

# UNIVERSITY OF MINNESOTA

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## Medical School

DULUTH CAMPUS

## Student Manual

### 2017-2018

Content in this document is subject to change. The most current version is available online at <https://www.med.umn.edu/sites/med.umn.edu/files/duluth-campus-student-manual.pdf>

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# Welcome

Medical school. Sounds impressive, doesn't it? In many aspects it is quite an accomplishment, and you should feel proud of the skills, decisions, sacrifices and diverse talents that have brought you to this point. The Medical School Duluth Campus students, faculty and staff extend their congratulations to you on your decision to begin this mighty endeavor. Still, our congratulations alone might not suffice. What we feel you need is advice, and lots of it. Consequently, we have taken it upon ourselves (with the guidance and assistance of our esteemed administrators and faculty) to provide you with just the advice you need. In the following pages, you will find most of the answers and advice we hope you'll find useful as you begin your medical studies. What is gross anatomy really like anyway? Is it possible I'll ever really learn the Krebs cycle? Which drug did he say causes gingival hyperplasia, and what the heck does that mean? These are all questions we hope to answer. But medical school, like a lot of the important things in life, consists of a lot more than just studies. Thus, we hope also to provide answers about where it is you can get a good meal, buy a good book, go camping, take a scenic walk or run, or even find some music and a good beer. Duluth and the surrounding area has all of these things, and we hope to point you in the right direction to find each of them.

Sometimes manuals such as these are deemed "Survival Guides." Many of us feel this term isn't entirely appropriate. You'll survive. Most everyone before you has survived. And most importantly, **everyone** before you has some great stories to share about the fantastic opportunities and experiences they have had while a student at Medical School Duluth Campus. Remember, each of these things are yours for the taking. Good luck, and enjoy the year!

# Administrative Office Directory

## Admissions—180 Med

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## **The Flexible M.D. at the University of Minnesota Medical School**

The Flexible M.D. aims to unleash the creativity of medical students so that they might construct educational programs that meet their individual needs and allow them to better serve communities and patients. The University of Minnesota Medical School previously has offered a great deal of flexibility informally to individual students, those who had the drive to do something outside the usual track. Some have taken a semester or a year overseas; others have devoted more time to their scientific training or research programs; and others have pursued policy or political involvement.

The Medical School now extends that flexibility, in a formal way, to all its students. Primarily, the change is in timing rather than the rigor of one's learning experiences—students still have to meet a stringent set of educational objectives.

Medical students seeking to take advantage of the Flexible M.D. will outline their plans to faculty and staff members of an educational enrichment committee. They need guidance, because medical education is complex, combining the need to master patient care and medical knowledge with developing skills in the other competencies of a physician: practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. (For more, see the ACGME site on core competencies)

Students entering the University of Minnesota Medical School may take anywhere from three and one-half to six years to complete their studies and pay the same price to earn their M.D. We believe this flexibility in the long term will improve their ability to serve the needs of patients and communities.

Potential scenarios for students taking advantage of the Flexible M.D. might include:

- A medical student might want to pursue a dual degree, such as an MD/MPH, or to do a year of research before beginning clinical rotations.
- A medical student who would typically be entering his third or fourth year, and who has an interest in neurology, believes his future patients would benefit if he more deeply delved into the knowledge base of neuroscience. He would like to take more courses in neurosciences. Perhaps he takes on a summer research job in the lab that becomes a research project he follows throughout the rest of his learning experiences leading to the M.D.
- A medical student who from her first day in Medical School has been involved with a clinic treating homeless youth and families in an urban area decides on a goal. She wants to organize a group of medical students and concerned citizens to appeal to the State Legislature for a policy change leading to dedicated health-care funding for poor and underserved populations of the state. She requests a semester to pursue this goal.

However they adapt their educational programs, medical students can apply their creativity and benefit from flexibility. In training the next generation of physicians, the Medical School responds to the concerns of our communities. We will ensure that University of Minnesota Medical School students excel in patient-focused care. The Flexible M.D. is one step towards that goal.

Students register on a semester basis. Registration coincides with the University calendar, even though the Medical School schedule varies slightly. Students register according to the approximate times listed below:

Fall Semester – Mid April  
 Spring Semester – Mid November  
 Summer Semester – Mid March

An electronic billing statement will follow from Accounts Receivable via e-mail, which details the tuition and fees charges and account credits. Each student is responsible for making sure they are registered for the correct courses each term.

### **Holds**

Holds block students from being registered. They are placed on students' records for failure to pay tuition, failure to pay a bill at UMD Health Service, failure to return a library book, etc. Students can check for holds on-line at <http://www.onestop.umn.edu>. Having a hold on your registration will also stop all financial aid awards and could potentially put you on probation with the Financial Aid Office.

### **Basic Science Years**

The Year One curriculum consists of three semesters of course work: Fall, Spring and Summer. Year Two covers the subsequent Fall and Spring term. Year Three begins the Summer term.

### **Clinical Years**

The requirements for the M.D. degree include satisfactory completion of 76 weeks of full-time work in clinical courses or courses offered by clinical departments in the Medical School. Of the total credits/weeks in Years 3 and 4, **56 credits/weeks** must be completed in required courses (see below). Additionally, **20 elective credits/weeks** must be taken, with **8 credits/weeks** being “hands-on” direct care in the metropolitan area, Duluth or greater Minnesota (family medicine elective clerkship) in advanced or specialized courses/clerkships. The remaining 12 credits/weeks of the 20 elective credits/weeks may be additional hands-on clerkships and/or non-hands-on clerkships, the latter including laboratory medicine and pathology, radiology, electives away for credit (including international rotations), integrative medicine and research.

Required Clinical Courses in Years 3 and 4 (56 weeks):

- Med 7500 Internal Medicine I
- AdPy 7500 Psychiatry Externship
- Obst 7500 Obstetrics/Gynecology Externship
- Ped 7501 Pediatrics Externship
- Surg 7500 Surgery Externship
- FMCH 7600 Family Medicine Clerkship
- EMMD 7500 Emergency Medicine
- Neur 7510 Neurology Externship
- INMD 79XX Sub-Internship in Critical Care
- Advanced Selectives (multiple course choices, more info TBD)
- Becoming a Doctor I-IV (more info TBD)



## Payment of Fees

Your billing statement reflects the amount due on your student account from any unpaid tuition and fee charges, charges from other University offices, and previously unpaid account balances. You may pay on your account at any time after your bill has been generated; however, your billing statement will show you the exact charges and credits applied to your account as of the date the bill was created. To avoid paying an installation fee or late payment fee, pay the amount in full by the first payment due date for each semester.

To view and/or pay your billing statement online, obtain current balance and up to date information about other credits and charges on your student account, or verify the status of your anticipated financial aid, go to <http://www.onestop.umn.edu> and click on “View your student account.”

### **Billing Timelines and Fees**

All currently enrolled students will receive their billing statement electronically. An email notification that your student account bill is ready to be viewed will be sent to your U of M assigned email account approximately two weeks after the semester begins and monthly thereafter.

Your billing statement will list both a new balance and the minimum payment due and a due date. To avoid paying any late payment fees or installment plan charges you must pay in full by the first due date. Payments must be received by the due date to be considered on time.

If you pay less than the full payment due by the due date, you will be placed on an installment payment plan at a cost of \$35 per semester, which will be added to the balance due on your next billing statement. In addition, you will be assessed a \$30 late payment fee on your next statement any time your payment is less than the minimum amount due by the due date.

You are responsible for checking your university email account for your electronic bill and for making your account payment(s) on time.

See: [www.d.umn.edu/onestop/student-finances/pay/online/index.html](http://www.d.umn.edu/onestop/student-finances/pay/online/index.html)

## Late Fees

### **Late Registration Fees**

A late registration fee will be assessed for any initial registration which occurs on or after the first day of classes:

- \$50 during the first or second week
- \$100 thereafter

No late registration fees are charged for Summer Session.

### **Late Payment Fees**

To avoid paying any installment or late payment fees, you must pay in full by the first due date. Late payment fees of \$30 are assessed for paying less than the minimum amount due or paying after the due date printed on the billing statement. Payments must be received (not postmarked) by the due date to avoid a late fee and a hold on your record. On-line payments must be completed by 5 p.m. Central Time on the due date to be considered on time.

You are responsible for checking your university email account for your electronic bill and making your account payments on time.

## **Residency**

You are considered a Minnesota resident if:

- You have lived in Minnesota for at least one calendar year prior to your first day of class attendance, and
- Your primary reason for being in Minnesota is not to attend school.

If you believe that your residency has been inappropriately classified, you can speak with the campus residency resource person, Jill Hilliard, telephone (218) 726-6053.

## **Reciprocity**

Residents of South Dakota who attend the University of Minnesota may apply for reciprocity privileges and pay a tuition rate comparable or equal to the amount paid by Minnesota residents. Application for reciprocity is separate from the regular admission application. If you are eligible, obtain a reciprocity application form from your home state reciprocity program office. Processing of the form will take from four to six weeks. Any nonresident student who has not applied or is not eligible for reciprocity will be charged nonresident tuition rates unless they receive a Non-Resident Tuition Waiver Scholarship.

<http://admissions.tc.umn.edu/costsaid/residency.html>

# **COURSES**

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# Learning Communities and Competencies

## Learning Communities

An initiative at the University of Minnesota Medical School Duluth Campus has been designed to meet the future challenges of health care. Learning Communities (LC) will serve as a vehicle to promote self-directed and patient-centered learning through the use of active learning techniques and mentor models (Faculty Advisors). Longitudinal mentoring by dedicated faculty for small groups of students will be the hallmark of Learning Communities.

Our vision is to provide a competency-based medical education that will allow students to achieve and track professional development and academic progress according to personal learning styles along a course of milestones considered by the faculty to be requisite for advancement and, ultimately, graduation from medical school.

You will be assigned to a Learning Community with clinical Faculty Advisors with whom you will meet formally three times a year and informally, as often as you wish.

## Competencies

The Accreditation Council on Graduate Medical Education (ACGME) has formulated essential competencies felt to be necessary for physicians practicing in the current health care climate. These are:

- **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal patient care.

The University of Minnesota Medical School has organized its competencies into nine categories of knowledge, skills and attitudes. These align with the core ACGME competencies to promote continuity of learning and assessment between medical school and residency. All the competencies contained within the curriculum will map to these nine domains:

- Medical Knowledge
- Clinical Skills and Patient Care
- Scientific and Clinical Inquiry
- Professionalism
- Interpersonal and Communication Skills
- Systems of Health Care
- Continual Improvement of Care through Reflective Practice
- Interprofessional Collaboration
- Practice-Based Learning and Improvement

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Students matriculating at the University of Minnesota Medical School will enter a program in which core competencies are the focus of individual learning, assessment and progression. All medical students will be expected to demonstrate achievement of specific, required competencies during their tenure.

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## **Classes at Medical School Duluth Campus: The First Year**

*Clinical Pathology Conferences I (FMed 6501)*

*Family Medicine Preceptorship (FMed 6462)*

*Foundations of Medicine (Med 6520)*

*Immunology, Hematology, and Oncology (Med 6541)*

*Introduction to Rural Family Medicine (Med 6102)*

*Neurological Medicine (Med 6573)*

*Rural Medical Scholars Program I (Med 6530)*

*Skin/Musculoskeletal Medicine (Med 6788)*

*Social and Behavioral Medicine I (BhSc 6652)*

### **Electives**

*Medical Education Through Diversity and Service (FMed 6957)*

*Obstetrical Longitudinal Course (FMed 6987)*

*Rural Academy of Leadership I (FMed 6997)*

*Seminars in American Indian Health (Med 6023)*

*Summer Internship in Medicine (Med 6997)*

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## Student Notes on the First Year

### Clinical Pathology Conferences I

Clinical Pathology Conferences (CPC) is a course that you will take your spring/summer terms. CPC II is an extension of this class that you will have in your second year. The course is a very interesting one that allows the students to take newly acquired information and apply it to unknown medical cases. Generally, a designated group of students will be given a history of a clinical case (i.e., symptoms, chief complaint, family history, etc.) and a database of available tests that can be done to solve the case. The students then work as a group, utilizing the available resources to solve the case and then present it to the class. The presentation of the cases is interesting and chock-full of class participation. The main goals of the course are to learn how to identify major medical concerns from a case and to develop skills in the presentation of a clinical case and to appropriately develop differential diagnoses.

### Family Med Preceptorship

One of the most easily anticipated questions asked by entering first year medical students is, “When will we get to see patients?” The answer is simple: sooner than you might think. Early in the first semester students are paired with local family physicians in Duluth, Superior, Proctor, Two Harbors, Hermantown, or Cloquet. Periodically throughout the year, visits are scheduled with these preceptors as they go on hospital rounds and see clinic patients. Before you know it, you will be “out and among them” observing and sometimes practicing many of the skills you will be acquiring during your medical studies. It is also very nice to get a morning or afternoon out of the classroom to get a taste of your future.

For some students the scheduled preceptorship may be sufficient, but you will find that many of the doctors are happy to have students schedule additional visits. You’ll find opportunities to see almost any aspect of medical care simply by asking doctors as they lecture at the Medical School. For example, the surgeons who assist in gross anatomy lab will often be happy to let you scrub in on surgery with them some afternoon. The important point to keep in mind with the preceptorship program is *initiative*. The way to see more is to ask for more. You will oftentimes gain from the preceptorship experience an amount proportional to the effort you put into it. Some students get many opportunities to interact with patients and do procedures on these patients, but other students may not get those opportunities. Let your preceptor know when you are ready and comfortable to start practicing the things that you have learned in class and hopefully they will be receptive to the idea.

### Foundations of Medicine

Foundations of Medicine is just that – a foundation. Essentially, Foundations will try to get everyone on an even playing field, regardless of past experiences. This course will review things you already know, build on things you are familiar with and introduce entirely new topics, all of which will help you succeed as you move into the systems courses. Biochemistry, genetics, molecular biology, microbiology, and pharmacology are some of the subjects covered. This course is challenging, but it is doable. You’ve been warned that you have to stay on top of the material if you want to be successful. In this first eight weeks, you will find out exactly what we mean.

Foundations can seem a little disorganized at times. Besides covering a huge array of material, many different professors are involved with this course. Some teach for several weeks at a time, whereas others might have only a couple lectures. It helps to ask second years about how to study for different professors and about their style of test questions. Some teachers ask relatively basic questions, or point out their main “testable” points while others require you to synthesize several points to get the correct answers.

The course begins with an overview of biochemistry and biochemical processes required for normal cell function. Dr. Skildum does most of the lectures for biochemistry and does a really nice job of trying to relate biochem to life in our future practices with case-based learning and clicker questions. There is a lot of really pertinent information jammed into the hours of lecture. If you feel the need to study something

the summer before medical school (which is definitely not necessary), biochemistry is probably the best option. Almost everything from your college biochemistry courses will be covered in a span of 3-4 weeks; however, more clinical information will be added and you will have other lecture topics included in these weeks. Foundations is really the time you should learn how you learn best, meaning the first couple quizzes can be a challenge. However, just because you feel like you didn't do as well as you would have liked on the first quiz or even the second, DON'T PANIC! There is ample opportunity to recover and plenty of help to be had: ask faculty, ask second years, ask your peers what they are doing, but don't just think you don't belong, BECAUSE YOU DO! This is true for any class/quiz/exam in the future as well!

The next segment of the course considers several aspects of cell biology. These include discussions of cellular structure and organelles, gene expression and its control, and the mechanisms of cell division and cell death. It concludes with a discussion of membrane transport and cellular signaling. Several professors teach pieces of the cell biology section. Because there is so much material presented in Foundations, sometimes it can be difficult to identify what you should focus on for the exams. Luckily, most professors provide specific learning objectives for each lecture that will highlight the most important concepts to know. Most professors write their exam questions directly from these objectives, so if you're feeling overwhelmed focusing your studying around these objectives will be very helpful.

The course continues with a discussion of genetics and genomics, including the inheritance of genetic traits and the use of genetic information for the diagnosis and treatment of disease. Genetics can be a dense and detailed subject, but don't get overwhelmed. Most topics are easy to simplify and, again the professors usually give lots of hints on what is important to know. Some students find that it is helpful to supplement lecture material with either the recommended textbook or one they used during undergrad. Again, Foundations is all about finding what works for you. At times, genetics can get very detailed and a bit tough to find interesting, but keep in mind that this information will be key for understanding genetic concepts in other courses during your first year.

Throughout the course, there are short segments on the principles of drug action including pharmacokinetic and pharmacodynamic considerations. A heavy emphasis is placed on antibacterial drugs, as these are essential for further drug discussion in each of the organ-based courses that follow Foundations. The professors provide great practice questions on the drugs that focus on what you need to know. You will also have medical microbiology covering the basics on viruses, prokaryotic bacteria, and eukaryotic fungal and animal parasites.

Towards the end of the course you will receive an introduction to embryology and the final segment covers the normal structure and function(s) of the basic tissues of the body and provides a necessary background for understanding how the various organ systems (to be studied in subsequent courses) are organized around these basic tissues. This material will be closely interfaced with fundamental principles of pathology, which focuses on cell injury and neoplasia. Normal histology that is covered includes: epithelium and glands, connective tissues, muscles, and neural tissue. *HistoTime* is your best friend when it comes to studying this material, including pictures and ample practice questions.

### **Immunology, Hematology, and Oncology**

IHO embodies a diverse group of interesting subjects pertaining to immunology, autoimmune disorders, pharmacology, pathology, cancers and other blood disorders. The course is well organized and everyone is very receptive to student feedback. This course takes place towards the end of the spring semester.

The course opens with a 2 week crash course in immunology which can be overwhelming, but it is super high yield for every class and will be repeated over and over. The course continues with everything blood: pathology, pharmacology, histology, biochemistry, etc. Drs. Fitzakerley and Skildum make appearances during this course. The basics of blood are explained, followed by a look at what can go bad, including a healthy dose of cancer chemotherapy drugs to know! No fear, Dr. Fitzakerley provides her



excellent website full of interesting information as well as notecards for us to make. Be sure to look at all of the provided practice questions!

As is a common theme in all courses, stay up on the material each day! The concepts continue to build on each other as the course progresses, especially during the immunology portion. Be careful to pace yourself in this course, especially as May hits and the weather gets warm while you are stuck in class. Don't be too hard on yourself if you find yourself lacking motivation or studying less efficiently. Just hang in there and take it day by day! Make sure to get outside and enjoy the beautiful weather Duluth offers in May!!!

### **Introduction to Rural Family Medicine**

Introduction to Rural Family Medicine has a primary focus on the numerous positive qualities of working as a physician in a rural Minnesota community. The course is two weeks long and consists of lectures, physical exam teaching sessions, small group discussions and a site visit to a rural Minnesota community. Our class visited Aitkin, Hibbing, Moose Lake, and Grand Rapids to see both the health and non-health aspects within the community; College of Pharmacy first-year students traveled with us. After your visit, you will work in small teams within your group to present the various aspects of the community to the rest of the class.

The lectures and panel discussions are very interesting as they raise important concepts concerning rural health issues such as occupational risk injuries, infectious diseases, chronic illnesses and barriers to health care. You will also take an in-depth look at the community assessment wheel, which looks at all aspects of living in a rural community. After your community visit, you will write a short comparison paper using this wheel as guidance. The community assessment is also used in the Rural Medical Scholars Program.

In addition to the community visits, this course is our first exposure to the clinical side of medicine. One of the most valuable skills acquired by medical students is the ability to elicit a concise, pertinent patient history. Intro to Rural Med consists of several lectures on how to take a medical history, a demonstration, and then, the application of the covered topics by taking several histories of your own. Topics include the format and structure of the medical history, techniques of eliciting historical information, techniques for caring for the patient, and methods of eliciting a sexual history of the patient. A significant step in the course is for each student to perform a medical history on one college volunteer and one patient while working with your local preceptor.

In the physical diagnosis portion of this course, you will learn important skills that you will use in medical practice. Breaking up into groups of 12 students (your Learning Community), the faculty advisors will teach you the basics of routine physical examinations including the eyes, ears, nose, throat, musculoskeletal, and nervous systems, among others. There will be lectures on the basics of a pelvic, breast, and genital exam, which you then practice on model patients. Lectures are also given on the pediatric exam, imaging studies and many more clinical skills by some clinical faculty.

The majority of the grade will come from the paper and group assignments covering your rural site visit. There is no formal class examination; students are evaluated based on reviews of the patient write-up, physical diagnosis skills assessed later and participation in group presentation. You will get the most out of this course by engaging fully in the discussions and small group activities. Take a deep breath and a brief mental break. Enjoy learning about the "real" doctor stuff!

### **Neurological Medicine**

Neurological Medicine has a reputation for being a very difficult course, but don't let its reputation start you out on the wrong foot. It is true that the volume of material can be overwhelming, but if you stay on top of it early, you'll be okay! Keep in mind that you will not be the only one who feels like there is not enough time to study everything. The faculty in Neuro work VERY hard at keeping students informed about their status in the course and typically let us know how the entire class is doing shortly after each

exam. The second you feel like you are falling behind, ask for help from faculty or your peers. There is no room for error, but the faculty will work with anyone who needs help. They want all of the students to pass as much as we all want to pass.

*NeuroTime* is one of the best tools you can use to learn the anatomy, and it is often the subject of test questions, so do not neglect the labs. Although the *NeuroTime* search function is a handy tool for exam review, the more you use *NeuroTime* in the beginning, the more you will understand the material presented in lecture (and the less you'll have to review!)

Be prepared for neuroscience, microbiology, pathology, pharmacology, embryology, special senses, and anything else! The drug list may begin to overwhelm you. Develop a system that works for you to keep track of them all. Many students find it helpful to start a list at the beginning of the class. It will make final studying easier! Microbiology is again presented through patient cases, similar to the Skin/MS course. There will be some physiology, namely of the eye and ear. This material can be tricky, because it is very detailed. A key part of Neuro is learning to use a variety of provided resources. For example, a few professors have designed their own websites, providing complete explanations of lecture material, practice questions and more! Be sure to utilize the resources you find helpful, but keep in mind that Neuro is a race against the clock. The sheer volume of the material could keep you studying 24-7, so it is extremely important to be as efficient as possible. If you try and review histology as you learn the physiology, you will likely be able to put the pieces together much more easily. The clinical correlations are a nice way to pull the basic science information together. These are presented by clinicians and in patient cases that you will work through with your learning communities and a faculty advisor.

Gross anatomy of the head and neck is divided among the first 3 blocks of the course. There is not a lab exam final, but all of the material you learn will carry over through the last half of the course. Many of the dissections are tedious and time-consuming; don't get frustrated when you can't find all the small details! Be sure to study all the dissections and models provided in lab. The pictures from Netter and lecture are also helpful to orient yourself. Be sure to utilize the lab faculty during dissections; they are generally VERY helpful.

This course is also the introduction to Problem Based Learning (PBL). PBL is an integral part of most of the systems courses. Students are provided with a sample patient presentation and are asked to come up with differential diagnoses on their own based on the information provided using the internet, course materials and texts. Microbiology is taught via "self-study" and also included in these cases. Preparation and outside research can become time consuming, but use of Harrison's Internal Medicine, Robbin's Pathology, and Clinical Key as online resources will cover the material in the depth that you need to comprehend it.

Make sure to ask the faculty if you have questions at any point. They are very helpful and you will fall behind quickly if you do not understand the material (again, keep in mind that the final is cumulative). In the past, the cumulative final has been more "big picture" than the block exams.

### **Rural Medical Scholars Program I**

Rural Medical Scholars Program (RMSP) is also divided into three different sections, a week at a time in January, April and June. This course provides an opportunity to get out of the classroom and get into small communities to practice our skills and learn about what it's like to be a small town physician.

During the first week, you are to spend time getting to know the community, the healthcare system and how the two work together as well as working on your community assessment paper and poster that is due after your April RMSP section. In the subsequent weeks, you will spend time with your preceptor in clinic and also spend time doing more within the community to help you complete these assignments.

In addition to your community assessment paper and poster, you will have many assignments related to the things you do and see in clinic. These will include H&Ps, SOAP notes, labor and delivery notes—all of the things you learned in the Intro to Rural Medicine course! This is a great time to learn and practice application of things that will soon become part of our daily life.

### **Skin/Musculoskeletal Medicine**

Skin/MS takes place in the second half of fall semester. The course covers everything about skin, the upper and lower extremity through lecture and gross anatomy lab. Just a few main faculty members teach the gross anatomy portions of the class with many of the rest of lectures being covering by clinicians. This course begins to incorporate case based learning, which will continue to build in each course that you take in medical school. Relevant pathology, histology and microbiology are also covered. Some of the slides/dissections will be imprinted on your brain forever. Those with a weak stomach may decide not to eat during class!

In the physical diagnosis portion of this course, you will add to the basic skills that you learned in the Introduction to Rural Med course. Again in your LCs, your advisors will go through focused exams of the knee and shoulder at the same time that you work to learn the gross anatomy in dissections. This integration helps you to visualize and understand what you are trying to accomplish with your exam. At the end of the course you will be required to perform a physical exam on a model patient or student with whom you are paired, which counts towards your grade in Intro to Rural Med.

Anatomy has been integrated into the systems courses, allowing you to dissect pertinent body systems while you learn all about them in lecture. Therefore, your first experience with your cadaver will come in October with the Skin/MS course. You'll spend the majority of the time in gross anatomy learning your cadaver and applying your knowledge of the human body to clinical scenarios. Remember your cadaver has to last two years, so as always treat it and the equipment with respect.

There will be eight people assigned to each cadaver. Four from each group will be required to dissect each time (you and a partner will rotate with the other members of the group). Those who dissect will then TEACH the rest of your group what you did during that day's dissection. We recommend you take advantage of your group's knowledge of the dissection, and review other group's dissections as well, since studying in lab is a key to success in this course.

While many of you have taken a human anatomy course in the past, anatomy in the systems emphasize clinical teachings. For those of you beginning your endeavor into the complex design of the human body, have no fear! Your education will be guided by terrific presentations, engaging lecturers, and some of the best faculty here at the University of Minnesota Medical School Duluth Campus as well as some local surgeons who join us occasionally in the lab!

Because so much of the information comes from clinicians, it is vital to attend lecture. This course moves quickly and integrates many different topics so it is important to keep up with the information. You will find this is a common theme for all of your medical school classes!

### **Social and Behavioral Medicine**

This course is divided into three, two-week sessions in January, April and June. The first two weeks of the course begins with an introduction to selected theories of human behavior and development from infancy through adolescence to old age. In the second two weeks, you'll gain an understanding of the DSM-5 method of psychological assessment and a number of valuable items including psychopharmacology, phobias, and developmental issues. The final week of first year concludes with a look at chronic disease and end-of-life care, including a visit to the Solvay House hospice.

Medical ethics is integrated into the Social and Behavioral course. The topics covered examine the role and values of the medical community and the patient in the provision of health care. The goals of these

lectures are to sensitize us to how values are relevant to clinical decision making and to help us acquire basic concepts and skills related to current medical ethics. In the first two weeks, there are online modules in addition to a couple of lectures to cover interesting concepts such as health care as a moral activity, introduction to health care analysis, provider's oaths and codes, beneficence and non-maleficence, justice in the financing of health care and beginning/end-of-life care—just to name a few. In the second two weeks, there is lecture and an amazing guest speaker on child abuse.

This course is sometimes entertaining, sometimes refreshing, sometimes challenging. The class enhances a future physician's understanding of medicine and the various patients we will be seeing someday (as family practitioners, of course). The professors are fun and quirky, and cover everything from the neurochemistry of Schizophrenia to the sexual response cycle (no one falls asleep during this lecture!). Most of the lectures are very relevant to the type of patients we will be seeing in our future practices.

Even though this course serves as a nice “break” between the systems courses, do NOT underestimate the exams! Show up to class, appreciate the material and do your best to apply it.

## First Year Electives

### **Medical Education Through Diversity and Service (MEDS)**

MEDS is a Global and Population Health elective. The course consists of 10 in-class sessions, combining lecture and small group activities, in which students will explore key topics in global health. Topics include health risks; determinants of health; environment and health; barriers to health and healthcare; medical interpreters; cultural, political and economic influences on health; and ethics and international health experiences. Interested students may have the opportunity to identify and participate in an international health experience during the summer. The goal of MEDS is for students to gain knowledge of global health principles, optionally participate in an international health experience, and apply what they learn in this course to patient and population care in their future practices.

### **Obstetrical Longitudinal Course**

The elective OB Longitudinal Course offers medical students the wonderful opportunity to follow a pregnant mother through prenatal visits, labor and delivery, postpartum and newborn care with her family physician or OB specialist. As a participant in this course, you will attend small group lectures where you will learn about prenatal care, labor and delivery, postpartum care and newborn care. Stay on top of your SOAP notes when attending pre-natal appointments, and be patient with this course as it definitely picks up and becomes more rewarding in the last month leading up to the delivery. This is a great opportunity to not only watch a delivery but also experience the rewards of having continuous contact with a patient.

### **Rural Academy of Leadership I**

The Rural Academy of Leadership (RAL) elective allows students to spend time volunteering in the community and complete a service project at an organization of their choice. This course builds upon your service and leadership skills. You will attend lectures and discussions related to community service and being a community leader as well as retreats to better your skills as a clinician at the HOPE clinic.

RAL is paired with the HOPE (Health of People Everywhere) Clinic, a free student-run clinic that operates once a week in the CHUM homeless drop-in center in downtown Duluth. It allows medical students and pharmacy students to work together to gain early clinical experience and deliver medical care for citizens in need. Don't worry though, a certified physician and pharmacist will be there for questions, prescriptions, and referrals. Keep in mind we try to keep clinic open all summer, so if you are around Duluth, you can volunteer all year long!

### **Seminars in American Indian Health**

This is a two-year elective course, one credit per year. It serves as an introduction to the diverse issues that physicians encounter. This course presents the distinctions and convergences of medicine in diverse communities, cultures and the general population to help recognize the importance of and encourage cultural awareness in healthcare.

### **Summer Internship in Medicine (SIM)**

The Summer Internship in Medicine (SIM) Program is available to students pursuing a Medical Degree at the University of Minnesota and is coordinated through the Duluth campus. The SIM Program occurs during the vacation period between years one and two (typically July and August). Students are placed in rural communities to gain exposure to rural medicine and to experience life as a rural health professional. Placement is by queue and matching student preferences with site availability. After placement, students work directly with the hospital/clinic personnel to coordinate their internship. The internship generally lasts about two weeks, and you may receive a stipend depending on your site.

## **Textbooks**

Many different professors suggest a variety of textbooks for all of the courses you will encounter over your two years in Duluth. There is disagreement between students on which are helpful and which are not. Mainly, it comes down to personal opinion. Although it is cheaper to purchase your books from students ahead of you or online, the bookstore typically has the common books stocked so if you decide to get one last minute, you should be okay. We suggest talking to your big brother/sister on advice for what textbooks they had and which ones they used and whether they have any to sell you.

You will also find that many professors provide you with wonderful PowerPoints and Word documents that include all of the information you need to know and more.

Another great resource available to us is the AccessMed website which can be found at: <http://accessmedicine.com.floyd.lib.umn.edu/textbooks.aspx>. This is available to us through the University and is another great resource to use. The only problem is that only a certain number of people can use the website at one time, so you may find that you can't access it at times.

Below you will find the laundry list of textbooks suggested by the faculty. We have added comments as to what the students have used and found to be helpful. If you are purchasing a book, be sure to buy the most recent edition.

Alberts, Johnson, Lewis, Raff, Roberts, and Walter. *Molecular Biology of the Cell*. 4th ed. 2002.

*Bates' Guide to Physical Examination and History Taking*. **This text is used in the Intro to Rural Medicine course as well as for many physical exam skill sessions. There are a few short quizzes before the physical exam skills so it is a good idea to purchase this. As you are out on preceptorship, you will hear them refer to Bates' a lot as well, so it's a good investment to use now and in your future.**

Cormack. *Clinically Integrated Disease*.

Gartner and Hiatt. *Color Atlas of Histology*.

Gartner and Hiatt. *Color Textbook of Histology*.

