



THE UNIVERSITY OF
CHICAGO
UChicago Medicine

Pritzker School
of Medicine

Academic Guidelines

2023-2024

INTRODUCTION

This document provides a summary of the University of Chicago Pritzker School of Medicine's Academic Guidelines. As a condition of enrollment in the Pritzker School of Medicine, every student must familiarize themselves with these guidelines and must comply with them. The University of Chicago Pritzker School of Medicine will not accept any assertion of ignorance of these provisions as a basis for exception to them. No student or group of students should expect to be warned individually to conform to any of the guidelines contained in this publication. Students are advised to pay special attention to all deadlines given in the Academic Guidelines. Students who have questions or concerns about these guidelines should bring them to the Dean for Medical Education, the Associate Dean for Medical Student Advising and Advancement, or the Associate Dean for Undergraduate Medical Education.

These guidelines are subject to revision. The online Academic Guidelines booklet represents the most current version and takes precedence over previously published versions:

pritzker.uchicago.edu/current/students/AcademicGuidelines.pdf

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MISSION STATEMENT

At the University of Chicago, in an atmosphere of interdisciplinary scholarship and discovery, the Pritzker School of Medicine is dedicated to inspiring diverse students of exceptional promise to become leaders and innovators in science and medicine for the betterment of humanity.

EDUCATIONAL PROGRAM OBJECTIVES¹

Clinical Skills and Reasoning:

1. Obtain a relevant, accurate, and problem-focused history from patients, caregivers, and electronic health records in an organized fashion that demonstrates clinical reasoning.
2. Perform a clinically relevant, appropriately thorough physical exam pertinent to the setting and purpose of the patient visit and identify and interpret normal and abnormal findings.
3. Create and prioritize a differential diagnosis following a clinical encounter by synthesizing essential information from previous records, history, physical exam, and initial diagnostic evaluation.
4. Recommend, order, and interpret laboratory data, imaging studies, and other tests for screening as well as diagnosis, incorporating pre-test probability, lab characteristics (e.g., sensitivity and specificity), and post-test probability.
5. Document a clinical encounter with a pertinent history and physical examination, problem list, prioritized differential diagnosis, and comprehensive management plan.
6. Provide a well-organized and concise oral presentation of a clinical encounter with pertinent history and physical examination, problem list, prioritized differential diagnosis, and comprehensive management plan.
7. Recommend, enact, follow up, and assess a diagnostic and therapeutic plan of care.
8. Recognize and prioritize patients requiring urgent or emergent care, initiating evaluation and management.
9. Perform common procedures safely and correctly when indicated, including obtaining informed consent, following universal precautions and sterile technique, and attending to patient comfort.
10. Provide succinct verbal and written communication conveying illness severity, situational awareness, action planning, and contingency planning during a structured handoff to transition care responsibility.

Knowledge for Practice:

11. Apply medical knowledge necessary for the prevention, diagnosis, and treatment of basic and complex medical problems.
12. Recognize limitations in knowledge and subsequently identify and use available resources to inform clinical reasoning and decision-making.

Interpersonal and Communication Skills:

13. Communicate with patients in a manner that ensures understanding, establishes trust, and forms a therapeutic relationship that promotes shared decision-making.
14. Demonstrate sensitivity, honesty, understanding, and empathy in difficult conversations with patients and caregivers.
15. Solicit patients' and caregivers' needs and goals to incorporate them into the management of a patient.
16. Attend to one's own and others' emotional responses during interpersonal interactions.

Team-based Care:

17. Use knowledge of one's own role and those of other professionals to appropriately assess and address the needs of patients to deliver safe and high-quality health care.
18. Communicate with patients, caregivers, and health professionals in a responsive and responsible manner that supports a team approach to healthcare delivery.
19. Apply the principles of team dynamics to perform effectively in designated roles to plan, deliver, and evaluate patient-centered care that is safe, timely, efficient, effective, and equitable.
20. Demonstrate leadership skills that enhance team function, the learning environment, and/or the healthcare delivery system.

Health Equity, Community Engagement, and Advocacy:

21. Promote equitable care for patients and communities with a focus on addressing structural racism and systems of oppression.
22. Provide patient-centered, evidence-based care to patients of all backgrounds, identities, abilities, and beliefs.
23. Evaluate community assets, create a plan to address specific need-gaps, and engage community members and organizations by partnering with individual patients and/or communities.
24. Identify ways to advocate on behalf of individual patients, patient populations, and communities to improve individual and population health.

Professional Accountability and Ethics:

25. Demonstrate accountability for individual and team responsibilities, actions, and communications in all required and elective educational and clinical endeavors.
26. Demonstrate integrity and ethical behavior in all required and elective educational and clinical endeavors.

Inclusion and Belonging:

27. Create a sense of belonging with all colleagues, including those with different life experiences and perspectives.
28. Collaborate and cultivate trusting therapeutic relationships with all patients, including those with different life experiences and perspectives.
29. Explain how one's own identities, power, and privileges influence interactions with patients, caregivers, communities, and colleagues.
30. Describe strategies to advocate for oneself and others when there is injustice.

Healthcare Delivery Science:

31. Demonstrate proficiency with relevant technology and data science methodology that enhance patient safety and improve patient care.
32. Demonstrate knowledge of how to recognize, report, and disclose patient safety events.
33. Describe common types of human error, limits of human performance, and the role of culture and system factors in creating safe environments of care.
34. Understand basic principles of quality improvement implementation and engage in system improvement activities.
35. Explain how stratification of quality measures by population and/or sociodemographic factors can allow for the identification of health disparities.

Healthcare Systems and Policy:

36. Understand systems of payment and medical insurance and their implications for patient care.
37. Describe strategies to mitigate high healthcare spending including their impact on providers, health care organizations, and patients.
38. Interpret current healthcare reform proposals in terms of effects on cost, access, and quality, especially as they relate to health disparities.

Scholarly Inquiry:

39. Identify and critically evaluate existing literature to formulate research questions and hypotheses.
40. Describe and utilize appropriate research methods to investigate a hypothesis.
41. Draw appropriate conclusions from primary data and describe their potential applications within medicine.
42. Communicate new knowledge obtained from scientific inquiry to the public.

Lifelong Learning and Improvement:

43. Utilize multisource feedback to identify strengths, deficiencies, and limits of knowledge, skill, and behavior as a part of ongoing improvement.
44. Seek and reflect on educational and clinical opportunities that promote professional growth.
45. Demonstrate effective teaching skills in the education of health professionals and patients.

Personal and Professional Development:

46. Recognize and utilize support for academic, physical, and emotional limitations that impact academic performance, completion of professional responsibilities, and well-being.
47. Use healthy coping mechanisms to manage stress and seek help for reliance on unhealthy coping mechanisms.
48. Demonstrate flexibility and adaptability when faced with unexpected changes in the educational environment, clinical care, and personal life.
49. Demonstrate responsiveness and trustworthiness in the care of patients and professional communications.
50. Demonstrate an ability to manage complex clinical, interpersonal, and educational situations involving ambiguity and uncertainty.

¹ The educational objectives of the University of Chicago Pritzker School Of Medicine's curriculum are grouped by competencies as defined by the Accreditation Council for Graduate Medical Education (ACGME) and the Physician Competency Reference Set as defined by the Association of American Medical Colleges (AAMC).

OUTLINE OF THE MEDICAL DEGREE PROGRAM OF STUDIES FOR 2023-2024 ACADEMIC YEAR

PHASE 1 – PRECLINICAL CURRICULUM

Autumn Early Session	Immersion Week The Human Body Health Equity, Advocacy & Anti-Racism Clinical Skills & Reasoning I
Autumn Quarter	Health Equity, Advocacy & Anti-Racism Clinical Skills & Reasoning I Cell & Organ Physiology I Methods of Inquiry I Foundations of Health Policy & the US Healthcare System
Winter Quarter	Cell & Organ Physiology II Clinical Skills & Reasoning II Methods of Inquiry II Clinical Medical Ethics Host Defense & Invasion I
Spring Quarter	Host Defense & Invasion II Brain & Behavior Methods of Inquiry III Clinical Skills & Reasoning III

Additional Resource: pritzker.uchicago.edu/academics/phase-one-courses

TECHNICAL REQUIREMENTS FOR MATRICULATION & PROMOTION

REQUIREMENTS FOR MATRICULATION

The curricular goals of the University of Chicago Pritzker School of Medicine are intended to develop physicians from diverse segments of society whose personal attributes are manifest in their high moral, ethical, and compassionate care of patients; who are responsible to social and societal needs; and who have been thoroughly educated in the art and science of medicine so that they demonstrate sustained competence in medicine.

In order to meet these goals, the faculty of the University of Chicago Pritzker School of Medicine have developed, in accordance with the Americans with Disabilities Act of 1990, the following essential function requirements for medical students. All students, for matriculation and promotion should, with or without reasonable accommodation:

- Possess the neuromuscular control and eye-hand coordination needed to efficiently, safely, and independently carry out all necessary procedures involved in the learning of the basic and clinical sciences, as well as those required in the hospital and clinical environment. These include, but are not limited to, anatomic dissection, basic science laboratory exercises, basic and advanced cardiac life support activities, physical examinations, surgical, clinical laboratory, and other technical procedures as required for diagnosis and treatment.
- Possess the sensory ability, as well as the mental capacity, to rapidly assimilate large volumes of technically detailed and complex information presented in formal lectures, small group discussions, and individual clinical settings. Students should possess the intellectual abilities to acquire, assimilate, integrate and apply information obtained from written, oral, and visual sources.
- Possess the use of senses to allow for effective observation and communication in the classroom, scientific laboratory, and clinical setting.
- In the clinical setting, the use of a trained intermediary cannot be used to fulfill essential requirements.
- Possess the emotional and physical health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients.

Student Disability Services

The University of Chicago is committed to ensuring the full participation of all students in its programs. If you have a documented disability (or think you may have a disability) and, as a result, need a reasonable accommodation to participate in class, complete course requirements, or benefit from the University's programs or services, you are encouraged to contact Student Disability Services as soon as possible. To receive reasonable accommodation, you must be appropriately registered with Student Disability Services. Please contact the office at 773-702-6000/TTY 773-795-1186 or disabilities@uchicago.edu, or visit the website at disabilities.uchicago.edu. Student Disability Services is located at 5501 S. Ellis Avenue.

REQUIREMENTS FOR ADVANCEMENT

Passing grades in individual courses are necessary but not alone sufficient for attainment of the MD degree from the Pritzker School of Medicine. Failure to demonstrate appropriate ethical or professional behavior may in itself be a cause for dismissal from the Pritzker School of Medicine despite passing academic performance. In addition, students are expected to demonstrate commitment to their professional responsibility by participating in the full educational experience, including attending classes, required orientations and symposia; completing assignments and requirements in a timely manner; participating in the course evaluation process; and demonstrating respectful behavior towards patients, staff, students, faculty, and others.

The Committee on Academic Promotions (see page 19) has specified the minimum academic requirements for advancement for each academic year, as well as minimum requirements to maintain enrollment. Failure to meet any one of these requirements may result in dismissal for poor scholarship. In all curriculum years, any repeated course must be passed. A grade of Failure (F) followed by a second grade of Failure (F to F) may result in dismissal. A grade of Incomplete (I) in a repeated course is the equivalent of a Failure (F).

An enrolled student in the regular MD program must complete all coursework within a maximum of six academic years. A leave of absence time period is not included in this count.

Enrollment in the Pritzker School of Medicine is a full-time endeavor requiring sustained focus and concentration. Enrollment in courses outside of Pritzker or application to other University of Chicago programs while a full-time student at Pritzker requires prior review by the Associate Dean for Medical Student Advising and Advancement or the Committee on Academic Promotions.

Specific Requirements for Phase 1, Year 1

To advance to the second year of Phase 1, all Phase 1 Year 1 courses must be passed by August 1st.

Specific Requirements for Phase 1 Year 2

To advance to Phase 2, all Phase 1 courses must be passed. Additionally, to advance to Phase 2, students must pass the USMLE Step 1 exam.

Specific Requirements for Phase 2

Students are required to complete five core clerkships during their third year (Medicine, Surgery, Pediatrics, Obstetrics/Gynecology, and Psychiatry). In addition to core clerkships, students must also complete an Interprofessional Experience, Neurology Clerkship, as well as a two-week elective. In the Spring Quarter, students must take and pass the Clinical Performance Experience (CPX).

All Phase 2 coursework must be passed before starting Phase 3.

Determination of Units for Away Rotations

Students may do up to one month of clinical elective coursework at outside institutions. Students should work with their career advisors to choose off-site rotations that will enhance their career and learning goals. They fill out a form that includes a detailed description of the off-site rotation, including learning goals, assessment methods, time commitment, and responsibilities. The form is signed by the student's career advisor. A committee consisting of the Associate Dean for Undergraduate Medical Education, the Pritzker Registrar, and the Director of Medical School Education assign credit units based on comparable courses or clerkships at Pritzker. Sometimes additional information is required from the student or the school in order to assign appropriate units. If a student believes that the unit

assignment is not appropriate, the student can ask for additional review and to provide additional information and details about the proposed experience.

