success Programs in the FCoM to ensure approved accommodations can be honored. Element 10.5 of the Liaison Committee on Medical Education (LCME) accreditation standards requires student attestation of the ability to meet the FCoM Technical Standards, with or without reasonable accommodations, annually.

### **Applicability:**

All administrators, faculty, and students of the FCoM.

### **Policy Statement:**

The FCoM has a published set of Technical Standards approved by the Curriculum Committee that define the cognitive and physical abilities, and behavioral and communication skills required to successfully complete Belmont's rigorous curriculum and to meet certain technical standards for medical students and physicians. In the onboarding process, and annually thereafter, students must submit their attestation statement acknowledging the Technical Standards and declaring whether they need reasonable accommodations to meet those Technical Standards. This policy aligns with the Belmont University Office of Accessibility Services' processes and procedures for documentation review and reasonable accommodation approval

### **Procedures:**

#### **A. Declaration of Need for Accommodations**

When a student attests to their need for accommodations to meet the FCoM Technical Standards, they are directed to the Belmont University Office of Accessibility Services to initiate the process to request reasonable accommodations. Students are advised to reach out as soon as they submit their attestation form to allow adequate time for processing prior to the start of classes. The Office of Accessibility Services has information available on the Belmont website, by phone, or in-person to advise students on the process to request reasonable accommodations including the documentation necessary to substantiate the need and the scope of services available.

It may take up to two weeks for the submitted documentation to be reviewed. During peak times, such as the beginning of the semester, the review process may take longer. If the original documentation is incomplete or insufficient to determine the extent of the disability or need for reasonable accommodation, the university has the discretion to require additional documentation, at the student's expense.

## **B. Accommodations Decision & Orientation**

Once approved, students will receive an Eligibility Letter via email. The Letter of Accommodations (LOA) will outline approved accommodations and any next steps. The LOA will include instructions on scheduling a required orientation meeting to ensure the student understands how to inform faculty and staff of their approved accommodations in a timely manner.

## **C. The Letter of Accommodations (LOA)**

The LOA will state the approved accommodations based on the documentation submitted, including any limitations or restrictions. The initial accommodations awarded will be for the foundational phase of the curriculum and may include aspects of the Objective Structured Clinical Exam (OSCE). The student is re-evaluated each year, or more frequently in the case of new or additional diagnoses/needed accommodations, based on the documentation. When the student transitions to the clinical phase, the approved accommodations will be reviewed to be applicable in the clinical setting.

## **D. Notification to the FCoM (Student's Responsibility)**

During the orientation meeting, students are advised that it is their responsibility to provide a copy of their LOA to the Director of Assessment and Evaluation in the Office of Medical Education AND the Director of Student Success Programs in the Office of Student Affairs and Diversity. The director of student success programs will only follow up with the students to ensure they follow through on their responsibilities and will inform learning specialist who work directly with the students. For the FCoM, the student should submit a copy of their LOA to the director of assessment and evaluation and the director of student success programs at the beginning of the semester, but no later than 48 hours before the first instance in which the student intends to use their accommodations. The director of assessment and evaluation must meet with the student and sign the LOA to confirm receipt and acknowledge accommodations. Accommodations are not retroactive and begin only after the Letter of Accommodation (LOA) is confirmed and signed by the director of assessment and evaluation. No accommodations are to be given without the approval of the Office of Accessibility Services. The student submits a copy of the signed LOA back to the Office of Accessibility Services. Accommodations cannot be guaranteed if the student fails to provide the minimum advance notice. Students must follow this process at the beginning of each semester. Students that experience difficulty making arrangements with the director of assessment and evaluation to get the approved accommodations in place should notify the Accessibility Services staff immediately to help resolve the concern.

## **E. Notification to the Assessment, Curriculum, and Evaluation Unit (Faculty Responsibility)**

### **Implementation of the Accommodations**

To support faculty, the Assessment, Curriculum, and Evaluation unit will ensure all accommodations are in place for students who met the minimum notification timeline.

## **F. Temporary Accommodations**

There are times when students may need temporary accommodations due to accident, injury, or illness. Students must follow the same processes and procedures for chronic conditions outlined above. Given the emergent nature of temporary accommodations, the Office of Accessibility Services will work with the students for expedited notification.

## **G. Accommodations for the USMLE Licensure Examinations**

Approved accommodations for medical school coursework do not guarantee a student will be awarded accommodations for the USMLE Licensure Examinations. The director of student success programs and the learning specialists will inform students of the timeline and process for requesting accommodations for the USMLE Licensure Examinations. Students must be mindful that it may take up to six months for the USMLE to respond.

## **Graduation Requirements and Policy**

### **Requirements for the MD Degree**

The MD Degree typically requires a minimum of four years of study. Students must complete all requirements as matriculated medical students, and must have demonstrated full competency in skills, knowledge, maturity and integrity, as evaluated by the faculty. All students must successfully complete all core courses and electives detailed in the curriculum and pass the USMLE, Step 1 and USMLE, Step 2 CK to be eligible for the Doctor of Medicine degree to be conferred. Belmont University and the FCoM confer the MD degree in May of each year. All students must complete all requirements for receipt of the MD degree within one month of the diploma date in order to receive a diploma with the May date.

## **ACADEMIC PROMOTION AND GRADUATION POLICY**

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### **Purpose:**

- This policy aims to describe the procedures of the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) as they relate to FCoM's standards for academic promotion, graduation, and awarding of the M.D. degree. This policy satisfies Element 9.9 which states that, "A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all medical students across all locations."

### **Responsibility:**

- The SAPC conducts a comprehensive evaluation of each student's performance for promotion, retention, and graduation.
- The Assessment and Curriculum Evaluation Unit of the Office of Medical Education monitors all progress, assessment, and competency reports for every student in FCoM to verify they are eligible for graduation and receive the MD degree.

### **Applicability:**

All administrators, faculty, staff, and students of FCoM.

### **Policy Statement:**

**Academic Promotion, Advancement Within and Between Phases:** Each student's progress towards achieving FCoM's Education Program Objectives is evaluated through formative and summative assessments as described in individual phase grading policies. The Student Assessment and Promotion Committee (SAPC) will conduct a comprehensive evaluation of each student's performance at least annually or more frequently, depending on a student's academic progress. Criteria for advancement include adherence to the Student Code of Professional Conduct. The faculty must determine whether students' behavior or conduct is



suitable for the practice of medicine, even if grades on exams and other forms of assessment have been satisfactory.

To progress in the FCoM program, students must:

- pass all required coursework to advance to the next academic year;
- pass all Phase 1 requisites to advance to Phase 2;
- pass the United States Medical Licensure Exam (USMLE) Step 1 to progress beyond the first clerkship dyad in Phase 2;
- pass all Phase 2 requisites to advance to Phase 3 and to be eligible to sit for USMLE Step 2;
- receive a passing score on USMLE Step 2 prior to February 15th of Phase 3 to be eligible for the residency match the month of March of the graduating year; and
- pass all Phase 3 requisites including passing USMLE Step 2 to graduate.

The faculty has the responsibility for recommending students for promotion and graduation. This responsibility is administered through the SAPC. Evaluation of student performance is conducted by the SAPC and approval for both academic promotion and academic graduation is determined by the positive action of the SAPC. The SAPC notifies the associate deans of the Office of Medical Education and the Office of Student Affairs and Belonging of the outcome.

**Graduation:** FCoM has a single standard for the graduation of all students. The following requirements must be met to graduate with an MD degree.

Phases 1, 2, and 3: Students must successfully pass all requisite coursework and licensure examinations (USMLE Step 1 and Step 2)

**USMLE Requirements:** Students are expected to take and successfully pass USMLE Step 1 and Step 2 according to the specified timeline. FCoM students are allowed up to three attempts within the specified timeline below to pass each exam. If a student does not pass after three attempts, they will be dismissed.

Students must take USMLE Step 1 prior to beginning the clerkship phase. Students must have a waiver from the Office of Medical Education to be granted additional dedicated study time for Step 1 preparation and will not be allowed to enter clerkships until they have taken USMLE Step 1.

Students may request a waiver for additional dedicated study time for circumstances beyond their control that interfere with preparation (examples include, but are not limited to, significant personal illness, a death of a close relative, a birth of a child) or for demonstration of significant risk of failure on the exam as determined by the Associate Dean of Medical Education. Students who request a waiver for additional dedicated study time for USMLE Step 1 will receive notice from the Office of Medical Education regarding the status of their waiver within 5 business days of submission. The waiver should be requested no less than 10 business days prior to the originally planned exam

date. Waivers will not be applied retroactively if a student misses their scheduled USMLE Step 1 exam.

Students must successfully pass USMLE Step 1 to progress through Phase 2. Students who do not pass USMLE Step 1 must immediately meet with their learning specialist and develop an individualized learning plan (ILP), which will be presented to the SAPC. If an unsuccessful USMLE Step 1 result is reported during a clerkship, then withdrawing or continuing the dyad will be decided by the SAPC using the following guidance:

1. If students are in the early phase of the first clerkship dyad (weeks 1-3), the student will be withdrawn from the first clerkship dyad to focus on studying for and passing USMLE Step 1.
2. If students are beyond week 3 of a dyad and the dyad clerkship directors have found the student's progress in the dyad to be satisfactory, the student will be given the option to complete the first dyad before re-entry in the USMLE Step 1 study OR to withdraw and focus on studying for and passing USMLE Step 1.
3. If students are beyond week 3 of a dyad and the dyad clerkship directors have found the student's progress in the dyad to be unsatisfactory, the student will withdraw from the dyad to focus on studying for and passing USMLE Step 1.

Upon USMLE Step 1 failure notification, students have 16 weeks to pass the exam successfully excluding any time spent in the first clerkship dyad.

Should two additional retakes be required, it is the expectation that both retakes will occur within the 16-week allotted timeframe. If there is a third failure, the student will be reviewed by SAPC for dismissal. The student may appeal the dismissal in compliance with the Student Due Process Policy after being notified by the SAPC of the dismissal status.

Students must successfully pass Phase 2 before taking the USMLE Step 2. Students are encouraged to take and pass USMLE Step 2 prior to the commencement of residency interviews in the fall of their 4<sup>th</sup> and final year of medical school. However, students MUST demonstrate a passing USMLE Step 2 score by February 15<sup>th</sup> of their 4<sup>th</sup> year to be eligible to participate in the residency match. USMLE Step 2 must be passed to graduate and participate in commencement. Students must pass USMLE Step 2 within 3 attempts. After a third USMLE Step 2 failure, a student is automatically dismissed. The student may appeal the dismissal in compliance with the Student Due Process Policy.

Any student who takes USMLE Step 1 or Step 2 without completing all requirements or who does not take USMLE Step 1 or Step 2 by the specified deadlines will be referred to the SAPC for professional conduct review.

Individualized Learning Plan (ILP): Students identified by SAPC, upon a review of their performance and determined to have academic difficulty or challenges to their learning,

must update and maintain an ILP in collaboration with their learning specialist. The ILP describes the student's plan to complete the required coursework for graduation, the timing of USMLE Step 1 and Step 2, and any necessary remediation plans.

Time for Completion of Required Components:

Foundation Phase must be completed within three years of matriculation, exclusive of any approved leaves of absence.

All components of the medical education program listed as required for graduation from FCoM must be completed within six years of matriculation, exclusive of any approved leaves of absence.

**Academic Progress and Academic Probation:**

To remain in good standing, a student enrolled in the FCoM must pass all courses, have passed the licensure exams (as applicable), and have no active adverse action due to professional conduct.

Any of the following actions will result in being placed on automatic academic probation:

1. failure in any course
2. failure on a USMLE exam
3. an adverse action due to a substantiated violation of the student code of conduct or honor code

A student on probationary academic status must be counseled through the Office of Medical Education and the Office of Student Affairs and Belonging when any probation status is established. Students placed on probationary academic status will be referred to the SAPC for evaluation.

Refer to Student Due Process and Procedures Policy for further information regarding due process rights regarding the possible rendering of adverse actions.

**Definitions:**

- ***Academic Probation*** – is an academic standing determined by SAPC when a student is no longer in good standing.
- ***Course Failure*** – A course which has been failed and either unsuccessfully remediated or not yet remediated. The student is assigned an “F” grade for the course on the transcript.
- ***Extenuating circumstances*** – Events which may influence a student's experience from the perspective of the medical school administration, such as death of an immediate family member.
- ***Good Standing*** - Good standing is when a student maintains a cumulative grade point average of a minimum of 2.0 (C average), has no course failures, and has passed the licensure exams (as applicable). In addition, the student is not encumbered with unresolved professional code of conduct or honor code violation(s). Students placed on

academic probation after a course failure will have their good standing restored once they have successfully completed and passed remediation if they also meet the other standards for Good Standing.

- ***Holistic Review*** – A review of the entire academic record and extenuating circumstances since entering medical school.
- ***Remediation*** - The act of facilitating correction for students who started out on the journey toward becoming a physician but have moved off course.

## **HONOR CODE AND ACADEMIC INTEGRITY**

The Honor Code at the Frist College of Medicine requires students to conduct themselves with honor in all aspects of their lives as physicians-in-training. The Honor Code fosters an environment of freedom and trust by granting great responsibility.

The Honor Code is not a set of rules but an articulation of principles that emphasize our common commitment to engage with one another to serve our patients while balancing personal freedom with professional standards. The Honor Code articulates our values and the process for how we hold each other accountable for our words and actions so that we foster a culture of respectful responses.

Medical Students are held to a higher standard than undergraduates, and the Frist College of Medicine Honor Code supersedes Belmont University's Standards for Academic Integrity. Please see the Frist College of Medicine's Academic Integrity and Student Due Process Policies for policy guidance.

### **The Honor Code Pledge**

As a medical student at Thomas F. Frist Jr. College of Medicine at Belmont University, I pledge to honor the mission, vision, and values of the college in the following ways:

#### **Love Learning:**

I pledge to be dedicated to becoming a competent, skilled, and ethical professional who will care for current and future patients. I will practice academic integrity by ensuring individual assessments assess my own knowledge and skills. I will uphold professional standards in discussions, reflections, research, and source citation. I will hold others accountable for the high ethical standards the medical profession requires by appropriately reporting lapses of integrity in fellow students, faculty, or medical team members.

#### **Lead by Serving:**

I recognize that patients and their families invite me into patient care expecting I respect the trust they put in me. I will honor this trust by communicating my status as a student, ensuring the patient care team and all records I contribute have accurate information, and abiding by all patient privacy best practices and laws, including not sharing any information about patients or their families outside the confines of the medical team or educational purposes within Frist College of Medicine.

#### **Live with Integrity:**

I recognize the trust placed in physicians is crucial for the effective care of patients. To ensure this trust is well-placed, I acknowledge that my actions, both in private and in public, must demonstrate integrity and honor. I will conduct myself with honesty, forthrightness, and a temperament consistent with being trusted to care for patients.

### **Heal Together in Humility:**

I will recognize my limits, ask for help when needed, and ensure I advocate to get the support I need to learn and grow as a professional. When I make errors, I will be transparent and seek to understand how to improve my competency and skills. I will prioritize caring for my health, mental clarity, and emotional well-being to best serve my now and future patients.

### **Welcome Differences:**

I will humbly seek to identify my biases and work to overcome them with knowledge and an openness to learning from others. I will recognize that acknowledging our biases is a process requiring ongoing evaluation and a willingness to establish practices that encourage lifelong learning. I will be intentional about seeking to understand historical, social, and cultural influences that may affect my peers, patients, and their communities. I will treat all patients, fellow students, faculty, administration, and staff as deserving of respect and kindness. If I have a conflict, I will work to resolve it, calling on assistance if needed to ensure a constructive resolution.

### **Academic Integrity Policy**

#### **Purpose:**

- Academic integrity is crucial to a medical student's success in becoming a physician. This policy will delineate actions that are examples of a violation of academic integrity and the honor code for FCoM medical students and describe how the Office of Medical Education and the Student Assessment and Promotion Committee (SAPC) will manage suspected integrity breaches.

#### **Background:**

FCoM recognizes all community members' shared responsibility for graduating medical doctors who are ethical, have integrity, and are dedicated to their profession.

#### **Applicability:**

Any FCoM faculty, staff, or student may use this policy to report concerns about academic integrity. Additionally, broader community members such as patients, patient care team members, or patient families may also report concerns about academic integrity by emailing the Associate Dean of Medical Education.

#### **Policy Statement:**

This policy does not describe all possible means of a lapse of academic integrity. The guidelines below provide some examples of behaviors that would clearly violate academic integrity.

- Students must not cheat or seek additional help on individual assessments. Any activity used to complete an assessment meant for the individual to complete on their own accord

is considered a violation of academic integrity. (Examples include, but are not limited to, using past unreleased exams to study, looking at another tester's answers while testing, using artificial intelligence, beyond minor editorial/grammatical assistance, to write a reflection assignment). Students are also expected to use citation standards to cite all sources for work produced that require a reference to literature searches (link for standards). Any time a student incorporates artificial intelligence or machine learning into an assignment, the student will need to cite this as a resource using the standards above.

- Students must keep course and testing materials confidential to ensure other students do not gain an unfair advantage. For example, if students are testing earlier than another cohort, students must not share the test questions or content that may help the later cohort perform better on that content than they would have without the information improperly shared.
- Students are prohibited from claiming credit for work that is not their own or for overattributing their contribution to the work. For example, if a student is asked to present on a condition in clerkship, they cannot use a presentation if they have not uniquely developed it themselves. In group work, a student may only claim credit for the work they completed.
- Students must not present or create intentionally erroneous information about a patient as part of the patient care team. For example, falsifying information on patient rounds and deliberately entering false information in the electronic medical record violates academic integrity.
- Students must not participate in any activity that could harm another student's performance. Examples include being disruptive during tests and intentionally misleading a student about the wrong time or location for an assessment or duty.
- Students must not misrepresent or falsify information on any application for any activity or position. For example, a student seeking a scholarship cannot use a false claim of a leadership role to bolster their application.

Students, faculty, and staff **MUST** report suspected incidents of lapses in academic integrity in the FCoM community to the Associate Dean of Medical Education. Two types of actions can occur if academic integrity lapses are suspected:

1. If, in a testing environment, a student is suspected of a lapse in academic integrity (examples include disrupting a test, cheating, or giving other students an unfair advantage), the testing proctor must be notified. The proctor must immediately inform the Associate Dean of Medical Education or their representative. The Associate Dean of Medical Education or their representative will judge if the concern has validity, and if there is any concern about compromising the exam or the environment, the student will be removed from the testing environment, and an investigation will be conducted immediately. If a student is removed from a testing environment, the Student

Assessment and Promotion Committee (SAPC) will be notified within two business days of the event by the Associate Dean of Medical Education, and the SAPC chair will call a meeting to address this possible violation of academic integrity within 10 business days of the notification.

2. If an academic integrity lapse is reported or suspected outside of a testing environment, it should be reported to the Associate Dean of Medical Education who will inquire into the facts of the incident. Within ten business days of initiating the inquiry, a report will be presented in writing to the SAPC. The SAPC must meet within 10 business days of receiving the report to decide on the next appropriate action.

Guidance for the SAPC to reach a decision regarding a concern about an integrity lapse:

1. **Receiving the Incident Report**

- The Associate Dean of Medical Education submits a formal report detailing the integrity violation. Members of the SAPC will review the report **prior** to convening for the violation review process.

2. **Holistic Review Guidance**

- The SAPC committee collectively reviews the report thoroughly.
- The review may also incorporate the student's perspective on the incident.
- Any additional relevant documents related to the violation may be considered to ensure a comprehensive evaluation.

3. **Guidance from Due Process Policy**

- The Student Due Process Policy outlines further expectations for how SAPC hearings will be conducted.
- This policy ensures fairness in the proceedings and provides students with the necessary procedural protections.

4. **Decision making:**

- The SAPC committee will determine the course of action based on the committees' determination of the validity of violation, if one has occurred, and the impact this violation has on the integrity of the student, the FCoM community, and the wider community as a whole (for example, patients, future patients and colleagues).
- Possible outcomes for the student can include, but are not limited to, the following:
  - a. **Exoneration:** The student is found not responsible for any academic integrity violation. No consequences will be applied, and the matter will be closed.
  - b. **Minimal Impact – Warning:**  
If the student is found responsible for an academic integrity violation deemed to have *minimal* impact, the SAPC will issue a formal warning. This warning will remain on record but will not be included in the Medical Student Performance Evaluation (MSPE).

If no further integrity violations occur, the warning will expire upon graduation and will not be part of the student's permanent educational record.



However, any subsequent integrity violation will be classified as at least of ***moderate impact*** (or *severe*, if deemed appropriate by the committee), and the warning letter will then be incorporated into the academic record and, if applicable, the MSPE.

Any assessment or coursework impacted by the violation will receive a grade of zero.

**c. Moderate Impact – Suspension:**

If the violation is judged to have *moderate* impact, the student will be suspended for a duration determined by the SAPC, not exceeding two academic semesters.

Any assessment or coursework affected by the violation will receive a grade of zero.

**d. Severe Impact – Dismissal:**

If the violation is deemed to have *severe* consequences, the student will be dismissed.

Additionally, if a student exhibits a pattern of repeated academic integrity violations, the SAPC may consider cumulative infractions as grounds for dismissal.

Once the SAPC has reached a consensus decision, The Associate Dean of Medical Education will communicate all SAPC decisions regarding academic integrity wrongdoing to the student by email and written letter. All written communication will require the student's signature as evidence that the student has received proper notification. A signature noting receipt of the decision letter does not indicate the student agrees or disagrees with the decision. This letter of notice must be presented by the Associate Dean for Medical Education to the student, in person, for signature within two business days of the SAPC decision.

All students with adverse final decisions made by the SAPC for academic integrity wrongdoing may appeal the decision to the Dean. The basis of appeal to the Dean must be either:

1) proper procedures and policies have NOT been followed

or

2) the SAPC decision was made with undue bias.

The appeal is NOT for the Dean to revisit the decision of the SAPC. If the Dean finds procedures and policies were not correctly followed and/or undue bias did impact the decision making, the Dean will appoint an impartial faculty panel of five members to revisit the report and, following this policy, decide on the outcome outlined above.

The student must email the appeal to the Dean with a copy to the Associate Dean of Medical Education. The appeal must be made to the Dean within one calendar week of the student signing the decision notice from the Associate Dean of Medical Education.

**Responsibility:**

All students have a responsibility to be compliant with this policy. All faculty and staff are responsible for reporting suspected student academic integrity lapses.

**Definition(s):**

- Impartial faculty panel: Faculty not on the SAPC and not involved in any aspect of the inquiry of the student's academic integrity incident.

**Student Due Process And Procedures Policy**

**Purpose:**

- To provide students, faculty, and administration with guidelines to ensure there is a fair and formal process for taking any action that may affect the status of a medical student.
- To provide students, faculty, and administration with guidelines for students to appeal any adverse decision related to advancement, graduation, or dismissal.
- To ensure compliance with LCME Elements 9.9c regarding “the planned due process protections that will apply when there is the possibility of an adverse action being taken against a medical student for academic or professionalism reasons,” including the appeal process.

**Background:**

FCoM is committed to ensuring fair and equitable processes and procedures for addressing poor academic performance. It also is committed to the adjudication of alleged violations of the Student Honor Code/Academic Integrity Policy and Student Code of Conduct, including timely notification of alleged violations and timely disposition of the adjudication process. Circumstances of poor academic performance and alleged violations of the Student Honor Code/Academic Integrity Policy and Student Code of Conduct will be adjudicated by the Student Assessment and Promotions Committee (SAPC).

**Policy Statement:**

A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including timely notice of the impending action, disclosure of the evidence on which the action would be based, an opportunity for the medical student to respond, and an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.

This policy summarizes the overall due process protection. The policy provides due process procedures including timelines, committees and administrators, and governing academic actions involving medical students.

### **Procedure:**

A student's academic status is determined by the Student Assessment and Promotion Committee (SAPC). Students can be referred to the SAPC for a holistic review hearing of their circumstances for the following instances: 1) poor academic performance, 2) alleged violation of the Student Honor Code/Academic Integrity Policy, and/or 3) alleged violation of the Student Code of Conduct. In such a hearing, "holistic review" is meant to indicate that the student's entire record will be reviewed (e.g., metrics, behavior patterns, response to prior feedback, input from learning specialists, etc.) and not just a single incident.

### **Poor Academic Performance**

A student with two failures, unsuccessful remediation of a failed course, or the second failure of a repeated course is subject to dismissal and will be scheduled for a holistic review hearing with the SAPC to consider all relevant information regarding the student's performance to determine the student's continued enrollment status. The student will be referred to the Associate Dean for Student Affairs and Belonging or a designee for review of policies to prepare for a hearing.

### **Allegations of Violation of the Student Honor Code**

Any person may inform the FCoM, anonymously or not, of an allegation of a breach of the Student Honor Code/Academic Integrity Policy to The Associate Dean of Medical Education. After progressing through the appropriate investigatory channels, the Associate Dean of Medical Education refers the allegations to the SAPC for review of the allegation(s), except for Title IX issues (which are referred to the university's Title IX officer).

If it is suspected or determined that an adverse action could or should be taken against a student based on an alleged violation of the Student Honor Code/Academic Integrity Policy within the curricular setting, the student is notified of the allegations and referred to the Associate Dean of Student Affairs and Belonging or a designee for review of policies to prepare for a hearing.

### **Allegations of Violation of the Student Code of Conduct**

Any person may inform the FCoM, anonymously or not, of an allegation of a breach of the Student Code of Conduct to the Associate Dean for Student Affairs and Belonging, who will investigate the merit of the allegations. Students are required to report any criminal arrests or charges to the Associate Dean for Student Affairs and Belonging within three (3) calendar days of the arrest or charges being filed. After progressing through the appropriate investigatory channels, the SAPC reviews the allegation(s), except for Title IX issues (which are referred to the university's Title IX officer).

If it is suspected or determined that an adverse action could or should be taken against a student based on alleged behaviors and conduct outside of the curricular setting in violation of the Student Code of Conduct, the student is notified of the allegations by the Associate Dean for Student Affairs and Belonging, who will notify the SAPC Chair to schedule a hearing. The student will be referred to the Director of Student Engagement and Wellness or a designee for review of policies to prepare for a hearing.

### **The Hearing Process**

If a student is being considered or is otherwise at risk for an adverse action, the student will be notified in writing and invited by the Associate Dean of Student Affairs and Belonging to appear in a hearing with the SAPC where they can present their case and respond to questions from the committee. The hearing should occur within ten working days of the date of the written notification to the student.

#### **Prior to the hearing:**

The SAPC will accept, either in person or in writing, up to three expressions of support for the student. The student must submit all documentation for consideration by the SAPC up to two days before the hearing.

