



THE UNIVERSITY OF
CHICAGO
PRITZKER SCHOOL
OF MEDICINE

Academic Guidelines

2016-2017

Introduction

This document provides a summary of the University of Chicago Pritzker School of Medicine's *Academic Guidelines*. As a condition of enrollment in the Pritzker School of Medicine, every student must familiarize him/herself with the 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 or the Associate Dean for Medical School Education.

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

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

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MISSION STATEMENT:

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

EDUCATIONAL PROGRAM OBJECTIVES¹

Patient Care

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health:

Students Will:

1. Apply medical knowledge to achieve appropriate patient care.
2. Acquire a high level of clinical proficiency in history taking, physical examination, differential diagnosis, and the effective use of medicine's evolving diagnostic and procedural capabilities including therapeutic and palliative modalities.
3. Demonstrate in clinical care an understanding of the impact of psychological, social, and economic factors on human health and disease.
4. Apply the knowledge and skills necessary to address the needs of a diverse patient population.
5. Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.
6. Perform medical, diagnostic, and surgical procedures considered essential for entering residency.
7. Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.
8. Provide continuity of patient care throughout transitions between providers or settings.
9. Provide appropriate documentation for clinical encounters in the medical record.

Medical Knowledge (Knowledge for Practice)

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care:

Students Will:

10. Demonstrate a thorough understanding of the basic and clinical sciences and their application to the practice of medicine and to discovery.
11. Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices.

Practice-based Learning and Improvement

Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to improve patient care based on self-evaluation and life-long learning:

Students Will:

12. Identify strengths, deficiencies, and limits in one's knowledge and expertise.
13. Incorporate feedback into practice.
14. Use information technology to optimize learning.
15. Develop and utilize the skills necessary to critically evaluate the medical literature and integrate new developments into medical practice in an appropriate manner.
16. Display effective teaching skills in the education of colleagues, other health professionals and patients.
17. Possess the skills to analyze practice using quality improvement methods, and to suggest changes with the goal of practice improvement.
18. Identify the factors that may affect the quality and safety of health care delivery.

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

Interpersonal and Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals:

Students Will:

19. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
20. Demonstrate respect and empathy with patients, patient families, colleagues and staff.
21. Communicate effectively with others as a member of the health care team or other professional groups.

Professionalism

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles:

Students Will:

22. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
23. Exhibit the highest moral and ethical standards in the care of patients and in their interactions with others.

Systems-based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care:

Students Will:

24. Demonstrate an understanding of various types of health care systems, their role and their impact on health care delivery:
25. Work effectively in various health care delivery settings and systems.
26. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
27. Participate in identifying system errors and suggesting potential systems solutions.

Interprofessional Collaboration

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care:

Students will:

28. Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
29. Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.

Personal and Professional Development

Demonstrate the qualities required to sustain lifelong personal and professional growth

Students will:

30. Demonstrate the ability to use self-awareness of knowledge, skills, physical and emotional limitations to engage in appropriate help-seeking behaviors.
31. Demonstrate healthy coping mechanisms to respond to stress.
32. Manage conflict between personal and professional responsibilities.

OUTLINE OF THE MD PROGRAM OF STUDIES FOR 2016-17

Year 1 (Class of 2020)

August/September	The Human Body Physician-Patient-Society-Systems (P2S2) Health Disparities: Equity and Advocacy Scholarship & Discovery 1A
Autumn Quarter	Medical Cellular Biology and Genetics Physician-Patient-Society-Systems (P2S2) Clinical Skills 1A The American Health Care System
Winter Quarter	Cell and Organ Physiology Physician-Patient-Society-Systems (P2S2) Clinical Skills 1B Doctor-Patient Relationship Scholarship & Discovery 1B: Introduction to Medical Evidence
Spring Quarter	Cellular Pathology & Immunology Microbiology Physician-Patient-Society-Systems (P2S2) Clinical Skills 1C Scholarship & Discovery 1C Electives

Additional Resource: pritzker.uchicago.edu/page/first-year-courses

Year 2 (Class of 2019)

Summer Quarter	Vacation/Summer Research
Autumn Quarter (First Half)	Neurobiology Pharmacology Human Behavior in Health and Illness
(Second Half)	Clinical Pathophysiology & Therapeutics (CPP & T) I Clinical Skills 2A: Physical Diagnosis
Winter Quarter	Clinical Pathophysiology & Therapeutics (CPP & T) II Clinical Skills 2B: Physical Diagnosis
Spring Quarter	Independent Study Scholarship & Discovery Block Electives

Additional Resource: pritzker.uchicago.edu/page/second-year-courses

Year 3 (Class of 2018)

Medicine	12 weeks	Psychiatry	4 weeks	* Some students choose to defer Family Medicine or Neurology to senior year, and instead take a subspecialty elective (2-4 weeks) during that 4 week block.
Surgery	12 weeks	Pediatrics	6 weeks	
Ob/Gyn	6 weeks	Family Medicine*	4 weeks	
Neurology*	4 weeks			

Additional Resource: pritzker.uchicago.edu/page/third-year-clerkships

Year 4 (Class of 2017)

All fourth-year students are required to complete a total of 1200 units of credit during the senior year.

1. Required experiences during Senior Year:

a.	Subinternship (inpatient selective)*	150 units
b.	Scientific Basis of Medical Practice Selective(s)#	150 units
c.	Emergency Medicine Clerkship (4 weeks)	125 units
d.	Scholarship & Discovery	100 units
e.	Neurology Clerkship (if not completed during third year)	125 units
f.	Family Medicine Clerkship (if not completed during third year)	125 units
g.	Additional electives to total 1200 credits for the year	

2. Other potential sources of credits:

a.	Presentation at Senior Scientific Session (SSS)	100 units
	i. Presentation at SSS does not count towards requirement for basic science selective	
b.	Peer Educators in medical school courses	
	i. Credits remuneration vary by course	25-150 units
c.	Credit for Research	
	i. MD/PhD students who have completed the second degree may petition the Committee on Academic Promotions for up to 300 units of credit for research performed while pursuing degree.	
	ii. Students who take time off during medical school in order to pursue research in a non-degree program may petition the Committee on Academic Promotions to receive up to 100 units of credit for the research performed during this time.	
	iii. Research performed while registered as a fourth year student may receive up to 100 units of credit for each month (maximum of three months) if course director verifies that student spent at least 25 hours per week pursuing research.	

*Subinternship

Students are expected to assume the role of a PGY1 houseofficer, including; assuming primary responsibility and ownership for patient care at the level of an intern in that specialty; organizing setting priorities for the work inherent to managing an inpatient service; participating in cross cover duties and transitions of care (handoff/cross coverage). Sub-Internships are a full month in length with a full time, rigorous schedule.

#Scientific Basis of Medical Practice Selective(s)

These courses are designed to challenge students to refresh their understanding of basic science principles in the context of their developing clinical experiences, providing a “return to basic science” after completing the third year. Students may choose from the many offerings in the on-line catalog. Under some circumstances, the basic science selective requirement might be met by an independent study program supervised and taught by a University of Chicago faculty member. Appropriate documentation and prior approval of the Associate Dean for Medical School Education would be required. *Research performed during the course of the fourth year does not fulfill this selective requirement.*

Additional Resource: pritzker.uchicago.edu/page/fourth-year-electivessselectives

TECHNICAL REQUIREMENTS FOR MATRICULATION AND PROMOTION

Requirements for Matriculation

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

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

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

Student Disability Services

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

Requirements for Advancement

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

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

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

Enrollment in the Pritzker School of Medicine is considered to be 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 School Education or the Committee on Academic Promotions.

Specific Requirements for Year 1

- To advance to the second year, all first year courses must be passed by the end of the Summer Quarter.
- Students are required to complete 100 units of elective credit in the Spring Quarter.

Specific Requirements for Year 2

- To advance to the third year, all second year courses must be passed by the end of the Spring Quarter.