Determination of Units for Independent Study Electives

Students may work with faculty members to create independent study electives for research, basic science, or clinical experiences. Students fill out an online independent study form that is signed by the faculty member with whom they will be working. This form requires a detailed description of the proposed experience, including learning goals, time commitment, and evaluation methods. Credit units are assigned in a manner parallel to that for away rotations.

REQUIREMENTS FOR GRADUATION

- Successfully complete all coursework, as determined by the departments and the Committee on Academic Promotions.
- Demonstrate professionalism and ethical conduct in all personal and professional actions and interactions, as determined by departments, medical school administration, and the Committee on Academic Promotions.
- Complete fourteen (14) quarters of full-time enrollment and full-time tuition payment.
- Register for and record a score for the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 CK. Students are responsible for meeting NBME deadlines.
 - Step 1 must be taken and passed before beginning Phase 2 of the curriculum.
 - Step 2 CK must be taken by July 15 of the senior year.
 - Students may not receive the MD degree from the Pritzker School of Medicine if these exams are not completed as required.
- Complete core course requirements by April 30 of senior year.
- Complete course evaluations following each course, clerkship or elective.
- Discharge all financial obligations to the University at least four weeks prior to the June Convocation date.
- Apply to graduate no later than the first week of the quarter in which the degree is expected (Spring Quarter of final year).

Upon successful completion of the curriculum of the Pritzker School of Medicine, the student is recommended to the Board of Trustees of the University of Chicago for the degree of Doctor of Medicine.

GRADING SYSTEM

THE PASS/FAIL GRADING SYSTEM

The Pritzker curriculum has been designed for a competency-based evaluation process. Student performance is measured by the degree of achievement of the appropriate competencies rather than by a predetermined grade distribution.

Passing grades in individual courses are necessary but not alone sufficient for attainment of the MD degree from the Pritzker School of Medicine. Failure to demonstrate appropriate ethical or professional behavior may in itself be a cause for dismissal from the Pritzker School of Medicine despite passing academic performance.

The Pritzker School of Medicine utilizes a Pass (P)/Fail (F) grading system, with the exception of the core clinical clerkships (Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery). Clerkship grades (Honors (H), High Pass (HP), Pass (P), Failure (F)) are included on the official University of Chicago transcript. In addition, a narrative summary is submitted to the Pritzker School of Medicine that supports the rationale for the designator grade assigned to the students. The material supplied by each department serves as the basis for the Medical Student Performance Evaluation Letter, which is sent to postgraduate programs for residency selection purposes.

In Phase 1, and in year 4, no specific data is recorded in the Dean's Office about student performance except for students who are noted by course directors to be performing at a borderline or failing level. Students having difficulty will be counseled by course directors about ways to improve and may be advised by the Academic Progress Committee or the Committee on Academic Promotions to seek assistance from a learning specialist or other counselor.

Honors (H) *(Core Clerkships only)*

A grade of Honors (H) is awarded to students whose outstanding performance and demonstrated qualities of intellectual curiosity, integrity and self-discipline significantly exceed the competency level expected for Phase 2 students.

High Pass (HP) *(Core Clerkships only)*

A grade of High Pass (HP) is awarded to students whose performance clearly exceeds the Pass requirements but does not reach Honors caliber.

Pass (P)

A grade of Pass (P) is awarded to students, with the exception of those defined above, whose performance in a subject meets the competency requirements established by the department.

Failure (F)

Those students whose performance in a subject is below departmental passing standards shall be given a grade of Failure (F). The failure grade (F) will be recorded on the student's transcript, followed by the passing grade when the required course has been retaken and passed. A designator of Incomplete (I) or Withdrawal (W) in a previously failed course equals a grade of Failure. A grade of Failure (F) followed by a second grade of Failure (F to F) may result in dismissal.

All elective courses (including Phase 3 electives and selectives) utilize the Pass/Fail grading system.

NON-GRADE DESIGNATORS

Incomplete (I)

The designator of Incomplete (I) will be assigned when a student has not successfully completed all the required work in a course or clerkship for academic or non-academic reasons. For instance, if a course offers multiple exams during the quarter, and a student fails to pass one or two of those exams, they can be given a designation of Incomplete (I) and be provided with an opportunity for remediation if approved by the course director and the Committee on Academic Promotions.

All Incomplete designations should be remediated within four quarters from the original time of course registration, irrespective of student registration status. All Incomplete designations must be remediated before the student can advance to the next phase of the curriculum.

- If the coursework is completed within four quarters from the original time of course registration, the student will be awarded a grade of Pass (P) and the Incomplete (I) will be removed from the official transcript.
- If the coursework is completed more than four quarters from the original time of registration for the course, the Incomplete (I) designation will remain on the official transcript with the grade listed alongside it (e.g., I/P).
- If the student does not fulfill the course requirements in a satisfactory manner, a final grade of Failure (F) will be reported. This Failure (F) will be noted on the permanent transcript. In such cases, students must retake and pass the course or clerkship.
- Failure to pass a previously failed course may result in dismissal from the medical school.
- A student in Phase 3 who receives an Incomplete (I) must have completed coursework in the designated area in which the Incomplete (I) has been received prior to April 30 of the final year of enrollment in order to graduate in that academic year.

Withdrawal (W)

The designator of Withdrawal (W) signifies withdrawal from a course or clerkship. Once a course begins, a student who withdraws from a course must retake the entire course in order to receive credit. Withdrawal from a course or clerkship requires approval from the Associate Dean for Medical Student Advising and Advancement and the Committee on Academic Promotions. Designations of Withdrawal (W) remain on the student's official transcript. A student may not withdraw from a course more than once, unless under exceptional circumstances (such as serious illness) approved by the Associate Dean for Medical Student Advising and Advancement and the Committee on Academic Promotions.

HONORS & AWARDS

GRADUATION WITH HONORS

The Honors and Awards Committee, consisting of selected faculty, course directors and clerkship directors, is appointed by the Dean for Medical Education. The committee, chaired by a faculty member designated by the Dean for Medical Education, is charged with determining selection of students for graduation with Honors and designation of specific awards at graduation.

Determination of Graduation with Honors is at the discretion of the Honors and Awards Committee. Generally, only 10% of the graduating class receive the “Graduation with Honors” designation.

A student may receive a designation of “Graduation with Honors” on their diploma if so designated by the Honors and Awards Committee. In order to qualify for Graduation with Honors, students must have:

1. Demonstrated academic excellence during their years at the University of Chicago Pritzker School of Medicine.
2. Demonstrated outstanding professionalism during their years at the University of Chicago Pritzker School of Medicine.
3. Performed significant research while enrolled as a student in the medical school. Ordinarily, such research will have led to publication of results in scientific journals, presentation of the research at professional meetings, or presentation at the Senior Scientific Session during their final year.

OTHER GRADUATION AWARDS

The Pritzker School of Medicine awards several specific named awards as well as several departmental awards to graduating students. Each award has specific criteria. Such designations are decided by the Honors and Awards Committee with consultation from the departmental chair or representative.

Departmental representatives may also designate awards to members of the graduating class who demonstrated outstanding proficiency in their respective departments or sections.

For a listing of the available awards, please visit: pritzker.uchicago.edu/page/academic-honors-and-awards

ALPHA OMEGA ALPHA

The University of Chicago is home to the Illinois Beta Chapter of Alpha Omega Alpha, the national medical honor society. Election to the chapter occurs at the beginning of Pritzker students’ fourth year.

To ensure that the selection of students to AΩA is fair and inclusive, a committee of staff members uses the holistic review process to identify the top third of the class. From this group, up to 20% of the class is then selected for membership in AΩA by a separate AΩA selection committee appointed by the Dean for Medical Education. The AΩA constitution calls on the committee to consider not only scholastic achievement but also capacity for leadership, professionalism, a strong sense of ethics, and a commitment to service in the school and community, along with outstanding achievement in research.

Faculty/Resident & Fellow/Alumni Criteria

Once elected, AΩA Students confer AΩA membership onto selected alumni, faculty, and residents. They select these members based on the following criteria:

- Resident & Fellow Membership: elected based on continued achievement, promise, and leadership qualities
- Alumni: eligible 10 years or more following graduation and judged on the basis of their achievement to date
- Faculty: elected based on their demonstrated commitment to scholarly excellence and medical education
- AΩA Inductees also bestow the annual Volunteer Clinical Faculty Award to recognize a community physician who contributes with distinction to the education and training of clinical students.

For more information, visit: <http://alphaomegaalpha.org/> (*National AΩA Website*) and pritzker.uchicago.edu/academics/alpha-omega-alpha-honor-medical-society

GOLD HUMANISM HONOR SOCIETY

In 2005, the Pritzker School of Medicine established a Gold Humanism Honor Society (GHHS) chapter at the University of Chicago. This latest initiative from the Arnold P. Gold Foundation honors senior medical students, residents, role-model physician teachers and other exemplars recognized for “demonstrated excellence in clinical care, leadership, compassion and dedication to service.”

The election process is based upon the recommendations of third year student peers of the Pritzker School of Medicine and from the GHHS Selection Committee deliberations. The selection committee is composed of faculty and staff who interact with students in a variety of settings.

For more information, visit: pritzker.uchicago.edu/academics/gold-humanism-page

ACADEMIC COMMITTEES

ACADEMIC PROGRESS COMMITTEES (APC)

Three Academic Progress Committees (Year 1, Year 2, and Years 3 & 4) are responsible for monitoring student progress throughout the academic year. The committees are composed of course / clerkship directors for the respective year. The committees are chaired by Associate Dean for Medical Student Advising and Advancement. The committees provide formative feedback and advice for students about their academic performance and progress as students proceed through the curriculum. The responsible Academic Progress Committee will hear any Professional Concern Report filed about a student in the previous quarter.

The Academic Progress Committees report to the Curriculum and Educational Policy Committee (CEPC) and make recommendations to the Committee on Academic Promotions (CAP) for monitoring, remediation, referral to learning specialists, Extended Curriculum Option, or other interventions to facilitate student success at Pritzker. The Academic Progress Committees meet quarterly.

COMMITTEE ON ACADEMIC PROMOTIONS (CAP)

The Committee on Academic Promotions is responsible for overall evaluation of student performance, determination of appropriate remediation for academic difficulty, and oversight of academic issues related to student retention and progress. Ultimately, it is the Committee on Academic Promotions' responsibility to assure that students graduating from the Pritzker School of Medicine meet the academic, ethical, and professional standards to enter the medical profession. The Committee is appointed by the Dean for Medical Education and consists of senior faculty members who are experienced with medical student education. The Associate Dean for Medical Student Advising and Advancement serves as chair. The Director of Medical School Education staffs the Committee. The Committee reports to the Dean for Medical Education.

The Committee on Academic Promotions reviews all medical students for promotion to the next year or phase, or for graduation. The Committee reviews concerns brought to its attention by the Academic Progress Committees for each year; in some cases, the Committee may request that a member of an Academic Progress Committee report directly to the Committee regarding a particular issue. The Committee evaluates the success of the academic remediation; reviews the progress of students on Extended Curriculum Option; and reviews petitions from students for changes in the academic timeline, for academic credit outside the standard curriculum, or for re-entry into medical school from a leave of absence.

The deliberations of the Committee on Academic Promotions are constructive in approach and directed toward helping students succeed. Ultimately, however, Pritzker students must be able to meet the minimum academic performance standards of the competency-based curriculum outlined in this document. When evaluating student performance, the Committee takes into account such matters as fund of knowledge, ability to organize and logically present information, test-taking skills, understanding, judgment, and professional behavior. When a student is not performing adequately, the Committee will consider all relevant information. Students may be brought to the attention of the Committee on Academic Promotions through the Academic Progress Committees or through the Dean for Medical Education and their designees.

Ultimately, it is within the Committee's discretion to determine whether a student is permitted to continue at the school and whether any remediation of course work should be permitted or required. The Committee on Academic Promotions may consider the status of any student at any time, even if the academic record is satisfactory. The Committee may, for reasons including but not limited to improper conduct, recommend to the Dean for Medical Education that a student be dismissed from the Pritzker School of Medicine.

Voting, when necessary, is limited to full, appointed members of the committee. The Chair of the Committee is a non-voting member. Decisions of the Committee on Academic Promotions are based on information submitted by Academic Progress Committees or by the Dean for Medical Education and/or designees. In some circumstances, the Committee may request and consider outside evaluations (e.g., by learning specialists), or information from the student under consideration.

If, in the opinion of the Associate Dean for Medical Student Advising and Advancement, a decision that could affect a student's status or advancement (including placing a student on academic probation) will be made at an upcoming meeting, the dean will meet with the student to notify them. The student will be informed that they may provide a written statement to the Committee in advance of the meeting. If submitted, the Associate Dean for Medical Student Advising and Advancement will present this to the Committee.

Whenever the Committee on Academic Promotions votes to take action that affects a student's status or advancement (including placing a student on academic probation), a letter will be sent to the student informing them that this decision will take effect in two (2) weeks (10 working days). The student will be informed that they may respond to the decision in writing. If the student responds, the entire Committee will review the response and revisit the decision.

A student may appeal the decision of the Committee on Academic Promotions in a manner described on page 25 of these Guidelines. The Committee on Academic Promotions meets three to five times per year, or at other times as necessary.