Katzung. *Basic and Clinical Pharmacology*. 9th ed. 2004. **(Available for iPad)**

Marks, Smith, and Lieberman. *Marks' Basic Medical Biochemistry*. 3rd ed. 2009. **A few students purchased this book to use for Foundations. It is also useful in IHO. The professors do reference pictures in it, but they are also provided in the PowerPoints. The book is helpful so that you have another resource to help tie things together after lecture. The text in it is actually semi-digestible for a science text. This book will be offered on your first year google drive.**

Mason. *Medical Neurobiology*. 1<sup>st</sup> ed. 2011. **This book is nice to have when you begin to tackle Neuro. All of the material you need to know is given to you in lecture or on Blackbag, but having this book helps to read things another way and look at additional pictures.**

Moore, Keith L. *Clinically Oriented Anatomy*. 5th ed. 2005. **This book supplements Dr. Severson's lectures very well, and provides additional information that may be useful. Dr. Severson asks mostly clinical vignette-style questions from the "blue boxes" in Moore, but it is not essential that you own this book in order to pass his questions on exams. (Available for iPad)**

Moore & Persaud. *The Developing Human: Clinically Oriented Embryology*. 7th ed. 2003. **(Available for iPad)**

Netter. *Atlas of Human Anatomy*. 3rd ed. 2003. **This text is good, however if you buy the Netter Flashcards (or get them free with an AMA student membership) it is probably not necessary.**

Ryan & Ray. *Sherris Medical Microbiology: An Introduction to Infectious Disease*. 4th ed. 2004.

Robbins. *Pathologic Basis of Disease*. **(Available for iPad)**

Sloan. *Essentials of Family Medicine*. 4th ed. 2002.

Hussain, Sattar A. *Fundamentals of Pathology*. Many students use this book along with the website (pathoma.com) as a resource during the Neurological and IHO units. It may be best to wait to purchase until the winter break, because Pathoma usually offers a discount to students for the textbook and the website.

Wedding & Stuber. *Behavior & Medicine*. 5th ed. **This book is suggested for the first two weeks of social and behavioral medicine. Some of the questions do come from assigned readings, but be aware that this book is only used for two weeks!**

### **Other student suggestions:**

*Board Review Series* Books: These are commonly used when studying for boards, but can be useful to pick up now as they provide nice, concise overviews. BRS Biochemistry and BRS Pharmacology were found to be the most helpful.

*First Aid for USMLE Step 1*: This is another board review book that you will use when studying for boards. Many students own this book during their first year of school, and find it helpful to review for each block while studying for exams. This textbook offers a large amount of information in a succinct style that makes for a quick review. Would highly recommend purchasing this book.

*Lippincott's Microbiology*: Many students purchased this book to use as a microbiology resource. Although there is a book available on the AccessMed website, this book provides nice summaries of each organism and is written so that even a micro-beginner can understand!

*Lippincott's Biochemistry*: A nice guide to biochemistry if you've never had it before.

As you can see, there are a vast amount of resources available to you for all courses. Try not to get overwhelmed and use what you feel is helpful to you! Don't try to read every text book and article and know all the details, you simply won't have time!

## iPad Application Suggestions and Suggested Uses

The following is a list of apps compiled from STUDENTS that you may find useful if you decide to purchase an iPad. The number in parentheses is the number of people who recommended the app.

### General Stuff

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#### Pages

**Dropbox:** Synching files between computer/iPad/ iPod/cloud. (4)

**GoodReader:** File storage & organization on the iPad, pdf annotation (You can download files straight from the web, dropbox, googledocs, etc. Very useful for \$3!).

**Evernote:** For reading notes & handouts. (2)

**Kindle:** I use this to download books related to medicine. I have downloaded a few board review books on the Kindle App, so I will probably use this App more next year when I am studying for Step 1.

**Noterize:** Notes.

**Popplet:** Flow charts, notes.

**Dragon Dictation:** Used for voice-to-text entry; have not used much for medical school directly, but have used for other applications like email and text entry.

### Study Tools

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**Flashcards Deluxe:** Making and studying flashcards. (7)

**Mental Case:** Flashcard application that is wonderful! You can create your own or download cards from [flashcardexchange.com](http://flashcardexchange.com).

**G flash pro:** A flashcard app, great for flashcards because you can make the cards in a Google spreadsheet, which is easier than messing with some other programs.

**modalityBody:** Downloading the Netter Flashcards, anatomy quizzes. (7)

**3D Brain:** For studying neuro (my favorite neuro-related app). (3)

**NeuroMind:** For studying neuro. (3)

**BrainView:** A great app that has MRIs of head from 3 different directions. Also, you can click on structures and the app labels them, great for neuro!

**Q bank:** Great question bank, but you need Q bank for access. Otherwise a great app.

**USMLE question bank:** A little spendy (\$40) but great if you're traveling and don't have Internet access. Great explanation to questions, I felt it helped for exams.

### **Drug Applications**

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**Epocrates:** Drug info. (13)

### **Calculate by QxMD**

**Micromedex:** Drug database, works without wi-fi, so it's useful in the clinic as opposed to Epocrates, search drugs and it gives lots of information like generic names, dosing regimens, adverse effects, pharmacokinetics, etc. (6)

**MedCalc:** Formula and calculation reference.

### **Medical Information/Tools**

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**WebMD:** Looking up info about diseases. (3)

**Medscape:** Case studies, PCP. Great to look up diseases/procedures/drugs, etc., that I am unfamiliar with. Great intro to the topic with more info if you want it. (4)

**Physical Exam HD:** Review physical exam information on preceptor, excellent for use during physical exam skill sessions. (7)

**Pamper's Baby:** Describes what is happening in prenatal development week by week. Great to have for the OB longitudinal course! (4)

**Radiology 2.0 (Night in the ER):** Review interesting CTs. (3)

**Littmann SoundBuilder:** Familiarizing self with various murmurs, gallops, stenosis. (4)

**Prognosis:** Fairly good case studies, they add a new case each week, you go through HPI, physical exam, you decide what tests to order and how to treat, they rate your performance, and there is a discussion at the end.

**Eye Chart Pro:** Eye chart for physical exam sessions, nice because you can change the letters by tapping on it. (2)

**Eponyms:** My favorite app for looking up diseases, signs, and symptoms. (2)

**MedPage:** I use this periodically to keep up with the latest news in medicine.

**iStethoscope:** Stethoscope sounds: heart, lung, bowel sounds.

## **Study Tips from Those Who Have Gone Before**

Some of the topics in Foundations are covered in depth, while others, such as pharmacology, are just an introduction to an area that you'll be learning about throughout your two years at our school. Keep in mind that we all come in with different academic backgrounds. You will likely find subjects that you are more knowledgeable about than others. But don't worry; it all seems to even out in the end. If your MCAT score was good enough to get into med school, you have more than enough prior knowledge to



handle this course. In addition, the instructors generally do a great job of explaining their topics for students at all levels.

Spend time in anatomy lab during dissections. Make good use of your dissection time; float around the lab and study other cadavers, ASK QUESTIONS!! Spending the time allocated wisely will save you hours later at night or on the weekends. Keep in mind that every cadaver has an equal amount of questions on exams and there are always anatomical differences between the cadavers. Make sure you give such differences equal study time. You will be thankful come test day! Finally, review with a partner or in a group. Anatomy is perhaps the most interactive class in medical school and quizzing one another is a useful method to prepare for examinations. Our class set up practice quizzes the week before exams to further quiz each other; some found this helpful, others did not. Do what helps you learn best!

**KEEP UP WITH THE INFORMATION!** This goes for each and every class you encounter. While it is nearly impossible to keep up daily, you will soon find out that once you get behind it is VERY hard to get caught up again. Be sure to make time for yourself, too, but realize that, at the end of the day, you need to know the material.

Even though we've given you a lot of good tips and information, it is up to you to decide what works best for YOU. Some of the strategies you used to get you here will undoubtedly still be good strategies to use. But if you find what you are used to isn't working for you, do not hesitate to experiment with other study materials/techniques. Some students make flashcards, some outlines, others even create their own quizzes/tests, still others skip lecture entirely and study everything on their own; do whatever works for you! Ultimately, you will be responsible for taking the exams and passing the boards, so if you find something that works for you, stick with it. The faculty and staff are here to help you achieve your goals, but it's up to you to ask for help. Hopefully some of what you've read here will help you develop a good strategy for success!

\* \* \*

“One thing that has worked pretty well for me is to attempt to budget my time while studying, so I don't go crazy. Soon before an exam (usually the weekend before), I allow 15 minutes of study for each hour of lecture. Most exams cover 20-30 hours, which means a total of 5-8 hours of concentrated study for a given exam. Fifteen minutes for each hour usually gives me enough time to get through the material covered, and it keeps me from getting bogged down in certain areas while glossing over others. During the studying, I also keep a piece of scratch paper handy, where I write down trouble spots that I need to go over again. This also helps to keep my studying moving so I'm less likely to fall asleep. In addition to this, I used note cards quite a bit for things that need to just be memorized like pharmacology and microbiology. For biochemistry, the only way I could learn the reaction pathways was to keep drawing them out on a piece of scratch paper.”

“I studied 3-4 hours each night to review the day's material, then used the weekend to review all of the material from the previous week. The key is to not get behind.”

“There are probably as many different ways to study as there are students in the class; everyone has their own style which works (hopefully) for them. When I entered school I had been conditioned to believe I'd be pulling 'all-nighters' or something ridiculous like that. It isn't true. I studied between 3-4 hours each night and tried to make a point of keeping my weekends free. It is very possible to do this assuming there isn't an exam on Monday morning. Basically, I study best by reading different sources covering the same material. The different perspectives found in the different books made difficult subjects easier to assimilate. Next, I would make notes or figures which supplemented the lecture notes provided in class. This approach is sometimes awfully time-consuming, but it worked for me. Putting in some quality study time almost every day was the approach I found useful and it worked throughout the year.”

“Lots of students found it helpful to make note cards. Some found it useful to use an entire set of different colored pens or highlighters. Others just studied the lecture notes. It’s hard to say what will work for you. I found that the time I put into making note cards went a long way in helping study the material for the exam, and especially in quickly reviewing the material for the final exam. Writing the material onto a note card paid its dividends. It is an especially useful way to study, learn, and review the pharm drugs and microbiology.”

“The big key to studying all of this material is finding a way that suits you. One of the biggest mistakes for me was not previewing the material before lecture. It wasn’t until we were into summer session that I began to make a point of previewing before class and it really helped me. I tend to get most of my information from lecture. I think previewing should have struck me earlier as a common sense way to make lecture more productive. But it wasn’t something I did during undergrad and I think I may have been a little hesitant to change. Don’t be afraid to try new approaches to studying.”

“I found it important for me to set a study schedule and decide in advance what I would cover. My approach was to integrate information so that I could understand and manipulate it. Sometimes this meant looking up things that were not required, but I think integration will help me with the boards. At times memorization is necessary but I tried to avoid it as much as possible. Also, although it may seem a bit obvious it can’t be stressed enough—don’t procrastinate! If you fall too far behind it will all just snowball. My last piece of advice is to be satisfied with what you know. There is conceivably enough material that you could spend 24 hours a day in a small room studying. So it’s important to be able to draw that line and say you know the material.”

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## **Classes at Medical School Duluth Campus: The Second Year**

*Cardiovascular, Respiratory, Renal, Acid-Base (CRRAB) I & II (Med 6566/6728)*

*Clinical Pathology Conferences II (FMed 6502)*

*Community Clinical Medicine I & II (FMed 6441/6442)*

*Gastrointestinal Medicine (Med 6724)*

*Hormonal & Reproductive Medicine (Med 6762)*

*Rural Medical Scholars Program II (Med 6531)*

*Social & Behavioral Medicine II (BhSc 5591)*

### **Electives**

*Healer's Art (Med 6967)*

*Rural Academy of Leadership II (FMed 6997)*

*Seminars in American Indian Health (Med 6023)*

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## Student Notes on the Second Year

### **Cardiovascular, Respiratory, Renal, Acid-Base (CRRAB) I & II**

Congratulations, you're a second year medical student! This is the first course you'll have in your second year. Cardiology, Respiratory, Renal, and Acid-Base have been integrated into one course spread out over fall semester. Many of the topics overlap between the systems, making the course flow quite nicely. You'll find that even though the course is integrated, there are defined weeks for each system, which helps to make studying a little more focused.

The first five weeks will focus mostly on the cardiovascular system. You will dive head first into PBL for the pathology, pharmacology and medicine aspects. This course has the most PBL of any course you've had to date, but work hard and stick with it...you'll find that the work you put into it now will pay off when it comes to reviewing for Step 1! PBL also gives everyone a lot of flexibility, which is always nice. Because of PBL, there are far fewer traditional lectures, but you will still learn all the information you need.

Next you will enter the world of nephrology. You may be wondering why four weeks are devoted to the kidneys, but you will soon find out how important they are. Every system relies on the kidney functioning properly to maintain the body's overall chemistry. This course starts to pull many different things together as you review the kidney's role throughout the body. Dr. Muster from St. Lukes teaches renal physiology, and she does a FANTASTIC job. You will really enjoy her lectures, and you'll be surprised how well you'll understand this very complex organ. PBL continues to be a large part of the pathology, pharmacology, and medicine teaching.

Although knowing the difference between membranous glomerulonephritis and proliferative glomerulonephritis may seem insignificant, lack of attention to detail will catch up with you when you review renal for boards. Also, because the renal system is so closely integrated to everything else in the body, a firm handle on renal physiology will not only reinforce what you already know, it will prepare you well for what is yet to come. Don't be fooled by the small course hours devoted to this material – it is overflowing with information and it's very easy to fall behind, plus it carries over from CRRAB 1 to 2.

The transition from renal to respiratory includes a week or two devoted to acid-base physiology. This material can be very complex, but it is actually a sensible transition because both the lungs and the kidney play a big role in maintaining the pH of your blood. Acid-base may seem unimportant, but it's worth getting a good handle on now as it is a vital topic for boards and on the wards!

CRRAB concludes with the respiratory system which is set up similarly to the previous systems in the course. Respiratory helps to bring the course full circle and really wrap up what you have learned over the last semester. The set up is the same with Dr. Trachte teaching physiology and PBL for pathology, pharmacology, and medicine.

A few more notes on PBL: this course, like almost no other in the second year, will force your class to come together, work as a group and help your cohort as much as possible. Sharing summary information sheets, graphs and tables is absolutely essential. After it's over, not only will you be able to diagnose a pink puffer from a mile away, you'll appreciate your colleagues like never before. Trust us, as we write this summary in the midst of boards chaos, PBL cases are some of the most remembered topics over the past two years. You will appreciate the work you put in now!

#### CRRAB study tips

Divide and conquer PBL. The more quality shared study materials your group can create, the easier it will be. Good study documents should have everything you need and nothing you don't.

Don't waste everyone's time during PBL by making low-yield outlines. If you're going to make a diagram, keep it clean. If you're going to make an outline, make it complete. Your classmates will thank you, trust me.

Make sure to be reading reputable, high-yield materials throughout CRAAB. Exams are usually divided into anatomy, physiology, pharmacology, pathology, histology, microbiology, and medicine (clinical stuff). If you're having trouble finding resources to study, ask around, talk to your classmates (or even Dr. Trachte).

The majority of students found the following books helpful.

Goljan Rapid Review Pathology

Pathoma – Our class got a discount to access the online lectures because so many people bought it!

First AID

BRS Physiology

Katzung's Pharmacology (free online w/ AccessMed)

Some students also found the following helpful: Clinical Microbiology Made Ridiculously Simple, BRS Anatomy, BRS Pharmacology, Harrison's (free online w/AccessMed), CV Physiology/Renal Physiology (both free online w/AccessMed).

### **Clinical Pathology Conferences II**

CPC includes applying knowledge gained in pathology and laboratory medicine to an unknown clinical case in order to work through a differential diagnosis in a small group setting, followed by a group presentation discussing your logic in obtaining a diagnosis and describing your differential, the diagnosis and how you plan to treat the patient.

Different from last year is the addition of pharmacy student input to some of the cases. This is a great way to learn interdisciplinary approaches to medical cases. You will also start to see how much you really do know as your differentials grow and encompass all the organ systems.

There are take-home exams at the end of each semester to test your knowledge on your ability to work through a case on your own, making a differential, ordering the appropriate tests, your conclusion on the final diagnosis and the appropriate treatment.

### **Community Clinical Medicine**

For those who are chomping at the bit to get to the hospital and start saving lives, here's your chance. Community Clinical Medicine is a conglomeration of various clinical experiences in hospitals, nursing homes, the operating room and labor and delivery – basically a chance for you to play doctor and get your first taste of what rotations will be like.

Throughout your second year, you'll work through several mini-rotations: OB, surgery, pediatrics, interprofessional, and two medicine blocks. The CCM blocks on Blackbag look overwhelming, but for the vast majority of rotations, it is only 1-2 Thursday afternoons a month; Medicine being the only exception where you will have 3 Thursday afternoons to take H&Ps at a senior living facility. Interprofessional is an hour on Friday afternoon where you get to take a patient history and watch as nursing, physical therapy, occupational therapy, pharmacy and social work students also elicit information to enhance our training in the area of teamwork.

These aren't intended to teach you everything there is to know about being a doctor, but it's a great opportunity to practice your physical diagnosis skills, start approaching patients from a diagnostic viewpoint and develop some confidence in your clinical skills. Essentially, you get to do something clinical every week and be reminded of why you wanted to go to medical school in the first place.

The course also consists of 2 OSCEs (Objective Standardized Clinical Exam). There are nine stations, each with a different patient and a different patient scenario. You have six minutes to do as much of a history and a physical as needed to make a diagnosis and come up with a treatment plan. It might sound intimidating, but it's fun and great practice for next year!

### **Gastrointestinal Medicine**

Ever wonder what REALLY happened to the Mac and Cheese you had for dinner last night? Or why the half-price margaritas do such a crazy thing to your stomach (and your bladder)? The GI system faculty has all of the answers to every question you've ever had about the intricacies of the human digestive system. In GI, you will be led on a nail-biting, saliva-secreting, physiological adventure from mouth to anus.

GI is loaded with physiology, microbiology and pharmacology, but never fear, the course is well-integrated and organized. Content includes basic nutrition, the physiology of digestion and excretion, microbiology and pharmacology, the pathology of pretty much everything involved with digestion, and more microbiology and pharmacology. You'll find this to be a nice breath of fresh air after everything CRRAB that you just completed.

New to GI this year, the course integrated five team based learning cases. These were conducted in the active learning classroom, where students worked together in small groups to analyze the findings of a research paper about the week's topics. In addition to improving literacy of scientific papers, TBL also involved drawing out mechanisms for GI diseases in a shorted PBL style.

### **Hormonal and Reproductive Medicine**

Hormonal and Reproductive is a thrilling survey of everyone's favorite subjects: hormones and sex. Not only that, but this course also indicates that you are getting closer to the end! After exploring all of the body's systems, now you'll discover just how those magical things called glands control everything. This is a very exciting course. Everything you learned in physiology up to this point finally comes together and you get to see just how integrated everything is. It is a GREAT review of physiology and other high yield material for the boards.

Warning: Endocrine physiology is confusing. You'll find yourself swimming in circles between releasing hormones, the hormones that are being released and the substances secreted in response to inhibit secretions of the releasers and thus the hormones which ultimately stops the inhibitors. Follow that? Take the time to know the pathways well as that makes the rest of the course quite simple.

As your last systems-based course, it's really easy to start slipping and fall behind as you're starting to review for boards and dream about the end of classroom days. Stick with it and try to remain patient with yourself and your classmates during this time. Soon you'll be done and you'll be wishing you could spend more time with the friends you've made over the last few years.

### **Rural Medical Scholars Program II**

RMSP continues into second year at the same sites you were at during first year. There are two week-long visits this year, in October and February. Continue to build on the relationships you formed last year and start putting what you are learning in class into practice. You will be amazed how much more you know this year than last...cardiology and respiratory make a HUGE difference when it comes to clinic!

The assignments are very similar to those you saw in RMSP I: H&Ps, SOAPs, and a home health visit. While these tasks may seem mundane at this point, take the time to do them well and learn as much as you can.

RMSP also acts as a glimpse into the Rural Physician Associate Program. If you are considering RPAP, use this opportunity to talk to your preceptor, the RPAP student at your site, or other doctors in the clinic about their experience. RPAP applications are due before winter break, so start considering this early!

### **Social and Behavioral Medicine**

This two-week course is a continuation of the behavioral medicine course that you had first year. At times it seems as though medicine and patient care is 50% science and 50% psychological. Again and again, you'll witness the dramatic effects that lifestyle, emotional state and choices in diet and exercise have on a person's physical health.

Behavioral Medicine explores many of these factors – subjects that you won't get enough of in the systems courses. Topics covered include stress – its pathophysiology and effects on health, the psychology and physiology of addiction, motivational interviewing, the effects of obesity, the physiology of sleep, and the effects of chronic pain.

## **Second Year Electives**

### **Healer's Art**

Learning how to preserve and strengthen your own humanity, your sense of the physician's work, and your ability to handle loss and remain open-hearted may make the difference between professional burnout and a rich and fulfilling life. In Healer's Art, we will be talking about meaning and service, sharing loss, finding healing, strengthening our personal commitment and uncovering the spiritual dimensions of the practice of medicine for ourselves.

Class format includes both large group exercises and small group discussions in a discovery model around the above topics. Meetings are held in the evenings at an off-campus site – most likely at a manor in East Duluth, which has a great setting that will remind you of Clue. This is an elective class, and you WILL enjoy it if you take it. There are no quizzes and no presentations. It is a great time to sit back and discuss the balance between life and death and what roles medical professionals play.

### **Rural Academy of Leadership II**

The Rural Academy of Leadership (RAL) elective allows students to spend time volunteering in the community and complete a service project at an organization of their choice. This course builds upon your service and leadership skills. You will attend lectures and discussions related to community service and being a community leader as well as retreats to better your skills as a clinician at the HOPE clinic.

RAL is also paired with the HOPE (Health of People Everywhere) Clinic, a free student-run clinic that operates once a week in the CHUM homeless drop-in center in downtown Duluth. It allows medical students and pharmacy students to work together to gain early clinical experience and deliver medical care for citizens in need. Don't worry though, a certified physician and pharmacist will be there for questions, prescriptions, and referrals. Keep in mind we try to keep clinic open all summer, so if you are around Duluth, you can volunteer all year long!

### **Seminars in American Indian Health**

Two-year elective course, one credit per year. An introduction to the diverse issues that physicians encounter. Presents the distinctions and convergences of medicine in diverse communities, cultures and the general population to help recognize the importance of and encourage cultural awareness in healthcare.

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## Board Review Tips

As second year progresses, board exams will loom larger. Have no fear! You have survived medical school thus far, and you will pass your boards. That's not saying it doesn't take a lot of hard work and effort, but you can do it!!

As you are going through your courses this year, work to write things into your First Aid from course material. First aid is set up as an outline so you will appreciate having some extra notes added, especially on material that is harder to grasp. Also, start using your Q bank...most of them allow you to set up tests based on systems, so they are a GREAT study tool for your course exam and to start getting used to board-style questions.

Start thinking early about what you would like to use to study. Talk to your big brother/sister and see what they used. The BRS books are a great review series, as is Goljan Pathology. Find what suits your style best and stick with it! The majority of our class decided to do either Kaplan High Yield Lectures or Doctors in Training. Both have advantages and disadvantages. The first rule for studying for Boards is: Do what works. Amidst the chatter of study strategies you must find out what you think will work for you. Do a little homework on study strategies, come up with a plan (Phyllis Lindberg can help with this) and STICK TO IT. If you can do that, you're golden.

## Textbooks

Many of the books you have from last year will serve you well again this year, but there are a few extras you may want to pick up!

EKG book: This will serve you well for the CRRAB course, for wards, and as you start practicing. Check your preceptor's shelf—they probably have one! Rapid Interpretation of EKG by Dale Dubin was the popular choice of our class.

Physiology: There are physiology textbooks for all the courses available on Access Medicine. While some students bought the recommended physiology textbooks, many used the free online versions which worked just fine. Another great investment is BRS physiology...the outline form of the book explains all the physiology very well, has great diagrams, and practice questions. You will use this book over and over again.

THE HOLY TRINITY: These really don't need an explanation; you should either own them or at least have borrowed them from someone and confirmed that you are one of the weirdos who doesn't find them a godsend.

FIRST AID

BRS Physiology

Pathoma

Goljan Rapid Review Pathology



# **STUDENT LIFE**

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## Medical Student Interest Groups

### **American Academy of Family Physicians (AAFP)**

Student membership in AAFP is free and includes all the benefits of a regular membership. Funds for student membership in the AAFP during all 4 years of medical school are provided by the Minnesota Academy of Family Physicians. The *AAFP Reporter News* is regularly sent to members. It lists conventions and activities of the Academy. Members also receive the monthly clinical journal *The American Family Physician*. The journal is well written and contains many topics pertinent to your medical education.

All members of the AAFP automatically become members of the Minnesota Academy of Family Physicians and receive the *Minnesota Family Physician* newsletter describing local events and happenings. This contains information on issues pertinent to state political and clinical concerns.

### **American Medical Association (AMA)**

The American Medical Association is a national organization that advocates publicly and politically for the best interests of the physician and patient. It actively promotes high medical standards, ethics and excellence in medical education and practice. The AMA is the single largest organization representing physicians today, and only through increased membership and activity will the profession continue to have a strong voice in shaping the future of medicine.

The Medical School has a tradition of student participation in the AMA and MMA (the AMA's Minnesota Chapter). Nearly all students become members of our school's chapter. The inclusive membership fee for the AMA, MMA, and the LSMS (Lake Superior Medical Society) for all 4 years is \$78. With membership, students receive a subscription to *JAMA*, *AMA Voice*, and a Stedman's Medical Dictionary. The current AMA president (a second year student) will sponsor a membership drive at the beginning of the year.

Students have many opportunities to get involved in the AMA beyond our local chapter level. This past year, two students attended the November interim national meeting, and students were delegates to the Medical Students' Section Annual meeting. Our school's chapter has four seats on the MMA's house of delegates, which holds meetings in the Twin Cities quarterly. Whether students are interested in patient advocacy and social justice issues, changing standards in medical education, current legislation affecting medicine, or networking within the political arena and meeting a lot of dynamic physicians and medical students, these meetings are a great way to get involved and have a voice in the medical profession.

### **American Medical Student Association (AMSA)**

The American Medical Student Association, once the student branch of the American Medical Association, currently represents the largest organization of medical students in the United States. Its purpose is to promote the exchange of ideas between medical students across the country and aid in the implementation of diverse student projects including nutrition seminars, special screening clinics, and curriculum changes. The UMD Chapter has been active at the local level and supports several local projects. AMSA provides at least partial funding in support of many of these projects. A five year membership in AMSA costs \$65. The majority of students join AMSA, initially because with membership you get a free copy of Netter's "Atlas of Human Anatomy," as well as other benefits. Membership includes a monthly subscription to the *New Physician* magazine, and on-line access to physicians. Each year several students attend national and regional meetings. AMSA has a life insurance policy worth up to \$75,000 through the Minnesota Mutual Insurance Company, and members have access to loans, health and automobile insurance, Gold Master Card, and instrument sale. The elected AMSA representative organizes the fall membership drive and Netter distribution, lab coat rental, and chapter meetings.

**Brain Awareness Week**

Brain Awareness Week was created in 1996 by the Dana Alliance for Brain Initiatives and the Society of Neuroscience as a mechanism to promote the public and personal benefits of brain research. For the past eight years, U of M neuroscience researchers, as well as graduate and medical students, have traveled to elementary schools in the Twin Cities and the Duluth area to give interactive presentations about the brain to over 70,000 4-6 grade students. BAW activities are offered to Medical School Duluth Campus students as an optional way to fulfill the community service requirement of your 2nd year preceptorship. In 2006, approximately 35 medical students chose to give the "brain talks" in 27 towns scattered throughout Minnesota and northwestern Wisconsin.

**Christian Medical Society (CMS)**

CMS is a national organization for Christian medical students. UMD's chapter is only loosely affiliated with the national organization, however, which means you don't have to become a member of the national CMS to be a member of CMS here. Christians from all denominations and any interested persons are welcome to join CMS at its weekly meetings and special events.

In past years we have met one day a week over the noon hour. We had Bible studies, guest speakers (usually local doctors), and group discussions of published articles relating medicine to Christianity.

The CMS chapter is not merely a social group, but rather a place to share fellowship with other Christians, to share your faith, and to learn more about what it will mean to be a Christian physician. It is a wonderful place to make Christian friends, to share your struggles, to learn more about God, and to find someone who will pray for you and for whom you can pray. It is a group that will help you maintain your focus on God throughout the busy school year.

**Churches United in Ministry (CHUM)**

The CHUM center is a local day shelter for indigent adults in the Duluth area. The CHUM center serves meals, offers recreation, and helps people connect with local social services that they need. There is also a volunteer nurse at the center most days of the week who offers basic medical care, if desired, to those who come to CHUM. As medical students, we are in a position to use what we have learned to help people. Many of the people who come to CHUM have not had incredibly positive experiences with the health care system. We go to the center once a week and offer to take blood pressures and ask people if they have any questions or concerns about their health. Because we are coming to people on their own turf, we are often perceived as a much less intimidating resource for questions related to health than when they visit a clinic or hospital emergency room. In addition to the benefits to the people at CHUM, we benefit personally from the experience. Volunteering at the CHUM center gives us a chance to see that what we have learned in the classroom applies to real life situations. We gain valuable experience in talking with people from all sorts of different backgrounds about their own health concerns. Many of them know far more about a particular health problem than we do, and they are happy to teach us. In addition to visiting the center once weekly to talk to people about their health, potential projects for the school year include doing a sock drive for the people at CHUM (which is *very* important in the winter) and facilitating group discussions about various health topics.

**Confidential Peer Assistance Program (CPAP)**

CPAP is a council organized and composed of University of Minnesota medical students for the purpose of providing support and resources to fellow medical students having difficulty coping with the stresses of medical school. Several faculty physicians and psychologists contribute their expertise, experience, and support to the council. CPAP can help students in four ways: 1) Provide compassionate, confidential peer support; 2) provide information about resources available to medical students; 3) help students obtain professional psychiatric, psychological, or social services; 4) provide financial assistance to medical students seeking the above mentioned professional services.

**Docs on Call**

Docs on Call is a half-hour television program that airs locally on PBS Channel 8. Each week, three panelists are invited to talk about a particular topic and to answer telephone questions from viewers. Medical student volunteers are responsible for answering telephone calls and writing the viewer's questions which will be presented to the physician. Volunteering for Docs on Call is a fun experience.

**Duluth Family Medicine Interest Group**

The Duluth Family Medicine Interest Group functions to get medical students together with family practice residents and family physicians in the Duluth community. Activities are held approximately every other month. In the past, skills sessions have been physical examinations, suturing, EKG interpretation, intubation, and a physician panel discussion. Dr. Ray Christensen heads this interest group and coordinates the activities between the Department of Family Medicine and Community Health Duluth and the Duluth Family Medicine Residency.

**Intramurals**

UMD offers a wide variety of intramural sports in which many medical students participate. Students have participated in a number of different intramurals including softball, soccer, broomball, flag football, volleyball, dodgeball, and hockey. Leagues are created based on skill level and gender/co-ed. Games are held during the evening on campus. Sports are offered during fall and spring semesters, and there are two "seasons" per semester.

**Medical Students for Choice**

The goal of the group is to sponsor some Brown Bag discussions or lunch lectures with physicians who provide abortions and are pro-choice and also with doctors who are pro-life, to see both sides of this issue.

Another opportunity that will be available to med students will be to spend a day at an abortion clinic in Duluth through the Abortion Provider Expansion Project. You don't have to be planning to become an abortion provider or even be pro-choice to take advantage of this great opportunity to see first hand what really happens at an abortion clinic; from counseling and education, to the legal process, to actual surgical abortions.

**Women in Medicine (WIM)**

WIM is a student organization interested in addressing a broad range of women's health issues that we will all encounter as physicians, learning more about being a woman in the medical field, and exposing young girls to the possibility of pursuing careers in medicine. We believe that women play a significant role in changing the face of health care in this country.

