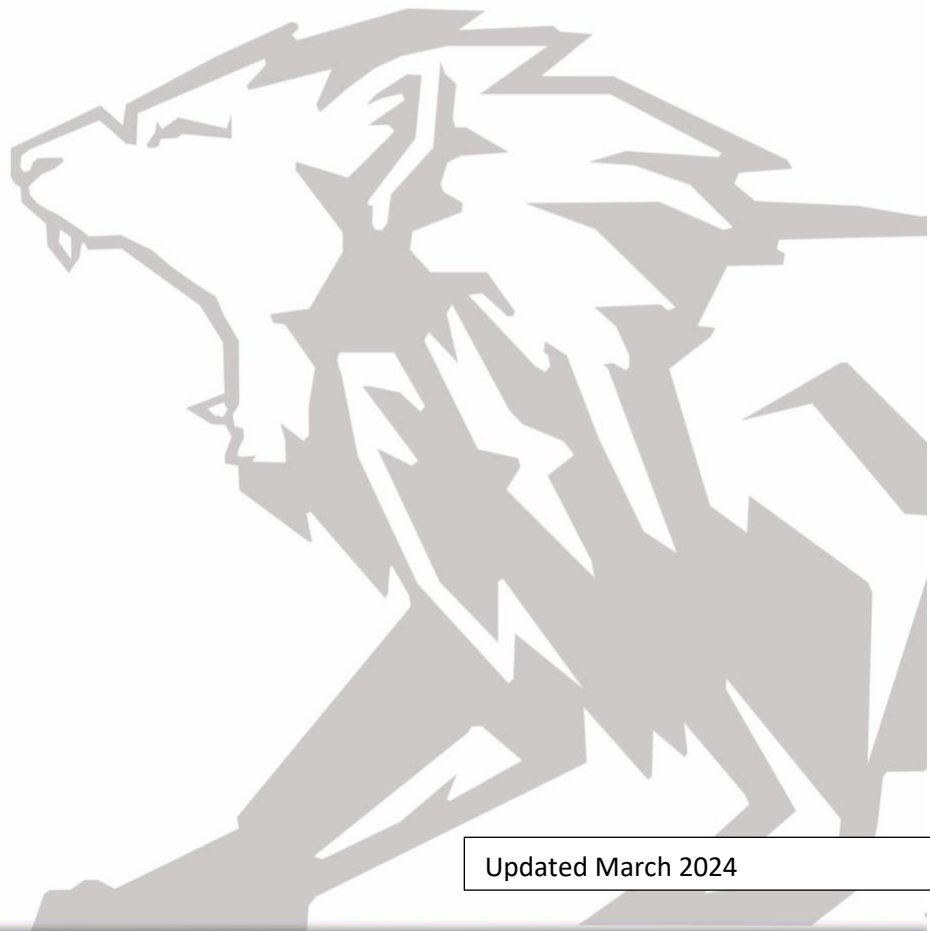


Ponce Health Sciences University School of Medicine Student Policy Manual AY 2023-2024



Updated March 2024



Tamdiu Discendum Est. Quamdiu Vivas

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INTRODUCTION

GENERAL INFORMATION

The Ponce Health Sciences University School of Medicine is an institution of academic excellence located in Ponce, a city on the southern coast of the tropical island of Puerto Rico. The institution was founded in 1977. Ponce School of Medicine graduated its first class of 23 students in 1981. Since then, it has operated uninterrupted and has graduated more than 2,000 physicians, biomedical scientists, and master's in medical sciences.

SCHOOL OF MEDICINE MISSION

To educate bilingual ethical professionals who provide compassionate, culturally competent health care and generate high impact research to reduce health disparities in the populations we serve in Puerto Rico and the US, through high-quality education in a diverse environment.

PROGRAMMATIC ACCREDITATION

The Medicine Doctoral (MD) Program is accredited by the Liaison Committee on Medical Education (LCME).

Contact Information

Liaison Committee on Medical Education

American Medical Association
330 North Wabash Avenue Suite 39300
Chicago, IL 60611—5885
Phone: (312) 464-4933

Liaison Committee on Medical Education

Association of American Medical Colleges
655 K Street, NW Suite 100
Washington, DC 20001-2399
Phone: 202- 828-0596
Web: www.lcme.org

SCHOOL OF MEDICINE STUDENT POLICIES MANUAL

This is the Student Policies Manual of the Ponce Health Sciences University School of Medicine. It contains the policies that apply only to the students of the academic programs of the School of Medicine: Doctor in Medicine, PhD in Biomedical Sciences, and the Master of Science in Medical Sciences (MSMS).

For the policies that apply to all PHSU students including the students of the School of Medicine please refer to Ponce Health Sciences University Catalog and Student Policies.