REMEDIATION

REMEDIATION OF COURSEWORK

A course or clerkship director's recommendation about whether remediation for academic work is permitted or expected is subject to review by the Academic Progress Committee or the Committee on Academic Promotions, having available to it a number of options, including dismissal.

Students who are required to remediate one or more courses must meet with the Associate Dean for Medical Student Advising and Advancement to discuss various options and to develop a remediation plan. While a department may have available various forms of remediation, the Committee on Academic Promotions has the sole authority and discretion to identify the methods of remediation required for each student on an individual basis. The course director is to be consulted in the selection of the plan. The course director and the Associate Dean for Medical Student Advising and Advancement must approve each remediation plan. Remediation is to be fair, reasonable, and commensurate with the type of activity in which the deficiency occurred. No student will receive credit for any form of remediation that has not first been approved in writing by the appropriate department, the Associate Dean for Medical Student Advising and Advancement, and the Committee on Academic Promotions.

For remediation of failed examinations, students will work with the course director and education team to determine the date of re-examination. Remediation will occur in the same format as the original exam. The standards used to evaluate a student's performance when remediating a course shall not differ from the standards applied to evaluate the student's academic year immediately preceding the remediation. Standards for performance are not to be raised or lowered.

TIMING & SCHEDULING OF REMEDIATION

Phase 1

Remediation of academic difficulty in Year 1 courses should be completed by August 1st following the first year. In all cases, such remediation must be fully completed and documented before the beginning of second year classes.

Remediation of academic difficulty in Year 2 courses must be completed prior to the start of Phase 2 clerkships. In some cases, at the discretion of the Committee on Academic Promotions, students may be permitted to defer a Year 3 summer clinical rotation in order to complete remediation and allow for graduation on schedule.

A department course director has priority in scheduling the date when the makeup of a course should occur.

Years 3 & 4

Remediation of academic difficulty in coursework in Year 3 must occur prior to commencing Year 4 electives and required selectives.

On rare occasions, a student may be allowed to proceed with fourth-year electives before completing remediation of a third-year clerkship. In such cases, failure to successfully complete the remediation will result in failure of the clerkship and requirement to retake and pass the clerkship prior to continuing any other fourth-year courses.

A request to reorder the sequence of third-year rotations for the purpose of remediation must be approved by the Committee on Academic Promotions or the Associate Dean for Medical Student Advising and Advancement. Designated free time, vacation time or, if necessary, an additional academic year may be used to schedule remedial clinical coursework. When repeating one or more third-year courses, all remediation should be completed at the earliest possible time, and prior to taking any offsite electives so that evaluative comments regarding clerkship

performance can be included in the MSPE. Should a student's MSPE letter need to be sent before remediation is completed, clarification of the nature of the problem and current grade information for all incomplete courses must be included in the letter.

In instances when only a segment of a clerkship requires remediation (usually retaking an examination), the clerkship director has the option to specify when the remediation is to be done. When possible, make-up dates should coincide with breaks in the curriculum, and not at times when the student's performance in an ongoing clerkship could be compromised.

Phase 3

Remediation of academic difficulty in Phase 3 electives must be completed by April 30th in order for the student to graduate on time at the end of the academic year.

APPEAL OF GRADES AND/OR DESIGNATORS USED FOR PHASE 2

The appeal of a grade or designator is considered a grievance. Grievances should first be brought for resolution to the department that issued the grade or designator. Should a student have reason to appeal further, the procedure is described in the Academic Grievances section.

ACADEMIC DEFICIENCIES

MONITORED ACADEMIC STATUS

A student may be placed on Monitored Academic Status by the Committee on Academic Promotions if the student, in its sole judgment and discretion:

- Is at risk for failing to achieve satisfactory academic progress
- Is performing at a borderline level in one or more courses or clerkships
- Has failed to pass three or more exams in a given academic year
- Has received multiple Incomplete designations in courses or clerkships
- Demonstrates persistent professionalism concerns

The nature of Monitored Academic Status is one of indicating to the student that their studies must come first and that every effort should be expended in assuring success. Extracurricular activities should be minimized, with a primary focus on academic achievement. The Committee has the discretion to impose additional requirements as part of Monitored Academic Status, (e.g. counseling or evaluation by a learning specialist). Failure to remediate could lead to the Committee recommending the student be placed on academic probation.

ACADEMIC PROBATION

A student may be placed on Academic Probation by the Committee on Academic Promotions if the student, in its sole judgment and discretion:

- Is at risk for failing to achieve successful completion of the academic program
- Has failed one or more courses or clerkships
- Has failed to remediate concerns that led to being placed on Monitored Academic Status
- Has received multiple Professionalism Concern Reports
- Has engaged in unprofessional behavior that, in the committee's judgment, calls into question the student's suitability to become a physician

The nature of the Academic Probation status is one of indicating significant risk of failure to complete the academic program of the medical school. In addition to the need to focus fully on academic issues, as in the case of Monitored Academic Status, the student must meet regularly with the Associate Dean for Medical Student Advising and Advancement to ensure that appropriate progress is being made toward remediation of outstanding academic issues and requirements. A student who fails to pass a course or clerkship while on Academic Probation (including a designation of Incomplete) is subject to dismissal from medical school. The committee will recommend to the Associate Dean for Medical Student Advising and Advancement whether prior or existing academic probation or professionalism concerns should be reported on the MSPE.

The designation of Academic Probation does not require a prior designation of Monitored Academic Status. In addition, the Committee on Academic Promotions may recommend dismissal from medical school without a period of Monitored Academic Status or Academic Probation.

Removal of Monitored Academic Status or Academic Probation

Generally, to be removed from Monitored Academic Status or Academic Probation a student must maintain at least two successive quarters with passing grades in courses and clerkships and have any concerns about unprofessional behavior resolved to the satisfaction of the Committee. The Committee has the sole discretion and authority to require longer periods of monitoring or probation.

AUDITING COURSES

All courses in the Pritzker School of Medicine are closed to students who are not enrolled in the medical school. Under exceptional circumstances, course directors may allow auditing of a medical school course. Such circumstances require the written approval of the Associate Dean for Medical Student Advising and Advancement.

At times, especially prior to returning from a Leave of Absence, a Pritzker student may be required to audit designated courses or portions of courses by the Committee on Academic Promotions. Students who audit may take all exams if given departmental permission, but without a grade or credit granted.

ACADEMIC GRIEVANCES

Should a student have cause to request a review of any treatment that they receives during any portion of the academic program while enrolled in the Pritzker School of Medicine, and should no satisfactory course of action be concluded, the student has a right to file a grievance. Grievances, by their nature are intended to be individual. The two categories of grievances (departmental grievances and Committee on Academic Promotions Grievances) and their procedures are outlined below.

DEPARTMENTAL GRIEVANCES

Grades, Evaluations, Departmental Remediation Requirements

Grievances of an academic nature should first be brought to the attention of the appropriate course director. The course director and student may work to resolve the grievance at this point. If the grievance involves the course director personally or if the student remains dissatisfied, the complaint should be brought, in writing, to the department chair. If the course director and the department chair are the same person, or if the student remains dissatisfied, the grievance should be brought, in writing, to the Dean for Medical Education. The student must present the written grievance to the department or Dean for Medical Education within four weeks (20 working days) of the incident or receipt of the course grade or evaluation.

In the departmental grievance, the department chair conducts the review, consulting as appropriate with other faculty and staff, and informs the student and the Dean's Office, in writing, of the department's decision regarding the grievance. The department should strive to reach a decision within three weeks (15 working days) of receipt of the written grievance. If the issue cannot be resolved at the departmental level, the Dean for Medical Education will review the department's decision, and if considered to be appropriate, may institute a review mechanism through the appointment of an Ad Hoc Committee. This committee will function in the same manner as an Academic Appeal Committee, outlined below.

COMMITTEE ON ACADEMIC PROMOTIONS GRIEVANCE

Appeal of Decision of Committee on Academic Promotions

For those grievances that relate to decisions of an academic nature or relate to decisions of the Committee on Academic Promotions, the following procedural guidelines pertain:

1. A student appealing any academic decision beyond the departmental level, including decisions of the Committee on Academic Promotions, must make the request (in writing) to the Dean for Medical Education within three (3) weeks of the receipt of the written notification of the decision. The request should include the basis for the appeal as well as any relevant new information. Upon receipt of the written request, the Dean for Medical Education will be required to constitute an Academic Appeal Committee, which consists of the following:
 - a. A minimum of five (5) senior faculty members including department chairs, committee chairs or section chiefs, and/or other senior faculty, preferably none of whom have been directly involved in the student's educational program.
 - b. The medical student initiating the appeal may request that a medical student be added to the Committee. This student must be an upperclassman and will be chosen to serve by the Dean for Medical Education.
 - c. The Dean for Medical Education (non-voting) and/or their designee.

2. The Academic Appeal Committee shall consider all pertinent materials, including any new information, and determine whether the Committee on Academic Promotions has rendered the appropriate decision. The appeal committee is not a legal proceeding and does not follow the procedures of a court of law.
3. The student may request to appear before the Academic Appeal Committee to answer questions or to present any new relevant information. This request will be granted unless the appearance would raise issues of safety for the committee members.
 - a. If and when the student appears before the Academic Appeal Committee, the student shall be allowed to select an advisor for assistance. If an advisor is to be present, the student must notify the Dean for Medical Education at the time a request for appeal is made. The advisor may not participate in the presentation or discussion.
4. The Academic Appeal Committee may request that the student appear before the committee to answer questions or to present any new relevant information.
 - a. If and when the student appears before the Academic Appeal Committee, the student shall be allowed to select an advisor for assistance. If an advisor is to be present, the student must notify the Dean for Medical Education at the time a request for appeal is made. The advisor may not participate in the presentation or discussion.
5. The Academic Appeal Committee will review all pertinent material in the academic file of the student, including the letter of review and any additional supporting documentation that has been procured for the purpose of the hearing. The student shall have the right to inspect these documents. The procedure to be followed for the hearing will be:
 - a. If and when the student appears before the Academic Appeal Committee, the student shall be allowed to select an advisor for assistance. If an advisor is to be present, the student must notify the Dean for Medical Education at the time a request for appeal is made. The advisor may not participate in the presentation or discussion.
 - b. The Dean for Medical Education or their designee will present information from the Committee on Academic Promotions that led to the decision being contested by the student.
 - c. New information from the student may be considered, at the discretion of the Academic Appeal Committee, but not if it could have been presented to the Committee on Academic Promotions at the time of its decision.
 - d. If so decided by the Academic Appeal Committee, the student may be requested or permitted to appear before the committee. The student will leave the meeting at the conclusion of their presentation and after the committee's questions, if any, have been answered.
 - e. The Academic Appeal Committee will be free to discuss the case in closed session.
 - f. The Committee shall communicate a summary report of the proceedings, including the recommendation(s) of the Academic Appeal Committee to the Dean for Medical Education, who in turn will forward a final recommendation to the Dean of the Biological Sciences Division for approval.
 - g. The Dean of the Biological Sciences Division will review the recommendations, make a final decision, and communicate with the student in question following the hearing. In the case of a dismissal, the Dean decides whether to uphold the recommendation or to select another alternative; either a notation of the dismissal is entered on the student's official University transcript, or a letter detailing the conditions of retention is sent to the student. The decision of the Dean is final.

EXTENDED STUDY OPTIONS

The curriculum at the Pritzker School of Medicine is designed for completion in four years. The Directed Study option offers a student additional time to complete the educational program under certain circumstances. It is intended for a variety of purposes, including personal, financial, to do research (but not pursue an advanced degree), and for academic reasons. Examples of situations in which this option might be considered include: taking a year off to engage in a research project with a faculty member or need for repetition or remediation of one or more courses. University of Chicago Pritzker School of Medicine students must be registered for a minimum of 100 units in order to be considered Full-Time for that quarter.

Students may, with the approval of the Committee on Academic Promotions, take no more than six years of academic enrollment to complete the program, (i.e., no more than one additional year for the preclinical biennium, and/or one additional year for the clinical biennium). In addition to discussions with the Associate Dean for Undergraduate Medical Education or the Associate Dean for Medical Student Advising and Advancement, students who are considering taking advantage of the Directed Study Option should also meet with the Associate Director of Financial Aid to clarify the potential implications of this decision on financial aid status. Approval to extend the curriculum must be obtained from the Committee on Academic Promotions.

INITIATION OF PLACEMENT IN THE DIRECTED STUDY OPTIONS

A request for participation in Directed Study may be initiated by any of the following:

- The Committee on Academic Promotions.
- The Associate Dean for Undergraduate Medical Education or the Associate Dean for Medical Student Advising and Advancement.
- The student. The student's desire for Directed Study should be reviewed with the Associate Dean for Undergraduate Medical Education or Associate Dean for Medical Student Advising and Advancement prior to submitting the petition to the Committee on Academic Promotions.

TYPES OF EXTENDED DIRECTED STUDY

There are two types available:

Directed Study – Extended Curriculum Option: A student may opt for additional time to allow for a decompressed course load and/or remediation after experiencing academic difficulty, or for personal or financial reasons, at any time during the basic science or clinical years. A student may choose to extend the curriculum of either, or both, the basic sciences or clinical sciences segment in order to pursue research. Students on an Extended Curriculum Option status must demonstrate, on a quarterly basis, that they are making academic progress during this period.