WIM's activities change from year to year, depending on the interests of its current members. For fundraising, we organize a clothing sale in the fall and spring. In the past, our activities have included a banquet featuring female physicians in a variety of fields, potlucks at the homes of area doctors, and a book club. WIM has been active during Breast Cancer Awareness week, distributing pink ribbons to the UMD campus and hosting a physician who spoke about mammograms. Other guest speakers included representatives from resource centers for pregnant women and physicians discussing hormone replacement, sexual abuse in children and the corresponding physician responsibilities. We have visited schools and given presentations about health issues. We are welcoming more ideas to get involved with girls in the community, such as a mentoring program.

Being a part of WIM is a great way to put your interest in women's issues into practice. There are several leadership opportunities, and we are always open for ideas. We can help you network with female physicians in Duluth to talk, to preceptor, or to watch heart surgery. Of course it is fun just getting to know each other and learn more about the topics of women and healthcare.

One last note—WIM is not just for women! All interested men are welcome.

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**Other Groups**

Keep your eyes out for e-mails about new student group opportunities coming down the pipeline including interest groups in Emergency Medicine, Internal Medicine and Surgery.

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## Class Officers

In the near future you will be electing officers and committee representatives from your classmates for the following positions:

Class President (1 year term)  
Class Vice-President (1 year term)  
Academic Health Center Student Consultative Committee (AHC SCC) (4 year term)  
American Academy of Family Physicians (AAFP) (1 year term)  
American Medical Assoc. (AMA)/ MN Medical Assoc. (MMA) (1 year term)  
American Medical Student Assoc. (AMSA) (1 year term)  
Community Liaison (2 year term)  
Curriculum Committee Duluth (1 year term)  
Curriculum Committee Duluth *Alternate* (1 year term)  
Duluth Family Medicine Interest Group (1 year term)  
Education Council Representative Year 2 (1 year term)  
Graduate & Professional Student Assembly (GAPSA) (2 year term)  
Honor Council (2 year term)  
Organization of Student Representatives (OSR) (2 year term)  
Scholastic Standing Committee (1 year term)  
Scholastic Standing Committee *Alternate* (1 year term)  
School Assembly (1 year term)  
Social/Party Liaison (1 year term)  
Student Curriculum Review Committee (2 year term)  
Student Health Advisory Committee (2 year term)  
UMD Board of Publications (1 year term)  
Web Master and AV Support (2 year term)

Class officers are more important than they might at first appear. The medical school faculty and administration are very open to suggestions when approached in an appropriate manner. The schedule of tests and class lectures is flexible to some extent and, where possible, the faculty will try to accommodate the needs of the class as a whole.

**Class President**

The class president must be prepared to spend time helping organize class activities, in acting as an official liaison between faculty and students when scheduling changes are desired, as a spokesman to the class when the faculty and administration want something communicated, and as a spokesman to the faculty and administration when the class wants something communicated. The president presides over class meetings. The term is one year.

**Class Vice-President**

The Class Vice-President will be the assistant to the Class President and will serve as a source of advice and support. If the Class President is unable to fulfill the duties associated with the office, the Class Vice-President will assume the position on an interim basis. The Class Vice-President will also assist the Class President with class activities and will chair some of the committees.

**Academic Health Center Student Consultative Committee (AHC SCC)**

This is a body of student representatives from each of the AHC colleges and allied health fields that meet once per month (usually 2<sup>nd</sup> Wednesday of the month from 5-6 p.m.) with Barbara Brandt, Assistant Vice President for Education, to talk about student issues and concerns, and meet with academic officers in the AHC to share student viewpoint on issues. Past issues have included: student study space, web portal, classroom upgrades, clinical skills space, feedback mechanisms, health insurance, clinical skills space, needle stick and immunization policies. This is a four year position. The first year rep enters into the official position in year 2. More information at <http://www1.umn.edu/usenate/ahcsc/factsheet.html>

**American Academy of Family Physicians (AAFP) Liaison**

The holder of this office should definitely be interested in family practice and should also be interested in continually working to change family practice and make it better. The duties of the AAFP student liaison are to attend the regional and national AAFP/MAFP events that happen 2-3 times per year, work with the FMIG (Family Medicine Interest Group) and then relate what we are doing to the state-wide student representative who represents us at the actual MAFP meetings. The FMIG is also the group that brings the skills sessions to UMD. In the fall it is the AAFP liaison's job to recruit first year student and get them excited for AAFP/MAFP as well as their FREE AAFP monthly magazine.

Student membership in AAFP is free and includes all the benefits of a regular membership. Funds for student membership in the AAFP during all 4 years of medical school are provided by the Minnesota Academy of Family Physicians. The AAFP *Reporter News* is regularly sent to members. It lists conventions and activities of the Academy. Members also receive the monthly clinical journal *The American Family Physician*. The journal is well written and contains many topics pertinent to your medical education.

All members of the AAFP automatically become members of the Minnesota Academy of Family Physicians and receive the Minnesota Family Physician newsletter describing local events and happenings. This contains information on issues pertinent to state political and clinical concerns.

Time/duties commitment: Write 1 paragraph every month and send it to the student representative to the MAFP. This is an important step because usually this is how we get our funding, through the MAFP. Other than that, the regional meetings are occasional and last about 8 hours.

**American Medical Association (AMA) Vice-President**

The American Medical Association is a national organization that advocates publicly and politically for the best interests of the physician and patient. It actively promotes high medical standards, ethics and excellence in medical education and practice. The AMA is the single largest organization representing physicians today, and only through increased membership and activity will the profession continue to have a strong voice in shaping the future of medicine.

The Medical School Duluth Campus has a tradition of student participation in the AMA and MMA (the AMA's Minnesota Chapter). Nearly all students become members of our school's chapter. The inclusive membership fee for the AMA, MMA, and the LSMS (Lake Superior Medical Society) for all 4 years is \$68. With membership, students receive a subscription to JAMA, AMA Voice, and Netter's Anatomy flash cards. The MMA also sponsors a \$3,000 loan for which members may apply in the spring or fall. The current AMA president (a second year student) will sponsor a membership drive at the beginning of the year.

Students have many opportunities to get involved in the AMA beyond our local chapter level. This past year 2 students were delegates to the Medical Students' Section Annual meeting in Orlando. Our school's chapter has 4 seats in the MMA's House of Delegates, which holds meeting in the Twin Cities quarterly. Whether students are interested in patient advocacy and social justice issues, changing standards in medical education, current legislation affecting medicine, or networking within the political arena and meeting a lot of dynamic physicians and medical students, these meetings are a great way to get involved and have a voice in the medical profession. The AMA Vice-President will assist the chapter president in their duties as well as sit on the MMA student executive committee with medical students from other Minnesota medical schools.

### **American Medical Student Association (AMSA)**

The American Medical Student Association (AMSA), once the student branch of the American Medical Association, currently represents the largest organization of medical students in the United States. Its purpose is to promote the exchange of ideas between medical students across the country and aid in the implementation of diverse student projects including nutrition seminars, special screening clinics, and curriculum changes. The UMD Chapter has been active at the local level and supports several local projects. AMSA provides at least partial funding in support of many of these projects. A five year membership in AMSA cost \$75. The majority of students join AMSA, initially because with membership you get a free copy of Netter's "Atlas of Human Anatomy," as well as other benefits. Membership includes a monthly subscription to the New Physician magazine, and on-line access to physicians. Each year several students attend national and regional meetings. AMSA has a life insurance policy worth up to \$75,000 through the Minnesota Mutual Insurance Company, and members have access to loans, health and automobile insurance, Gold Master Card, and instrument sale. The elected AMSA representative organizes the fall membership drive and Netter distribution and chapter meetings.

### **Community Liaison**

This position requires a person who is comfortable speaking in front of groups of people (informally), enjoys teenagers and young people, and enjoys working with the cadavers. Having a high energy level and being a bit extroverted is a definite plus in the position.

High school and college students from throughout the region visit the medical school and are especially interested in seeing the gross anatomy and pathology laboratories. The Community Liaison is responsible for conducting tours for those visitors.

Staff contact person: Dina Flaherty

Time commitment: This position entails an average of 2 hours/month, with a higher concentration of time spent in the spring. Most of the tours are conducted during the lunch hour and run about one hour in length.

### **Curriculum Committee Duluth**

This committee is composed of one member from each academic department, two members from the Department of Family Medicine, one student member from each class, and non-voting representatives of the Regional Campus Dean's Office. The committee is responsible for coordinating and reviewing educational programs and Medical School Duluth Campus curriculum, and makes appropriate



recommendations to the School Assembly for modifications of such programs. There will also be a student elected as an alternate to this Committee.

### **Duluth Family Medicine Interest Group**

The Duluth Family Practice Interest Group functions to get medical students together with family practice residents and family physicians in the Duluth community. Dr. Raymond Christensen heads this interest group and coordinates the activities between the Department of Family Medicine and the Duluth Family Medicine Residency.

### **Educational Council Representative**

The Educational Council Representative will be responsible for attending the monthly Education Council meeting and will work together to enhance communication between the Education Council and the Council, as well as the student body.

### **Graduate and Professional Student Assembly Representative**

The Graduate and Professional Student Assembly's purpose is to govern all graduate and professional students through their councils. GAPSAs are empowered to speak for all graduate and professional students at the University of Minnesota, on a local and a statewide scale. This organization is one that is based in the Twin Cities; you will be able to participate in the meetings via polycom or travel down to the Cities for some meetings, but do not worry GAPSAs will pay you for your traveling. At UMD, currently only Pharmacy and Medical students are a part of GAPSAs so we work in close relations with the Pharmacy students to keep up to date on GAPSAs events. The GAPSAs representatives will be responsible for staying up to date on possible financial opportunities for fellow students, as well as representing our medical school meetings with the GAPSAs council. The GAPSAs representative will also help plan a gathering each semester, and attend student council meetings monthly.

### **Honor Council**

The Council is composed of three members from each of the first and second year classes and a faculty advisor appointed by the Regional Campus Dean. The student members are elected at the beginning of their first academic year. The Council will handle suspected violations of the honor code.

### **Organization of Student Representatives (OSR)**

The Organization of Student Representatives (OSR) is the official student organization within the Association of American Medical College (AAMC). The AAMC deals with curriculum and policy legislation for medical schools across the country. As with AMSA, there are yearly regional and national meetings.

One member from each class is selected to be the representative to the OSR. The purpose of the post is to act as a liaison between the students at Medical School and the AAMC. It is the job of the representative to facilitate interactions between various organizations at the medical school. In addition to this, the OSR representative receives a biweekly summary of action taking place at the national level that is pertinent to the practice or study of medicine. This information is then to be shared with students at UMD. Finally, the OSR representative attends two yearly meetings of the OSR, one regional and one national meeting. The duty of the OSR is to bring information and concerns from UMD medical students to the meetings, and to bring information from the meetings back to UMD students.

A delegate to the OSR will be chosen from the first year class. This person will remain the delegate during the second year of school, and in the second year travel with the deans to the national convention as an official representative of Medical School. For the first year, the elected delegate serves only as an alternate, but both first and second year delegates attend regional meetings and, should the second year student be unable, the first year delegate would attend the national convention.

**Scholastic Standing Committee**

The committee is composed of two members from each academic department and one elected medical student and an alternate from each class, a non-voting representative from the Regional Campus Dean's Office (Associate Dean for Student Affairs and Admissions), and an ex officio member from the Center of American Indian and Minority Health.

The committee determines guidelines for student academic standing, and it monitors each student's progress towards successful completion of the required coursework. The committee is responsible for making recommendations to the School Assembly and the Regional Campus Dean concerning each student's promotion, transition to the U of M Twin Cities, termination, and/or special programming.

**School Assembly**

The School Assembly consists of all regular and temporary faculty, two civil service representatives, and two student members from each class. This is the general governing body of the medical school, and it is responsible for establishing policies concerned with the educational goals, objectives, and programs of the Medical School Duluth Campus.

**Social/Party Liaison**

As Social/Party Liaison you are responsible for helping set up social events for yourself and fellow medical students. You will be working closely with Shawn Evenson and the President and Vice President of your class. You will be responsible for establishing committees for the numerous parties held throughout the year.

**Student Curriculum Review Committee**

The Student Curriculum Review Committee will be elected from the class at large and will consist of four students per class who will be in charge of reviewing courses in first and second years. The format of the reviews will be standardized from course to course and will represent the views of the majority of the students in the class. Both positive areas and areas needing improvement will be presented as feedback to the Associate Dean for Curriculum and the Course Director. These students will also be in charge of updating the Student Manual relating to courses.

**Student Health Advisory Committee**

The Student Health Advisory Committee is an active voice between the student body and Health Services. Attend monthly SHAC meetings/forums on pertinent Health related topics. Be an active voice between your group and SHAC. Actively participate in our group meetings. Relay the opinions of your group to SHAC at the meetings. Shelly DeCaigny, is the SHAC Advisor (726-7046).

**UMD Board of Publications**

The UMD Board of Publications is the governing board of the UMD Statesman Student Newspaper. In the spring, the board elects a new editor for the paper. During the mid-year the board gathers information and presents a proposal to the Student Service Fee Committee. Also, the committee deals with students who have grievances with the Statesman.

**Web Master and AV Support**

The person in this position will help create and maintain a student web page for Duluth students. This person will also be responsible for setting up and recording lectures when required.

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## **Student Council**

<https://sites.google.com/site/umnmedstucouncil/home>

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## Married Life

“My son was a year and a half old when I started medical school. I have an office at home, so at the beginning of the first year I would lock myself in there whenever I needed to study. He would come and stick his little fingers under the door and yell, ‘Mama!!’ But my husband would distract him and he would eventually forget that I was even home. As he got older, however, he learned how to open my office door and since I only had a latch lock he would peek in the little crack and say, ‘I see you Mama!’ Well, needless to say, I had to start studying at school halfway through the year. Most students with families study at school, because it becomes necessary to separate work from family time to be able to give each the attention they deserve.

It helps if you have a study schedule that your spouse agrees with and that your children can benefit from. For example, study after class until suppertime and then go home and be with your family for supper and bedtime. Several students with families arrive at school by 5 am to study before class so that they can be with their spouse and kids in the evening. Having a family and studying medicine is the ultimate balancing act. And don’t forget to take time for yourself. . .

Sometimes you just don’t have enough time for everything, however. That is when you have to learn to live with simply doing the best you can in each area of your life. In my case, my grades steadily decreased over the course of the year as my son grew, learned how to talk, and needed my attention more than three hours a day. Often in the morning he would point towards the door and say, ‘Mama, don’t go to school. Let’s play trucks!’ At those moments my heart would just break. Since I was raised in a traditional family with the notion that I would of course be a ‘stay-at-home’ mom, I have also dealt with a lot of guilt this year. I have had to remember that I am a good mom *precisely because* I have the privilege of being in medical school and being able to realize my goals. And yet, sacrificing grades a little to be with my son and husband has also been worthwhile.

Finally, the most important person that helps me get through medical school with a family is my spouse. If your spouse is willing to spend time with your kids, take care of the household, perhaps work part-time, and all the while be supportive of you, you are married to an angel. (I know I am.) And don’t forget that you have 62 babysitters sitting all around you when you need to go on a deserved date with your spouse.

Medical school is ‘definitely possible’ with a family, as one dad in our class puts it. You can do it! Set a schedule and don’t be afraid to seek help. Everyone here is understanding and full of good suggestions. Above all, don’t sacrifice your family for school. It would never be worth it.”

“My wife and I were married in June of last year, just a few months before medical school started. Nearly all of our marriage so far has been while I was in school. I was once told that marriage is a large source of support and a large source of stress all at the same time, and I would have to agree with that. Relationships in general take a lot of work, but you easily get out of them what you put into them. Where the ‘rubber hits the road’ is how to make a relationship work while still managing to pass all of the classes. One trick that I found is to do the majority of my studying at home; that way, when I take my study breaks I spend them with my wife. This allows me to spend time with her while still spending time with my studies. It is also a good idea to keep your priorities in line. If your top priority is to get the highest score in every class, then your marriage will undoubtedly suffer. Likewise, if your only priority is to spend all of your time with your spouse, then you will have a tough time passing your classes. It ends up being a big juggling act (but when is life not?). The bottom line is that marriage is a wonderful blessing if you treat it like it is. It is part of what makes life worth living, and what gives you a life outside of medical school.”

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“For the most part my first year of medical school was a wonderful experience. I can’t say there weren’t stressful times or moments when the enormous volume of information made me feel overwhelmed, because those times will arise. I’m happy to say you will be able to do it and maintain a life outside of medical school. In fact, Dr. Boulger requires it! During the past year, I’ve met some amazing people, played on a few intramural sports teams and went to Paris with some classmates. Most importantly I managed to spend almost every evening with my family. My wife and I had our first child a few months before medical school began. So I planned study time during the wee hours of the morning and during my son’s nap time. I’m not embarrassed to say that on occasion my son was able to stay awake later than I could. Over the year many classmates commented on how hard it must be having a family and being in medical school. At times it is, but on the other hand it is always a tremendous incentive to do well. My wife has been very supportive and has a pretty good idea of what the curriculum is like. She is a physician assistant working in a rural family practice. Luckily, I have a built in reference right at home.

I think we all have a world outside of medical school to deal with. Sometimes it adds stress and sometimes it relieves stress. So we just have to do the best we can.”

## From the Spouses

“Being married to a medical student is a lot easier than I expected. I’ve found that most married couples tend to fit into one of four categories: the medical student doesn’t study much at all except for right before a big test so he or she is around a lot; the medical student studies all of the time, but still takes small breaks from his or her schedule to spend time with their spouse; the medical student who goes to school from 8:00 am to 6:00 p.m. and then the rest of his or her time belongs to their family; or some couples live geographically far apart and see each other on weekends or holidays. I get to spend a lot of time with my husband, but when he’s studying I take advantage of that time and I try to go out with friends or do things that I like to do. I’ve always been an independent person so having some time to myself is great. Something important for us is to spend a little time every day with each other even on the hectic day before an exam. Good times for this are at dinner, while driving, and bedtime. The most important things to remember are to communicate, be independent, use both your time alone and your time with your spouse wisely, be understanding, know and tend to each other’s needs, and to love each other.”

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“The best investment we made as a family during the first year of medical school was a \$4.99 90-day erasable calendar. It is poster-sized and hangs on a wall in our house. This helped us stay organized. At a glance, I could see which tests were coming up for my husband. They were marked in bright red. It was easy to predict when he would want to study more (i.e., neuro). In other colors on the calendar we’d put important dates such as doctor appointments for our son, family events, and my overnight work schedule. My husband was able to adjust his study schedule accordingly which helped avoid conflicts between our personal lives and school. Unfortunately, even with good planning something unexpected would arise. Occasionally (again, neuro), my husband was not able to attend a function. I found it important that our son and I still go. The first year of medical school was a challenge for our family. Our lives have always been busy, but any change takes some adjustments. Be organized. Be flexible. Have a good time.”

“In my situation as a husband of a student I feel that the biggest adjustment that I have had to make is to revert back to a more “bachelor” state. I was out of college and in the workforce for a couple of years before moving with my wife to Duluth to “go back to school.” Now I feel as though life has reversed a few years with a couple key differences.

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In our case, I was leaving a well-paying job with good benefits for an uncertain situation in Duluth. Having found an enjoyable but less than profitable employment I am back to living as a student myself. Of course you have to **expect** an extremely lean budget when marrying a medical student.

Perhaps the biggest hurdle I have had with the move and the new lifestyle is the lack of a social life. It's not that I don't have some free time, but with a small group of co-workers and no school of my own to socialize in, I have become pretty isolated and it can get lonely when your best friend is your spouse, who doesn't have a lot of time to spend with you. I encourage anyone moving to medical school as a spouse to try and get involved with other spouses as soon as possible. There are fewer guys than women to meet here, but it's worth a try. In any case, expect a lot more "by-yourself" time. The best thing we have done is adopt our cat Sunny, my best friend and "son" for now!

Of course it goes without saying that at home with your spouse, you better be prepared to pick up as much slack as you can around the house. Cooking, cleaning, dishes, etc. Do as much as you can without them asking you to do it (I could do better!).

As for time with your spouse, it's not as limited as you think. There should still be plenty of time together, but not as much as before. Cherish all the time you get, especially that time between the snooze buttons...don't miss the opportunity to get warm and cozy and just cuddle for a while when you can."

# STUDENT WELL-BEING

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# Taking Care of Yourself

## Stress and Medical School

Undoubtedly, medical school can be a stressful activity. Self-awareness of stress as it waxes and wanes is particularly useful because it guides workload adjustments (spreading things out), revision of goals and expectations, and insight into your own behavior and responses.

There can be a subtle distinction between realizing you are stressed and evaluating your responses and choices, and letting that recognition make you a victim of circumstance. The latter happens when you see the world as the exclusive source of stress independent of your appraisal and reactions (both psychological and physiological). This view can lead to anger, resignation, and passivity—hardly a formula for managing stress.

Unlike many stressful situations, completion of medical school ushers in the opportunity to engage in a fulfilling profession brought to life by intellectual and humanitarian challenges. Becoming a physician, stressful as it may be, is an investment in stress management methods for the rest of your life.

It may be stressful not to be the brightest in your class, to set aside personal agendas for the privilege of being a physician, or to realize that the practice of medicine is riddled with ambiguity. Yet if you can focus on your long-term commitment to serve your patients, the sacrifices and self-doubts that transiently appear tend to recede.

## Stress Management Strategies

Stress management *is not something you do after you do your life*. It is not an add-on to promote recovery. It works best when it is part of your routine and embodies moderation. Intense, self-indulgent, blowout stress reduction is important and positive, but one should also transiently decompress risks that add to the load: sleep debt, hangover, overdrawn accounts, and problems in your personal life.

## Anticipation

Stress is exaggerated by a perceived lack of information and lack of control. Creating and sticking to schedules can help you avoid feeling overwhelmed and out of control.

## Moderation

Feast or famine strategies tend to produce a sense of instability and encourage procrastination. Most effective activities are incremental and planned. Moderation also applies to goals and expectations. With respect to professional attainment there is no defining moment to measure your progress—who knows where the finish line is? Will you peak on the Foundations of Medicine final (and it will be downhill from there) or will you peak five years after your residency when you feel secure as a caring and competent physician?

## Routines

Routines encourage consistent effort across a wide range of goals and produce a sense of balance and sanity. Exercise, creative expression, staying in touch with the world (reading newspapers or books), and maintaining relationships are just as important as studying (and tend to enhance study time by making it more efficient).



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**Goals**

Goals should be modest and obtainable. “I will read ten chapters tonight” is a self-defeating commitment. Setting an unrealistic goal not only throws your schedule off—failure to meet it can be demoralizing and lead to *“getting it back behavior”* that is depleting and often isolating. It is really not clear what makes a gifted physician and how one gets there. A steady and continuous effort acknowledges that we will never truly finish our studies.

**Social Support**

Everything we know about stress suggests that it can be buffered by reciprocal social support. Support that goes only one way can be exhausting and produce guilt and avoidance. Relationships where both sides have something to give are more intrinsically stable. The staple of reciprocal support is participation in a group activity that has an agreed upon goal.

**Diet**

It should go without saying that your diet should be wholesome, nutritious and balanced. Try not to fall victim to the pressures of the day and find a quick fix in packaged or fast foods that are heavy in salt, saturated fat, and cholesterol. It is also important to stay hydrated!

**The Healthy Mind**

Personal discipline, confidence, cheerfulness, and openness to others go a long way toward giving the student a balanced outlook on the world and on your academic work and career development. Sometimes students need counseling and should seek assistance. Robin Michaels, Ph.D., Associate Dean for Student Affairs (218-726-8872), and other administrative staff are always available to help students with supportive counseling and direction to other resources for specific help. Students who have special concerns about health matters are encouraged to consult physicians at the UMD Health Services.

**Exercise**

Students should plan to get regular exercise, no matter how crowded their weekly schedule becomes. Exercise improves muscle tone, strengthens bones, and liberates the mind. It is also relaxing. The University of Minnesota Duluth's Recreational Sports Outdoor Program is an excellent resource for you to meet these needs. Check out <http://www.umdrsop.org/> or call them at (218) 726-7128

**Recreation**

All of the greats in medicine have stressed the importance of personal time for self, including recreation. All work and no play ... as the saying goes. Plan to include personal time each week somewhere. Keep up one (or more) of your many interests—reading, music, art, exploring, cinema, games, and whatever. Going into depth in an area will enrich you no matter what specialty you ultimately pursue.

Feel free to explore the University of Minnesota Duluth Campus Home Page at <http://www.d.umn.edu>. This website contains a variety of information, as well as a schedule of events on campus.

**Additional Resources**

<http://www.meded.umn.edu/handbook/resources.php#wellbeing>

## UMD Health Services

<http://www.d.umn.edu/hlthserv/>

### Mission

To provide students the opportunity to develop healthy personal lifestyles, help insure their retention at UMD, and contribute to the overall excellence of their total educational experience. We will accomplish this mission by providing quality health care, counseling, and education that focuses on their physical, emotional, social, and intellectual well being, and to be actively involved with all health issues that affect the University and community.

UMD Health Services is a nationally accredited family practice clinic. They are dedicated to providing quality primary health care, counseling, and education that is aimed toward young adults and to the unique needs of college students and our campus community. UMD Health Services is located at 615 Niagara Court, between Goldfine Hall and Lake Superior Hall.

All UMD students enrolled at the University who pay the Student Service fee are eligible. Your Student Service fee covers all professional services. Services available include general outpatient medical care, physical exams, gynecologic services and sports medicine. Laboratory and x-ray services, minor surgery and procedures may be billed to patients' health insurance. These include care associated with the following:

|                               |                                      |
|-------------------------------|--------------------------------------|
| Acute illness and accidents   | Dispensary services                  |
| General physical examinations | Minor surgery                        |
| Gynecological services        | Sports medicine                      |
| Complete counseling services  | Laboratory and x-ray                 |
| Health education              | Immunizations and allergy injections |
| Family planning               |                                      |

When specialty care is necessary, Health Services will help you arrange appointments. Health Services provides counseling and therapy services to students experiencing ongoing or situational psychological or behavioral difficulties. Health Services is concerned about helping you enjoy wellness through special programs aimed at assisting to develop healthy life styles, such as:

|                                   |   |
|-----------------------------------|---|
| Nutrition counseling              | Relationships/sexuality counseling        |
| Eating disorder counseling        | Adult children of alcoholic parents group |
| Alcohol/drug awareness counseling | Smoking cessation                         |

To maximize efficiency of out-patient care, students are encouraged to call ahead for an appointment. This is especially necessary for physical examinations, pelvic exams, contraceptive care and more involved medical problems or for counseling needs. **Call (218) 726-8155 to schedule a convenient time for your medical appointment or (218) 726-7913 for your counseling appointment.** Students requesting medical services without prior appointment will be seen by a triage nurse who will assess the patient's needs. Confidentiality of the Health Services/patient relationship is a primary concern of the staff. The Health Services' record is considered private and sensitive information, and *will not* be released to anyone without the *written or verbal consent* of the student.

### How to Make an Appointment

Call (218) 726-8155 during regular office hours to speak to scheduling and registration.

Have your class and work schedules available to help schedule an acceptable time.

Please bring your ID card and health insurance information with you to your appointment.

Please check in 15 minutes prior to your scheduled appointment time if you are a new patient.

Registration is at the front desk.

If you are late for your scheduled appointment time, you may be asked to re-schedule. Please keep this in mind when scheduling your appointment.

### Not Sure if You Need to Be Seen?

During the academic semesters (September thru 3rd week of May) you can call (218) 726-7870 during regular clinic hours to talk to one of the clinic nurses if you:

- Are unsure if you need to be seen.
- Have medical questions.
- Want self-care information.

### Clinic Hours

| Semester  | Health Services is open from:  |
|---|--|
| Regular academic semesters,<br>September thru 3rd week in May                     | 8:00 am to 4:00 pm Monday, Tuesday, Wednesday, Friday<br>9:00 a.m. to 4:00 pm Thursday |
| Summer session,<br>4th week in May thru August                                    | 9:00 am to 3:00 pm Monday-Friday   |
| Health Services is <b>closed</b> evenings, weekends, and all university holidays. |  |

### Service After Hours

For service after hours please check out this list of local hospital/urgent care centers (Services are not paid for by UMD Health Services at these locations). You are advised to call the 1-800 phone number on your insurance card prior to going to a hospital or urgent care center. Emergency Room services are provided at the expense of the **student's insurance**, or if you do not have appropriate coverage, at your own expense. Most follow-up care can be performed at UMD Health Services.

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## Emergency Care

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|                                 |                                  |                      |
|---------------------------------|----------------------------------|----------------------|
| Essentia Health Nurse Care Line | (218) 786-3110<br>1-800-714-4646 | Duluth-Superior Area |
|---------------------------------|----------------------------------|----------------------|

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|                     |                |                |
|---------------------|----------------|----------------|
| St. Luke's Hospital | (218) 249-5616 | Emergency Room |
| 915 E 1st Street    |                |                |
| Duluth MN           | (218) 249-6095 | Urgent Care    |

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|                  |                |                |
|------------------|----------------|----------------|
| Essentia Health  | (218) 786-4357 | Emergency Room |
| 407 E 3rd Street |                |                |
| Duluth MN        | (218) 786-6000 | Urgent Care    |

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|                             |                |                      |
|-----------------------------|----------------|----------------------|
| Essentia Health Crisis Line | (218) 723-0099 | Mental Health Crisis |
| 502 E 2nd Street            |                |                      |
| Duluth MN                   |                |                      |

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|                        |                |                      |
|------------------------|----------------|----------------------|
| Birch Tree Center      | (218) 623-1800 | Mental Health Crisis |
| 4720 Burning Tree Road |                |                      |
| Duluth, MN 55811       |                |                      |

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|                          |                 |  |
|--------------------------|-----------------|--|
| <b>Ambulance Service</b> | <b>call 911</b> |  |
|--------------------------|-----------------|--|

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## Hospitals and Clinics in Duluth

### **Essentia Health St. Mary's Medical Center**

<http://essentiahealth.org/StMarysMedicalCenter/FindaClinic/Essentia-HealthSt-Marys-Medical-Center-46.aspx>

407 East 3rd St.

Duluth, MN 55805

(218) 786-4000

### **St. Luke's Hospital**

<http://www.slhduluth.com/>

915 East 1<sup>st</sup> Street

Duluth, MN 55805

(218) 249-5555

### **Essentia Health Clinics and Specialties**

Clinics

<http://essentiahealth.org/main/findaclinic.aspx>

Specialties

<http://essentiahealth.org/main/findaspecialty.aspx>

### **St. Luke's Clinics and Specialties**

<http://www.slhduluth.com/Clinics-and-Specialties.aspx>

### **Duluth Family Practice Center**

<http://www.duluthfamilymedicineclinic.com/Main/Home.aspx>

330 North 8<sup>th</sup> Avenue East

Duluth, MN 55805

(218) 723-1112

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## Student Academic Support

Academic support services are available to all medical students through the Office of Student Affairs. Assistance is offered to help students increase study effectiveness and efficiency, and to achieve their learning and academic goals.

A full range of academic services help students develop optimal study strategies, such as time management, study organization, note-taking, problem-solving, reading, and test-taking skills. Examples of services provided include:

- Counseling for improving study techniques and test-taking skills
- Assistance with specific learning or performance problems (e.g., difficulties in concentration/attention, procrastination, test anxiety, etc.)
- Assistance with preparation for the United States Medical Licensing Examination (USMLE) Step 1
- Referrals to Access Center/Disability Services, UMD Health Center and other related University and community resources
- Faculty are available for academic assistance for individual courses

Incoming medical students are given direction in how to adapt their study techniques, time management and learning strategies to the unique challenges of medical education. Academic progress is closely monitored by Student Affairs to help identify students' strengths or difficulties at an early period so that intervention will be profitable. A practice examination (Basic Science Comprehensive Review Exam) is given to Year Two students as they prepare for the USMLE Step 1. Most course exams are given on computer so that students become proficient at taking computer exams in preparation for Step 1.

**Please call (218) 726-8873 for additional information or to schedule an appointment.**

# FINANCIAL AID

The Medical School Financial Aid Office, which is very student friendly, is located in Med 173. It is probably one of the biggest operations at the School, and is run by an efficient staff (me)! Questions, comments or concerns regarding the financial aid process should be directed to this office. I am available from 8:00 am to 3:00 pm, Monday-Thursday and 8:00 to noon on Fridays on a walk-in or appointment basis.