SCHOOL POLICIES

(Academic/Student Policies)

<i>This policy is tied to LCME Element 12.8</i>	BLOODBORNE PATHOGEN EXPOSURE POLICY	Implementation Date/ Effective Date	~July 2001
		Last Reviewed/Update	July 19, 2023
		Approved by	--
		Initially Approved	~2001

Purpose

To establish a uniform system to report and manage persons sustaining exposure to blood or other body fluids via needle stick, percutaneous injury, mucous membrane, or contact with non-intact skin while involved in a scheduled clinical clerkship, research activity, or during any curricular or extracurricular activities sponsored by Ponce Health Sciences University (PHSU)

Policy

Student(s) sustaining exposures should immediately flush the exposed area with water.

If at an Affiliated Hospital, an immediate evaluation must be requested through the corresponding **Emergency Room (ER)**. If at a community clinic or extra-curricular activity sponsored by PHSU, the student must request an immediate evaluation at **Ponce Health Sciences University Outpatient Clinics** during regular hours or an Affiliated Hospital ER after hours, indicating his/her status as a medical student. Immediate prophylaxis (within two hours of exposure) must be instituted following the CDC guidelines.

The student must report the incident to the **immediate supervisor** as soon as possible. In the case of an Affiliated Hospital, the student will notify the Clerkship Director or Attending Physician. Attending Physicians must be notified in case of exposure during a community clinic rotation or extra-curricular activity sponsored by PHSU. The Clerkship Director and/or the Attending Physician are responsible for notifying the Office of Student Affairs so that the student is provided appropriate care and follow-up. The notification must be immediate or within the next 24 hours after the incident.

Students who have been exposed to a potentially infectious body fluid during extracurricular activities are responsible for obtaining **demographic data of the source** such as the complete name, physical address, phone number, and related illnesses, and submitting an incident report with the patient's information to the Office of Student Affairs. The Office of Student Affairs will handle this information confidentially.

In case of exposure in an affiliated hospital, the student will fill out the appropriate **incident report** as required by the hospital. This will be done after the student has received emergency care. The name and medical record number of the patient involved in the exposure must be documented in the incident report. A copy of the incident report must be filed at the Student Affairs Office by the next working day.

The **Office of Student Affairs** will coordinate the follow-up on the incident through the PHSU Outpatient Clinic or Medical Facility/affiliate Hospital to ensure that the student receives the appropriate evaluation, treatment, and follow-up services and for identification of other possible needs such as counseling and health insurance coordination.

The student and/or his/her medical insurance are responsible for all payments and co-payments related to the medical care of the incident.

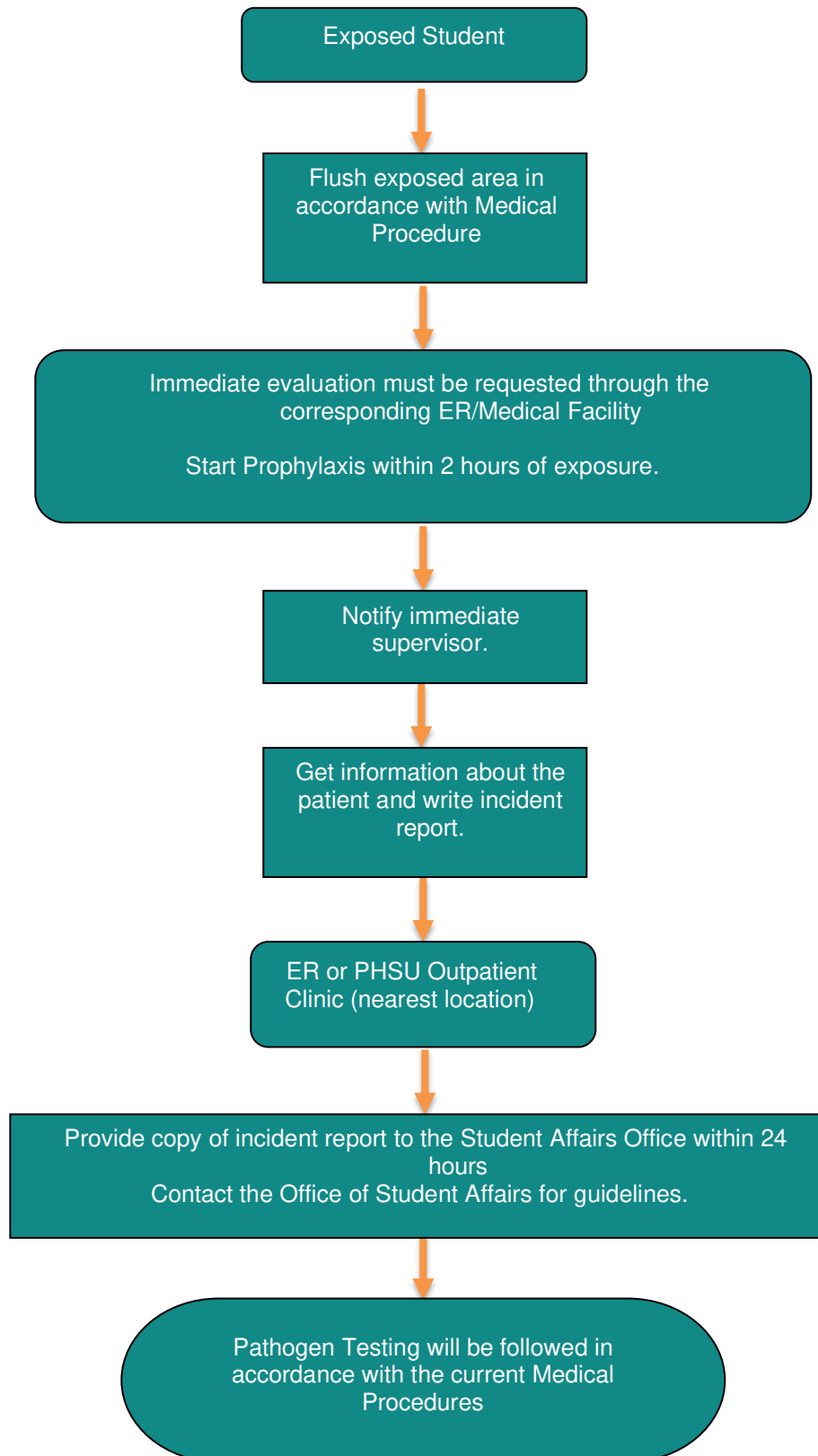
All HIV testing and information processing will adhere to applicable Federal law regarding the **Confidentiality of**