The Associate Dean of Student Affairs and Belonging will provide students with all supporting documentation that will be provided to the SAPC committee members on behalf of the FCoM prior to and during the meeting as soon as it is available, but no later than two business days prior to the hearing. Students can submit a written refutation of the supporting documentation to be shared with SAPC members if a student does not plan to attend the hearing.

#### **During the hearing:**

The student may invite a BU affiliated support person (one individual). The student will need to notify the Associate Dean of Student Affairs and Belonging of the support attendee and their BU ID number at least 48 hours prior to the hearing. The support person will not be invited to speak or advocate for the student during the hearing and must follow the rules of the SAPC and the directions of the SAPC chair or will be asked to leave the hearing. No family members or legal counsel will be allowed to attend the hearing.

Only voting members of the SAPC and the Associate Dean for Student Affairs and Belonging will be present during the hearing with the student.

#### **SAPC Deliberations:**

For the deliberation phase, voting SAPC members are joined by the non-voting SAPC members. Non-voting members attend to answer any clarifying questions from the voting members.

For poor academic performance, the SAPC will render its decision based upon the evidence presented at the hearing. The SAPC will determine if there is probability for a student to be successful if allowed to continue in the program and any conditions for enrollment to continue, i.e., leave of absence, repeat course(s), etc. If the SAPC determines that future success is unlikely, the SAPC can move to dismiss the student.

For alleged violation(s) of the Student Honor Code/Academic Integrity Policy and/or Student Code of Conduct, the SAPC will render its decision based upon the documentation presented at the hearing. The standard for determining whether the student has breached a rule, regulation, policy or procedure, and is thereby subject to disciplinary action, shall be whether a preponderance of the documentation supports the SAPC's decision. The burden of proof shall be upon the FCoM. Student discipline may take a variety of forms, including, but not limited to, counseling, oral reprimand, written reprimand, probation, restitution, suspension, or expulsion (with or without the possibility of readmission). The SAPC will make a final determination of the sanctions against the student. The SAPC's decision may also detail specific curricular and/or behavioral requirements and stipulations if the student is allowed to continue.

After the hearing: The SAPC will forward its decision to the Associate Dean for Medical Education and the Associate Dean for Student Affairs and Belonging within three business days of the hearing. The Associate Dean of Student Affairs and Belonging will notify the student of the SAPC decision within two working days by both of the following methods: 1) in person with student signature verifying receipt, and 2) by secure electronic notification via Belmont University email address, with request for email reply by student verifying receipt. If neither of these methods are verified by the student within one business day, then the Associate Dean Student Affairs and Belonging will send notification by certified mail with return receipt requested.

**Appeal:**

The student will have three business days to appeal against the decision of the SAPC in writing by letter or email to the FCoM Dean. The notification must include any supporting documentation for consideration.

Failure to comply with the time requirements shall waive and terminate any further rights the student may have under this procedure. Students may not appeal against the decision through Belmont University. The student has the right to appeal for the following reasons:

- Claims of bias; or
- Failure to follow due process.

Within five business days after the date of the notice of appeal, the Dean will appoint an ad hoc appeals committee that will review the SAPC decision and supporting evidence and make a recommendation to the Dean. The ad hoc appeals committee will comprise three core faculty members (Scientist Educators or Clinician Educators) with primacy in the Frist College of Medicine who are not SAPC members and who have no conflicts of interest. The following materials will be submitted to the ad hoc appeals committee:

- All materials considered by the SAPC during the hearing, including the record of the applicable proceeding.
- A written statement from the student outlining their right to appeal on the basis of claims of bias; or failure to follow due process and submit any supporting documentation, if applicable

- A written statement from SAPC in support of its decision

Where appropriate, the ad hoc appeals committee may review all materials and make their recommendation to the Dean or convene a hearing with the student, at their discretion, before making the recommendation to the Dean.

The Dean will review the ad hoc appeals committee recommendation and provide a written decision to the student via secure electronic notification system within a time period not to exceed 5 business days after receiving the committee's recommendation. The FCoM Dean's decision is final and binding as to all these issues, and there is no further right to appeal.

## **Remediation Policy**

### **Purpose:**

- This policy ensures the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 11.1 of the Liaison Committee on Medical Education (LCME) accreditation standards: **“A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and provides medical students academic counseling only from individuals who have no role in making assessment or promotion decisions about them.”**
- The responsibility of assessing medical students rests with the faculty of the Frist College of Medicine (FCoM). This remediation policy balances empathy for struggling students with the medical profession's responsibility to society.

### **Background:**

The Student Assessment and Promotion Committee (SAPC) is responsible for reviewing, discussing, and approving the academic standing and promotion of all enrolled students. The final approval of student graduation is also the purview of the SAPC.

Entrants to medical school are high achievers and may try to rely on strategies that worked for them in college. Frist College of Medicine will provide a learning environment that supports students to help them thrive, including proactive assessment and support. It is not uncommon for learners to need remediation or request enhancement of their strong knowledge base or test taking skills. Support services are available for all students to enhance their abilities from good to great, to provide support in knowledge gaps, and to provide remediation. Although the medical school strives to help students succeed, the medical school must also accept that it has a social contract to protect society and to be fiscally responsible regarding student indebtedness. It is prudent to acknowledge sometimes medical school is not the right fit for a student, despite a student availing themselves of support services and resources.

### **Policy Statement:**

A student must enter remediation for a course failure. Information on grading scales can be found in the appropriate phase grading policy. A remediation plan will be created by the course/clerkship directors in consultation with the learning specialist and the student. The remediation plan will outline the tasks a student must complete to proceed with remediation, including a timeline (or deadline) for completion.

### **Remediation in the Foundation Phase**

#### **1. Curriculum Structure and Initial Course:**

- a. MD-5110 is the first course offered in the MD program. It provides the scientific basis for the organ system courses that follow. Due to the integrative nature of the curriculum, students must demonstrate mastery of enough material to proceed through the sequence of the courses that follow even if they do not pass the course. Sufficient mastery of the material for progression is a final cumulative course score of **60%** or better. Students who do not pass but do demonstrate enough mastery to progress to the next courses will remediate this course in the summer after their first year.

#### **2. MD-5110 Performance Policies:**

- a. Students scoring less than **60%** are ineligible for remediation and must be granted an academic leave of absence (LOA) by the SAPC to return the following academic year.

#### **3. Remediation Timelines:**

- a. All Year 1 courses must be remediated in the summer semester between Year 1 and Year 2.
- b. All Year 2 courses must be remediated after completion of the final course of the Foundation Phase and prior to taking USMLE Step 1 and entering the Clerkship Phase.

#### **4. Academic Standing and Course Failures:**

- a. The student will automatically be placed on academic probation after one course failure. Notification of loss of academic good standing will be sent to the student by confidential email from the Associate Dean of Medical Education.
- b. A student with a course failure will be reported to the Student Assessment and Promotion Committee (SAPC) for review by the committee to ensure the student is accessing support services to improve performance.

#### **5. Multiple Failures and Consequences:**

- a. Any excess of two course failures in the Foundation Phase will result in the student undergoing a holistic review and hearing by the SAPC.
- b. The possible outcome of the SAPC hearing may include:

- An opportunity for remediation of the third course, provided demonstrated extenuating circumstances,
- The student will take an academic leave of absence and repeat the year in which the student did not successfully pass the course(s),
- Dismissal from the MD program.

### **Successful Remediation in the Foundation Phase**

- After successful remediation of any courses, the student's transcript will reflect that they passed by remediation.
- The transcript will show C and then a notation of "Passed remediation of a previously failed course".
- A course grade of C will be used in the GPA calculation.
- Good standing for the student will be restored if other academic good-standing criteria are met.

### **Unsuccessful Remediation in the Foundation Phase**

- If a student does not satisfactorily complete summer remediation for a course(s) in the Foundation Phase, the course failure will stay recorded as is with an F grade.
  - The student will have a holistic review hearing with the SAPC. The possible outcome of this hearing will be:
    - A leave of absence and/or a repeat of the course(s) the next time it is offered.
    - Dismissal from the MD program.

### **Repeating a Course after Unsuccessful Remediation**

- After a successful repeat of any course, the student's transcript will reflect the grade earned for this second course. The grades from both attempts will factor into the GPA.

### **Failing a Repeated Course**

- If a student fails the same course twice, they will be reviewed by SAPC for dismissal.

### **Repeating a Year**

- After the successful repeat of a year, the student's transcript will reflect that they repeated that year.
  - The student must pass all courses that they initially failed, as well as those initially passed. The student is no longer eligible for remediation in those courses.
  - The transcript will show F for the courses that the student initially failed
  - A course grade for the repeated year will show the grade earned. The grades from both attempts at each course will factor into the GPA.



### **Unsuccessful Repeat of a Year**

If the student does not successfully complete all course(s) of the repeated year (or semester), then this will lead to a review and dismissal by the SAPC from the MD program, as the student is no longer eligible to remediate or repeat any courses in the repeated year (or semester).

### **Successful Repeat of a Year**

Students who repeat an academic year (or semester) due to course failures must successfully pass all courses during this time, including courses that were passed the first time.

### **Remediation in the Clerkship Phase**

- The student is automatically placed on academic probation with a clerkship failure.
- Clerkships must be remediated prior to promotion to Year 4 and before taking USMLE Step 2
- If a student does not satisfactorily complete the remediation plan for a course in the Clerkship Phase, they have a course failure and will be assigned an F grade.
  - The student will have a holistic review and hearing with the SAPC during which the SAPC will determine if the student will be granted another attempt at passing the course/clerkship or be dismissed from the MD program.

### **Failure of an Elective Course**

If a student fails an elective course, and the course is not eligible for remediation or for repeat by nature of the course, the student will be assigned an F grade, and a new elective must be taken.

### **Definition(s):**

- ***Academic Probation*** – is an academic standing determined by SAPC when a student is no longer in good standing.
- ***Course Failure*** – A course which has been failed and either unsuccessfully remediated or not yet remediated. The student is assigned an “F” grade for the course on the transcript.
- ***Extenuating circumstances*** – Events which may influence a student’s experience from the perspective of the medical school administration, such as death of an immediate family member.
- ***Good Standing*** - Good standing is when a student maintains a cumulative grade point average of a minimum of 2.0 (C average), has no course failures, and has passed the licensure exams (as applicable). In addition, the student is not encumbered with unresolved professional code of conduct or honor code violation(s). Students placed on academic probation after a course failure will have their good standing restored once they have successfully completed and passed remediation if they also meet the other standards for Good Standing.
- ***Holistic Review*** – A review of the entire academic record and extenuating circumstances since entering medical school.

- ***Remediation*** - The act of facilitating correction for students who started out on the journey toward becoming a physician but have moved off course.

**CURRICULUM &  
LEARNING  
ENVIRONMENT POLICIES**

## **Clinical Supervision Policy**

### **Purpose:**

- This policy ensures that the Thomas F. Frist, Jr., College of Medicine at Belmont University (FCoM) complies with Element 9.3 of the Liaison Committee on Medical Education (LCME) accreditation standards: **“A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student’s level of training, and that the activities supervised are within the scope of practice of the supervising health professional.”**
- To ensure the provision of high-quality, ethical, and effective supervision for all trainees engaged in clinical practice.
- To establish clear guidelines and expectations for both supervisors and supervisees, fostering a supportive learning environment conducive to professional growth and development.
- To enhance patient care outcomes, uphold ethical standards, and cultivate a culture of continuous learning and improvement within the medical community.
- Through collaboration with faculty, staff, and stakeholders, the College aims to create a supportive and structured framework for clinical supervision that promotes learning, fosters professionalism, and ensures the well-being of both learners and patients alike.

### **Applicability:**

The clinical supervision policy at the Thomas F. Frist, Jr., College of Medicine applies to all individuals engaged in clinical training, including medical students, residents, fellows, and faculty supervisors across all departments and affiliated healthcare settings.

### **Policy Statement:**

FCoM is committed to high-quality patient care, student safety, and clinical education. Students must be appropriately supervised in all clinical activities.

Supervisors must hold a faculty appointment at FCoM and be credentialed at the clinical site where they supervise learners. Residents, fellows, and other licensed professionals may supervise students under the oversight of a credentialed faculty member.

Supervisors with faculty appointments who delegate supervision to residents, fellows, and other licensed health professionals are responsible for ensuring that these delegates are appropriately privileged by the hospital or clinic and capable of medical student supervision within the scope of their practice as delineated by the respective clinical site. Delegation of supervision must be

intentional and documented. The supervising physician retains full accountability for student supervision and performance.

All individuals involved in student education, including faculty, residents, fellows, and advanced practitioners with faculty appointments must review and attest to this policy annually as a condition of maintaining their role with FCoM.

### **Levels of Supervision**

Students may be supervised at one of two broad levels as determined by the supervisor:

1. Direct Supervision: Supervisor is physically present with the student and the patient.
2. Indirect Supervision with Immediately Availability: Supervisor is not physically present but is immediately available onsite.

Determination of appropriate level of supervision is made by the supervisor, based on many factors, including:

1. Level of training of the student;
2. Previous experience and skill of the student with the clinical activity and setting;
3. Familiarity of the supervisor with the abilities of the student; and
4. Acuity of activity and level of risk to patient.

The supervisor is responsible for assigning progressive responsibility to each student, according to the factors listed above. Students may not perform procedures without direct supervision.

### **Procedures**

The supervisor or delegate reviews and independently verifies all student findings, assessments, and care plans, and documents this review. This includes addressing the informed consent process as applicable to the institution/clinical site where the procedure is performed.

The course/clerkship director is responsible for communicating policies and procedures related to all supervisors and potential delegates participating in the course, and for monitoring compliance with the policies and procedures.

The course/clerkship director is responsible for developing and communicating standard procedures through which students can report concerns regarding adequate and appropriate supervision of what they may deem a violation of this policy. These procedures will be supported by the Office of Medical Education through program evaluation and course evaluation.

### **Special circumstances:**

Intimate exams: Medical students may participate in intimate examinations (e.g., breast, pelvic, rectal, or genital) only under direct supervision and with the patient's informed and voluntary consent. The supervising clinician must inform the patient of the student's role and ensure

consent is documented in accordance with institutional and clinical site policies. Patients may decline student involvement at any time without impact on their care. Intimate exams under anesthesia require prior, explicit written consent by the patient for student participation.

### **Monitoring and Compliance**

FCoM, through the Office of Medical Education and Clerkship Directors, will regularly monitor compliance with this policy. Mechanisms include course evaluations, site visits, faculty attestations, and student feedback. Identified gaps will be addressed promptly with appropriate remediation.

### **Student Rights and Reporting Mechanism**

Students must have safe, confidential mechanisms to report concerns related to supervision through multiple options including the Maxient online reporting system. The clerkship or course director must ensure students are aware of these options, which must include a method for anonymous reporting. All reports will be reviewed by the appropriate administrative office

### **Definition(s):**

- **Credentialed:** Refers to being formally recognized and authorized by the affiliated clinical site to provide care and supervise students based on verification of licensure, training, and clinical privileges.
- **Delegate:** Refers to a resident, fellow, or licensed healthcare professional who has been assigned by a faculty supervisor to oversee a medical student's clinical activities. The delegating faculty member remains responsible for the supervision and actions of both the delegate and the student.
- **Faculty Appointment:** Means a formal, active, and in good-standing, academic appointment granted by FCoM that authorizes the individual to participate in the teaching and evaluation of medical students.
- **Immediate availability:** The supervisor (or appropriately designated delegate) is physically present at the clinical site and is able to return to the student and patient location without delay. The supervisor must be able to provide direct supervision in real time if needed, without relying solely on phone or electronic communication. Supervision of procedures will align with policies specific to the institution and ACGME guidelines.
- **Onsite:** Supervisor being physically located within the same clinical facility or practice environment where the student is delivering care, such that they can promptly provide in-person supervision and support if required. This includes areas with shared clinical infrastructure such as hospital units, ambulatory clinics, or procedural suites, but excludes remote locations where physical presence is not feasible.

- Supervision: The act of overseeing student clinical activities to ensure safety, quality care, and alignment with educational and institutional expectations.

**Responsibility:** Compliance with this policy extends to all FCoM Faculty, Staff, and Students

## **Course Materials Use Policy**

### **Purpose:**

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 8.3 of the Liaison Committee on Medical Education (LCME) accreditation standards: “The faculty of a medical school, through the faculty committee responsible for the medical curriculum, are responsible for the detailed development, design, and implementation of all components of the medical education program, including the medical education program objectives, the learning objectives for each required curricular segment, instructional and assessment methods appropriate for the achievement of those objectives, content and content sequencing, ongoing review and updating of content, and evaluation of course, clerkship, and teacher quality. These medical education program objectives, learning objectives, content, and instructional and assessment methods are subject to ongoing monitoring, review, and revision by the responsible committee.”
- To balance the importance of providing students with access to institutionally endorsed quality content, while also protecting intellectual property rights and any relevant copyright interests.
- To provide students with guidelines on how they may use instructor-created course materials (before the course, during the course, after the conclusion of the course, and post-graduation).
- To provide students with guidelines on how they may use library subscription materials and other third-party course materials, while complying with copyright and license agreements.
- To describe approval processes for, and allowable uses of, class session recordings and distribution of course materials.

### **Background:**

FCoM is committed to providing students with course materials that enhance learning and support student success while also complying with copyright law and license agreements and respecting intellectual property rights.

The Medical Library can assist students who have questions about the proper use of third-party resources.

### **Applicability:**

Compliance with this policy extends to all FCoM students, employees, and volunteers.



## **Definition(s):**

Course Materials – This policy defines two categories of course materials:

- **Instructor-created course materials** – Materials created by FCoM purposes for FCoM students uniquely, including, but not limited to, course syllabi, slide decks, video and audio recordings, handouts, lecture notes, quizzes and exams, cases, and assignments.
- **Third-party course materials** – External resources licensed by the Medical Library or the Office of Medical Education to support the curriculum and used by faculty and students for teaching and learning purposes, including, but not limited to, electronic/digital books and journals, multimedia, and other resources found in the digital platforms licensed by the Frist College of Medicine.

## **Policy Statement:**

### **Instructor-Created Course Materials**

- Course materials created by instructors for the FCoM curriculum are the intellectual property of Belmont University and are intended for individual, personal use by students enrolled in the course for which they were created.
- Students may download instructor-created course materials from Canvas and save these to their personal computer.
- Students may not share instructor-created course materials with anyone outside of FCoM.
- Students may not share instructor-created course materials with anyone outside of their class.
- Students may not pass down instructor-created materials to students in a different cohort.
- Students may not record or reproduce any exam or quiz questions, for personal use or for sharing with others.
- Students may record a class session for their personal use but may not share recordings with persons outside of their class.
- To use instructor-created materials in a presentation or poster, either while enrolled at FCoM or after graduation, students must request permission from the faculty member, as these are copyrighted materials.

### **Third-Party Course Materials**

Third-party course materials have been licensed for use by current FCoM faculty and students. While each resource has its own terms of use, students must comply with the following general guidelines:

- Students may download book chapters, journal articles, images, or other items for their individual use to support their learning, study, and research needs as allowed by the third-party resources.
- Students are encouraged to download only the content they require, and should not engage in systematic downloading of complete books or entire issues of journals if this would violate the relevant license agreement.

- Third-party resources are accessible to users on campus who are on the Belmont network. Off campus, Belmont users must authenticate using their Belmont credentials to gain access. Students should not share their Belmont credentials with others in order to share access to third-party resources.
- If students want to share third-party resources with other FCoM students, they should provide links to those resources when possible, rather than sharing individual files.
- Students should not share items retrieved from third-party resources with anyone outside of FCoM if this would violate the relevant license agreement.
- If students wish to use an item from a third-party resource such as an image, figure, or substantial portions of text for a poster or publication, they must seek permission from the publisher.

**Responsibility:**

Compliance with this policy will be the responsibility of all students, employees, and volunteers of FCoM.

Ultimate accountability for ensuring adherence to this policy will rest with the Associate Dean of Medical Education.

## **Evaluation Of The Learning Environment Policy**

### **Purpose:**

- The purpose of the Positive Learning Environment Policy is to foster a supportive and inclusive atmosphere that enhances student well-being, promotes professional growth, and optimizes educational outcomes.
- By prioritizing the creation of a positive learning environment, we at the Thomas F. Frist, Jr., College of Medicine (FCoM) aim to cultivate a culture of excellence, empathy, and lifelong learning that prepares students to thrive in their academic pursuits and future healthcare careers.

### **Background:**

Per LCME requirements defined by Element 3.51:

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

This policy specifically addresses Element 3.5 of the LCME accreditation requirements by ensuring that our educational institution and clinical affiliates maintain an environment that nurtures mutual respect, collaboration, and personal development among students, faculty, and staff. The maintenance of this learning environment is what leads to the success of the medical program in its learning spaces.

**FcoM's Commitment to a Positive Learning Environment:** The FCoM embraces and is committed to the AAMC position on a positive learning environment, originally published in 2014, that specifically states, "Having a respectful, inclusive and robust learning environment plays a critical role in developing and sustaining a professional, capable, compassionate and diverse healthcare workforce that will meet the healthcare needs of all."

To that end, FcoM has adopted the following 2014 AAMC Statement on the Learning Environment:

*We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity.*

*We embrace our responsibility to create, support, and facilitate the learning environment shared by our patients, students, and educators. In this environment, our patients witness,*

*experience, and expect a pervasive sense of respect, collegiality, kindness and cooperation among health care team members. This includes all professionals, administrators, staff, and beginning and advanced students from all health professions. This includes research as well as patient care environments.*

*We affirm our responsibility to create, support, and facilitate a learning environment that fosters resilience in all participants. It is our responsibility to create a learning environment in which our students and educators are willing to engage with learning processes that can be inherently uncomfortable and challenging.*

*We affirm our commitment to shaping a culture of teaching and learning that is rooted in respect for all. Fostering resilience, excellence, compassion, and integrity allows us to create patient care, research, and a learning environment that are built upon constructive collaboration, mutual respect, and human dignity.*

**Applicability:**

The Positive Learning Environment Policy applies to all students, faculty, and staff within the educational institution's healthcare programs, including its clinical affiliate environments. It encompasses all learning environments, including classrooms, laboratories, clinics, simulation centers, and other educational settings, where teaching, learning, and professional interactions occur.

**Policy Statement:**

The learning environment refers to the physical, social, and psychological context in which a student learns, and through effective monitoring, the school aims to create an environment in which learning is optimized.

Sources of data used to evaluate the learning environment include (1) course/clerkship evaluations, (2) the annual internal survey, and (3) the AAMC Graduate Questionnaire. In addition to these mechanisms, students, faculty members, and residents are able to report any incidences of student mistreatment via the process described in Element 3.6. The school

evaluates the following domains of the learning environment: (1) student perceptions of learning, (2) student perceptions of faculty, (3) student academic self-perceptions, (4) student perceptions of atmosphere, and (5) student social self-perceptions. These evaluation methodologies and domains are presented in the table below:

<b>Evaluation of the Learning Environment</b>			
Learning Environment Domains	Evaluation Methodologies		
	Course/Clerkship Evaluations	Annual Internal Survey	AAMC Y2Q/GQ
Student perceptions of learning	X	X	X
Student perceptions of teachers	X		X
Student academic self-perceptions		X	X
Student perceptions of atmosphere	X	X	X
Student social self-perceptions		X	X

### Course/Clerkship Evaluations

There are two types of course/clerkship evaluations in which the learning environment is evaluated: (1) end-of-course evaluations and (2) faculty/resident evaluations. Students are required to complete an end-of-course/clerkship evaluation at the conclusion of each course and clerkship. These evaluations include both quantitative and qualitative measures and primarily capture students' perceptions of learning, educators, and the atmosphere.

The foundations phase end-of-course evaluations are shared with course directors, the Office of Medical Education, the chair of the foundations phase subcommittee, the chair of the curriculum committee, the Program Evaluation Sub-Committee, and other select school of medicine leadership. The end-of-course evaluation results are shared with relevant leadership at the completion of the course/clerkship, to ensure that timely feedback can inform rapid cycles of improvement when needed.

The clerkship and individualization phase end-of-course evaluations are shared with clerkship directors/course directors, the Office of Medical Education, the chair(s) of the clerkship phase subcommittee and individualization phase subcommittee respective to placement of the course or clerkship in the curriculum, the chair of the curriculum committee, Program Evaluation Sub-Committee and other select school of medicine leadership. The end-of-course evaluation results are shared with relevant leadership within seven business days of the completion of the course/clerkship, to ensure that timely feedback can inform rapid cycles of improvement when needed.

Students also complete evaluations of individual faculty members and residents with whom they interact in the courses/clerkships, using both qualitative and quantitative measures. These

internally developed surveys enable school of medicine leadership to better understand students' perceptions of faculty members. Student evaluation of faculty members and residents occurs throughout all four years. The results of these evaluations are shared with the leadership in charge of any given rotation as well as the chair and/or program director of the department in which the faculty member or resident works. In the case of evaluations of faculty members or residents, a flagging system exists in our curriculum delivery system, which alerts the assessment and evaluation team to any low performance evaluation. Any low performance indicator is shared with the relevant leadership and a response regarding next steps is required.

#### Annual Internal Survey

Students are expected to complete an annual internal survey each spring, which serves the function of broadly evaluating the medical education program. Questions capture students' perceptions of learning, academic self-perceptions, and atmosphere. Results of the annual surveys are shared with relevant leadership including the Dean's Advisory Group, the Curriculum Committee and subcommittees, the associate dean for student affairs, department chairs, and all course and clerkship directors.

#### AAMC Year 2 Questionnaire (Y2Q):

The AAMC Year-2 Questionnaire is administered to students in the fall of their second year in the medical education program. This survey provides numerous indicators of students' perceptions of learning, educators, academic self-perceptions, atmosphere, and social self-perceptions that have occurred through the pre-clerkship phase of the curriculum. Results of this survey are particularly meaningful as they are able to provide benchmark data on how our students' responses compare with others across the county. The AAMC Y2Q data is shared with a variety of faculty and staff, including the Office of Medical Education, the Curriculum Committee and subcommittees, the associate dean for student affairs, department chairs, and all course and clerkship directors.

#### AAMC Graduate Questionnaire (GQ):

Lastly, fourth-year students complete the annual AAMC Graduate Questionnaire (GQ) around the time of their graduation, which provides numerous indicators of students' perceptions of learning, educators, academic self-perceptions, atmosphere, and social self-perceptions. Results of this survey are particularly meaningful as they are able to provide benchmark data on how our students' responses compare with others across the county. The AAMC GQ data is shared with a variety of faculty and staff, including the Office of Medical Education, the Curriculum Committee and subcommittees, the associate dean for student affairs, department chairs, and all course and clerkship directors.