**Dina Flaherty: 218-726-6548**

This office is here to assist you in all aspects of the financial aid process including general information, financial counseling, debt management and loan processing. Please feel free to stop by or call with your questions.

### **Application**

After January 1<sup>st</sup> of each year, the Free Application for Federal Student Aid (FAFSA) will be available on-line at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). By submitting the FAFSA you will be considered for loans discussed below. A new application must be submitted each year. The majority of the students who attend the Medical School receive financial aid in the form of loans. Scholarship opportunities do exist, but unfortunately the primary funding is from loans.

There are no deadlines for filing financial aid applications. A preferred date is March 31.

Most programs are based on financial need. Your financial need is determined by subtracting the amount of your expected contribution from the school-approved budget for your cost of attendance. The difference between the two amounts is your need. The amount of your expected contribution is derived from the information you provide on your FAFSA application. You will still be funded for your expected contribution with an unsubsidized loan. Our school code is 002388.

### **Awards**

Upon completion of your FAFSA application, you will be considered for financial aid. Your award package is determined according to federal, state, and university regulations and available funding levels for each aid year. The Financial Aid Office considers loan and scholarship eligibility in the order most favorable to you.

In July you will be sent an e-mail notice of your financial aid award to accept or decline.

Before accepting any of your award, assess your actual needs. See if you can establish a budget for yourself that is less than the school approved budget! If you are able to live on less than the school approved budget or have outside resources (savings, help from relatives), you should not automatically accept your entire award. Consider your actual needs and accept only what you need. I would be happy to sit down with you and discuss a budget plan or just go over tuition figures and living expense figures with you.

A thought to ponder: *The loan amounts you may be taking seem a little overwhelming, but consider it an investment in fulfilling your dreams of a medical career.*



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## Tuition and Fees

### Cost of Degree Tuition Policy

For all new entering students, the Cost of Degree Tuition Policy provides a guaranteed tuition rate for all four years of the medical school curriculum. Once determined, your tuition cost per year will remain fixed until completion of your degree. Future increases will apply only to those entering in subsequent years. This policy will allow for financial planning upon entry to medical school and will reduce the concerns and uncertainty experienced by students around the yearly setting of tuition costs. Medical School Duluth Campus medical students attend three semesters (fall, spring, and summer) in their first year and two semesters their second year. All fees are subject to change.

Health insurance is required. If you don't have your own insurance, you must purchase the University health insurance. You can request a health insurance loan for the AHC health insurance.

## Loans

Several federal and campus based loans are available for medical students. These loans are awarded to students each year depending on individual student need and according to current federal regulations.

### Loans

Awarded upon completion of the FAFSA application. Included in this category are:

- Ford Federal Direct Unsubsidized Loan
- Direct Grad Plus

### Supplemental Loans

Loans that generally require separate application. These are generally higher interest loans and are not automatically awarded as part of the initial award process.

## Scholarships and Grants

Most scholarships and grants do not require repayment. These are awarded on the basis of financial need and academic achievement. To be considered for these awards, a medical school scholarship application which will be sent to you in December of fall semester must be turned in.

**Non-Resident Tuition Scholarships**—The Medical School may award a limited number of scholarships, equivalent in amount to the whole or partial cost of the non-resident portion of medical school tuition, to high ability non-resident, non-reciprocity students to achieve the goal of attracting a diverse student body. The following factors will be considered in the scholarship review process for non-resident, non-reciprocity applicants: academic achievement, high academic potential, educational disadvantage, financial need, race and ethnicity, evidence of outstanding leadership, creativity, unique work or service experience, community involvement and special talents. There will be up to 8 scholarships awarded to non-resident students in each entering class.

**Medical School Scholarships / University of Minnesota Foundation Scholarships** are awarded by the Medical School Scholarship Awards Committee on the basis of financial need and academic achievement. A general application will be sent to you in December of Fall semester. An application must be turned in to be considered for the scholarship awards.

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**Private Scholarships** may be found on your own or by searching the Web for graduate/professional scholarship opportunities. As announcements are received for scholarships, they are posted on the financial aid bulletin board in the Student Lounge and an announcement is sent out via e-mail

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## UMD Financial Aid and Registrar

**Services provided:**

Records, Registration, and Financial Aid.

**Department Web Site:**

<http://www.d.umn.edu/fareg/>

**How to contact**

One Stop Student Services

**Located:** Solon Campus Center, Room 23

**Phone:** 726-8000

**TTY/TDD:** Minnesota Relay Service (800) 627-3529

**Fax:** 218-726-8219

**Email:** [umdhelp@d.umn.edu](mailto:umdhelp@d.umn.edu)

**Postal Address:**

Financial Aid and Registrar  
University of Minnesota Duluth  
Solon Campus Center 23  
1117 University Drive  
Duluth, MN 55812-3000

MSD  
STUDENT/CAMPUS  
RESOURCES AND  
SERVICES

## Careers in Medicine

Careers in Medicine is a four-phase course that is designed to assist you in understanding your options for choosing a specialty and selecting and applying to a residency program to meet your career objectives. Careers in Medicine can be used as both a self-managed course and/or combined with the career/specialty guidance programs that will be provided.

Careers in Medicine uses a career development model that is widely accepted throughout higher education. In this model, career planning and development is a four-stage process that includes:

- Self-assessment
- Career exploration
- Decision-making
- Implementation

Careers in Medicine was developed jointly by the Association of American Medical Colleges (AAMC), and the American Medical Association (AMA). Students may access the Careers in Medicine website at <https://www.aamc.org/students/medstudents/cim/>.

You may seek individual guidance and additional information about the program from the Careers in Medicine faculty advisors listed below.

| <b>Name</b>             | <b>Phone</b> | <b>Office</b> | <b>E-Mail</b>      |
|-------------------------|--------------|---------------|--------------------|
| Jeff Adams, M.D.        | 726-7695     | 157 Med       | jadams2@d.umn.edu  |
| Ray Christensen, M.D.   | 726-7318     | 131 Med       | rchrste@d.umn.edu  |
| Amy Greminger, M.D.     | 726-7227     | 145 Med       | agremin@d.umn.edu  |
| Alan Johns, M.D., M.Ed. | 726-8874     | 111 Med       | ajohns1@d.umn.edu  |
| Robin Michaels, Ph.D.   | 726-8872     | 177 Med       | rmichael@umn.edu   |
| Emily Onello, M.D.      | 726-7820     | 141 Med       | econello@d.umn.edu |
| Jen Pearson, M.D.       | 726-7574     | 157 Med       | jpearso1@d.umn.edu |
| Ruth Westra, D.O.       | 726-8393     | 143 Med       | rwestra@d.umn.edu  |

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## Center of American Indian and Minority Health

The University of Minnesota Center of American Indian and Minority Health (CAIMH) strives to raise the health status of the Native American population by educating Native American students in the field of health care and Indian health. With the support of the CAIMH, Native American students are better able to fulfill the need for Native Health professionals, with many returning to their communities to deliver culturally sensitive health care to their own people.

**Duluth CAIMH Office:**

Center of American Indian & Minority Health  
University of Minnesota  
Room 182-Med  
1035 University Drive  
Duluth, MN 55812-2487

Duluth Office Phone # 218/726-7235

Duluth Office Fax # 218/726-8948

<http://www.aimh.umn.edu/>

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## Rural Physicians Associate Program

<http://www.rpap.umn.edu>

RPAP is a nine-month community based elective for third year medical students that provides extensive primary care clinical experience in a rural setting. Activities include hospital rounds, evaluating patients in the clinic, assisting with deliveries and surgical procedures, emergency call, nursing home rounds, clinic and hospital meetings, and independent study.

RPAP replaces six months of elective time and three months of free (unscheduled) time during the third year. Students receive 36 credits while training with primary care physicians and surgeons in non-metropolitan settings. The goal of RPAP is to return physicians to rural practice.

The “hands-on” patient experiences and continuity of care aspects of the program are highly valued. The practical focus is complemented by university faculty visits and organized patient communication sessions throughout the nine months. Students are also exposed to benefits and realities of small town professional life.

Applications are available to second-year students in early November. Students are screened and interviewed in December, and chosen in February. Students must successfully pass USMLE Step 1, have no incomplete grades, and have completed specific required clerkships prior to the start of the program in October of their third year.

### Duluth Campus Contacts:

Raymond Christensen, M.D.  
Associate Dean for Rural Health & Associate Director of RPAP  
131 Med  
(218) 726-7318  
[rchrste@d.umn.edu](mailto:rchrste@d.umn.edu)

Ruth Westra, D.O., M.P.H.  
Chair, Department of Family Medicine and Community Health  
143 Med  
(218) 726-8393  
[rwestra@d.umn.edu](mailto:rwestra@d.umn.edu)

Katie Krasaway  
Program/Project Specialist  
137 Med  
(218) 726-7897  
[katekras@d.umn.edu](mailto:katekras@d.umn.edu)

Office located at A-675 Mayo Memorial Building  
Phone: (612) 624-3111  
Fax: (612) 624-2613  
E-mail: [rpapumn@umn.edu](mailto:rpapumn@umn.edu)

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## Disability Resources

**Services provided:**

Disability Resources promotes both academic and physical access to students with disabilities, providing appropriate and reasonable accommodations on an individual and flexible basis.

**Department Web Site:**

<http://www.d.umn.edu/access>

**How to contact**

Mary Kaye Caskey, Executive Administrative Specialist

**Located:** Kirby Student Center 258

**Phone:** 726-6130

**TTY/TDD:** Minnesota Relay Service (800) 627-3529

**Fax:** 218-726-6706

**Email:** [mcaskey@d.umn.edu](mailto:mcaskey@d.umn.edu)

**Postal Address:**

Disability Resources  
University of Minnesota Duluth  
Kirby Student Center 258  
1120 Kirby Drive  
Duluth, MN 55812-3085

**Role of Disability Resources**

- Collects and maintains disability-related documents
- Certifies eligibility for services
- Determines reasonable accommodations
- Communicates to the student the process of obtaining reasonable accommodations
- Facilitates provision of reasonable accommodations

**Confidentiality and Release of Information**

Disability Resources keeps all information about students confidential, as is required by law. Except in specific, need-to-know situations, signed consent is required for release of information.

**Certifying Eligibility for Services**

Students must provide disability documentation from an appropriate licensed professional to verify the presence and impact of their disability. If the documentation is incomplete or inadequate, Disability Resources has the right to require additional documentation. The student is responsible for the cost of obtaining all professional documentation. If Disability Resources desires a second professional opinion, the University will bear that cost. Pending receipt of such documentation, Disability Resources reserves the right to deny services or accommodations.

**Determining Reasonable Accommodations**

The University of Minnesota Duluth is obligated to make accommodations based only on the documented limitations of an otherwise qualified student with a disability. The determination of reasonable accommodations is made by Disability Resources. Accommodations ensure access to both on-campus and off-site University functions.



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- An accommodation is a modification or adjustment to a course, program, service, job, activity, or facility that enables a qualified student with a disability to enjoy the same the benefits, privileges, responsibilities, and consequences as a student without a disability.
  - A reasonable accommodation removes the barriers of a disability, but does not compromise the essential elements of the course, program, service, job, activity, or facility.

**Role of the Student**

As adults, college students with disabilities must take the initiative to disclose their disabilities and request all needed accommodations. Accommodations are not made "automatically." Students must:

- Seek assistance from Disability Resources in a timely manner
- Provide documentation of disability
- Discuss how the student's disability affects participation in the University
- Identify to faculty early in the term
- Develop independence and self-advocacy skills

**Grievances**

The student is responsible for contacting Disability Resources if reasonable accommodations are not provided in an effective or timely way, or if they believe they have been discriminated against on the basis of their disability. The following steps should be taken:

- Discuss the situation with the student's disability counselor.
- If not resolved, talk to Disability Resources director.
- Finally, the student may consult with the Office of Equal Opportunity or may file a grievance with that office.

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## Speech-Language-Hearing Clinic

The Speech-Language-Hearing Clinic has facilities for University students with speech, language and/or hearing disorders. Students who desire remedial help should apply early in the semester.

**Department Web Site:**

<http://www.d.umn.edu/csd/clinic/>

**How to contact**

Linda Marnich, Principal Office and Administrative Specialist

**Located:** Chester Park 156

**Phone:** 726-8199

**TTY/TDD:** 218-726-6890 or Minnesota Relay Service (800) 627-3529

**Fax:** 218-726-8693

**Email:** [cd@d.umn.edu](mailto:cd@d.umn.edu)

**Postal Address:**

Speech-Language-Hearing Clinic  
University of Minnesota Duluth  
Chester Park 156  
31 West College St  
Duluth, MN 55812-1106

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# GLBT Services

## Gay, Lesbian, Bisexual, Transgender Services

The Gay, Lesbian, Bisexual, Transgender (GLBT) Services Office is dedicated to improving the campus climate for gay, lesbian, bisexual and transgender people at the University of Minnesota Duluth and to addressing the harmful effects of discrimination based on sexual orientation and gender identification. The office provides the following services:

### **Information and Referral**

Information about campus and community resources and events, University policies, local ordinances, and education resources is available online via Gopher on the office's GLBT Information and Referral Database (IRD). Information is also available through walk-in and telephone requests and through the office's information files and small research library.

### **Advocacy**

Assistance, support and referrals are available to students, faculty, staff and others using University services who perceive that they have been treated unfairly because of their sexual orientation or gender identification.

### **Education**

Educational programming is provided through professional in-service workshops, campus events, and special guest speakers. The office also coordinates a volunteer speaker's bureau of students, faculty, staff and alumni available to speak to diverse campus audiences.

### **Consultation**

Information and assistance are available to University groups and individuals for developing programs appropriate to the needs and concerns of bisexual, transgender, gay and lesbian people.

### **Coordination**

Support and technical assistance are available for other transgender, gay, lesbian, and bisexual organizations on campus.

### **Department Web Site:**

<http://www.d.umn.edu/mlrc/glb/>

### **How to contact**

**Located:** Kirby Student Center, Room 245

**Phone:** 726-7300

**TTY/TDD:** Minnesota Relay Service (800) 627-3529

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## UMD Stores

UMD Stores are located on the street level and lower level of the Kirby Student Center.

On the lower level, the Bookstore sells textbooks, general books, office supplies, and much more. Most instructors order their required texts to be available here by the time classes begin. As a warning, medical textbooks are costly; you may be able to borrow texts from second year students and save a bundle. At the end of each semester, the Bookstore buys back, for cash, used textbooks that will be used the following semester; there may be limitations on the number of textbooks which can be bought back. The buy-back price is up to 50% of the new book price. For books not planned for use the following semester, sale to a wholesaler may be arranged.

The Computer Corner is located in the Bookstore. Computer software is available, miscellaneous computer supplies and also the latest in computers, both Mac and PC.

The street level of UMD Stores in the Kirby Student Center sells UMD wear and gifts, art supplies, greeting cards, magazines, health and beauty items, candy, grocery items, stationery and more.

UMD Stores offers many services to the UMD community and the community at large.

- **Bus service** to the Twin Cities is available from Jefferson Bus Lines. Fares start as low as \$33 one way to one of four locations in Minneapolis and St. Paul. For more information, visit the <http://www.d.umn.edu/services/transportation/jefferson.html> or [www.jeffersonlines.com](http://www.jeffersonlines.com).
- **Gift cards** are available for purchase in the street and lower level stores. Gift cards can be purchased in any dollar amount.
- **UPS Shipping and U.S. Postal Service postage** are available at the Mailing Center in UMD Stores, EXPRESS, on the lower level.
- **Fax service** is available in the lower level. You can receive a fax at (218) 726-6331 for free.
- **Phone cards** are available for purchase in the street and lower level stores. Phone cards carry \$5, \$10, and \$20 amounts, with a 5.9¢ per minute rate for domestic calls and no connection fee.
- **UMD Stores contributes** to our campus and our community in many ways. We're proud to make contributions to community academic-related events throughout the year. If you are interested in obtaining a contribution or support for an event, please contact Teri at (218) 726-6507 or email her at [tglembin@d.umn.edu](mailto:tglembin@d.umn.edu).

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## Food Service

### Dining Dollars

All food purchases made with Dining Dollars at the Dining Center, Plaza Food Court, or Northern Shores Coffee House are tax-free. Dining Dollars works like a debit card. The value you add to your U Card is stored online. Simply present your U Card to the cashier for payment. The cashier will deduct the cost of your purchase from your Dining Dollars account.

To initiate your account, stop by the U Card Office. Show your valid Identification Card/U Card and make an initial deposit. Any unused Dining Dollars from Fall Semester will carry forward to your Spring Semester Dining Dollars account. You can add additional money at any time in the U Card Office or by visiting <https://ibex.d.umn.edu/biz/ucard/>. **PLEASE NOTE: All Dining Dollars must be used by the last day of the current Spring Semester. Any unused Dining Dollars will expire without a refund. Please spend down your account before the end of Spring Semester.**

### Dining Center

The dining center serves three meals a day, five days a week. On Saturdays and Sundays, students can relax with a brunch and dinner schedule. All meals are “all you can eat.” The Dining Center is on the third floor of the Kirby Student Center.

### Kirby Plaza Food Court

The Food Court, located on the second floor of Kirby Plaza, has an a la carte menu. You may “brown bag” it in this cafeteria without buying anything.

### Northern Shores Coffee House

The coffee shop serves a variety of espresso and cappuccino drinks, along with brewed gourmet coffee. Northern Shores is located on the first floor of Kirby Plaza across from UMD Stores EXPRESS.

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## U Card

The U Card identifies you as a student, staff or faculty member on the UMD Campus. Your first U Card can be obtained at the U Card Office. Bring your driver's license, state ID, Military ID, Tribal ID, or passport and be prepared to have your picture taken.

The U Card is your key to all sorts of campus services and facilities.

Since your U Card never expires, you should hold on to it even after you leave the University. If you ever return as a student, staff or faculty member, your card will still be valid.

Use your U Card for....

- Campus Cash Program
- Ticket Discounts
- Art Department Materials
- Bursar Services
- University Bookstores Purchases
- University Libraries
- Student Employment
- Health Services - Clinical Health Services

Take care of your U Card! Report lost or stolen U Cards immediately. There is a \$25 replacement fee for lost, stolen or damaged U Cards.

Questions about your U Card? See this website: <http://www1.umn.edu/ucard>

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## Parking

Many students have the greatest of intentions when it comes to health and exercise. Certainly sparing a few minutes sleep is worth the effort and benefits found in enjoying a crisp morning walk to the UMD campus. However, when the weather in the Northland changes with the season and those crisp morning walks become marred by the brisk, bitter-cold winds of winter, most of our good intentions are set aside for what many of you will now consider self-preservation. You'll pass on the walk and spend those few extra minutes warming up the car for your morning commute. And let's face it—many of us simply love our cars. As such, a parking permit makes for a wise investment. Word to the uninitiated, buy your permit as quickly as possible; you might not want to be without one and permit spaces are limited. Parking permits are purchased online at <http://www.d.umn.edu/parking/>

The **Maroon lot parking permit** is valid in any Maroon or White lot. (The lot across University Drive from the Med School is a Maroon lot. Please note: Beginning in Summer of 2017, the number of spots in this lot will be reduced due to construction of the new UMD Chemistry Building.) The **White lot parking permit** is valid in any White lot. Permits are enforced from 6 a.m. - 5 p.m. Monday - Friday. Permits are not required from 5 p.m. - 12 midnight, Monday through Friday, and all day (6 a.m. to 12 midnight) weekends and summer. There is no overnight parking in Maroon lots.

**Daily parking** is available in Pay Lot G, located on University Drive by the Swenson Civil Engineering Building. A car pool discount card is available. Pay Lot G is open from 6 a.m. - 5 p.m. Monday - Friday. You can park for free from 5 p.m. - 12 midnight, Monday through Friday and all day (6 a.m. to 12 midnight) weekends and summer. There is no overnight parking in Pay Lot G.

**Metered parking spaces** are located along University Drive and in Lots A and B near the Medical School. Enforcement hours are 8 a.m. to 6:30 p.m., Monday through Friday year-round. Cost is 25 cents (quarters only) for 20 minutes.

The **UMD/DTA Student Bus Program**. You can use your U Card to ride DTA buses FREE anywhere in the Twin Ports. DTA route and schedule information is available at (218) 722-7283 or <http://www.duluthtransit.com>.

**There is no overnight parking in the parking lots at UMD. Overnight parking, however, is allowed in the metered areas on campus between 6:30 p.m. and 8 a.m., Monday through Friday.**

### How to contact

Parking Services

**Located:** 245 B Kirby Plaza

**Phone:** 218-726-7433

**TTY/TDD:** Minnesota Relay Service (800) 627-3529

**Fax:** 218-726-7526

**Email:** [umdpark@d.umn.edu](mailto:umdpark@d.umn.edu)

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## The UMD Library

The UMD Library provides research services and access to print and electronic information resources that support the learning, teaching, and research activities of the UMD community. The current collection numbers some 550,000 print volumes (100,000 in the health sciences), well over 2,000 journal subscriptions, and a substantial audiovisual collection highlighted by some 2,000 videocassettes. The library's membership in the MINITEX system allows students and faculty fast access to materials not available in the library.

Health science books and periodicals are shelved in the main book and periodical stacks. Books are shelved according to call number while periodicals are arranged alphabetically by title. If an item cannot be located help is available at the Reference Desk.

The first floor of the library houses the multimedia collection (videos, CD-ROMS, etc.) and the Circulation Services. Located nearby circulation is an interactive kiosk that will assist library users in finding the materials of services needed. The Leisure Reading Area and Current Views, displays best selling books and popular periodicals. This floor also has three assistive technology rooms.

The Reference Desk, staffed by reference librarians, provides research assistance to students and faculty. It is located on the second floor near the reference shelves. Other areas of interest on the second floor are government documents, the teaching materials library, and the children's collection.

The third floor contains the latest ten years of periodicals and study areas. The main book collection is shelved on the third and fourth floor. Group study rooms and study carrels containing computers are plentiful on both floors. Library administrative offices can also be found on the fourth floor.

The renovated section of the old health sciences library is called the Library Annex. This section contains UMD Archives, the Northeastern Minnesota Historical Collection, and periodicals that are more than ten years old.

The highly trained library staff is very helpful and always willing to assist students and faculty members as they use the library. Tours can be scheduled by calling 726-8586. For help connecting to the library's electronic databases, or for any additional research assistance, call the reference desk (726-8100).

Janice Jaguszewski, Associate Librarian and Director on the Twin Cities campus Bio-Medical Library, is an important resource for you:

[j-jagu@umn.edu](mailto:j-jagu@umn.edu)

<http://hsl.lib.umn.edu/biomed>



**THINGS TO DO  
AROUND  
DULUTH**

You've just completed a marathon week of studying for the big Foundations exam; your eyes are stinging from the fumes of formaldehyde; your head is spinning with pathways, equations, charts, and facts. Sooner or later you're going to feel the need to push the books aside and do something beyond the realm of medical school and studying. What to do? By now you know what it is that gives you pleasure, what offers you a bit of relaxation and peace. Do you like to walk, run, ski, eat, tour museums, shop or watch movies? Fortunately, Duluth and the surrounding area provides a little something for everyone. The following provides only a glimpse of some of the many opportunities Duluth has to offer. Regardless of where your interests rest, you'll find you've plenty to do.

The following list is by no means complete! Duluth and the surrounding area has many more places which one may visit. To list each of them requires considerably more than is possible in this manual. Much of the information provided here is adapted from the Duluth Convention and Visitors Bureau. Students interested in obtaining more information are enthusiastically encouraged to contact this organization at 1-800-438-5884 or (218) 722-4011. Also, you may contact [www.visitduluth.com](http://www.visitduluth.com) through the internet. Brochures providing a more comprehensive list of activities Duluth and Superior have to offer can be picked up at Visitor Centers in the Duluth area.

## Attractions

### **S.S. William A. Irvin Ore Boat Museum**

350 Harbor Drive, 55802  
(218) 722-7876, (218) 722-5573  
<http://decc.org/william-a-irvin/>

The S.S. William A. Irvin, permanently docked on the waterfront next to the Duluth Entertainment Convention Center, was once the flagship of the USS Great Lakes Fleet. The ship is now a museum on the water and is a testimony to the history of the North Shore and Great Lakes shipping. Each fall, during the week preceding Halloween, the UMD Theatre Department converts the ship into a "Ship of Ghouls" haunted tour which is a proven exciting (and frightening) experience. Tours are available from May through October.

### **Lake Superior Maritime Visitor Center**

U.S. Army Corps of Engineers  
600 Lake Ave S, 55802  
(218) 727-2497  
<http://www.lsmma.com/>  
Aerial Bridge boat watchers' schedule: <http://www.duluthboats.com/>

The Lake Superior Maritime Visitor Center, located on the Duluth waterfront in Canal Park, represents the most visited museum in the state of Minnesota. The museum offers several interesting and educational exhibits including model ships, films, and historic memorabilia from the great ships that sail on the waters of Lake Superior. Visitors gain a true appreciation of the unique and exciting history of shipping in the Great Lakes and the Duluth-Superior Harbor. The museum is open year round and admission is free. It represents a great place to spend an afternoon.

### **Lake Superior Zoo**

72nd Ave W and Grand Ave, 55807  
(218) 206-9874  
<http://www.lszoo.org/>

The Lake Superior Zoo offers a wide variety of animals housed in settings closely resembling their natural environments.

**Glensheen**

3300 London Rd, 55804  
(218) 726-8910; (888) 454-GLEN  
[www.d.umn.edu/glen](http://www.d.umn.edu/glen)

For many, the idea of a visit to Duluth is synonymous with a tour of Glensheen, the historic mansion located on the shore of Lake Superior. Glensheen is a 39-room mansion replete with historic original furnishings, formal gardens, a carriage house, and a clay tennis court. Construction of Glensheen was completed in 1908 and it is currently listed in the National Register of Historic Places. A guided tour of the mansion takes approximately 1 hr, 15 min. Pricing and information for the tour can be obtained by calling the above numbers.

**Duluth Huskies Baseball**

Wade Stadium  
34th Ave W and Grand Ave, 55807  
(218) 786-9909  
<http://northwoodsleague.com/duluth-huskies/>

The Huskies play in the Northwoods League. Home games are in historic Wade Stadium from early June to mid-August.

**Great Lakes Aquarium at Lake Superior Center**

353 Harbor Drive  
(218) 740-3474  
[www.glaquarium.org](http://www.glaquarium.org)

The Great Lakes Aquarium features animals and habitats found within the Great Lakes Basin and other freshwater ecosystems.

**Vista Fleet Harbor Cruises**

323 Harbor Dr, Duluth  
Entertainment Convention Center, 55802  
Information: (218) 722-6218  
<http://vistafleet.com/>

Get a new perspective of Duluth by viewing it from the water. As part of the narrated cruise, you'll pass beneath the Aerial Lift Bridge on your way into Lake Superior. Along the way you'll tour the harbor for a viewing of Duluth's grain elevators, lake freighters, and saltwater ships in port from around the world. Call the above number for information on pricing, tour times, and reservations.

**The Depot**

506 W Michigan St, 55802  
(218) 727-8025  
[www.duluthdepot.org](http://www.duluthdepot.org)

The Depot was built in 1892 as a railroad station. It is now a museum most famous for the Lake Superior Railroad Museum located in its basement. But it also includes the North Shore Scenic Railroad, St. Louis County Historical Society, Veterans' Memorial Hall, Duluth Art Institute, Minnesota Ballet, Duluth Playhouse, Matinee Musicale, and Arrowhead Chorale.

**Tweed Museum of Art**

University of Minnesota Duluth Campus  
(218) 726-8222  
[www.d.umn.edu/tma/](http://www.d.umn.edu/tma/)

Located on the UMD campus, the Tweed Museum of Art offers a great study break. With a permanent collection of over 6,000 art objects representing a range of cultures and periods of art history, the Tweed is a major cultural and educational resource for the Upper Midwest.

**Grandma's Marathon**

(218) 727-0947

[www.grandmasmarathon.com](http://www.grandmasmarathon.com)

This world-famous race represents one of the biggest events in Duluth each year. Typically held on the third Saturday in June, the race begins in Two Harbors, winds along the North Shore of Lake Superior, and ends in Canal Park. Grandma's Marathon has hosted the Women's National Championship title and has served as a test for hundreds of Olympic hopefuls. Each year several medical students from UMD run the race. Whether you are a spectator or runner, the event is lots of fun. For the less ambitious runner, the Gary Bjorkland Half Marathon and the William A. Irvin 5K races are also held on the same weekend. If you'd like to run next year, register early, as registration limits are often met by the end of December.

**John Beargrease Sled Dog Marathon**

(218) 722-7631

[www.beargrease.com](http://www.beargrease.com)

The Beargrease is the longest sled dog race in the lower continental United States. The course begins in Duluth and stretches along the North Shore to finish in Grand Portage at the end of the three-day race. Watching the start of the race is a great experience!

**Bayfront Blues Festival**

(715) 394-6831

[www.bayfrontblues.com](http://www.bayfrontblues.com)

With two concert stages and 25-plus bands, this is one of the largest annual outdoor blues festivals in the upper Midwest. It is held in mid-August at Bayfront park. The music is great!

**Carriage Rides**

<http://www.bayfrontcarriages.com/>

Grab your sweetie and take a horsedrawn carriage ride along Duluth's Canal Park or through downtown Duluth. Carriage rides run from May through October. Not a bad way to spend an afternoon.

**The Duluth Lakewalk**

<http://www.duluthmn.gov/parks/bayfront-festival-park/lakewalk/>

If you're looking for a great place to walk, bike, run, or skate you should take advantage of the fantastic paved path stretching for 7.3 miles along Lake Superior. The lakewalk begins at the ship canal and follows the lake past Fitger's Complex, Leif Erikson Park and Rose Garden to 60th Ave E. Most likely you'll bump into fellow classmates along the way.

**Park Point Recreational Area**

<http://www.duluthmn.gov/parks/parks-listing/park-point/>

<http://www.parkpointbeach.org/>

This 7-mile stretch of sandy beach is located across the lift bridge. At the end of the road, there is a beach house that is open from mid-May through September. The area includes two ball fields, four miles of hiking trails, several sand volleyball courts, a picnic area, and a children's playground.

**Enger Tower**

<http://www.duluthmn.gov/parks/parks-listing/enger-park/>

You can see this five-story octagonal stone tower along the horizon on top of the hillside. You can enjoy a beautiful view of the city at Enger Park and leisure in the picnic areas and gardens.

**Parks and Recreation Areas**

<http://www.duluthmn.gov/parks/parks-listing/>

Wherever you are in Duluth, there's a park nearby.

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## Hiking Trails in the Duluth Area

<http://www.duluthmn.gov/parks/trails-bikeways/>

Duluth is renowned for its beauty. It is highly recommended you take advantage of what the area has to offer. In addition to the many museums and exhibits you can visit while in Duluth, the area provides a great many outdoor trails for walking, running, biking, and/or skating.

**Chester Park Trail**, 1800 E Skyline Parkway, 2.5 miles

**Congdon Park Trail**, 32nd Ave E and Superior St, 1.5 miles

**Grassy Point Trail**, end of Leisure St, 1.0 mile

**Hartley Park Trails**, Fairmont and Woodland Aves, 5+ miles

**Kingsbury Creek Trail**, 7210 Fremont above Zoo, 1.3 miles

**Lester Park Trail**, E Superior St and Lester Park Rd, 15 K

**Lincoln Park Trail**, 25th Ave W and 3rd St, 1.5 miles

**Magney-Snively Trail**, 9900 block of W Skyline Parkway, 14 K

**Mission Creek Trail**, Hwy 23 and 131st Ave W, 3.25 miles

**Park Point Trail**, Base of Minnesota Ave, 4 miles

**Piedmont Trail**, Adirondack and Hutchinson Road, 4 K

**Western Waterfront Trail**, Across from Zoo on Grand Ave, 5 miles

**Willard Munger State Trail**, Grand Ave and 75th Ave W, 14 miles

## Other Activities Around Duluth

### Movies

**Duluth Cinema**, 300 Harbor Drive; 729-0335

<https://marcustheatres.com/theatre-locations/duluth-cinema-duluth>

**Lakes Cinema**, 4351 Stebner Rd; 729-0335

<https://www.marcustheatres.com/theatre-locations/lakes-cinema-hermantown>

**Zinema 2**, 222 E Superior St; 722-7300

<http://www.zeitgeistarts.com/>

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### Golfing

**City of Duluth courses**

<http://www.golfinduluth.com/>

**Lester Park**, 1860 Lester River Road, 525-0830

**Enger Park**, 1801 W Skyline Blvd; 723-3451

**Superior, Wisconsin, course**

<http://www.nemadjigolf.com/>

**Nemadji**, 5 N 58<sup>th</sup> St, Superior; (715) 394-0266

### Cross-Country Skiing

**Snowflake Nordic Ski Center**, 4348 Rice Lake Road, (218) 726-1550, <https://www.skiduluth.com/>

### Down-Hill Skiing

**Spirit Mountain**, Exit 249 off I-35, (218) 628-2891, <http://www.spiritmt.com/>

**Lutsen**, Highway 61 in Lutsen, (218) 663-7281, <http://www.lutsen.com>

**Chester Bowl**, Chester Bowl Park, (218) 724-9832, <http://www.chesterbowl.org/>

**Mont Du Lac**, Highway 23, 15 miles southwest of Duluth, (218) 626-3797, [www.skimontdulac.com](http://www.skimontdulac.com)

### Fishing (without a boat)

**St. Louis River at Boy Scout Landing**

From I-35, go south on Highway 23/Grand Ave. Located half a block past McCuen St.