Directed Study – Research: The Directed Study – Research status is intended for students who wish to pursue an additional year of research or other scholarly activity. This status is not intended for students in combined degree programs, who are considered to be on a leave of absence. Students in the Directed Study – Research status are not covered by malpractice insurance and are not eligible to register for courses.

LEAVE OF ABSENCE

LEAVE OF ABSENCE GUIDELINES

All requests for an official Leave of Absence from the Pritzker School of Medicine must be submitted in writing on a petition to the Chair of the Committee on Academic Promotions. An accompanying letter to the Committee on Academic Promotions may also be requested. The Dean for Medical Education or the Associate Dean for Medical Student Advising and Advancement may approve an emergency Leave of Absence for academic reasons, for extenuating personal circumstances, or when required by law.

Withdrawal from any portion of the curriculum without approval through an official Leave of Absence will result in automatic grade(s) of Failure (F) for the course(s). All programmatic alterations for academic reasons must be reviewed with the Dean for Medical Education.

The maximum length of a Leave of Absence is one year. A second Leave of Absence will be considered only in the most exceptional circumstances. Students in established combined-degree programs, such as the MSTP or MBA programs, may be on a Leave of Absence for the period they are enrolled in their non-MD graduate studies. All students matriculating to a degree granting program in another unit must petition the Committee on Academic Promotions and must provide a copy of their acceptance letter.

If a Leave of Absence is taken for more than one year, a student may be required to audit coursework upon return. Prior to re-entry following a Leave of Absence, regardless of length, a student must submit a letter in writing to the Associate Dean for Medical Student Advising and Advancement stating all reasons why re-entry at this time is desired and complete the re-entry section on the petition to the Committee on Academic Promotions. Students returning from a Leave of Absence to fulfill a military service requirement must promptly be readmitted with the same academic status to up to three years after completing their service requirement.

Students petitioning to return from a medical Leave of Absence will generally require medical clearance from their treating physician(s). The Committee on Academic Promotions may request additional documentation of readiness to return as appropriate.

If a petition to re-enter after a Leave of Absence is denied, the student is considered to be dismissed from the Pritzker School of Medicine. If a student on a Leave of Absence fails to petition to re-enter at the conclusion of that leave, the student is considered to have withdrawn from the Pritzker School of Medicine.

INVOLUNTARY LEAVE OF ABSENCE POLICY

As a community, our first concern is always the health and well-being of each student. To help students achieve their fullest potential and participate robustly and successfully in University life, the University provides students with a host of services, including the Student Counseling Service (SCS). SCS provides a wide range of mental health care to University of Chicago students, including assessments, emergency services, crisis intervention, medication management, academic skills counseling, short term individual, couples, and/or group psychotherapies, and referral services. SCS also provides consultation to University officials who have concerns about a student.

Sometimes, a student's behavior raises concerns about the safety and well-being of the student or others or causes significant disruption to the functioning of the University. Anyone aware of such circumstances should immediately contact the Dean for Medical Education or their designee. In response, the Dean will meet with the student to discuss their behavior and appropriate next steps. The Dean may require that the student be assessed by the Student Counseling Service. The Dean may determine that, in the best interest of the student and/or others, the student (1) may remain

enrolled without conditions, (2) may remain enrolled with conditions that are to be described in writing, or (3) should, in some circumstances, must take a Leave of Absence.

If a Leave of Absence is indicated, the student normally will be given the opportunity to take the Leave of Absence voluntarily. Often, the student may be in a better position to engage in treatment and return to stable, good health at home or in a less stressful environment. If the student declines to take a voluntary Leave of Absence, the Dean for Medical Education has the authority to place the student on an involuntary Leave of Absence by restricting or canceling the student's existing and further registration, irrespective of the student's academic standing. In particular, the Dean for Medical Education may require an involuntary Leave of Absence when they determine: (1) that the student has engaged, or threatened to engage, in behavior which has or could cause significant property damage, or that has or could directly and substantially impede the rightful activities of others; and/or (2) in consultation with the SCS Director (or their designee) and based on an individualized assessment of the student's ability to safely participate in the University's programs, that the student is unable to function as a student and/or the student's continued presence on campus poses a substantial risk to the safety and well-being of the student and/or others.

When in the judgment of the Dean for Medical Education a student's continued presence is likely to pose an imminent and substantial risk to the safety and well-being of the student or to others, the student may be placed on an emergency interim Leave before a final determination, as described above, is made. Every reasonable attempt will be made for the Dean for Medical Education to meet with the student before deciding on an interim Leave and the student will be informed in writing. The emergency Leave will remain in effect until a final decision has been made or a determination has been made that the reasons for imposing the interim Leave no longer exists.

When the Dean for Medical Education decides that a Leave of Absence is appropriate, the decision and the conditions for resumption of studies will be communicated in writing. A student on a Leave of Absence no longer attends classes or uses University facilities, must vacate University housing, and may be entitled to refunds of tuition, fees, and room and board charges as appropriate given the timing of the start of the Leave of Absence. When the Dean for Medical Education mandates a Leave of Absence, generally such Leave will be retroactive to the beginning of the quarter.

A student placed on an involuntary Leave of Absence may request, within 15 days of the date of the decision, in person or writing from the Office of Campus and Student Life the a review of the decision. The Vice President and Dean of Students in the University (or his or her designee) will review appropriate records and documentation and when feasible the Vice President and Dean of Students in the University will meet with the student. A signed release from the student for medical records may be necessary to conduct the review. The Vice President and Dean of Students in the University may discuss the request with the Dean for Medical Education and if appropriate the SCS Director. They will communicate a final decision in writing as soon as practicable. The Leave of Absence will remain in effect during the period that the Vice President and Dean of Students in the University considers the student's request.

A student on a leave of absence will not be permitted to resume their studies until the Dean for Medical Education and the Committee on Academic Promotions makes a fact-specific assessment of the circumstances and concludes that the student no longer poses a significant disruption to the functioning of the University and/or no longer poses a significant risk to the health and safety of the student or others. In making this determination, usually the Dean for Medical Education and/or the Committee on Academic Promotions will require the student to authorize their treating professionals to contact the Director of SCS to discuss the student's clinical condition, whether the student continues to pose a direct threat to the safety and well-being of themselves and/or others, as well as the student's preparedness for (1) a return to the academic rigor of the University, (2) the ability to navigate self-sufficiently as a functioning, non-disruptive member of the University community, and (3) the capability for continuing appropriate treatment via SCS or other resources, if necessary. The student may also be required to undergo an independent Fitness for Duty evaluation. If the student is to continue treatment while resuming studies, the Dean for Medical Education and/or the Committee on Academic Promotions will ask the student to sign a release that authorizes the treating professional to notify the Dean for Medical Education and/ or the Committee on Academic Promotions if the student does not adhere to the treatment plan.

NOTIFICATION OF OTHERS

The Dean for Medical Education (or their designee) may notify a student's parents, emergency contact, or others when in the Dean's judgment the student is unable to make the notification themselves or the student's behavior poses an imminent danger to students or others or requires an immediate disclosure of information to avert or diffuse serious threats to the safety or health of the student or others.

A leave of absence does not preclude the application of the University disciplinary systems.

GUIDING PRINCIPLES OF PROFESSIONALISM

A mark of a great medical school is the ability to create an environment which nurtures future physicians who possess knowledge of the most advanced scientific fundamentals and who demonstrate clinical competencies while behaving in ways that honor the profession of medicine. Helping students to achieve this level of professionalism is as important to a medical school as is its success in educating students in the biological and clinical sciences.

Below are the fundamental attributes to which we ascribe as members of the Pritzker School of Medicine community in our professional responsibilities, relationships and ethic.

Professional Responsibilities

As a medical student and future physician, I have chosen to pursue a profession which requires personal integrity, compassion, and a constant awareness of the commitment I have made to myself, to my patients, and to the other members of the teams with whom I work. Exhibiting personal behaviors consistent with a respect for my chosen profession and having pride in my work are central tenets of professionalism which I will strive to incorporate into my daily life. To demonstrate my commitment to these responsibilities while enrolled at the Pritzker School of Medicine, I will:

1. Seek and accept feedback and constructive instruction from teachers, peers, residents and faculty in order to continually improve my educational experience, knowledge, and clinical skills.
2. Commit to the highest standards of competence both for myself and for those with whom I work.
3. Recognize the importance of life-long learning and commit to maintaining competence throughout my medical career.
4. Be mindful of my demeanor, language, and appearance in the classroom, in the presence of patients, and in all health care settings.
5. Be accountable to all members of the Pritzker community, including students, residents, faculty, and support staff.
6. Admit to and assume responsibility for mistakes in a mature and honest manner and develop productive strategies for correcting them.
7. Refrain from using illicit substances. Refrain from using alcohol, non-prescription or prescription drugs in a manner that may compromise my judgment or my ability to contribute to safe and effective patient care.
8. Be considerate and respectful of others' (teachers, peers, residents and faculty) time, rights, values, religious, ethnic and socioeconomic backgrounds, lifestyles, opinions, and choices, even when they differ from my own.
9. Meet the expectations for participation and timeliness that are communicated to me by those who teach me.
10. Take an active role in caring for the diverse patient population served by the University of Chicago Medical Center.
11. Recognize my limitations and seek help when my expertise, knowledge, or level of experience is inadequate to handle a situation in the classroom, hospital, or research setting.

Professional Relationships

Establishing productive and respectful relationships with patients, faculty, residents, staff, and colleagues is an essential component of providing the best possible health care. To strive for professionalism and kindness in all of my daily encounters, I will:

1. Maintain appropriate relationships with patients, teachers, peers, residents and faculty.
2. Treat all members of the UCM and Pritzker community, patients, and their families with respect, compassion, and dignity.
3. Be mindful to avoid intentionally embarrassing or deriding others.
4. Provide feedback to others (both colleagues and superiors) in a constructive manner, with the goal of helping them to improve.
5. Treat those who participate in my education (e.g. standardized patients) with dignity and respect.

6. Actively work to create an atmosphere in classrooms, clinical settings and in laboratories that is conducive to optimal, interactive learning.
7. Help and support my peers during difficult times in their academic, professional, and personal lives.
8. Attend to my own physical and emotional well-being.

Professional Ethic

Certain personal values and behaviors will be expected of me as a care-giver and as an ambassador of the Pritzker School of Medicine. Through my behaviors, I will demonstrate a commitment to honoring and upholding the expectations of the medical profession, and, in so doing, I will contribute to maintaining society's trust in it. In particular, I will:

1. Maintain the highest standards of academic and scholarly honesty throughout my medical education, by behaving in a trustworthy manner.
2. Recognize and function in a manner consistent with my role as a student on a team.
3. Maintain a commitment to patient confidentiality, recognizing that patients will trust me with sensitive information.
4. Place my patients' interests and well-being at the center of my educational and professional behavior and goals.
5. Treat cadaveric and other scientific specimens with respect.
6. Adhere to the standards of the profession as put forth by the American Board of Internal Medicine Physician Charter (abimfoundation.org - Medical Professionalism in the New Millennium: A Physician Charter.) whose fundamental principles are social justice, patient autonomy, and the primacy of patient welfare.
7. Learn about and avoid conflicts of interest as I carry out my responsibilities, including but not limited to adhering to The University of Chicago Medicine Policy and Guidelines for Interactions with the Pharmaceutical, Biotechnology, Medical Device, and Research Equipment and Supplies and Services Industries.
8. Contribute to medical knowledge through active scholarship and discovery.

Professionalism Feedback and Concern Processes

In response to student lapses in professionalism, any Faculty Member, Faculty Dean, Course Director, Clerkship Director, Staff Director, Staff Member, Track Leader or Research Mentor may provide the student with feedback on this behavior and report the situation to the Associate Dean for Medical Student Academic Advising & Advancement using a Professionalism Feedback Report (PFR) or Professionalism Concern Report (PCR).

Professionalism Feedback Report

Offenses to be less serious will be reported through a Professionalism Feedback Report (PFR). The purpose of this form is to encourage student feedback on professionalism and to document feedback delivered to the student by the individual submitting the report. In general, PFRs will not be part of the student's permanent academic record and will be destroyed upon graduation. Should the student's behavior trigger more than 5 total PFR submissions, the Associate Dean for Medical Student Academic Advising & Advancement will present the case to the Committee on Academic Promotion (CAP). The CAP will determine whether such behavior should be documented in the student's Medical Student Performance Evaluation (MSPE) and permanent record.

Examples of behaviors that might lead to a PFR:

- Fails to accept and internalize feedback
- Is unwilling to expand knowledge and competence
- Fails to complete required tasks or requires constant reminders
- Fails to notify appropriate staff of absences in a timely manner of absences
- Repeatedly fails to respond to communication from staff, faculty, etc.
- Consistently late to commitments

Professionalism Concern Report (PCR)

Offenses judged to be more serious may be reported by any of the aforementioned individuals through a Professionalism Concern Report (PCR). The purpose of the form is to document feedback delivered to the student by the individual submitting the form and to provide documentation to the Committee on Academic Promotion for mandatory review. All PCRs will be reviewed by CAP. Should the student's behavior trigger more than 2 PCRs, the student's behavior may warrant further sanction and may be documented in the student's Medical Student Performance Evaluation (MSPE).

