THE UNIVERSITY OF CHICAGO

PRITZKER SCHOOL OF MEDICINE

ACADEMIC GUIDELINES

Academic Year 2026-2027

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INTRODUCTION TO THE ACADEMIC GUIDELINES

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. This Academic Guidelines document represents the most current version and takes precedence over previously published versions.

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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.

MEDICAL EDUCATION PROGRAM OBJECTIVES

CLINICAL SKILLS & REASONING			
CSR1	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Obtain an accurate, thorough history from an actual patient or standardized patient in an organized fashion	Obtain a relevant, accurate, and problem-focused history from patients, families, and electronic health records in an organized fashion	Obtain a relevant, accurate, and problem-focused history from patients, families, and electronic health records in an organized fashion that demonstrates clinical reasoning
CSR2	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Perform an accurate and thorough physical exam, with appropriate technique, which demonstrates understanding of appropriate anatomy, and ability to identify normal findings	Perform an accurate, clinically relevant physical exam, pertinent to the setting and purpose of the patient's visit, and identify both normal and abnormal findings	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
CSR3	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Create a differential diagnosis for common active problems that includes "must-not-miss" and common diagnoses	Create and prioritize a differential diagnosis integrating key clinical features to appropriately narrow the differential diagnosis to most likely leading diagnoses	Create and prioritize a differential diagnosis following a clinical encounter by synthesizing essential information from previous records, history, physical exam, and initial diagnostic evaluation
CSR4	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Recommend first-line tests to evaluate diseases on the	Recommend, order, and interpret targeted testing for	Recommend, order, and interpret laboratory data,

	differential diagnosis as well as screening tests	leading and “must-not-miss” diagnoses, incorporating pre-test probabilities. Recommend patient-appropriate tests for screening	imaging studies, and other tests for screening as well as diagnosis, incorporating pre-test probabilities, lab characteristics (e.g., sensitivity and specificity), and post-test probability
CSR5	**Phase 1:** **Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Document a clinical encounter with an organized narrative, problem list, basic initial differential diagnosis, and management plan, with attention to patient confidentiality	Document a clinical encounter with a pertinent, organized narrative, problem list, differential diagnosis, and initial diagnostic and therapeutic management plan, with attention to patient confidentiality	Document a clinical encounter with a pertinent history and physical examination, problem list, prioritized differential diagnosis, and comprehensive diagnostic and therapeutic management plan, with attention to patient confidentiality
CSR6	**Phase 1:** **Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Provide an accurate and organized oral presentation of a clinical encounter with a complete history, physical exam, assessment, initial basic differential diagnosis, and propose a management plan	Provide a well-organized oral presentation of a clinical encounter with pertinent history, pertinent physical exam, assessment, differential diagnosis, and basic management plan	Provide a well-organized and concise oral presentation of a clinical encounter with pertinent history, pertinent physical exam, assessment, prioritized differential diagnosis, and comprehensive management plan
CSR7	**Phase 1:** **Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Identify a basic management plan for common diagnoses, health promotion and disease prevention using resources	Recommend basic management plans, including medications, demonstrate knowledge of how orders are processed in the workplace, and consistently identify medical and social factors that could influence	Recommend, enact, follow up, and assess diagnostic and therapeutic plan of care for disease management, prevention and health promotion

		recommendations for disease management, prevention and health promotion	
CSR8	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Recognize vital sign abnormalities and the need to respond, and identify potential causes	Recognize concerning signs or symptoms and unexpected results or data, promptly seek help, and recommend some initial or basic stabilization interventions	Recognize and prioritize patients requiring urgent or emergent care, initiating evaluation and management
CSR9	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Understand implication for common procedures, the importance of informed consent, precautions, complications, and sterile technique	Assist in performing common procedures safely and correctly, including participating in obtaining informed consent, following universal precautions and sterile technique, and attending to patient comfort	Perform common procedures safely and correctly when indicated, including participating in obtaining informed consent, following universal precautions and sterile technique, and attending to patient comfort
CSR10	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Identify appropriate components of a structured written and verbal patient care handoff to transition and coordinate care responsibility	Participate in directly observed verbal and written structured handoffs for patients to transition and coordinate care responsibility and apply information received to patient care	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			
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
KFP1	Acquire foundational knowledge of the etiology, pathogenesis, and clinical manifestations of basic medical problems and their impact on health promotion and maintenance across the life cycle	Further expand and begin to apply foundational knowledge and clinical evidence for disease prevention, diagnosis, and treatment for patients with basic medical problems and for health promotion and maintenance	Apply medical knowledge necessary for disease prevention, diagnosis, and treatment of basic and complex medical problems and the ability to promote and maintain health
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
KFP2	Examine foundational knowledge, clinical evidence, and clinical experience (primary and secondary) as sources of clinical decision support	Apply foundational knowledge, clinical evidence, and clinical experience (primary and secondary) to the care of patients	Recognize limitations in knowledge and subsequently identify and use available resources to inform clinical reasoning and decision-making

SCHOLARLY INQUIRY			
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
SI1	Identify, select, and navigate literature to inform development of a feasible basic, clinical or translational research question and hypothesis	Critically evaluate the integrity, reliability, and applicability of literature to a research question and hypothesis	Identify and critically evaluate existing literature to formulate basic, clinical or translational research questions and hypotheses.
SI2	**Phase 1 and Phase 2**		**Graduation**
	Describe appropriate research methods to investigate a hypothesis		Describe and utilize appropriate research methods to investigate a hypothesis
SI3	**Phase 1:** **Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Draw conclusions about a research question from primary data	Describe how results from primary data can be applied in clinical practice	Draw appropriate conclusions from primary data and describe their potential application within medicine
SI4	**Phase 1 and Phase 2**		**Graduation**
	Communicate the relevance and importance of a research question or line of scientific inquiry		Communicate new knowledge obtained from scientific inquiry