Specific Requirements for Year 3

- Students are required to complete seven core clerkships during their third year (Medicine, Surgery, Pediatrics, Obstetrics/Gynecology, Psychiatry, Neurology, Family Medicine). For a small group of students there is an option to defer either the Family Medicine Clerkship or the Neurology Clerkship to the fourth year in order to complete elective rotations in other fields during the third year. A student who defers Neurology must complete the rotation within the first 6 months of the student's senior year. The Family Medicine clerkship has designated months in which a senior student may enroll. In addition, students must take and pass the Clinical Performance Experience (CPX).
- All core clerkships must be passed before starting the fourth year, with the exception of a deferred clerkship in Family Medicine or Neurology.

Specific Requirements for Year 4

Assignment of Credit Units in the Fourth Year

- The fourth year experience at the Pritzker School of Medicine is intended to consolidate the knowledge, skills, and habits that students will need to be successful residents and practicing physicians and consists of both required and elective experiences. In total, students must complete a minimum of 1200 units of work over the course of the year.

Required and elective courses are assigned units based on:

- Intensity of workload
- Comparability to other Pritzker courses
- Time commitment
- Curricular priority

Units for standing courses and clinical experiences are assigned by a committee (Associate Dean for Medical School Education, Pritzker Registrar, Executive Director of Medical School Education and Director of Medical Education) and are reviewed and approved by the Pritzker Initiative Steering Committee. All new elective proposals are reviewed in detail by the Pritzker Initiative Steering Committee and are assigned credit units by that committee.

Required experiences include a minimum of 525 units:

- Subinternship (150 units)
- Emergency Medicine Clerkship (125 units)
- Scholarship & Discovery (100-300 units)
- Scientific Basis of Medical Practice Selectives (150 units total)

If a student has deferred either Family Medicine or Neurology to the senior year in order to do subspecialty electives the third year, the student will receive 125 units for that clerkship in the senior year. If the deferral is for personal reasons, the deferred clerkship will not count towards senior requirements.

The remainder of the senior schedule is comprised of elective courses and clerkships, teaching assistantships, mentored independent study, and offsite rotations.

Determination of Units for Away Rotations

- Students may do up to three months of electives at outside institutions. Students work with their career advisors to choose off-site rotations that will enhance their career and learning goals. They fill out a form that includes a detailed description of the off-site rotation, including learning goals, assessment methods, time commitment, and responsibilities. The form is signed by the student's career advisor. A committee consisting of the Associate Dean for Medical School Education, the Pritzker Registrar, the Executive Director of Medical School Education and Director of Medical Education assign credit units based on comparable courses or clerkships at Pritzker. Sometimes additional information is required from the student or the school in order to assign appropriate units. If a student believes that the unit assignment is not appropriate, the student has the opportunity to ask for additional review and to provide additional information and details about the proposed experience.

Determination of Units for Independent Study Electives

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

Requirements for Graduation

- Successfully complete all coursework, as determined by the departments and the Committee on Academic Promotions.
- Demonstrate professionalism and ethical conduct in all personal and professional actions and interactions, as determined by departments, medical school administration, and the Committee on Academic Promotions.
- Complete fourteen (14) quarters of full-time enrollment and full tuition payment.
- Register for and record a score for the United States Medical Licensing Examination (USMLE) Steps 1 and 2 (CK and CS). Students are responsible for meeting NBME deadlines.

Step 1 is usually taken during the spring quarter following the completion of all second year courses.

Step 2 (CK) and Step 2 (CS) **must** be taken by December 1 of the senior year.

Students may not receive the MD degree from the Pritzker School of Medicine if these exams are not completed as required.

If a student fails the Step 1 exam, he or she should retake the exam prior to beginning the residency application process.

- All core course requirements must be completed by April 30 of senior year.
- Complete course evaluations following each course, clerkship or elective.
- Discharge all financial obligations to the University at least four weeks prior to the June Convocation date.
- Apply to graduate no later than the first week of the quarter in which the degree is expected (Spring Quarter of fourth year).

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

GRADING SYSTEM

The Pass/Fail Grading System

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

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

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

In the preclinical biennium (Years 1 and 2), and in year 4, no specific performance data is recorded in the Dean's Office about student performance, except for students who are noted by course directors to be performing at a borderline or failing level. Students having difficulty will be counseled by course directors about ways to improve and may be advised by the Academic Progress Committee or the Committee on Academic Promotions to seek assistance from a learning specialist or other counselor.

Honors (H) (Core Clerkships only)

The honors (H) designation is awarded to students whose outstanding performance and demonstrated qualities of intellectual curiosity, integrity and self-discipline significantly exceed the competency level expected for third year students.

High Pass (HP) (Core Clerkships only)

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

Pass (P)

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

Failure (F)

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

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

Non-Grade Designators

Incomplete (I)

The designator of Incomplete (I) will be assigned when a student has not successfully completed all the required work in a course or clerkship, either 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 multiple exams, he or she can be given a designation of Incomplete (I) and be provided with an opportunity for remediation if approved by the course director and the Committee on Academic Promotions.

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

- If the course work is completed within four quarters from the time of course registration, the student will be awarded a grade of Pass (P) and the Incomplete (I) will be removed from the official transcript.
- If the course work is completed more than four quarters from the time of registration for the course, the Incomplete (I) designation will remain on the official transcript with the grade listed alongside it (e.g., I/P).
- If the student does not fulfill the course requirements in a satisfactory manner, a final grade of Failure (F) will be reported. This Failure (F) will be noted on the permanent transcript. In such cases, students need to retake and pass the course or clerkship.
- Failure to pass a previously failed course will result in dismissal from the medical school.
- A student in the fourth year 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.

Withdraw (W)

The mark (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 School Education 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 School Education and the Committee on Academic Promotions.

Consequences of a Failure Grade

A Failure (F) designates a grade below departmental passing standards and appears on the official transcript.

- In the preclinical years, a student who receives a grade of “F” may be allowed, at the discretion of the Committee on Academic Promotions, to repeat the preclinical coursework or its equivalent. In preclinical courses, the only acceptable grade upon repetition of a failed course is a Pass.
- If remediation of clinical courses is required, the remediation must be done at the University of Chicago Medical Center or its affiliate institutions. In clinical clerkships and courses, internal designators of performance are used (see below), but the minimum acceptable designator upon repetition of a failed course is a Pass.
- An Incomplete (I) designation after a prior failure in any course or clerkship is not acceptable and will be recorded as a Failure (F).
- A student who fails to pass a course or clerkship for a second time is subject to dismissal from the Pritzker School of Medicine.

Notification of Below Passing Grades

It is the department’s responsibility to notify the student of his/her poor performance (Incomplete, Fail) in a timely manner. Final grades are expected to be submitted no more than two weeks after the end of a course or four to six weeks after the end of a clerkship. If appropriate, suggestions for improvement may be outlined with the student. Students with serious academic difficulties during the course should be referred to the Associate Dean for Medical School Education and the Academic Progress Committee or the Committee on Academic Promotions.

Additional Resource: pritzker.uchicago.edu/page/md-curriculum

HONORS AND AWARDS

Graduation with Honors

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

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

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

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

Other Graduation Awards

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

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

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

Alpha Omega Alpha

Election to Alpha Omega Alpha (AΩA), the national medical honor society, occurs in the early fall of students’ fourth year. Members can be elected as students, house officers, alumni or faculty of an affiliated institution. Chapters may elect undergraduate members from students in their last two years of medical school. Because Pritzker has a Pass/Fail grading system in the first two years, there is no Junior AΩA. Scholastic excellence is a key criterion but not the only one for election; capacity for leadership, compassion, and fairness in dealing with one’s colleagues are also

considered. Students who are in the top academic quartile (based on third year designators only) of their class are eligible for election, but the total number of AΩA members ultimately selected each year may not exceed 16% of the graduating class. “The students elected to AΩA are men and women who have compiled the requisite high academic standing and who, in the judgment of the members of the local chapter, have shown promise of becoming leaders in their local chapter and have promise of becoming leaders of their profession.”

Curriculum vitae are provided to the committee for the top quartile students, based largely on the designators earned during the third year. In selecting the AΩA students, the committee takes into account individual comments on clerkship evaluations, board scores, research, publications, leadership activities, significant honors, such as selection to serve as a teaching assistant for CPP&T, and service to the school’s community.

Pritzker has the second-oldest AΩA chapter in the nation, and has graduated over 100 years’ worth of AΩA students.

Visit: pritzker.uchicago.edu/page/alpha-omega-alpha-honor-medical-society for more information.