#### **Responsibility:**

All members of the educational community, including students, faculty, staff, and administrators, share responsibility for upholding the principles outlined in the Positive Learning Environment Policy. Students are responsible for demonstrating respect, professionalism, and integrity in their interactions with peers, faculty, staff, and patients. Faculty and staff are responsible for fostering an inclusive, supportive, and conducive learning environment through their teaching practices,

mentorship, and role modeling. Administrators are responsible for providing resources, support, and guidance to facilitate the creation and maintenance of a positive learning environment. Collaboration among all stakeholders is essential to ensure the success of this policy in promoting student well-being, academic success, and professional growth.

**Definition(s):**

- AAMC Year 2 Questionnaire— The AAMC administers the Medical School Year Two Questionnaire (Y2Q) annually to all active, second-year medical students. The online questionnaire asks second-year medical students to share their thoughts on a variety of topics, such as: Learning climate. Adjustment to medical school. Future career plans.
- AAMC Graduation Questionnaire-- The Medical School Graduation Questionnaire (GQ) is a national questionnaire administered by the AAMC. The GQ is an important tool for medical schools to use in program evaluation and to improve the medical student experience. The online questionnaire asks fourth-year medical students to share their thoughts on a variety of topics, such as: Learning climate. Quality of Medical Education Programming. Graduation plans.

## **Exposure To Bloodborne Pathogens And Environmental Hazards Policy**

### **Purpose**

- To educate about, prevent, and address exposure by students to blood and/or body fluids, as well as exposure to environmental hazards.

### **Background**

All healthcare workers are at potential risk from exposure to blood and/or body fluids and environmental hazards. Students must be educated about risks, prevention, and treatment of exposures. It is required that universal precautions be adopted whenever there is the potential for exposure to reduce the risk. There are validated protocols to reduce the risk of transmission and exposure to environmental hazards; an accessible, clear protocol is outlined and disseminated to all students.

### **Provisions**

- Students are introduced to the concept of infection control and work-related exposure during their first year of medical school. Education and training regarding exposures are updated annually for all medical students.
- Students must contact the Office of Student Affairs and Belonging immediately in the event of an exposure or possible exposure to blood and/or body fluid or environmental hazard.
- Standardized protocols for exposures at the FCoM will adhere to those currently followed at each of the clinical sites.

### **Procedures**

Exposure procedures are included in a mandatory policy attestation process for students. These Procedures for Medical Student Exposure to Bloodborne Pathogens and Environmental Hazards are noted in the Student Handbook.

As students enter patient care settings, it is important for students to establish common sense habits to protect themselves and their patients from the spread of infectious agents. The commonly used term for the method used is Universal Precautions – universal in that one uses these precautions with all patients, not just those with known or suspected infectious disease. The agents associated with many infectious diseases are transmitted by superficial physical contact; others require intimate contact with blood or other body substances (e.g., Hepatitis B and C, HIV).

All students enrolled in the FCoM must complete the school's program on universal precautions. The purpose of this program is to ensure that students have been informed of the appropriate handling of blood, tissues, and body fluids during medical school. Opportunities for training in universal precautions are included as part of a required preorientation online session, all clinical courses and experiences, and all requi



red clerkships. As part of professional development, students are responsible for incorporating these into routine practice while inpatient care situations, and for being certain they understand what is available at each clinical site.

The following precautions are to safeguard both students and patients, and are appropriate for the level of patient contact you will have starting in pre-clinical settings:

Immunizations. Required for matriculation into medical school.

Routine hand washing. Hand washing is performed frequently to protect both patients and health care workers. Hands are washed before and after touching patients, performing invasive procedures, and eating; hands are also washed after glove use, working with bodily substances, using the toilet, and the computer. Skin is a natural barrier to infectious agents, and products that protect and promote skin integrity can be used. Establish the habit now of hand washing when entering a patient's room, before touching the patient, when leaving, and before eating.

Additional precautions that may be required in specific clinical settings include:

Barrier Protection. Barrier protection refers to the selection and proper utilization of protective equipment to prevent exposure to fluids, pathogens, and toxic substances which should be tailored to the nature, scope, and exposure risks presented by an activity, examination, or procedure.

Gloves. Gloves are worn for anticipated contact with all body substances and are changed between patients. Gowns and/or plastic aprons are used to cover areas of the skin or clothing that are likely to become soiled with body substances.

Facial barriers. including masks, glasses/goggles and face shields are worn whenever splashing or splatter of body substances into the mouth, nose, or eyes is likely to occur. Specialized masks and individual respiratory devices are also used for certain airborne diseases such as meningococcal meningitis and tuberculosis.

Other barriers. Additional barriers such as hair covers, shoe covers, and boots may be used when extensive exposure to body fluids may occur. (e.g., cystoscopy, vaginal delivery, multiple trauma).

Sharps management. Sharps management refers to safe use of sharp agents such as needles, scalpel blades, etc. Dispose of them in appropriate rigid, impervious containers, and learn to handle them safely.

Needle Stick Precautions. Each student will receive a card with instructions about what to do in case of a body substance (blood, tissue, or body fluids) exposure, (e.g., a needle stick), or an environmental exposure (e.g., a spill, solvent, or radiation exposure), including how to receive appropriate counseling and prophylactic treatment:

## Exposure Instructions

1. DO NOT PANIC! Needle stick and other types of exposures are common, and risks can be appropriately mitigated.
2. Time matters! Proceed swiftly as follows.
3. Remove all soiled clothing.
4. Wash wounds and skin with soap and water (>5 minutes).
5. Flush mucous membranes copiously with water (>2 minutes).
6. Write down the following information on “source patient:” Name, hospital or clinic number, date of birth, and patient location.
7. Notify supervising physician that you need to report to Occupational Health (or, after hours, report directly to the nearest Emergency Department).
8. Report to Occupational Health/Emergency Department for blood/body fluid exposure for:
  - a. Risk assessment of exposure
  - b. Baseline laboratory work
  - c. Occupational health evaluation of “source” patient
  - d. Institution of post-exposure prophylaxis (PEP) if appropriate (within one to two hours of exposure).
9. Students should follow up as directed by their treating healthcare provider. Ongoing follow up may take place at the initial treating facility or the student may be referred to a health care provider with expertise in infectious disease.
10. Since students are not employees of the FCoM or a FCoM clinical affiliate, payment for assessment and treatment is the responsibility of the student and student’s medical insurance. Due to variability in coverage by individual student health plans, all medical students will be enrolled in a needlestick/blood borne pathogen exposure plan that will cover each incident up to \$20,000 per incident with no deductible.

All students who experience an injury or exposure on a clinical site must complete an incident report and notify the Office of Student Affairs and Belonging as soon as possible. Students should NEVER delay prompt evaluation and treatment to complete paperwork!

### Clinical Access Post-Exposure – Impact on Learning Activities

- Students who are infected or at risk of having been infected with a potentially transmissible disease will not be excluded from participating in patient-care activities, or restricted in their access to patient-care services or facilities because of their health status, unless medically-based judgments in individual cases establish that exclusion or restriction is appropriate for the welfare of patients, the welfare of other members of the patient-care community, or the welfare of the individual. In such cases where a risk has been identified and clinical access is suspended, the Associate Dean of Faculty and Academic Affairs and Associate Dean for Clinical Education will be immediately notified to assess whether the clinical experiences can be made up in a timely manner once the student is cleared for clinical access or if simulation experiences are an acceptable substitute of the educational experience.

## **Radiation Precautions**

Ionizing radiation is produced during the performance of many diagnostic imaging studies. Students should make an effort to minimize their exposure to ionizing radiation through time, distance and shielding.

- **Time:** Seek to minimize the amount of exposure to ionizing radiation. Pay special attention to your exposure during procedures using fluoroscopy
- **Distance:** When ionizing radiation is in use, stay as far away from the source as practical.
- **Shielding:** Always make use of any physical barriers (lead glass, lead aprons) that are available to keep between you and the source.

Ionizing radiation presents special hazards to developing fetuses. Pregnant students should consult with the Associate Dean for Faculty and Academic Affairs for further guidance.

The healthcare environment may cause students to be exposed to airborne infectious conditions. Students receive training during orientation and annually thereafter regarding the use of particulate respirator masks to decrease the likelihood of exposure.

## **Fitness for Clinical Contact**

The opportunity to participate in direct patient care carries with it the responsibility to ensure that patients are not placed at risk due to a student's mental illness, physical illness, or impairment from drugs or alcohol. It is the responsibility of faculty, residents, medical students, and FCoM staff members who know of or observe student behavior that has the potential to place a patient, other medical students, staff or the student him/herself at risk to immediately report the concern to the course or clerkship director and the Associate Dean for Student Affairs and Belonging.

The FCoM educates future physicians while adhering to procedures established by the Centers for Disease Control to maintain the health and safety of patients and protecting the personal rights of students with contagious infections and/or diseases. The FCoM, in consultation with the clerkship directors, monitors, and, when appropriate, modifies clinical activities of infected students who may pose unwarranted risks to patients. Infections that must be reported to the clerkship director and the Associate Dean for Student Affairs and Belonging include, but are not limited to: viral hepatitis, HIV/AIDS, varicella, rubeola, mumps, rubella, influenza, acute bacterial conjunctivitis, pertussis, tuberculosis, scabies, and COVID-19. In all instances, every effort is made to maintain the integrity and equivalency of the student's modified educational experience.

## **Learning Environment And Mistreatment Policy**

### **Purpose:**

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (“FCoM”) complies with Elements 3.5 and 3.6 of the Liaison Committee on Medical Education (LCME) accreditation standards. This policy outlines expectations of behaviors that promote a positive learning environment for the FCoM faculty, staff, and students, and all who are involved in the educational experience, and to identify procedures to address alleged violations and student mistreatment.

### **Background:**

FCoM is committed to ensuring a positive learning environment for all faculty, staff, and students and providing clear definitions and expectations for a positive working environment with clearly communicated policies, processes, and procedures for FCoM community members to report incidents of mistreatment and the investigation and adjudication of reported incidents of mistreatment.

**FCoM’s Commitment to a Positive Learning Environment:** The FCoM embraces and is committed to the AAMC position on a positive learning environment, originally published in 2014, that specifically states, “Having a respectful, inclusive and robust learning environment plays a critical role in developing and sustaining a professional, capable, compassionate and diverse healthcare workforce that will meet the healthcare needs of all.”

To that end, FCoM has adopted the following 2014 AAMC Statement on the Learning Environment:

*We believe that the learning environment for medical education shapes the patient care environment. The highest quality of safe and effective care for patients and the highest quality of effective and appropriate education are rooted in human dignity.*

*We embrace our responsibility to create, support, and facilitate the learning environment shared by our patients, students, and educators. In this environment, our patients witness, experience, and expect a pervasive sense of*

*respect, collegiality, kindness and cooperation among health care team members. This includes all professionals, administrators, staff, and beginning and advanced students from all health professions. This includes research as well as patient care environments.*

*We affirm our responsibility to create, support, and facilitate a learning environment that fosters resilience in all participants. It is our responsibility to create an atmosphere in which our students and educators are willing to engage with learning processes that can be inherently uncomfortable and challenging.*

*We affirm our commitment to shaping a culture of teaching and learning that is rooted in respect for all. Fostering resilience, excellence, compassion, and integrity allows us to*

*create patient care, research, and a learning environment that are built upon constructive collaboration, mutual respect, and human dignity.*

**Applicability:**

Compliance with this policy extends to all members of the FCoM community.

**Policy Statement:**

The FCoM promotes a positive learning environment and promotes activities directed toward avoiding mistreatment of educators and students. Unprofessional behavior and mistreatment of others are unacceptable and will not be tolerated.

**Guidelines for Conduct in Faculty/Staff/Student/Professional Relationships:** The achievement of an environment that promotes academic and professional success in faculty, staff, and students is dependent on an environment free of behaviors which can undermine the important mission of our institution. An atmosphere of mutual respect, inclusiveness, collegiality, fairness, and trust is essential. Although all faculty, staff, and students bear significant responsibility in creating and maintaining this atmosphere, faculty also bear particular responsibility with respect to their evaluative roles relative to student work. Faculty and staff are responsible for modeling appropriate professional behaviors, must be ever mindful of this responsibility in their interactions with their colleagues, their patients, and those whose education has been entrusted to them.

**Responsibilities of Faculty and Staff:** All FCoM faculty and staff are required and expected to:

- treat all students with respect and fairness;
- provide current material in an effective format for learning;
- be prepared and punctual for didactic, investigational, and clinical encounters and promptly respond to requests and questions from students;
- provide timely feedback with constructive suggestions and opportunities for improvement/remediation as appropriate when needed;
- practice insightful (Socratic) questioning, which stimulates learning and self-discovery, and avoid overly aggressive questioning, which may reasonably be perceived as hurtful, humiliating, degrading or punitive;
- encourage and expect students who experience mistreatment or who witness unprofessional behavior to report the facts immediately; and
- demonstrate respect and professionalism toward other members of the faculty and staff in developing and delivering an integrated curriculum.

**Responsibilities of Students:** All FCoM students are required and expected to:

- recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings;
- treat all fellow students, faculty, and staff with respect and fairness;
- be prepared and on time for didactic, investigational, and clinical encounters;

- commit the time and energy to studies necessary to achieve the goals and objectives of each course;
- recognize personal limitations and seek help as needed;
- communicate concerns/suggestions about the curriculum, didactic methods, faculty, staff, or the learning environment in a respectful, professional manner;
- develop a lifelong student’s perspective and take ownership of their individual learning process and anticipate long-term needs for knowledge, skills, attitudes, and behavior;
- encourage and expect students who experience mistreatment or who witness unprofessional behavior to report the facts immediately; and
- solicit feedback on your performance and recognize that criticism is not synonymous with “abuse”.

**Behaviors Inappropriate in a Professional and Positive Learning Environment:**

Inappropriate and unacceptable behaviors are those that demonstrate disrespect for the dignity of others and unreasonably interfere with the learning process. Although there is inevitably a subjective element in the witnessing or experiencing of such behaviors, certain actions are clearly inappropriate and will not be tolerated by the FCoM. Behaviors that constitute mistreatment, include, but are not limited to, the following:

- committing an act of physical abuse or violence of any kind (e.g., hitting, slapping, kicking, pushing, inappropriate/unwelcome touching, throwing objects) or the threat of the same;
- sexual harassment, including romantic relationships between faculty, staff, and students in which the faculty or staff member has authority over the student’s academic progress. (Please refer to the Belmont University Harassment Policy for detailed definitions of all forms of harassment and sexual harassment, and procedures to follow if sexual harassment occurs.)
- loss of personal civility including shouting, personal attacks, insults or bullying, or the use of culturally insensitive language; (The U.S. government defines bullying as unwanted, aggressive behavior that involves a real or perceived power imbalance. Another characteristic of bullying is the behavior is repeated, or has the potential to be repeated, over time. Bullying can be verbal, social, or physical. Power imbalance is not limited to position, title, or authority. It can be based on physical strength, access to embarrassing information, or popularity to control or harm others.)
- discrimination of any form; (Please see the Non-Discrimination Policy for details, protected classes, and procedures to follow if discrimination should occur.)
- requests to perform personal errands unrelated to the didactic, investigational, or clinical situation at hand;
- grading/evaluation on factors unrelated to performance, effort, or level of achievement; or
- retaliation against a student for submitting a complaint or claim of mistreatment.

**Addressing Inappropriate Behavior in the Faculty/Staff/Student Context:** In the event a student believes he or she has experienced mistreatment, students are encouraged to first attempt to informally resolve the matter directly with the alleged offender in a constructive and non-confrontational manner. To facilitate such discussions and resolution, the student can seek

guidance from the Associate Dean for Student Affairs and Belonging, Medical Education, or Faculty Success, or the department chairs, on achieving an informal resolution.

If the student is not satisfied with the informal resolution or does not believe informal mediation is appropriate, the student should report the matter via any of the following mechanisms:

- direct reporting to any senior administrative leader (any senior associate, associate, or assistant dean);
- direct reporting to any course/clerkship director, department chair, or supervising faculty member; or
- online anonymous or identified report via Maxient®, the Belmont University online reporting system for student concerns or mistreatment.

Follow up notification to the student will be managed within 30 days as follows:

- Anonymous – The mistreatment/violation will be evaluated by FCoM, but no notification of outcome will be possible.
- Identified – The student will receive notice of the findings/outcome of the evaluation of the reported incident.

All reports with respect to negative influences or student mistreatment in the learning environment will be forwarded to the Associate Dean for Student Affairs and Belonging, who will be responsible for investigating matters of student mistreatment, including interviewing both the student and the faculty member (individually and confidentially) regarding the allegations. If the allegations include any form of sexual misconduct, sexual assault, or discrimination, the Associate Dean for Student Affairs and Belonging is mandated to report those allegations to the appropriate Belmont University resources (e.g., Title IX Coordinator, Human Resources, etc.) for resolution.

Upon receipt of a report and at any point during review or investigation of alleged student mistreatment, students may be re-assigned to another faculty member's supervision on a case-by-case basis if the Associate Dean for Medical Education, in consultation with the appropriate department chair, determines that reassignment is necessary in the best interest of the student, and for preserving a positive learning environment.

If the Associate Dean for Student Affairs and Belonging finds evidence of potential student mistreatment, they shall notify the Associate Dean for Medical Education, Associate Dean for Faculty Success, the Dean, and the faculty member's department chair. Collectively, these individuals will review the incident and any evidence, and determine the appropriate course of action, including but not limited to, targeted faculty development, removal of faculty status (e.g., for clinical faculty employed by a clinical affiliate), or termination/dismissal (e.g., for FCoM employees). Upon final determination, the results of the investigation and any disciplinary action shall be communicated to the faculty member in writing by the Office of the Dean.

**Faculty/Staff's Concerns Regarding Student Conduct:** Creating and sustaining a learning environment that fosters the values and virtues that the FCoM represents is bidirectional. Student

mistreatment of faculty or staff must also be addressed and will not be tolerated. Examples of mistreatment of faculty include, but are not limited to, the following:

- bullying faculty by threatening to give a faculty member a bad evaluation if the faculty member does not drop a question from an exam, change a grade, or give extra credit [furnishing false information];
- physically intimidating faculty/staff such as invasion of their space, pointing the finger in their face, raising their voice [verbal or physical assault]; or
- inappropriate or abusive language in person or by email; and bearing false witness against a faculty/staff member [verbal assault].

If a faculty or staff member feels that a student has engaged in inappropriate behavior, it is likewise most effective to address the situation immediately and non-confrontationally. If the matter is not resolved satisfactorily, the faculty or staff member should contact the course/clerkship director to discuss the matter. If the faculty or staff member wishes to make a formal allegation of misconduct of a medical student, they should contact the associate deans for student affairs and diversity, medical education, or faculty success.

Allegations by faculty or staff regarding unprofessional conduct by students will be handled on an individual and confidential basis by the Associate Dean for Student Affairs and Belonging. In serious cases, the student may be referred to the Student Assessment and Promotion Committee (SAPC) for further review and possible disciplinary action.

### **Confidentiality:**

If a complainant requests confidentiality or asks that the complaint not be pursued, FCoM will take all reasonable steps to conduct the investigation and respond to the complaint within the conditions requested. If the complainant insists that their name or other identifiable information not be disclosed to the alleged perpetrator, the investigator must inform the complainant that FCoM's ability to respond may be limited due to the restriction. In situations of assault or sexual assault, confidentiality cannot be guaranteed in order for proper adjudication of the situation to occur. Students will be advised under what circumstances confidentiality cannot be guaranteed at the beginning of any conversation. FCoM will evaluate all requests in the context of its responsibility to provide a safe and nondiscriminatory learning environment for all students. If the complainant's insistence of confidentiality impedes the identification of the perpetrator, such as another student in their group, the situation may warrant other steps to limit the effects of the alleged conduct and prevent its recurrence such as reassignment of the complainant.

FCoM is committed to the fair treatment of all individuals involved in this process. All reports of violations of this policy will be promptly and objectively investigated and to the maximum extent possible, investigations will be conducted so as to protect the confidentiality and privacy of the parties involved.

### **No Retaliation:**

The FCoM prohibits retaliation, intimidation, or reprisal against anyone who files a complaint and/or who cooperates with or participates in any procedures or investigations related to



complaints of mistreatment. Allegations of retaliation shall be referred as appropriate for potential disciplinary action.

**Good Faith Reporting:**

If it is determined that the allegations were not made in good faith, the complainant will be referred as appropriate for potential disciplinary action.

## Foundation Phase Scheduled Time Policy

### Purpose:

- To ensure that students have sufficient unscheduled time in their regular weekly schedule to complete **independent learning** and **self-directed learning** required of them for participation and success in the Foundation Phase Curriculum.
- To ensure Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Elements 6.3 of the Liaison Committee on Medical Education (LCME): **“The faculty of a medical school ensures that the medical curriculum includes self-directed learning experiences that allow medical students to develop the skills of lifelong learning. Self-directed learning involves medical students’ self-assessment of learning needs; independent identification, analysis, and synthesis of relevant information; appraisal of the credibility of information sources; and feedback on these skills from faculty and/or staff.”**
- To ensure the FCoM complies with Element 8.8 of the LCME accreditation standards: **“The medical school faculty committee responsible for the medical curriculum and the program’s administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.”**
- This policy is intended to be a guideline for the average student to achieve proficiency. However, the actual hours required for the learner to become proficient will vary by the learner.

### Policy Statement:

- The Foundation Phase curriculum will utilize a variety of pedagogical methods, including didactic and hybrid forms of learning including, but not limited to, active learning, independent learning, and self-directed learning.
- While the number of hours required for instructional time/week will vary from week to week, in general, most weeks, students are expected to have at least 12 hours of protected time between the hours of 8 am-5 pm, free from required instructional time.

Scheduled time is separate and distinct from workload. Schedule time refers to the time a student is obligated to participate in the learning activities during a usual week. **Required Educational Activities Time.**

FCoM required curriculum elements for the Foundation Phase will average no more than 24 hours per week of required educational activities time, excluding make-up sessions for missed time and examination time.

## **Protected Time**

In a five-day instructional week, students will be provided at least 12 hours of protected time between the hours of 8 am-5 pm, free from required instructional time.

## **Window for Testable Material**

No new immediately testable material will be presented to students during the week of a comprehensive summative examination or within the 24-hours preceding a required individual summative quiz.

## **Scheduling Activities**

Any faculty member wishing to schedule required activities during otherwise unscheduled time must present a proposal to the Foundation Phase Curriculum Subcommittee for approval at least four weeks before the requested activity. The request will be evaluated based on the educational value of the proposed activity and the workload of the students already assigned during the proposed week. Approval must be obtained from the Foundation Phase subcommittee, and if granted, the Associate Dean for Medical Education will be notified of the change.

## **Policy Monitoring:**

The Associate Dean of Medical Education oversees the academic program calendar, including the initial scheduling and sequencing of courses, instructional activities, protected time, and student workload.

The Associate Dean for Student Affairs and Belonging should be consulted if there are proposed deviations to student workloads to ensure compliance with student-related policies and procedures (e.g., financial aid).

Students will be asked to evaluate the appropriateness of the workload of the given course on their standard end of course evaluations. The Program Evaluation Subcommittee, Curriculum Committee, and the Office of Medical Education will monitor student workload and required time to ensure policy compliance and that students have sufficient unscheduled time.

**Definition(s):**

<b>Learning Sessions</b>	Learning sessions include but are not limited to scheduled time for instruction, application, or exposure through lectures, active-learning, case-learning, simulations, and laboratories.
<b>Independent learning</b>	Instructor-/ or mentor-guided learning activities to be performed by the learner outside of formal educational settings (classroom, lab, clinic) (Bowen & Smith, 2010); Dedicated time on learner schedules to prepare for specific learning activities, e.g., case discussions, TBL, PBL, clinical activities, research project(s) Learning in which a student independently accomplishes instructor assigned work, and studies to consolidate and review information.
<b>Pre-work</b>	Pre-work is defined as time students utilize to prepare for scheduled learning activities.
<b>Protected Time</b>	Protected Time in the academic program weekly schedule that ensures students have sufficient time open for independent or self-directed learning, voluntary service or research, and personal needs to support student well-being.
<b>Post-work</b>	Post-work is defined as time students utilize to consolidate knowledge.
<b>Self-directed learning</b>	Self-directed learning: Includes all of the following components as a single unified sequence that occurs over a relatively short time: 1) the medical student's self-assessment of his/her learning needs; 2) the medical student's independent identification, analysis, and synthesis of relevant information; and 3) the medical student's appraisal of the credibility of information sources; and 4) the facilitator's assessment of and feedback to the student on his/her information seeking skills.
<b>Workload</b>	Workload reflects the educational program's weekly schedule including obligated time for scheduled class activities and required out-of-class assignments, studying for comprehension, and completing online modules.
<b>Academic Load</b>	Academic Load weekly schedule calculations reflect in-session (non-holiday, non-break) weekdays 8:00 am - 5:00 pm.

## **Extramural Elective Policy (Away Elective Policy)**

### **Purpose:**

- To address the Liaison Committee for Medical Education (LCME) Element 6.5, which requires the faculty of a medical school to ensure that the medical curriculum includes elective opportunities that supplement required learning experiences and that allow students to gain exposure to deepen their understanding of medical specialties reflecting their career interests and to pursue their individual academic interests.
- To provide medical students with opportunities to pursue educational experiences at other institutions that complement their learning and career objectives.
- To facilitate enriching away elective experiences for medical students while ensuring a seamless and compliant process for the selection, enrollment, and completion of electives at external institutions.

### **Background:**

FCoM is committed to supporting medical students through customized learning experiences that align with personal, professional, and career goals.

### **Policy Statement:**

- FCoM offers three categories of electives: clinical, non-clinical, or hybrid. This policy allows medical students to obtain electives in all categories at other qualified institutions.
- These away electives must meet the same standards and guidelines that guide our internally developed electives.
- Electives cannot be taken for credit simultaneously with the Foundation Phase, Clerkship Phase, or any other elective courses.
- Participation in any away elective will need approval by the clerkship/clinical site director and Office of Medical Education.
- All electives (clinical, non-clinical, and/or hybrid) may be 2-8 weeks in duration.
- Medical students must successfully complete the elective requirements as outlined in the course syllabus. The elective title and grade will appear on the transcript.
- Away electives will be assessed (graded) on a pass/fail basis, and if the away institution uses a different method of assessment, then we will change it to fit our pass/fail system. If a system uses letter grades, we will require a C or greater for a pass.
- To receive credit for an away elective, medical students must participate in elective activities that meet our educational objectives for a minimum of 30 hours per week or 120 hours in four weeks and cannot violate the Clinical Duty Hours policy. The medical student must also fulfill the away institution's own internal

policy and meet the away institution's medical education and minimal hour requirements.