LIFELONG LEARNING & IMPROVEMENT			
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
LLP1	Recognize the importance of feedback to assess strengths and limitations of personal performance as a part of ongoing improvement	Seek and incorporate feedback to assess strengths and limitations of personal performance and provide and share feedback constructively with others	Utilize and provide feedback to identify strengths, deficiencies, and limits of one's own and other's knowledge, skill, and behavior as a part of ongoing improvement
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
LLP2	Demonstrate willingness to utilize available resources (e.g., assessment, feedback, and coaching) to facilitate professional growth	Thoughtfully engage educational and clinical opportunities that target areas of desired growth	Seek and reflect on educational and clinical opportunities that promote professional growth
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
LLP3	Contribute to collaborative learning with peers	Display effective teaching skills in the education of patients	Demonstrate effective teaching skills in the education of health professionals and patients

INTERPERSONAL & COMMUNICATION SKILLS			
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
ICS1	Communicate with patients in a patient-centered manner that builds rapport, ensures patient understanding and demonstrates active listening	Communicate with patients in a patient-centered manner that builds rapport, establishes trust, and ensures patient understanding	Communicate with patients in a manner that ensures understanding, establishes trust, and forms a therapeutic relationship that promotes shared decision-making
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
ICS2	Participate in discussion of sensitive and difficult topics with patients and standardized patients under the direction of supervisors	Discuss challenging information (e.g., breaking bad news, negotiating complex discharge plans or end-of-life care issues) with patients and caregivers under direction of the healthcare team	Demonstrate sensitivity, honesty, understanding, and empathy in difficult conversations with patients and caregivers
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
ICS3	Communicate effectively with patients and their caregivers and demonstrate understanding of their preferences	Help patients and their caregivers understand recommended medical care and engage in discussions regarding their wants and needs	Solicit patients' and caregivers' needs and goals and incorporate them into the management of a patient
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
ICS4	Demonstrate ability to recognize one's own emotional responses to interpersonal interactions	Anticipate one's own and other's emotional responses to interpersonal interactions	Attend to one's own and others' emotional responses during interpersonal interactions

INCLUSION & BELONGING			
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
IB1	Engage in respectful conversations with all colleagues, patients and caregivers, including those with different life experiences and perspectives	Advocate for an inclusive environment for all colleagues, patients and caregivers, including those with different life experiences and perspectives	Create a sense of belonging with all colleagues, patients and caregivers, including those with different life experiences and perspectives
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
IB2	Articulate how identity and lived experiences can influence patients' perspectives of–and experiences with–the healthcare system	Develop respectful relationships with all patients and their families, including those who have different life experiences and perspectives	Collaborate and cultivate trusting therapeutic relationships with all patients, including those who have different life experiences and perspectives
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
IB3	Reflect upon one's own identities, and how they impact interactions with others	Explain how one's own identities impact interactions with patients, caregivers, and colleagues	Explain how one's own different life experiences and perspectives influence interactions with patients, caregivers, communities, and colleagues
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
IB4	Explain the use of bystander intervention techniques in responding to instances of injustice	Note the presence or absence of bystander intervention in experiences where patients, colleagues, or oneself witness, perpetrate, or experience injustice in the healthcare environment	Describe strategies to advocate for oneself and others when there is injustice

HEALTH EQUITY, COMMUNITY ENGAGEMENT, & ADVOCACY			
HCA1	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Define and describe barriers to equitable care	Identify and address the specific social and systemic barriers to equitable outcomes faced by patients under their care	Promote equitable care for patients and communities with a focus on addressing social and systemic barriers
HCA2	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Outline how social determinants of health can impact individual and community health and wellness	Solicit and advocate for the specific social, emotional, and medical needs of patients and families of all backgrounds, identities, abilities, and beliefs	Provide patient-centered, evidence-based care to patients of all backgrounds, identities, abilities, and beliefs
HCA3	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Recognize—through direct engagement—factors that have shaped community assets and challenges, as well as how said assets and challenges impact health and wellness	Integrate an understanding of how community organizations may help promote health for an individual within that community and refer individuals to these organizations as needed to promote their health and wellbeing	Evaluate community assets, identify specific need-gaps, and engage community members and organizations by partnering with individual patients and/or communities
HCA4	**Phase 1: Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Discuss multiple ways in which physicians can be advocates for individual patients, patient populations, and communities	Utilize principles of advocacy, on behalf of individual patients, by leveraging their position to support patients in navigating the healthcare system and accessing	Identify ways to advocate on behalf of individual patients, patient populations, and communities to improve overall health and wellness