Gold Humanism Honor Society

In 2005, the Pritzker School of Medicine established a Gold Humanism Honor Society (GHHS) chapter to recognize our students for their humanistic attributes. The GHHS seeks to recognize medical students who have demonstrated exemplary attitudes and behaviors characteristic of the most humanistic physicians who practice patient centered care by modeling the qualities of integrity, excellence, compassion, altruism, respect and empathy. The election process is based on the recommendations of third-year peers of the Pritzker School of Medicine and from the GHHS Selection Committee deliberations. The selection committee is composed of a broad array of individuals who interact with students in a variety of settings: clerkship administrators, nurses, residents, faculty, and medical school staff.

Visit: pritzker.uchicago.edu/page/gold-humanism-honor-society for more information.

ACADEMIC COMMITTEES

Academic Progress Committees

Three Academic Progress Committees for Year 1, Year 2, and Years 3 and 4 are responsible for monitoring student progress throughout the academic year. The committees are composed of course or clerkship directors for that year. The committees are chaired by Associate Dean for Medical School Education. The committees provide formative feedback and advice for students about their academic performance and progress as students proceed through the curriculum. Each Academic Progress Committee reports to Committee on Academic Promotions and may make recommendations to that committee for monitoring, remediation, referral to learning specialists, Extended Curriculum Option, or other interventions to facilitate student success at Pritzker. The Academic Progress Committees meet quarterly.

Committee on Academic Promotions (CAP)

The Committee on Academic Promotions is responsible for overall evaluation of student performance, determination of appropriate remediation for academic difficulty, and oversight of academic issues related to student retention and progress. Ultimately, it is the Committee on Academic Promotions' responsibility to assure that students graduating from the Pritzker School of Medicine meet the academic, ethical, and professional standards to enter the medical profession. The Committee is appointed by the Dean for Medical Education and consists of senior faculty members who are experienced with medical student education. The Associate Dean for Medical School Education serves as chair. The Executive 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 for graduation. The Committee reviews concerns brought to its attention by the Academic Progress Committees for each year; in some cases the committee may request that a member of an Academic Progress Committee report directly to the committee regarding a particular issue. The Committee evaluates the success of the academic remediation; reviews the progress of students on Extended Curriculum Option; and reviews petitions from students for changes in the academic timeline; for academic credit outside the standard curriculum; or for re-entry into medical school from a leave of absence.

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

Ultimately, it is within the Committee's discretion to determine whether the 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

Academic Committees

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 votes only to break a tie. 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 (for example, by learning specialists), or from the student under consideration. A student may appeal the decision of the Committee on Academic Promotions in a manner described on page 24 of these Guidelines.

The Committee on Academic Promotions meets three to four to five times per year, or at other times as necessary.

REMEDIATION

Remediation of Coursework

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

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

For remediation of failed examinations, students will be informed by the course coordinator of the content areas and exam format and date of a re-examination. 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 and Scheduling of Remediation

Years 1 and 2

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

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

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

Years 3 and 4

Remediation of academic difficulty in course work in Year 3 should occur prior to commencing Year 4 electives and required selectives.

On rare occasions, a student may be allowed to proceed with fourth year electives before completing remediation of a third year clerkship. In such cases, failure to successfully complete the

remediation will result in failure of the clerkship and requirement to retake and pass the clerkship prior to continuing any other fourth year courses.

A request to reorder the sequence of third year rotations for the purpose of remediation must be approved by the Committee on Academic Promotions or the Associate Dean for Medical School Education. Designated free time, vacation time or, if necessary, an additional academic year may be used in which to schedule remedial clinical coursework. When repeating one or more third year courses, all remediation should be completed at the earliest possible time, and prior to taking any offsite electives so that evaluative comments regarding clerkship performance can be included in the MSPE. Should a student's MSPE letter need to be sent before remediation is completed, clarification of the nature of the problem and current grade information for all incomplete courses must be included in the letter.

In instances when only a segment of a clerkship requires remediation (usually retaking an examination), the course 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.

Year 4

Remediation of academic difficulty in Year 4 electives must be completed by April 30 in order for the student to graduate at the end of that academic year.

Appeal of Grades and/or Designators Used for Year 3

The appeal of a grade or designator is considered a grievance. Grievances should first be brought for resolution to the department that issued the grade or designator. Should a student have reason to appeal further, the procedure is described in the Academic Grievances section on page 24.

ACADEMIC DEFICIENCIES

Monitored Academic Status

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

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

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

Academic Probation

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

- Is at risk for failing to achieve successful completion of the academic program
- Has failed one or more courses or clerkships
- Has received multiple Professionalism Concern Reports
- Has engaged in unprofessional behavior that, in the Committee's judgment, calls into question the student's suitability to become a physician

The nature of the Academic Probation status is one of indicating significant risk of failure to complete the academic program of the medical school. In addition to the need to focus fully on academic issues, as in the case of Monitored Academic Status, the student must meet regularly with the Associate Dean for Medical School Education to ensure that appropriate progress is being made toward remediation of outstanding academic issues and requirements. A student who fails to pass a course or clerkship while on Academic Probation (including a designation of Incomplete) is subject to dismissal from medical school. The fact that a student is on Academic Probation may be noted in the Medical Student Performance Evaluation (MSPE), at the discretion and judgment of the Dean for Medical Education.

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

Removal of Monitored Academic Status or Academic Probation

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

Auditing Courses

All courses in the Pritzker School of Medicine are closed to students who are not enrolled in the school. Under exceptional circumstances, course directors may allow auditing of a medical school course. Such circumstances require the written approval of the Associate Dean for Medical School 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 departmental permission, but without a grade or credit granted.

ACADEMIC GRIEVANCES

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

Departmental Grievances

Grades, Evaluations, Departmental Remediation Requirements

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

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

Committee on Academic Promotions Grievance

Appeal of Decision of Committee on Academic Promotions

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

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

- b. The medical student initiating the appeal may request that another medical student be added to the Committee; however, that student member must be an upperclassman. This individual will be chosen to serve by the Dean for Medical Education.
 - c. The Dean for Medical Education (non-voting) and/or his/her designee.
- 2. The Academic Appeal Committee shall consider all pertinent materials, including any new information, and determine whether the Committee on Academic Promotions has rendered the appropriate decision. The appeal committee is not a legal proceeding and does not follow the procedures of a court of law.
- 3. The Academic Appeal Committee may request that the student appear before the committee to answer questions or to present any new relevant information. The student may also request to appear before the committee to present new information, although it is the prerogative of the committee to grant or deny such a request by the student. When and if the student appears before the Academic Appeal Committee, the student shall be allowed to select an advisor for assistance. If an advisor is to be present, the student must notify the Dean for Medical Education at the time a request for appeal is made. The advisor may not participate in the presentation or discussion.
- 4. The Dean for Medical Education shall convene the Academic Appeal Committee and commence the procedure. The Committee will provide a report with its recommendations to the Dean of the Division.
- 5. The Academic Appeal Committee will review all pertinent material in the academic file of the student, including the letter of review and any additional supporting documentation that has been procured for the purpose of the hearing. The student shall have the right to inspect these documents. The procedure to be followed for the hearing will be:
 - a. The Dean for Medical Education or his/her designee will review the guidelines around which the Committee is to function and to clarify any aspects that are unclear to members of the Committee, including the directive that the Committee on Academic Promotions' decision is entitled to deference.
 - b. The Dean for Medical Education or his/her designee will present information from the Committee on Academic Promotions that led to the decision being contested by the student.
 - c. New information from the student may be considered, at the discretion of the Academic Appeal Committee, but not if it could have been presented to the Committee on Academic Promotions at the time of its decision.
 - d. If so decided by the Academic Appeal Committee, the student may be requested or permitted to appear before the committee. The student will leave the meeting at the conclusion of his or her presentation and after the committee's questions, if any, have been answered.
 - e. The Academic Appeal Committee will be free to discuss the case in closed session.
 - f. The Committee shall communicate a summary report of the proceedings, including the recommendation(s) of the Academic Appeal Committee to the Dean for Medical Education, who in turn will forward a final recommendation to the Dean of the Biological Sciences Division for approval.
 - g. The Dean of the Division of Biological Sciences 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.