Examples of student behaviors that might lead to a PCR:

- Use of illicit substances
- Use of drugs or alcohol in a way that effects patient care
- Fails to accept responsibility for own errors
- Engages in inappropriate relationships with patients, teachers, staff, residents and/or faculty
- Behaves in a dishonest manner
- Misrepresents self, others, or members of the team to others
- Breaches patient confidentiality
- Acts in disregard for patient welfare
- Takes credit for the work of others
- Misuses cadavers or other scientific specimens

If the lapse in professionalism falls within the parameters of the University disciplinary system (e.g. plagiarism; falsification of documents; verbal or physical assault; sexual harassment), the Associate Dean for Medical School Education may refer the student to a University Disciplinary Committee or the PSOM Dean of Students for a possible Area Disciplinary Process.

To view a copy of the PFR and PCR forms, please visit:

pritzker.uchicago.edu/about/pritzker-and-university-policies

POLICIES

FACULTY EVALUATOR – STUDENT AS PATIENT POLICY

Faculty who provide or have provided healthcare services to Pritzker School of Medicine students should have no current or future involvement in the academic assessment of, or in decisions about, the promotion of that student.

Policy

1. In an urgent situation or in medical conditions requiring specialized care, a student may be seen by a faculty member with educational responsibilities. Such faculty members must recuse themselves from all future assessment and promotion decisions regarding the aforementioned student.
2. Providers at the University of Chicago Student Health and Counseling Services are prohibited from participating in formative or summative assessment of medical students or in any decisions regarding academic advancement or graduation.
3. All medical school faculty are required to disclose any conflict of interest in evaluating a student and recuse themselves from providing an assessment of student's academic performance if they have provided care to the student.
4. Faculty who have provided care to a student may not provide an academic assessment of that student, assign grades or participate in any decisions about academic promotion. In the event no other faculty member is available to supervise said student, the Associate Dean for Undergraduate Medical Education must review the circumstances.
5. Faculty who have provided care to a student may function as a large group classroom instructor or small group preceptor as long as they do not participate in assessment or grading of said student.
6. All faculty members participating in the Committee on Academic Promotions, Academic Progress Committees and career advisors involved in the residency advising system must sign a confidentiality agreement to certify that they will recuse themselves from discussions of and assessments of students' academic performance if they served as that students' physician.

Additional Resource: pritzker.uchicago.edu/about/pritzker-and-university-policies

FINANCIAL AID POLICY FOR SATISFACTORY ACADEMIC PROGRESS

Federal law and regulations require that all students receiving financial assistance from Federal Title IV funds maintain satisfactory academic progress. The following policy presents the standards adopted by the University of Chicago Pritzker School of Medicine. The policy applies to all students receiving financial aid.

The academic requirements for the MD degree include the satisfactory completion of the curriculum designated by the faculty. The progress of each student working toward a MD degree is monitored carefully and the determination for satisfactory academic progress (SAP) for financial aid eligibility is made annually after the Summer Quarter of the Committee on Academic Promotions (CAP).

The Financial Aid Committee reviews and monitors the qualitative and quantitative assessment of performance for each student given by the faculty in all courses for which the student has enrolled. A student who does not satisfactorily complete all course requirements may be permitted to remediate. In this case, a student is assigned a plan and schedule by the Committee on Academic Promotions. This plan deviates from the norm and will require the student to achieve a satisfactory qualitative assessment in all enrolled courses for one academic year. Throughout this period they will be on financial aid remediation. A student in this status must achieve remediation on the schedule outlined by the Committee on Academic Promotions.

The normal timeframe for completion of required course work for the MD degree is four academic years. Due to academic or personal difficulties, a student may require additional time. In such situations a schedule may be established for the student that departs from the norm and that may require repeating a year of study. To be considered to be making Satisfactory Academic Progress for financial aid eligibility, the student must complete the first two years of the curriculum by the end of the third year after initial enrollment. The maximum time permitted for financial aid eligibility for the MD completion is six years.

A student may be granted a personal or medical leave of absence for a variety of reasons. The period of leave for which the student has been approved may be excluded from the maximum time frame in which an individual student will be expected to complete the program. This determination will be made by consideration of an appeal, submitted by the student, to the Financial Aid Committee. The period of time for which a student is registered to pursue full-time research or other academic interest shall be excluded from the maximum time frame in which an individual student will be expected to complete the degree.

Medical students who are accepted for transfer from other medical schools will be evaluated with respect to levels of academic progress attained, and a determination will be made as to remaining years of financial aid eligibility. This determination will be made by the Financial Aid Committee.

Since the Academic Promotions Committee may give approval for an individual student to repeat a portion or all of a school year (subsequent to incomplete or unsatisfactory course work or an approved leave of absence), the maximum time for financial aid eligibility is six years, excluding time spent on an approved academic leave of absence. The required number of units to be completed at the end of each enrollment period will vary in these cases, according to what portion of the curriculum must be repeated. Students approved to repeat course work are meeting the school's standards for Satisfactory Academic Progress.

A student on financial aid remediation may appeal that status by indicating in writing to the Dean for Medical Education existence of mitigating circumstances which should result in reinstatement of financial aid eligibility. The Financial Aid Committee will consider each appeal on its merits.

The Associate Director of Financial Aid shall have primary responsibility for conducting the annual review of Satisfactory Academic Progress and reporting the results of the review to the Financial Aid Committee. This

committee will be appointed annually by the Dean for Medical Education and is composed of the Pritzker faculty deans and senior staff leadership. The committee is staffed by the Associate Director of Financial Aid. The Office of Financial Aid shall provide a copy of this policy to each student at the time of initial enrollment. Faculty are made aware of this policy each year through distribution of the Academic Standard Guidelines.

Additional Resource: *pritzker.uchicago.edu/about/pritzker-and-university-policies*

DUTY HOURS POLICY

Medical student learning during Phase 2 and Phase 3 comes from many sources, which include, but are not limited to, clinical interactions with patients and the health care team, didactic sessions from lecturers and preceptors, and individual reading. Moreover, in addition to clinical activities and duties that medical students may perform, students have the responsibility of taking exams, creating presentations, and engaging in self-directed learning. Thus, students must have adequate time to integrate clinical knowledge through self-directed learning.

Third Year Students:

1. During the clinical clerkship year and post-clerkship clinical experiences, clinical and educational student duty hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities including those completed virtually or in-person. Clerkship-based didactics, preceptor groups and ambulatory experiences all count toward the students' duty hours. Time spent studying (e.g., shelf exams, OSCEs, preparing for daily clinical activity) does not count toward a student's duty hours.
2. Medical students in Phase 2 and Phase 3 of the curriculum who are on clinical rotations must have eight (8) hours off between scheduled clinical work and educational periods.
3. Medical students in Phase 2 and Phase 3 of the curriculum must have at least 14 hours free of clinical and educational work after 24 hours of continuous on-site duty (in-house call).
4. Medical students in Phase 2 and Phase 3 of the curriculum must be scheduled for a minimum of one day in seven that is free of clinical work and required education, when averaged over four weeks. Clerkship and sub-internship directors should stipulate the rules for their individual experiences in their orientation material.
 - a. These days off may include any weekend days that are free of clinical activity, (e.g., students on ambulatory rotations with weekends off will not receive additional week days free of clinical duties).
5. Clinical and educational work periods for clinical medical students must not exceed 24 hours of continuous scheduled clinical work. Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or education.
 - a. In some circumstances where third-year medical students are engaged in clinical work that involves continuous on-site clinical duty (i.e., call), students should be dismissed no later than midnight. In order for students to meet this 12 a.m. deadline, residents should not assign new patients to students after 10 p.m. These deadlines are intended to provide students enough time to finish write ups, discuss patients with their resident, read about their patients, and leave remaining time for an adequate amount of sleep for the next day's learning activities.
6. Specific daily work schedules will vary by clerkship and are most appropriately determined by the clerkship director.

Additional Resource: pritzker.uchicago.edu/about/pritzker-and-university-policies

HOLIDAY POLICY FOR MEDICAL STUDENTS

Considerable variation has occurred regarding the granting of major holidays off to students. Due to this variability, the Pritzker School of Medicine adopted a policy for holidays recognizing official university holidays in July of 2004. Experience with this policy confirms that certain issues remain problematic. Specifically, given the limited clinical exposure of students to certain clerkships, and that the bulk of that exposure occurs during intensive patient care periods when students are “on-call” or “post-call” with their respective resident and/or attending teams, a holiday can often compromise the learning experience for certain students. In addition, the original policy only referred to official university holidays, with no mention of time off for religious holidays, or other national holidays that may be observed by students. Likewise, the original policy did not account for student requests for time off on non-holidays for personal/family reasons. Because of these reasons, the Curriculum Review Committee (CRC) Working Group on Student Duty Hours recommends the adoption of a “Flexible Holiday and Leave” policy to allow students greater flexibility with the requests that they make for time off, while preserving student clinical exposure during a rotation.

The Flexible Holiday Policy includes the following:

While students are participating in Phase 2 clerkships, they are expected to participate in routine education or patient care activities whenever their assigned resident and/or attending team is on duty (i.e. on-call, post-call, etc.). The only standard exception to this is Thanksgiving Day when all students will have the day off. The day after Thanksgiving is not an official holiday and students should assume they will participate in all clinical activities on that day unless explicitly told otherwise by the team leadership.

Before the clerkship begins, students may make a request to their clerkship director that they are off on a specific day for legitimate purpose (i.e. observing a national or religious holiday, personal/ family conflict, etc.). These requests will be evaluated and processed by the clerkship director on a case by case basis.

Please note that this holiday policy does not refer to Phase 3 students on sub-internships who will be expected to work the schedule of an intern on their respective team. In addition, Christmas Day and New Year’s Day fall during winter break and therefore automatically off.

Additional Resource: pritzker.uchicago.edu/about/pritzker-and-university-policies

DIGITAL MEDIA USE POLICY

The University of Chicago Policy on Audio and Video Recording on Campus can be found in the Student manual at: studentmanual.uchicago.edu/administrative-policies/additional-administrative-regulations/petitions-audio-video-recording-on-campus

Audio & Video Recording on Campus

Public Lectures and Less Formal or Pedagogical Presentations

“Public” lectures or talks are to be distinguished from lectures that are either part of or closely associated with courses, workshops, or other organized instructional activities. Typically, “public” lectures will be those where the speaker presents in her professional role as a scholar or expert, rather than as a teacher. Public lectures also should be distinguished from settings in which it is customary to present work-in-progress: the kind of thing that might be marked, “Please do not quote.” Thus, just because a lecture is advertised within a department does not make it public.

Lectures and Presentations by Guests

Units of the University that sponsor public lectures by invited outside speakers often record the lectures. Unless written permission has been obtained from the speakers, however, the sponsoring unit, and the University, will not have the right to distribute or disseminate these recordings. Without this right, these recordings have limited usefulness. Therefore, permission to record and to make use of the recording should be obtained using a permission form prepared by the Office of Legal Counsel which is available online at: lib.uchicago.edu/copyrightinfo & lib.uchicago.edu/pubdomain.

Lectures and Presentations by University Faculty Members and Academic Staff

The circulation or publication of the text of “public” lectures by University faculty or academic staff has long been considered normal and unproblematic; at the same time any reservation or refusal expressed by the presenter has always been respected. Consistent with this practice, public lectures by University faculty and staff may be recorded and used by the University, subject to University policy. The University may use for non-commercial purposes recordings of public lectures or presentations delivered by its employees within the scope of employment, even if copyright ownership is ceded to the author(s). Concomitantly, ONLY the University, acting through the appropriate University officials, has the right to make and use recordings of the faculty’s public lectures on campus unless special arrangements are made with the University. In keeping with past practice, any reservation or refusal expressed by the faculty member should be respected.

Classroom Activity and Non-“Public” Lectures

Recording classroom activities or informal talks may be useful for some purposes. Units should be thoughtful about setting their own policies within the broad framework of University guidelines and expectations, to ensure that the act of recording does not impede expression or class participation and that the recording is not misused.

Members of the faculty may record, or have recorded, their own classes for their personal use or for the purpose of exchange with colleagues, e.g., for the purpose of developing or demonstrating pedagogical skills.

Instructors may permit a student to record a class session for the convenience of the student, for the benefit of another student who is unavoidably absent, or as part of an accommodation for a student with a disability. Students must understand that under University policy, permission given by a member of the faculty to record a class is limited to permission to record for personal use only. It is, for example, never permissible to copy, file-share, sell, distribute, or Web-serve such recordings. Members of the faculty who believe that their classes are being inappropriately recorded, or that recordings are being misused, should contact their Dean of Students.

The University may from time to time wish to record, preserve, or disseminate the exemplary work of distinguished colleagues in the classroom or lecture room. When the University undertakes to make recordings of this sort, it will secure appropriate permissions.