HIV-related Information.

The student will continue regular clinical activities unless excused from patient contact by the health care provider. The student will be responsible for completing the time lost by coordinating with the Chair of the Department where the exposure occurred.

PHSU is committed to offering students ample information and education regarding methods of prevention of infections.

**Ponce Health Sciences University
Procedures in Case of Needle Stick Injury**





CLASS RANKING POLICY	Implementation Date/ Effective Date	AY 2020-2021/ Class MD2021
	Last Reviewed/Update	September 30, 2019
	Approved by	SOM Executive Policy Committee
	Initially Approved	September 30, 2019

Purpose

The purpose of this policy is to establish clear guidelines on how to consider the medical student grades in remedial courses for calculating student ranking.

Policy

When a student is retaking a course that previously failed (repeating a course during summer or the regular academic year or part of the year) and passes the course, the numerical score used to determine class rank will be 70%, the minimum passing grade for the course. The Registrar’s Office will use this procedure to rank the medical students. The Registrar’s Office will provide the class rank to the PHSU officials, as requested, for the following purposes: Medical Student Performance Evaluation (MSPE), determination of academic graduation honors, Alpha-Omega-Alpha nomination, scholarships selection committees, or other legitimate purpose.

The student’s academic transcript will record all the grades of the courses the students have taken for the first time and the grades of the courses the students have repeated, as reported by the professors to the Registrar, thus the minimum passing grade for the course will only be used for ranking purposes.

Medical students accepted on transfer from other institutions will not be ranked.

This policy will be effective for class MD2021, the academic year 2020- 2021.

<i>This policy is tied to LCME Element 9.4</i>	CLINICAL PRACTICE EXAMINATION	Implementation Date/ Effective Date	~2021
		Last Reviewed/Update	2021
		Approved by	MPCC
		Initially Approved	~2001

All medical students are required to take and pass a Clinical Practice Examination (CPX) to be given at the end of their first clinical academic year.

Written feedback concerning individual performance will be provided to each student.

Students not meeting the acceptable level of performance will receive guided learning to overcome areas of low performance during one or more of the fourth year required clinical rotations. A modified version of the exam will be given after the completion of the guided learning experience.

Satisfactory completion of this additional guided learning fulfills the requirement to pass this examination.

<i>This policy is tied to LCME Element 12.5</i>	CONFLICT OF INTEREST IN THE STUDENT-FACULTY RELATIONSHIP	Implementation Date/ Effective Date	~AY 2010-2011
		Last Reviewed/Update	March 18, 2024
		Approved by	--
		Initially Approved	~2009

Policy Statement

The health professionals and faculty/staff who provide psychiatric/psychological/personal counseling or other sensitive medical and healthcare services to University (PHSU) students will have no involvement in the academic, professional, or disciplinary evaluation, promotion, or dismissal of students receiving those services.