		appropriate resources	

HEALTHCARE DELIVERY SCIENCE			
QPS1	**Demonstrate proficiency with relevant technology and data science methodology to enhance patient safety and improve patient care**		
	Demonstrate proficiency with current, relevant and emerging technology, as well as data science methodology, and the risks and benefits to enhance patient safety and patient care		
QPS2	**Phase 1:** **Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Describe and recognize hazards which present a threat to patient safety	Observe institutional protocol for reporting safety events and hazards to improve patient safety	Demonstrate knowledge of how to recognize, report, and disclose patient safety events
QPS3	**Phase 1:** **Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Demonstrate knowledge of common types of human error and limits of human performance	Observe common types of human error, limits of human performance, and the role of culture and system factors in creating safe environments of care	Describe common types of human error, limits of human performance, and the role of culture and system factors in creating safe environments of care
QPS4	**Phase 1:** **Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Demonstrate knowledge of models for improvement (e.g., Plan-Do-Study-Act) and of basic quality improvement methodologies and quality measures	Observe/identify opportunities for healthcare improvements (e.g., deviations from standard of care, barriers to access, factors related to patient experience) during learning experiences	Understand basic principles of quality improvement implementation and engage in system improvement activities
QPS5	**Phase 1:** **Foundation & Formation**	**Phase 2: Application**	**Graduation**
	Demonstrate knowledge	Observe quality measures	Explain how stratification of

	regarding how quality measures can help identify health disparities	stratification during clinical rotations	quality measures by population and/or sociodemographic factors can allow for the identification of healthcare disparities

HEALTHCARE SYSTEMS & POLICY			
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
HSP1	Explain the history and development of the structure and financing models of the U.S. healthcare system, including its similarities and differences in relation to other nations	Discuss the impact of individual patients' insurance status and healthcare financing structures on the care that they receive	Understand systems of payment and medical insurance and their implications for patient care
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
HSP2	Describe the problem of high healthcare spending, including major causal factors and impacts on patients & populations	Describe how high health care prices affect patients' out-of-pocket expenses and connect patients' burden of medical problems to the cost and accessibility of their care	Describe strategies to mitigate high healthcare spending including their impact on providers, health care organizations, and patients
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
HSP3	Outline efforts to reform the U.S. healthcare system since the 20th Century in attempts to expand access, lower costs, and/or promote high-value care	Connect the effects of past, current, or proposed health care reform principles to specific patient cases encountered in the clinical setting	Interpret current health care reform proposals in terms of effects on cost, access, and quality, especially as they relate to health disparities

TEAM-BASED CARE			
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
TBC1	Identify the roles of other healthcare team members	Incorporate knowledge of one's own role in different teams and settings and the roles of other health professionals in providing patient care	Use the knowledge of one's own role and those of other professions, settings and systems to appropriately assess and address the needs of patients to deliver safe and high-quality health care
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
TBC2	Communicate effectively and respectfully with others (peers, physicians, other health professionals) involved in small groups and in patient care	Communicate with colleagues within one's profession or specialty and other health professionals in a responsive and responsible manner that supports collaborative patient-centered care	Communicate with patients, families, and health professionals in a responsive and responsible manner that supports a team approach to healthcare delivery
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
TBC3	Demonstrate professional values through active participation in preclinical group collaborations	Engage in respectful shared decision-making with physicians and other colleagues in the health care professions	Apply core professional relationship-building values and the principles of team dynamics to perform effectively in designated team roles to plan, deliver, and evaluate patient-centered care that is safe, timely, efficient, effective, and equitable
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
TBC4	Recognize effective leadership skills and identify mentors who enhance team function,	Models and begins to develop leadership skills and style that will enhance team function,	Demonstrate leadership skills that enhance team function, the learning environment and

	the learning environment, and the healthcare delivery system	the learning environment, and the health care delivery system	the healthcare delivery system

PERSONAL & PROFESSIONAL DEVELOPMENT			
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
PPD1	Engage in reflection to identify their academic, physical and emotional stressors, limitations, and available support resources	Recognize academic, physical, and emotional limitations in real time and engage in appropriate help seeking behaviors by accessing support resources	Recognize and utilize support for academic, physical, and emotional limitations that impact academic performance, completion of professional responsibilities, and well-being
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
PPD2	Identify a range of healthy coping mechanisms, unhealthy coping mechanisms, and related consequences	Integrate healthy coping mechanisms into their stress management response, and demonstrate awareness of unhealthy coping mechanisms	Use healthy coping mechanisms to manage stress and seek help for reliance on unhealthy coping mechanisms
	Phase 1: **Foundation & Formation**	**Phase 2 and Graduation**	
PPD3	Recognize the importance of flexibility and adaptability when faced with unexpected changes in the educational environment, clinical care, and personal life.	Demonstrate flexibility and adaptability when faced with unexpected changes in the educational environment, clinical care, and personal life	
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
PPD4	Develop a strategy that ensures response to email and other important communications in a timely fashion	Manage clinical and non-clinical communications via email, phone, text message, and electronic medical record with attention to privacy and confidentiality	Demonstrate responsiveness and trustworthiness in the care of patients and professional communications
PPD5	**Phase 1:**	**Phase 2: Application**	**Graduation**

	Foundation & Formation		
	Acknowledge and accept ambiguity and/or uncertainty in complex interpersonal and educational situations.	Generate multiple acceptable solutions to complex clinical, interpersonal, and educational situations accounting for ambiguity and/or uncertainty.	Demonstrate ability to manage complex clinical, interpersonal, and educational situations involving ambiguity and uncertainty.

PROFESSIONAL ACCOUNTABILITY AND ETHICS			
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
PFM1	Engage in and complete all educational responsibilities on time	Attend, engage, and fulfill responsibilities and expectations for students in the educational program, including those specific to each clinical educational environment	Demonstrate accountability for individual and team responsibilities, actions and communications in all required and elective educational and clinical endeavors
	Phase 1: **Foundation & Formation**	**Phase 2: Application**	**Graduation**
PFM2	Demonstrate integrity and ethical behavior in relationships, the curriculum, and extracurricular activities	Demonstrate integrity and ethical behavior in relationships and patient encounters across the clinical environment	Demonstrate integrity and ethical behavior in all required and elective educational and clinical endeavors

GUIDING PRINCIPLES OF PROFESSIONALISM

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 caregiver 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 & 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 (link)

Offenses considered 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).