See page 43 for University-wide Disciplinary System.

EXTENDED STUDY OPTIONS

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

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

Initiation of Placement in the Directed Study Options

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

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

Types of Extended Directed Study

There are two types available:

- **Directed Study – Extended Curriculum Option:** A student may opt for additional time to allow for a decompressed course load and/or remediation after experiencing academic difficulty, or for personal or financial reasons, at any time during the basic science or clinical years. A student may choose to extend the curriculum of either, or both, the basic sciences or clinical sciences segment in order to pursue research. Students on an Extended Curriculum option status must demonstrate, on a quarterly basis, that they are making academic progress during this period.
- **Directed Study – Research:** The Directed Study – Research program is intended for students who wish to pursue an additional year of research or other scholarly activity. This status is not intended for students in combined degree programs, who are considered to be on a leave of absence. Students in the Directed Study – Research status are not covered by malpractice and are not eligible to register for courses.

LEAVE OF ABSENCE

Leave of Absence Guidelines

All requests for an official Leave of Absence from the Pritzker School of Medicine must be submitted in writing on a petition to the Chair of the Committee on Academic Promotions. An accompanying letter to the Committee on Academic Promotions may also be in order. The Dean for Medical Education or the Associate Dean for Medical School Education 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 those courses. All programmatic alterations for academic reasons must be reviewed with the Dean for Medical Education.

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

If a Leave of Absence is taken for more than one year, a student may be required to audit course work 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 School Education stating all reasons why re-entry at this time is desired and complete the re-entry section on the Petition to the Committee on 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 physicians. The Committee on Academic Promotions may request additional documentation of readiness to return as appropriate.

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

Involuntary Leave of Absence Policy

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

Leave of Absence

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 his/her designee. In response, the Dean will meet with the student to discuss his or her behavior and appropriate next steps. The Dean may require that the student be assessed by the Student Counseling Service. The Dean may determine that, in the best interest of the student and/or others, the student (1) may remain enrolled without conditions, (2) may remain enrolled with conditions that are to be described in writing, or (3) should or, 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 he or she determines: (1) that the student has engaged, or threatened to engage, in behavior which has or could cause significant property damage, or that has or could directly and substantially impede the rightful activities of others; and/or (2) in consultation with the SCS Director (or his or her designee) and based on an individualized assessment of the student's ability to safely participate in the University's programs, that the student is unable to function as a student and/or the student's continued presence on campus poses a substantial risk to the safety and well-being of the student and/or others.

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

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

A student placed on an involuntary leave of absence may request, within 15 days of the date of the decision, in person or writing from the Office of Campus and Student Life the a review of the decision. The Vice President and Dean of Students in the University (or his or her designee) will review appropriate records and documentation and when feasible the Vice President and Dean of Students in the University will meet with the student. A signed release from the student for medical records may be necessary to conduct the review. The Vice President and Dean of Students in the University may discuss the request with the Dean for Medical Education and if appropriate the SCS Director. He or she 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 his or her studies until the Dean for Medical Education and the Committee on Academic Promotions makes a fact-specific assessment of the circumstances and concludes that the student no longer poses a significant disruption to the functioning of the University and/or no longer poses a significant risk to the health and safety of the student or others. In making this determination, usually the Dean for Medical Education and/or the Committee on Academic Promotions will require the student to authorize his or her treating professionals to contact the Director of SCS to discuss the student's clinical condition, whether the student continues to pose a direct threat to the safety and well-being of him/herself and/or others, as well as the student's preparedness for (1) a return to the academic rigor of the University, (2) the ability to navigate self-sufficiently as a functioning, non-disruptive member of the University community, and (3) the capability for continuing appropriate treatment via SCS or other resources, if necessary. The student may also be required to undergo an independent Fitness for Duty evaluation. If the student is to continue treatment while resuming studies, the Dean for Medical Education and/or the Committee on Academic Promotions will ask the student to sign a release that authorizes the treating professional to notify the Dean for Medical Education and/or the Committee on Academic Promotions if the student does not adhere to the treatment plan.

Notification of Others

The Dean for Medical Education (or his or her 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 himself or herself or the student's behavior poses an imminent danger to students or others, or requires an immediate disclosure of information to avert or diffuse serious threats to the safety or health of the student or others.

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

GUIDING PRINCIPLES OF PROFESSIONALISM

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

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

Professional Responsibilities

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

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

Professional Relationships

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

1. Maintain appropriate relationships with patients, teachers, peers, residents and faculty.
2. Treat all members of the UCMC and Pritzker community, patients, and their families with respect, compassion, and dignity.
3. Be mindful to avoid intentionally embarrassing or deriding others.
4. Provide feedback to others (both colleagues and superiors) in a constructive manner, with the goal of helping them to improve.
5. Treat those who participate in my education (e.g. standardized patients) with dignity and respect.
6. Actively work to create an atmosphere in classrooms, clinical settings and in laboratories that is conducive to optimal, interactive learning.
7. Help and support my peers during difficult times in their academic, professional, and personal lives.
8. Attend to my own physical and emotional well-being.

Professional Ethic

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

1. Maintain the highest standards of academic and scholarly honesty throughout my medical education, by behaving in a trustworthy manner.
2. Recognize and function in a manner consistent with my role as a student on a team.
3. Maintain a commitment to patient confidentiality, recognizing that patients will trust me with sensitive information.
4. Place my patients' interests and well-being at the center of my educational and professional behavior and goals.
5. Treat cadaveric and other scientific specimens with respect.
6. Adhere to the standards of the profession as put forth by the American Board of Internal Medicine Physician Charter (abimfoundation.org - *Medical Professionalism in the New Millennium: A Physician Charter.*) whose fundamental principles are social justice, patient autonomy, and the primacy of patient welfare.
7. Learn about and avoid conflicts of interest as I carry out my responsibilities.
8. Contribute to medical knowledge through active scholarship and discovery.

Medical Student Professionalism Concern Report

Faculty or Staff who observe a significant lapse in a student's professional behavior may notify a Faculty Dean, Course or Clerkship Director. The Faculty Dean, Course or Clerkship Director may choose to provide the student with feedback on his or her behavior directly. However, if the breach is significant enough he/she may report the situation to the Associate Dean for Medical School Education and fill out a Professionalism Concern Reporting (PCR) form.

If the Professionalism Concern Reporting Form (PCR) is filed, the student will meet individually with the Course, Clerkship Director to discuss the situation. The form is referred to the Associate

Guiding Principles of Professionalism

Dean for Medical School Education and kept in the student's file. If no other professionalism issues occur throughout the student's medical school career, the form is destroyed upon graduation. No record of the incident would be recorded in the student's academic record.

If a student accumulates more than two PCR forms and/or the Associate Dean for Medical School Education observes a pattern of unprofessional behavior, or believes that a single incident represents an egregious lapse of professionalism he/she will meet directly with the student. After meeting with the student, he/she and may refer the student to the Committee on Academic Promotions (see page 19). The Committee may recommend remediation, placement on Monitored Academic Status or Academic Probation, or inclusion of the professionalism concerns in the student's MSPE. Recommendation for inclusion in the MSPE is made to the Dean for Medical Education, who would make the final decision about inclusion of the concerns in the MSPE. Ultimately, the Committee on Academic Promotions has the authority to dismiss a student from medical school for academic reasons, including failure to demonstrate appropriate ethical or professional behavior.

If the lapse in professionalism falls within the parameters of the University disciplinary system (e.g. plagiarism; falsification of documents; verbal or physical assault; sexual harassment), the Associate Dean for Medical School Education may refer the student to a University Disciplinary Committee (see page 43).

To view a copy of the Professionalism Concern Reporting form, please visit:
pritzker.uchicago.edu/page/student-professionalism

POLICIES

Student As Patients Policy

The Pritzker School of Medicine is committed to avoiding any actual or potential conflicts which may arise when a faculty member who has provided sensitive health services to a medical student and is involved in that student's assessment or promotion. To this end, all medical school faculty are asked to disclose this information and potentially recuse themselves from providing a written assessment of student's academic performance if they have treated a student as a patient. If faculty are assigned to serve as a preceptor for a student who they have previously treated, they should notify the course or clerkship director to discuss whether or not a reassignment is recommended.