- FCoM will be participating in the Visiting Student Learning Opportunities (VSLO) program. FCoM will also support students desiring to do non-VSLO opportunities only at HCA facilities that have an affiliation agreement with FCOM through a separate system called Clinician Nexus.

### **Eligibility**

Medical students must be in good academic standing and in the Individualization Phase of matriculation.

### **Prerequisites**

Medical students must meet any specific prerequisites required by the host institution, with the approval of FCoM.

### **Application process**

Applications for participation should be submitted in time to allow approval by both FCoM and the accepting institution and to allow proper sequencing of other electives. No away electives may occur during the month of transition to residency course for FCoM, which is presently March of the fourth year.

### **Required documentation:**

- Completed application form.
- Letter of intent outlining the educational goals and relevance of the elective.
- Letter of recommendation (if required by the host institution).
- Transcript of academic records.
- Contact information for the external institution's electives office for application submission and inquiries.
- Contact Information of academic advisors at external institution and FCoM.
- Proof of professional liability insurance,
- Proof of current immunizations
- Drug screen
- Criminal background check

### **Approval process**

Application(s) must be reviewed and approved by the medical student's academic advisor and the Individualization Phase Subcommittee.

## **Selection Criteria**

Medical students demonstrating good academic performance and standing may apply for electives at other accredited medical schools and/or other institutions. Elective choices at external institutions should align with the medical student's educational and career goals and meet the curriculum standards set by FCoM. One of the major goals of away electives is to build the relationship of the medical student with other institutions to benefit and enhance the student's educational and career goals. Therefore, FCoM will try to accommodate students in managing the complex scheduling issues around the individual phase of education, but both FCoM and the away institutions have capacity issues and priorities that may prevent successful scheduling of electives.

## **Financial Obligations:**

### **Tuition and Fees**

Medical students are recommended to consult the financial aid office to have a clear understanding of any financial obligations and/or any impacts to their financial aid package, including tuition, fees, procedures, and regulations of both FCoM and/or the external institution while undertaking an elective. Medical students are responsible for any tuition and fees required by external institutions.

### **Travel and Accommodations**

Medical students must cover their own travel and living expenses.

## **Academic Credit:**

### **Credit Transfer**

Upon completion, the medical student must meet the evaluation criteria set by FCoM and the host institution. The evaluation must be submitted to FCoM for final credit approval. Academic credit for the away elective must be pre-approved by the Individualization Phase Subcommittee.

## **Health and Liability:**

### **Health Requirements**

Students must ensure they have adequate health insurance coverage during the elective. The liability insurance coverage provided by FCoM may or may not extend to the away elective experience. Medical students should verify and obtain additional coverage if necessary.

## **Medical Student Accountability:**

### **Conduct**

Medical students are expected to maintain professional behavior and adhere to both FCoM and the external institutions' policies and regulations.

### **Reporting**

Medical students must provide regular updates to their academic advisor and/or assigned course director and submit a final report summarizing their experiences and learning outcomes.

## **Policy Review and Revisions:**

The away policy will be reviewed annually by the Individualization Phase Subcommittee and the Curriculum Committee. Any changes to this policy will be communicated to the medical students promptly.

## **Elective Graduation Requirements:**

Medical students enrolled at FCoM must complete 24 weeks of elective courses as part of the Doctor of Medicine degree plan. Additional electives beyond those required for graduation will be shown on their transcripts but will not be counted in a degree audit. Medical students seeking to complete more than 24-weeks of electives must consult with the Office of Students Affairs & Diversity regarding potential financial aid and registration implications.

## **Responsibility:**

Compliance with this policy will be the responsibility of each student and the elective course director(s). The Director of Curriculum Management will monitor on behalf of the Office of Medical Education & Faculty Success. Ultimate responsibility for compliance will rest with the Office of Medical Education.

## **Definition(s):**

- **Away Elective** (Extramural Elective) - is defined as an elective occurring outside of the FCoM course catalog.
- **Clinical Elective** – Experience focused on clinical knowledge, skills, competencies, and experiences for direct patient care.
- **Non-clinical Elective** – Experience focused on aspects of medicine not directly involving patient care. Examples may include ethics, business, legal issues, education, social issues, research, and equity/inclusion/diversity.
- **Hybrid Elective** – Experience that includes components focused on clinical and non-clinical aspects of medicine and divides equal or no less than half-time served in clinical or non-clinical settings.



## **Student Curriculum Evaluation Policy**

### **Purpose:**

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Standard 8 of the Liaison Committee on Medical Education (LCME) accreditation standards: “The faculty of a medical school engage in curricular revision and program evaluation activities to ensure that medical education program quality is maintained and enhanced and that medical students achieve all medical education program objectives and participate in required clinical experiences and settings.”
- To create a timeline for the timely evaluation of each course offered through the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) curriculum.
- To establish guidelines for the process of course evaluation including the information required, the reports generated, and the roles of faculty, staff, and students in each step.

### **Background:**

FCoM is committed to ensuring students experience a high-quality education that fully prepares students for residency training and a successful career as physicians. As part of that effort, each course should be evaluated for student satisfaction and to ensure accreditation requirements are met. Additionally, course evaluation will identify opportunities for faculty development and continuous quality improvement. Lastly, a formalized evaluation process ensures that faculty members and administrators are held accountable for the quality of education provided to students. By making course evaluation results available to relevant stakeholders, including faculty, department heads, and curriculum committees, FCoM can foster a culture of transparency and accountability.

### **Applicability:**

Compliance with this policy extends to all members of the academic community.

### **Policy Statement:**

At the conclusion of each course, the Assessment and Evaluation Unit at FCoM will gather course information. The information must include:

- End of Course Evaluations
  - These evaluations will be administered electronically through a software platform that provides security and privacy. Although student responses are collected anonymously, in the event of a safety issue or concern, the anonymity may be lifted to address and resolve the matter effectively.

- Test Outcomes
  - Student scores will be tabulated and summarized, including individual assessment results and category performance with comparison to national norms when available.
- Student Workload
  - Student workload will be calculated to ensure compliance with Student Workload Policy.
- Taxonomy of Session Objectives
  - Each session of the course will be mapped to the course objectives to evaluate for alignment between assessment and the appropriate level of thinking according to Bloom's Taxonomy.
- Course Director's Reflection
  - The course directors will provide a reflection of course experiences on a form provided by the Assessment and Evaluation Unit.

The Assessment and Evaluation Unit will collate the course information into a digital summary report that will be given to the Program Evaluation Subcommittee (PESC). PESC will complete an analysis and review to identify successes and opportunities. A Course Action Plan (CAP) will be developed by PESC and delivered to the Curriculum Committee within 12 weeks of the summary report.

The CAP should include the following sections:

- Course organization
- Clarity of learning objectives
- Efficacy of teaching methods
- Relevance of course materials
- Overall Student Satisfaction
- Student performance

After approval by the Curriculum Committee, the course director will implement changes to the course curriculum as directed by the CAP. If the Curriculum Committee does not approve the CAP, PESC must rework the CAP and return it for Curriculum Committee approval.

Course Evaluation data and CAP will be confidential and used solely for the purpose of improving the quality of education at FCoM.

## **Student iPad and Technology Responsibility Policy**

### **Purpose:**

- The Thomas F. Frist College of Medicine (FCoM) provides all incoming medical students with an iPad, Apple Pencil, and case. iPads will be used as an instructional tool, with medical-related apps and textbooks uploaded to support teaching and learning in the classroom and beyond.
- The purpose of this policy is to specify and establish the expectations, responsibilities and guidelines of students receiving an iPad and to provide students with information regarding policies that govern the use of applications and curricular content licensed through the FCoM and technology managed by the FCoM and Belmont University.
- To ensure the FCoM complies with Element 5.9 of the Liaison Committee on Medical Education (LCME) accreditation standards regarding student access to educational materials.

### **Applicability:**

Compliance with this policy extends to all FCoM students.

### **Policy Statement:**

Students will have access to educational materials through an iPad device with pencil and case.

### **Ownership:**

1. Student fees cover the cost of the iPad, case, Apple Pencil, and three years of Apple Care+. Students will be the sole owners of the iPads, but Belmont will manage specific applications while the student is enrolled in the FCoM.
2. The device management software and FCoM licensed applications will be removed upon graduation or departure from the FCoM within 15 business days of departure.
3. While the primary purpose for this equipment is educational, personal use is permitted.

### **Student Responsibilities:**

Students are advised of their responsibilities regarding the appropriate use of the iPad and its contents and procedures, and Apple Pencil for the repair, replacement, or defective hardware/software of the iPad or Apple Pencil during Orientation prior to distribution of the iPad and Apple Pencil. Each student will be required to sign Student Apple iPad and Pencil Agreement verifying they understand and agree with their responsibilities.

- Students can only use FCoM course materials as intended for curriculum and course-related purposes. These materials are copyrighted by the University or others. Access to this content is for personal academic study and review purposes only. Unless otherwise

stated in writing, students may not share, distribute, modify, transmit, reuse, sell, or disseminate any of this content.

- The equipment will be managed by Belmont University and FCoM, which will provide technical support. Students must return the iPad to FCoM when requested for service, support, or updates. Belmont University may access the physical device and/or software to perform any function required during support.
- FCoM and Belmont access will include personal data stored on the equipment or backed up on cloud service. Belmont University is not responsible for any personal data stored on the equipment or backed up onto a cloud service.
- Any equipment connected to the Belmont network is subject to monitoring to protect against security threats, intrusions, and illegal activity.
- Students cannot tamper with the hardware, remove components, bypass or replace the operating system installed with the device, or remove necessary software from the iPad.
- Due diligence must be exercised to protect the iPad, Apple Pencil, case and data against loss or theft. The device should never be left in unsecured public places (i.e., restaurants, lounges, cafes, etc.), should not be checked in with luggage when traveling, and should not be left in vehicles unless the vehicle is locked, and the iPad is hidden from view.
- The iPad is not to be given away, sold or even loaned out temporarily, to anyone else. It is for student use only while enrolled at the FCoM.
- The student is responsible for payment of any purchases beyond those initiated by FCoM made through the approved IOS App Store.
- The student is to always have location services turned on to potentially find lost/stolen devices.
- iPad privileges are restricted. Incidences of failure to follow policies and guidelines for appropriate use of the device will be referred to the Associate Dean for Student Affairs and Belonging.

### **Security Standards for Device:**

- Data on the iPad is protected with a (6) six-digit encryption code and auto-lock timeout.
- Students must follow all University security requirements.
- Storage of any patient Protected Health Information (PHI) on the iPad or on iCloud is strictly prohibited.
- iCloud can be used for storage of personal data.
- The student can view details of the ADM (Apple Device Management) profile on the equipment at any time and be informed if any aspect of ADM is changed.

### **Belmont University IT Management:**

The equipment is enrolled in Belmont University's Apple Device Management (ADM) Service to provide a reliable experience and to enhance security in compliance with university policies. The ADM:

- Allows Belmont University to push FCoM purchased/approved applications and digital assets to the equipment.
- Distributes software updates and related notifications to protect against vulnerabilities.

### **Procedure for Lost or Stolen Devices:**

- If the iPad is reported lost or stolen, its entire contents will be wirelessly erased from the device.
- It is the student's responsibility to report a lost or stolen device to the appropriate authorities:
  1. If the equipment is lost or stolen on campus, file a report with Campus Security.
  2. If lost or stolen off campus, file a report with the local police department.
- Copies of lost/stolen reporting documentation must be provided to the FCoM and Belmont University IT Service Desk within 72 hours. Instructions for replacement will be provided at time.
- AppleCare+ does not cover lost or stolen iPads.
- Replacement of a lost or stolen Apple iPad or Pencil will be the financial responsibility of the student. Replacement will be coordinated by FCoM and Belmont University IT. Replacement charges will be applied to the student's account.

### **Procedure for Defective Hardware/Software/Repairs:**

- Defective hardware/software, as determined by Apple, will not result in a fee levied toward the student. The student's device will be repaired or replaced at no cost.
- Damage caused by the student must be reported to the FCoM and Belmont University Help Desk within 72 hours. Expenses incurred for repair of equipment by the student is the student's financial responsibility.
- The iPad has one year of hardware repair coverage through its limited warranty and up to 90 days of complimentary technical support. Three (3) years of AppleCare+ service is included in the student fee, which extends the iPad and pencil coverage.
- For AppleCare+ support related to education students should contact Apple via phone at 1-800-800-2775 option 3 or 24/7 via chat on the Support app or at support.apple.com.

### **Process for Replacement of Defective Pencil:**

The student will contact AppleCare support if an Apple pencil is defective or damaged, which can facilitate the replacement or repairs with Apple after the student returns the pencil. Any repair cost for accidental damage will be the student's responsibility.

For AppleCare+ support related to education students should contact Apple via phone at 1-800-800-2775 option 3 or 24/7 via chat on the Support app or at support.apple.com.

### **Process for Student Separations:**

#### **Voluntary Separation**

For all students who voluntarily separate from the University via a leave of absence, access to Belmont University's Apple Device Management (ADM) Service will be suspended within three business days upon receipt of notice from either the Office of Medical Education, the Office of Student Affairs and Belonging, or the Dean's Office of Frist College of Medicine. It is the

student's responsibility to save any personal electronic files or data stored on University systems prior to the access suspension date. Access to personal electronic files or data may not be provided after the termination date. Suspension of access shall last no longer than one year from the last semester of enrollment.

### **Involuntary Separation**

For all students involuntarily separated from the University, either through dismissal or lapse of enrollment, access to Belmont University's Apple Device Management (ADM) Service will be revoked immediately upon receipt of notice from either the Office of Medical Education, the Office of Student Affairs and Belonging, or the Dean's Office of Frist College of Medicine. It is the student's responsibility to save any personal electronic files or data stored on University systems prior to the access termination date. Access to personal electronic files or data may not be provided after the termination date.

### **Graduation**

For all students graduating from the University, access to Belmont University's Apple Device Management (ADM) Service will be terminated 30 days after the last term the student was enrolled. It is the student's responsibility to save any personal electronic files or data stored on University systems prior to the access termination date. Access to personal electronic files or data may not be provided after the termination date.

## **Textbook Policy**

### **Purpose:**

- To ensure the FCoM students have equal access to affordable courses and curricular materials throughout their medical school experience.
- To provide faculty and students with guidelines related to textbooks.

### **Background:**

The FCoM utilizes e-resources purchased through the Medical Library and the Office of Medical Education to teach the curriculum. To ensure students have access to all e-resources, students will be provided an Apple iPad purchased through the student technology fees. E-resources for teaching and learning will be downloaded to student iPads via a third-party Apple management software called Jamf.

### **Policy Statement:**

It is the policy of the FCoM not to require physical copies of textbooks. Print textbooks can be recommended but not required. The FCoM defines a textbook as a monograph specifically intended for work in a classroom environment and have adopted the following specified definition in Online Dictionary for Library and Information Science (ODLIS) by Joan M. Reitz, Library Unlimited (last updated November 19, 2007).

The FCoM will adhere to Belmont University's Intellectual Property and Creative Works policy related to student and faculty work.

### **Responsibility:**

Compliance with this policy will be the responsibility of each course/clerkship director(s). The Curriculum Committee will be consulted. The Director of Curriculum Management will monitor the policy for the Office of Medical Education. The Office of Medical Education is responsible for textbook policy. All faculty, staff, and students will be informed of the textbook policy.

# **GRADING & ASSESSMENT POLICIES**



## **Fair and Timely Assessment Policy**

### **Purpose:**

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 9.4 of the Liaison Committee on Medical Education (LCME) accreditation standards:” **A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students’ acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and ensures that all medical students achieve the same medical education program objectives.”**
- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 9.8 of the Liaison Committee on Medical Education (LCME) accreditation standards:” **A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.”**
- To establish a clear, enforceable grading timeline and define consequences for late or incomplete grade submission.

### **Background:**

The FCoM is committed to supporting students and faculty by ensuring a fair, transparent, and timely grading process that upholds academic standards and meets accreditation requirements. Prompt feedback is essential to promote learner development, support professionalism, and maintain the integrity of the academic record.

### **Applicability:**

This policy applies to all individuals involved in the assessment and grading of medical students in courses at FCoM, including but not limited to course directors, clerkship directors, clinical faculty, residents (when serving as evaluators), and staff supporting the grading process.

### **Policy Statement:**

FCoM is committed to ensuring that final grades for all courses and clerkships are accurate, timely, and based on multiple valid and reliable assessments. This policy outlines the expectations, timeline, and consequences for grade submission and enforces institutional accountability in alignment with LCME Element 9.8.

1. Grade Submission Deadline:

- Final grades for all courses, clerkships, electives, and selectives must be submitted in the learning management system with students able to view the grade and narratives within 28 calendar days following the final day of the course.
- All grading criteria, weighting of components, and minimum performance expectations must be published in the course/clerkship syllabus and made available to students at the start of the course.
- The course or clerkship director is responsible for ensuring that all evaluators submit necessary assessments in time to meet this deadline.

2. Escalation for Delayed Grade Submission:

- Day 29: The Director of Assessment and Evaluation notifies the course/clerkship director and the Curriculum Committee Chair of the delinquent grade submission.
- Day 35: If grade submissions are still delinquent, the Associate Dean of Medical Education is notified and will contact the responsible course or clerkship director by email to help resolve the delinquency. Any barriers to submission (e.g., missing preceptor narratives) will be noted, and the Associate Dean of Medical Education will help the course or clerkship director ensure the grades are submitted. Additionally, the Associate Dean of Medical Education will track the reasons for late submission to be considered as part of the annual foundation and/or clerkship phase review.
- Day 40: If grade submission remains delinquent, the Associate Dean of Medical Education will notify the Dean of the College of Medicine, and the relevant department chair or supervisor. At this point, the course/clerkship director and/or faculty member may be removed from teaching and administrative responsibilities until full compliance is achieved.

3. Patterns of Noncompliance

- Any faculty member or course/clerkship director with two or more delayed grade submissions in an academic year will be subject to formal review by the relevant department chair.

4. Timeliness of Individual Assessments

- In addition to final grades, faculty are expected to submit individual evaluation forms, narrative assessments, and other components of student performance within 14 calendar days of the observed activity.
- Delay in submission of these components may delay final grading and affect the faculty member's eligibility to participate in future student teaching, assessments, and evaluations.

## 5. Platform and Communication

- All final grades must be submitted and released to students through the official FCoM learning management system.
- The system will notify students when grades are posted by course or clerkship directors.

### **Responsibility:**

Compliance with this policy will be the responsibility of each course/clerkship director(s). The Director of Assessment and Evaluation will monitor on behalf of the Office of Medical Education. Ultimate responsibility for timely reporting of grades will rest with the Office of Medical Education.

### **Definitions:**

- Selective - A required course or clerkship chosen from a limited list of options.

## **Foundation Phase Formative Feedback Policy**

### **Purpose:**

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 9.7 of the Liaison Committee on Medical Education (LCME) accreditation standards: **“The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.**
- To provide students and faculty with guidelines related to formative and mid-point course feedback in the medical education curriculum.
- To provide timely formative and mid-course-feedback to students so that students and faculty can identify strengths and opportunities for improvement, with a goal of continual learning, growth, and development.
- To provide sufficient information and time, allowing students the opportunity to improve and correct deficiencies in comprehension and learning before course completion and summative assessments.

### **Background:**

FCoM is committed to creating an environment that supports learning based on assessment and feedback. As such, FCoM is also committed to providing timely formative and mid-

course/clerkship feedback to students so that students and faculty can identify strengths and opportunities for improvement, with a goal of continual learning, growth, and development. Formative feedback should provide sufficient information and time to allow students the opportunity to improve and correct any deficiencies before course completion and summative assessments.

### **Applicability:**

Compliance with this policy extends to all members of the academic community.

### **Policy Statement:**

- Formative Assessments documented in the learning management system will not be included in the student's grade.
- Formative assessment feedback should:
  - Be specific
  - Be targeted
  - Be constructive
  - Be non-judgmental
  - Be focused on what is feasible for a student to change
  - Allow for differences in style, skills, and talents
- The goal is to help each student to perform at their highest level in the context of the learning experience, to broaden and improve skills where possible, and to become aware of strengths and opportunities for growth.
- **Informal Assessments:** Informal face-to-face assessments will occur spontaneously during relevant learning experiences. These assessments are not scheduled or documented but are integrated into the daily educational activities. These assessments are encouraged as a helpful tool to appropriately and quickly direct attention to skills development. These interactions should be specific, constructive, and tailored to the individual student's learning needs.
- **Documented Assessments:** Documented assessments will be completed as directed by the Assessment and Evaluation Unit. These assessments may include multiple modalities depending on the type of experience where assessment is occurring and may include, but are not limited to:
  - **Narrative feedback**
  - **Peer-to-peer evaluation**
  - **Rubrics**
  - **Formative quizzes**
- **Electronic Storage:** All documented formal formative feedback will be aggregated and stored in the learning management system. This will serve as a comprehensive repository of assessment data, allowing for the tracking of student progress over time. Aggregate data will be collected through the Office of Medical Education and examined for patterns

of deficiencies with provision of formative feedback, with appropriate reporting to the appropriate department chairs and follow-up to improve compliance.

- **Courses:** Formative assessments conducted within individual courses will be documented in the learning management system. These assessments may include practical skills assessments, case-based discussions, or performance evaluations specific to the course objectives. These formative assessments will include rubrics completed by the course director(s) at the midpoint of the course including quiz scores. Peer evaluations may also be added for peer feedback, if available.

### **Mid-Course Feedback:**

1. The Course Director will communicate formative mid-course feedback to students based on assessments and evaluations.
2. Feedback will be delivered as follows:
  - Congratulatory emails for students demonstrating strong performance.
  - Supportive emails for students performing near the expected competency thresholds.
  - Individual meetings for students performing below the expected competency thresholds.
3. All mid-course communications must occur within the designated midpoint feedback window to allow sufficient time for improvement.
4. Continuous Improvement: All members of the learning community are encouraged to reflect on the feedback received and incorporate it into their ongoing learning and professional development. Feedback loops should be iterative and promote continuous improvement in skills, competencies, and professionalism.
5. Compliance: Mid-course feedback should be submitted within the start of the midpoint week through the end of the following week (a two-week period). The Director of Assessment and Evaluation will notify the course director(s) and copy the Department Chair to submit the forms immediately if they are not completed in the allotted time.

### **Definition(s):**

- **Formative Assessment:** Focuses on providing feedback to support learning and improvement. These assessments are not graded and not included on a transcript.
- **Summative Assessment:** Focuses on making judgments about student achievement or proficiency. These assessments become a part of the final grade on a student's transcript.

### **Responsibility:**

Responsibility for the completion of formative midpoint feedback will rest with the Course Director(s). If a pattern of missed deadlines to meet formative feedback deadlines is identified by the Office of Medical Education, the respective Chair will be notified and will meet with the faculty member involved for resolution.

## **Foundation Phase Assessment Policy**

### **Purpose:**

- The purpose of this policy is to establish a clear, consistent, and equitable system for assessing medical students during the Foundation Phase of the curriculum. It supports compliance with LCME Standard 9: **“A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students’ and patients’ safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.”**
- To provide effective assessment which is essential to promote student learning, ensuring competency development, and supporting academic and professional success.
- To define the principles, structures, and responsibilities that ensure all assessments are applied consistently and equitably. To support the use of varied assessment methods and high standards of faculty accountability, the policy helps ensure that students are fairly evaluated and that the academic program remains responsive to evolving educational needs.

### **Applicability:**

This policy applies to all faculty, instructors, and others who teach and assess FCoM students.

### **Policy Statement:**

#### **Assessment Implementation in the Foundation Phase:**

In the Foundation Phase, the diverse assessment strategies include:

- Formative assessments such as quizzes and simulated clinical scenarios to provide early and frequent feedback.
- Summative assessments, including but not limited to quizzes, comprehensive exams, Objective Structured Clinical Examinations (OSCEs), and Gross Anatomy Lab Practical to evaluate comprehensive understanding and skills.
- If any assessment is missed without an excused absence, students will receive a grade of zero for that assessment.

Case Learning evaluation FCoM assessments will be mapped to the FCoM’s educational program objectives, competencies, and milestones, ensuring a holistic approach to student evaluation and progression.

## **Grading:**

All courses will be scored on a 100-point scale.

Grading scale:

A	92.500-100	4pts
A-	89.500-92.499	3.7 pts
B+	86.500-89.499	3.3 pts
B	82.500-86.499	3 pts
B-	79.500-82.499	2.7 pts
C+	76.500-79.499	2.3 pts
C	70.000-76.499	2 pts
F	<70.000	0 pts

## **Foundation Phase Organ System Based Courses and Molecular and Cellular Foundations**

**The numeric score for these courses consists of:**

Summative	80%
Case Learning	20%

Formative quizzes do not count toward the Summative score.

The combined Summative portion of a course includes but is not limited to:

- summative quizzes,
- gross anatomy practical (if applicable)
- comprehensive summative exam.
- 

The passing grade for Foundation Phase courses is a C or higher. Additionally, the comprehensive summative exam must be passed with a score greater than or equal to 70%.

## **Introduction to Clinical Practice (ICP) Courses**

All Introduction to Clinical Practice courses will be graded as Pass/Fail. The numeric score to pass is 70.000%.

ICP 1a, 1b, and 2a

Summative Exam	20% (70.000% passing grade required)
ICP OSCE/Practical	20%
Preceptor Evaluations	20%
Clinical Reasoning	20%
Interprofessional	10%
<u>Service Learning*</u>	<u>10%</u>
	100%

ICP 2b	
Summative Exam	30% (70.000% passing grade required)
ICP OSCE/Practical	30%
Clinical Reasoning	20%
Interprofessional	10%
<u>Service Learning*</u>	<u>10%</u>
	100%

\*Service Learning is a required component of this course and failure to complete Service Learning requirements will result in an incomplete grade until those requirements are fulfilled.

### **Wonder and Wisdom in the World of Medicine (W3M) Courses**

All Wonder and Wisdom in the World of Medicine courses will be graded as Pass/Fail. The numeric score to pass is 70% and includes assessment of self-directed learning.

#### **W3M1a, W3M1b, W3M2a Courses**

Portfolio	40%
Discussion Board	40%
Discovery/Biostats/Epi	20%

#### **W3M2b Course**

Portfolio	40%
Discussion Board	40%
Biostats/Epi Summative Exam	20% (70% passing grade required)

### **Examination Retesting**

The section of this policy ensures clarity in the retesting process and limits the number of retake opportunities to maintain academic standards.