Purpose of Policy

It is essential to have a separation of roles to assure confidentiality in the provision of health and counseling services to PHSU students and the absence of conflict of interest in PHSU student evaluation, promotion, and dismissal.

Procedure

Members of the PHSU faculty assigned to evaluate students or to make decisions regarding the promotion or possible disciplinary action of students for whom they have provided psychiatric/psychological/personal counseling or other sensitive health services are obliged to report the conflict of interest to the block or clerkship director so that the student or faculty/staff can be reassigned to preclude any conflict of interest, real, perceived, or potential.

Students who have been assigned to a course, preclinical experience, or clinical clerkship rotation in which they would be evaluated by a member of the faculty or staff who has provided them with psychiatric/psychological counseling or other sensitive medical or health services, should report the real, perceived, or potential conflict of interest to the block or clerkship director as soon as they receive the assignment so that there will be no involvement of said faculty/staff in the academic evaluation or promotion of the student.

In the event that the student or faculty has not been re-assigned after reporting the conflict, the student should report the matter to the Vice President of Students Affairs for resolution. Similarly, if faculty or students are involved in a hearing for a possible adverse action related to academic, professionalism, or disciplinary matters, they should notify the Chairperson of the Student Promotion Committee or the Vice President of Students Affairs if one or more members of the hearing committee have provided a student with any psychiatric/psychological counseling or other sensitive medical or health services so that the faculty can be excused from the committee.

Evaluation instruments shall include a disclaimer in which faculty members attest that they have not had a professional relationship with students that could affect their judgment upon evaluation of the students.

<i>This policy is tied to LCME Element 11.6</i>	COURSE OR CLERKSHIP FINAL GRADE/NARRATIVE ASSESSMENTS APPEAL POLICY	Implementation Date/ Effective Date	January 8, 2020
		Last Reviewed/Update	December 17, 2019
		Approved by	SOM Executive and Policy Committee
		Initially Approved	December 17, 2019

Upon completion of a course or clerkship, a student may initiate an appeal process for a final grade or narrative assessment if he or she understands the grade was not assigned according to the evaluation criteria stated at the beginning of the course or the narrative assessment is inaccurate. According to the *Change of Grade Policy* in the Student Catalog 2017-2020, the student may initiate an informal conversation with the course/clerkship coordinator within 30 days (calendar) of receiving the final grade. This procedure should be the initial step the student should follow as part of the appeal process. During the conversation, the faculty member should incorporate a detailed explanation of the evaluation components and the student's performance in each of them.

If the student is not satisfied with the explanation, he or she may submit a written appeal to the Department Chairperson within one week after the meeting with the coordinator. The letter must include the main reason why the student is not satisfied with the final grade or narrative assessment. After receiving the student's written claim, the Department Chairperson will have up to one week to respond to the student's claim and include a copy to the Associate Dean of Medical Education.

The student will have one calendar week after receiving the chairperson's decision to appeal it in writing to the Associate Dean of Medical Education. After receiving the student appeal, the Associate Dean of Medical Education will have up to one calendar week to issue a written decision to the student and copy the Department Chairperson. The Associate Dean for Medical Education may appoint an ad-hoc committee to evaluate the appeal and submit recommendations. The decision made by the Associate Dean for Medical Education is final.

Effective January 8, 2020

Approved by SOM Executive and Policy Committee on December 17, 2019

<i>This policy is tied to LCME Element 12.8</i>	EFFECTS OF INFECTIOUS AND/OR ENVIRONMENTAL DISEASE OR DISABILITY ON MEDICAL STUDENT LEARNING ACTIVITIES POLICY	Implementation Date/ Effective Date	January 17, 2024
		Last Reviewed/Update	January 17, 2024
		Approved by	Executive and Policy Committee
		Initially Approved	January 17, 2024

Purpose

This policy is intended to describe the process when a student is identified with a condition under which there should be limited or no patient contact until the student is well. In the case of a chronic blood-borne illness, it describes the process that should be followed for the protection of the patient and student. It requires confidential reporting of certain conditions to the Office of the Vice-President for Student Affairs to allow for proper steps to be taken. It attempts to balance protection of the patient and the rights of the student to continue their education when possible.

This policy complements the infectious diseases and environmental hazards policy.

Scope

This policy is intended for all students enrolled at the PHSU-SOM.