In those cases where the faculty member is the only course director or preceptor for a specialized course of study, the faculty member should tell the student that it is the school's policy not to assess students who have been patients, and if the student would still like to pursue the course/rotation, the student should notify the Executive Director of Medical School Education and Associate Dean for Medical School Education.

All course and clerkship directors participating in the Committee on Academic Promotions, Academic Progress Committees and career advisors involved in the residency advising system must sign a confidentiality agreement to certify that they will recuse themselves from discussions of and assessments of students' academic performance if they served as that students' physician.

Additional Resource: pritzker.uchicago.edu/page/students-patients

Financial Aid Policy for Satisfactory Academic Progress

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

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

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

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

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

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

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

Financial Aid Policy

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

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

Additional Resource: pritzker.uchicago.edu/page/financial-aid

Duty Hours Policy

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

Time spent by medical students engaged in clinical activities on a weekly basis must not exceed ACGME specified weekly duty hour caps.

Third Year Students:

1. When third year students are engaged in clinical work that involves call, students should be dismissed by midnight. In order for students to meet this 12 a.m. deadline, residents should not assign new patients to students after 10 p.m. These deadlines are intended to give students enough time to finish write ups, discuss patients with their resident, read about their patients, and leave remaining time for an adequate amount of sleep for the next day's learning activities. These recommendations do not apply to:
 - Students on shift assignments
 - Surgical rotations (including gynecologic surgery) in which overnight call and participation in urgent or emergent situations are of educational value. In these settings, students should be dismissed after morning duties are completed.
2. It is recommended that students have one day free of clinical responsibility per week, averaged over one month in order to study. Clerkship directors should stipulate the rules for their individual clerkship in their orientation material.
 - These days off may include any weekend days that are free of clinical activity (e.g. students on ambulatory rotations with weekends off will not receive additional week days free of clinical duties.
 - Students are expected to attend all required rotation specific non clinical activities (including but not limited to didactics, small group sessions and preceptor groups) even if that formal educational experience falls on a student's day free of clinical duties.
3. Specific daily work schedules will vary by clerkship, and are most appropriately determined by the clerkship director.

Fourth Year Students:

The guidelines above do not apply to fourth year medical students. For fourth year students on sub-internships, ACGME duty hour guidelines are appropriate.

Additional Resource: pritzker.uchicago.edu/page/student-duty-hours

Holiday Policy for Medical Students

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

The Flexible Holiday Policy includes the following:

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

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

Please note that this holiday policy does not refer to 4th year students on sub-internships who will be expected to work the schedule of an intern on their respective team. In addition, Christmas Day and New Year’s Day fall during winter break and therefore automatically off.

Additional Resources & School Policies: pritzker.uchicago.edu/pages/school-policies

DIGITAL MEDIA USAGE POLICY

The University of Chicago Policy on Audio and Video Recording on Campus can be found in the Student Manual at: studentmanual.uchicago.edu/petitions

Audio and Video Recording on Campus

Public Lectures and Less Formal or Pedagogical Presentations

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

Lectures and Presentations by Guests

Units of the University that sponsor public lectures by invited outside speakers often record the lectures. Unless written permission has been obtained from the speakers, however, the sponsoring unit, and the University, will not have the right to distribute or disseminate these recordings. Without this right, these recordings have limited usefulness.

Therefore, permission to record and to make use of the recording should be obtained using a permission form prepared by the Office of Legal Counsel which is available online at: lib.uchicago.edu/copyrightinfo & lib.uchicago.edu/copyrightinfo/pubdomain.html

Lectures and Presentations by University Faculty Members and Academic Staff

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

Classroom Activity and Non-“Public” Lectures

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

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

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

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

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

Recordings by Student Groups (RSO or Other Recognized Groups)

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

Copyright of Recordings

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

YouTube or Other Types of Posting of Recordings

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

Student Use of the Pritzker Graphic Identity

Student Organizations

When creating an item for a student organization (apparel, tote bag, travel mug, etc.) with the Pritzker name included, students should also include the official Pritzker logo on some visible portion of the item. The logo should not be warped, nor should it be manipulated so as to include only a portion of the complete logo. T-shirts, specifically, should include the Pritzker logo on the back of the shirt. Contact Rebecca Silverman (rsilverman@bsd.uchicago.edu) with logo requests and for Pritzker approval of the item.

Scholarship Use

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

Additional Media Usage Information:

pritzker.uchicago.edu/page/logo-use-and-student-websites

For further information about Graphic Identity and media usage, please contact: Rebecca Silverman (rsilverman@bsd.uchicago.edu)

Specific Issues for Students in the Pritzker School of Medicine in addition to the University Policy:

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

MEDICAL CENTER POLICIES

The Medical Center has many important polices with which student should become familiar.

UCMC Intranet Home Page:

home.uchospitals.edu

Policies and Procedures Portal:

home.uchospitals.edu/portal/dt?TabEmpTools.

setSelected=PagePolicyProc&last=false&JSPTabContainer.setSelected=TabEmpTools

All Policies:

services.uchospitals.edu/sites/PoliciesAndProcedures/SitePages/Home.aspx

HIPAA:

hipaa.bsd.uchicago.edu

services.uchospitals.edu/sites/PoliciesAndProcedures/HIPAA%20Privacy/Forms/AllItems.aspx

Safety Policy:

safety.uchicago.edu

home.uchospitals.edu/portal/dt?JSPTabContainer.

setSelected=TabQualitySafety&last=false&TabQualitySafety.

setSelected=hiddenPageQualitySafety

Infection Control

//services.uchospitals.edu/sites/PoliciesAndProcedures/Infection%20Control/Forms/AllItems.aspx

Patient Care

services.uchospitals.edu/sites/PoliciesAndProcedures/Patient%20Care/Forms/AllItems.aspx

services.uchospitals.edu/sites/PoliciesAndProcedures/Patient%20Care%20Protocols%20and%20Guidelines/Forms/AllItems.aspx

Document hyperlinks are active at time of printing.

POLICY ON HARASSMENT, DISCRIMINATION, AND SEXUAL MISCONDUCT¹

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

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

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

Policy effective: 1 July 2015

To view the full policy, see:

<http://harassmentpolicy.uchicago.edu/page/policy>

Table of Contents

Policy

- I. Introduction
- II. Policy Basis and Application
- III. Harassment and Discrimination
- IV. Sexual Misconduct and Definitions
- V. Consent
- VI. Consensual Relations
- VII. Important Principles: Confidentiality; Institutional Obligation to Respond; Leniency for Other Policy Violations; and Non-Retaliation
- VIII. Prevention and Education Programs
- IX. Informal Resolution of Complaints That Do Not Involve Sexual Assault
- X. Formal Resolution of Complaints

¹ Sexual misconduct includes sexual harassment, sexual assault, domestic violence, dating violence, and stalking.

Policy Appendices

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

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

POLICY ON TREATMENT OF STUDENTS

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

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

Dr. Diane Altkorn (pager 9718)

Dr. Steven Zangan (pager 2816)

Additional Resource: pritzker.uchicago.edu/page/ombudsmen

MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)

Information provided in the MSPE

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

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

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

Medical Student Performance Evaluation Sample



924 East 57th Street • BSLC 104
Chicago, Illinois 60637
Phone: 773-702-1939 • Fax: 773-702-2598
<http://pritzker.uchicago.edu>

MEDICAL STUDENT PERFORMANCE EVALUATION

JACK DOE

October 1, 2016

Identifying Information

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

Unique Characteristics

Undergraduate Experience:

Jack Doe entered the Pritzker School of Medicine having successfully completed his undergraduate education at the University of Michigan where he majored in Biology, graduating with *summa cum laude* honors (2006-2010).

Graduate School Experience:

Following his years of undergraduate studies, Jack Doe went on to complete a Master of Public Health at the Johns Hopkins Bloomberg School of Public Health (2010-2011).