#### **Eligibility for Retesting:**

- Retesting only applies to the comprehensive summative exam initial performance.
- If a student fails to achieve the required passing grade (70%) for the comprehensive summative exam, then the student may retake the comprehensive summative examination, once, if eligible (see below for eligibility).
- Students are ineligible for a retake if their overall course score is less than 70% before the comprehensive summative exam is taken.
- A student is eligible for a retake of the comprehensive summative examination if their score falls between 63% and 69% on the initial summative exam.
- If a student scores below 63% on the comprehensive summative examination, the failure is considered significant. In such cases, the student will receive an F for the course and the SAPC will initiate the remediation protocol in accordance with the Remediation Policy.
  - If the Course grade is below a letter grade of C after the inclusion of the NBME score, the student will receive an F for the course and the SAPC will initiate the remediation protocol in accordance with the Remediation Policy.



- Students can retest for a maximum of 3 comprehensive summative exams failed over the entire Foundations Phase of the curriculum.
  - Due to a change in Assessment Policy, the Class of 2028 will be allowed a total of 6 retakes for the Foundation Phase.

#### **Retake Examination Details:**

- The Office of Medical Education will reschedule the retake exams for a day and time that is feasible considering the academic calendar and class schedule. Students must complete the retake as scheduled by OME.

#### **Grading of Retake Examinations:**

- Regardless of the actual raw score earned on the retake (as long as it is 70% or higher), the maximum recorded score for this comprehensive summative examination will be **capped at 70%** when calculating the final course grade.

#### **Administration of Retake Examinations:**

- The format and administration of retake examinations will be managed and coordinated by the Office of Medical Education.
- The retake must be completed in a timeframe to ensure that a final grade is submitted according to the Foundation Phase Grading Policy.

#### **Definition(s):**

- **Formative Assessment** – Evaluative information communicated to a student in a timely manner intended to modify the student’s thinking or behavior to improve subsequent learning and performance in the curriculum. Formative assessments do not count toward a grade.
- **Summative Assessment** – Evaluative information and data used to assess the level of student learning compared to an established standard or benchmark. Summative assessments can occur within or at the end of a course and are counted toward a student’s grade. Will include quizzes, final course exam, and practical.
- **Assessment Methods:** A variety of assessment methods will be utilized, including but not limited to formative and summative quizzes, examinations, practical assessments, and narrative assessment, ensuring a comprehensive evaluation of student performance.
- **Feedback Mechanism:** Regular and structured feedback will be provided to students to support their learning and development.

#### **Responsibility:**

The Assessment and Curriculum Evaluation Unit in the Office of Medical Education and Faculty Success will monitor and document the timely provision, quality, and results of all assessments in every phase of the curriculum.

## **Foundation Phase Grading Policy**

### **Purpose:**

- To provide students and faculty with guidelines related to the process of grade reporting in the medical education curriculum.
- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 9.4 of the Liaison Committee on Medical Education (LCME) accreditation standards: **“A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students’ acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.”**
- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 9.8 of the Liaison Committee on Medical Education (LCME) accreditation standards: **“A medical school has in place a system of fair and timely summative assessment of medical student achievement in each course and clerkship of the medical education program. Final grades are available within six weeks of the end of a course or clerkship.”**

### **Background:**

FCoM is committed to supporting students, faculty, and FCoM programming through the appropriate, fair, and timely calculation and reporting of grades.

### **Applicability:**

Compliance with this policy extends to all faculty and staff within the Foundation Phase of the Thomas F. Frist, Jr. College of Medicine.

### **Policy Statement:**

#### **Question Evaluation and Revision**

At the conclusion of each administered individual summative assessment, questions will be assessed by course directors for validity. All questions will be assessed by course directors for validity. It is expected that the course director will consult with the item writers to determine the final status of the question. The course directors will have the discretion to remove or re-key questions in the following ways:

- The item can be rekeyed if the administration software allows for it.
- The denominator of the assessment total may be dropped by one for each dropped item.

- The item may be omitted, which may decrease the percentage of correct answers for students who answered the omitted item correctly.
  - If this option is used on a summative quiz, the course director may add an additional item to a subsequent summative assessment.

### **Change of Grade:**

For any change in grading after initial grade submission, a Change of Grade Form must be submitted by the course director(s) with the explanation for the grade change to the Associate Dean for Medical Education for approval. A recommendation for a change of grade must include appropriate reasons for the change requested. The form must be approved and signed by the course director and approved by the Associate Dean for Medical Education.

### **Clinical and Clerkship Course Formative Feedback Policy**

#### **Purpose:**

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 9.7 of the Liaison Committee on Medical Education (LCME) accreditation standards: **The medical school's curricular governance committee ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which medical students can measure their progress in learning.**
- To provide guidelines and expectations which foster the ongoing student development of learning through respectful and nonjudgemental feedback early enough in the clinical course to allow sufficient time for students to self-reflect and incorporate adjustments in performance.

#### **Background:**

FCoM is committed to creating an environment that supports learning based on assessment and feedback. As such, FCoM is also committed to providing timely formative and mid-clerkship written feedback to students so that students and faculty can identify strengths and opportunities for improvement, with a goal of continual learning, growth, and development. Formative feedback should provide sufficient information and time to allow students the opportunity to improve and correct any deficiencies before course completion and summative assessments.

#### **Applicability:**

Compliance with this policy extends to all members of the academic community.

### **Policy Statement:**

- Formative assessments will include written formative feedback by at least the mid-point of the clerkship or clinical elective. Formative feedback narratives will not be included in the student's final clerkship or clinical elective grade.
- Formative feedback is provided to students for all elective and clerkship courses of four weeks or more in duration. For a course that is shorter than four weeks, course leadership provides an alternate means, described in the course syllabus, by which students can measure their progress.
- Formative feedback guidelines:
  - Formative feedback is to be as specific and focused as possible, using examples including direct observations, that are offered in constructive, non-judgmental language regarding skills, activities, and behaviors, focusing on what is feasible for a student to change, and allowing for differences in style, skills, and talents between students. The goal is to help each student perform to their best ability.
  - Formative feedback should be designed to broaden and improve skills where possible, and to become aware of strengths and opportunities for growth.
  - Elements which may be addressed include observations of clinical knowledge, collaborative behavior, interpersonal skills, oral and written communication, professionalism, student preparation for sessions, or patient interactions.
  - Frequent, real-time feedback should be provided to students in clinical experiences in every clinical session. Because students work with various residents and clinical faculty in each discipline over time, and are directly supervised in their care of patients, formative feedback should be ongoing and occur more frequently than the documented mid-clerkship/course formative feedback.
- Formative Feedback Communication
  - Informal assessments are defined as informal face-to-face conversations which may occur spontaneously during clinical rotations, bedside teaching sessions, or other relevant learning experiences. These assessments are not scheduled or documented but are integrated into the daily educational activities. These assessments are encouraged as a helpful tool to appropriately and quickly direct attention to skills development. These interactions should be specific, constructive, and tailored to the individual students' learning needs.
  - Documented Formative assessments are defined as written formative feedback provided to students no later than the midpoint of the elective and clerkship course (of four weeks or greater duration) and provided to students by the course/clerkship director. The student must record acknowledgement of the mid-

course formative feedback in the learning management system. This feedback must include at least one formative assessment completed by a clinical faculty member, preceptor, or resident instructor who has directly observed the student. These assessments will evaluate clinical competencies, professional behavior, and reflect the unique learning objectives and expectations of each clinical course or clerkship.

- All written formative feedback assessments will be aggregated and stored in the learning management system. This will serve as a comprehensive repository of assessment data, allowing for the tracking of student progress over time. Aggregate data will be collected through the Office of Medical Education and examined for patterns of performance issues with provision of formative feedback allowing appropriate reporting and follow-up to improve performance.
- Mid-course/clerkship feedback should be submitted within the start of the midpoint week through the end of the following week (a two-week period). The Director of Assessment and Evaluation will notify the course/clerkship director and the relevant Department Chair to submit the forms immediately if they are not completed in the allotted time.
- All members of the learning community are encouraged to reflect on the feedback received and incorporate it into their ongoing learning and professional development. Feedback loops should be iterative and promote continuous improvement in skills, competencies, and professionalism.

**Responsibility:**

Responsibility for the completion of formative midpoint feedback will rest with the Course or Clerkship Director. If a pattern of missed deadlines to meet formative feedback deadlines is identified by the Office of Medical Education, the respective Chair will be notified and meet with the faculty member involved for resolution.

## Clerkship Phase Clinical Assessment and Grading Policy

### Purpose:

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 9.4 of the Liaison Committee on Medical Education (LCME) accreditation standards: **“A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students’ acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.”**
- To provide an overview of the components utilized in the fair, ethical, and comprehensive assessment of medical student performance in the clinical setting and describe how these components are incorporated into the final grade of the clinical course or clerkship.
- To reinforce FCoM’s commitment to holistic student evaluation by integrating professionalism as a key component of clinical assessment. This includes empowering Clerkship Directors to monitor, investigate, and adjudicate concerns related to professionalism and professional misconduct, ensuring consistency with the school’s expectations and supporting student development.

### Applicability:

Compliance with this policy extends to all FCoM Clinical Faculty, Instructors, and staff involved in the assessment of medical student performance within clinical courses and clerkships at the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM). This includes individuals responsible for direct observation, evaluation, and grading of student performance as well as those responsible for maintaining records and ensuring adherence to grading processes.

### Policy Statement:

#### 1. Overview

All students must meet overall grade thresholds and component-specific minimum performance requirements to successfully complete each clerkship. Grading is structured using a points-based system, with points and corresponding percentages defined in the official **Grading Components and Weight Distribution Table** below.

## 2. Grading Components and Weight Distribution (Table 1)

Grading is comprised of multiple components, each weighted based on its importance to overall performance. The table below specifies the domain, component, maximum points available, and the percentage contribution to the final grade:

**Table 1: Grading Components and Weight Distribution**

<u>Domain</u>	<u>Component</u>	<u>Maximum Points Available</u>	<u>% of Grade</u>
NBME Subject Exam	NBME Subject Exam	50 points	20%
Clinical Performance	Preceptor Evaluations	87.5 points	35%
Clinical Performance	Master Clinician Evaluations	50 points	20%
Clinical Performance	OSCE	50 points	20%
Professional Development	ILP	12.5 points	5%

- The NBME Subject Exam assesses medical knowledge at a national level and uses annually published national percentile benchmarks for determining pass/fail status.
- Preceptor Evaluations are completed by clinical faculty who directly observe and assess the student's clinical skills, professionalism, and application of knowledge.
- Master Clinician Evaluations are based on direct observation and are designed to capture advanced clinical reasoning and patient care skills.
- The OSCE is administered at the end of the clerkship and evaluates communication, history-taking, physical examination, and integrated clinical encounter performance using standardized patients.
- The Individual Learning Plan (ILP) is designed to foster reflective practice and self-directed learning, with completion of all assigned tasks required for the points allocation.

## 3. NBME Subject Exam Policy Language

The **NBME Subject Exam** is a standardized examination used to assess medical knowledge and clinical reasoning skills at a national level. It accounts for 20% of the total clerkship grade (50 points). The thresholds for eligibility for Honors, High Pass, and Pass designations are determined based on the national percentile rankings published annually by the National Board of Medical Examiners (NBME).

- **Honors Eligible:** Students who achieve a score at or above the 70th national percentile are eligible for Honors consideration.
- **High Pass Eligible:** Students who achieve a score at or above the 50th national percentile are eligible for High Pass consideration.
- **Pass Eligible:** Students who achieve a score at or above the 5th national percentile meet the minimum requirement to pass this component.

**Requirement to Pass the Clerkship:** Students must achieve at least the minimum passing score on the NBME Subject Exam, defined as the 5th national percentile or above, to be eligible to pass the clerkship regardless of performance in other components. Students failing to meet this minimum threshold on their first attempt will be given the opportunity for a single retake, as outlined in the Remediation Policy.

**Annual Benchmarking:** The clerkship director, in collaboration with the Assessment and Evaluation Committee, will review NBME national percentile data annually and update the eligibility thresholds accordingly. These thresholds will be published in the official clerkship syllabus at the beginning of each academic year.

Table 2: NBME Subject Exam (20% — 50 Points)

<b>Honors Eligible</b>	$\geq 70\%$
<b>High Pass Eligible</b>	$\geq 50\%$
<b>Pass Eligible</b>	$\geq 5\%$

Students must achieve a passing score to pass the clerkship.

#### 4. Preceptor Evaluations (Table 3)

**Component Description:**

The **Preceptor Evaluation** component comprises 35% of the total clerkship grade, representing up to **87.5 points**. This assessment captures the clinical faculty’s evaluation of each student’s performance across a range of core competencies, including medical knowledge, clinical reasoning, professionalism, communication skills, and patient care.

**Scoring Methodology:**

Each clinical faculty member (preceptor) completes a standardized five-point evaluation rubric based on direct observation of the student’s clinical performance. The student’s final preceptor evaluation score is calculated as the mean of all completed preceptor rubrics during the clerkship. The mean score is then converted into the points awarded toward the student’s final grade using the following scale:

Table 3: Preceptor Evaluations (35% — 87.5 Points)

Mean Score	Points
$\geq 4.5$	87.5
4.00 to 4.49	81.7
3.75 to 3.99	78.8
3.50 to 3.74	72.9
3.00 to 3.49	68.0
2.50 to 2.99	56.3
2.00 to 2.49	52.5
<2.0	0



A mean score below 2.0 would result in a **Fail** grade for the preceptor evaluation component.

5. Master Clinician Observations (MCO) (Table 4)

**Component Description:**

The **Master Clinician Observation** component constitutes 20% of the total clerkship grade, with a maximum of **50 points** awarded. This component evaluates the student's clinical performance through direct observation by a designated Master Clinician. The MCO rubric assesses advanced clinical reasoning, patient management, communication skills, professionalism, and the ability to integrate knowledge into patient care.

**Scoring Methodology:**

Each student is directly observed and scored using a standardized Master Clinician Evaluation Rubric. The final MCO score is determined by the mean of all observations performed during the clerkship. This mean score is then converted to points for the final clerkship grade according to the following table:

**Table 4: Master Clinician Observations (20% — 50 Points)**

Mean Score	Points
≥ 4.5	50
4.00 to 4.49	48
3.75 to 3.99	46.7
3.50 to 3.74	45.0
3.00 to 3.49	41.7
2.50 to 2.99	40.0
2.00 to 2.49	33.3
<2.0	0

A mean score below 2.0 would result in a **Fail** grade for the MCO component.

6. OSCE (20% — 50 Points) (Table 5)

**Component Description:**

The **OSCE** constitutes **20%** of the total clerkship grade, with a maximum of **50 points** awarded. The OSCE evaluates student competency in two distinct clinical domains: **Communication and Interpersonal Skills** and the **Integrated Clinical Encounter**. The OSCE uses standardized patients and structured checklists to ensure objective and consistent assessment across all students.

**Scoring Methodology:**

Points are allocated based on performance in the following domains:

- **Communication and Interpersonal Skills:** 15 points
- **Integrated Clinical Encounter:** 35 points

**Minimum Performance Requirement:**

To pass the OSCE component, a student must achieve at least **70% of the total points available** (i.e., at least 35 points out of 50). Failure to achieve this minimum score results in a **Fail** grade for the OSCE component. A failing grade in the OSCE component will result in a **Fail** for the entire clerkship, regardless of performance in other grading components.

**Table 5: OSCE (20% — 50 Points)**

<b>Domain</b>	<b>Points</b>
Communication and Interpersonal Skills	15
Integrated Clinical Encounter	35

Fail for this component corresponds to a **score below 70%** of the total points available

7. Individual Learning Plan (5% — 12.5 Points)

Students are required to engage in continuous self-reflection and goal-setting throughout the clerkship period. Each week, students must complete and submit a documented Individual Learning Plan (ILP) that demonstrates evidence of reflective practice and goal-oriented learning.

To earn full points (12.5 points), students must:

- Complete and submit all assigned ILP tasks as outlined in the clerkship syllabus.
- Demonstrate thoughtful reflection on their own learning progress and identify specific, actionable goals for improvement.

Completion of all assigned ILP tasks is mandatory for eligibility to receive a final grade of High Pass or Honors in the clerkship.

Failure to complete all assigned ILP tasks will result in a loss of ILP points and will render the student ineligible for a High Pass or Honors designation, even if their overall point total would otherwise qualify.

8. Professionalism Requirements (Table 6)

**a. Professionalism**

Professionalism is the consistent demonstration of behaviors, attitudes, and ethical conduct expected of a medical professional. This includes:

- Timely attendance at all required clinical and didactic activities.
- Timely and accurate completion of clinical logs and assignments.
- Respectful interactions with patients, staff, and colleagues.

- Adherence to patient privacy and confidentiality laws (e.g., HIPAA).
- Honesty and integrity in documentation, communication, and performance.
- Compliance with institutional policies, codes of conduct, and dress codes.

**b. Definition of Professional Misconduct**

Professional misconduct is any behavior or omission that represents a significant deviation from expected professional standards. Examples include:

- Falsifying or altering clinical documentation or patient records.
- Unauthorized disclosure of protected health information.
- Disrespectful, discriminatory, or harassing behavior toward patients, staff, or colleagues.
- Failure to respond to communications from faculty or staff in a timely manner.
- Repeated tardiness or unexcused absences
- Violations of local, state, or federal laws while representing FCoM.

**c. Professionalism Assessment and Grading Component**

Professionalism is assessed using multiple methods throughout the clerkship, with requirements and impacts on eligibility for Honors/High Pass:

**Table 6: Professionalism Expectations**

<b>Assessment Method</b>	<b>Description</b>	<b>Minimum Requirement</b>	<b>Honors/High Pass Impact</b>
<b>Professionalism Rubric in Preceptor Evaluations</b>	Each preceptor completes a standardized rubric (1–5 scale) assessing respect, punctuality, responsiveness to feedback, attire, and ethical behavior.	A minimum of “Pass” (≥2 points) on each preceptor evaluation is required to pass the clerkship.	Honors/High Pass eligibility requires no professionalism concerns identified by any preceptor.
<b>Clerkship Director’s Professionalism Assessment</b>	Reviews all evaluations, mid-clerkship feedback, and any concerns from staff, patients, or others to assign an overall professionalism rating.	A “Satisfactory” or better rating is required to pass the clerkship.	Any professionalism concern requiring corrective action renders student ineligible for Honors or High Pass.
<b>Mid-Clerkship Professionalism Feedback</b>	Meets with students to discuss professionalism performance and set expectations for improvement if needed.	Corrective action required if concerns identified; successful completion required to pass the clerkship.	None (formative feedback).
<b>Corrective Action</b>	A structured plan is initiated if a student fails to meet minimum professionalism standards.	Failure to complete the plan results in a Fail grade.	None.

- Each preceptor completes a standardized rubric with a dedicated professionalism domain. Criteria include respect, punctuality, responsiveness to feedback, attire, and ethical behavior. A minimum threshold of "Pass" ( $\geq 2$  points) is required on each preceptor evaluation to pass the clerkship.

#### d. Clerkship Director Authority

The Clerkship Director has discretion to:

- Review professionalism concerns and determine their impact on grading.
- Implement corrective actions, including written reflections or performance improvement plans.
- Refer serious or repeated concerns to the Student Promotions Committee for further action, including failure of the clerkship or dismissal.
- In cases of serious professional misconduct that could affect patient safety or the clinical learning environment, the Clerkship Director may remove the student from the clinical site, notify the Office of Medical Education and site leadership, and restrict future clinical activities at that site.

#### e. Impact on Grade Eligibility

- A substantiated finding of professional misconduct automatically renders the student ineligible for Honors or High Pass.
- Significant professionalism concerns may result in point deductions or a failing grade.
- The Clerkship Director's decision is final, subject to the standard FCoM grade appeal process.

### 9. Final Grade Designation

#### a. Final Grade Categories:

##### Honors:

- **NBME Requirement:** Score at or above the 70th national percentile.
- **Total Points:**  $\geq 90\%$  (225/250 points or more).
- **Component Thresholds:** No individual component score below 80%.
- **Professionalism Requirement:**
  - No professionalism concerns noted on any preceptor evaluation (each  $\geq 2$  points).
  - No professionalism concerns identified by the Clerkship Director.
  - No corrective actions required during the clerkship.

##### High Pass:

- **NBME Requirement:** Score at or above the 50th national percentile.
- **Total Points:** 80.0% to 89.99% (200–224.9/250 points).

- **Component Thresholds:** No individual component score below 70%.
- **Professionalism Requirement:**
  - No professionalism concerns noted on any preceptor evaluation (each  $\geq 2$  points).
  - Clerkship Director assessment rating of “Satisfactory” or better.
  - No professionalism concerns requiring a corrective action plan.

**Pass:**

- **NBME Requirement:** Score at or above the 5th national percentile.
- **Total Points:** 70.0% to 79.99% (175–199.9/250 points).
- **Component Thresholds:** No individual component score below the minimum thresholds.
- **Professionalism Requirement:**
  - Each preceptor evaluation must meet a minimum score of “Pass” ( $\geq 2$  points).
  - Clerkship Director assessment rating of “Satisfactory” or better.
  - Any professionalism concerns identified by the Clerkship Director must have been addressed satisfactorily (i.e., successful completion of any corrective action plan).

**Fail:**

- Failure to meet any of the minimum performance requirements as defined below.

**b. Minimum Performance Requirements:**

To pass the clerkship, students must meet the minimum thresholds for **all major components**:

- NBME Subject Exam
- OSCE
- Preceptor Evaluations
- Master Clinician Evaluations (if applicable)
- Professionalism Requirements:
  - Each preceptor evaluation: minimum “Pass” ( $\geq 2$  points).
  - Clerkship Director’s Professionalism Assessment: “Satisfactory” rating or better.
  - All professionalism concerns, if identified, must be resolved to the satisfaction of the Clerkship Director.

Failure to meet the minimum threshold on any single component results in a failing grade for the clerkship, regardless of the total point score achieved.

**c. Clerkship Director Discretion:**

The Clerkship Director may review slight variations in performance to ensure that a single

lower-than-expected score does not disproportionately impact the overall grade, provided that all minimum performance requirements have been met.

### **Reporting Grades to Students**

Grades will be submitted by faculty and course/clerkship directors, within 28 days of the end of the course or clerkship in accordance with FCoM's Fair and Timely Assessment Policy. Faculty will provide grades electronically through a secure FCoM online learning management system, which includes a notification feature to students when a new grade is completed and to the faculty regarding the status of grade completion.

### **Failure to attain a passing score on the NBME clerkship specific shelf examination:**

If the NBME exam score is the sole component that did not meet passing requirements, a grade of "Incomplete" will be issued for the clerkship. Successful completion of the clerkship requires a passing score on a single attempt of a repeat exam at or above the 5th percentile. The grade issued after a repeat passing score will be issued as "Remediated Pass." If a student cannot achieve a passing score on the repeat exam, a grade of "fail" will be issued and the student will be referred to the Student Assessment and Promotion Committee.

### **Definition(s):**

- **Clerkship Director:**  
The faculty member responsible for overseeing the administration, assessment, and grading of a specific clinical clerkship.
- **Component Score:**  
The points or percentage earned in each grading domain (e.g., NBME, OSCE, Preceptor Evaluations) that contribute to the total clerkship grade.
- **Corrective Action Plan:**  
A formal plan developed by the Clerkship Director to address identified professionalism or performance concerns, including specific goals, expectations, and timelines for improvement.
- **Fail Grade:**  
The final clerkship grade assigned when a student fails to meet one or more minimum performance requirements or professionalism standards.
- **Grade Appeal:**  
The formal process by which a student may request a review of a final clerkship grade if they believe it was assigned unfairly or incorrectly.
- **Honors/High Pass Eligibility:**  
The criteria that must be met for a student to be eligible for a final grade designation of Honors or High Pass, including both academic and professionalism requirements.
- **Master Clinician:**  
A designated clinical faculty member with expertise in medical education and direct observation of students, responsible for assessing advanced clinical reasoning, patient care skills, and professionalism.

- **Master Clinician Evaluation:**  
An evaluation completed by a Master Clinician that assesses advanced clinical reasoning, patient care skills, and professionalism, based on direct observation.
- **Minimum Performance Requirements:**  
The required minimum thresholds on each key component of the clerkship (e.g., NBME, OSCE, Preceptor Evaluations, Master Clinician Evaluations, Professionalism) that must be met to pass the clerkship.
- **NBME Subject Exam:**  
A standardized national examination administered at the end of a clerkship to assess medical knowledge and clinical reasoning.
- **Preceptor Evaluation:**  
An assessment completed by supervising clinical faculty (preceptors) using a standardized rubric that evaluates medical student performance across key domains, including professionalism.
- **Professional Misconduct:**  
Any significant deviation from expected professional standards, including but not limited to falsification of documentation, breaches of patient confidentiality, unexcused absences, and disrespectful behavior toward patients, staff, or colleagues.
- **Professionalism:**  
The consistent demonstration of behaviors, attitudes, and ethical conduct expected of a medical professional, including respect for others, honesty, integrity, accountability, and responsiveness to feedback.
- **Total Points:**  
The sum of all points earned across all components of the clerkship, usually expressed as a percentage of the maximum possible points.

## Final Assessment In Education Record Appeal Policy

### (GRADE APPEAL POLICY)

#### Purpose:

- Grade calculations are often made from multiple components. Inaccuracies are rare, but they do occur. A clear appeal process will help students ensure their education records are correct.
- Additionally, measures are taken to ensure students receive unbiased and appropriate assessments; however, if students are concerned about undue bias or inappropriate assessment negatively impacting the outcome of their academic record, a clear appeal process will help determine if it has occurred and, if so, how to remedy this with a new assessment.
- In addition, LCME DCI Element 11.6 Student Access to Educational Records states, “A medical school has policies and procedures in place that permit a medical student to review and to challenge the student’s educational records, including the Medical Student Performance Evaluation, if a student considers the information contained therein to be inaccurate, misleading, or inappropriate.”

#### Responsibility:

All students, faculty, and administrators have a responsibility to be compliant with this policy.

#### Applicability:

- Students may use this policy to appeal against any **final contribution to their academic record** they believe was incorrectly calculated, is inappropriate, or impacted by undue bias.
- Students may NOT use this appeal policy to appeal assessments that are not final. However, if a student is concerned about an inaccurate, biased, or inappropriately considered assessment impacting the final assessment, they are encouraged to speak to the Associate Dean of Medical Education.
- This appeal policy is NOT to be used to question items appearing on summative examinations.
- The Medical Student Performance Evaluation (MSPE) review and challenge is addressed in a separate policy.