University policies do not permit members of the faculty to “publish” recordings of their classroom or lecture room efforts, or to grant to others the right to distribute recordings, in any medium, of teaching or lecturing undertaken in fulfillment of teaching assignments, without prior approval by the Provost. The University has a sufficient interest in the intellectual property (Statute 18 and New Technology policy) and in the University’s reputation to justify its setting this limitation on what a member of the faculty may do. Moreover, there is a potential conflict of commitment: a teacher may feel some pressure to modify what or how he teaches to make it more marketable.

Recordings by Student Groups (RSO or Other Recognized Groups)

Recordings by student groups of University events, academic or non- academic, may be made only with the consent of a cognizant official of the University. RSO’s should seek consent to record from the Office of the Reynolds Club and Student Activities and other student groups (whether recognized or not) should seek permission from their dean of students. After permission has been given, the students are then responsible for securing appropriate permissions from performers, speakers, and participants. Such recordings and any derivatives made from them are the property of the University. Students may not copy, make derivatives from, distribute, or disseminate such recordings in any medium without the permission of the University. By longstanding policy, the University asserts no copyright in creative work such as film or video that is authored by students or student groups using resources normally available to them. Video or audio content posted on the internet may only utilize the Pritzker or University of Chicago name with the written approval of the Dean’s office.

Copyright of Recordings

Recordings made at the University should be marked, “Copyright [date], The University of Chicago.” While the copyright of the recording is in the name of the University, the author of the underlying recorded work retains all applicable rights to that work. As is the case with University publications, Websites, and other similar properties, recordings should carry the copyright of the University and not the individual unit.

YouTube or Other Types of Posting of Recordings

Students should not use the full University of Chicago Pritzker School of Medicine name or logo in videos of student productions (senior skit, talent shows) unless they receive permission from James Woodruff, MD (Dean of Students) and Tyler Lockman (tlockman@bsd.uchicago.edu). Students should get permission to post the video from all classmates who appear in the production before posting online.

STUDENT USE OF THE PRITZKER GRAPHIC IDENTITY

Student Organizations

When creating an item for a student organization (apparel, tote bag, travel mug, etc.) with the Pritzker name included, students should also try to include the official Pritzker logo on some visible portion of the item, unless it is cost-prohibitive (i.e. requires extra screens or color). The logo should not be warped, nor should it be manipulated so as to include only a portion of the complete logo. T-shirts, specifically, should include the Pritzker logo on the back of the shirt. Contact Candi Gard (cgard@bsd.uchicago.edu) with logo requests and for Pritzker approval of the item.

Scholarship Use

When presenting a scholarly poster highlighting research work, students may use the official Pritzker logo on the poster to indicate an affiliation with the institution. If a student is presenting a poster on Pritzker-sanctioned student-related activities or volunteer work (e.g. JOURNEES), they may also use the Pritzker logo. Contact Candi Gard (cgard@bsd.uchicago.edu) with logo requests.

Additional Media Usage Information: pritzker.uchicago.edu/page/logo-use-and-student-websites

SPECIFIC ISSUES FOR STUDENTS IN THE PRITZKER SCHOOL OF MEDICINE IN ADDITION TO THE UNIVERSITY POLICY

1. Patient experiences (both real and simulated) cannot be recorded by any student's personal recording device. This includes wearable technology with mics and/or video cameras (i.e. smart watches).
2. While in the presence of patients [either real or simulated], students cannot have personal devices with audio or video-recording ability in view of the patient.
3. Video-taped encounters with students and standardized patients in any clinical skills or clerkship experience cannot be publicized on any personal website, media-share site social networking site or used in the context of a student-run skit or performance.
4. Students may not post content of lectures (video or audiotaped) on the internet.
5. Any recorded material posted on the internet must have the written consent of all participants in the material.
6. Recording in violation of this policy may subject you to personal criminal and civil liability under the Illinois Criminal Code and common law.
7. Students should not use the full University of Chicago Pritzker School of Medicine name or logo in videos of student productions unless they receive permission (*see YouTube or Other Types of Posting of Recording on page 39*).
8. Permission is needed from the Pritzker School of Medicine for any use of the University of Chicago Graphic Identity (including the Pritzker School of Medicine Identity).

POLICY FOR ACADEMIC RESOURCES

The Pritzker School of Medicine is committed to providing access to carefully curated and updated resources necessary for students to master the curriculum. In addition to the availability of faculty, staff, and peer educators, these academic resources include printed or digital materials (including but not limited to course syllabi, lecture slides, study guides, wikis, laboratories, problem sets) made available by individual course directors and other leaders at the Pritzker School of Medicine. All materials are intended for Pritzker School of Medicine student use and reference but should be considered internal materials not for dissemination as outlined in the “Digital Media Usage Policy”.

1. Course and clerkship materials will be provided in the learning management system (Canvas or MedHub) whenever possible. If other resources are used, links or directions should be clearly marked and functional from the Canvas or MedHub site.
2. Lectures and presentations will be recorded and made available to students for review through the lecture capture system (Panopto). Course and clerkship directors may, at their discretion, choose not to record lectures if the session meets one of the following criteria:
 - a. Involves patients and/or sensitive patient information.
 - b. Includes discussion of sensitive or controversial topics where recording may inhibit free faculty or student participation.
3. Small group activities or laboratory sessions may be recorded and made available to students for review at the discretion of the course director(s).
4. Encounters with standardized patients may be recorded for later review by faculty or staff, but require special consideration to ensure the privacy of the student and the patient. As such, all such recording should be managed by the Clinical Performance Center.
5. Encounters with patients should only be recorded in compliance with University of Chicago Medicine and University of Chicago Medical Center guidelines.
6. Course materials, including individualized annotated versions, will remain available to students throughout the course of study provided that the storage and access to these materials do not place an undue technical and financial burden on the Pritzker School of Medicine.

MEDICAL CENTER POLICIES

The Medical Center has many important policies with which students should become familiar.

UCMC Intranet Home Page:

home.uchicagomedicine.org

Policies and Procedures Portal:

home.uchicagomedicine.org/SitePages/Policies-and-Procedures.aspx

HIPAA:

spservices.uchicagomedicine.org/sites/PoliciesAndProcedures/Pages/HIPAA-Privacy.aspx

Safety Policy:

safety.uchicago.edu

spservices.uchicagomedicine.org/sites/PoliciesAndProcedures/Pages/Safety.aspx

Infection Control:

spservices.uchicagomedicine.org/sites/PoliciesAndProcedures/Pages/Infection-Control.aspx

Patient Care:

spservices.uchicagomedicine.org/sites/PoliciesAndProcedures/Pages/Patient-Care-Protocols-and-Guidelines.aspx

POLICY ON HARASSMENT, DISCRIMINATION, AND SEXUAL MISCONDUCT²

The University of Chicago is a community of scholars dedicated to research, academic excellence and the pursuit and cultivation of learning. Members of the University community cannot thrive unless each is accepted as an autonomous individual and is treated without regard to characteristics irrelevant to participation in the life of the University. Freedom of expression is vital to our share goal of the pursuit of knowledge and should not be restricted by a multitude of rules. At the same time, unlawful discrimination, including harassment, compromises the integrity of the University. The University is committed to taking necessary action to prevent, correct, and, where indicate discipline unlawful discrimination.

Sexual misconduct may violate the law, does violate the standards of our community, and i unacceptable at the University of Chicago. Sexual misconduct can be devastating to the person who experiences it directly and can adversely impact family, friends, and the larger community. Regardless of the definitions within the policy, people who believe they have experienced an sexual misconduct are encouraged to report the incident and to seek medical care and support a soon as possible.

Below is the outline of the University's policy on harassment, discrimination and sexual misconduct.

Policy effective: 14 August 2020

To view the full policy, see: harassmentpolicy.uchicago.edu/policy

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Policy

- I. Introduction
- II. Policy Basis and Application
- III. Unlawful Harassment and Discrimination
- IV. Sexual Misconduct and Definitions
- V. Consent
- VI. Consensual Relations
- VII. Reporting Options
- VIII. Institutional Obligation to Respond
- IX. Conflicts of Interest
- X. Emergency Removals or Leaves of Absence
- XI. Confidentiality
- XII. Leniency for Other Policy Violations
- XIII. Non-Retaliation
- XIV. Response to a Report or Complaint
- XV. Administrative Resolution of Complaints
- XVI. Resolution of Complaints by the Hearing Bodies
- XVII. Informal Resolution
- XVIII. Required Training for Policy Personnel
- XIX. Time Limits
- XX. Bad Faith and False Information
- XXI. Prevention and Education Programs

² Sexual misconduct includes but is not limited to sexual harassment, sexual abuse, sexual assault, domestic violence, dating violence, and stalking.

Appendices

- I. Support Services and Resources for Those Who Have Experienced Sexual Misconduct
- II. Yearly Report on Harassment and Sexual Misconduct to the Council of the University Senate
- III. Compliance and Locating This Policy
- IV. Related Policies

For specific information regarding the University's disciplinary systems for students, please see:
studentmanual.uchicago.edu/disciplinary

POLICY ON TREATMENT OF STUDENTS

The Pritzker School of Medicine at the University of Chicago is committed to maintaining an academic and clinical environment in which faculty, fellows, residents and students work together freely to further education and research and provide the highest level of patient care, whether in the classroom, the laboratory or the hospital and clinics. The School's goal is to train physicians to meet high standards of professionalism and practice in an environment where effective, humane and compassionate patient care is demanded and expected. To this end, the School recognizes that each member of the medical school community should be accepted as an autonomous individual and treated civilly, without regard to his or her race, color, religion, sex, sexual orientation, sexual identity, national or ethnic origin, age, disability or any other class protected by law. Diversity in background, outlook and interest among faculty, fellows, residents, students and patients inherent in the practice of medicine, and appreciation and understanding of such diversity, is an important aspect of medical training. As part of that training, the School strives to inculcate values of professional and collegial attitudes and behaviors in interactions among members of the School community, and between these members and patients and their families.

The School has appointed two faculty members to serve as Ombudsmen to facilitate confidential reporting of potential mistreatment and to raise awareness of appropriate standards of behavior among the members of the medical school community.

Dr. Shellie Williams (pager 4833)

Dr. Steven Zangan (pager 2816)

Additional Resource: *pritzker.uchicago.edu/student-life/ombudspersons*

MEDICAL STUDENT PERFORMANCE EVALUATION

INFORMATION PROVIDED IN THE MSPE

The Pritzker School of Medicine provides each student with a MSPE letter when applying for post-graduate training to supplement the transcript.

The letter is intended to provide a fair summary of student performance. It includes a review of student's academic history, including a summary of the clinical skills sequence, third-year clerkship summaries and the listing of the clerkship internal designators. The Pritzker School of Medicine retains some latitude in editing departmental comments in order to provide accurate information about student performance. Any disciplinary sanctions imposed during medical school will be included in the MSPE. The MSPE will include information about required remediation of academic performance, as appropriate. Pritzker-sponsored honors and awards, participation in research projects, community service work, summer activities and other relevant activities may be mentioned. Reference to academic performance during the basic science years will occur when warranted.

The Pritzker School of Medicine does not use a numeric ranking system. Generalized descriptors given to each student including "exceptional," "outstanding," "excellent," "very good," and "good" are based on a holistic evaluation of the student's performance in our curriculum in scholarship, and in service. The MSPE appendix includes two graphs showing 1) the distribution of clerkship internal designators within the class and 2) the distribution of summary designators within the class.

**SAMPLE
MEDICAL STUDENT
PERFORMANCE
EVALUATION**

Sample MSPE and Appendices



Pritzker School
of Medicine

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Chicago, Illinois 60637
Phone: 773-702-1939 • Fax: 773-702-2598
<http://pritzker.uchicago.edu>

MEDICAL STUDENT PERFORMANCE EVALUATION

Alex Doe

September 28, 2023

NOT REAL
STUDENT DATA

Identifying Information

Alex Doe is currently a fourth year medical student at the University of Chicago Pritzker School of Medicine in Chicago, Illinois.

Alex matriculated at the University of Chicago Pritzker School of Medicine in Autumn 2020 and has distinguished themselves in the following activities as a medical student.

Noteworthy Characteristics

- Alex channeled their passion for improving health care access for underserved patients by serving as a leader in one of our school's free student-run clinics and through volunteering at the four other free clinics.
- Alex understands the impact research has on improving health care outcomes and has focused their scholarly work on health care delivery science in order to improve new screening methodologies for risk of falls in the inpatient and critical care units, with resulting presentations at Society of General Internal Medicine and American Geriatrics Society conferences.
- Alex is committed to mentorship and has sought out opportunities to work with youth on Chicago's South Side, including efforts in the Health Professions Recruitment and Exposure Program (HPREP) as well as the summer pathway programs. In these roles Alex provided education about the health disparities facing their communities and inspiring them to pursue healthcare careers to advocate for these communities.

Scholarship and Discovery:

As a part of the Pritzker curriculum, all students are required to participate in Scholarship and Discovery, a longitudinal scholarly program that incorporates core coursework, research, electives, service activities, and dissemination of scholarship with the goal of providing each student with an advanced level of knowledge and expertise in a given track. Alex selected the Healthcare Delivery Sciences Track through which they investigated the topic of: "Evaluation of a new screening assessment as part of fall prevention interventions in hospitalized older adults."