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 (link)

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 two PCRs, the student's behavior may warrant further sanction. Receipt of two or more PCRs

will be documented in the student's Medical Student Performance Evaluation (MSPE) Letter.
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
- Misuse of 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 Student Advising & Advancement may refer the student to a University Disciplinary Committee or the PSOM Dean of Students for a possible Area Disciplinary Process.

PROGRAM OF STUDY

Phase 1

Year 1	Immersion Week
	The Human Body
	Health Equity, Advocacy & Outreach
	Clinical Skills & Reasoning I, II, III
	Cell & Organ Physiology
	Methods of Inquiry I, II
	Foundations of Health Policy & the US Healthcare System
	Host, Defense & Invasion – Cell Pathology
	Host, Defense & Invasion – Microbiology
	Clinical Medical Ethics
	Brain & Behavior
	Scholarship & Discovery Elective
Year 2	Clinical Pathophysiology & Therapeutics
	Pharmacology & Therapeutics
	Clinical Skills & Reasoning IV
	Scholarship & Discovery Block
	Transition to Phase 2

Phase 2

Clerkships	Internal Medicine (8 weeks)
	Ambulatory Medicine (4 weeks)
	Surgery (12 weeks)
	Obstetrics & Gynecology (6 weeks)
	Pediatrics (6 weeks)
	Psychiatry (4 weeks)
	Neurology (4 weeks)
	Elective (4 weeks)

Phase 3

Sub-Internship	100 credits
Emergency Medicine Clerkship	100 credits
Clinical Selectives	200 credits
ICU Clinical Selective	50 credits
Basic Science Selectives	50 credits
Scholarship & Discovery	100 credits
Transition to Residency	100 credits
Senior Scientific	100 credits
Electives	200 credits

TECHNICAL STANDARDS

PSM Policy Statement Regarding Technical Standards for the MD Degree

Applicants to Pritzker School of Medicine (PSM) are selected based upon academic, personal and extracurricular dimensions of their applications. In addition, applicants must have the intellectual, physical, and emotional capacities to meet the objectives of the school's curriculum and of a successful medical career.

The mission of the Pritzker School of Medicine (PSM) is to provide its graduates with broad general knowledge in all fields of medicine and competence in the basic skills requisite for the practice of medicine. Therefore, the faculty of PSM believes that a broad-based and patient-oriented curriculum is necessary for the development of such knowledge and skills and is best suited to the education of future generalists, specialists, physician investigators and leaders in medicine. In other words, PSM seeks to graduate students who will have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

The following technical standard guidelines specify the attributes that the PSM faculty considers essential for successfully completing medical-school training and for enabling each graduate to enter residency and clinical practice. Because these standards describe the essential functions that students must demonstrate to meet the requirements of a general medical education, they are prerequisites for entrance, continuation, promotion, and graduation.

Introduction & Purpose

The PSM Medical Education Program is committed to providing equal opportunities for all students and endeavors to select candidates that will become highly competent physicians and who will be prepared to enter residency training programs and otherwise satisfy PSM academic and performative requirements, including these Technical Standards. The term "candidates" refers to individuals who are seeking admission to the MD program at the PSM as well as current students who are candidates for retention, promotion or graduation.

PSM has responsibility for: the selection of students; the design, implementation and evaluation of the curriculum; the evaluation of student progress; and the determination of who should be awarded a MD. In evaluating candidates under these Technical Standards,

PSM will base its decisions on academic and non-academic factors, as appropriate, to ensure that the candidate can complete the essential academic and Technical Standards required for graduation.

The PSM program is undifferentiated, which means graduates are provided with broad general knowledge in all fields of medicine and the basic skills and competence requisite for the practice of medicine. This patient-oriented curriculum is necessary for the development of such knowledge and skills and is best suited to the education of future generalists, specialists, physician investigators and leaders in medicine. In other words, PSM seeks to graduate students who will have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. The intention of an individual candidate to practice only a narrow part of clinical medicine, or to pursue a non-clinical career, does not alter the expectation that all PSOM and Medical Scientist Training Program candidates achieve competence in the entire curriculum as outlined by the program.

Publication

The PSM policy on technical standards appears on the PSM Admissions website at pritzker.uchicago.edu/admissions/entrance-requirements and under PSM Policies at pritzker.uchicago.edu/about/pritzker-and-university-policies. All inquiries should be directed to the Committee on Admissions.

Technical Standards for Medical School Admission, Promotion and Graduation

A candidate for the MD degree must achieve competence in five categories of performance within a reasonable training period, including:

A. Observational Competencies
B. Communication Competencies
C. Examination, Procedural, and Diagnostic Competencies
D. Intellectual-Conceptual, Integrative, and Quantitative Competencies
E. Behavioral Attributes, Social, Ethical, and Professional Competencies

Candidates must be able to perform the requisite competencies in a reasonably independent manner.

A student may be dismissed from the program if the student, with or without reasonable accommodation:

- Does not satisfy the program's technical standards
- Interferes with patient care or any person's safety
- Is unable to complete the PSOM education program.

  More information about the education program is available here at pritzker.uchicago.edu/academics/md-curriculum

A. Observational Competencies

Candidates are required to acquire and organize information from various educational experiences, including but not limited to demonstrations, lectures, small group discussions, and laboratory activities.