#### Policy Statement:

- If a student believes their final course or clerkship grade was calculated in error, they must first address the concern with the course director(s) within two business days of the grade being available to the student through the learning management system (LMS). If a common understanding is reached, the course director will email the student to document



this and, if necessary, make the correction within the LMS. If the course director and the student do not come to a common understanding of the grade calculation, the student may then appeal the grade to the Associate Dean of Medical Education by completing a **Final Grade Appeal** form (found linked in the electronic student handbook) and submitting it to the Office of Medical Education within **5 business days** of the grade being available to the student in the LMS.

- The Associate Dean of Medical Education may then discuss the concern with the appropriate course director(s) to ensure the appropriate phase grading policy was followed when calculating the final course or clerkship grade. If the policy was not followed, the policy will be applied, and the grade recalculated. The final grade will be communicated to the student, and a change of grade form will be sent to OME, if necessary. The Associate Dean of Medical Education will determine the correct course of action within 3 business days.
- If a student believes undue bias (examples include, but are not limited to, gender, gender identity, religious preference) or inappropriate considerations (examples include, but are not limited to, excused absences, past academic performance, disciplinary events unrelated to the current course) resulted in an unfavorable final grade, the student should appeal this final assessment directly to the Associate Dean of Medical Education within 5 business days of grade being available to students in LMS.

The Associate Dean of Medical Education will conduct an evaluation of the assessment and then request the SAPC meet within 10 business days from receiving the notification of the appeal to consider the student's appeal statement and the Associate Dean of Medical Education's report.

The SAPC may make one of three decisions:

1. The assessment does not have undue bias and is free of inappropriate considerations, and the grade stands.
2. The assessment has an undue bias or inappropriate consideration with minimal impact (does not change the final grade or is a single word or simple phrase in a narrative assessment) on the educational record. The Associate Dean of Medical Education will communicate the outcome to the faculty/course director, and the same faculty/course director will generate a new assessment taking into consideration the finding of undue bias or inappropriate consideration. The new assessment should be completed within 5 business days of receiving notice of the successful appeal.
3. The evaluation has an undue bias or inappropriate consideration with more than minimal impact on the educational record (could impact a letter grade or change a 'Fail' to a 'Pass' as a final grade or is more than a simple phrase in a narrative document), and the faculty/course director's supervisor must identify another faculty member/course director to generate a new final assessment or

regrade the original assessment. The Associate Dean of Medical Education will communicate the successful appeal to the faculty/course directors and the department chair of the faculty/course. The department chair will be responsible for assigning the new final assessment to another faculty member. The student's new final assessment should be completed within 5 business days of receiving notice of the successful appeal.

Additionally, once the SAPC has decided on the appeal, a written report with a rationale for their decision will be emailed to the Associate Dean of Medical Education. The Associate Dean of Medical Education will communicate the outcome of this appeal to the student by email and report all undue biased and inappropriate considerations in final assessment appeals to the Dean. An electronic copy of the student's grade appeal form and the outcome of the appeal will be placed in the student's educational record.

**Definition(s):**

- Final contribution to academic record: Assessment information that appears on the transcript/academic record. This can be in the form of a letter grade, a narrative assessment, or a competency assessment.

## **Incomplete Grade Policy**

### **Purpose:**

- To provide students and faculty with guidelines related to the process and execution of Incomplete grades.

### **Background:**

The FCoM recognizes that there can be circumstances where a student is not able to complete all coursework by the end of a course. This policy outlines the criteria for eligibility and the processes to petition for, and resolve, an Incomplete grade. Consequences for failure to resolve an Incomplete grade are also included.

### **Applicability:**

Compliance with this policy extends to all FCoM students and faculty.

### **Policy Statement:**

Students who are unable to complete all coursework by the end of a course based on circumstances beyond their control will have an opportunity to complete unfinished coursework per the terms agreed upon in an Incomplete Grade Contract with the course director.

### **Student Eligibility for An Incomplete Grade:**

A student must be passing the course at the time of an excused absence or approved leave of absence resulting in coursework not being completed.

An incomplete grade is intended to be a placeholder for grades in a course that a student is anticipated to complete successfully.

The course director will verify that it is mathematically possible for the student to pass the course with satisfactory completion of the missing coursework. If it is mathematically impossible to pass the course, the student is not eligible to receive an Incomplete grade. A student may still not pass a course, pending the grading of the missed coursework when submitted. Incomplete coursework resulting from unexcused absences or late submissions is not eligible for an Incomplete grade.

### **Process to Request an Incomplete Grade:**

A student who requests an excused absence or leave of absence that results in coursework that cannot be completed by the end of the course must contact their course director, by email or in person, five calendar days prior to the start of the course's assessment week to request an Incomplete grade contract.

### **The Incomplete Grade Contract Process:**

After the course director verifies the student's eligibility for an Incomplete grade, the course director and student will complete and sign the Frist College of Medicine Incomplete Grade Request form which includes details on the missing coursework, including assessments, and date by which the incomplete coursework must be completed. A copy of the Incomplete grade contract must be submitted to the Associate Dean for Medical Education for final approval. Upon final approval by the Associate Dean of Medical Education, the course director will submit a grade of "I" for Incomplete in the learning management system for transmission to the student information system to post the grade to the student's transcript. The maximum length of time for resolution of an Incomplete grade is 12 months (1 year).

### **Monitoring Incomplete Grade Contracts:**

The Associate Dean for Medical Education, or their designee, will track outstanding Incomplete grade contracts with their due dates. It is the student's responsibility to ensure they meet the terms of the Incomplete grade contract. It is the course director's responsibility to make sure any missed assessments are made available to the student in a timely manner to meet deadline dates.

### **Extensions of the Incomplete Grade Contract:**

The student can petition one time only for extension per each Incomplete Grade Contract. The course director must agree with the extension. An updated Incomplete Grade Contract form must be submitted prior to the deadline date of the initial Incomplete Grade Contract.

### **Resolution of the Incomplete Grade:**

When a student has completed all missing coursework, the course director will compute the student's final grade and submit a Change of Grade Form to the Registrar's office to change the "I" grade to the grade earned.

### **Failure to Resolve an Incomplete Grade:**

Failure to resolve an Incomplete Grade by the deadline date in the Incomplete Grade Contract will result in a grade of "F" for the course. The course director will submit a Change of Grade Form to the Registrar's office to change the "I" grade to an "F". A student cannot withdraw "W" from a course in lieu of completion of the Incomplete Grade Contract.

## **Foundation Phase Narrative Assessment Policy**

### **Purpose:**

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 9.5 of the Liaison Committee on Medical Education (LCME) accreditation standards: **“A medical school ensures that a narrative description of a medical student’s performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.”**
- The purpose of this policy is to ensure that students receive a narrative assessment of their performance, including non-cognitive achievement, as a component of the assessment in each required course whenever the teacher-learner interaction permits.

### **Background:**

Narrative assessment is an important aspect of the measurement of cognitive and non-cognitive performance of medical students and a critical opportunity to offer constructive feedback to enhance student personal and professional growth and development across all FCoM Medical Education Program Learning Objectives. It can be incorporated into either formative or summative assessment and is valuable as a source of data for student self-assessment.

Narrative feedback must be authored by the supervising faculty or course director based on their own observations and/or aggregated evaluations from other assessors (e.g., peers, staff). Summative narrative assessment may be incorporated into the Medical Student Performance Evaluation (MSPE)."

### **Responsibility:**

Course directors are responsible for ensuring compliance with this policy. The Office of Medical Education will monitor and document timely provision, quality, and results of narrative assessment in every required curricular unit.

### **Applicability:**

This policy applies to all faculty, instructors, and others who teach and assess FCoM students.

### **Policy Statement:**

The Narrative Assessment Policy states:

1. Narrative assessments should occur whenever teacher-student interaction permits this form of assessment. Narrative assessments can be formative or summative but documented in the learning management system (Canvas) so students can use this assessment to improve their knowledge and skills.

2. Content of narrative assessments will be based on the types of observations appropriate to the course.
3. Narrative feedback to the student will be based on observations made by the faculty member or aggregated from appropriate sources (other faculty, staff, peers, etc.)
4. Narrative assessment is to be as specific and focused as possible, using examples including direct observations offered in constructive, non-judgmental language regarding skills, activities, and behaviors, focusing on what is feasible for a student to change, allowing for differences in style, skill, and talent between students. The goal is to help each student be their best self in the context of the learning experience, to broaden and improve skills where possible, and become aware of strengths and limitations.
5. The FCoM Competencies and Medical Education Program Objectives guide and inform narrative assessments.
6. Course directors will review narrative comments for potential bias or general appropriateness/applicability of the assessor's narrative feedback and edit as deemed appropriate.

**Definitions:**

- Narrative Assessment – Written comments from faculty that assess student performance and achievement in meeting the objectives of any curricular unit.

## Clinical Narrative Assessment Policy

### Purpose:

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 9.5 of the Liaison Committee on Medical Education (LCME) accreditation standards: “**A medical school ensures that a narrative description of a medical student’s performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.**”
- The purpose of this policy is to ensure that students receive narrative assessment of their performance, including non-cognitive achievements in domains such as professionalism, communication, and teamwork, as a component of formative and/or summative assessment in each required course and clerkship whenever the teacher-learner interaction permits.

### Responsibility:

Required clinical and clerkship course directors are responsible for ensuring compliance with this policy. The Office of Medical Education will monitor and document timely provision, quality, and results of narrative assessment in every required curricular unit.

### Applicability:

This policy applies to all faculty, instructors, and others who teach and assess FCoM students in required clinical electives and clerkships in the Clerkship and Individualization Phases, including sub-internships and longitudinal integrated clerkships. It may also be applied to pre-clerkship clinical skills courses where appropriate faculty-student interaction occurs.

### Policy Statement:

1. Every FCoM required clinical and clerkship course must provide a narrative description of medical student performance at the end of the required clinical or clerkship course.
2. Content of narrative assessments will be based on the types of observations appropriate to the required clinical or clerkship course. Narrative feedback must be authored by the supervising faculty or course director based on their own observations and/or aggregated evaluations from other assessors (e.g., residents, peers, staff). **Summative** narrative assessment may be incorporated into the Medical Student Performance Evaluation (MSPE).
3. Narrative assessment is to be as specific and focused as possible, using examples including direct observations offered in constructive, non-judgmental language regarding skills, activities, and behaviors, focusing on what is feasible for a student to change,

allowing for differences in style, skill, and talent between students. The goal is to help each student reach their top performance in the context of the learning experience, to broaden and improve skills where possible, and become aware of strengths and limitations.

4. The FCoM Medical Education Program Objectives should guide and inform narrative assessments.
5. Required clerkship and course directors will review narrative comments for potential bias or general appropriateness/applicability of the assessor's narrative feedback and edit as deemed appropriate in preparing the end of course/clerkship narrative assessment.

**Definition(s):**

- Narrative Assessment – Written, qualitative comments provided by faculty that evaluates a student's observed behaviors, skills, and professional attributes relative to the defined objectives of a course, clerkship, or clinical elective. These comments include both cognitive and non-cognitive domains, as defined in FCoM Technical Standards.



## **Non-Involvement Of Health Care Providers In Student Assessment Policy**

### **Purpose:**

- To ensure compliance with Liaison Committee on Medical Education (LCME) Accreditation Element 12.5: The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

### **Applicability:**

This policy applies to all FCoM faculty, administrators, and students.

### **Policy Statement:**

Any health professional who treats a medical student must not have any involvement in the academic assessment or decisions about the promotion of that student who is receiving care, excluding exceptional circumstances. A health professional on any committee that evaluates students (voting or nonvoting members) must recuse him/herself from deliberations related to a student for whom he or she has provided health care services.

Belmont University Counseling Services is available only for students. Medical students seeking counseling from Belmont University Counseling Services are served by staff who have no past, current and/or future involvement in the academic assessment or promotion of medical students. Counseling service records are kept separate from academic records in an encrypted electronic health record system.

### **Procedure:**

1. Should a faculty member find themselves assigned to clinical supervision of a medical student for whom they have provided health care, they must arrange for a change in assignment from the course/clerkship director. If a student finds that they have been assigned to a supervising attending who has been involved in their healthcare, they are to request reassignment from the course or clerkship director and granted an alternative assignment.
2. The Phase Subcommittees and clerkship directors will place this policy on the meeting agenda at the start of each academic year to remind all established and new clinical faculty members.
3. The Associate Dean of Medical Education, or their proxy, will discuss this policy at resident orientation with required attestation of policy understanding by each resident.
4. The Curriculum Committee will require that this policy be included in the syllabus for each FCoM course and clerkship. This policy will be discussed during annual faculty policy review and attestation, new student orientation with attestation, and again at Clerkship Phase onboarding, prior to students starting clerkships.

5. All student assessment forms will require attestation that the faculty providing the information has not provided any medical or behavioral health care for the student.
6. A faculty member must recuse themselves from any committee, course, or clerkship discussions and proceedings regarding any student for whom they have provided care.
7. All faculty should avoid any appearance or perception of conflict of interest; for example, providing healthcare to a close relative of a student.
8. Exceptional circumstances including if a student needs emergency medical or behavioral health care may require a faculty or staff member to render care. If this occurs, the provider of care is prohibited from submitting any assessment documents regarding the student. Any subsequent assessments of the student will need to be reassigned to another faculty.

**Definition(s):**

- A health professional for the purpose of this policy is anyone providing health care evaluation, management, or treatment based on formal training and experience.

**ENROLLMENT POLICIES**  
**(Attendance, Leave of**  
**Absence, Excused Absence,**  
**Dress, etc.)**

### **Inclement Weather**

The FCoM will follow the guidance of Belmont University with respect to the closing or altered operating hours for on-campus classes due to inclement weather. FCoM leadership will consult with clinical site leadership to determine the status of clinical experiences, rotations, or clerkships. Students are advised to enroll in Belmont University's emergency alert system to receive notifications and updates on the status of the campus. FCoM leadership will communicate by text and email regarding clinical experiences. Students are reminded that their safety is the top priority and inclement weather conditions can vary depending on location. If a student determines it is not safe to drive, they need to communicate with their course/clerkship director and utilize the Excused Absence Policy and process.

### **Holidays**

The FCoM and Belmont University observe the following holidays:

New Year's Day  
Martin Luther King's Birthday  
Good Friday  
Memorial Day  
Juneteenth  
4<sup>th</sup> of July  
Labor Day  
Thanksgiving  
Christmas

These holidays will be noted on the academic calendar.

### **Religious Remembrances/Holidays**

Religious holidays are eligible for excused absences. Students are allowed to make-up missed work from an excused absence. Please note requests for an excused absence for assessment and Impact weeks have additional requirements. Consult the Excused Absence Policy for the process and form to submit in advance to request an excused absence.

## **Dress Guidelines For The Clinic And Clinical Experiences Policy**

### **Purpose:**

- This policy establishes clear standards for student dress in clinical environments to promote professionalism, minimize distractions to learning, and uphold patient trust. In addition to this, LCME element 3.5 on the Learning Environment and Professionalism dictates that, “A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students.”
- This policy provides guidance to FCoM students on appropriate dress for the clinical learning environment.

### **Background:**

The dress code guidelines for the clinic and clinical experiences, including simulation sessions, are essential components of maintaining a professional and respectful environment conducive to learning, patient care, and student development. These guidelines are designed to uphold the values of professionalism, hygiene, safety, and cultural sensitivity while ensuring compliance with institutional standards and regulatory requirements. By establishing clear expectations regarding attire and grooming, this policy aims to promote confidence, competence, and accountability among students, faculty, and staff engaged in clinical education and practice. Moreover, adherence to these guidelines fosters a positive impression of the educational institution and reflects its commitment to excellence in health care education and delivery.

### **Responsibility:**

Compliance with this policy extends to all FCoM Faculty, Staff, Clinical Affiliate Faculty, and Students.

### **Applicability:**

The dress guidelines outlined in this policy are applicable to all students, faculty, and staff participating in clinical experiences, including simulation sessions, within the educational institution's healthcare programs. These guidelines apply to individuals during their presence in clinical settings, whether interacting with patients, peers, preceptors, or other healthcare professionals.

## **Policy Statement:**

### **Dress Guidelines for the Clinic/Clinical Experiences (Including Simulation):**

These guidelines are published in the Thomas F. Frist, Jr., College of Medicine Student Handbook.

1. Dress/Skirts-These should be no more than approximately 1 inch above the knee. The slits should be no more than approximately 1 inch above the knee. No very short skirts or dresses. Denim dresses and skirts are allowed.
2. No shorts/skorts.
3. Pants--Khaki, twill, and polyester blend pants are acceptable as long as they are designed for professional workplaces (well-tailored, clean, free of wrinkles, rips, holes, or stains).
4. No denim jeans, capri pants, “cropped”, stretch denim, spandex, overalls, or hip-huggers.
5. Scrubs—Scrubs will be allowed to be worn in clinical settings or simulated settings upon the direction of the attending physician or the course director.
6. No wind suits or sweat suits.
7. Blouses/Shirts-Polo or denim shirts are acceptable. Shirts and blouses should always meet or come below the waistband. When one is carrying out their professional tasks, the shirt or blouse should be long enough to preclude showing one’s mid-section. All necklines should be modest and minimize exposure to chest area. Ties are not required.
8. No sleeveless shirts, tank tops, spaghetti straps or sleeveless blouses unless under a jacket/sweater or white coat that is always worn in the clinic.
9. No see-through shirts are allowed without another shirt worn underneath.
10. No T-shirts or shirts with advertising, including visible graphic designs and logos.
11. Open-toed shoes, sandals, slides, and casual footwear (including canvas shoes) are not permitted in clinical settings for safety and hygiene reasons.
12. Personal Hygiene/Miscellaneous-Perfume/powder/body sprays/cologne should be kept to an absolute minimum due to allergies to patients and/or co-workers.
13. Hair must be clean, neat, dry, and styled in a manner consistent with professional norms. Extreme styles or colors that may detract from a professional appearance should be avoided.

14. Fingernails should be short (less than ¼ inch long), clean and neatly maintained. Artificial nails, including any product applied to the nails other than standard polish or nail jewelry is prohibited. If polish is worn, it must be chip free and in good condition.
15. All visible body piercing, with the exception of ears, is unacceptable. All visible piercing paraphernalia, except for ears, will be removed during working hours (i.e. eyebrows, tongue, nose, etc.)

Students out of compliance with this policy will be given a written description through their Belmont University email on what part of the policy in which they are out of compliance. This email should come from the supervising physician or course/clerkship director and be copied to the Office of Student Affairs and Belonging (OSAB). Should a student have a pattern of non-compliance with this policy, this pattern will be viewed as a lack of professionalism, and this concern will be advanced to the Student Assessment and Promotion Committee (SAPC) for consideration of a violation of the code of conduct.

**Definition(s):**

- Pattern of non-compliance-recurrent lack of adherence to the policy in such a way that reflects poorly on the student's professionalism and understanding of the purpose of clinical dress guidelines.

## **Foundation Phase Class Format And Attendance Policy**

### **Purpose:**

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 3.5 of the Liaison Committee on Medical Education (LCME) accreditation standards, **“A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations;”**
- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 8.8, **“The medical school faculty committee responsible for the medical curriculum and the program’s administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.”**
- To provide students with guidelines related to standards of attendance during the pre-clinical phase of the FCoM curriculum.

### **Background:**

FCoM strives to design valuable and engaging instruction in varied modalities that will support student success. While attendance is mandatory for many sessions in which the in-person experience cannot be acquired by other methods, select sessions may be delivered asynchronously.

### **Applicability:**

All administrators, faculty, and students of the FCoM.

### **Policy Statement:**

- Attendance is encouraged for all learning activities, and it is the students' responsibility to be active participants in their medical school education.
- Selection of the teaching modality is made by each individual instructor in consultation with the Course Director(s).
- While attendance is mandatory for many sessions in which the in-person experience cannot be acquired by other methods, select sessions may be delivered asynchronously.
- All mandatory sessions will be marked on the schedule and tracked.



<b>Teaching Modality</b>	<b>Student Responsibility</b>
Synchronous	Mandatory attendance. Responsible for content.
Synchronous, with Asynchronous Option	Attendance encouraged. Responsible for content.
Asynchronous, with In-Person Option	Responsible for content. In-person session, attendance optional.
Asynchronous Only	Responsible for content

### **Responsibility**

It is the faculty's responsibility to ensure that attendance is taken in the synchronous learning sessions. Students are responsible for adhering to the policy and reporting both anticipated and unanticipated absences through the Office of Student Affairs and Belonging (see Excused Absence policy). Attendance will be reported to the Office of Medical Education. The Office of Medical Education will generate attendance reports and send these to the Office of Student Affairs and Belonging. Attendance reports will also be made available to course directors to be included as part of the end-of-course Course Action Plan (CAP).

### **Definition(s):**

- **Synchronous** – Interactive learning that takes place in a physical or online location, where there is an educational benefit for the instructor(s) and students participating together at the same time.
- **Synchronous, with Asynchronous Option** – Intended as a synchronous session but also offered asynchronously.
- **Asynchronous, with In-Person Option** – Intended as an asynchronous session but also offered with an in-person and/or online session.
- **Asynchronous Only** – Instructor-created online learning object (e.g. recorded lecture, tutorial) that students complete on their own time and at their own pace.

## **Excused Absence Policy**

### **Purpose:**

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 12.4 of the Liaison Committee on Medical Education (LCME) accreditation standards: **“A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.”**
- To provide students and faculty with guidelines for the proper process for students to obtain an excused absence from required educational activities.
- To provide students and faculty with guidelines related to the consequences of failure to obtain an excused absence from required educational activities.
- This policy provides the guidance and procedures for a student to petition for an excused absence in cases where it is unavoidable.

### **Background:**

FCoM strives to design valuable and engaging instruction in varied modalities that will support student success. Educational activities with mandatory attendance will be noted in course syllabi to ensure students are informed in advance. However, FCoM acknowledges that there can be circumstances where a student cannot attend an educational activity with mandatory attendance. These instances should be rare, and students must exercise due diligence to minimize such occurrences by scheduling appointments or travel during unscheduled time. This policy provides the guidance and procedures for a student to petition for an excused absence in cases where it is unavoidable. This policy also identifies the consequences for failure to obtain an excused absence from a required educational activity.

### **Applicability:**

Compliance with this policy extends to all FCoM students and faculty.

### **Policy Statement:**

Educational activities with mandatory attendance will be marked on the schedule and noted in course syllabi to provide students with advance notice of this requirement.

Students must exercise due diligence to minimize the need to miss any educational activities with mandatory attendance.

FCoM acknowledges that there can be emergent or circumstances beyond a student’s control that may result in the need to be absent from a required educational activity.

This policy provides guidance and the proper procedures for obtaining an excused absence from a mandatory educational activity and the provisions to make-up missed work. Consequences for failure to follow these procedures for obtaining an excused absence are also included.

### **Responsibilities:**

#### **Faculty**

Educational activities with mandatory attendance will be noted in the schedule and course syllabi.

#### **Students**

Students will review the course schedule and syllabi in advance to identify any potential conflicts with educational activities with mandatory attendance.

Students will exercise due diligence to resolve any known conflicts in advance.

Students will schedule personal and/or health care appointments outside of times identified for educational activities as much as possible.

A student must be in good academic standing and maintain good academic standing for all excused absence requests not related to illness/injury or emergency events or religious observances.

### **Process to Petition for an Excused Absence:**

Absences from required educational activities will be considered for the following reasons:

- Appointments for health care that cannot be reasonably scheduled outside the student's required educational activities.
- Acute illness/injury or emergency involving the student or an immediate family member (immediate family member is defined as spouse/partner, parents, grandparents, children, siblings, including in-laws) Absences due to illness/injury or emergency for three consecutive days or more require a doctor's excuse. Absences due to illness on an assessment day or during an Impact Week require a doctor's excuse.
- To participate as a research presenter at an approved academically relevant regional or national meeting (Conference information with student named as a presenter must be submitted along with the excused absence request and is subject to approval.)
- To participate in an approved conference, (i.e., AAMC OSR meeting) as a representative of the FCoM (Conference information must be submitted along with the excused absence request and is subject to approval.)
- Religious observances are contingent upon the assessment schedule.
- Important personal events (e.g., wedding/graduation/funerals of immediate family members)
- Other reasons can be considered on a case-by-case basis with an advance petition for an excused absence

The Request for Excused Absence form is available in the Enrolled Student Canvas Course maintained by the Office of Student Affairs & Belonging.

Requests should be made as far in advance as possible prior to the event for which the student is requesting an excused absence.

The Associate Dean for Student Affairs & Belonging or their designee will notify the student if the request is denied.

If the request is approved, the Associate Dean for Student Affairs and Belonging or their designee will notify the student and the appropriate course/clerkship director(s). It is the course director(s)' responsibility to notify additional course faculty.

For emergent requests for an excused absence, the student must contact the Associate Dean for Student Affairs and Belonging or the Director of Student Enrollment Services by phone or email as soon as possible. If the student is incapacitated, a family member or classmate can notify the Associate Dean for Student Affairs and Belonging or the Director of Student Enrollment Services in person or by phone or email. Notifications and requests for emergent events must be received within 24 hours of the event.

The Associate Dean for Student Affairs and Belonging will immediately notify the Associate Dean for Medical Education and the appropriate course director(s) of any emergent events.

**Additional Considerations:**

The maximum number of days which students may be absent from required educational activities is defined as **two** days for courses up to five weeks (exclusive of assessment weeks and Impact Weeks) and **three** days for a six-week or longer course. Any additional absences must be approved by the Office of Student Affairs and Belonging in consultation with the course directors. The maximum number of days which students may be absent from required educational activities during a semester long longitudinal course is **five** days per semester.

The Office of Student Affairs and Belonging will track requests for half or partial-day absences and apply excused absences to the appropriate course(s) per maximum number of days per course.

Assessments and Assessment Weeks: Lack of preparation is not an acceptable reason for an excused absence. If a student has an excused absence on an assessment day, they are not to be on campus or participate in other activities. Excused absence requests for an assessment day for any reason other than illness/injury or emergency require four-weeks advance notice and are subject to additional scrutiny for approval.

### **Impact Weeks:**

Impact week instructional activities are required. Excused absence requests for time during an Impact Week for any reason other than illness/injury or emergency require **four-weeks** advance notice and are subject to additional scrutiny for approval.

### **Provisions to Make Up Missed Sessions or Assignments:**

Any required sessions, assessments, or assignments missed during an approved excused absence must be fulfilled. Course director(s) will work with the student to ensure the missing work is completed. If the work is not completed by the end of the course, the student will receive an Incomplete and enter into an Incomplete contract. Refer to the policy governing Incomplete grades.