**St. Louis River at Clyde Ave**

From I-35, go south on Highway 23/Grand Ave. Southeast of the junction with US Highway 2, go east on Clyde Ave. The pier is on the west shore.

**St. Louis River at Perch Lake**

From I-35, go south on Highway 23/Grand Ave. Cross the St. Louis River Bridge, then go east half a mile to Perch Lake.

### Shopping

**Miller Hill Mall**

Miller Trunk Highway / Highway 53

<http://www.simon.com/mall/?id=185>

Lots of typical stores including JC Penney, Sears, Younkers, Old Navy, American Eagle Outfitters, Barnes and Noble and more. Also has a food court. Near the Miller Hill Mall are other stores such as Target, Gander Mountain, Pier One.

**Dewitt-Seitz Marketplace**

Canal Park

<http://www.dewittseitz.com/>

Houses some of the most unique stores and restaurants in Duluth. Local favorites are Taste of Saigon, J. Skylark (toys and gifts), Two and Company, Art Dock, Hepzibah's Sweet Shoppe, Northern Waters Smokehaus, and Blue Heron Trading Company. The Duluth Pack Store is located across the parking lot.

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**Fitger's Brewery Complex**

600 E Superior St

(218) 722-8826

<http://www.fitgers.com/>

Contains interesting shops and restaurants, including the Brewhouse, Boat Club Restaurant and Bar, Mexico Lindo, A Place for Fido, Andi's Closet, Duluth Kitchen Co., TrailFitters, and The Bookstore at Fitgers.

# POLICIES



# Policies and Procedures of the Duluth Student Scholastic Standing Committee

Effective: July 30, 2016

Last Updated: April 8th, 2016

## Foreword

The University of Minnesota Medical School has two campuses (Twin Cities and Duluth). Each campus has a Scholastic Standing Committee which has been charged with the responsibility of monitoring the progress of medical students enrolled on that campus. These bodies are: the Committee on Student Scholastic Standing – Twin Cities (COSSS), and the Scholastic Standing Committee – Duluth (SSC). This document outlines the policies and procedures governing student scholastic standing at the Duluth campus. A separate document outlines the policies and procedures governing student scholastic standing at the Twin Cities campus.

## Role and Jurisdiction of Scholastic Standing Committee

The SSC has jurisdiction over students who matriculated on the Duluth campus during the first two years of course work. Once the students transition to the Twin Cities campus for their clinical years, they are under the jurisdiction of COSSS. The COSSS has jurisdiction over students who matriculate on the Twin Cities campus and students who have transitioned from Duluth after completing their coursework. Both Committees strive to assist students who are experiencing academic difficulty and to assure fairness to each student. The Committees evaluate student performance based on the student's individual record, taking into account the unique circumstance of each student's situation. Student performance encompasses academic knowledge and clinical skills, as well as development of the personal and professional attributes expected of a practicing physician. Any student behavior that reflects on a student's qualifications or potential to become a competent and ethical professional will be within the jurisdiction of the appropriate scholastic standing Committee. The SSC-Duluth will report to the Education Council on its activities annually (reference: Medical School Bylaws)

## I. Introduction: The Scholastic Standing Committee (SSC), Duluth

The SSC is a standing Committee of the Executive Faculty and the Faculty Assembly. The responsibilities of the Committee are defined in the Constitution of the University of Minnesota Medical School ([https://hub.med.umn.edu/sites/hub.med.umn.edu/files/constitution\\_0.pdf](https://hub.med.umn.edu/sites/hub.med.umn.edu/files/constitution_0.pdf); Article II, Section B.2) and the Bylaws to the Constitution (<https://hub.med.umn.edu/sites/hub.med.umn.edu/files/bylaws.pdf>; Article I, Section D.3).

These are the policies and procedures followed by the University of Minnesota Medical School, Duluth campus Scholastic Standing Committee (SSC) when evaluating medical students' academic performance and related issues.

The policies of the Scholastic Standing Committee are developed to conform to broader University policies on academic performance and ethics. These policies and procedures will be applied taking into account the unique circumstances of each student's situation. The responsibilities of the University of Minnesota Medical School Duluth Scholastic Standing Committee are to monitor each student's progress through medical school and to ensure that the students of the Medical School Duluth campus have met the requirements for transition to Year 3.

The responsibility of the Duluth Campus Scholastic Standing Committee is expressed in the following statement, from the Bylaws to the University of Minnesota Medical School Constitution:

Composition of the Duluth SSC. The Scholastic Standing Committee shall be composed of six faculty, two from each of the Departments of Biobehavioral Health and Population Sciences, Biomedical Sciences, and Family Medicine and Community Health, Duluth Campus; and one medical student from each class, participating as feasible, and shall include the representative of the Regional Campus Dean for the Duluth Campus for Student Affairs and a representative from the Center of American Indian and Minority Health as non-voting ex officio members. Department Heads will nominate two faculty from their departments to serve for a term of two years; medical students shall be selected for a term of one year through such procedures as the Student Body may establish.

The Scholastic Standing Committee shall monitor the quality of student performance in a continuous and consistent fashion. To this end, it shall determine guidelines for student academic standing, and it shall monitor each student's progress toward the Doctor of Medicine degree. This committee shall make recommendations to the Duluth Regional Campus Assembly concerning each student's promotion, transfer, termination, and/or special programming. The Duluth Campus Assembly's actions on such recommendations will then be transmitted to the Regional Campus Dean for the Duluth Campus for action. The Scholastic Standing Committee will annually report to the Twin Cities Program through the Associate Dean for Student Affairs and Admissions, and the Chair of the Scholastic Standing Committee. The Duluth Campus Scholastic Standing Committee will report on its activities to the Education Council and the Faculty Assembly at least once each year. Any action to deny advancement to students deemed ineligible will be reported to the Dean of the Medical School through the Regional Campus Dean for the Duluth Campus.

## II. Regional Campus Assembly Policies

### A. GRADUATION REQUIREMENTS

Medical students must complete all required courses and Milestone Exams (1, 2) satisfactorily and follow the credit requirements for the M.D. degree as outlined in the current University of Minnesota Medical School Duluth Policies, or as stated by the Office of Curricular Affairs, course directors, and/or the Scholastic Standing Committee; complete all regularly scheduled assignments; and take all scheduled examinations unless excused by the course director or his/her delegated faculty representative.

The maximum duration of undergraduate medical education should be six years from matriculation, three years from matriculation to the end of year 2 and the passing of Step 1 and three years from the start of Year 3 to the completion of Year 4 and the passing of both Step 2 exams. Students enrolled in any dual degree program are granted additional time as long as they otherwise remain in good academic standing in the Medical School. Students who fail to meet these expectations must petition the SSC (Duluth Years 1-2) or COSSS (Duluth Years 3-4; Twin Cities Years 1-4) to request permission to remain in the program. Failure to receive permission constitutes evidence of failure to make satisfactory academic progress and will trigger a hearing for dismissal. Students may petition to have up to one year of leave of absence from matriculation to graduation not count towards these benchmarks with no more than one year allowed over their entire enrollment.

### B. GRADING POLICIES

**Please Note: All students who matriculate into medical school after July of 2017 will be on a pass/no pass grading system in years 1 and 2. Formal policy updates are forthcoming.**

#### Medical School Grading System

The Grading Policies implemented by the University of Minnesota Medical School Duluth Campus Scholastic Standing Committee are expressed in the grading policies of the University of Minnesota Medical School and approved by the Education Council for both campuses.

<https://www.meded.umn.edu/policies/Medical-School-Grading-and-Transcripts.pdf>

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**Year 1 and 2: Course Grades****Policy Statement**

All final course grades in Years 1 and 2 will be:

**H (Honors)** – Represents achievement that is outstanding relative to the level necessary to meet course requirements.

**P (Pass)** – Represents achievement that meets the course requirements in every respect.

**N (No Pass)** - Represents failure and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (Incomplete).

Final course grades in Years 1 and 2 will be set at a pass (P) no lower than 70% of the cumulative points available for the entire course and students must also accumulate 70% or more of the cumulative points available on the final exam. Up to 66% of the pass/fail decision for the course may be comprised of the score from the final exam. All courses are required to have a final exam\* that includes content representative of the entire course. Final course grades will be criterion referenced.

Each course will determine Honors (H) for that course using criteria representing the work required for that course.

\* Refer to policy: Exam Grades, Years 1 and 2

([https://www.meded.umn.edu/policies/Course\\_Grades\\_Years\\_1\\_and\\_2.pdf](https://www.meded.umn.edu/policies/Course_Grades_Years_1_and_2.pdf))

**Reason for Policy**

A standard grading policy across the first two years of medical school is important to provide continuity and understanding of the learning that a grade represents. A pass/no pass/honors grade provides information on the mastery of content by each student and is not a comparison to the performance of others in their class.

**Procedures**

- The policies of the Committee on Student Scholastic Standing (Twin Cities campus) and Scholastic Standing Committee (years 1-2, Duluth campus) determine the actions to be taken for a No Pass course grade.
- Course grades in both Years 1 and 2 will be criterion referenced, not norm referenced. (Students will be assessed on their own independent mastery of the material; their course grades will be dependent on their own true scores, not scores referenced to a class mean.
- Final exams may contribute up to 66% of the pass/fail decision for the course.
- The balance of a student's course grade (34% or more) should be based on measures such as but not limited to:
  - Midterm (if applicable)
  - Participation in small groups etc
  - Quizzes
  - Professionalism (including peer assessments)
  - Essays/papers/presentations
  - Concurrent Foundations of Critical Thinking case contributions
  - Projects
- The requirements for Pass and Honors must be stipulated in the course syllabus prior to the beginning of the course. These requirements must be criterion referenced and not dependent on student scores referenced to the class mean. In determining Honors, the course director may include any elements of the course requirements (i.e., test scores, peer assessments, quizzes, attendance, papers, etc.)

Approved by Education Steering Committee March 21, 2011

Approved by Education Council April 19, 2011

**Year 1 and 2: Exam Grades**

[http://www.meded.umn.edu/policies/du/Examination\\_Policies\\_DU.pdf](http://www.meded.umn.edu/policies/du/Examination_Policies_DU.pdf)

**Policy Statement**

All exam grades will be criterion referenced. All exam grades in Years 1 and 2 will be set at a pass no lower than 70% of the cumulative points available for the entire exam. Final exam scores may contribute up to 66% of the pass/fail decision for the course. All courses are required to have a final exam\* that includes content representative of the entire course.

\* Refer to policy: Exam Grades, Years 1 and 2

([https://www.meded.umn.edu/policies/Course\\_Grades\\_Years\\_1\\_and\\_2.pdf](https://www.meded.umn.edu/policies/Course_Grades_Years_1_and_2.pdf))

**Reason for Policy**

A standard exam grading policy across Years 1 and 2 is important to provide continuity and understanding that a pass/fail grade is actually providing information on the mastery of subject area content by each student and not a comparison of their mastery level to others in their class.

**Procedures**

1. Students must receive timely feedback on all performance measures.
2. For integrated exams, discipline specific sub-scores will be available for students to better inform their own learning progress in individual subject areas. The Course Director may at their own discretion refer students to the Director of Learner Development (TC and DU) if they feel that students have exhibited areas of academic deficiency or need.
3. Exam grades in both Years 1 and 2 will be criterion referenced, not norm referenced.

Approved by Education Steering Committee March 21, 2011 Approved by Education Council April 19, 2011

**C. POLICY ON DROPPING A COURSE**

Anytime a student drops a course due to academic difficulty and fifty percent or more of the points in the course have been given (exams, quizzes, etc.), the student will receive a grade of "N" (Not Pass) rather than a grade of "I" (Incomplete). Repetition of the course in the following year will be considered a remedial program.

**III. Guidelines For Academic Standing****A. Academic Standing**

A student will be considered in good standing academically if the student is not At Risk or on Probation as defined below.

**B. Determination of Academic Standing**

Determination of academic standing will be made by the Scholastic Standing Committee no later than four calendar weeks after the conclusion of each semester grading period.

**C. At Risk Status and Probationary Status**

**At Risk:** An important function of the SSC is to help the student attain satisfactory academic performance. If a student has had a failing grade (N) or has an incomplete grade (I) and is not making satisfactory progress in any basic science or clinical course or has failed the USMLE Step 1 once, the student will be notified by the Office of Student Affairs and will be placed on "At Risk" status. Students on At Risk status will be required to meet with the SSC. Note that students placed on At Risk status are no longer in good academic standing. Students on At Risk status who experience further academic difficulties will be placed on Academic Probation, or be subject to a hearing for dismissal.

Students with a grade of N in a basic science or clinical course must appear before the SSC to receive permission to take a re-examination, or to repeat the course. Students who successfully pass the course through re-examination or by repeating the course return to good academic standing. Failure to pass the course on re-examination or by repeating the course will result in the student being placed on Academic Probation and will trigger a hearing for dismissal.

In certain cases, the SSC may determine the circumstances surrounding a course failure are of sufficient concern to justify placing the student on Academic Probation.

Any student who has questions concerning overall academic progress in Medical School is encouraged to make an appointment to discuss the matter with the Associate Dean of Student Affairs and Admissions. Students may also be placed on At Risk status by the SSC if, in the Committee's judgment, the student is not demonstrating progress on an approved decelerated schedule.

Probationary Status: Students with continuing and/or more serious academic deficiencies including any of the following will be placed on Academic Probation:

- a) Students who fail a basic science or clinical course upon re-examination or after re-taking the course,
- b) Students with two failures on USMLE Step 1
- c) Students with professionalism concerns.
- d) In addition, any student who has previously failed a course (irrespective of whether they had subsequently passed the course via re-examination or retake) will be immediately placed on Academic Probation should they fail a second course.

Students placed on Academic Probation will meet with the SSC. At the conclusion of this meeting the SSC members will determine whether to continue the student on Academic Probation, or to hold a hearing for dismissal. Students who are placed on Academic Probation will be provided with written notification of the conditions they must satisfy in order to return to good standing. Failure to satisfy these conditions will trigger a hearing for dismissal.

#### D. Remedial Program

A remedial program for a student receiving a grade of "N" will be devised by the course director involved in consultation with the Associate Dean of Student Affairs and Admissions and the student. The Scholastic Standing Committee will be informed of the nature of the devised remedial program by the Associate Dean of Student Affairs and Admissions. Such remedial programs may include, but are not limited to, self-study, tutorials, or repetition of the course in which the grade of "N" was received. At the completion of a remedial program, the course director shall communicate to the Scholastic Standing Committee, in writing, the results of the student's performance.

Students failing one or more courses, including courses initially failed but later successfully remediated or repeated, must appear before the Scholastic Standing Committee. The Committee will then determine whether the student shall be:

1. allowed to continue academic progress without interruption;
2. allowed to take more classes, but possibly at a reduced academic load;
3. required to suspend academic progress through Medical School until specified conditions are met;
4. given the opportunity to take re-examinations;
5. allowed to complete defined remedial coursework;
6. placed on academic probation; or
7. subject to a hearing for dismissal.

#### E. Removal from Academic Probation

Any student who has been placed on academic probation due to a grade or grades of "N" will be eligible

to be removed from academic probation and returned to good academic standing after satisfactory completion of all remedial programs. A change of grade shall be submitted by the course director immediately to update the student's academic record. If it is deemed necessary to place a student on academic probation only due to multiple Incompletes (I's), that student will be removed from probation when all Incompletes have been removed. Removal from academic probation shall be communicated to the student in writing by the Scholastic Standing Committee.

F. Re-examination or repeated course with an "N" Grade

The primary responsibility for remediation of any grade of "N" rests with the student. The Scholastic Standing Committee, may, on occasion, act in a consultative role with the student and the appropriate course director in an attempt to facilitate progress through the remedial program. The Chairperson of the Scholastic Standing Committee may communicate with the course director to determine the progress of the student.

G. Recommendation of Academic Dismissal

The Scholastic Standing Committee has the authority to recommend a student's dismissal from the Medical School. Criteria for dismissal from the University of Minnesota Medical School Duluth Campus by the SSC include but are not limited to any of the following:

- 1) Failure of the same course twice
- 2) Failure of any combination of three courses or USMLE Step exams
- 3) Failure to complete Years 1 and 2 and pass Step 1 in 3 years, exclusive of LOA
- 4) Egregious or repetitive professionalism concern(s)

Each of these situations listed above will result in a hearing for dismissal at which time the student's entire academic record will be reviewed by the Scholastic Standing Committee. Courses for which remedial programs are already prepared and agreed upon but not yet completed will be considered as grades of "N" when academic status is being considered by the Scholastic Standing Committee. As noted in Section D, students failing one or more courses, including courses initially failed but later successfully remediated or repeated, may be subject to a hearing for dismissal.

A student is only permitted to take a course twice and is only permitted one reexamination in that course. Failure to pass the course the second time will result in a hearing for dismissal.

H. Behavioral, Conduct Code or Professionalism Violations

A student will be subject to Scholastic Standing Committee recommendations, sanctions or dismissal for the following behaviors:

1. Conduct which violates any of these behavior codes: University of Minnesota Medical School Duluth Campus Honor Code; University of Minnesota Student Conduct Code [http://regents.umn.edu/sites/default/files/policies/Student\\_Conduct\\_Code.pdf](http://regents.umn.edu/sites/default/files/policies/Student_Conduct_Code.pdf); Medical Student Professionalism Code <http://www.meded.umn.edu/handbook/policies/professionalism.php>, Student Behavioral Code; or the Statement of Intellectual Responsibility [http://www.meded.umn.edu/handbook/policies/intellectual\\_responsibility.php](http://www.meded.umn.edu/handbook/policies/intellectual_responsibility.php) policies/rules of affiliated sites, which apply to students in a clinical experience.
2. Conduct which violates professional and/or ethical standards of the medical professions; disrupts the operations of the University, University of Minnesota Medical School Duluth Campus, or clinical training sites; or disregards the rights or welfare of patients, fellow students, college/clinical staff or other individuals.
3. Unlawful conduct or improper behavior within or outside the University of Minnesota, Medical School Duluth Campus community which impairs the student's capacity to function as a medical student/prospective physician.

The Committee may subject students who have violated the University of Minnesota Medical School Duluth Campus Honor Code, University of Minnesota Student Conduct Code, Medical Student

Professionalism Code, or the Statement of Intellectual Responsibility to a number of options including, but not limited to:

1. allowing the student to continue academic progress without interruption;
2. requiring that certain conditions be met to resume academic progress;
3. imposing a leave of absence;
4. suspending academic progress in Medical School until specified conditions are met;
5. requiring additional or specially designed coursework;
6. requiring participation in programs outside of the Medical School; or
7. recommending a hearing for dismissal.

#### I. Decelerated Program

The Scholastic Standing Committee may, on occasion, recommend or approve decelerated programs for students. Such programs may consist of reduced load/split year programs or exemption from registration for previously completed comparable coursework. Any and all requests for decelerated programs must be presented by the student, in writing, to the Scholastic Standing Committee; the Scholastic Standing Committee has the final authority for approval or disapproval of such requests. The Scholastic Standing Committee also has the authority to alter the final structure of any proposal presented by the student. Any such alteration or change shall be communicated, in writing, to the student and the student shall respond, in writing, with his/her acceptance of that altered program.

If the student wishes an exemption from registration for previously completed coursework, the student is responsible for requesting this exemption in writing from the appropriate course director. If approved by the course director and course faculty, the course director must submit written approval to the Scholastic Standing Committee explaining how the requirements were met. The written documentation and approval must be received by the Scholastic Standing Committee at least two weeks prior to the registration date for that course.

#### J. Communication

The Scholastic Standing Committee, through its Chairperson, will communicate any and all actions to the student in writing. All responses and/or requests to the Scholastic Standing Committee from the student, or in the student's behalf, will be communicated in writing.

#### K. Promotion and Transition

No student who is on academic probation or who has a grade of "N", "I", and/or "X" will be recommended for transition to the Twin Cities campus or transfer to another school. All grades of "N" or "I" must be remediated before a recommendation for promotion into the second year will be made. The Office of Student Affairs, with input from the faculty advisors, will review the progress of all students at two checkpoints in Years 1 and 2:

1. May of Year 1
2. January-March of Year 2

At these two checkpoints, students will be assessed on their performance. Students who are passing their courses but consistently performing below the class average will be offered additional help and resources.

#### L. Application

These Guidelines for Academic Standing supersede all previous Guidelines for Academic Standing and apply to all students entering the Medical School for the first time commencing with the Fall Semester of 2016.

Approved School Assembly: April 19, 2016.

#### **IV. Scholastic Standing Committee Operational Policy on Leave of Absence**

Whereas the Scholastic Standing Committee may grant a leave of absence to a student, a proper mechanism to process appropriate requests shall be followed. To avoid unnecessary meetings, and to expedite student requests, a procedure for request of leave of absence is hereby established.

Procedure:

A. A student who is in good academic standing may request a leave of absence through the following procedure.

1. The student shall request a leave of absence only after discussion of additional options with the Associate Dean for Student Affairs and Admissions. This discussion shall cover factors impacting financial assistance.
2. The student shall petition the Scholastic Standing Committee in writing for such a leave, not to exceed a period longer than one (1) year.
3. The student shall be interviewed by the Regional Campus Dean of the Medical School Duluth Campus and the Chairperson of the Scholastic Standing Committee, as to appropriateness of request.
4. Upon recommendation by unanimous agreement of the above three interviewing officials, the Scholastic Standing Committee Chairperson may grant a leave of absence from academic studies for not more than one (1) year. All actions must be reported to the Committee at its next regular meeting.
5. The student will be requested to respond to the Scholastic Standing Committee regarding her/his intentions to return to school by a date four (4) months preceding reentry.
6. If reentry is requested, the student will again be interviewed by the above three officials. They will forward a recommendation to the Scholastic Standing Committee for action on readmission prior to the beginning of the semester to be reentered.

B. Other requests for leave of absence shall be handled by a meeting of the Committee of the whole, following interviews by the previously stated school officials.

#### **V. Policy on United States Medical Licensure Examinations**

It is the policy of the University of Minnesota Medical School Duluth that each student must pass Part 1 of the United States Medical Licensure Examination (USMLE) to complete our requirements before officially transitioning to the Medical School in the Twin Cities. Passing standards are those established by the National Board of Medical Examiners (NBME). Year Two students may provisionally enter the clinical phase of the medical school curriculum pending notification of the results. Under no circumstances will such a student be permitted more than eighteen weeks of clinical work before receiving notification of passing Step 1.

The Scholastic Standing Committee has established the following policies with regard to the USMLE:

- 1) The Scholastic Standing Committee shall be advised of student performance on Step 1 of the USMLE.
- 2) Failure to pass Step 1 may result in a hearing before the Scholastic Standing Committee at which time courses of remedial action may be recommended.
- 3) Failure to pass Step 1 after three attempts or failure of any combination of three courses or USMLE Step exams will result in a hearing for dismissal, at which time the student's entire academic record will be reviewed.

Approved by Scholastic Standing Committee: December, 1995 Approved by School Assembly: April 19, 2016



## VI. Due Process Policy Governing Student Dismissal

The Scholastic Standing Committee (SSC) is charged with the responsibility of monitoring each student's performance while enrolled. Guidelines for Academic Standing are established by the Scholastic Standing Committee and distributed to incoming students by the Office of Student Affairs. In circumstances where satisfactory academic progress, the development of clinical skills, acquisition of knowledge, or the student's personal conduct, and relationships in a clinical setting are inconsistent with the student's future success as a physician, the inadequacies shall be brought to the student's attention by the instructor involved or by the Scholastic Standing Committee. Failure to correct these inadequacies may lead the Scholastic Standing Committee to recommend dismissal of the student. It is also recognized that the medical student is subject to the University of Minnesota Student Conduct Code [https://regents.umn.edu/sites/regents.umn.edu/files/policies/Student\\_Conduct\\_Code.pdf](https://regents.umn.edu/sites/regents.umn.edu/files/policies/Student_Conduct_Code.pdf) and its provisions, actions and penalties while enrolled in the Medical School.

The Scholastic Standing Committee considers the student as a whole person and realizes a student may have personal, medical or emotional problems, which contribute to the student's academic deficiencies and/or behavioral violations. These problems may be recognized by the student, faculty members, fellow students, or the Scholastic Standing Committee.

When a student appears before the Scholastic Standing Committee based on academic deficiencies or alleged behavioral violations, the Scholastic Standing Committee may recommend evaluation and/or counseling for the student if it determines that personal, medical or emotional difficulties have contributed to the student's situation. The student's progress in addressing these difficulties may be factors in the Scholastic Standing Committee's decision regarding the student's status in the University of Minnesota Medical School Duluth. If a student with academic deficiencies or behavioral violations is placed on a mandatory leave of absence, the student may be required to demonstrate progress in treatment or counseling as a condition of re-entry into the University of Minnesota Medical School Duluth. Any evaluation or treatment information transmitted to the Scholastic Standing Committee is private and will not be released outside the Scholastic Standing Committee without the written consent of the student, except as legally required.

Prior to a Scholastic Standing Committee recommendation of dismissal, the student will be:

1. Informed, by the Chairperson of the Scholastic Standing Committee, in writing, of reasons for the proposed recommendation. If the student chooses to have a hearing with the Scholastic Standing Committee, sufficient time (no more than ten days) must be allowed for the student to prepare for the hearing;
2. Guaranteed the right to appear before the Scholastic Standing Committee on his/her own behalf;
3. Guaranteed the right to examine their file prior to or at the hearing;
4. Allowed to select an advisor or counselor of his/her choice for assisting him/her during the Scholastic Standing Committee hearing; a faculty or staff member of the School is not excluded from this role. If students intend to have an advisor present they must notify the SSC of the advisor's name and status two days prior to the scheduled hearing date;
5. Given an opportunity to present evidence or witnesses on his/her own behalf and to question adverse witnesses before the Scholastic Standing Committee.

A quorum of 2/3 of voting members must be present to conduct the hearing. At the beginning of the hearing, students have the right to challenge any member of the SSC whose objectivity they feel is in question. Likewise, SSC members are permitted to voluntarily remove themselves from a hearing. The SSC will rule on all challenges.

All witnesses will be advised that the proceedings will be recorded.

In an executive session after the hearing, the SSC members hearing the evidence will reach a decision by simple majority vote.

In such hearings, all matters related to the decision to recommend dismissal of the student must be introduced into evidence before the Scholastic Standing Committee. The Scholastic Standing Committee shall consider only statements or written material which are made available to the student and which the student has had an opportunity to discuss and/or dispute in the hearing.

A record shall be kept of the hearing proceedings and kept on file for a period of three (3) years following the final disposition of the case. This record shall be available for review only by parties who have obtained the written consent of the student, unless otherwise provided by statutory law or these due process procedures.

For students subject to a dismissal hearing on academic grounds, the SSC may:

1. Continue the student's present enrollment in the curriculum on either a full-time or part-time basis.
2. Place the student on Academic Probation status with specific criteria to satisfy in order to return to good academic standing and/or remain in the Medical School.
3. Require the student to stop academic progress in order to receive appropriate intervention before being allowed to proceed in the full curriculum. Re-entry in the full curriculum is contingent upon successful completion of the designated remedial program.
4. Interrupt the student's curriculum for a specified period. At the end of the stipulated time, the student may petition for permission to resume the full curriculum. Failure to contact the SSC at that time will be interpreted as a resignation from Medical School.
5. Dismiss the student from Medical School.

For students found to have committed non-academic behavioral violations, the SSC may impose disciplinary sanctions, including but not limited to: warning, required compliance, probation, suspension and/or dismissal. Such sanctions will become a permanent part of the student's academic file.

At the conclusion of the hearing, the SSC will notify the student of its decision and provide the student with a statement of the reasons for the decision.

Students may submit a written request to the SSC for reconsideration of its decision within ten (10) days of the hearing, but only upon the basis of new information not reasonably available at the time of the hearing.

Following reconsideration, decisions of the SSC are final subject to the student's right to appeal findings of behavioral violations to the UMD Campus Assembly Committee on Student Affairs and its Student Appeals Panel.

Following reconsideration, decisions of the SSC are final subject to the student's right to appeal academic dismissals following the UMD Student Academic Complaint Resolution:

<http://www.d.umn.edu/academic-affairs/academic-policies/classroom-policies/student-academic-complaint-resolution>

Approved by School Assembly: May 15, 2002

## **VII. Students with Personal, Medical, or Emotional Problems**

The SSC considers the student as a whole person and realizes a student may have personal, medical or emotional problems that contribute to the student's academic deficiencies and/or behavioral violations. The student, faculty members, fellow students, or the SSC may recognize these problems. If the problem is substance abuse/dependence the student will be required to follow a standard monitoring plan developed by the Medical School. This monitoring information does not become a permanent part of the student's file unless the student violates the plan. If this occurs, the student must meet with the Associate Dean for Student Affairs and SSC chair, who will determine whether the student is required to appear before SSC.

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*When a student appears before the SSC based either on academic deficiencies or alleged behavioral violations, the Committee may recommend evaluation and/or counseling for the student if it determines that personal, medical or emotional difficulties have contributed to the student's situation. The student's progress in addressing these difficulties may be a factor in the Committee's decision regarding the student's status in the Medical School. If a student with academic deficiencies or behavioral violations is placed on a mandatory leave of absence, the student may be required to demonstrate progress in treatment or counseling as a condition of re-entry into the Medical School and continuing student status. The student's provider must provide a letter to SSC certifying that the student is ready to re-enter medical school. Any evaluation or treatment information transmitted to the SSC is private, will be maintained separate from the student file and will not be released outside the Committee without the written consent of the student, except as legally required.*

# University of Minnesota Medical Student Statement of Intellectual Responsibility

[http://www.meded.umn.edu/handbook/policies/intellectual\\_responsibility.php](http://www.meded.umn.edu/handbook/policies/intellectual_responsibility.php)

"As a stream cannot rise above its source, so a code cannot change a low-grade man into a high-grade doctor, but it can help a good man to be a better man and a more enlightened doctor. It can quicken and inform a conscience but not create one."

– International Code of Medical Ethics

## Part I - General Principles

The University of Minnesota Medical School Statement of Intellectual Responsibility (SIR) is established in the belief that central to any intellectual and professional endeavor is an atmosphere of mutual trust and respect, based upon individual maintenance of community standards. The hallmark of becoming a physician is that the individual is willing to: increase awareness of his personal and social values, profess these special values, and self-regulate his behavior and monitor the behavior of his peers according to these values. Central to this, is an awareness and an affirmation of the fact that one's medical education is the product of one's own intellectual effort. Therefore, every student who enrolls and remains at the Medical School understands that to submit work that is not his or her own, or to default on clinical obligations, violates the purpose and spirit of medical education and is cause for peer review.

It is not possible for a community to legislate morality. Indeed it is understood that intellectual responsibility is internal and that the standards delineated in this statement may or may not be those of the individual. However, the precepts of a community must be respected and upheld by all members of that community.