Academic History

Transfer student: Not applicable

Initial Matriculation at Medical School: Autumn 2020

Expected Graduation from Medical School: Spring 2024

Extensions, Leave(s) of Absence, Gaps or Breaks: NA
Dual/Joint/Combined Degree: NA

Selected Honors/Awards

Student Member, University of Chicago Pritzker School of Medicine Admissions Committee, 2023-24: Through a competitive selection process, Alex was chosen by faculty as one of twelve senior medical students to serve as a voting member of the Admissions Committee.

Students Teaching Students Award, 2022: In 2022, Alex was selected through a peer nomination and selection for one of two teaching awards given by students in the preclinical curriculum. Alex was chosen for their excellence as a teaching assistant

Academic Progress

Preclinical/Basic Science Curriculum:

The Pritzker School of Medicine uses a Pass/Fail grading system. Alex received passing grades in all courses in Years 1 and 2.

The following summary evaluation was submitted regarding Alex's performance in the two year Clinical Skills course sequence:

Alex showed an ability to organize and describe clinical assessments at a level typically seen in much more seasoned medical students, focusing specifically on how each piece of information gathered through their history, exam, and studies led to differential diagnosis and plan. Their written products were equally excellent, managing to describe complex patients comprehensively but efficiently. They asked pointed, specific questions and incorporating that feedback into their next presentation.

Professionalism:

The following comments were made about Alex's professionalism:

- "Alex demonstrated outstanding empathy at the bedside and established trusting relationships with their patients and other patients on the team. They were excellent at establishing rapport with patients, and patients loved him."
- "Their work with patients stood out as mature. They were thoughtful, mature, and caring."
- "They brought an enthusiastic, positive, and compassionate attitude to work each and every day."
- "What really made Alex stand out was their incredible communication and bedside manner. They showed genuine compassion in caring for their patients, and their face lit up when speaking of patients."

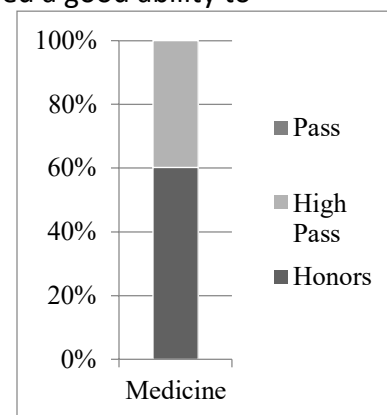
Core Clinical Clerkships and Elective Rotations:

The following summaries are edited for length and grammar. The clerkships are presented in chronological order. If the student took a year off, the graphs represent the year in which they completed their clerkships.

Clerkship #1 -- Medicine (High Pass):

Overall grade composition: Clinical Performance: 50%; Shelf Exam: 15%; OSCE: 15%; Observed Patient Encounter: 10%; EBM Presentation: 5%

Alex's overall performance in the Medicine clerkship was Excellent. Alex showed a good ability to obtain a history and interpret those findings into meaningful clinical application. Alex gave clear and concise presentations which were very complete and detailed. Alex provided sound and thoughtful differential diagnoses for their patients. They consistently asked great questions and appreciated feedback, demonstrating that they were interested in learning beyond the scope of their particular patients. Alex demonstrated outstanding empathy at the bedside and established trusting relationships with their patients and other patients on the team. They were excellent at establishing rapport with patients who loved them. Alex was a very valuable team member and worked well with everyone. They learned quickly how systems worked in the hospital and they took initiative to research clinical questions. Alex was always professional in their interactions with the team and their patients.



Clerkship #2 -- Neurology (PASS):

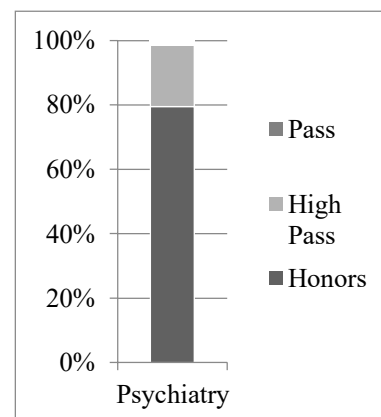
Overall grade composition: Clinical Performance: 50%; Shelf Exam: 25%; OSCE: 25%

In the 2022-2023 academic year, the required Neurology Clerkship was shortened to a two-week experience. No clerkship designators were provided; grading is pass/fail. Alex's overall performance in the Neurology Clerkship received a passing grade.

Clerkship #3 -- Psychiatry (High Pass):

Overall grade composition: Clinical Performance: 40%; Shelf Exam: 35%; OSCE: P/F; Patient Write-Up: 10%

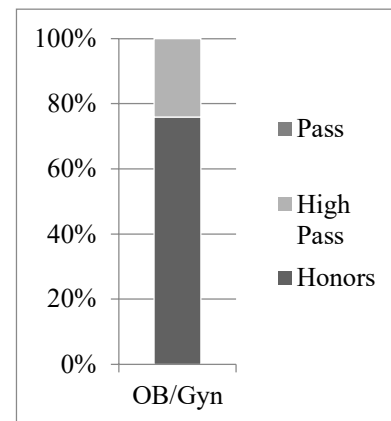
Alex's overall performance in the Psychiatry clerkship was Excellent. Their work with patients was consistently outstanding. They spent considerable time with patients and their families, who often pointed out that they were a great doctor. Their psychiatric observations were astute. They were reliable, dependable, and insightful about behavioral disorders. They worked with patients closely and provided real help at the bedside. Their knowledge of psychiatry emerged; they had good insights about patients and considered multiple factors when trying to understand them. Alex had outstanding interpersonal skills; everyone on the team liked working with them. Their case presentations and write-ups were at the level of a first-year resident. They were thoughtful, mature, and caring with a calm presence with patients who respected them. Their work on rounds was exemplary, and they demonstrated sharp clinical reasoning. They will be an outstanding resident with an unlimited future in medicine.



Clerkship #4 -- Obstetrics and Gynecology (High Pass):

Overall grade composition: Clinical Performance: 50%; Shelf Exam: 25%; OSCE: 15%; Case Presentation: 5%; Case Log Completion: 5%

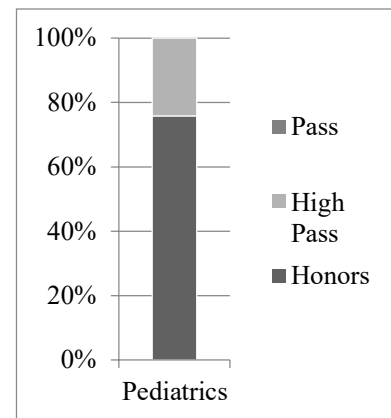
Alex's overall performance in the Obstetrics and Gynecology clerkship was Excellent. Alex demonstrated a solid medical knowledge base and was hardworking throughout their OB/GYN clerkship. They gathered thorough and appropriate histories for patients. They were able to do a great job completing an annual physical exam. They adequately performed the maneuvers of a vaginal delivery. Alex was eager to learn and was very receptive to the feedback they received. Alex was a great student. They did a very good job during their OB/GYN clerkship. They demonstrated an excellent level of professionalism and worked hard to be part of the team. They will do very well in whatever field of medicine they choose.



Clerkship #5 -- Pediatrics (High Pass):

Overall grade composition: Clinical Performance: 60%; Shelf Exam: 25%; General Care Nursery: 10%; Case Log Completion: 5%

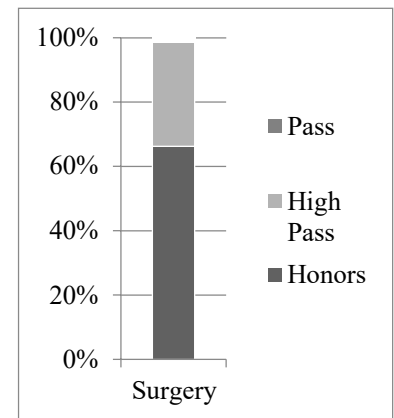
Alex's overall performance in the Pediatrics clerkship was Excellent. They demonstrated excellent clinical ability and took thorough yet concise histories. They presented in a clear, effective, and easy to understand manner to their team and families alike. Alex conveyed thoughtful differential diagnoses, and their assessments and plans were practical and on point. They proactively inquired about and attempted to address important social determinants of health affecting their patients. They brought an enthusiastic, positive, and compassionate attitude to work each and every day. Alex was skilled at getting input from various sources in making their plans - including patients and their families, nursing and multidisciplinary support staff. Although all of these traits were impressive, what really made Alex stand out was their incredible communication skills and bedside manner. They showed genuine compassion in caring for their patients, and their face lit up when speaking of patients. Alex clearly enjoyed working with children, and they directly sought out feedback from everyone - including families and even children in order to improve. Multiple times the team noted that on the day of discharge for their patients, when the team was exiting the room, they would hang back to address the child and ask them about their experience and any questions they might have. Alex will no doubt be an asset to whatever field they choose.



Clerkship #6 -- Surgery (Pass):

Overall grade composition: Clinical Performance: 60%; Shelf Exam: 20%; OSCE: 7%; Oral Exams: 10%; Case Log Completion: 3%

Alex's overall performance in the Surgery clerkship was Very Good. Alex had a good knowledge base. He was able to apply their knowledge in their day-to-day activities. Alex was thorough in their history taking. They were able to complete a good physical exam and apply their findings to the care of the patient. Alex was able to formulate an appropriate differential diagnosis and an accurate assessment. They had appropriate clinical decision-making, incorporating imaging and physical exam findings. Alex showed effective self-directed learning and was prepared for each day's work, having read about their patients and their cases. Alex was extremely accurate in the information that they presented. They were a valuable member of their teams and well-liked by the residents. Alex conducted themselves in a professional manner at all times. They were always respectful towards their team members, their patients, as well as their families. Alex was an engaged, interested, and knowledgeable student, hardworking and reliable. They integrated well with their teams and was well liked by staff. They were reliable, mature, and polite to their patients, families, and members of their teams. Alex will be an excellent resident and physician.



Summary

Clerkship Grades:

(H=Honors; HP=High Pass; P=Pass)

Clerkship #1 - Medicine: **HP**

Clerkship #2 - Neurology: **P**

Clerkship #3 - Psychiatry: **HP**

Clerkship #4 - Obstetrics and Gynecology: **HP**

Clerkship #5 - Pediatrics: **HP**

Clerkship #6 - Surgery: **HP**

Throughout their clinical rotations, Alex took a vested interest in their patients. He sought to better understand the greater context of their lives in order to provide the best possible care. In order to improve their level of understanding, Alex employed a strong bedside manner; attendings praised them for their maturity, compassion, and ability to form meaningful connections with their patients. As Alex focuses on becoming the best physician they can be, they are driven by their strong work ethic, an open-mindedness that seeks cultural understanding, and a desire to collaborate with and empower his patients. Alex's interest in truly understanding and helping others manifested in their extracurricular activities, as well. One prominent example is their role as leader of one of the student-run free clinics and significant contributions through the Health Professions Recruitment and Exposure Program. This is a testament to their other-centered nature and their inherent drive to connect with others. In all things, Alex understands the importance of culture and history as pieces that help inform what a person needs. A dedicated learner and reliable teammate, Alex will surely be a welcomed addition to their residency program and by their future patients. Our holistic evaluation of Alex's performance in our curriculum, in scholarship, and in service demonstrates that they are a **very good** candidate for your residency training program.

The University of Chicago's evaluation system was not designed to provide information comparing one student to another and for that reason no ranking regarding Alex Doe can be provided. The grading system is pass/fail and there are no class rankings. The curriculum has been designed for a competency-based evaluation system. The students are measured by their achievement of the competency, not in terms of comparative performance. Descriptors provided for the third-year clerkships reflect the degree to which Alex has attained the competencies taught in that clinical experience. For that reason, we encourage review of this evaluation letter in its entirety.

Sincerely,



H. Barrett Fromme, MD, MHPE
Professor of Pediatrics
MSPE Director, Pritzker School of Medicine



Vineet Arora, MD, MAPP
Professor of Medicine
Dean for Medical Education

Attachments: MSPE Appendices

MSPE APPENDICES

20XX Medical Student Performance Evaluation Appendices

Appendix A – Pre-Clerkship/Basic Science Performance

The University of Chicago Pritzker School of Medicine has a Pass/Fail System. Therefore, no graphic representation of the student's performance relative to his or her peers in pre-clerkship/basic science courses can be provided.