Medical School Experience:

Jack Doe matriculated at the University of Chicago Pritzker School of Medicine in 2013 and has distinguished himself in the following activities as a medical student:

Scholarship and Discovery: As a part of the Pritzker curriculum, all students are required to participate in Scholarship and Discovery, a longitudinal scholarly program that incorporates core coursework, research, electives, service activities, and dissemination of scholarship with the goal of providing each student with an advanced level of knowledge and expertise in a given track. Jack Doe selected the Quality and Safety Scholarship track through which he investigated the topic of "Quality of Care for Hospitalized Vulnerable Elders and Post-Discharge Mortality." To complete the Quality and Safety Scholarship track, students may also enroll in quality and safety elective courses and complete online learning modules from the Institute for Healthcare Improvement to further enrich their understanding of quality and safety scholarship.

Most Significant Research Experience: Following his first year of medical school, Jack was selected to participate in the NIH-funded Pritzker Summer Research Program. Throughout this eleven-week program, Jack worked closely with a faculty mentor from the Department of Medicine on research post-discharge mortality among elderly patients. His interest in the topic led Jack to continue on with the research team to complete the requirements of the Scholarship and Discovery curriculum. His findings were disseminated broadly, first to the regional Society of General Internal Medicine Conference where he delivered an oral presentation and to the regional Society of Hospital Medicine Conference. He was first author on the publication in the *Journal of Hospital Medicine*.

MSPPE

Most Significant Leadership Experience: As a member of the Emergency Medicine Interest group, Jack helped plan school-wide events promoting the field of Emergency Medicine. He hosted numerous events, and coordinated faculty members to host panel discussions and journal discussion groups. Through this group, he mentored younger medical students and helped them gain experience in this specialty.

Most Significant Service Experience: For the past three years, Jack has served as an active volunteer and member of the executive board of the New Life Volunteering Society Free Health Clinic (NLVS). This clinic is a collaborative effort run by medical students from all six different medical schools in the Chicago area. Jack most recently served as treasurer of the student board. In this role, he coordinated grant submissions and fundraising events.

Academic History

Transfer student: Not applicable

Initial Matriculation in Medical School: August 2013

Expected Graduation from Medical School: June 2017

Extensions, Leave(s) of Absence, Gaps or Breaks: Not applicable

Dual/Joint/Combined Degree: Not applicable

Selected Honors/Awards

Alpha Omega Alpha, 2016: Election to the University of Chicago Beta Chapter of Alpha Omega Alpha (AOA) is based on accomplishments in scholarship, leadership, and character. As a medical student, Jack Doe consistently performed at the highest possible level in these three areas.

Membership in the Gold Humanism Honor Society (GHHS), 2016. The GHHS honors senior medical students for “excellence in clinical care, leadership, compassion, and dedication to service.” Election to the GHHS is a significant achievement and demonstrates Jack Doe’s superior commitment to the fundamental values that underlie the medical profession.

Teaching Assistant for Clinical Pathophysiology and Therapeutics, 2016. Jack Doe’s selection to serve as a Teaching Assistant for the winter/spring 2016 *Clinical Pathophysiology and Therapeutics* course is an honor only offered to the top 25 students of the class and demonstrates his mastery of a curriculum which integrates both the basic and the clinical sciences.

Joseph B. Kirsner Research Prize for Overall Excellence, 2014: Following his participation in the NIH-funded University of Chicago Summer Research Program, Jack Doe presented his research on “Quality of Care for Hospitalized Vulnerable Elders and Post-Discharge Mortality” at the University of Chicago Summer Research Forum and received the award for overall excellence in research.

Academic Progress

Preclinical/Basic Science Curriculum:

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

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

"Jack was advanced in his presentation skills beyond the level of a second-year medical student. He presented his patients in an extremely clear and crisp manner, demonstrating his ability to organize his thoughts and arrange the patient's information in a logical way."

Core Clinical Clerkships and Elective Rotations:

The following clerkship summaries are presented in chronological order.

Clerkship # 1 – SURGERY (HONORS):

Jack Doe's overall performance in the Surgery clerkship was excellent. Jack had a strong understanding of the scientific basis of medicine and easily applied it to the daily practice of medicine. Jack had excellent clinical skills that he applied on a daily basis. His H and Ps were thorough. Jack communicated well with patients and their families. He had strong clinical reasoning and problem solving skills. He conducted himself in a professional manner at all times. Jack worked well with the residents while he was on service. He also worked well with the members of the team. He studied a lot on the rotation and was self-motivated. He had an excellent basic science foundation and was obviously reading appropriately for the rotation. Jack was an excellent student while on the surgery rotation. He took the initiative to read and research on his own.

Clerkship # 2 – OBSTETRICS & GYNECOLOGY (HONORS):

Jack Doe's overall performance in the Obstetrics & Gynecology clerkship was excellent. Jack was clearly reading and was interested in expanding his knowledge base. He had a good understanding of the fundamentals of OB/GYN, particularly anatomy and embryology. His application of this knowledge to clinical medicine will improve with more clinical experience. Jack performed good physical exams in labor and delivery, and his H and Ps in the outpatient setting were excellent. His procedural skills were still tentative but will improve with practice. Jack had an excellent bedside manner and communicated well with patients. His presentations were excellent. His ability to relate clinically accurate information to patients improved significantly during the rotation. He was very receptive to feedback. Jack asked good questions and showed initiative in increasing his clinical knowledge. His clinical reasoning skills developed during the rotation. With practice, he will be able to draw on his considerable medical knowledge in clinical applications. Jack was very sensitive to patient needs and professional in his interactions. He was mature and calm, and had an excellent demeanor. Jack did everything asked of him on the wards and was a good team player. As his comfort and familiarity with clinical settings increases, he will become more effective and efficient. He was a hard worker. Jack performed at a level expected of a new student learning the rhythms of a clinical service. He was well-read and clearly understood the concepts behind clinical management. As he practices mobilizing this knowledge in the clinical setting, he will become an excellent clinician. Jack connected well with his patients, had an excellent bedside manner, and a clear desire to learn. He will develop into a compassionate, effective physician.

Clerkship # 3 – PSYCHIATRY (HONORS):

Jack Doe's overall performance in the Psychiatry clerkship was very good. Jack was able to contextualize patients in their social setting as a way to further enhance their care. He gave an

excellent overall presentation on his oral exam. He was very well organized and thorough. He expressed interest in psychiatry. He has the potential to make a good psychiatrist. He performed very well clinically. Jack is a naturally sensitive student whose quiet and perceptive nature combined with his love of public policy would make him a wonderful asset to our field.

Clerkship # 4 – FAMILY MEDICINE (HIGH PASS):

Jack Doe's overall performance in the Family Medicine clerkship was excellent. Jack had an intense curiosity about the science of medicine. His ability to elicit pertinent physical findings was appropriate and his patient presentations were satisfactory. His other communications were consistently professional. Jack was able to demonstrate appropriate clinical reasoning. With added emphasis on organization Jack will continue to improve in this regard. His demeanor was consistently professional. Jack was responsive to requests for patient-focused reading. He explored many topics that we discussed. His self-directed learning was satisfactory.

Clerkship # 5 – PEDIATRICS (HONORS):

Jack Doe's overall performance in the Pediatrics clerkship was outstanding. Jack was able to discuss a surprisingly wide variety of medical diagnoses intelligently. He was very well read and knowledgeable. He performed outstanding histories and physicals that were thorough, pertinent, and never missed a beat. Jack was very well liked by both patients and clinic staff, and was always eager to pitch in and help anywhere help was needed. Jack covered one patient with a failure to thrive and a cow's milk protein allergy. This was a complex case with multiple services involved, but Jack eagerly accepted the diagnostic challenges presented by the case. From day one, his presentations were thorough and organized. He practiced medicine with integrity and set a high standard for himself (and met it). He poured his heart into patient care, making certain that he was up to date on their needs and concerned about how they were progressing. Jack went out of his way to pick up additional patients after his own patients were discharged. This really showed self-direction and dedication. Jack's outpatient attending wrote, "I am confident he will be a fine clinical physician and would encourage him to consider pediatrics." Jack did an outstanding job on this rotation. He was very bright and driven, and really produced results. Jack will be an outstanding physician.