Candidates must actively participate in experiments in the foundational sciences, including the dissection of cadavers; examination of specimens in anatomy, pathology and neuroanatomy laboratories; microscopic study of microorganisms and tissues in normal and pathologic states; and interpretation of various diagnostic studies (including but not limited to electrocardiograms, chest x-rays, and other radiological images).

Candidates are required to obtain patient information in a timely and accurate manner. They must perform thorough physical examinations independently, correctly observing and interpreting clinical data, and evaluating patients' conditions and responses to integrate this information for the development of an appropriate diagnostic and treatment plan.

B. Communication Competencies

Candidates must communicate effectively, respectfully, and efficiently with patients and their families, other health care personnel, and all other individuals with whom they come in contact.

Candidates will be required to obtain a medical history in a timely manner, interpret and project non-verbal aspects of communication, and clarify information with the intent of establishing therapeutic relationships with patients.

Candidates must record information efficiently and accurately and clearly convey that information to other health care professionals in a variety of patient settings. Additionally, candidates will be expected to accurately communicate scientific data and findings in a variety of scholarly forums.

Candidates have a responsibility to communicate and coordinate their work as a member of an effective healthcare team.

C. Examination, Procedural, and Diagnostic Competencies

Candidates must, after a reasonable period of training, independently gather data using physical examination and diagnostic maneuvers, e.g., palpation, auscultation, percussion and other diagnostic maneuvers.

Candidates will be required to respond to clinical situations in a timely and patient-centered manner and provide direct general and emergency treatment to patients in a range of situations and conditions. Examples include cardiopulmonary resuscitation; the administration of intravenous medication; the application of pressure to stop bleeding; the opening of obstructed airways; the suturing of simple wounds, and the performance of simple obstetrical maneuvers, among others. Candidates must demonstrate the physical mobility, coordination of both gross and fine neuromuscular functions, equilibrium, and stamina to pursue these common medical practices and procedures.

Candidates must meet safety standards appropriate for a variety of settings, adhere to universal precautions and procedures, and execute these skills as part of a high-functioning healthcare team.

D. Intellectual-Conceptual, Integrative and Quantitative Competencies

Candidates must engage, assimilate, and integrate large volumes of technically detailed and complex information presented through both the didactic curriculum and clinical coursework.

Candidates are required to learn through a variety of modalities, including classroom instruction; small group, team and collaborative activities; preparation and presentation of information; simulation; use of computer technology; and anatomic dissection.

Candidates will be required to organize, measure, reason, analyze, synthesize, prioritize, interpret and communicate detailed and complex information quickly and efficiently. In addition, candidates must comprehend three-dimensional relationships and understand the spatial relationships of structures.

Candidates must engage in collaborative team-based learning and contribute effectively as part of a team.

Candidates are required to interpret connections and make accurate, fact-based conclusions based on available data and information. Candidates will also be expected to formulate and test hypotheses that enable effective and timely problem-solving in diagnosis and treatment of patients in a variety of research settings, clinical settings and health care systems.

E. Behavioral, Social, Ethical and Professional Competencies

Candidates must accept professional responsibilities and demonstrate professional behavior, including taking ownership of and accountability for their education, actions, and the expectations set forth by the Pritzker School of Medicine. They are expected to demonstrate commitment to their medical education, including full engagement in the educational program, welcoming and incorporating feedback, and taking full advantage of support and resources that aid in their professional development.

Candidates are required to demonstrate the self-awareness, adaptability, resilience, sound judgment, and endurance necessary for navigating challenging educational and clinical environments.

Candidates must always act with integrity and honesty, ensuring honest representation of themselves, admission of knowledge or skill gaps, admission of errors, and telling the truth despite any discomfort it may cause.

Candidates are required to demonstrate compassion and a commitment to the well-being of others, maintaining the primacy of patients' needs and the importance of support of other healthcare professionals in team-based practice.

Candidates are required to contribute to the ethical provision of medicine, adhering always to the core principles of patient autonomy, consent, beneficence, non-maleficence, justice, and confidentiality.

Candidates must communicate respectfully and foster collaboration by being courteous, actively listening, seeking understanding, and establishing mutual respect with all individuals.

Candidates must ensure organization, prioritization, and timely completion of educational, clinical, and related administrative tasks. Outside of formal remediation efforts, candidates must complete coursework within the time allotted for the course/clerkship/sub-internship.

Accommodation of Disability

Candidates must meet the Technical Standards outlined above with or without reasonable accommodations. PSM is committed to creating equal access for individuals with disabilities and will provide reasonable accommodations to those who qualify for them in accordance with its obligations under the Americans with Disabilities Act of 1990, including changes made by the ADA Amendment Act of 2008, and Section 504 of the Rehabilitation Act of 1973.

PSM will not assume that an individual has a disability. Instead, individuals seeking reasonable accommodations must self-identify to the University of Chicago's Office of Student Disability Services (SDS) and engage in the accommodation process. This typically will involve the individual providing documentation of their disability, followed by an interactive process between the individual and SDS staff to determine an individualized accommodation plan that will not fundamentally alter PSM's academic or professional standards or its Technical Standards.

A description of the accommodations process is located at both the University of Chicago SDS website at disabilities.uchicago.edu and the disabilities section of the PSM website at pritzker.uchicago.edu/resources/students-disabilities. Candidates may contact University of Chicago's SDS Office by email at disabilities@uchicago.edu or by phone at (773) 702-6000.