The SIR is planned as a broad outline of standards within which each student is expected to exercise his or her own judgment, and pledge that he/she will honor and adhere to the principles stipulated therein. When presented with an allegation of a violation of the SIR, the Peer Review Committee (PRC), as outlined in its Constitution, carefully considers all relevant factors, in order to determine whether the alleged act(s) did in fact occur and that such acts are prohibited by the SIR. The PRC will use procedural due process as a guide to its action and maintain strict confidentiality. At the discretion of the PRC the Committee on Student Scholastic Standing (COSSS) of the Faculty Assembly is contacted either for advice, execution of disciplinary action, or a new hearing of the case.

## Part II - Specific Provisions

In addition to the general principles of ethical conduct mentioned above, each student is bound by the following specific provisions as part of the Statement of Intellectual Responsibility:

Each student will respect the intellectual and physical property of others and will not use such property without the owner's permission.

Each student recognizes the right and obligation of the Medical School faculty to establish and maintain high standards of academic performance. Examinations will represent the student's individual efforts only; during the examination the student will not use information provided by other individuals, notes, textbooks, or other references, except as specified by the evaluator. Backpacks/bags should be closed/zipped during the examination. Any book, papers, notecards or written materials should be inside the closed backpack/bag or otherwise not on one's person.

Each student recognizes that his/her primary responsibility while on clinical rotations is the care of his/her patients. The patient's welfare has precedence over a student's personal educational objectives. The

student will respect every patient's privacy and dignity and will maintain confidentiality with regard to information about patients. Each student recognizes his/her responsibility to consult with the housestaff or attending physician regarding each patient's management.

Each student recognizes that clinical obligations include providing coverage when assigned, e.g., at clinics, at night, or on weekends. This includes attendance at all mandatory educational programs. When such assignment is made, a student will abide by it or make suitable alternative arrangements with the staff member who made the assignment. If a student is convinced that such an assignment is inappropriate, the matter must be discussed with the course coordinator.

Each student will confidentially report other students who violate the SIR to a member of the PRC. The PRC will then investigate according to the procedures of the PRC Constitution. Strict confidentiality must be observed at all times. Responsibility for a violation rests not only with the violator but equally with any student who is aware of the violation and fails to deal with it properly.

Often a student is not completely certain a violation has occurred. The student is obligated to report observations if he/she has a reasonable, good faith basis to believe that a violation may have occurred.

### **Part III - Statement of Intent**

Upon matriculation into the University of Minnesota Medical School each student will be asked to sign the following statement as affirmation of the intent to uphold the ethical principles described above.

"I hereby affirm that I understand and accept the provisions and stipulations of the University of Minnesota Medical Student Statement of Intellectual Responsibility."

Any student who chooses not to sign the SIR is required to submit a statement of his/her own for approval. This statement should address the intellectual responsibilities involved in examination policy, peer review, and patient care.

*[Medical Student Council - Passed 1/78; revised 6/97]*

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# Examination Administration and Scheduling Procedure

## I. Administration of Exams

- A. Students are to abide by the University of Minnesota Medical School Duluth Honor Code relative to examinations.
- B. Exam Security:
  - 1. Course examinations are considered secure documents and as such all exam items and related materials are considered confidential and are not to be released or shared in any forum outside of the testing setting.
  - 2. No formulas, study materials, notes, papers, or electronic devices of any kind will be allowed in the exams. Course Directors have the option to amend this requirement (for example an open book exam, or exam where calculators or other aids may be necessary).
  - 3. No materials of any kind will leave the exam area.
  - 4. No printing or copying of the examination is allowed.
  - 5. No access to email or the Internet is allowed.

## II. Absences/Tardiness for Exams

- A. Whenever possible, students will notify the Course Director and Dean of Student Affairs in advance if they will be absent from a scheduled exam. With this notification, the Course Director can consider the reason for the absence and make a determination of whether it is excusable, allowing for rescheduling of the examination for that student. Failure to pre-notify can be cause for determining the absence to be non-legitimate.
  - 1. Legitimate reasons for absence: A student will be excused for an absence due to unavoidable or legitimate circumstances such as: personal illness, serious family emergencies (immediate family), subpoenas, jury duty, military service, or religious observances. For an illness, a student may be required to provide documentation from the treating physician.
  - 2. Non-legitimate reasons for absence: Exam absences due to circumstances such as: wanting to attend a friend's wedding, the desire to get cheaper airfare during the holidays, or simply feeling unprepared to take an exam, will not be considered legitimate and excusable reasons for missing a scheduled examination.
- B. Students are expected to arrive for exams on time, so that the exam can begin at the scheduled time. When a student arrives late, classmates are disrupted and preliminary information might be missed. If some unforeseen circumstance forces a late arrival, a student may or may not be allowed to take the exam, at the discretion of the Course Director/exam proctor. Oversleeping is not a legitimate reason. Once students have finished (and reviewed) the examination, they are expected to leave the room and not reenter until all students have finished the exam. Only restroom breaks will be allowed during the examination.

## III. Rescheduling of Missed Exams

- A. In all cases, the Course Director will make the final decision as to whether an absence or requested absence is due to a legitimate, excused reason and whether the student will be allowed to make up the examination. This decision may be made in consultation with the Dean for Student Affairs and/or the course faculty.

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- B. When a decision has been made to reschedule a course exam or the final course exam, the Course Director will administer the same exam or a replacement exam.
  - C. Timing of the rescheduled exam:
    - 1. It is strongly recommended the rescheduled exam should be taken within one week of the original exam. Should unusual situations make scheduling impractical (e.g., lab exam), appropriate alternative arrangements will be made.

#### IV. Reporting of Grades to Students

- A. It is the responsibility of the Course Director to provide feedback to the students on course performance (final grade) in a timely fashion, preferably within three working days after the final course examination.
- B. If a student leaves town before grades are available, it is the student's responsibility to contact the Course Director to obtain their grade. It is not the Course Director's responsibility to contact those students who receive a failing grade.

#### V. Remediation of Courses

- A. In the situation where a student receives a course grade of "N", the Course Director and course faculty in consultation with the Dean of Student Affairs will determine if the student will be offered a remedial program. The intent is that the redemption plan be tailored to a student's individual educational needs. The remedial program (e.g., remedial examination or repeating the course) must be approved by the Scholastic Standing Committee.
- B. Scheduling of Remedial Examinations
  - 1. When it has been determined that a remedial examination will be offered, the Course Director and course faculty should prepare the examination and have it available, if possible, within one week after the determination of final grades.
  - 2. It is the student's responsibility to consult with the Course Director who will determine the best schedule for the student to study and take the remedial examination.
    - a. For many reasons, including the rules that are stated in Item VI below, it is in the student's best interest to remedy a course failure as soon as it is feasible.
    - b. If the remedial plan conflicts with ongoing courses, the student may propose to take the remedial examination following a major break from courses (e.g., holiday break, spring break). Such a proposal requires approval of the Course Director.
  - 3. The student must have an excused absence to miss a remedial exam or they will be required to repeat the course.
- C. In some instances, a grade of "N" in a course may require a special project or a report. The student has the responsibility of finishing the report/project as soon as possible. It is strongly recommended that the scheduling for this form of remediation comply with the policy for scheduling of remedial examinations as described in the previous item.

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VI. Policy regarding the carrying of “N” grades:

- A. A 1<sup>st</sup> year student with an “N” grade will not be allowed to enter the 2<sup>nd</sup> year.
- B. A 2<sup>nd</sup> year student with an “N” grade will not be allowed to transition to the 3<sup>rd</sup> year in Minneapolis.
- C. Any student simultaneously carrying one or more “N” grades at any stage of their education in Duluth is subject to dismissal proceedings by the Scholastic Standing Committee.

Approvals:

- Regional Campus Assembly, May 2012



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## Secure Exam Policy

### Policy Statement

Course examinations are considered secure documents and as such all exam items and related materials are considered confidential and are not to be released or shared by students in any forum outside of the testing/review setting. Students will be provided the opportunity to challenge exam questions (as per the Exam Challenge Procedure) as well as review the exam and their own responses, at a scheduled time, in a secure environment, in a timely manner after the exam has been given and scored.

### Reason for Policy

- Decrease the amount of time required by faculty to develop new exam questions
- Increase and maintain the quality of exam questions
- Develop a secure exam question bank
- Develop a consistent and efficient system to review challenges (on line process)
- Allow for congruence in secure exam policy with the Twin Cities campus

### Procedure

- Students are required to understand and sign the Exam Confidentiality Agreement.
- NBME standards will be posted and followed unless otherwise noted by the Course Director.
  - No formulas, study materials, notes, papers, or electronic devices of any kind will be allowed in the exams. Course Directors have the option to amend this requirement (for example an open book exam, or exam where calculators or other aids may be necessary).
  - No materials of any kind will leave the exam/exam review area.
  - No printing or copying of the examination is allowed.
  - No access to email or the Internet is allowed.
- **Exam challenges are standardized for Years 1 and 2 courses**
  - When students have completed an examination, they may review the exam and submit challenges in the testing center for an hour following termination of the examination. Discussion amongst students is encouraged.
  - Challenged questions will be considered and answered by the Course Director and faculty in a timely manner (refer to the Exam Challenge Procedure).

### Related Information

USMLE: The Rules of Conduct - <http://www.usmle.org/bulletin/testing>

Approved by Regional Campus Assembly, May 2012

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## Exam Confidentiality Agreement

By signing the Exam Confidentiality Agreement I hereby affirm that I have read the University of Minnesota Medical School **Rules of Conduct for Secured Exams** as listed below:

- I will not give, receive, or obtain any form of unauthorized assistance during exams.
- I will not have any formulas, study materials, notes, papers, or electronic devices of any kind in my possession during exams unless authorized by the Course Director.
- I will not remove any materials in any form (written, printed, recorded, or any other type) from the exam area.
- I will not access the Internet or email during the examination.
- I will maintain the total confidentiality of the examination materials.
  - I will not reproduce or attempt to reproduce exam material through memorization or any other means.
  - I will not provide information relating to exam content that may give or attempt to give unfair advantage to individuals who may be taking the exam in the future (including but not limited to: postings regarding examination content and/or answers on the internet, exam packets that closely mimic or match the items on the exam, or verbal disclosure of items on the exam).
- I understand it is my responsibility as a professional to report those who are in violation of the Exam Confidentiality Agreement to the Course Director and/or Honor Council.

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I hereby affirm that I have received and read the University of Minnesota Medical School Rules of Conduct for Secured Exams as stated in the Exam Confidentiality Agreement.

Printed Name: \_\_\_\_\_  
(First) (MI) (Last)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Source: *USMLE Rules of Conduct Policy*

Approved by the Regional Campus Assembly, May 2012

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## Policy for Reporting Grades on Transcripts

Grades of “N” (Not Pass) will remain permanently on the transcript.

The designation “I” or “Incomplete” will not be used for a student whose performance has been unsatisfactory. The "I" will be used only in extraordinary circumstances. Before a grade of "I" is issued, there must be a written agreement between the student and course director that indicates how and by what time the "I" must be made up. Failure of the student to comply with the terms of the agreement will result in a failing grade.

Students who take a course for the second time will be registered for the course again. Thus, the transcript will list the course twice. The “N” grade remains on the record.

Students who are not required to repeat a failed course because they have successfully remediated the course by re-examination will have this action noted on the transcript. A grade of “T” (test credits) for the course with a transcript note indicating “Special Exam” will be recorded.

Students who are required to retake a course because of failure may receive the grade they achieve for their performance. No course that has been successfully completed may be repeated for a higher grade.

*Presented for discussion by the Curriculum Committee on 12/01/06*

*Presented for discussion by the Year Three/Four Course Directors on 1/12/07*

*Presented for approval by the Curriculum Committee on 2/02/07*

*Passed by TC Subcommittee to the Curriculum Committee on 2/02/07*

*Passed by Duluth Subcommittee to the Curriculum Committee on 2/13/07*

*This policy will be implemented at the beginning of the 2007-2008 academic year for each class. (May 28, 2007 for Years Three and Four; September 4, 2007 for Year 2; and August 9, 2007 for Year One.)*

May 1, 2007

# University of Minnesota Medical School

## Policy on Student Mistreatment

### *AAMC Statement on the Learning Environment (aamc.org/learningenvironment):*

*“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, learners, and teachers. 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 learners 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 learners and teachers 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.”*

### **Mistreatment in the Learning Environment**

The University of Minnesota Medical School and Medical School are committed to maintaining an environment where there is mutual respect between student, teacher, and between peers. Behavior that is abusive or mistreats students or others in the learning environment is prohibited. Examples of inappropriate behaviors are:

- Physical punishment or physical threats;
- Sexual harassment;
- Discrimination based on race, color, creed, religion, national origin, gender, sex, age, marital status, disability, public assistance status, veteran's status, or sexual orientation;
- Repeated episodes of psychological punishment of a student by a particular superior (e.g., public humiliation, threats and intimidation, removal of privileges);
- Grading used to punish a student rather than evaluate objective performance;
- Assigning tasks for punishment rather than to evaluate objective performance;
- Requiring the performance of personal services;
- Taking credit for another's work;
- Intentional neglect or intentional lack of communication.

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

Concerns, problems, questions, and complaints may be discussed without fear of retaliation, with anyone in a supervisory position within the medical school community including a faculty member, lab director, course director, residency training director, division chief, department head, dean or director. The assistance provided may include counseling, coaching or direction to other resources at the medical schools. Students are encouraged to report possible sexual, racial, or ethnic discrimination, including harassment, to the Office of Equal Opportunity and Affirmative Action.

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**Process for Handling Allegations of Mistreatment**

Prior to filing a formal complaint, the individual may attempt to resolve the matter directly with the alleged offender. Violations of this policy fall within the scope of the Board of Regents Student Academic Grievance Policy, which provides mechanisms for both informal and formal resolution of complaints. Any complaint alleging discrimination in the University/student relationship, other than sexual harassment, may be filed either under the Student Academic Grievance Policy or with the Office of Equal Opportunity and Affirmative Action, but not both. In addition, actions can be taken under the Student Conduct Code against students committing harassment or other violations of the conduct code. Allegations of sexual assault are handled under the University Policy on Sexual Assault/Relationship Violence.

# University of Minnesota Medical School Duluth Campus Mistreatment and Harassment Incident Report

The University of Minnesota Medical School Duluth Campus has a web-based Incident Report for Mistreatment and Harassment of medical students. It is live for all Duluth 1<sup>st</sup> and 2<sup>nd</sup> year students.

Please join us in efforts to ensure a healthy, vibrant, safe and fair learning environment.

## Where can you find the Duluth incident report?

### ⊕ **Submit a mistreatment or harassment report (login required):**

Years 1 and 2: <https://blackbag.d.umn.edu/mistreatment>

**Incident Review Process:** Information reported will be reviewed solely by the Mistreatment and Harassment Oversight team:

**Alan Johns, M.D., Associate Dean for Medical Education, Curriculum and Technology**

**Robin Michaels, Ph.D., Associate Dean for Student Affairs and Admissions**

An inquiry or investigation will begin for all incidents within one week of receipt of the report and follow up will be provided in a timely manner to the reporting person. You will be notified by e-mail of the status of your report. The Medical School is committed to working with students who wish to remain anonymous, but because of the Medical School's and the University's obligation to take responsive action, the process is not always completely confidential.

You may choose to opt-out of the investigation and follow-up, unless the situation is considered serious or a violation of law or University policies. **You may also choose to report the incident directly to the Office of Equal Opportunity and Affirmative Action (see below).**

For incidents that are more serious in nature, or where follow up is deemed insufficient by the reporting person, all cases will be referred directly to the Office of Equal Opportunity and Affirmative Action (269-273 Darland Administration Building; 218-726-6827;

<http://www.d.umn.edu/umdoeo/eoaa.html>

**NEW – Multicampus reporting process via EthicsPoint:** For those students who wish to report mistreatment outside of the Duluth campus (for example, 3<sup>rd</sup>/4<sup>th</sup> year Duluth students on the Twin Cities Campus), please know that the University of Minnesota recognizes its obligation to its faculty, staff and the community to maintain the highest ethical standards. To facilitate this process the University has chosen **EthicsPoint** to provide you with an **anonymous** way to report activities that may be violations of the University's policies or other laws, rules and regulations.

Reporting an incident of mistreatment, harassment, or abuse of a medical student can be done 24 hours/7 days a week.

<https://www.med.umn.edu/md-students/reporting-mistreatment-harassment>

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## Medical School Duluth Campus Honor Code

The Honor Code and Honor Council are the means by which a student at this University takes responsibility for his/her actions and those of his/her peers. This honor system holds as its fundamental standards that: 1) a student shall maintain academic honesty and 2) a student shall never allow his/her behavior to compromise patient care. It should be understood that the responsibility of the student for upholding the honor system is not imposed upon him/her by the administration or the faculty, but is assumed by the student. Furthermore, the Honor Code depends for its effectiveness primarily on the individual and collective desire of all members of the academic community to prevent and deter violations rather than on proceedings to impose penalties after violations have occurred. However, when transgressions do occur, the student and faculty are obligated under the honor system to uphold the fundamental standards of the Code.

The primary responsibility for the successful function of the honor system lies within the individual. Each student who has entered the field of medicine should have developed concepts of honor and integrity, which will guide his/her behavior throughout his/her education and subsequent career. Thus, each student is asked to monitor and encourage his/her peers on the importance of honesty and integrity. Faculty also bear a responsibility to assure the professional conduct of each student. If a student fails to show professional conduct expected by his/her peers or the Medical School faculty, then guidance or disciplinary action is required.

If a student or faculty member observes or suspects a possible violation of academic honesty, clinical honesty, or professional conduct, it is recommended that he/she discuss the incident with the suspected student to clarify if an offense had occurred. In the case of an honor code violation, the observer must report this to the Honor Council. If the person suspecting or observing a violation of the Honor Code is unable or would prefer not to discuss the incident with the student suspected of a violation, the person observing or suspecting the violation report and discuss the incident with the chairperson of the Honor Council in a timely fashion. If the chairperson feels that the incident merits further attention, the chairperson will then meet with the individual suspected of a violation. If the incident is not sufficiently clarified by either the reporting individual or the chairperson, the violation must be reported to the full Honor Council as a signed statement.

Although it is not possible to list every situation that violates the Medical School Duluth Campus Honor Code, the following examples will provide a reference point regarding the rules and spirit of the honor system:

### 1) Academic Honesty

Each student should adhere to the highest standards of academic honesty and integrity. Academic dishonesty includes, but is not limited to:

Cheating – either intentionally using or attempting to use unauthorized materials—including but not limited to calculators without the approval of the course director, information, people or study aids in any academic exercise, or receiving any kind of unauthorized assistance on any examination or assignment to, or from, another person.

Fabrication – knowing falsification, reproduction, lack of attribution, of any information or citation in an academic exercise.

Plagiarism – intentionally or knowingly representing the words or ideas of another as one's own in any academic exercise.

Examination by Proxy – taking or attempting to take an exam for someone else other than the student is a violation of both the student enrolled in the course and the proxy or substitute.

Grade Tampering – any unauthorized attempt to change, actual change of, or alteration of grades or any tampering with grades.

## 2) Professional Integrity

As a future health professional, each student should also adhere to the highest standards of professionalism. Examples of clinical dishonesty include: misrepresentation of effort, credentials or achievement in the clinical setting; any action which compromises the quality of patient care; violation of patient confidentiality; in appropriate conduct toward patients or staff; and other conduct which is unbecoming a health professional.

## 3) Personal Conduct

Each student will conduct/present him/herself in an appropriate, professional manner when he/she is representing the Medical School Duluth Campus. In addition, the student will respect the fellow students' privacy and person, conducting him/herself in a manner consistent with the Medical School Duluth Campus Conduct Code.

The Honor Council will consist of six student-elected representatives, three from each class, elected in the first year to serve a two-year term. One of the students from the second year class will be selected to serve as a chairperson of the Honor Council. In addition, one Regional Campus Dean-appointed faculty member will serve on the Council for a five-year period as a means to maintain cohesion. The Council will serve as a judicial body responsible for evaluating all reported infractions, as well as making a recommendation concerning disciplinary action.

Hearings by the Honor Council will adhere to the following minimal guidelines:

- a) The proceedings will be kept private.
- b) There will be adequate notice to all concerned parties.
- c) There will be provided an opportunity for the student accused of the alleged violation to be heard.
- d) An adequate record of the proceedings will be maintained.

Upon matriculating as a student at the Medical School Duluth Campus each student is required to sign the following statement as a pledge upholding these concepts of the honor system:

“I hereby affirm that I understand and accept the provisions and stipulations of the University of Minnesota, Medical School Duluth Campus Honor Code. I pledge to adhere to the highest standards of academic and clinical honesty and integrity, and to conduct myself in a manner which represents the high expectations placed on physicians by the public.”

Approved by School Assembly: October 10, 1988



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# Honor Council Guidelines

**NOTICE: THESE GUIDELINES MAY BE AMENDED OR CHANGED AT ANY TIME BY SIMPLE MAJORITY ACTION OF THE MEDICAL SCHOOL ASSEMBLY.**

## **I. Honor Council General Guidelines**

### **A. Jurisdiction**

1. Covers all medical students of University of Minnesota Medical School Duluth Campus.
2. Related to any reported violation of Honor Code principles.
3. Timely reporting of infraction is considered to be within one week of event.

### **B. Composition**

1. Three elected members from each of the first and second year classes – each serves a two year term with election held at the beginning of the first year.
2. Faculty advisor appointed by Regional Campus Dean and confirmed by School Assembly – serves five year term.
3. Member replaced from appropriate class by special election, if original member unable to serve entire term.

### **C. Council Officers**

1. Chairperson – second year student, elected to serve the following year at the last semester meeting of first year service.
2. Vice-Chairperson – records meeting proceedings and acts in Chairperson's absent, elected at first semester meeting to serve one year.
3. Advisor – non-voting appointment by Regional Campus Dean for a five year term.
4. Recorder – selected at any meeting if Vice-Chairperson absent or fulfilling chairperson's duties, to record meeting proceedings.

### **D. Meetings**

1. Meet at least once each academic semester, excluding Summer Session.
2. To conduct Initial Council Review and Formal or Informal Council Hearing meetings as required, and outlined below.

### **E. Quorum for Meeting**

1. Five of six elected student members.
2. Faculty advisor or temporarily appointed replacement if advisor not available.

### **F. Voting Requirements**

1. To initiate investigation – agreement of four (4) voting members in attendance in Initial Council Review to proceed with Formal Council Hearing.
2. To render a verdict of guilty – agreement of four (4) voting members in attendance at Formal Council Hearing.
3. To determine appropriate sanction – agreement of four (4) voting members in attendance at Formal Council Hearing.

### **G. Education**

1. Chairperson to explain Honor Code and Council functions to each incoming first year class during Orientation.
2. Chairperson to update and remind second year class each fall as to Honor Code and Council functions.

## **II. Observation of Infraction**

### **A. Responsibility of Faculty**

1. Discusses suspected infraction with student (it is recommended that an observed or suspected infraction of the Honor Code be discussed with the suspected student to clarify if an offense has actually occurred, or to resolve the issue by agreement).
2. Reports suspected infraction in timely manner to Honor Council (if the observer is unable or would prefer not to discuss the incident with the student, or if the observation is corroborated

by another as a violation and not resolved as above, the observer must report the incident to the Chairperson of the Honor Council).

- B. Responsibility of Student (As Defined in the Honor Code of the University of Minnesota Medical School Duluth Campus)
1. Reports self to faculty or Council member if involved in violation.
  2. As a witness, it is recommended to discuss possible infraction with suspected student violator.
  3. Reports possible infraction in timely manner to any Council member.

### III. Reporting of Infraction

#### A. Verbal Accusation

1. Any member may initially receive verbal report of suspected violation from a witness.
2. Member will discuss reported incident with witness and then Chairperson.
3. Chairperson and member, with the assistance of the advisor, will decide upon the merit of probable violation and whether to require Initial Council Review.
4. If it is decided that an Initial Council Review is required, a written and signed accusation must be obtained from the witness prior to the Review. Neither witness nor accused is identified. This document will remain de-identified throughout the review but will be referenced in its entirety by the council in the setting of a Formal or Informal hearing.

#### B. Written Accusation

1. All written and signed accusations must be reviewed in an Initial Council Review.
2. A written and signed accusation is mandatory to initiate an Initial Council Review. This document will remain de-identified throughout the Review but will be referenced in its entirety by the council in the setting of a Formal or Informal Hearing.

### IV. Official Council Proceedings

#### A. Initial Council Review

1. Meets within a reasonable period of time of reported probable infraction.
2. A request is made by the council chairperson of the Dean of Student Affairs, caretaker of the honor council files, to check the files for any prior infractions on file against the student.
3. No guilt or innocence of the accused is to be determined during this review, only the merit of the accusation.
4. To the best of its ability, the council and its members will conceal all names during initial review.
5. If no violation is deemed to have occurred
  - a. all written records referencing names are destroyed.
  - b. witness(es) is/are notified of finding.
6. If accusation is validated as a probable violation, Chairperson will initiate one of the two following actions:
  - a. Informal Council Hearing (see Appendix 1A)
    - 1) Informal hearing is called and time and date set.
    - 2) Accused is notified in writing of alleged offense and hearing time, date and place.
    - 3) Honor Council presents alleged offense, and the accused is offered the opportunity to clarify or deny accusation.
    - 4) Accused is also offered the option of admission of guilt.
    - 5) At any time during the proceedings, up to and including the decision of the Honor Council, the accused is given the option of a *formal* hearing. Likewise, the Honor Council can mandate a formal hearing at any time.
    - 6) Findings will be acted upon according to section V (below).
  - b. Formal Council Hearing (see Appendix 1)
    - 1) Formal hearing is called and time and date set.
    - 2) Accused is notified in writing of alleged offense and hearing date, time and place.
    - 3) Witness(es) is/are notified in writing of hearing date, time and place.

- 4) Accused is offered the option of admission of guilt.
- 5) Findings will be acted upon according to section V (below).
- 6) If accusation is clearly not covered by the University of Minnesota Medical School Duluth Campus Honor Code, probable violation shall be referred to UMD Student Conduct Code Coordinator.

#### B. Formal Council Hearing

1. Meet for hearing no earlier than seven (7) school days after notification of violation to accused.
2. Participants
  - a. Council members and advisor.
  - b. accused, who is present for all testimony.
  - c. advisor or counselor for accused, who may not address the Council or question any witness(es), but may be present for all testimony.
  - d. primary witness to the charge, who is present for all testimony.
  - e. other witness(es) to the charge, present for his/her testimony only.
  - f. witness(es) for accused, present for his/her testimony only.
3. To follow Procedures for Formal Council Hearing (See Appendix 1).

#### C. Records and Privacy

1. A written record of all meetings will be kept as minutes of Council actions.
2. A brief written summary of all reports dismissed after discussion. But without investigation, will be kept as part of semester minutes.
3. Brief written summary prepared without names for minutes of all initial Council Reviews.
4. A tape recording will be made of all Formal Council Hearings for accurate documentation of the testimony portion of the Formal Counsel Hearing, and retained for appellate purposes.
5. A summary of council actions will only be recorded in a case exonerated, and any written testimony or accusation destroyed, and references by name will be deleted.
6. All Council records will be maintained as strictly private.

### V. Council Decision From Formal or Informal Hearing

#### A. Exoneration

1. All written and tape recorded records destroyed.
2. Summary of meeting recorded in Council minutes as above.

#### B. Findings of Guilt and Sanctions – decision to be recommended to, and for action by, one or more following referral bodies:

1. The Medical School Duluth Campus Department and/or Instructor.
  - a. failure of examination.
  - b. failure of course.
  - c. other to include but not limited to
    - 1) written notice to student and a copy retained in student file—student also informed of its presence.
    - 2) may be a time specified notice dated to be removed at a future date, if no additional sanctions imposed.
2. Medical School Duluth Campus Scholastic Standing Committee
  - a. suspension/administrative leave of absence
  - b. probation
  - c. dismissal

#### C. Notification

1. Accused advised in writing of decision within a reasonable period of time of decision by Honor Council, and copy of notice retained in Honor Council files.
2. Witness(es) notified of decision within a reasonable period of time of decision and the privacy of the information stressed.
3. Any other appropriate parties notified within a reasonable period of time following the decision, and the privacy of the information stressed.

**D. Communication of Recommendation Sanction**

1. Make recommendation (s) for action to appropriate body following guilty verdict.
2. Dismissal action recommendation, confirmed by the Scholastic Standing Committee, will be transmitted to the Medical School Duluth Campus Assembly for action.
3. Final review of all actions by the Regional Campus Dean.

**VI. Appeals**

- A. An appeal may be initiated after referral body takes recommended or other action.
- B. Any appeal to be handled in a manner similar to due process for SSC dismissal (beginning with paragraph #5 of the Due Process Governing Student Dismissal: "The student may choose...") (See Appendix 2).
- C. Must be initiated by written statement of intent to appeal within three (3) school days following notification of confirmation of sanction by referral body.

**VII. Appendices**

- Appendix 1: Procedures for Formal Council Hearing.  
 Appendix 1a: Procedures for Informal Council Hearing.  
 Appendix 2: General Mechanism of Appeal.  
 Appendix 3: Procedures for communication with the Peer Review Committee of the Twin Cities campus of the University of Minnesota Medical School.

**References:**

- Policies on File and Provided by Following Medical Schools:  
 Medical College of Georgia  
 University of South Carolina  
 Northeastern Ohio University

Approved by the School Assembly 1995

Approved Changes by the School Assembly Fall 2004

**APPENDIX 1**

Procedures for Formal Council Hearing will be conducted as follows:

- A. Call to order by the Chairperson
- B. Opening remarks and announcements by the Chairperson
  1. Identification of all parties attending the Hearing.
  2. Identification of the charge against the accused.
  3. Inform that the proceedings are being tape recorded for appellate purposes.
- C. Witness(es) is/are asked to leave the Hearing until recalled by the Chairperson
  1. Primary witness to the charge will be identified and allowed to remain throughout proceedings.
  2. All other witnesses will be excused until recalled for testimony only.
- D. Opening of the proceedings by the Chairperson
  1. Polling the Council for bias, prejudice or pre-formed judgment.
  2. Determination of voting Council members for a quorum.
  3. Presentation of specific rules or Honor Code violation by the charge against accused.
- E. Chairperson requests accused to make a response (guilty or not guilty) to the charge.
- F. Evidence and witness(es) to the charge are introduced by the Chairperson
  1. Examination of witness(es) by the accused, confined to testimony presented.
  2. Examination of witness(es) by the Chairperson, confined to testimony presented.
  3. Questions by Council members, confined to testimony presented.
- G. Evidence and witness(es) to the charge are presented by the accused

1. Examination of witness(es) by the Chairperson, confined to testimony presented.
  2. Questions by Council members, confined to testimony presented.
  3. Question of accused or accused witness(es) by primary charging witness, confined to testimony presented.
- H. Recall of witness(es) by the Chairperson to testify on specific issues
1. at the request of either party to the charge.
  2. at the request of the Chairperson or any other member of the Council.
- I. Closing statements and summary, if any, without rebuttal or additional questions
1. Summary of charge and testimony by the Chairperson.
  2. Closing statement by the accused.
- J. Formal Council Hearing is closed by the Chairperson
1. Tape recording is terminated.
  2. All parties dismissed except for Council members.
- K. Honor Council deliberates in closed session
1. Accused is found guilty or not guilty of charge.
  2. If guilty, Council makes recommendation to appropriate administrative body.
  3. If guilty, the accused will receive a copy of potential appeals procedures with written decision of Council (See Appendix 2).

## APPENDIX 1A

Procedures for Informal Council Hearing will be conducted as follows:

- A. Call to order by the Chairperson
- B. Opening remarks and announcements by the Chairperson
1. Chairperson identifies all parties attending the hearing.
  2. Chairperson identifies charges against the accused student.
  3. Honor Council members or accused can demand formal hearing at any time during the subsequent proceedings.
  4. Witnesses are not required to be present and will remain anonymous (if not initially identified) unless a formal hearing is called by the Honor Council or the accused student.
  5. A tape recording of the informal hearing is not required but will be implemented by the Honor Council or the accused student if requested.
  6. Accused student can request to have an advocate present.
  7. Accused student has no appeal process unless there is a *formal* hearing.
    - a. The accused student must request a formal hearing within one week after they have been informed of decision made by Honor Council at the informal hearing.
- C. Proceedings of the Informal Hearing
1. Statement of accusation against specific Honor Code violation
  2. Comments by accused student (admission of guilt or innocence)
  3. Questions by Council members
  4. Additional comments by accused student, if requested
  5. Summary of charge and testimony by Chairperson
  6. Adjournment
  7. Deliberation by the Honor Council and sanction determined
    - a. The sanction must be delivered in writing to the accused student within one week following the informal hearing.