Clerkship # 6 – INTERNAL MEDICINE (HONORS):

Jack Doe's overall performance in the Internal Medicine clerkship was excellent. Jack showed an excellent understanding of the application of basic science to the clinical practice. He was hard working, motivated, and thorough. Overall, he operated at an above average level. Jack was professional, empathetic, diligent, and very easy going. Jack was a very articulate young man who communicated very well with everyone. He had good clinical reasoning skills and demonstrated these skills on rounds several times. He always had an extensive differential diagnosis and an appropriate diagnostic decision making plan. He had excellent professionalism and performed well as a team member. Jack read voraciously, and he often consulted resources, even on rounds. Jack was inquisitive and did very well on the rotation.

Clerkship #7 – NEUROLOGY (HONORS)

Jack Doe's overall performance in the Neurology clerkship was excellent. Jack was a strong performer, exhibiting mastery of basic clinical skills in the neurological history and examination,

stated that he clearly gained experience during the week on the ward and that his reasoning and knowledge improved each day. He presented a history and physical write-up that included a well-reasoned analysis of the differential diagnosis of the cause of a recurrent subcortical stroke. He was poised and always conducted himself professionally. He was a strong student in the neurology clerkship, garnering high ratings from clinical attendings and performing quite well in the evaluation of standardized patients. He is developing into an excellent physician.

Summary

Clerkship Grades:

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

Clerkship #1 – Surgery: **H**

Clerkship #5 – Pediatrics: **H**

Clerkship #2 – Obstetrics & Gynecology: **H**

Clerkship #6 – Internal Medicine: **H**

Clerkship #3 – Psychiatry: **H**

Clerkship #7 – Neurology: **H**

Clerkship # 4 – Family Medicine: **HP**

Jack Doe is an excellent candidate for your residency program. He possesses a sound fund of knowledge, which adeptly translated into his clinical reasoning skills. Jack’s curiosity led him to do extensive outside reading, which proved to be a great asset while on rounds. Jack assimilated easily into the patient care team, went above and beyond what was expected of him and treated his patients with great care, patience, and empathy.

The following comments were made about Jack Doe’s **professionalism**:

- “He conducted himself in a professional manner at all times.”
- “Jack was very sensitive to patient needs and professional in his interactions. He was mature and calm, and had an excellent demeanor.”

The following comments were made about Jack Doe’s **initiative and enthusiasm**:

- “He studied a lot on the rotation and was self-motivated.”
- “He read a great deal about his patients. Jack was absolutely wonderful to work with and went the extra mile to become familiar with patient and family issues.”

The following comments were made about Jack Doe’s **compatibility with the team**:

- “Jack was a good team player and was always willing to pitch in and help.”
- “Jack worked well with the residents while he was on service. He also worked well with the members of the team.”

Jack has been able to accomplish a nice balance throughout his medical school career. Jack’s membership in the Gold Humanism Honor Society, a selection made by his peers, indicates the compassion and kindness he employs when dealing with patients. His contributions to the school through his substantial and continued service activities and clinical research also reflect this commitment. Jack’s clinical performance makes clear his effective communication style—he is a good listener, a motivated learner, willing to accept and utilize feedback, and an articulate participant in the medical setting. Jack is only one of eight students in this class to receive both AOA and Gold Humanism Honor Society honors, demonstrating that his outstanding academic abilities are matched by qualities of compassion, empathy, and understanding. Our overall

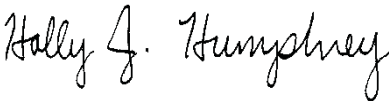
evaluation of Jack Doe’s performance in mastering the competencies of our curriculum demonstrates that he is an excellent candidate for your residency training program.

The University of Chicago’s evaluation system was not designed to provide information comparing one student to another and for that reason no ranking regarding Jack Doe can be provided. The grading system is pass/fail and there are no class rankings. The curriculum has been designed for a competency-based evaluation system. The students are measured by their achievement of the competency, not in terms of comparative performance. Descriptors provided for the 3rd year clerkships reflect the degree to which Jack Doe has attained the competencies taught in that clinical experience. For that reason, we encourage review of this evaluation letter in its entirety.

Sincerely,



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



Holly J. Humphrey, MD, MACP
Ralph W. Gerard Professor in Medicine
Dean for Medical Education

Attachments: MSPE Appendices

Medical Student Performance Evaluation Appendices

Appendix A – Pre-Clerkship/Basic Science Performance

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

Appendix B – Clinical Clerkship Performance

The University of Chicago Pritzker School of Medicine has an official Pass/Fail System for all seven required clerkships in the third year:

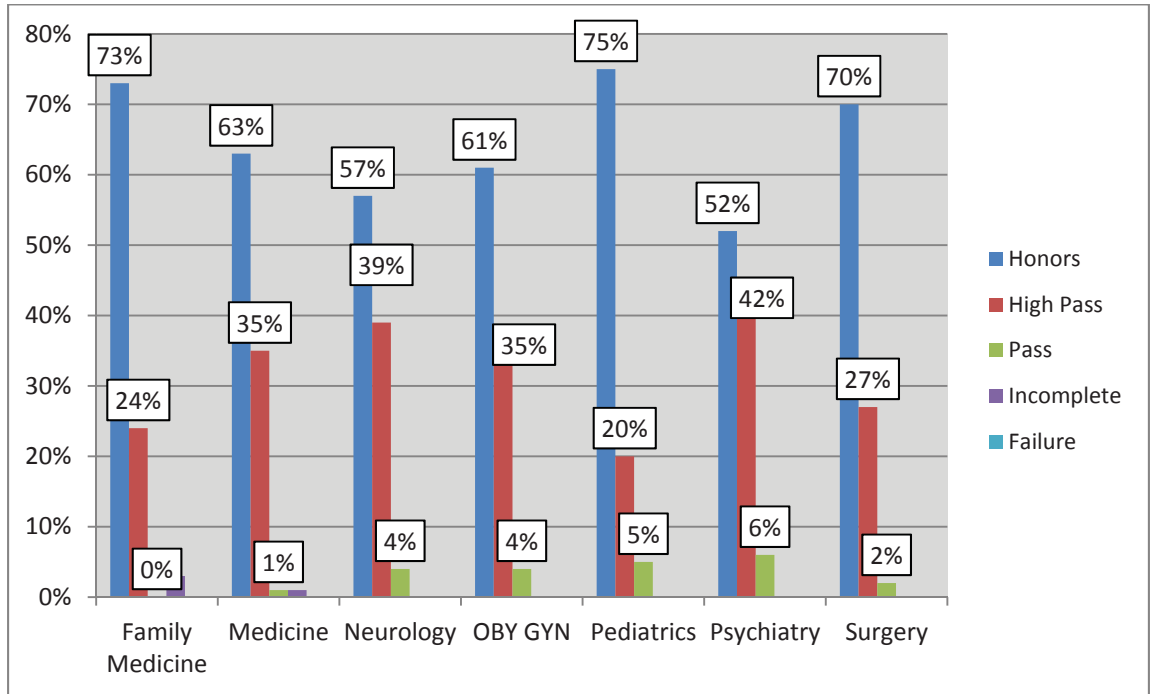
- Internal Medicine (12 weeks, including 2 weeks Radiology)
- Surgery (12 weeks, including 2 weeks Perioperative Care)
- Pediatrics (6 weeks)
- Obstetrics and Gynecology (6 weeks)
- Psychiatry (4 weeks)
- Family Medicine (4 weeks)
- Neurology (4 weeks)

During the third year, students are given internal grades for the seven required core clerkships (Honors, High Pass, Pass, or Fail) based on the extent to which they meet or exceed a given competency. In each of these clerkships, clinical performance is evaluated by the clerkship directors as to the extent to which the student achieves the performance objectives of the clerkship. Accordingly, this evaluation system does not assume a normal distribution of grades as students are assessed against performance objectives, not each other. The distribution of the internal designators by clerkship for the Class of 2016 is outlined below.

	Family Medicine	Medicine	Neurology	OB GYN	Pediatrics	Psychiatry	Surgery
Honors	73%	63%	57%	61%	75%	52%	70%
High Pass	24%	35%	39%	35%	20%	42%	27%
Pass	0%	1%	4%	4%	5%	6%	2%
Incomplete	3%	1%	0%	0%	0%	0%	0%
Failure	0%	0%	0%	0%	0%	0%	0%
Total	100%	100%	100%	100%	100%	100%	100%

Because the third-year core clerkships do not conclude until June 30, the University of Chicago Pritzker School of Medicine is not able to capture performance evaluation data from fourth-year clinical electives and sub-internships in time to report prior to the MSPE release date.