Appendix B – Clinical Clerkship Performance

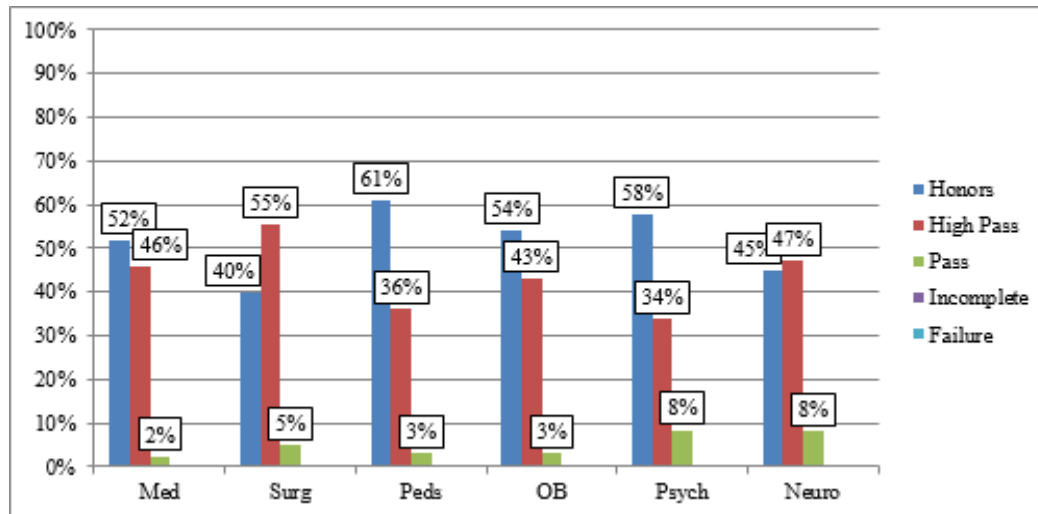
The University of Chicago Pritzker School of Medicine utilizes a Pass (P) / Fail (F) grading system, with the exception of five of the six core clinical clerkships:

- Internal Medicine (10 weeks, including electives)
- Surgery (10 weeks, including electives and a Perioperative Care rotation)
- Pediatrics (5 weeks)
- Obstetrics and Gynecology (5 weeks)
- Psychiatry (5 weeks)
- Neurology (2 weeks)

During the third year, students are given designators for five of the six required core clerkships (Honors, High Pass, Pass, or Fail) based on the extent to which they meet or exceed a given competency. In the 2021-2022 academic year, the required Neurology clerkship was shortened to a two-week experience. Grading for Neurology is Pass/Fail. In each of the clerkships, clinical performance is evaluated by the clerkship directors as to the extent to which the student achieves the performance objectives of the clerkship. Accordingly, this evaluation system does not assume a normal distribution of grades as students are assessed against performance objectives, not each other. The distribution of the internal designators by clerkship for the Class of 20XX is outlined below.

	Honors	High Pass	Pass	Incomplete	Failure	Total
Medicine	52%	46%	2%	0%	0%	100%
Surgery	40%	55%	5%	0%	0%	100%
Pediatrics	61%	36%	3%	0%	0%	100%
Obstetrics-Gynecology	54%	43%	3%	0%	0%	100%
Psychiatry	58%	34%	8%	0%	0%	100%
Neurology			100%			100%

**University of Chicago Pritzker School of Medicine
Class of 20XX Clerkship Distribution**



Appendix C – Professional Attributes

Professional attributes are considered in the Pass/Fail designation and addressed in the clinical performance evaluation summaries prepared by the Clerkship Directors. Therefore, no graphic representation of the students' professional attributes relative to his or her peers can be provided. Professional attributes assessed in the clerkships include the extent to which students:

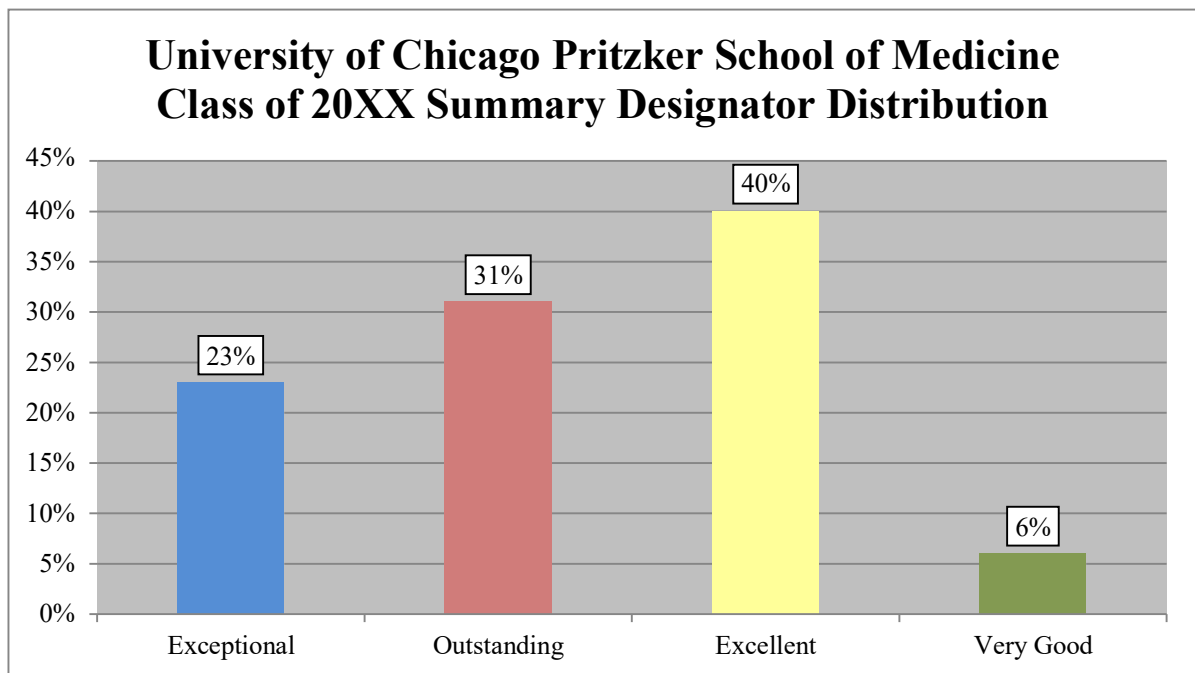
- Demonstrate enthusiasm, interest, and self-motivation
- Pursue self-directed learning
- Exhibit responsibility, integrity, and caring in establishing trusting relationships with patients and family members
- Interact appropriately and respectfully with other health professionals
- Are punctual and prepared

Appendix D – Overall Comparative Performance

Our Students receive a summary designator based on a holistic review of their academic performance during their clerkship rotations, their performance in research/scholarship, and their time spent in institutional and community service. This holistic review is aligned with the holistic review our Admissions Committee uses when evaluating prospective students.

We reserve the right to not use all designators in a given year. Below is the distribution of these designators for the Class of 20XX:

Exceptional.....	23%
Outstanding.....	31%
Excellent.....	40%
Very Good	6%
Good.....	
Acceptable.....	



Appendix E – Medical School Information Page

Specific Programmatic Emphases of the Medical School and its Educational Programs:

Mission Statement: “At the University of Chicago, in an atmosphere of interdisciplinary scholarship and discovery, the Pritzker School of Medicine is dedicated to inspiring diverse students of exceptional promise to become leaders and innovators in science and medicine for the betterment of humanity.”

Pritzker attracts and recruits culturally diverse student leaders with strong academic backgrounds and personal accomplishments. The curriculum emphasizes the importance of humanistic care and skills of critical analysis. With the exception of the clinical clerkship year, Pritzker operates on a Pass/Fail grading system to encourage students to develop teamwork skills, to discover and develop their unique talents, and to promote cooperative learning through focused curricular and co-curricular activities.

These medical education programs include the following:

- Integration of basic science and clinical medicine across the four years of the curriculum.
- Students who are enrolled in a joint MD/PhD program at the University of Chicago participate in a longitudinal curriculum designed to provide enhanced training in fundamental concepts and scholarly skills.
- The Scholarship & Discovery component of the Pritzker curriculum reaffirms the core mission of the University to generate new knowledge to improve human life. The cornerstone of Scholarship and Discovery is the completion of a mentored scholarly project by the time of

graduation, focusing on one of five scholarly tracks: **(1) Scientific Investigation (Basic/Translational Sciences, Clinical Research, or Health Services & Data Science), (2) Medical Education, (3) Healthcare Delivery Improvement Sciences, (4) Community Health, and (5) Global Health.** Guidance is provided by core faculty throughout the students' time at Pritzker. During the first year, students participate in coursework and throughout subsequent years, students also participate in activities related to their scholarly track, including a focused scholarly block to work on their research. Examples of additional scholarly activities include advanced elective coursework, conference participation, or track specific activities (i.e. a service-learning project for Community Health, out-of-country rotations for Global Health, serving as a Teaching Assistant for Medical Education, etc.). During the fourth year, students either complete their scholarly project or continue their advanced training in their scholarly area with guidance from faculty Track Leaders. All students, including MD-PhD students who are exempt from the Scholarship and Discovery requirement, are encouraged to disseminate their work at the Pritzker Senior Scientific Session and share their findings with a broader regional and national audience whenever possible.

- Summer research training supporting over **85%** of the students to explore their research aptitudes before entering the second year. The experience often serves as a scholarly foundation from which students continue their scholarly work throughout their medical school tenure, often resulting in dissemination via presentation or publication.
- Clinical experiences with patients and standardized patients beginning the first quarter of medical school aided by the formative feedback provided by review of recorded patient encounters with full-time faculty preceptors.
- A comprehensive group of required core clerkships beginning in the third year and combining ambulatory and inpatient experiences taught by full-time faculty together with highly selected residents to promote and model clinical proficiency.
- Opportunities to participate in MD/PhD and MD/MBA programs, master degree programs (MPP, AM, MS, JD) and research “year off” experiences.
- An extensive array of co-curricular activities that provide the arena for students to develop further their altruism, leadership, professionalism, and self-care.
- Integration of humanism in medicine through programs such as the First Year Orientation and White Coat Ceremony, Gold Humanism Honor Society Induction Ceremony, and Student Clinician Ceremony. In these and other student programs, upperclassmen and residents model a mentoring demeanor promoting collegial approaches to medical education.

Average Length of Enrollment (Initial Matriculation to Graduation):

The average duration of enrollment was approximately **4.6 years**.

Of the 83 students anticipated to be in the graduating Class of 20XX, **20** took more than 4 years to complete medical school:

- **10** students completed joint MD/PhD training, which added an average of **4.4** years to their medical education.
- **1** student completed joint MD/MBA training at University of Chicago.
- **1** student completed a Master's program in Harris School of Public Policy at University of Chicago.
- **7** students participated in additional scholarly and clinical experiences for an additional year. Of these 7 students, 2 obtained support via Pritzker Fellowship, 1 obtained a NorthShore Fellowship.
- **4** students chose to utilize the Extended Curriculum Option to decompress an academic year for personal, family and/or medical reasons.

Guidelines for Medical Schools Regarding Academic Transcripts:

The Pritzker School of Medicine is compliant with the AAMC "Guidelines for Medical Schools Regarding Academic Transcripts."

Description of the Evaluation System Used at This Medical School:

Please see Appendix A, B, C, and D.

AOA Membership

The University of Chicago is home to the Illinois Beta Chapter of Alpha Omega Alpha, the national medical honor society. Election to the chapter occurs at the beginning of Pritzker students' fourth year and is guided by the regulations for election as set out in the AOA constitution.

All students at Pritzker School of Medicine are eligible for AOA. The selection process starts with a holistic review of all M4 students, which is aligned with the holistic review our Admissions Committee uses when evaluating prospective students and with the mission statement of the Pritzker School of Medicine. This holistic review includes:

- 1) Academic performance during clerkship rotations
- 2) Participation and achievements in research/scholarship
- 3) Review of leadership, volunteerism and institutional service as reported in the Student Management System and in students' CVs
- 4) Peer assessment as determined by an anonymous, end-of-academic year survey of MS3s (the peer assessment score given to students who take time off comes from the cohort with whom they completed the MS3 year)

Up to 20% of the class is then selected for membership in AOA by a committee appointed by the Dean for Medical Education. The AOA constitution calls on the committee to consider not only scholastic achievement but also capacity for leadership, professionalism, a strong sense of ethics,

and a commitment to service in the school and community, along with outstanding achievement in research.

Medical School Requirements for Successful Completion of the USMLE Step 1 and Step 2 for Promotion and/or Graduation

To graduate from the University of Chicago Pritzker School of Medicine, students must have registered and taken Step 1 and Step 2 (CK) of the USMLE exam. Passing the exams is not required for graduation.

Medical School Requirements for Successful Completion of Objective/Observed Structured Clinical Evaluation (OSCE) at Medical School.

Observed Structured Clinical Evaluations (OSCEs) are used for formative feedback during the first- and second-year Clinical Skills course, both throughout the course and during the assessment in the final exams. Following the third year, all students participate in a required Clinical Performance Exercise (CPX) which simulates USMLE Step 2-CS. The CPX experiences are for self-assessment and feedback. All third year core clerkships include an Objective Structured Clinical Evaluation that students must complete.

Utilization of Narrative Comments from the Medical School Course, Clerkship, or Elective Director in the Composition of the MSPE.

The narrative comments from the six required third-year clerkships have been edited for length but not for content.

Process of MSPE Composition at the Medical School.

The Medical Student Performance Evaluation is prepared by the Medical Student Performance Evaluation Director. Administrative support is provided by the Manager of Career Advising and Student Services, the Office Administrator, and members of the Curriculum administrative team.

MSPE Review by Students.

Students at the Pritzker School of Medicine are permitted to review the MSPE letter in its entirety prior to its transmission and can request changes for factual information.