Policy

If a medical student contracts an infectious and/or environmental disease or disability after matriculation, whether or not it is a direct result of their training, the medical school will assist the student in completing their MD requirements, as long as the student is able to still meet the technical standards as outlined in the technical standards policy. The School of Medicine will work with the affected students to provide reasonable accommodation where needed. Accommodation is not considered reasonable if it alters the fundamental nature or requirements of the educational program, imposes an undue hardship, or fails to eliminate or substantially reduce a direct threat to the health or safety of others. Students will be excused from all learning activities to address the potential risks or effects of such infections, environmental disease, or disability.

In certain situations, students with communicable diseases or conditions may not be allowed to have patient contact. This restriction may be necessary to protect the health and safety of both patients and coworkers. Individuals with the following medical conditions will not be allowed to have patient contact without a medical clearance:

1. Active chickenpox, measles, rubella, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, HIV/AIDS, tuberculosis
2. Oral herpes with draining lesions
3. Group A streptococcal disease (i.e., strep throat) until 24 hours of treatment received.
4. Diarrhea lasting over three days or accompanied by fever or bloody stools.
5. Draining or infected skin lesions
6. Conjunctivitis
7. Influenza
8. COVID-19
9. Others infectious diseases that may emerge and/or that are deemed contagious through respiratory, skin, and or oral-fecal contact.

Medical students infected with HCV, HBV, or HIV have a professional responsibility to report their serostatus to the Student Health Service Office Coordinator (School's Nurse) at the Office of the VP for Student Affairs. Confidentiality will be maintained pursuant to state and federal laws. Faculty who are providing modifications in the student's educational program will be informed that the individual has a blood-borne infectious disease but will not be notified of the particular disease. In accordance with the Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973, Section 504, no qualified student (see the Technical Standards Policy) will be denied access to, participation in, or the benefits of, any program or activity operated by the PHSU-SOM because of disability.

If a student anticipates or experiences physical or academic barriers based on the effects of infectious and/or environmental disease or disability on medical student learning activities, it is the responsibility of the student to make their disability status and subsequent need for an accommodation known. The student should be directed to contact the Associate Dean for Students Affairs of the School of Medicine and the VP of Student Affairs. In that case the request for accommodation will be addressed by the institutional reasonable accommodation policy and the corresponding committee.

All registered medical students (including visiting students) are informed of this policy.

<i>This policy is tied to LCME Element 12.8</i>	INFECTIOUS AND ENVIRONMENTAL HAZARDS EXPOSURE POLICY	Implementation Date/ Effective Date	AY 2020-2021
		Last Reviewed/Update	December 17, 2019
		Approved by	SOM Executive and Policy Committee
		Initially Approved	December 17, 2019

Purpose

To establish procedures and strategies to reduce risks and complications associated with exposure to infectious and environmental hazards involving direct contact with contaminated tissues, fluids, surfaces, or objects, or to places with some risk of physical injury, for medical students participating in courses and clerkships. This policy will complement PHSU SOM current policy on Blood Borne Pathogen Exposure and will also assure compliance with LCME element 12.8 Student Exposure Policies/Procedures.

Policy

Prevention Education

During the orientation period, students must receive information on strategies to minimize exposure to infectious and environmental hazards during courses or laboratories on campus, community health fairs, clerkships, and other academic activities. They must be oriented to the process in place for removing used gloves, redirecting people needing health assistance in the field, and reporting incidents of exposure and financial responsibility in such cases, among other topics.

Before beginning third-year clerkships and during the Introduction to Clinical Practice course, students should receive training about personal equipment needed to protect themselves from potential contamination in a clinical workplace, including how to avoid exposure to infectious and environmental hazards. Occupational Safety and Health Administration training certification is required before beginning the clinical rotations.

During any clinical academic activity, students must also follow the Centers for Disease Control and Prevention, Standard Precautions for all Patient Care described below.

1. Perform hand hygiene.
2. Use personal protective equipment (PPE) whenever there is an expectation of possible exposure to infectious material.
3. Follow respiratory hygiene/cough etiquette principles.
4. Properly handle, clean, and disinfect patient care equipment and instruments/devices.
5. Handle textiles and laundry carefully
6. Follow safe injection practices.
7. Follow healthcare worker safety regulations including proper handling of needles and other sharps.
8. Is aware of the potential for transmission of infectious agents in patient-placement settings (isolation, single-patient room, etc.)

Exposure to Infectious and Environmental Hazards

Medical students are expected to be exposed to pathogens and environmental hazards during their medical education program-related activities in clinical and community sites. They should demonstrate knowledge about the recommended precautions to avoid contamination with pathogens in body fluids, mucous membranes, or contaminated materials. Students must also know the preventive measures to avoid suffering slips or falls in different academic sites and control measures to handle these incidents. Slips and falls are the top three work-

related injuries keeping workers out of work and cuts, lacerations and punctures are the most common work-related injuries. Medical students are exposed to these types of injuries while visiting different settings.