**University of Chicago Pritzker School of Medicine
Class of 2016 Clerkship Distribution**



Appendix C – Professional Attributes

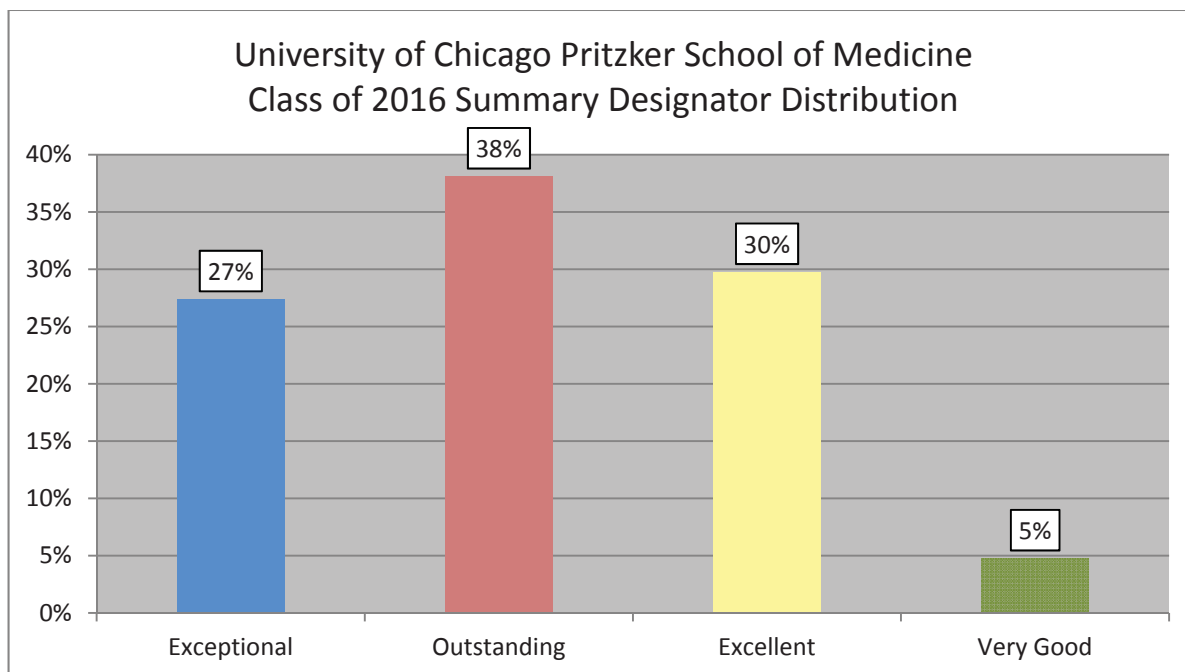
The University of Chicago Pritzker School of Medicine has a Pass/Fail System. Professional attributes are considered in the Pass/Fail designation and addressed in the clinical performance evaluation summaries prepared by the Clerkship Directors. Therefore, no graphic representation of the students’ professional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

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

Appendix D – Overall Comparative Performance

The Pritzker School of Medicine has a Pass/Fail System. However, in evaluating our students for residency, students receive a summary designator based on their performance during their clerkship rotations. Below is the distribution of these designators for the Class of 2016.

Exceptional	27%
Outstanding	38%
Excellent.....	30%
Very Good.....	5%
Good.....	
Acceptable	



Appendix E – Medical School Information Page

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

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

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

These medical education programs include the following:

- Integration of basic science and clinical medicine across the four years of the curriculum.
- All students except those who matriculated prior to 2009 and those who are enrolled in a joint MD/PhD program at the University of Chicago participate in a longitudinal curriculum designed to provide enhanced training in fundamental concepts and scholarly skills. The cornerstone of Scholarship and Discovery is the completion of a mentored scholarly project by the time of graduation, focusing on one of seven scholarly tracks: **(1) Scientific Investigation: Basic Sciences, (2) Scientific Investigation: Clinical Research, (3) Scientific Investigation: Social Sciences, (4) Medical Education Scholarship, (5) Quality and Safety Scholarship, (6) Community Health Scholarship, and (7) Global Health Scholarship.** Guidance is provided by core faculty during the first-year Scholarship & Discovery Course 1A, B, C. Throughout subsequent years, students also participate in activities related to their scholarly track. Examples of such activities include advanced elective coursework, conference participation, or track specific activities (i.e. a service-learning project for Community Health, out-of-country rotations for Global Health, serving as a Teaching Assistant for Medical Education, etc.). During the fourth year, students either complete their scholarly project or continue their advanced training in their scholarly area with guidance from faculty Track Leaders. All students are encouraged to disseminate their work at the Pritzker Senior Scientific Session and share their findings with a broader regional and national audience whenever possible.
- Summer research training supporting approximately **75** percent of the students to explore their research aptitudes before entering the second year. The experience often serves as a scholarly foundation from which students continue to research throughout their medical school tenure, often resulting in dissemination via presentation or publication.
- Clinical experiences with patients and standardized patients beginning the first quarter of medical school aided by the formative feedback provided by review of recorded patient encounters with full-time faculty preceptors.
- A comprehensive group of required core clerkships beginning in the third year and combining ambulatory and inpatient experiences taught by full-time faculty together with highly selected residents to promote and model clinical proficiency.
- Web-based programs and instruction in academic computing and medical informatics to integrate curricular and co-curricular educational programs.
- Opportunities to participate in MD/PhD and MD/JD programs, master degree programs (MBA, AM, MS) and research “year out” experiences.
- An extensive array of co-curricular activities that provide the arena for students to develop further their altruism, collegiality, leadership, and professionalism.
- Integration of humanism in medicine through programs such as the First Year Orientation and White Coat Ceremony, Gold Humanism Honor Society Induction Ceremony, and Student Clinician Ceremony. In these and other student programs, upperclassmen and residents model a mentoring demeanor promoting collegial approaches to medical education.

Average Length of Enrollment (Initial Matriculation to Graduation):

The average duration of enrollment was approximately **4.7** years.

Of the **84** students anticipated to be in the graduating Class of 2016, **24** took more than 4 years to complete medical school:

- **10** students completed joint MD/PhD training, which added an average of **4.5** years to their medical education.
- **1** student obtained a joint degree in Public Health, completing a MPH program at the University of North Carolina at Chapel Hill. **Two** additional students are anticipated to receive degrees later in the academic year: both will receive a Master's of Business Administration from the University of Chicago Booth School of Business. These students needed an additional year to obtain these joint degrees, one of whom has already received a PhD.
- **9** students participated in additional scholarly and clinical experiences for an additional year. Of these **9**, students, **2** obtained support via the competitive Pritzker Fellowship, **1** obtained an NIH- Research Scholars Grant, and **2** obtained a HHMI Fellowship.
- **3** students chose to utilize the Extended Curriculum Option to decompress an academic year for family and medical reasons.

Guidelines for Medical Schools Regarding Academic Transcripts:

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

Description of the Evaluation System Used at This Medical School:

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

AOA Membership

Membership in AOA is considered for senior students, and is strongly influenced by academic performance and scholarship, participation in research, leadership in co-curricular activities, and character as evidenced by their professional behavior.

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

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

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

Observed Structured Clinical Evaluations (OSCEs) are used for formative feedback during the first- and second-year Clinical Skills course, both throughout the course and during the assessment in the final exams. Following the third year, all students participate in a required Clinical Performance Exercise (CPX) which simulates USMLE Step 2-CS. The CPX experiences are for self-assessment and feedback but passing is not a requirement for promotion or graduation. Students participating in the Neurology, Obstetrics and Gynecology, Family Medicine, and Psychiatry clerkships must also take Objective Structured Clinical Evaluations.

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

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

Process of MSPE Composition at the Medical School.

The Medical Student Performance Evaluation is prepared by the Medical Student Performance Evaluation Director. Administrative support is provided by the Communications Manager, the Curriculum Management Specialist, and the Registrar.

MSPE Review by Students.

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



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