Accommodations are not applied retroactively; therefore, timely requests are essential and encouraged. Given the clinical nature of the MD program, it may take some time to create and implement individualized accommodations. PSM's overall approach to disability accommodations is described at pritzker.uchicago.edu/resources/students-disabilities.

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 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 from the medical school. In all curricular years, any repeated course must be passed. A grade of Failure (F) in an individual course or clerkship followed by a second grade of Failure (F to F) in the same individual course or clerkship may result in dismissal. A grade of Incomplete (I) in a repeated course or clerkship 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 and the Committee on Academic Promotions. This guideline does not apply to students actively enrolled in the Medical Scientist Training Program. PSOM students who apply and are accepted to Scholarship and Discovery-related certificate programs will require approval of the Assistant Dean for Medical Student Research.

Specific Requirements for Phase 1, Year 1

To advance to the second year of Phase 1, students must achieve a passing grade in all Phase 1 Year 1 coursework and experiences by August 1st.

Specific Requirements for Phase 1, Year 2

To advance to Phase 2, all Phase 1 courses (Years 1 and 2) must be passed. Additionally, to advance to and continue in Phase 2, students **must** pass the USMLE Step 1 exam and complete the Transition to Phase 2 program. Students who are unable to pass USMLE Step 1 on the first attempt will not be permitted to continue to clerkships and must take a year off to achieve a passing score prior to rejoining Phase 2 the following academic year.

Specific Requirements for Phase 2

Students are required to complete and pass seven core clerkships during their third year (Medicine, Surgery, Pediatrics, Obstetrics/Gynecology, Neurology, Ambulatory and Psychiatry). In addition, students must successfully complete and pass two 2-week elective rotations.

All Phase 2 coursework must be passed before starting Phase 3 coursework. Students who are approved to defer the S&D block ahead of Phase 2 also must complete the block at the end of their Phase 2 year before being permitted to engage in Phase 3 coursework.

Specific Requirements for Phase 3

All required Phase 3 credits must be completed by April 30 of students' intended year of degree completion in order to be eligible to graduate. Students must also take and pass the USMLE Step 2 exam.

AWAY ROTATIONS, INDEPENDENT STUDY ELECTIVES, & AUDITING

Determination of Units for Away Rotations

Students may do up to two months of clinical elective coursework (sub-internship or clinical elective experiences) at outside institutions for credit. Students should work with their career advisors to choose off-site rotations that will enhance their career and learning goals. Students intending to participate in an away rotation should complete 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 PSM Registrar, and the Director of Medical School Education assign credit units based on comparable courses or clerkships at Pritzker. Additional information may be required from the student or the sponsoring institution in order to assign appropriate units. If a student believes that the unit assignment is not appropriate, the student can request additional review and provide supplementary information and details about the proposed experience.

Determination of Units for Independent Study Electives

Students may work with individual faculty members to create independent study electives for research, basic science, or clinical experiences. Students complete an online, independent study form that is signed by the sponsoring 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.

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 Undergraduate Medical Education.

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 course director permission, but without a grade or credit granted.

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. University of Chicago Pritzker School of Medicine students must be registered for a minimum of 100 units in order to be to be considered Full-Time for that quarter.

Students may, with the approval of the Committee on Academic Promotions, take no more than six (6) years of academic enrollment to complete the program, (i.e., no more than one additional year in Phase 1, and/or one additional year for Phases 2 and 3). 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 through the petition process.

Initiation of Placement in Directed Study Options

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

- The Committee on Academic Promotions (CAP).
- 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 a petition to the Committee on Academic Promotions (CAP).

Types of Directed Study

There are two types of Directed Study available.

- ***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 pre-clerkship or clerkship years. Students on an Extended Curriculum Option status must demonstrate, on a quarterly basis, that they are making academic progress during this period.

- ***Research:*** Intended for students who wish to pursue an additional year of research or other scholarly activity. Students may not enroll in courses while on this status. This status is not intended for students in combined degree programs, who are considered to be on a leave of absence.

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 via 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 Associate Dean for Undergraduate Medical Education or Associate Dean for Medical Student Academic Advising and Advancement, with ultimate approval by the Committee on Academic Promotions (CAP).

The maximum length of a Leave of Absence is one year. A second Leave of Absence will be considered by CAP only in the most exceptional circumstances. Students in established combined-degree programs, such as the MD/PhD or Masters of Business Administration (MBA) programs, may be on a Leave of Absence for the period they are enrolled in their non-MD graduate studies.

If a Leave of Absence is taken for more than one year, a student may be required to audit coursework leading up to or 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 and fitness for duty, 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

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 UChicago Student Wellness (USW). USW 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. USW 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) 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 directly and substantially impede the rightful activities of others, or that has or could cause significant property damage; and/or (2) in consultation with the USW 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 a review of the decision via the Office of Campus & Student Life within 15 days of the decision date. The Vice President and Dean of Students in the University (or their 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 USW 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, the Dean for Medical Education and/or the Committee on Academic Promotions will typically require the student to authorize their treating professionals to

contact the Assistant Vice President for University Student Wellness 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 USW 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.