Reporting Incidents with Infectious and Environmental Hazards

If medical students are exposed to infectious agents or in some way injured in a clinical or community setting, they must report the incident to their immediate supervisor and receive medical assistance as soon as possible as established in the PHSU Emergency Preparedness Plan. Students who were exposed via needlestick, percutaneous injury, mucous membrane, or contact with non-intact skin with a potentially contaminated fluid must follow the procedures in place as described in the PHSU SOM *Blood-borne Pathogen Exposure Policy* included in the Student Policies Manual. In case of an accidental spill of material considered hazardous faculty must notify the Safety Officer to determine the following steps.

Financial Responsibility

Students' medical insurance is responsible for all payments and co-payments related to incident care. The Office of Student Affairs will collaborate in the coordination of follow-up services and insurance as established in the PHSU SOM Blood-borne Pathogen Exposure Policy included in the Student Policies Manual.

References

Standard Precautions for all Patient Care. (2016). *Centers for Disease Control and Prevention*. Retrieved October 24, 2019, from <https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

Workplace Injuries. (2019). *National Safety Council*

Approved by SOM Executive and Policy Committee on December 17, 2019

<i>This policy tied to LCME Element 3.6</i>	LEARNING ENVIRONMENT AND STUDENT MISTREATMENT PREVENTION POLICY	Implementation Date/ Effective Date	AY 2001-2002
		Last Reviewed/Update	January 17, 2024
		Approved by	Executive and Policy Committee
		Initially Approved	~2001

Purpose

The Ponce Health Sciences University School of Medicine has a responsibility to foster in medical students, postgraduate trainees, faculty, and other staff the development of professional and collegial attitudes needed to provide caring and compassionate healthcare. To nurture these attitudes and promote an effective learning environment, an atmosphere of mutual respect and collegiality among teachers and students is essential. While such an environment is extremely important to the academic mission of the School of Medicine, the diversity of members of the academic community, combined with the intensity of interactions that occur in the health care setting, may lead to incidents of inappropriate behavior or mistreatment. The victims and perpetrators of such behavior might include students, pre-clinical and clinical faculty, administrators, fellows, residents, nurses, and other staff.

The purpose of this policy is to outline the PHSU-SOM commitment to a learning environment that is conducive to learning, describe the mistreatment of medical students, and list the steps for reporting mistreatment.

Policy

Preparation for a career in the healthcare profession demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that are expected in the health provider/patient relationship and that sustain the health profession as a moral enterprise. This policy statement serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

PHSU-SOM strives to create a learning environment that is safe for patients and welcoming to learners, where all individuals involved in the healthcare endeavor are treated with respect and are made to feel that they belong.

A positive learning environment for medical students include the following features:

1. Treat students with respect. Example behaviors include, but are not limited to, calling the student by name, calling attention to micro-aggressions as a bystander, and apologizing for lapses in professionalism.
2. Include students in the team. Example behaviors include, but are not limited to, giving meaningful work, and including in clinical discussions.
3. Help students learn. Example behaviors include, but are not limited to, giving real-time feedback, imparting clinical knowledge, and providing learning goals at the beginning of a session/rotation.

Mistreatment includes sexual harassment; discrimination based on race, color, gender, national origin, age, religion, creed, disability, veteran’s status, sexual orientation, gender identity or gender expression; purposeful humiliation, verbal abuse, threats, or other forms of psychological mistreatment; and physical harassment, physical endangerment and/or physical harm.

The following are specific examples of types of mistreatment and are not inclusive

- 1 to speak insultingly or unjustifiably harshly to or about a person
- 2 to ask for sexual favors
- 3 to belittle or humiliate
- 4 to threaten with physical harm
- 5 to physically attack (e.g., hit, slap, kick)
- 6 to require performing personal services (e.g., shopping, babysitting)
- 7 to deliberately and repeatedly be excluded from reasonable learning experiences (faculty, residents, or staff)
- 8 retaliation for making an allegation of mistreatment
- 9 to make a person uncomfortable with respect to age, gender, race, religion, ethnicity, sexual orientation, appearance, or any other personal attribute

Communication and Training on Learning Environment and Student Mistreatment

Education of the medical school community concerning mistreatment serves several purposes. First, it promotes a positive environment for learning, characterized by attitudes of mutual respect and collegiality. Second, it informs persons who believe they have been mistreated about the avenues for reporting incidents. Third, it enables a structure and process for responding to allegations of mistreatment.