Only work missed during an approved excused absence can be made up. Any required sessions, assessments, or assignments missed during an absence that was not approved will be assigned a grade of 0.

### **Repeat Unapproved Absences:**

Repeated unapproved absences will be considered a professionalism concern. After the first two occurrences, the student will be counseled by the course director(s) and/or the Associate Dean for Student Affairs and Belonging. After the third occurrence, a referral will be made to the Student Assessment and Promotions Committee (SAPC).

## Clinical Attendance Policy

### Purpose:

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 8.8 of the Liaison Committee on Medical Education (LCME) accreditation standards: “Monitoring Student Time: **The medical school faculty committee responsible for the medical curriculum and the program’s administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.**”
- To define expectations and procedures related to student attendance and participation in required clinical activities, including clerkships and clinical electives.
- To promote professionalism, continuity of care, and equitable learning experiences in all clinical learning environments.

### Background:

Attendance and participation in clinical education are foundational to the development of professional identity, clinical competence, and team-based care. The LCME requires medical schools to ensure students are present for and engaged in required educational and clinical activities. This policy outlines expectations and procedures for attendance to support learning, patient care, and academic integrity.

### Applicability:

This policy applies to all students enrolled in required clinical courses, including clerkships, sub-internships, and clinical electives. It also applies to all FCoM clinical faculty responsible for clinical education.

### Policy Statement:

#### I. **Attendance Requirements:**

- Students are expected to attend **100% of scheduled clinical activities**, including inpatient and outpatient shifts, rounds, preceptor visits, didactic sessions, and required educational conferences.
- Clinical attendance is considered a professional responsibility and critical to the development of competence, reliability, and trustworthiness.
- Attendance requirements apply equally across all sites and specialties and must be met regardless of prior performance, remediation status, or perceived mastery.

II. **Governance of absences:**

- Please refer to the Clinical Excused Absence Policy for details of guidelines, procedures, and governance of absences.

III. **Monitoring of Clinical Hours and Workload:**

- FCoM monitors the total number of clinical hours and required educational activities across all clerkships to ensure compliance with LCME expectations and ACGME guidance. Students should not be scheduled for more than 80 hours per week or more than 24 continuous hours in clinical settings. Clinical clerkship and elective course directors are responsible for monitoring schedules and reporting duty hour violations.

IV. **Protection of Academic Time:**

- Students must be released from clinical responsibilities to attend required academic sessions such as didactics, family medicine longitudinal clinics, OSCEs, or simulations. Attendance at these sessions is mandatory and must not be penalized by clinical faculty.

V. **Documentation Retention:**

- Attendance records and absence documentation occurs in the online management system and will be monitored by the clinical clerkship or elective course director.

## Clinical Duty Hours Policy

### Purpose

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 8.8 of the Liaison Committee on Medical Education (LCME) accreditation standards. **“The medical school faculty committee responsible for the medical curriculum and the program’s administration and leadership ensure the development and implementation of effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities throughout the curriculum.”**
- To provide students and faculty with guidelines related to the **clinical duty hours** during the clerkship and individualization phases of the medical education curricula.
- To ensure safe and professional learning and clinical environments for all medical students, healthcare providers, and patients.

### Background

The FCoM has adopted the duty hour regulations followed by the **Accreditation Council of Graduate Medical Education (ACGME)** accredited Graduate Medical Education programs.

### Policy Statement:

- Duty hours are limited to a maximum of 80 hours per week, averaging over four weeks; Students are expected to accurately log clinical hours in the online logging system which is monitored by the Clerkship Director.
- Schedules must account for and anticipate unexpected circumstances which could lead to violations. Consequently, clerkships should design weekly schedules so that trainees are not scheduled for more than 72 hours/week.
- Students must be scheduled a minimum of one day (24-hour period) free of duty every week (when averaged over two weeks);
- Students must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. Up to a three-hour transition period is allowed following a 24-hour on-call assignment then are instructed to leave to rest. The transition period is not intended to assign new patient care activities, but it can be used to complete assignments, transition patient care, and rounds/Grand Rounds.
- In unusual circumstances, students, on their initiative and after gaining Clerkship Director approval, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to required continuity for a severely ill or unstable patient, academic



importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the student must:

- appropriately hand over the care of all other patients to the team responsible for the patient's continuing care; and
- discuss with the Clerkship Director, who should determine the appropriate time for the student to return to the hospital and monitor the averaged duty hours.
- Students should have 10 hours free of duty between scheduled duty periods;
- Students must have at least one 24-hour period of non-working time provided for each week. Non-working time is defined as time away from training or any patient care activities.
- Students must not be scheduled for in-house calls more frequently than every fourth night;

The Associate Dean of Medical Education monitors compliance with this policy.

### **Procedures for Addressing Violations:**

If a student is concerned about a violation of work hours at a site, the student can report this at any time through the online logging system (anonymously if desired) and should be reported on the end of clerkship evaluation form. Once a duty hour violation has been identified through the online logging system, it will be reported automatically to the specific Clerkship Director and the Associate Dean for Medical Education. If the violation is submitted anonymously, the Associate Dean for Medical Education will gather information and propose a response plan.

The Associate Dean for Medical Education or designee will investigate the circumstances of the violation to determine if it represents a systemic problem or a situation unique to the student.

- If the investigation reveals a problem in the system, the Associate Dean for Medical Education will make changes in the system to rectify the problem.
- If the investigation reveals a situation unique to the student, the Associate Dean for Medical Education will notify the Clerkship director who will facilitate an informal discussion with the student. An additional conversation may be conducted with the students' supervisors providing counseling, if necessary, to prevent further violations.
- If a pattern of willful student-initiated violation of the clinical duty hours persists, the Associate Dean of Medical Education informs the Associate Dean of Student Affairs and Belonging.

The Clerkship Phase Subcommittee and the Curriculum Committee will monitor the duty hours of students in clerkships monthly as the charter class begins their clerkship rotations. If there are no violations within the first three months, duty hours will be reviewed after each rotation. This data will be included in the annual comprehensive clerkship review.

## Clinical Excused Absence Policy

### Purpose:

- To ensure the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) complies with Element 12.4 of the Liaison Committee on Medical Education (LCME) accreditation standards: **“A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.”**
- To provide students and faculty with guidelines for the proper process for students to request an excused absence from required educational activities.
- To provide students and faculty with guidelines related to the consequences of failure to obtain an excused absence from required educational activities.
- This policy provides the guidance and procedures for a student to petition for an excused absence in cases where it is unavoidable.

### Applicability:

Compliance with this policy extends to all FCoM students, FCoM Clinical Faculty, and staff.

### Policy Statement:

1. Attendance is mandatory in all core clerkship and clinical elective courses.
2. Process to Petition for an Excused Absence:
  - a. Planned Absence written requests should be submitted to the Office of Student Affairs and Belonging at least **four weeks** in advance of the start of the core clerkship or clinical elective course.
  - b. Emergent absences require written requests to be submitted as soon as possible to the Office of Student Affairs and Belonging.
  - c. The Request for Excused Absence form is available in the Enrolled Student Canvas Course maintained by the Office of Student Affairs & Belonging.
  - d. The Associate Dean for Student Affairs & Belonging or their designee will notify the student if the request is denied via written documentation.
  - e. If the request is approved, the Associate Dean for Student Affairs and Belonging will notify the student, Associate Dean for Medical Education, and the appropriate elective course/clerkship director(s) via written documentation.
  - f. Students are strongly recommended to remind individual clinical teams/faculty of an approved planned absence.

- g. For emergent requests for an excused absence, the student must notify the clinical team then submit the online excused absence request or contact the Associate Dean for Student Affairs and Belonging or the Director of Student Enrollment Services by phone or email as soon as possible. If the student is incapacitated, a family member or classmate can notify the Associate Dean for Student Affairs and Belonging or the Director of Student Enrollment Services in person or by phone or email. Written notifications and requests for emergent events must be received within 24 hours of the event. The Associate Dean for Student Affairs and Belonging will immediately notify the Associate Dean for Medical Education and the appropriate elective course/clerkship director(s) of any emergent events.
3. Excused absences from required clinical activities will be considered for the following reasons:
  - a. Appointments for health care that cannot be reasonably scheduled outside the instructional hours.
  - b. Acute illness or emergency involving the student or an immediate family member (immediate family is defined as spouse/partner, parents, grandparents, children, siblings, including in-laws)
  - c. To participate as a research presenter at an approved academically relevant or national meeting.
  - d. To participate in an approved conference, (e.g., AAMC OSR meeting) as a representative of the FCoM.
  - e. Religious observances are contingent upon the assigned clinic/hospital rotation.
  - f. Important personal events (e.g., wedding/graduations/funerals of immediate family members)
  - g. Residency interviews
  - h. The maximum number of days which students may be absent from clinical elective or clerkship course is defined as two days for a four or six week and three days for an eight-week clinical clerkship or elective. Any additional absences must be approved by Office of Student Affairs and Belonging in consultation with the course and clerkship directors.
4. Unexcused absences
  - a. Repeated unapproved absences will be considered a professionalism concern. After the first two occurrences, the student will be counseled by the course/clerkship director(s) and/or the Associate Dean for Student Affairs and Belonging. After the third occurrence, a referral will be made to the Student Assessment and Promotions Committee (SAPC) and may result in a failing grade for the course.
5. Make-up opportunities for excused absences
  - a. The clinical faculty will collaborate with the elective course or clerkship director to determine how best to facilitate the student’s learning when

- absences occur. Every effort will be made to ensure the student has adequate clinical exposure which may involve make-up experiences.
- b. Only work missed during an approved excused absence can be made up. Any required sessions, assessments, or assignments missed during an absence that was not approved will be assigned a grade of zero (0).

**Definition(s):**

- **Clinical Activities:** Required educational experiences that involve direct or indirect patient care, including but not limited to inpatient rounds, outpatient clinics, operative cases, bedside teaching, team meetings, simulation exercises, and structured didactic sessions.
- **Excused Absence:** An absence from required clinical activities that has been approved by the course or clerkship director based on a valid reason and timely notification, with or without required documentation.
- **Patterned Absences:** A series of absences — whether excused or unexcused — that form a recognizable trend (e.g., repeated Mondays, pre/post-holiday absences, or absences during high-yield days), which may raise concerns about professionalism or engagement.
- **Time-Off Request:** A formal written request submitted by a student using the designated institutional form to request absence from clinical duties for a defined period. Requests must follow submission timelines outlined in the policy.
- **Unexcused Absence:** Any absence from required clinical activities without prior approval or adequate justification. Unexcused absences are considered lapses in professionalism.

## **Leave Of Absence, Withdrawal, And Readmission Policy**

### **Purpose:**

- The purpose of this policy is to describe the policies and procedures of the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) as they relate to students' ability to take a leave of absence, withdraw, and ensure a seamless readmission process after a leave of absence.

### **Applicability:**

All administrators, faculty, and students of the FCoM.

### **Policy Statement:**

The FCoM understands that there are instances and circumstances that may necessitate a student taking a leave of absence or withdrawing from the medical education program. It is important for a student who has been away from the medical education program for a leave of absence to return with an informed and seamless process to position them for continued success. This policy will be interpreted consistent with the Americans with Disabilities Act (related to disabilities), Title IX of the Education Amendments of 1972 (pregnancy-related leaves), and all other applicable laws.

### **Procedures:**

#### **A. Voluntary Leave of Absence**

##### **1. Students in Good Standing**

A student may request a leave of absence (LOA) from the medical education program for up to one year for any reason (e.g., personal, parental, medical, dual degree, research, etc.). Requests for a LOA are subject to approval by the Associate Dean for Student Affairs and Belonging. It is recommended that students considering requesting a LOA:

- i. Meet with the Associate Dean for Student Affairs and Belonging to review the basis for the request, duration, and potential impacts on financial aid, anticipated graduation date, and conditions for return. Other options will be discussed to meet the student's needs so the student can make an informed decision on whether to proceed with the LOA request.
- ii. Submit a written request for the LOA (forms are available in the Enrolled Students Canvas course) to the Associate Dean for Student Affairs and Belonging. The basis for the request and duration (projected start and end dates) should be included.
- iii. The Associate Dean for Student Affairs and Belonging will consult with the associate dean for medical education about the student's request. If the request begins within a term already in progress, the Associate Dean for Student Affairs

and Belonging will also consult with the course/clerkship directors to determine if the student is eligible to receive an Incomplete grade, or if the W grade is appropriate. Courses in the term that have not begun will be administratively dropped.

- iv. If the student is eligible to receive an Incomplete grade, a signed Incomplete grade contract must accompany the LOA request.
- v. The Associate Dean for Student Affairs and Belonging will notify the student of the decision in writing within five business days of receipt of the LOA request. The decision letter will include conditions for return, including a timeline.
- vi. The director of student support services will submit all completed paperwork to Belmont University's registrar and financial aid offices for final processing.

## 2. Students Not in Good Standing

- i. Students not in good standing must follow the same steps listed above for students in good standing.
- ii. However, approval by the Student Assessment and Promotions Committee (SAPC) is required.
- iii. The Associate Dean for Student Affairs and Belonging will submit the completed LOA request to the SAPC for consideration for final approval and conditions for return.
- iv. The Associate Dean for Student Affairs and Belonging will notify the student of the SAPC's decision in writing within ten business days of receipt of the LOA request. The decision letter will include conditions for return, including a timeline.
- v. The director of student support services will submit all completed paperwork to Belmont University's registrar and financial aid offices for final processing.

## **B. Involuntary Leave of Absence**

1. A student can be placed on an involuntary leave of absence for the following reasons:
  - i. SAPC places a student on a leave of absence for poor academic performance.
  - ii. SAPC places a student on a leave of absence/suspension for violation of the student honor code and/or student code of conduct
  - iii. The Associate Dean for Student Affairs and Belonging or associate dean for medical education (in the absence of the Associate Dean for Student Affairs and Belonging) places a student on an immediate leave of absence due to an egregious

violation of the student code of conduct involving alleged behavior resulting in criminal charges, violence, weapons, or the student poses a potential threat to faculty, staff, students, or patients.

- iv. The Associate Dean for Student Affairs and Belonging or Associate Dean for Medical Education (in the absence of the Associate Dean for Student Affairs and Belonging) places a student on an immediate leave of absence in response to verified reports of a student in physical and/or mental distress who is unable to participate in the medical education program. The status of the student must be verified through referral to either student health services and/or counseling services offices. Documentation verifying confinement of the student to a health facility also substantiates the need for an involuntary leave of absence.
- v. The Director of Student Support Services will submit all completed paperwork to Belmont University's registrar and financial aid offices for final processing.

### **C. Extension of an Approved Leave of Absence**

1. A student can request one extension of an approved leave of absence. The student must submit a request for extension in writing (form found in the Enrolled Students Canvas course) to the Associate Dean for Student Affairs and Belonging no later than 90 days before the anticipated return date on the initial approved leave of absence. The Associate Dean for Student Affairs and Belonging will advise the student of any additional impacts from the LOA extension.

### **D. Withdrawal from the Medical Education Program (College)**

1. A student may decide that they wish to withdraw from the medical education program for any reason (e.g., personal, parental, medical, etc.) A student considering withdrawing from the medical education program should:
  - i. Meet with the Associate Dean for Student Affairs and Belonging to discuss the student's concerns and receive options counseling, i.e., leave of absence, potential impacts on final grades in current courses, financial aid, insurance coverage, and housing. Access to resources will also be discussed so the student can make an informed decision.
  - ii. Submit a written request for withdrawal from the program (forms are available in the Enrolled Students Canvas course) to the Associate Dean for Student Affairs and Belonging. The basis for the request can be included.
  - iii. The Associate Dean for Student Affairs and Belonging will consult with the Associate Dean for Medical Education about the student's intentions. If the request occurs within a term already in progress, the Associate Dean for Student Affairs and Belonging will also consult with the course/clerkship directors to ensure a grade of W is submitted for all courses in which the student is currently

enrolled. Courses in the term that have not begun will be administratively dropped.

- iv. The Associate Dean for Student Affairs and Belonging will provide the student with a university clearance form and checklist for all tasks that must be completed for official withdrawal.
- v. The Director of Student Support Services will submit all completed paperwork to Belmont University's registrar and financial aid offices for final processing.

#### **E. Passive Withdrawal**

1. When faculty notify the Associate Dean for Student Affairs and Belonging that a student has stopped attending classes and other educational activities, the Associate Dean for Student Affairs and Belonging will reach out to the student by phone and email to verify their enrollment intentions.
  - i. If there is no response to the phone call or email within 14 calendar days, it will be noted in the student's file that they have passively withdrawn and a letter will be sent to the last address of record detailing the student's updated enrollment status and any impacts, i.e., financial aid balances, equipment to be returned, holds on student accounts, etc,
  - ii. The Associate Dean for Student Affairs and Belonging will notify the Associate Dean for Medical Education and course/clerkship directors in any current courses for submission of W grades. Courses in the term that have not begun will be administratively dropped.
  - iii. The Director of Student Support Services will notify the university's registrar and financial aid offices to update the student's enrollment status
2. If the student initiates the withdrawal process but fails to complete the clearance process for withdrawal, the Associate Dean for Student Affairs and Belonging will contact the student by phone and email to verify their withdrawal intentions.
  - i. If there is no response to the phone call or email within 14 calendar days, it will be documented to the student's file that they have passively withdrawn, and a letter will be sent to the last address of record verifying the student has withdrawn and any impacts, i.e., financial aid balances, equipment to be returned, holds on student accounts, etc.
  - ii. The Associate Dean for Student Affairs and Belonging will notify the Associate Dean for Medical Education and course/clerkship directors in any current courses for submission of W grades. Courses in the term that have not begun will be administratively dropped.



- iii. The Director of Student Support Services will notify the university's registrar and financial aid offices to update the student's enrollment status.

#### **F. Readmission after Completion of a Leave of Absence**

1. It is the student's responsibility to follow the instructions for conditions to return in the leave of absence approval letter, including meeting deadlines.
2. When the student's written intent to return is received, the Associate Dean for Student Affairs and Belonging will contact the student to review the conditions for return with the student to assist them in accomplishing all tasks in a timely manner for a successful return.
3. The Associate Dean for Student Affairs and Belonging will notify the Associate Dean for Medical Education, their house leader, and director of student support services of the student's anticipated return date and term to facilitate curricular assignment to courses or clerkships, registration, financial aid, and other enrollment services.

#### **G. Failure to Meet Conditions for Return from a Leave of Absence**

1. The Associate Dean for Student Affairs and Belonging will reach out to the student by phone and email if the student fails to submit the written intent to return by the due date listed in the LOA approval letter.
2.
  - i. If the student does not respond within 14 calendar days, a letter will be sent to the last address of record notifying the student that they must respond in writing within seven days with their intent to return. Failure to do so will result in forfeiture of the student's eligibility to return.
  - ii. The student's status will be updated from leave of absence to withdrawn. Any unresolved Incomplete grades issued at the time of the initial leave of absence will convert to a W.
  - iii. The Director of Student Support Services will notify the university's registrar and financial aid offices to update the student's enrollment status.

#### **Definition(s):**

- Good standing: Good standing is when a student maintains a cumulative grade point average of a minimum of 2.0 (C average), has no course failures or active remediation plans, and has passed the licensure exams (as applicable). In addition, the student is not encumbered with unresolved professional code of conduct violation(s).

## **Temporary Impairment Of Students Policy**

### **Purpose:**

- The right of patients and the public to safe professional practice supersedes students' learning and skill acquisition needs. The responsibility of Belmont University, the Thomas F. Frist, Jr. College of Medicine (FCoM), and the faculty to protect patients, learners, faculty, the public, and the staff of clinical settings and educational settings from unnecessary exposure to dangerous situations is paramount.

### **Background:**

The Thomas F. Frist, Jr., College of Medicine is dedicated to fostering an inclusive and supportive learning environment for all students. Recognizing that temporary impairments can significantly impact a student's ability to participate fully in various educational activities, it is essential to establish a comprehensive policy that ensures equitable access to all learning environments, including lectures, small group sessions, simulations, and clinical settings.

Temporary impairments may arise from a range of circumstances, such as injuries, surgeries, illnesses, or other medical conditions, including mental illness or alcohol and drug use disorders, that can hinder a student's physical or cognitive abilities. These impairments, while not permanent, can pose significant challenges to a student's academic performance and progression.

In alignment with our commitment to excellence in medical education and our dedication to supporting the diverse needs of our student body, this policy aims to provide clear guidelines and accommodations for students experiencing temporary impairments. By implementing this policy, we strive to minimize disruption to their educational experience and ensure that all students have the opportunity to succeed and thrive, regardless of temporary physical, mental, or cognitive limitations.

A major aspect of student learning in the FCoM occurs in clinical settings with direct student-patient contact. While in clinical courses, students are acquiring knowledge, cognitive, and psychomotor skills. In addition, they are developing judgment. Students are expected to perform at the level indicated by the technical standards and within the curricular objectives. Safety is a critical component of each pre-clerkship and clerkship course.

In the clinical space, the right of patients and the public to safe professional practice supersedes students' learning and skill acquisition needs. The responsibility of the FCoM and the faculty to protect patients, the public, and the staff of clinical settings from unnecessary exposure to dangerous situations is paramount.

The development of this policy is designed to balance the rigorous demands of medical training with the necessary flexibility and support for students facing temporary impairments. This approach ensures that all students receive the necessary resources and adjustments to continue their education effectively and safely during periods of temporary impairment.

**Applicability:**

This policy applies to all medical students in the undergraduate medical program at the Thomas F. Frist, Jr., College of Medicine (FCoM).

**Policy Statement:**

Faculty have the obligation to assess and make professional judgment with respect to each student's fitness for safe practice during clinical hours.

Behaviors that may be observed in someone who is impaired include, but are not limited to unexplained absences or tardiness, inappropriate orders or responses to queries, diminishing quality of work, lack of preparedness, and impaired interpersonal interactions. None of these behaviors individually is indicative of impairment.

Students have the responsibility to practice without undue risk to themselves or others, and to maintain fitness for duty throughout all pre-clerkship and clerkship hours. When a faculty member makes a professional judgment that a student's psychological and/or physical condition has impaired his/her ability to perform in accordance with course specific behaviors, the student will be asked to leave the learning area. The student will be given the opportunity to hear the reasons for their removal from the learning arena, and to discuss the incident with a representative from the school, usually the Associate Dean for Student Affairs and Belonging or a delegated representative of Student Affairs.

Students may also disclose that due to injury or illness they temporarily cannot meet the FCoM's technical standards. Students must notify the Associate Dean for Student Affairs and Belonging of any circumstances that result in any type of impairment. Every effort will be made to determine if the temporary impairment can be accommodated through the Office of Accessibility Services or resources provided through the FCoM's student disability policy. The Associate Dean for Student Affairs and Belonging will also consult with the Office of Accessibility Services and the Associate Dean for Medical Education to identify potential reasonable accommodations/modifications to the

educational program to allow the student to continue. If the temporary impairment cannot be mitigated with reasonable accommodations, the Associate Dean for Student Affairs and Belonging will counsel the student regarding the option to take a leave of absence. (See Leave of Absence/Withdrawal policy).

When any clinical affiliate has a policy regarding fitness for duty, in addition to the FCoM policy, that policy will be followed.

Medical students are included in the Federation of State Medical Boards Policy on Physician Illness and Impairment. In the case of confirmed or suspected mental health or other mental health disorders, all students will be provided with mental health care resources by the school, and resources will be provided for initial assessment and acute intervention. Students may be referred to comprehensive assessment and treatment programs, but the expenses for Physician Health Program (PHP) assessment, treatment, transportation, and monitoring are solely the responsibility of the student.

Recognizing that alcohol and drug use disorders are treatable diseases that can affect any member of society, students who disclose that they are misusing alcohol or drugs will be referred to the Federation of State Physician Health Program (TMF-PHP) for assessment and possibly management. PHPs are designed to “guide the rehabilitation of potentially impaired and impaired physicians or those in training suffering from substance use disorders, psychiatric, medical, behavioral or other impairing conditions, including burnout, consistent with the needs of public safety.”

### **Procedure:**

#### **1. Initial Identification**

- a) A student can self-disclose a temporary impairment based on injury or illness.
- b) When there is concern that a student poses a risk of harm to self, other learners, or patients, the faculty member may remove the student from the clinical area or learning environment.
- c) If warranted by the student’s condition, the clinical instructor, campus security, or a representative from FCoM may accompany the student to the nearest health care facility for emergency treatment and immediate drug testing, if need for testing is indicated.
- d) If they do not require emergency care, the student is informed of temporary suspension from clinical practice and referred for immediate drug testing, if need for testing is indicated. The student will meet with the Associate Dean for Student Affairs and Belonging or their designee within one business day of receipt of drug testing results, if applicable. If drug testing is not indicated, the student will meet with the Associate Dean for Student Affairs and Belonging or their designee within one business day of receipt of the complaint. Pending clarification on the type of alleged impairment, transportation should be provided (contact the Office of Student Affairs to coordinate transportation if needed); i.e., the student should not be allowed to drive to the school or drug testing site.
- e) If the student has self-disclosed a temporary impairment, the documentation from their healthcare provider will be provided to the Associate Dean for Student Affairs and Belonging to be reviewed with the student, where the student will have an opportunity to provide an explanation.
- f) The Associate Dean for Student Affairs and Belonging will prepare the information for referral to the Student Assessment and Promotions Committee (SAPC). The SAPC may request a hearing with the student.

#### **2. Referral and Treatment**

- a) Before being permitted to return to the clinical training environment, the student may be mandated to obtain a health assessment. This assessment may be done at the clinical affiliate health center, an Emergency Department of the nearest hospital, or any health care facility authorized by the student’s health insurance carrier, at the student’s expense.

- b) The student has the right to refuse this assessment, treatment, and further monitoring. However, FCoM may tell the student that they are not permitted to return to clinical practice without certification from a recognized health care provider that they are either undergoing treatment or do not need treatment and are fit for duty.

### **3. Referral to the Tennessee Medical Foundation Physician's Health Program (TMF-PHP) in cases of impairment due to self-disclosed alcohol or drug use**

- a) Referral – The Associate Dean for Student Affairs and Belonging will call the PHP in Tennessee to refer the student to the voluntary track of the PHP, in which they will be provided assistance and guidance without identification to any state medical board. The student will also be given the phone number to the PHP and will need to call them as well.
- b) Release of information - Students referred to the PHP via the voluntary track will have their attendance/engagement with PHP automatically shared with the Associate Dean for Student Affairs and Belonging. Students are asked to sign a release of information so the PHP can communicate their final findings back to the Associate Dean for Student Affairs and Belonging.
- c) Students will be able to return to their medical education once the PHP reports that the student is not (or no longer) impaired.
- d) Students who do not comply with the PHP's recommendations for assessment and treatment will be considered for dismissal by the Promotions Committee. If dismissed, this decision can be appealed per the Student Due Process policy.