## APPENDIX 2

General Mechanism of Appeal:

The student may choose to appeal the sanction recommended by the Honor Council once it has been confirmed by the referral body. The intent to appeal must be submitted, in writing, to the Regional

Campus Dean within three (3) school days of the student's receipt of written notification of sanction. All appeals shall be considered within thirty (30) calendar days by an Ad Hoc Committee, appointed by the Regional Campus Dean, to consider the appeal. This Committee shall be comprised of:

1. Five faculty, from separate Medical School Duluth Campus academic departments, none of whom have been involved in any circumstance of the violation.
2. Two students, one from each current class at the Medical School Duluth Campus, none of who have been involved in any circumstance of the violation.

The appeal shall be made on the record of the hearing by the Honor Council and upon any new and substantive information that may become available. The Ad Hoc Committee will recommend upholding the earlier confirmed sanction of the Honor Council (or any other sanction imposed by the referral body), exonerate the student or allow the student to continue with his/her studies even if sanctioned beyond a reprimand. The recommendation of the Ad Hoc Committee shall be transmitted, in writing, to the Regional Campus Dean. If it constitutes a reversal of the confirmed Honor Council decision substantive reasons for the reversal must be included. There will be no provision for further appeals within the Medical School.

The Regional Campus Dean, acting in his/her capacity as chief executive officer of the Medical School Duluth Campus, will review the recommendation of the Ad Hoc Committee and shall inform the student of his/her final decision within five (5) school days.

### **APPENDIX 3**

Procedures for communication of prior rulings with the Peer Review Committee of the Twin Cities campus of the University of Minnesota Medical School.

The Dean of Student Affairs, caretaker of the honor council files, is authorized to search the files and disclose the presence and contents of any files held under a specific student's name at the request of the Peer Review Committee of the University of Minnesota Medical School Twin Cities Campus in the setting of a specific review or hearing regarding the student's conduct.

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## University of Minnesota Medical School Medical Student Professionalism Code

As medical students in lecture, small group, an administrator's office, clinic or the hospital, whether patients are in the room or not, we are professionals and will strive to act as such. We recognize that the behavior and attitudes of the individual medical students reflect back on our classmates, our school, and our profession.

Professionalism should be integral to the relationship between students and physicians, among students, and among physicians. Students often model their professional behavior and attitudes on what they see in resident and faculty behavior. We will do our best to nurture an environment of mutual respect.

We will endeavor to uphold the following tenets of professionalism, including:

- Treat all patients, classmates, faculty, staff, medical specialists, and health care team members with respect and consideration, without regard to gender, age, race, religion, ethnicity, class or sexual orientation.
- Adhere to the highest standard of integrity and honesty in all professional relationships, including those with pharmaceutical and industry representatives.
- Protect patient confidentiality.
- Dress appropriately, including wearing a clean white coat and/or appropriate identification during all anticipated patient contact.
- Have a strong work ethic and positive attitude toward our responsibilities.
- Fulfill responsibilities assigned to us with careful consideration of consequences to both patients and colleagues.
- Commit to lifelong learning.
- Appropriately prepare for class, the clinic, or the hospital to optimize our learning and contributions to better patient care.
- Assist others.
- Respect that faculty have devoted their time to teaching medical students in lectures, small groups, clinics, and hospitals.
- Consult with those more knowledgeable when necessary.
- Follow all published instructions regarding assignments, examinations and special accommodations, and seek clarification from responsible parties when ambiguities are present.
- Show respect in all oral, written, and electronic communications (e.g. e-mail, social networking sites, blogs, Facebook, instant messaging), including patient presentations, course evaluations and test question challenge forms.
- Remain calm, courteous, and mature in the face of adversity.
- Avoid inappropriate behavior (e.g. swearing, gossiping, and negatively criticizing others).
- Be accountable for our actions.
- Seek feedback and advice from mentors.
- Maintain the highest standard of safety.
- Be punctual and reliable.

The Medical Student Professionalism Code (MSPC) is planned as a broad outline of standards within which each student is expected to exercise his or her own judgment, and pledge that he/she will honor and adhere to the principles stipulated therein. When presented with an allegation of a violation of the MSPC, the Peer Review Committee (PRC) or Honor Council (HC), as outlined in its constitution, carefully considers all relevant factors, in order to determine whether the alleged act(s) did in fact occur and that such acts are prohibited by the MSPC. The PRC or HC will use procedural due process as a guide to its action and maintain strict confidentiality. At the discretion of the PRC or HC, Assistant Dean for Student

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Affairs (TC) or Associate Dean for Student Affairs and Admissions (DU) will be contacted either for advice, execution of disciplinary action or a new hearing of the case.



# University Policy on Racial or Ethnic Harassment

[University of Minnesota Board of Regents Policy on Equity, Diversity, Equal Opportunity, and Affirmative Action \(pdf\)](#)

## SECTION I. GUIDING PRINCIPLES.

The following principles shall guide the commitment of the University of Minnesota (University) to equity, diversity, equal opportunity, and affirmative action:

- (a) Consistent with its academic mission and standards, the University is committed to achieving excellence through equity and diversity.
- (b) A diverse student body enhances the academic and social environment for all students and prepares students to thrive in an increasingly diverse workforce and society.
- (c) Equal educational access is critical to preparing students for the responsibilities of citizenship and civic leadership in a heterogenous society.
- (d) As a community of faculty, staff, and students engaged in research, scholarship, artistic activity, teaching and learning, or the activities that support them, the University seeks to foster an environment that is diverse, humane, and hospitable.
- (e) In partnership with community groups, the University is committed to serving the state, the nation, and the world through its outreach and public service.

## SECTION II. IMPLEMENTATION.

The University shall:

- (a) provide equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression;
- (b) advocate and practice affirmative action consistent with law, including the use of recruiting and search processes to enhance participation of racial minorities, women, persons with disabilities, and protected veterans;
- (c) establish and nurture an environment for faculty, staff, students, and visitors that actively acknowledges and values equity and diversity and is free from racism, sexism, ageism, homophobia, and other forms of prejudice, intolerance, or harassment;
- (d) provide equal educational access to members of underrepresented groups and develop affirmative action admission programs, where appropriate, to achieve the University's educational mission; and
- (e) promote and support equity and diversity through its academic programs, its employment policies and practices, its delivery of services, and the purchase of goods, materials, and services for its programs and facilities from businesses of the diverse communities it serves.

## SECTION III. MONITORING.

The president or delegate shall set performance goals consistent with this policy and law; remedy any discriminatory practice that deviates from this policy; and assess and reward the performance of individuals and units using the University's critical measures for the equity and diversity performance goals as part of the University's planning and budgeting process.

SUPERSEDES: POLICY STATEMENT ON WOMEN ACADEMIC EMPLOYEES DATED JULY 13, 1990; EQUAL EDUCATIONAL ACCESS AND OPPORTUNITY DATED NOVEMBER 8, 1991; EQUAL OPPORTUNITY: FACILITIES DATED JULY 9, 1993; EQUAL OPPORTUNITY IN EMPLOYMENT DATED JULY 9, 1993; DIVERSITY DATED JULY 9, 1993; AND EQUAL OPPORTUNITY DATED JULY 9, 1993.

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Actions can be taken against persons committing racial or ethnic harassment under the Student Conduct Code, the University Grievance Policy, and/or State and Federal Law. If you are a victim of or a witness to racial or ethnic harassment, you should contact:

University Police: 726-7000

Medical School Duluth Campus EEO Officer: James Keith, [jkeith@d.umn.edu](mailto:jkeith@d.umn.edu), (218) 726-7573

Office of Equal Employment Opportunity and Affirmative Action: (218) 726-6827

**To get Immediate Police Assistance, Call 911**

# University of Minnesota

## Board of Regents Policy: Sexual Harassment

<http://regents.umn.edu/sites/default/files/policies/SexHarassment.pdf>

### **SECTION I. SCOPE.**

This policy governs the commitment to the prevention and awareness of and response to sexual harassment at the University of Minnesota (University).

### **SECTION II. DEFINITIONS.**

**(a) Sexual Harassment.** *Sexual harassment* shall mean unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature when:

(1) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement in any University activity or program;

(2) Submission to or rejection of such conduct by an individual is used as the basis of employment or academic decisions affecting this individual in any University activity or program; or

(3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive work or academic environment in any University activity or program.

**(b) Retaliation.** Retaliation shall mean any form of intimidation, reprisal or harassment against an individual because the individual has made a report of sexual harassment or has participated in an investigation of sexual harassment by or of a University community member including:

(1) Firing, refusing to hire, or refusing to promote the individual;

(2) Departing from any customary employment or academic practice regarding the individual;

(3) Transferring or assigning the individual to a lesser position in terms of wages, hours, job classification, job security, employment or academic status;

(4) Informing another student, staff or faculty member who does not have a need to know that the individual has made a complaint or participated in an investigation of a complaint of sexual harassment;

(5) Impeding the individual's academic advancement in any University activity or program.

**(c) Member of the University Community.** Member of the University community shall mean any University faculty member, student, staff member, visitor or other individual engaged in any University activity or program.

### **SECTION III. GUIDING PRINCIPLES.**

The following principles shall guide the commitment of the University for the prevention and awareness of and response to sexual harassment:

**(a)** Consistent with its academic mission and standards, the University is committed to achieving excellence by working to create an educational, employment and residential living environment that are free from sexual harassment.

**(b)** The University is committed to preventing and eliminating sexual harassment of faculty, staff and students through education and by encouraging all members of the University community to report any concerns or complaints about sexual harassment.

**(c)** As a community of faculty, staff and students engaged in research, scholarship, artistic activity, teaching and learning or activities that support them the University seeks to foster an environment that is equitable, humane and responsible and where all members are treated with dignity and respect.

### **SECTION IV. IMPLEMENTATION.**

The University shall:

**(a)** Prohibit sexual harassment or retaliation.

**(b)** Ensure that department heads, deans, provosts, chancellors, vice presidents, and other supervisors and managers take timely and appropriate action when they know or should know of the existence of sexual

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harassment. Other persons who suspect sexual harassment should report it to an appropriate person in their unit or to the University equal opportunity officer.

(c) Adopt procedures on each campus for investigating and resolving complaints of sexual harassment in coordination with the director of equal opportunity and affirmative action.

(d) Address violations of this policy through disciplinary or other corrective action up to and including termination of employment or academic dismissal.

**SECTION V. MONITORING.**

The president or delegate shall address complaints of sexual harassment consistent with this policy and law and remedy any discriminatory or harassing practice that deviate from this policy.

**SUPERSEDES: SEXUAL HARASSMENT DATED SEPTEMBER 11, 1998**

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## Department of Human Resources and Equal Opportunity

**Services provided:**

Recommend and administer policy guidelines and procedures for sexual harassment set by Regents' policies and state and federal laws and regulations for faculty, staff and students. Investigate charges of discrimination, including sexual harassment, on the University of Minnesota, Duluth campus, which may include the assistance of other parties, as appropriate.

**Department Web Site:**

<http://www.d.umn.edu/umdeo/>

**How to contact**

Karna Kurtz, EO Specialist

**Located:** Darland Administration Building, Room 255

**Phone:** 726-6827 or 726-7912

**TTY/TDD:** 218-726-8251 or Minnesota Relay Service (800) 627-3529

**Fax:** 218-726-7505

**Email:** [umdeo@d.umn.edu](mailto:umdeo@d.umn.edu)

**Postal Address:**

Sexual Harassment Office  
University of Minnesota Duluth  
Darland Administration Building 255  
1049 University Drive  
Duluth, MN 55812-3011

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## Information on Incidents of Harassment

### Reporting

All incidents of harassment based on race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status or sexual orientation should be reported *immediately* to the Office of Equal Opportunity at 218-726-6827. This office will be responsible for following up on all such harassment incidents.

Harassment can take many forms: hate mail or phone calls, graffiti or verbal abuse directed at an individual(s), or it may be even more threatening. Evidence of such harassment should be preserved to assist in appropriate legal and/or disciplinary action. Call UMD Campus Police at 218-726-7000 in cases of serious incidents that threaten the safety of an individual(s), or when evidence must be collected for preservation.

### Phone Call Guidelines

In order to assist the UMD Campus Police in investigating harassing phone calls, we have developed the following guidelines that would greatly aid in establishing the identity of the individual or individuals doing the telephoning.

- If you receive a voice mail message, do *not* erase the message—save the message by pressing the 7 key on your campus telephone.
- Date and time the call occurred? If voice mail, press the 8 key on your phone while playing the message.
- What did the caller say?
- Did the caller ask for a specific individual?
- Were there any noises in the background that could be identified?
- Was the voice young, old, male, female; was there an accent?
- Did you recognize the person calling by voice?

### E-Mail and Document Guidelines

The following guidelines have been developed for the handling of documents. Document examination consists for the most part of side-by-side comparison of handwriting, typewriting and written or printed matter for identification. Consideration should always be given to treating documents for latent fingerprints. Therefore, please handle such documents as little as possible and forward all originals as soon as possible to the UMD Campus Police.

- Where was the document found?
- Who handled the document?
- Time of day the document was found?
- Date the document was found?
- Who found the document?

NOTE: If the document is an E-mail message, save it in your E-mail in-box to preserve important E-mail header information. Forward a copy via E-mail to the UMD Office of Equal Opportunity at [equaloo@d.umn.edu](mailto:equaloo@d.umn.edu). Some or all of the important header information will be lost on the forwarded copy. Therefore, it is important that the original E-mail is saved in your E-mail in-box.

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**Counseling**

Victims of harassment often need immediate help in overcoming the fear, trauma and anger caused by such behavior.

Students should call UMD Health Services at 218-726-8155.

Staff and faculty should call the Employee Assistance program at 612-625-2820 or 1-888-243-5744 (The Sand Creek Group, Ltd.).

If you have any questions about any of these procedures, please contact:

Medical School Duluth Campus EEO Officer, James Keith, [jkeith@d.umn.edu](mailto:jkeith@d.umn.edu), 726-7573

UMD Office of Equal Opportunity, 255 Darland Administration Building, Tel 218-726-6827 or 218-726-7912; FAX: 218-726-7505; E-Mail: [umdeo@d.umn.edu](mailto:umdeo@d.umn.edu).

Rev. 08/1998

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## Sexual Assault Victims' Rights Policy

If you are the victim of a sexual assault on University of Minnesota property, you may file a criminal charge with the University police at 218-726-7000, Monday through Friday from 8:00 a.m. to 4:30 p.m. After hours, please call 911. If you would like personal support or assistance in notifying the proper law enforcement and University authorities, you may call:

- 24-Hour Sexual Assault Crisis Line - 218-726-1931
- UMD Office of Equal Opportunity - 218-726-6827 (TTY: 218-726-6115)
- UMD Student Health Services - 218-726-8155
- UMD Support Group/Individual Counseling for Survivors of Sexual Assault (Students)  
Contact Jean Baribeau-Thoennes - 218-726-6967 or 218-726-8155
- The Sand Creek Group, Ltd. – Employee Assistance Program (Faculty and Staff) 612-625-2820  
or 1-888-243-5744
- UMD Women's Resource and Action Center - 218-726-6292 or 218-726-8444
- Program for Aid to Victims of Sexual Assault (PAVSA) - 218-726-1442 {Monday through  
Friday from 8:30 a.m. to 4:30 p.m.} or 24-Hour Crisis Line - 218-726-1931

You also have the right to assistance from:

- State of Minnesota Crime Victims Reparations Board - 612-282-6256
- Office of the Crime Victim Ombudsman - 612-282-6258

Upon receipt of a complaint, the University will conduct an investigation and respond to you. You may participate in any University disciplinary proceeding concerning your sexual assault complaint. If you wish, you may also have a support person present with you. You have the right to be notified of the outcome of any University disciplinary proceeding concerning your complaint, subject to the limitations of the Minnesota Government Data Practices Act.

The University will follow the direction of law enforcement authorities in obtaining, securing, and maintaining evidence relating to your sexual assault incident. University authorities will also assist in preserving materials which are relevant to a University disciplinary proceeding.

At your request, the University will assist you, as is reasonable and feasible (in cooperation with law enforcement authorities), in shielding you from your alleged assailant. This may include providing you alternative work, academic, or living arrangements if these options are available and feasible.

The University of Minnesota is an equal opportunity educator and employer.



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## Health Insurance Portability and Accountability Act

In 1996, as a part of the Kassebaum/Kennedy Act, Congress passed the Health Insurance Portability and Accountability Act, commonly referred to as HIPAA. One purpose of the act was to facilitate patients' transfer of health insurance when they changed jobs. Health insurance and health care providers then asked Congress to design a standardized process to transfer records. While HIPAA's initial focus was on electronic data transfer, the issue of protecting the privacy of health information emerged as a factor in transferring the data. Over time, defining privacy rules and the implementation of the privacy rules became a major purpose of HIPAA.

Many members of the University community come in contact with individual health information about individuals as part of their day-to-day work. This may be as health care providers, researchers, educators, students, or in roles that assist or support such individuals. Health care workers and others have long had a duty to keep this medical information private.

The University of Minnesota must comply with the training component of the federal Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. To ensure compliance with the HIPAA regulations, the University has established a Security Compliance Program to create standardized policies, procedures, and forms for implementation across the University.

Protected health information is information that can be used to identify an individual. It is created when a person has seen a health-care professional, been treated by one, or paid for health services. It can be spoken, on paper, or electronic. It is protected wherever the information is created or received. Under the new federal Health Insurance Portability and Accountability Act (HIPAA), only the minimum information necessary for a specific purpose should be used or disclosed.

*Medical Privacy – National Standards to Protect the Privacy of Personal Health Information*  
Administered by the Office of Civil Rights, this site provides test and pdf (portable document format) files of both the official and unofficial versions of the complete privacy rule.

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## UMMSD Policy on Student Records

The Buckley Amendment is a short name for a federal law known as “The Family Educational Rights and Privacy Act” or FERPA. It became law on November 19, 1974. It gives all parents of students under 18 years of age, and all students over 18 or who attend post secondary schools, the right to see, correct and control access to student records. Schools are required to establish written procedures to carry out these rights.

Therefore the following information is provided.

1. What records are maintained on students?
  - A. The Admission File. This contains your application, supplemental application form, interview impressions, MCAT scores and recommendations pertinent to your admission to UMMSD. This file is kept in the Office of Student Affairs.
  - B. UMMSD Academic File. This contains your updated copy of your transcript of academic progress to date, evaluation on clinical courses and your preceptorship activities, copies of letters written and actions taken by the Scholastic Standing Committee. This file is kept in the Office of Student Affairs.
  - C. Alumni Directory Files. Information about your current address, career choice, residency type and location, where and what type of practice you’ve established, any personal data (marital status, spouse’s name, children, etc.) you may wish to provide. This file is kept in the Alumni Directors Office.
  - D. Official Transcript. This information is kept in the Registrar’s Office at UMD.
  - E. Financial Aid File. Contains application forms, financial statements and award information pertinent to your request for financial aid from UMD. This file is kept in the Financial Aid Office at UMD.
2. Do I have a right to see these files?

Yes. The only exceptions are the financial records of your parents which may be kept in the Financial Aid File and letters of recommendation in your admissions file for which you have waived your right to see and interview impressions.
3. What is the process for obtaining access to my file(s)?

Prepare a written, dated request for each particular file you wish to see and direct it to the attention of the director (or dean) of whichever office holds this record. Your request will be filed in the file and will be honored.
4. Must the school show me the record right away?

No. Under the Buckley Amendment the school has 45 days to grant your request although we will expedite your request as rapidly as possible.
5. May I make a copy of my file?

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Only when records are to be transferred to another school or when information is requested by you for a third party.

6. Who may see my files without my permission?
  - A. School officials within the Medical School with a legitimate educational interest (i.e., members of the Scholastic Standing Committee, Faculty Advisors, and the Admissions Committee) [Exception – the Financial Aid File].
  - B. School official in schools or programs to which you have applied for transfer or acceptance.
  - C. Various state and national education agencies when enforcing federal laws.
  - D. Accreditation and research organizations helping the school.
  - E. Student financial aid officers.
  - F. Those with court orders.

All other persons or agencies may not see your files without your written consent.

7. If the information in the file is misleading or false, can it be corrected or removed?

Consult with the Dean of Student Affairs and if it is a simple verifiable mistake it can be adjusted immediately.

If a difference of opinion exists, or you feel your academic progress has been unfairly evaluated, you have the right to insert into the file a counter or explanatory statement of your own which will remain with the file.

If you wish to contest further, you may take up the matter with the University of Minnesota Medical School Duluth Campus Grievance Committee.

# Policy for Prevention of and Response to Educational Exposures to Blood Borne Pathogens and Tuberculosis

## I. Purpose

The purpose of this document is to (1) list the required and recommended immunizations for University of Minnesota Academic Health Center (AHC) students; (2) prevent/manage blood borne and respiratory infections; (3) delineate the management if exposure to blood-borne pathogens should occur to AHC students while they are in the educational setting; and (4) describe the procedure for fit tested mask requirements for AHC students who rotate through areas at high-risk for tuberculosis.

**As freshman and sophomore medical students at the Medical School Duluth Campus, when reference is made to Boynton Health Center located on the University of Minnesota campus in Minneapolis, you should instead refer to the UMD Health Services on the UMD campus. The exception to this is the Protocol for Exposure to Blood Borne Pathogens During Educational Experiences (Section VII below), which should be followed as written. As third and fourth year students in Minneapolis, you will then use Boynton Health Services instead.**

## II. Definitions

For the purpose of this policy, *AHC students* are defined as those current and visiting students who are required in their academic program to have responsibilities in clinical settings and/or community environments with significant exposure to human patients/clients.

*An educational exposure to blood-borne pathogens* is defined as a percutaneous injury (e.g., a needlestick or cut with a sharp object), contact with mucous membranes or contact with skin (especially when the exposed skin is chapped, abraded, or afflicted with dermatitis or the contact is prolonged or involving an extensive area) with blood, tissues, or other potentially infectious body fluids, which occurs in the educational setting.

The dean of the school, in consultation with Boynton Health Service, will determine whether the school's students are at risk of *significant educational exposure* to patients with blood borne pathogens is defined as actual contact with blood or other potentially infectious body fluids. Significant exposure to patients with tuberculosis is defined as five-minute face-to-face contact with patients who could have active pulmonary tuberculosis disease.

## III. Health Insurance Coverage

It is expected that AHC students carry health insurance coverage to cover emergency medical situations. All AHC will be automatically enrolled in the University Sponsored Health Benefit Plan (SHBP). This plan provides easy, affordable coverage for the unique needs of AHC students. Each AHC student should carry insurance information at all times on clinical and community educational rotations to have available in emergency situations. For more information on the SHBP, visit the Boynton Health Service website, <http://www.bhs.umn.edu/insurance/ahc/index.htm> or the UMD Health Services website: <http://www.bhs.umn.edu/insurance/duluth/index.htm>.

#### IV. Immunizations

Required student immunizations and vaccinations are to comply with Minnesota State law and Occupational Safety and Health Administration regulations. Students may be expected to have other requirements by individual schools.

##### **IMPORTANT!**

- To register for the academic year, you must have the appropriate immunizations.
- Your failure to have all required immunizations and vaccinations may influence the University's ability to place you in clinical rotations.
- You must carry documentation of immunizations to early practice/shadowing experience, service-learning and clinical rotations sites.

Upon admission to the AHC academic programs, students are required to submit proof of the following immunizations and vaccinations:

##### Required

- **Measles/mumps/rubella** documentation or positive titre
- **Tuberculosis Skin Test (Mantoux)**
  - AHC students are required to provide documentation of a **two-step** Mantoux test when matriculating into the Academic Health Center. Once enrolled in a school, evidence of an annual Mantoux test or a statement from a provider attesting that the student does not have active tuberculosis (TB) is required.
  - Students who have a positive Mantoux test will be required to complete a chest x-ray. For students not followed by Boynton Health Service, a documented treatment plan will need to be submitted to Boynton Health Service to assure that there is not a risk of transmission to students, faculty or patients.
- **Hepatitis B series** (3 doses) or documented immunity.
- **Past DTP or diphtheria/tetanus** within the last 10 years should be recorded.
- **Varicella Zoster**, positive history, or positive titre (2 doses of vaccine)

An annual influenza immunization and a completed polio series (3 doses) are strongly recommended.

If contraindicated for medical reasons, some of these vaccine requirements will be waived. Students will be required to file a waiver documenting medical contraindication.

If a student declines an immunization for conscientiously held beliefs (e.g., religious or cultural), he/she must submit a vaccine declination form.

Boynton Health Services is designated as the central data repository for AHC student immunization data and annual Mantoux testing. Students who are noncompliant will not be able to register for an academic year without the appropriate immunizations. Students must carry documentation of immunizations to early practice/shadowing experience, service-learning and clinical rotations sites.

A student's failure to have all required immunizations and vaccinations may influence the University's ability to place the student in clinical rotations.

## **V. General Information Regarding Prevention and Exposure to Blood Borne Pathogens During Educational Experiences**

All AHC students in contact with patients or potentially infectious bodily fluids will receive information annually about standard precautions, blood borne pathogens, appropriate basic first aid, and the response procedure portion of this policy. This information will be appropriate to the student's educational level and the area of professional education. The educational office of the colleges and programs, or a designee will provide the required training.

Effective management of educational exposure to blood-borne pathogens requires coordination among multiple units of the University, Academic Health Center, and rotation sites. It requires training in prevention of injury and in the management of injuries when they occur. While students are not covered by OSHA regulations, the AHC policy is that OSHA regulations will serve to guide decisions regarding student during clinical and community rotations. Therefore, directives will be the same as those provided to employees with occupational injuries and will be developed by the AHC Student Educational Exposure to Blood-Borne Pathogens Task Force.

Experiential educational coordinators in each college and program will assure with the rotation site that students have access to care and first-response prophylactic medication by becoming familiar with facilities and pharmacies in the area of experiential rotations. Students and the BHS will be informed of the access to treatment and prophylactic medications. Preceptors should be familiar with this information and the AHC policies.

Upon arrival at a rotation site, AHC students will seek the information regarding site-specific protocols for managing exposure to blood borne pathogens and be familiar with the AHC protocols for managing education exposure to blood borne pathogens.

AHC students should follow the current protocol for response to educational exposure to blood borne pathogens, listed below.

## **VI. Prevention of Tuberculosis During Educational Rotations**

In accordance with OSHA regulations for health care workers, AHC students will be required to complete mask fit testing. Students will carry documentation of testing and the mask requirements during rotations.

Properly fitted face masks offer protection against inhalation of airborne pathogens. Place a mask before entering a room where there is a risk of respiratory exposure. In the hospital, an isolation card posted at the doorway lists protective clothing and other precautions to prevent exposure to a patient's disease.

Health care workers are required to follow OSHA regulations in caring for persons with active tuberculosis. As a student, you will not be allowed to care for a patient with tuberculosis without proper mask fit testing. Your individual rotation site will provide you with instructions in how to handle this specific situation when it arises. If you have completed mask-fit testing, you should carry documentation of testing and the mask requirements during rotations.

## **VII. Protocol for Exposure to Blood Borne Pathogens During Educational Experiences**

If you are exposed to bloodborne pathogens during an educational rotation, the response time is important—you must be seen by a health professional as soon as possible to determine risk factors. When you are on clinical or community educational rotations, you have support from three sources of help in case of exposure:

- Your preceptor at the site

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- Boynton Health Services/UMD Health Services
  - Your college or program experiential education director.

On the first day of your rotation at a new site, make sure you become familiar with the site-specific protocols for managing exposure to bloodborne pathogens. Your preceptor can assist you with this information.

The protocol steps listed below should be followed if you are exposed to bloodborne pathogens during an educational experience. We recommend that you carry a protocol quick-reference, wallet-sized card with these steps for exposure information with you during educational rotations. These cards are available in your school.

1. Perform basic first aid immediately as instructed in the student orientations prior to rotations. These instructions are:
  - Clean the wound, skin or mucous membrane immediately with soap and running water. Allow blood to flow freely from the wound. Do not attempt to squeeze or “milk” blood from the wound.
  - If exposure is to the eyes, flush eyes with water or normal saline solution for several minutes.
2. All students on an educational rotation in the State of Minnesota will contact the Boynton Health Service (BHS) 24-Hour Triage Nurse immediately by calling (612) 625-7900 and notify his/her preceptor at the site. **The student will identify him/herself as having a blood-borne pathogen exposure.**
  - The BHS Triage Nurse will take the student through a rapid assessment about risk status and direct the student where to seek treatment.
  - Students will be expected to contact BHS immediately because of the need for rapid assessment about prophylactic medications, rapid prescribing of medications, if indicated, and the limited capacity of a student to assess his/her own injury.
  - Notify your preceptor at the site.
  - With assistance of the BHS 24-Hour Triage Nurse and the student’s preceptor or other designated person, the student will attempt to secure pertinent information about the source patient information for discussion during the risk assessment.
3. Standard employee procedures of the institution where exposure occurs will be used for initial assessment of the source patient (permission form, what blood assays to draw, etc.) The standard procedures typically include the following information:
  - When: Approximate time of exposure
  - Where: Location of exposure (e.g., hospital, office, clinic, etc.)
  - What: Source of the exposure (e.g., blood, contaminated instrument, etc.)
  - How and How Long: Skin, mucous membrane, percutaneous; and how long (e.g., seconds/minutes/hours), exposure time
  - Type of device
  - Status of the patient: negative, positive, unknown HIV/Hepatitis B/Hepatitis C status
    - a. Whether or not patient is at risk for HIV, Hepatitis B or Hepatitis C infection
    - b. Multiple blood transfusions (1978-1985)
    - c. IV Drug User
    - d. Multiple sexual partners, homosexual activity
    - e. Known HIV positive/and/or have symptoms of AIDS
    - f. Significant blood or body fluid exposure

4. If the student is assessed at high risk for HIV infection following rapid assessment, the student should seek prophylactic medication treatment immediately. HIV post-exposure prophylactic medication should ideally be instituted, (i.e., first dose swallowed), within two hours. During the evaluation, the BHS Triage Nurse will assist students in selecting the most appropriate location for initial treatment.
5. All students (high risk and low risk) with an exposure should complete a follow-up assessment at Boynton Health Services within 72 hours of exposure. This appointment can be scheduled during the initial assessment with the BHS Triage Nurse (612) 625-7900. The costs of prophylactic medications and follow-up treatment will be covered at Boynton Health Services by student fees. Off-campus treatment will be the student's personal responsibility or covered by the student's insurance coverage.
6. All students will complete a Boynton Health Service Reportable Educational Exposure Form and Occupational Exposure Forum and mail or carry these completed forms to the BHS for their scheduled follow-up appointment. These forms will be available for the BHS Triage Nurse. **Students must know that blood-borne pathogen exposure and the possible subsequent treatment are treated as an OSHA incident, requiring documentation in a separate restricted access medical record. Confidentiality is assured.**
7. In accordance with the Needlestick Safety Law, the exposed student will receive prevention discussions, counseling and follow-up on the exposure.

#### **VIII. Mantoux testing (tuberculosis screening):**

The University of Minnesota Medical School requires all entering (matriculating) students to have recorded the result of a Mantoux test at the time of entering medical school or within the past six months, or, in the case of known or identified Mantoux positive individuals, a chest X-ray which indicates the absence of active tuberculosis.

Before beginning full time clinical work, in the third year for most students, the Medical School requires that Mantoux testing again be performed and results recorded. Known or identified Mantoux positive individuals must have a chest X-ray which indicates the absence of active tuberculosis.