REQUIREMENTS FOR GRADUATION

1. Successfully complete all coursework, as determined by the Committee on Academic Promotions.
2. Demonstrate professionalism and ethical conduct in all personal and professional actions and interactions, as determined by the medical school administration and the Committee on Academic Promotions.
3. Complete fourteen (14) quarters or eight (8) terms of full-time enrollment and full-time tuition payment.
4. Register for and record a passing score for the United States Medical Licensing Examination (USMLE) Step 1 and Step 2 CK. Students are responsible for meeting NBME deadlines.
    a. Step 1 must be taken and passed before beginning Phase 2 of the curriculum, by the stated deadline each academic year.
    b. Step 2 CK should be taken by July 1 of the senior year.
    c. Students may not receive the MD degree from the Pritzker School of Medicine if these exams are not completed as required.
5. Complete all required credited experiences by April 30 of year of intended graduation.
6. Complete course evaluations following each course, clerkship, or elective.
7. Discharge all financial obligations to the University at least four weeks prior to the June Convocation date.
8. 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

Pass/Fail Grading System

The Pritzker curriculum has been designed as a competency-based assessment system. 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 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 satisfactory academic performance. The Pritzker School of Medicine utilizes a Pass (P)/Fail (F) grading system, with the exception of the required clinical clerkships.

All Phase 1, Phase 2, and Phase 3 grades are included on the official University of Chicago transcript.

Phase 1 Grade Designators

Student performance during Physician Formation and Foundational Science courses is measured by performance on internally developed examinations and quizzes, clinical documentation review and/or clinical performance rating checklists during standardized and actual patient-based experiences, narrative assessment, small group participation, research or project assessment and team-based learning experiences. Discrete thresholds for performance are established, in conjunction with the course director(s), to ensure student performance data demonstrates achievement of session, course and medical education program objectives.

Pass (P)

A grade of Pass (P) is awarded to students who demonstrate successful performance on course-related competency-focused assessments as determined by the course director(s) and Pritzker Education Team.

Failure (F)

Those students whose performance in a subject is below 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 successfully

remediated. A designator of Incomplete (I) or Withdrawal (W) in a previously failed course equals a grade of Failure (F). A grade of Failure (F) followed by a second grade of Failure (F to F) may result in dismissal.

Phase 2 Grade Designators

Student performance on the required (core) clerkships is assessed using a competency-based, criterion-referenced system with the following grade designators: Honors (H), High Pass (HP), Pass (P) and Fail (F).

Student clerkship grades are comprised of various components including clinical performance, NBME (National Board of Medical Education) shelf examination performance, OSCEs, oral examination and other required assignments and work-place based assessments. Clerkship grade breakdowns will be covered at each clerkship's respective orientation and during the Transition to Phase 2.

Required clerkships are awarded grade designators using the Honors (H), High Pass (HP), Pass (P), Failure (F) format. In addition, a narrative summary of student performance is submitted to the Pritzker School of Medicine, by the respective clerkship director, which supports the rationale for the clerkship grade designator assigned for each individual student. These narrative summaries supplied by each clerkship serve as the basis for the Medical Student Performance Evaluation (MSPE) Letter, which is sent to postgraduate programs for residency selection purposes.

Phase 3 Grade Designators

All PSOM Phase 3 courses utilize the Pass/Fail grading system.

Student performance and ability to meet the specific session, course, and program learning objectives in Phase 3 is assessed primarily in the clinical setting, using clinical documentation review, clinical ratings, oral patient presentations and multi-source, narrative assessment from team members; classroom-based experiences are assessed via participation and internally developed exams or quizzes.

Non-Grade Designators

A student who is unable to successfully complete coursework during a course or clerkship and who has failed one more assessment prior to the conclusion of the course or clerkship

may be presented with the followings options to address their academic deficiency:

1. The student may opt to **withdraw** from the course/clerkship and take a failure in the course/clerkship. The failure will remain on the student's transcript. When the student remediates the course/clerkship, they will receive two attempts per assessment in their complete retake of the educational experience.

2. The student may opt to take an **Incomplete (I)** in the course and re-take the course/clerkship at a time arranged by the course/clerkship leadership and the Pritzker Education Team. The student will have the remaining attempts at any assessments when the course/clerkship is remediated (e.g. if an assessment was taken and failed, when the course/clerkship is remediated only one (1) remaining attempt will be allowed on that specific assessment). If the student is able to successfully remediate the course/clerkship within one calendar year of the original course registration, the Incomplete (I) will not be recorded on the transcript. Remediation of an Incomplete course must be first approved by the CAP.

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/clerkship director and the Committee on Academic Promotions (see section on Remediation for additional details regarding assessment attempts). A maximum of two (2) attempts is permitted for each course or clerkship exam. Initiation of an assessment counts as an attempt. Attempts at assessment prior to opting for an Incomplete (I) will count toward the total number of assessment attempts.

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 the grade earned on the education experience.

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 earned 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.

REMEDIATION

Remediation of Coursework

Initial remediation of coursework is overseen by Pritzker Education Team. 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 and the Committee on Academic Promotions, having available 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 various forms of remediation may be available, the Committee on Academic Promotions (CAP) has the sole authority and discretion to identify the methods of remediation required for each student on an individual basis. The course/clerkship director is to be consulted in the selection of the plan. The Pritzker Education Team 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.

Students will work with the Pritzker Education Team and relevant course/clerkship directors, on the content areas and date of a re-examination for failed assessments. Students may receive no more than two (2) attempts at a single assessment (e.g. the initial assessment and the re-take). Failure of a retake assessment will result in failure of the course/clerkship. Assessment attempts occurring prior to a student stepping away from a course (i.e. taking an Incomplete) count toward the total of two (2) attempts.

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 must be completed by August 1st following the first year. Due to technical circumstances and quality of materials for assessment, all practical examinations which require cadaveric specimens must be remediated prior to December 1st of Year 1 Phase 1. Scheduling of these remediations is at the discretion of the course director(s) of the Human Body course.