Training on Policies and Procedures on Learning Environment and Mistreatment include:

- 1 Medical Students are made aware of policies and procedures at MS1 and MS2 orientations, ongoing class meetings, Introduction to Clinical Practice course before starting clinical phase rotations, and orientations for each core clinical clerkship (MS3 and MS4). Policies and procedures are accessible on each clinical course's learning management system site and the school's website, along with an online link through which a student can submit a report of mistreatment anonymously.
- 2 Residents are made aware of the policies and procedures through an annual module coordinated through the Office of the Associate Dean of Medical Education.
- 3 Clinical Department Chairs and Faculty are made aware of policies and procedures annually during meetings with the Dean.

Reporting Mistreatment

Any student, faculty member, or resident who sees or experiences incidents of mistreatment or unprofessional behavior in their learning environment can report the incidents to their immediate supervisor, an associate or assistant dean, the dean, or the vice president for Student Affairs (VPSA). The reporting person is considered the complainant in the case. These reports can be made by email, telephone, or direct conversation, and the person who witnesses or is subject to the alleged offense is invited to submit a written report. There is also an anonymous reporting form available on the website, the student services canvas shell, and the My Campus Portal.

Mistreatment Investigation Procedure

The VPSA investigates reports of students engaging in or being subjected to mistreatment. The allegation is evaluated and categorized as (1) Title IX related, (2) Unprofessional Behavior¹, or (3) Mistreatment Complaint. The first two categories are referred to be addressed by the Title IX Coordinator or the Professionalism Committee, respectively. Cases categorized under mistreatment are managed by the Office of Student Affairs and follow the mistreatment complaint protocol, which includes notification of allegations to the involved parties, investigation process of allegations, the presentation of a resolution proposal, implementation of the resolution proposal, and monitoring of retaliatory actions after the implementation.

Direct supervisors such as residency program directors, clerkship directors, department chairs, or others may be contacted during the investigation of mistreatment incidents. If the reported behavior is against a direct supervisor, for example, a supervising faculty member, a new supervisor may be assigned to the student.

Once the VPSA's investigation is concluded, a description of the alleged incident will be kept in writing and will include a description of any necessary action plan. Cases deemed as dismissed due to being found without merit are kept in the student complaint log as part of the case documentation.

The action plan is presented to the complainant to ensure it is deemed sufficient to present as a resolution plan. If the complainant does not agree with the proposed resolution, then a three-member Investigation Committee, with faculty, administration, and student representation, is appointed by the VPSA to review the resolution proposal presented and offer further recommendations.

All parties involved will be informed of the committee's composition and will have the opportunity to present any disagreement regarding the membership of the committee and the reasons for the challenge. The Investigation Committee will review the information and recommend to the VPSA for further action. The VPSA will inform the student of the recommendations of the Ad-Hoc Committee and revised determination, if applicable. The whole process should be addressed within three months.

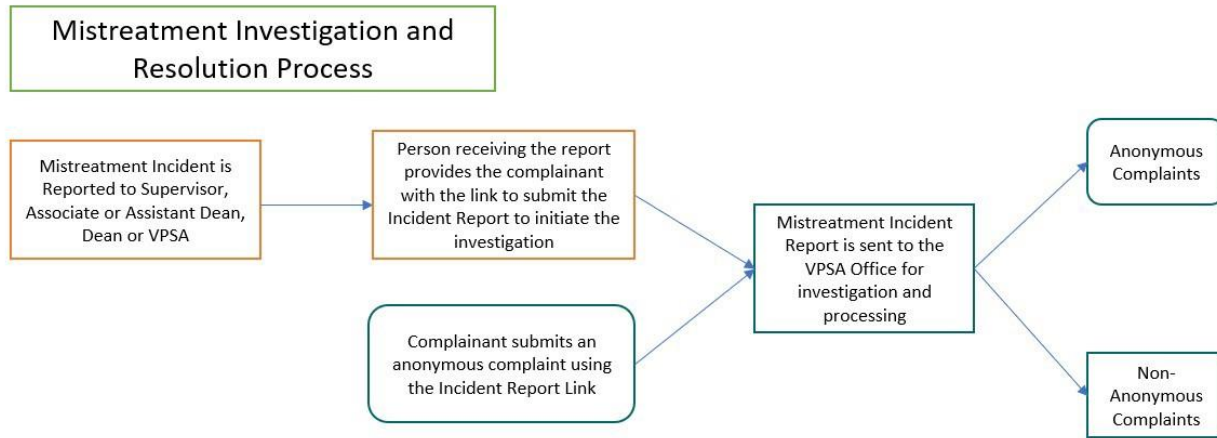
At that point, if the incident is deemed to be resolved, no further action will be taken.