#### **IX. Other Infections and Illnesses:**

At times students who become ill with diseases which could be transmitted to patients are not permitted by many hospital protocols to participate in patient care. Examples may include infectious conjunctivitis, active cellulitis, streptococcal pharyngitis, diarrhea from enteric bacteria or active herpes zoster or varicella. Some diseases require additional care to avoid transmission, such as the use of a mask with mild acute respiratory infections, and participation in care is not proscribed. In some circumstances, work with certain classes of patients is not permitted, such as with bone marrow transplant patients when herpes simplex is present. In fact, active herpes simplex ("cold sores") is cause for exclusion by some hospitals from participation in a number of clinical activities, including surgery. Students who experience an illness while on rotation should check with their preceptors for further clarification.

Students who become ill during the course of clinical activities should make certain, through the supervising faculty or, if referred, the employee health department of the institution, that they do not pose an infection hazard to the patients with whom they are in contact.



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**X. The Seropositive Student:**

Students who have positive serologic tests which signify potential for transmission of a disease to another, such as Hepatitis B, have the responsibility to assure that no action or activity on their part will jeopardize the health and well-being of patients or fellow workers. This assurance will at times include wearing protective clothing and may at times require the student to request reassignment of patient care responsibilities. At Fairview-University Medical Center, certain personnel with potentially transmissible viral diseases are excluded from patient care activities until the Medical Center epidemiologist determines that they understand the mechanisms of disease transmission and will take the steps necessary to prevent such transmission.

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## **University of Minnesota Medical School Policy for Medical Students and Residents with Blood-Borne Diseases**

This policy relates to medical students and residents who are infected with one or more of the following blood-borne diseases: Hepatitis C Virus and who are antibody positive, (HCV); Hepatitis B Virus and who are surface antigen positive, (HBV); or Human Immunodeficiency Virus (HIV). It is premised on the understanding that the medical, scientific and legal principles of blood-borne infections are still evolving, and that the University of Minnesota Medical School will respond to the challenges presented by these infections with sensitivity, flexibility, and the best current medical, scientific, and legal information available.

### **Status, Accommodations and Testing**

No student or resident shall be denied acceptance into the medical school or residency programs on the basis of HIV, HBV, or HCV serostatus. Evaluation for admission and continuation in the programs will focus on whether the individual in his or her current state of health, with reasonable accommodations will be able to successfully complete the essential elements of the educational program.

The Medical School will work with the infected student or resident and the University's Office of Disability Services to provide reasonable accommodations where needed. An accommodation is not considered reasonable if it alters the fundamental nature or requirements of the educational program, imposes an undue hardship, or fails to eliminate or substantially reduce a direct threat to the health or safety of others.

No student or resident will be required to undergo HIV testing. It is the responsibility of the individual medical student or resident who suspects that he or she may be at risk for HIV, HBV, or HCV infection to ascertain his or her serostatus. Depending on the requirements of clinical sites, medical students and residents may be required to be immunized against HBV.

### **Reporting and Confidentiality**

Medical students or residents infected with HCV, HBV, or HIV have a professional responsibility to report their serostatus to a member of the Blood-Borne Infectious Disease Review Panel ("Review Panel") in the Medical School. Consistent with the self-reporting requirements imposed on physicians and other regulated healthcare workers under Minnesota law, Minn. Stat. § 214, this reporting obligation shall be mandatory for students and residents infected with HIV or HBV. Failure to self-report is basis for disciplinary action by the Medical School.

The clinical sites where students and residents train also may have reporting requirements depending on the procedures and activities to be performed by the medical student or resident.

Students and residents who wish to perform exposure-prone invasive procedures at a clinical site as part of their education and training must comply with all review, disclosure and infection control requirements at that site. Another potential option that may preserve greater confidentiality for the student or resident is to restructure the clinical experience to avoid participation in any exposure-prone procedures. As outlined below, the Medical School Review Panel will work with the affected student or resident and the clinical site(s) to help shape the appropriate educational experience.

Confidentiality of all information about HIV, HBV, or HCV status will be maintained pursuant to state and federal laws. The individuals who will be informed of the student's or resident's serostatus are members of the Review Panel, designated representative(s) of the clinical site to the extent required by

the site's policies, and the Office of Disability Services if the student or resident requests accommodations. Faculty who are providing modifications in the student's or resident's educational program will be informed that the individual has a blood-borne infectious disease, but will not be notified of the particular disease.

### **Review Panel**

The members and the chair of the Review Panel will be appointed by the Dean of the Medical School for staggered terms of three years. There is no limit on the number of terms that may be served. The Review Panel will include two members of the full-time University faculty with expertise in infectious disease (ID members) and two members of the full-time University faculty who perform surgical or obstetrical procedures that involve surgical entry into tissues, cavities, or organs (EPP members). The Chair, also a member of the full-time University faculty, may be drawn from any discipline.

Each individual case will be managed by a sub-committee of the panel selected by the chair that includes an ID and EPP Review Panel member well as the Associate Dean for Student Affairs in cases affecting medical students or the appropriate Residency Program Director in cases involving residents. The Associate Dean for Student Affairs will assure that any modifications to the curriculum for an infected medical student have the written approval of the Senior Associate Dean for Education. The Senior Associate Dean for Education will report the modifications to the Committee on Scholastic Standing. In cases involving residents, the Residency Program Director will assure that the head of the training program approves any modifications to the resident's training experience.

Once a member of the Review Panel has been notified, a sub-committee will be chosen by the Panel's Chair.

The ongoing responsibilities of the panel are to:

1. Support the student or resident in receiving satisfactory medical and emotional care and in following treatment recommendations.
2. Ensure that the student or resident is aware of any necessary precautions to be taken in patient care activities to avoid the transmission of the infection to any other person and recommend any modifications in the educational program needed for this purpose.
3. Serve as a liaison with the clinical site(s) to help shape the student's or resident's educational experience.
4. Offer career counseling and specialty selection assistance.
5. Inform the student or resident of possible signs of progress of the disease that might interfere with his or her physical or emotional ability to fulfill patient care or other educational requirements of the MD or residency program.
6. Discuss with the student or resident whether he or she may have participated in patient care activities in which an injury to that student or resident would have led to contamination of a patient with the student's or resident's blood.

All modifications must be approved by the Review Panel as a whole.

The Medical School recognizes that it is possible for an individual infected with HCV, HBV, and/or HIV to practice medicine, and to practice many specialties unimpeded by disease specific restrictions. Therefore the school will provide assistance to any student or resident infected with these diseases to complete their MD or residency program requirements subject to considerations that it deems in its best judgment are appropriate to the circumstances of each individual case.

*[Adopted by the Education Council on 12/21/99]*

## **Education Council Statement on Institutional Standards of Behavior in the Learning Environment**

The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective, caring and compassionate health care. The development and nurturing of these attitudes is enhanced by and, indeed, based on the presence of mutual respect between teacher and learner. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process.

While these goals are primary to the educational mission of the University of Minnesota Medical School, it must be acknowledged that the social and behavioral diversity of students, faculty, residents, and staff, combined with the intensity of the interactions between them, will from time to time lead to alleged, perceived or real incidents of inappropriate behavior or mistreatment of individuals. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, sexual orientation, physical handicap or age; humiliation, psychological or physical punishment and the use of grading and other forms of assessment in a punitive manner. The occurrence, either intentional or unintentional, of such incidents results in a disruption of the spirit of learning and a breach in the integrity and trust between teacher and learner. The diversity represented by the many participants in the learning process requires the University of Minnesota Medical School to identify expectations of faculty, students, residents and staff and a process through which concerns can be resolved.

The Education Council of the Medical School is charged with the responsibility for continuing review of the curriculum. This responsibility is taken to mean a continuing review of the process by which teaching and learning take place. In this regard the Council provides the ultimate oversight in relation to acceptable standards of behavior of those in the teaching and learning process.

**Whereas the behavior between faculty, graduate teaching assistants, residents, and medical students should at all times be governed by collegiality and respect for individual rights, be carried out through exemplary interpersonal behavior and above all be characterized by adherence to principles which facilitate learning, the Education Council endorses the following procedures/principles:**

1. Educational activities shall be organized to promote student learning in a humane manner, which will foster professional growth.
2. Physicians, residents, and medical students shall display mutual respect for colleagues as professionals and individuals and avoid disparaging comments about specialties and other medical centers and institutions that might demean a student's interests and be disruptive to important physician-physician relationships.
3. Methods of evaluation shall reflect course goals and objectives and be accompanied by timely feedback on performance. Performance shall be reported to students in a timely manner.
4. In all cases, students concerned about behavior of faculty and other teachers, which they believe is not in accordance with acceptable institutional standards, shall be encouraged to discuss or submit their concerns to the course director as a first step. This can be done in person or by using the rotation evaluation form as a vehicle for anonymous feedback. Alternatively, the students may wish to discuss concerns with Paul Quie, M.D., Regents' Professor of Pediatrics, whose duties in the Office of Education include serving as a student ombudsperson. Alternatively, the student may discuss the concerns with the department head or with any of the senior administrators in the

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Medical School Office of Education. When problems require additional deliberation, the Education Council may become involved.

5. The University of Minnesota has mechanisms currently in operation that provide faculty, staff and graduate students with opportunities to pursue grievances through a formal review process.
6. For concerns relating to sexual harassment, students may contact the Medical School Equal Opportunity Officer, Ms. Mary Tate, at 625-1494.

*[Adopted from statement of the Medical School Education Council, April 17, 2001]*

<http://www.meded.umn.edu/handbook/policies/behavior.php>

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## Compact for Teaching and Learning

An underlying principle of medical education at the University of Minnesota Medical School is that students, faculty and staff will collaborate to ensure that students attain their fullest potential and achieve the highest standards of learning the profession of medicine in an environment that is respectful, tolerant, supportive, grounded in sciences, innovative and centered around the care of patients. Such an environment will be sustained by cultivating responsibility, diversity, integrity, and accountability. We expect all members of the Medical School community, students, faculty and staff, to demonstrate these values and tenets of teaching and learning as a personal expression of their commitment to medical education, and as a reflection of our dedication to the development of physicians who strive to improve the human condition.

### Tenets about Teaching—Commitments of the Faculty

#### **Ensuring excellence in the achievement of learning of knowledge, skills, attitudes and critical thinking necessary for the practice of medicine to the next generation of physicians.**

- We strive for excellence and to provide the best possible educational experiences.
- We will prepare thoroughly for teaching by providing current information and concepts from our discipline and by identifying gaps in current knowledge.
- We will continuously ensure and improve the quality of our teaching through the on-going development of our skills as educators and by responding to feedback from both peer and students' evaluations.
- We know and comply with national and institutional policies and ensure that our expectations of students and ourselves are consistent with those policies.
- We will provide timely and constructive feedback to our learners and exhibit the highest standards of professional behavior.
- We will model honesty and integrity in all academic efforts including teaching, research, and patient care. We respect and value the intellectual property of others and use resources fairly.
- We will clearly state the learning and behavioral expectations, assessments and opportunities for each course or experience and understand how these lead to the competency requirements of the educational program.
- We will seek learning opportunities in any and every interaction with our students.

#### **Ensuring a respectful and exemplary learning environment for students, faculty, residents, colleagues and patients.**

- We respect our peers, students and patients as unique individuals, without regard to race, religion, age, gender, sexual orientation, disability or national origin. We acknowledge that we have responsibilities as members of a collegial community, sharing knowledge and assisting peers in their quest to achieve professional and personal goals.
- We will demonstrate respect for students and learning by starting and concluding teaching sessions on time, and by cultivating an atmosphere of mutual respect for patients and learning.
- We will make every effort to know our students as unique individuals, listen to their concerns, respond to them promptly, exercise concern for their well being, and treat them with compassion.
- We will personally ensure a culture of patient and learner safety. We will take personal responsibility for our actions including errors and near-errors by full disclosure and analysis of need for change to prevent future similar events.
- We will foster our students' practice and discernment of professional ethics by assigning tasks that are appropriate for their phase of learning, level of clinical responsibility, and status as students. If an assignment conflicts with the personal ethics of a student, we will attempt to resolve the conflict in a manner that respects the student while placing priority on the well-being of the patient.

- When planning and conducting educational activities, we will recognize our students' needs for personal time and adequate rest and relaxation.
- We will display the highest standards of professional conduct when interacting with patients, colleagues, faculty, and staff.

### **Tenets about Learning— Commitments of the Students**

#### **Participating in ongoing, life-long learning in the continuously evolving field of medicine.**

- We are responsible for gaining the skills and knowledge needed to fulfill our current and future professional responsibilities as physicians.
- We will respect and appreciate the teaching role of the faculty and understand that the curriculum is designed to ensure our future competence as physicians. With continuous quality improvement in mind, we accept the responsibility to provide constructive evaluation of our courses and teachers.
- We will work effectively in teams, respecting the contributions of all members, assuming our fair share of responsibility, and performing leadership tasks with a sense of service to others.
- We will acknowledge and seek help when an assigned task is beyond our level of skill. If an assigned task conflicts with personal ethics, we will discuss this with the supervising physician/course director and seek a resolution that places priority on the interests of the patient.
- We will practice the habit of critical reflection, acknowledging gaps in our understanding, recognizing our limitations, and striving for continuous self-improvement.
- We will provide and create a culture of patient safety. We will take personal responsibility for our actions including errors and near-errors by full disclosure and analysis of need for change to prevent future similar events.

#### **Attaining and displaying the highest levels of professional conduct and attitudes, as well as the skills and knowledge of the discipline of medicine.**

- We will dedicate the time and energy needed to accomplish our professional responsibilities.
- We will display the highest standards of professional conduct when interacting with patients, colleagues, faculty, and staff.
- We respect our peers, patients and faculty as unique individuals, without regard to race, religion, age, gender, sexual orientation, disability or national origin. We acknowledge that we have responsibilities as members of a collegial community, sharing knowledge and assisting peers in their quest to achieve professional and personal goals.
- We will attend all required learning sessions and demonstrate respect for our faculty and peers by arriving on time and complying with all specific expectations defined by the faculty, including wearing attire that is appropriate for the setting.
- We will practice honesty and integrity in all academic endeavors, including assessments, research efforts and patient care entries. We also respect the intellectual property of others and use resources in a way that demonstrates that respect.

### **Tenets about Education—Commitments of the Office for Medical Education**

#### **Supporting exemplary learning and performance in our students' academic, clinical, and professional training.**

- We strive for excellence in medical education in the areas of curriculum management, admissions, financial aid, student services and educational resources [including facilities and technology support].
- We strive to promote the highest quality learning by providing the resources needed to enhance the educational experiences of faculty and learners.
- We strive to keep faculty and students current on national and institutional policies and procedures.
- We strive to involve students and faculty in the development of educational programs, policies and procedures.

- We strive for continuous improvement in the educational program based on data received from students, faculty and current research in medical education.
- We strive to facilitate the development of medical educators and learners by providing opportunities that advance competencies in teaching and learning.
- We strive to recognize the efforts and accomplishments of our faculty and students.

**Respecting all students, residents, colleagues, patients and faculty as individuals and in the roles they serve.**

- We will encourage an atmosphere that is respectful and supportive of every individual regardless of gender, race, religion, age, sexual orientation, disability, or national origin.
- We strive to promote a learning environment that responds to the needs and recognizes the contributions of all individuals.

**Acknowledgements**

This document was drafted partially by relying on the following sources:

1. Association of American Medical Colleges. The AAMC Compact Between Teachers and Learners of Medicine, 11/04/2001.
2. National Board of Medical Examiners, Center for Innovation, The Behaviors of Professionalism, 03/20/2004.
3. Southern Illinois School of Medicine (Office of Education and Curriculum), Compact Between Teachers and Learners of Medicine (pdf) (Adopted 05/2005)
4. Vanderbilt University School of Medicine, Compact Between Teachers and Learners, <https://www.mc.vanderbilt.edu/medschool/faculty.php>
5. Cleveland Clinic Lerner College of Medicine, Expectations of Faculty and Students in the Teacher-Learner Relationship. <http://www.clevelandclinic.org/cclcm/default.htm>

*Submitted for review by Curriculum Committee, Twin Cities, June 6, 2008*

*Revisions from Curriculum Committee, Twin Cities review incorporated July 1, 2008*

*Revisions reviewed and approved by Education Council members, May 17, 2011*

<https://www.med.umn.edu/md-students/policies-governance/professionalism/compact-teaching-learning>



## **AAMC Statement on Professional Responsibility in Treating AIDS Patients**

*The following statement was adopted by the Executive Council of the AAMC February 25, 1988. The statement was drafted by the AAMC Committee on AIDS and the Academic Medical Center.*

The acquired immunodeficiency syndrome (AIDS) has had an impact on the medical profession far beyond its pathophysiology. All fields of clinical practice have been dramatically altered by this disease. It has posed a significant challenge to the nation's health care system in providing for both the financing and delivery of care to those afflicted. Moreover, this epidemic, which is unparalleled in the latter half of the twentieth century, has confronted the medical profession with numerous moral and ethical issues. A central concern, to which this statement is directed, is the physician's responsibility to provide care to all patients.

The Association of American Medical Colleges (AAMC) has taken special note of the fears and concerns of medical professionals and those in training regarding the care of patients infected with the human immunodeficiency virus (HIV). Data indicate that a physician's occupational risk of acquiring HIV infection is small. However, because of the lethal nature of the disease, many physicians are concerned about transmission of the infection, especially in settings where invasive procedures are performed such as the operating room or the cardiac catheterization laboratory.

Personal risk to the physician in the practice of medicine is not a new phenomenon even within this century, as the history of tuberculosis, poliomyelitis, influenza, and syphilis demonstrates. But scientific advances, especially the development of vaccines and antibiotics, have tended to lower consciousness of these continuing risks for an entire generation of younger physicians, medical students, and residents. AIDS has brought this consciousness once again to the fore.

The AAMC's special concern is with those medical students and residents, now and in the future, whose preparation for entry into the profession is the responsibility of medical school faculties. Medical education cannot be narrowly conceived as simply the imparting of knowledge and skills. It has as its objective the development of professional men and women who are prepared to adhere to the highest standards of conduct and behavior asked of few members of our society. Entry into the medical profession is a privilege offered to those who are prepared for a lifetime of service to the ill.

The HIV epidemic must serve to remind us of these basic principles and the fundamental responsibilities of those who aspire to the practice of medicine and those charged with preparing them for it:

- \* Medical students, residents, and faculty have a fundamental responsibility to provide care to all patients assigned to them, regardless of diagnosis. A failure to accept this responsibility violates a basic tenet of the medical profession—to place the patient's interest and welfare first.
- \* Faculty members have a special responsibility to model the professional behavior and attitudes expected of physicians in training in their own willingness to provide competent, sensitive, and compassionate care to all patients.

Each medical school and teaching hospital must accept the responsibility to help medical students, residents, and faculty address and cope with their fears and prejudices in treating HIV-infected patients. This responsibility includes providing the following:

- \* an accurate portrayal to medical school applicants of the personal risks involved in medical practice;

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- \* training in protective measures to be employed in the clinical setting, monitoring compliance with them, and defining procedures to be followed in the event of potential exposure;
  - \* appropriate facilities, equipment, and personnel to avoid unnecessary risk;
  - \* counseling to those who continue to express reluctance to participate in education and patient care programs with HIV-infected individuals.

Further, each medical school and teaching hospital should articulate a clear policy emphasizing the physician's responsibility to provide care to patients without regard to the nature of their illness.

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## **University of Minnesota Medical School Policy on Registration for Non-Medical School Classes**

Because of the intensity of the medical school curriculum, students are encouraged to seriously evaluate the demands on their time before requesting to enroll in additional courses outside of the medical school.

To enroll in non-medical school classes, medical students must be in good academic standing and making satisfactory academic progress. If this condition is met, students will be allowed to enroll in one additional credit-bearing course per semester.

All requests to enroll in an additional non-medical school courses must be approved by the Associate Dean of Student Affairs.

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## Email Policy

(<http://www.policy.umn.edu/Policies/Education/Student/EMAIL.html>)

**A university assigned student email account shall be the University's official means of communication with all students on the Duluth campus. Students are responsible for all information sent to them via their University assigned email account. Students are expected to read their email at least every 72 hours. During the work week while in attendance in classes or clinical rotations students will be considered responsible for all information posted through the email system while on or off site. If a student chooses to forward their University email account, he or she is responsible for all information, including attachments, forwarded to any other email account.**

The University of Minnesota provides students with an email account upon the student's matriculation to the institution. This account is active for life, provided the student completes their degree program.

It is imperative that students understand that a majority of information will be communicated to them via their University assigned account while they are students, that their University assigned email account is the primary means of communication from the University community and that they will be held responsible for the information in the email.

### **University of Minnesota technology support and services primary URLs:**

Duluth

<http://www.d.umn.edu/itss/>

Twin Cities

<http://www.oit.umn.edu/help-support/index.htm>

<http://www.oit.umn.edu/technology-products/>

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# Acceptable Use of Information Technology Resources

The primary references for this document can be found at:

<http://www.policy.umn.edu/Policies/it/index.htm>

<http://www.policy.umn.edu/Policies/it/Use/ITRESOURCES.html>

## Policy Statement

Computers, networks and electronic information systems are essential resources for accomplishing the University of Minnesota's mission of instruction, research, and service outreach. The University grants members of the University community shared access to these resources in support of accomplishing the University's mission.

These resources are a valuable community asset to be used and managed responsibly to ensure their integrity, security, and availability for appropriate educational and business activities. All authorized users of these resources are required to use them in an effective, efficient, and responsible manner.

Users must be aware of User Rights and Responsibilities, which outline liability for personal communication, privacy and security issues, and consequences of violations. Users should also be aware of the University's Rights and Responsibilities, as well as any additional requirements of their individual unit or campus.

## Reason for Policy

The purpose of this policy is:

- to safeguard the integrity of computers, networks, and data, either at the University of Minnesota or elsewhere;
- to ensure that use of electronic communications complies with University policies;
- to protect the University against damaging legal consequence

## User's Rights and Responsibilities

Members of the University community are granted access to information technology resources in order to facilitate their University-related academic, research, and job activities. The Regents Policy on Academic Freedom extends to information resources that are available electronically. However, by using these resources, users agree to abide by all relevant University of Minnesota policies and procedures, as well as all current federal, state, and local laws. These include but are not limited to University policies and procedures related to harassment, plagiarism, commercial use, security, and unethical conduct, and laws prohibiting theft, copyright and licensing infringement, unlawful intrusions, and data privacy laws.

Users are responsible for:

- reviewing, understanding, and complying with all policies, procedures and laws related to access, acceptable use, and security of University information technology resources;
- asking systems administrators or data custodians for clarification on access and acceptable use issues not specifically addressed in University policies, rules, standards, guidelines, and procedures; and
- reporting possible policy violations to the appropriate entities listed in this document (in the Contacts and Procedures sections).

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### **Liability for Personal Communications**

Users of University information technology resources are responsible for the content of their personal communications. The University accepts no responsibility or liability for any personal or unauthorized use of its resources by users.

### **Privacy and Security Awareness**

Users should be aware that although the University takes reasonable security measures to protect the security of its computing resources and accounts assigned to individuals, the University does not guarantee absolute security and privacy. Users should follow the appropriate security procedures listed in the Using Information Technology Resources Standards (Appendix A) to assist in keeping systems and accounts secure.

The University assigns responsibility for protecting its resources and data to system administrators and data custodians, who treat the contents of individually assigned accounts and personal communications as private and does not examine or disclose the contents except:

- as required for system maintenance including security measures;
- when there exists reason to believe an individual is violating the law or University policy; and/or
- as permitted by applicable policy or law.

### **Consequences of Violations**

Access privileges to the University's information technology resources will not be denied without cause. If in the course of an investigation, it appears necessary to protect the integrity, security, or continued operation of its computers and networks or to protect itself from liability, the University may temporarily deny access to those resources. Alleged policy violations will be referred to appropriate University investigative and disciplinary units. For example, alleged violations by students may be directed to the Student Judicial Affairs office. The University may also refer suspected violations of law to appropriate law enforcement agencies. Depending on the nature and severity of the offense, policy violations may result in loss of access privileges, University disciplinary action, and/or criminal prosecution.

## **Medical School Duluth Campus Policy References and Supplemental Links**

### **Rules for Computer Lab Use**

- I. Computer use in SMED 68 is limited to administration of exams and courses. Any other use, unless specifically authorized, is not allowed, including email and web use.
- II. The Medical School Duluth Campus will make every effort to provide computer services to meet the student and coursework demands. Excess amounts of printing will be monitored and addressed as needed.
- III. Absolutely no software piracy will be tolerated. Any student caught copying copyrighted software or illegally using or distributing copyrighted software will immediately have their access to the computer lab areas revoked and will be referred to the Medical School Duluth Campus Honor Council.
- IV. Absolutely no physical abuse of equipment, software, or data will be tolerated.
- V. Absolutely no misuse of central systems, the network, or other systems on the network will be tolerated. This includes, but is not limited to: breaking into, halting, slowing down, or breaking security of the network or systems on the network (or efforts or attempts at doing these things); abusing another person's data or account; harassment or abuse of other users on the network or systems on the network.

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### Consequences for Breaking Academic Computer Use Rules

The consequences for breaking any of the above rules will depend on the seriousness of the offense. Serious offenses will be referred to the Medical School Duluth Campus Honor Council. In most cases the following series of events will occur:

1. The person will be contacted by a staff person at the first possible opportunity. When the problem is class-related the instructor of the course involved will also be contacted.
2. If an agreement cannot be reached at that time, or the person cannot be reached, computing access will be revoked until an agreement is reached.
3. If discussions cannot be initiated or agreement cannot be reached, the problem will be immediately referred to the Medical School Duluth Campus Honor Council and/or presented to the University of Minnesota Duluth Student Conduct Code Coordinator..
4. A hold may be placed on a student's records if there are outstanding charges for damaged equipment or for other cost recovery related items.
5. As required, the incident will be referred to the criminal authorities for violations of city, state and/or federal laws.

### Security Policies

In order to ensure appropriate use of computer hardware, software, and networks, systems are monitored and when observed, unusual activity is investigated by system administrators. The use of wireless networks at the University of Minnesota Medical School Duluth Campus require all connecting devices be authorized and secured. Additionally, any computer connecting to network services of the University of Minnesota must comply with all standards and security policies. The most recent changes are highlighted below:

Virtual Private Network

<http://www.d.umn.edu/itss/vpn/>

OIT Security

<http://www.oit.umn.edu/safe-computing/personal-computer/>

Protecting Private Data Standard

<http://www.oit.umn.edu/security/topics/managing-data/>

Secure Data Deletion Standard

<http://www.oit.umn.edu/security/topics/data-deletion/>

Changes and updates to policies will be regularly posted to the websites of the University of Minnesota.

### Appendix A: Using Information Technology Resources Standards

(<http://www.policy.umn.edu/Policies/it/Use/ITRESOURCES.html>)

#### Use of IDs and Passwords

- Do not share the account name or password assigned to you.
- Select an obscure password and change it frequently.
- Understand that you are responsible for all activities on your username/account ID.
- Ensure that others cannot learn your username/account ID or password.
- If you have reason to believe that your username/account ID or password has been compromised, contact your System/Network Administrator immediately.

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**Use of Information/Data**

- Access only accounts, files, and data that are your own, that are publicly available, or to which you have been given authorized access. Secure information that is in your possession.
- Maintain the confidentiality of information classified as private, confidential or data on decedents.
- Use University information for tasks related to job responsibilities and not for personal purposes.
- Never disclose information to which you have access, but for which you do not have ownership, authority, or permission to disclose. Keep your personal information/data current.
- Accurately update your own records through University self-service systems and other processes provided for you.

**Use of Software and Hardware**

Use University e-mail, computers, and networks only for legal, authorized purposes. Unauthorized or illegal uses include but are not limited to:

- Harassment;
- Destruction of or damage to equipment, software, or data belonging to others;
- Unauthorized copying of copyrighted materials; or
- Conducting private business unrelated to University activities.

Never engage in any activity that might be harmful to systems or to any information/data stored thereon, such as:

- Creating or propagating viruses;
- Disrupting services or damaging files; or
- Making unauthorized or non-approved changes.

**Social and Online Media Participation Guidelines**

The Academic Health Center is preparing guidelines to serve as best practices for Medical School faculty, staff, students, and affiliated residents and fellows who participate in blogging, social networking sites and other social media. While the guidelines are not ready for distribution, please keep in mind that you have a responsibility to present yourself and represent the University in a professional manner. The Medical School Duluth Campus Honor Code and the Medical Student Professionalism Code provide guidance, as do these existing policies:

University of Minnesota Duluth Guidelines on Social Networking

<http://www.d.umn.edu/itss/policies/socialnetwork.html>

Social networking information

[http://www.webdepot.umn.edu/social\\_guidelines.php](http://www.webdepot.umn.edu/social_guidelines.php)

Administrative policy

<http://policy.umn.edu/Policies/it/Use/ITRESOURCES.html>



## **AMA Opinion 9.124: Professionalism in the Use of Social Media**

The Internet has created the ability for medical students and physicians to communicate and share information quickly and to reach millions of people easily. Participating in social networking and other similar Internet opportunities can support physicians' personal expression, enable individual physicians to have a professional presence online, foster collegiality and camaraderie within the profession, provide opportunity to widely disseminate public health messages and other health communication. Social networks, blogs, and other forms of communication online also create new challenges to the patient-physician relationship. Physicians should weigh a number of considerations when maintaining a presence online:

(a) Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.

(b) When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.

(c) If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines just, as they would in any other context.

(d) To maintain appropriate professional boundaries physicians should consider separating personal and professional content online.

(e) When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.

(f) Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for physicians-in-training and medical students), and can undermine public trust in the medical profession. (I, II, IV)

Issued June 2011 based on the report "Professionalism in the Use of Social Media," adopted November 2010.

<https://www.ama-assn.org/sites/default/files/media-browser/public/about-ama/councils/Council%20Reports/council-on-ethics-and-judicial-affairs/i10-ceja-professionalism-use-social-media.pdf>

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## Weather Closing Policy

The University of Minnesota has a service (TXT-U) to send text messages to cellular telephones in case of an emergency or weather-related campus closing. The service is spam and advertising free. There is no cost to subscribe. To ensure you receive these messages, you must verify your cell phone number. For more information or to verify your account information, go to <http://www1.umn.edu/prepared/txtu/>.

The Medical School Duluth Campus will close whenever the University of Minnesota Duluth campus is closed. If possible, the decision to close campus is announced by 6 a.m.

Announcements are recorded on the Snow Advisory hotline (726-SNOW) and broadcast on these local media:

WEBC 560 AM  
KDAL 610 AM  
WDSM 710 AM  
WGEE 970 AM  
KQDS 1490 AM

WWAX 92.1 FM  
KZIO 94.1 FM  
KQDS 94.9 FM  
KDAL 95.7 FM  
KTCO 98.9 FM  
KLDJ 101.7 FM  
KRBR 102.5 FM  
KUMD 103.3 FM  
KKCB 105.1 FM  
KBMX 107.7 FM

WDIO-TV  
KBJR-TV  
KDLH-TV  
KQDS-TV

Twin Cities station used only if students are returning from semester or holiday break:  
WCCO 830 AM and WCCO TV

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# University of Minnesota

## Board of Regents Policy: Disability Services

**Disability Services:** <http://www.d.umn.edu/access>

Subd. 1.

**Commitment to Service.** The Board of Regents of the University of Minnesota is committed to provide for the needs of faculty, staff and enrolled or admitted students who have disabilities as prescribed under the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA).

Subd. 2.

**Student with Disabilities.** Each campus shall make services available for any student who, through a recent assessment, can document a disability. The administration is directed to provide appropriate services, and included among them shall be:

- 1) support, counseling, and information;
- 2) academic assistance services; and
- 3) advocacy services.

Disability Services (DS) works to ensure access to courses, services, activities, employment and facilities for all students, faculty and staff with disabilities. Any student with a documented disability (e.g., physical, learning, psychiatric, vision, or hearing) who needs to arrange reasonable accommodations must contact Disability Services to be eligible for services.

### How to contact

Penny Cragun, Director

**Located:** Kirby Student Center, Room 258

**Phone:** 726-8217

**TTY/TDD:** Minnesota Relay Service (800) 627-3529

**Fax:** 218-726-6706

**Email:** [access@d.umn.edu](mailto:access@d.umn.edu)

### Postal Address:

Access Center/Disability Services

University of Minnesota Duluth

Kirby Student Center 256/258

1120 Kirby Drive

Duluth, MN 55812-3085

## Acknowledgements

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