Remediation of academic difficulty in Phase 1 Year 2 courses must be completed prior to the start of the Transition to Phase 2 program.

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

Phase 2

Remediation of academic difficulty in coursework in Phase 2 must occur prior to commencing Phase 3 coursework.

When repeating one or more clerkships, all remediation should be completed at the earliest possible time, 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 or making up for absences), 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 for the student to remain eligible to graduate on time at the end of the academic year.

GRIEVANCES

Should a student have cause to request a review of any treatment that they received during any portion of the academic program while enrolled in the Pritzker School of Medicine, and should the student perceive that no satisfactory course of action was taken, the student has a right to file a grievance. Grievances, by their nature, are intended to be individual. The categories of grievances and their procedures are outlined below.

Appeal of Grades and/or Designators

The appeal of a grade or designator is considered a grievance. Grievances should first be brought for resolution to the relevant course or clerkship director from the course/clerkship that issued the grade or designator. Should a student have reason to appeal further, the procedure is described in detail below. Appeal or request for revision of the clerkship grade narrative is only allowed in the instances where factual inaccuracies or grammatical errors exist. These requests will not be considered after the grade is finalized.

Departmental Grievances

Grievances of an academic nature should first be brought to the attention of the appropriate course / clerkship director. The course/clerkship director and student may work to resolve the grievance at this point. If the grievance involves the course/clerkship director personally or if the student remains dissatisfied, the complaint should be brought, in writing, to the relevant department chair of the department offering said course/clerkship. If the course/clerkship 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/clerkship grade or evaluation.

In the departmental grievance, the department chair conducts the review, consulting as appropriate with other faculty and staff (but not the course/clerkship director), 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 (CAP) Grievance

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:

- Students subject to potential adverse action by the Committee on Academic Promotions will be notified PRIOR to the CAP voting on said adverse action. The student will be provided with an opportunity to submit a written statement outlining material relevant to the pending adverse action before voting occurs.

- 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 15 working days 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 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.
    - 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.
    - The Dean for Medical Education (non-voting) and/or their designee.

- 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.

- 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.
    - 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.

- The Academic Appeal Committee may request that the student appear before the committee to answer questions or to present any new relevant information.
    - 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.

- 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 appeal hearing. The student shall have the right to inspect these documents. The procedure to be followed for the hearing will be:
    - 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.
    - 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.
    - 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.
        - 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.
    - The Academic Appeal Committee will be free to discuss the case in closed session.
    - 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.

- 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.

ACADEMIC COMMITTEES

Academic Progress Committee (APC)

Academic Progress Committees 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 Committee also reviews aggregate student performance by assessment in each course, as well as grade distributions and aggregate NBME shelf performance for the clinical clerkships. The relevant Academic Progress Committee will hear any Professionalism Concern Reports/Professionalism Feedback Reports filed about a student in the previous quarter and attendance monitoring.

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 ensure 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 and have no current role in student evaluation and progress at PSOM. 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 or phase; 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 or return from another program of study (e.g. MSTP re-entry).

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 these Academic Policies and Procedures. When evaluating student performance, the Committee considers 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 ("Associate Dean for Medical Student Advising and Advancement") 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 of CAP's decision.

A student may appeal the decision of the Committee on Academic Promotions in a manner described in the *Grievances* section of this document. The Committee on Academic Promotions meets quarterly, or at other times as necessary.

ACADEMIC DEFICIENCIES

Monitored Academic Status (MAS)

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

- Fails two exams within a six-month period
- Is at risk for failing to achieve satisfactory academic progress
- Has received ongoing 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 and scholarly pursuits 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). Students placed on Monitored Academic Status are required to relinquish all extracurricular leadership positions and are not eligible for PSOM funding for extracurricular events or conferences.

Monitored Academic Status is an internal designator only; it is not reflected in students' MSPE, nor is it indicated in a Letter of Good Standing if requested by a student.

Continued issues could lead to a recommendation from the Committee that the student be placed on academic probation.

Academic Probation (AP)

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 program
- Has failed one or more courses or clerkships
- Has failed to address concerns that led to being placed on Monitored Academic Status (e.g. fails an assessment while on MAS)
- Has received one or more 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 medical education 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. Students on Academic Probation are required to relinquish all extracurricular activities, and are not eligible for PSOM funding for extracurricular events or conferences.

A student who fails to pass a course or clerkship while on Academic Probation (including a designation of Incomplete) will be considered for dismissal from medical school. Failure of an assessment, whether within a course or clerkship, while on Academic Probation may also result in the student's dismissal from medical school. Failure of an assessment while on academic probation may not result in an automatic remediation attempt, irrespective if attempts remain for the assessment. Opportunities for remediation of failed assessment while on academic probation is at the sole discretion of the Committee on Academic Promotions. Ongoing professionalism issues while on Academic Probation may also be grounds for dismissal from the medical school.

Current or prior academic probation will be reported on the MSPE letter. Professionalism concerns may also be noted on the MSPE letter, in accordance with the Committee's recommendations and policies outlined in the *Guiding Principles of Professionalism* section.

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 Academic Status

Generally, to be removed from Monitored Academic Status or Academic Probation a student must maintain at least two (2) successive quarters of satisfactory academic performance (no exam failures, remains out of bottom 10% for exam performance) in courses/clerkships and have resolved any concerns about unprofessional behavior to the

satisfaction of the Committee. The Committee has the sole discretion and authority to require longer periods of monitoring or probation.