### **4. Return to the Learning Environment or to Clinical Practice**

- a) If the student has been referred for treatment, the student will be permitted to return to the learning environment or to clinical practice only on the specific recommendation of an appropriate treatment provider that the student is capable of safe and acceptable learning and skilled clinical performance.
- b) The Associate Dean for Student Affairs and Belonging can share relevant information from the student's education record with treatment providers and others designated by the student, with the student's written consent (see FERPA policy). The student may also be asked to give written permission for treatment providers and others to share information with a representative of the FCoM as needed.
- c) No Information from the treatment providers can be shared with the Associate Dean for Student Affairs and Belonging without the student's written consent. The Associate Dean for Student Affairs and Belonging will not share information from the treatment providers with other members of the FCoM unless there is a clear and direct need to know. No information will be shared in the MSPE without the student's written consent.

- d) The student and a representative of the school will sign a return to school agreement, individualized according to the student's needs. This agreement will delineate the terms of the student's return to clinical practice.
- e) Students will be referred to the Office of Accessibility Services for determination of reasonable accommodations.
- f) The FCoM has the right to impose conditions on the student's return to the clinical training environment as necessary following treatment.
- g) The FCoM will provide direct supervision of the student following return to school and/or clinical practice, and the Associate Dean for Student Affairs and Belonging will monitor the performance of the student through meetings with respective course/clerkship directors and the Associate Dean of Medical Education every 6 weeks. (duration of each clerkship).
- h) Any subsequent behaviors that indicate unsafe school performance or clinical performance may be cause for dismissal from the school (See Policy on Technical Standards for the Doctor of Medicine Degree and Student Due Process Policy)

**Responsibility:**

The Thomas F. Frist, Jr., College of Medicine is committed to supporting students with temporary impairments in all learning environments, including lectures, small groups, simulations, and clinical settings. Students must promptly notify the Office of Student Affairs, provide relevant medical documentation, and communicate their needs. Faculty are responsible for identifying students who may be impaired and for implementing recommended accommodations, supporting students, and maintaining confidentiality. The Office of Student Affairs coordinates assessments and recommendations, while administrative staff handle logistics and support services. College leadership enforces the policy, ensures continuous improvement, and provides necessary training. This collaborative approach ensures that students with temporary impairments receive the necessary support to continue their education effectively.

**Definition(s):**

- Impairment: Impairment is defined as the inability of a medical student to participate in the provision of medical care with reasonable skill and safety due to being under the adverse influence of alcohol, narcotics or other drugs, whether illicit or otherwise; or mentally or physically unable to reason, communicate, or perform medical services in a safe and acceptable fashion; or distress that is recognized by the individual or others as detrimental to the person's or patient's well-being.

# **STUDENT RECORDS POLICIES**

## **Medical Student Performance Evaluation (MSPE) Policy**

### **Purpose:**

- The purpose of this policy is to describe the policies and procedures of the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) to complete the Medical Student Performance Evaluation (MSPE) as they relate to the LCME Elements 11.2 and 11.6 pertaining to students' rights to access, review, and challenge their educational records, including the MSPE.

### **Applicability:**

All MSPE writing group members and students of the FCoM.

### **Policy Statement:**

The FCoM will provide a MSPE for each student in the residency application process.

The MSPE will conform to the AAMC defined format with the six sections outlined below:

1. Identifying Information
2. Noteworthy Characteristics
3. Academic History
4. Academic Progress
5. Summary
6. Medical School Information

### **Procedures:**

- A. MSPE Writing Group
  1. The MSPE Writing Group is comprised of the following members:
    - Associate Dean for Student Affairs & Belonging
    - Associate Dean for Medical Education
    - Assistant Dean for Assessment and Curriculum Evaluation
    - Learning Community House Leaders
- B. Each student will write and submit their noteworthy characteristics section.
- C. The Associate Dean for Medical Education and Assistant Dean for Assessment and Curriculum Evaluation complete the sections for each student regarding their academic history, including clinical narratives from their clerkships, and academic progress. They will also provide the data for the medical school information section.



- D. The Associate Dean for Student Affairs and Belonging and the faculty learning community house leaders write the identifying information and summary sections of the MSPE.
- E. Office of Student Affairs and Belonging staff members compile the final MSPE with all of the individual components under the Associate Dean for Student Affairs and Belonging's signature.
- F. The Associate Dean for Student Affairs and Belonging reviews the MSPE with each student. As the class size increases, the student review can also be conducted with the student's faculty learning community house leader.

### **Clerkship Grades and Narratives**

Clerkship grades and narratives are an integral part of the MSPE. They cannot be changed after the grade appeal deadlines have passed for each clerkship. If a student doesn't agree with their final grade and narrative assessment, they must follow the grade appeal process and deadlines.

### **Student Request for Change in Content or Writers**

During the review with the student, each student is informed of all faculty or administrators who contributed to their final MSPE by section.

The student can object only to information they feel is factually inaccurate, and they must provide documentation substantiating the information is inaccurate. The Associate Dean for Student Affairs and Belonging will verify the accuracy of any information that is challenged by the student.

For more subjective sections of the MSPE, a student can request someone else to write that section.

### **Post-Graduation MSPE**

For requests for the MSPE after graduation, the MSPE will be sent "as is" with no post-graduation updates. A cover letter stating the student graduated in a previous year can be provided.

## **Staff And Faculty Access To Student Educational Records Policy**

### **Purpose:**

- The purpose of this policy is to describe the policies and procedures of the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) as they relate to the LCME Element 11.5 regarding maintaining the confidentiality of students' educational records and control of access to students' educational records by FCoM administrators, faculty, and staff in compliance with the Family Educational Rights and Privacy Act (FERPA).

### **Applicability:**

All administrators, faculty, and students of the FCoM.

### **Policy Statement:**

FERPA affords students certain rights with respect to their education records. They are:

1. The right to inspect and review the student's education records within 45 days of the day the university receives a written request for access.
2. The right to request the amendment of the student's education records that the student believes is inaccurate or misleading.
3. The right to have control over the disclosure of information from education records.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the university to comply with the requirements of FERPA.

FERPA also makes provision for "school officials with legitimate education interests" to be given access to personally identifiable information about a student(s) without their consent.

The FCoM policy for the access, amendment and disclosure of a student's education records is in compliance with FERPA and aligns with Belmont University FERPA policies and procedures.

### **Authorized Third Party Access**

#### **A. Administrators, Faculty and Staff Access**

The following medical school officials, based on a legitimate educational interest, have access to the full educational record without student consent:

- Dean
- Associate Dean for Medical Education
- Associate Dean for Student Affairs and Belonging
- Assistant Dean for Assessment and Curriculum Evaluation
- Chair, Foundational and Clinical Sciences
- Chair, Health Systems Science
- Director of Assessment and Evaluation
- Student Assessment and Promotion Committee Members
- Office of University Registrar Staff Members
- MSPE Working Group Members

The following medical school officials, based on a legitimate educational interest, have access to the portion of education record that contains grades only, including narrative evaluations, without student consent:

- Director of Student Support Services
- Director of Student Success Programs
- Learning Specialists
- Academic House/Society Leaders
- Assessment and Evaluation Coordinator
- Course/Clerkship Director and course/clerkship faculty of record (access to their course/clerkship grades only)

### **B. Requesting Third Party Access**

Medical school officials and faculty members not listed above may request access to a student's education record with the student's written permission. The request must contain the names of the parties who have requested access, the purpose, and the legitimate interest of the party requesting that information. Access is provided by extracting and securely transmitting the requested records. Access is not granted directly to the system of record. The record of requests will be maintained by the Office of Student Affairs and Belonging and may be inspected by the student under the same procedures by which the record itself will be inspected.

### **C. Directory Information & Release**

Belmont University and the FCoM has the right to disclose information identified as directory information without the student's consent. Examples include:

- Name
- Address
- Telephone Number
- Campus Email Address
- Date and Place of Birth
- Major Field of Study
- Dates of attendance
- Degrees and awards received
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Previous educational agencies or institutions attended

For the updated list of directory information please review the most recent FCoM Student Handbook.

FERPA also grants students the right to refuse to permit Belmont University and the FCoM to disclose this information to others without consent. If a student does not want Belmont University and the FCoM to disclose directory information, students must submit the appropriate form to the Registrar's Office.

## **Procedures:**

1. Request Access to Education Records
  - a. If a faculty or staff member needs temporary access to a student's educational record for which they are not authorized, the student must submit the online Student FERPA Release Form (or a signed request in writing) granting permission for access, specifying the name of the person to whom the access is being given and the content to which they can have access. The request must be submitted to the Associate Dean for Student Affairs and Belonging.
  - b. If a faculty or staff member is requesting new or additional access as a school official based on a legitimate educational interest without student consent, they must submit the Belmont University Banner Access Request Form to the Associate Dean for Student Affairs and Belonging who will review the request with the Dean's Executive Leadership Team. If approved at the FCoM level, the form will be submitted to the appropriate Belmont University Data Security and Access Office.

## **Student Access To Their Educational Records Policy**

### **Purpose:**

- The purpose of this policy is to describe the policies and procedures of the Thomas F. Frist, Jr. College of Medicine at Belmont University (FCoM) as they relate to the LCME Element 11.6 pertaining to students' rights to access, review, and challenge their educational records, including the MSPE.

### **Applicability:**

All administrators, faculty, and students of the FCoM.

### **Policy Statement:**

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. They are:

1. The right to inspect and review the student's education records within 45 days of the day the university receives a written request for access.
2. The right to request the amendment of the student's education records that the student believes is inaccurate or misleading.
3. The right to have control over the disclosure of information from education records.
4. To file a complaint with the U.S. Department of Education concerning alleged failures by the university to comply with the requirements of FERPA.

FERPA also makes provision for "school officials with legitimate education interests" to be given access to personally identifiable information about a student without their consent.

The Belmont University Frist College of Medicine's (FCoM) policy for the access, amendment and disclosure of a student's education records is in compliance with FERPA and aligns with Belmont University FERPA policies and procedures.

### **Procedures:**

#### **A. Student Access**

Medical students are allowed to access and review their own academic records and are allowed to request release of records in accordance with Belmont University policies and the FERPA guidelines. The FCoM is obligated to allow medical students to inspect their educational records within 45 days of receipt of the request. A concerted effort will be made to fulfill all standard requests using the applicable request form within five business days.

For education records where there is not a standard procedure in place for review, students should submit a request in writing to the Associate Dean for Student Affairs and Belonging, or

their designee, identifying the record they wish to review. The Associate Dean for Student Affairs and Belonging, or their designee, will schedule a time to make the requested educational records available for review onsite within five business days, where reasonably feasible.

If the records are not maintained by the FCoM, that official shall advise the student of the correct official to whom the request should be addressed within three business days.

### **B. Administrators, Faculty and Staff Access**

The following medical school official, based on a legitimate educational interest, have access to the educational record without student consent:

- Dean
- Associate Dean for Medical Education
- Associate Dean for Student Affairs and Belonging
- Assistant Dean for Assessment, Curriculum, and Evaluation
- Chair, Foundational and Clinical Sciences
- Chair, Health Systems Science
- Director of Assessment and Evaluation
- Student Assessment and Promotion Committee Members
- Office of University Registrar Staff Members
- MSPE Working Group Members

The following medical school official, based on a legitimate educational interest, have access without student consent only to the portion of education record that contains grades, including narrative assessments:

- Director of Student Support Services
- Director of Student Success Programs
- Learning Specialists
- Academic House/Society Leaders
- Assessment and Evaluation Coordinator
- Course/Clerkship Director and course/clerkship faculty of record (access to their course/clerkship grades only)

### **C. Granting Third-Party Access**

Students may authorize access to their educational records for third parties not listed above by submitting the online Student FERPA Release Form (or a signed request in writing) The request must contain the names of the parties who are to have access, the purpose, and the legitimate interest of the party requesting that information. Access is provided by extracting and securely transmitting the requested records. Access is not granted directly to the system of record. The record of requests will be maintained by the Office of Student Affairs and Belonging and may be inspected by the student under the same procedures by which the record itself will be inspected.

## **D. Directory Information & Release**

Belmont University and the FCoM has the right to disclose information identified as directory information without the student's consent. Examples include:

- Name
- Address
- Telephone Number
- Campus Email Address
- Date and Place of Birth
- Major Field of Study
- Dates of attendance
- Degrees and awards received
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Previous educational agencies or institutions attended

For the updated list of directory information please review the most recent FCoM Student Handbook.

FERPA also grants students the right to refuse to permit Belmont University and the FCoM to disclose this information to others without consent. If a student does not want Belmont University and the FCoM to disclose directory information, students must submit the appropriate form to the Registrar's Office.

## **E. Amending Educational Records**

If after review of the education records, a student believes there is inaccurate or misleading information in the education records, the student must submit a request in writing to the Associate Dean of Student Affairs and Belonging or their designee to have the alleged inaccurate information reviewed and removed. If it is determined the information is accurate, the student will be notified of that decision and advised of their right to a hearing regarding the request for amendment. Additional hearing information will be provided to the student when the student is advised of their right to a hearing. The Associate Dean for Student Affairs and Belonging will assemble an ad hoc committee to hear the appeal within five business days.

## **F. Student Complaint Process**

Students have the right to file a complaint relative to alleged failure of the University to comply with FERPA with respect to access, review, amendment or disclosure of a student's education records. Complaints can be filed with the office that administers FERPA at:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-4605

## **STUDENT CODE OF CONDUCT**

The Student Code of Conduct outlines professional standards and behaviors that are aligned with the core values of the medical school and the medical community. Every student is responsible for adhering to the Student Code of Conduct, and any student assisting another student in violating the Student Code of Conduct will be treated no differently than a direct Student Code of Conduct violation. Every student covered by the Student Code of Conduct is expected to ensure that all others abide by these professional standards and maintain the standards of the Student Code of Conduct.

Broadly speaking, the Student Code of Conduct prohibits conduct by an individual or group that:

- Demonstrates disregard for any person or persons
- Threatens the health, safety, well-being, or property of any individual or group
- Adversely affects the pursuit of medical school objectives
- Adversely reflects on the medical school community
- Involves fraud or deception

The policies and procedures of the FCoM establish standards of professional conduct that ensures each member of the FCoM community has the freedom and sense of safety to pursue academic and curricular activities in a learning environment of healthy, responsible, ethical, and respectful behavior.

Specifically prohibited conduct includes, but is not limited to:

### **Alcohol and Other Drugs**

Federal law requires that FCoM establish and enforce policies related to alcoholic beverages and controlled substances on its campus. FCoM students are not permitted to conduct college or university business virtually, off-campus or on-campus while inebriated.

The following conduct, although not all-inclusive, is also prohibited:

- i. Public intoxication
- ii. Illegally possessing, using, distributing, manufacturing, or selling alcohol or drugs
- iii. Being under the influence of alcohol and/or other drugs while in the performance of professional duties

*\*See the Alcohol & Drugs section of the Bruin Guide for the complete policy.*



It is the responsibility of every student to protect the public from an impaired colleague and to reach out to a colleague whose capability is impaired. The student is obligated to report members of the health care team in a clinical or laboratory setting whose behavior exhibits impairment or lack of professional conduct or competence or who engage in fraud or deception. Such reports must conform to established institutional policies.

Students experiencing a temporary impairment due to alcohol or substance abuse can be referred to the Federation of State Physician Health Program (TMF-PHP).

### **Confidentiality**

The patient's right to confidentiality is a fundamental tenet of medical care. The discussion of problems or diagnoses of a patient by professional staff and/or medical students in such a way that identifies a patient or potentially violates patient privacy (e.g., public conversations, narrative writings, or social media postings) violates federal law (HIPPA), patient confidentiality, and is unethical.

### **Conflict of Interests**

When a conflict of interest arises, the welfare of the patient must at all times be paramount. A student may challenge or refuse to comply with a directive if its implementation would be antithetical to their own ethical principles when such action does not compromise patient welfare. Students may not accept gifts of monetary value from commercial interests. Student interactions with commercial interests should conform to the American Medical Association (AMA) Guidelines.

### **Criticism of Colleagues**

Professional relations among all medical community members should be marked with civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts should be avoided, and each person should recognize and facilitate the contributions of others to the community. The medical student will deal with members of the health care team and all others in a cooperative and considerate manner. Concerns about the conduct of other members of the health care team should be reported through appropriate supervisory and regulatory channels.

### **Disruptive or Disrespectful Behavior**

The student should be thoughtful and professional when interacting with staff, faculty, colleagues, patients, and their families. Any deliberate interference with academic development, governing processes, pedagogical activities, and/or college-sponsored community engagements and events will be categorized as disruptive and/or disrespectful behavior. These behaviors include but are not limited to:

- Disrupting or disturbing academic or professional pursuits or infringing on the rights and responsibilities of others.

- Disrupting or halting, directly or indirectly, an approved speaker from speaking – even briefly – or seizing control of a public forum for one’s own purposes.
- Leading or inciting others to disrupt or interfere with FCoM activities or operations.
- Overt coercion or undue pressure applied to colleague(s) to achieve a certain outcome and/or subverting a committee process or vote to achieve a preordained outcome.
- Purposely damaging shared or an individual’s personal property or belongings.
- Acting in such a way that is consistently disrespectful to another individual (examples: name calling, interrupting, using sexism, racism, or other biases in speech or actions).
- Infringing upon the privacy, rights, or privileges of other persons.
- Otherwise disrupting or interfering with the regular and essential cooperation of the FCoM community by impeding, impairing, or obstructing access to facilities, teaching, research, administration, proceedings, processes, or functions including public service functions and other activities on campus or sponsored by the FCoM.
- Lewd, obscene, profane, harassing, or threatening language and communications orally, in print, or electronically by any medium

### **Evaluation**

Students should seek feedback and actively participate in evaluating their teachers (faculty and house staff). When evaluating faculty performance, students are obliged to provide prompt, constructive comments. Evaluations may not include offensive language, or personal attacks and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

### **Failure to Comply**

Failing to comply with FCoM and Belmont University policies and procedures, including directives from FCoM officials, campus security officers, or law enforcement officers acting in performance of their duties, is prohibited, and will result in disciplinary action outlined in Belmont policies and procedures, the *Bruin Guide* or FCoM adjudication processes.

### **Fire Safety and Safety**

Students are required to adhere to the guidelines and policies concerning Fire & Safety. The following conduct, although not all-inclusive, is also prohibited:

- i. Tampering with fire or safety equipment
- ii. Setting fires
- iii. Creating safety hazards with the potential to injure others

*See the Bruin Guide for more information.*

## **Inappropriate Behavior**

Any physical conduct or written or oral communication, including posts on websites and social media, that attacks, bullies, demeans, humiliates, intimidates, conveys bigotry or hatred, harasses, frightens, degrades, coerces, endangers, or threatens the health, safety, or well-being of a person will not be tolerated in the FCoM. Examples may include, but are not limited to, the following:

- Intimidating, discriminatory, belittling, or berating statements including hazing
- Name calling
- Profane, offensive, disrespectful language or sexually explicit material
- Aggressive language or gestures
- Stalking
- Unwanted physical contact
- Unwanted gestures
- Lack of respect in another's area of discipline and expertise
- Throwing objects
- Statements or conduct that are directed at an individual because of, but not limited to a person's:
  - Race
  - Ethnicity/national origin.
  - Color
  - Religion
  - Gender
  - Pregnancy
  - Sexual orientation
  - Gender identity
  - Age
  - Disability
  - Veteran status
  - Genetic or family medical information
  - Any other status protected by applicable law or local ordinance

The expressed or implied consent of the victim is not a defense. Ignoring or encouraging the presence of abuse, bullying, hazing, harassing, or stalking is also a violation.

## **Lewd, Obscene, Harassing or Threatening Communication**

Includes, but is not limited to, lewd, obscene, profane, harassing or threatening language and communications orally, in print or electronically by any medium.

## **Misrepresentation**

A student should accurately represent himself or herself to patients and others on the medical teams or elsewhere. Students should never introduce or portray themselves as "Doctor" as this misrepresents the student's position, knowledge, and authority.

## **Sexual and Gender-Based Harassment**

Students at the medical school are not expected to tolerate inappropriate sexual behavior on the part of other faculty including core, clinical affiliate, associated, community, visiting, and emeriti faculty), non-faculty instructors, and staff.

The following conduct, although not all-inclusive, is also prohibited:

- a) Any form of sexual contact, blatant threat if sexual favors are not given, or promised reward for sexual favors between faculty (including regular, clinical, community, adjunct, and emeriti faculty), residents, fellows, students, and staff.
- b) Unwelcome sexual contact by faculty (including core, clinical affiliate, associated, community, visiting, and emeriti faculty), non-faculty instructors, and staff.
- c) Repeated or inappropriate sex-related statements, unwelcome touching, sexually explicit comments, or presence of graphics that continues after the recipient has made clear that the conduct is unwelcome.

*See Bruin Guide and Non-Discrimination Policy for more information regarding the reporting and adjudication processes for allegations of Title IX violations.*

## **Theft**

Stealing, vandalizing, damaging, destroying, or defacing medical school property or the property of others is prohibited.

## **Weapons Possession or Use**

Belmont University, including the FCoM, is a weapon-free campus. Possessing, using, or storing firearms, explosives, or other lethal and non-lethal weapons, and unauthorized dangerous chemicals or compounds on medical school premises as well as at any activities sponsored by or associated with the medical school is prohibited.

Weapons include, but are not limited to:

- Firearms
- Pellet guns
- BB guns
- Paint ball guns
- Bow and arrows
- Knives (other than small pocket knives)
- Firecrackers

- Ammunition

### **Violation of Relevant Law (Criminal Behavior, including Omission)**

Failure to fully comply with federal, state, and local laws on and off medical school premises as well as at any activities sponsored by or associated with FCoM is prohibited. Compliance is required with all research regulations, including Public Health Service regulations.

Compliance is required with the Health Information Portability and Accountability Act (HIPAA), Health Information Technology for Economic Clinical Health (HITECH), and Family Educational Rights Privacy Act (FERPA). Any charges or formal allegations of criminal or unethical behavior must be reported to the Associate Dean for Student Affairs and Belonging in writing within three days of the charges being filed.

### **Reporting of Compliance Concerns**

All members of the FCoM community are obligated to report in good faith all violations of law, FCoM, and/or Belmont policies or any concern that a compliance violation may have occurred. Members of the FCoM community are expected to report violations or concerns of the Student Code of Conduct as quickly as practical by contacting their immediate supervisor, the Associate Dean for Student Affairs and Belonging, member of the Executive Leadership Team, the University Compliance Officer, or through Maxient.

### **Retaliation**

Retaliation against students for such reporting is prohibited and can result in disciplinary action. The FCoM will take no adverse action against students for making such reports in good faith, even if the report turns out to be incorrect. False accusations made with the intent of harming or retaliating against another person can subject the accuser to disciplinary action.

The FCoM prohibits retaliation against students for filing or encouraging another to file a complaint or report of violations of law, regulation, College, or University policy, or participating in an investigation of any such violation. Prohibited retaliation and adverse actions against students may include the following: harassment, negative assessment not aligned with the student's actual performance, alienation of the student, withholding access to clinical experiences or resources needed to be successful in the academic program, removal of privileges or student leadership positions without cause.

All students making reports of compliance concerns are assured that such reports will be treated as confidential to the extent possible for a complete, fair, and thorough investigation. Such reports will be shared with others only on a bonafide need-to-know basis. The University has appointed the Chief Human Resources Officer or Deputy Title IX Coordinator to serve as coordinator of non-discrimination and Title IX compliance allegations for members of the FCoM community.

## **Investigation and Adjudication of Allegations of Violation of the Student Code of Conduct**

Allegations of violations of the Student Code of Conduct will be investigated and adjudicated by the Associate Dean for Student Affairs and Belonging, or their designee. The findings of the investigation can be:

- The allegation has no merit and is subsequently dropped.
- The allegation has merit and is administratively handled by the Associate Dean for Student Affairs and Belonging. Sanctions at this level can include, but are not limited to, letter of warning, student action plan, referrals for counseling or other services, restorative practices if all parties agree to participate, loss of privileges and student leadership positions, service, or restitution.
- The allegation has merit and is very egregious or there is a pattern of repeat offenses necessitating referral to the Student Assessment and Promotions Committee for a hearing per the Student Due Process and Procedures Policy. In addition to the sanctions at the administrative level (see previous paragraph), sanctions at this level can include any adverse action with the student's continued enrollment, i.e., suspension or dismissal.



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Belmont University is a Christ-centered community. The University faculty, administration, and staff uphold Jesus as the Christ and as the measure for all things. As a community seeking to uphold Christian standards of morality, ethics, and conduct, Belmont University holds high expectations of each person who chooses to join the community. In compliance with federal law, including provisions of Title IX of the Education Amendments of 1972, Titles VI and VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act and Section 504 of the Rehabilitation Act of 1973/the Americans with Disabilities Act, Belmont University does not discriminate on the basis of race, sex, color, national or ethnic origin, age, disability, military service, or sexual orientation in its administration of education policies, programs, or activities; its admissions policies; or employment. Consistent with applicable civil rights law, the University seeks employees of Christian faith who are committed to the mission of the University. The University has appointed the Chief Human Resources Officer/Deputy Title IX Coordinator to serve as coordinator of non-discrimination compliance for staff and faculty. The Director of Institutional Equity and Compliance and Title IX Coordinator serves as coordinator of compliance for Title IX (sex discrimination) issues and questions for students. Inquiries or complaints related to sex discrimination (including sexual harassment, sexual orientation, and/or pregnancy) or other forms of discrimination/harassment (e.g., race, color, national or ethnic origin, disability, age, military service) should be directed to: Leslie Lenser (Employee Issues/Complaints), Chief Human Resources Officer and Deputy Title IX Coordinator, Fidelity Hall, Room 426, 1900 Belmont Boulevard, Nashville, TN 37212. Phone: 615.460.6456. Email: [leslie.lenser@belmont.edu](mailto:leslie.lenser@belmont.edu). Carly Elliott (Student Issues/Complaints), Director of Institutional Equity and Compliance and Title IX Coordinator, Freeman Hall, 3rd Floor, 1900 Belmont Boulevard, Nashville, TN 37212, Phone: 615.460.6894. Email: [carly.elliott@belmont.edu](mailto:carly.elliott@belmont.edu)

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