After receiving the notification from the VPSA, if the student or complainant is unsatisfied with the outcome, the complainant has the right to appeal the decision in writing to the Vice President of Academic Affairs within seven working days. The VP of Academic Affairs will evaluate the appeal and the investigation report, and if the VP of Academic Affairs rejects the appeal, that decision is final. However, if the VP of Academic Affairs does not reject the appeal, an ad hoc committee (with members selected from the faculty, the student body, and/or the administration) is appointed to reevaluate all evidence. That committee has seven working days to submit its report to the VP of Academic Affairs—who will then make a final decision within 48 hours. The decision will be submitted to the parties in writing and considered final.

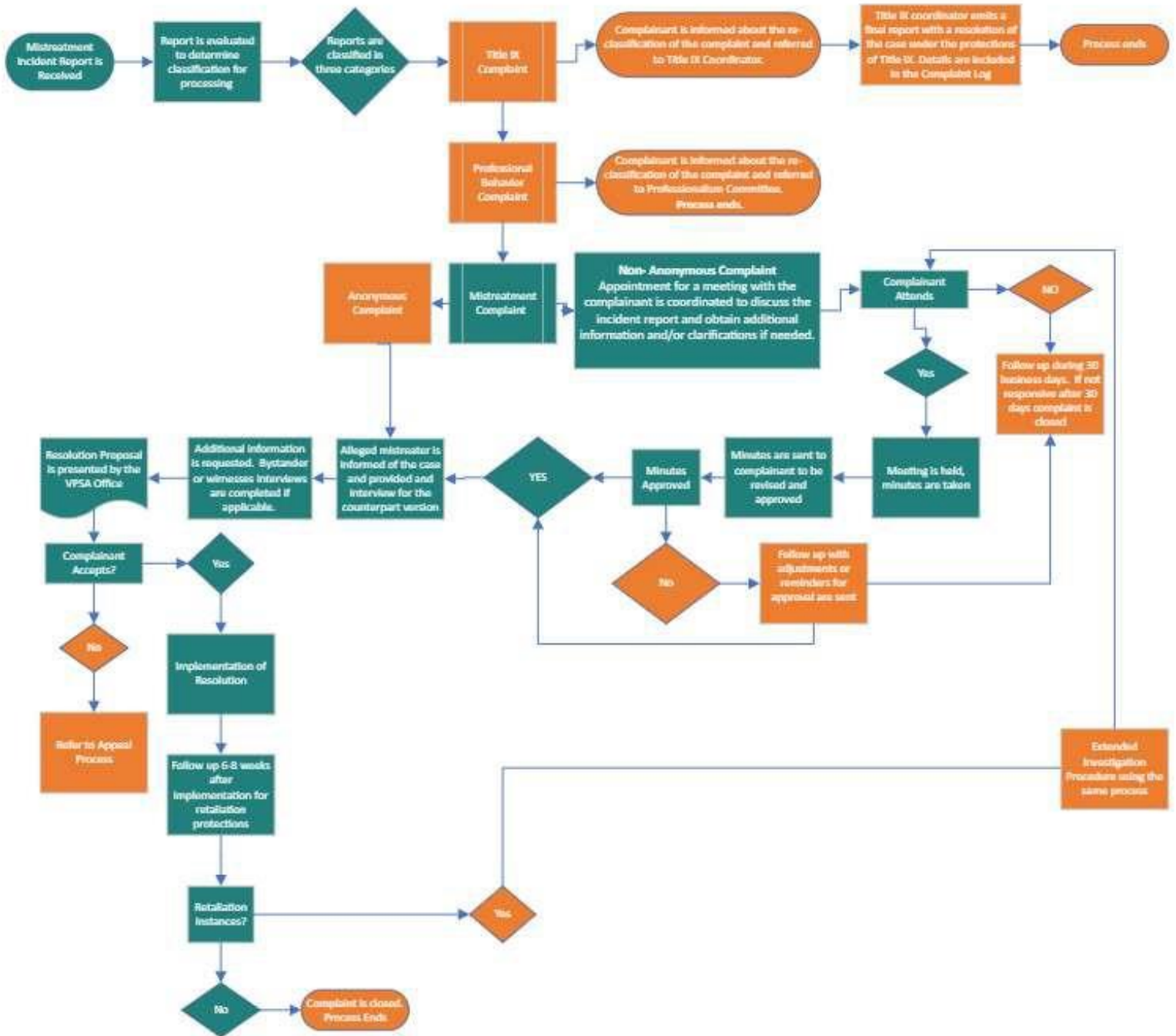
Once an incident is considered resolved and closed, the VPSA will make a follow-up on the incident during the next six or eight weeks to ensure that there has been no retribution as a consequence of the report.

¹ For this policy, unprofessional behavior policy applies when a student undergoes mistreatment against another student.

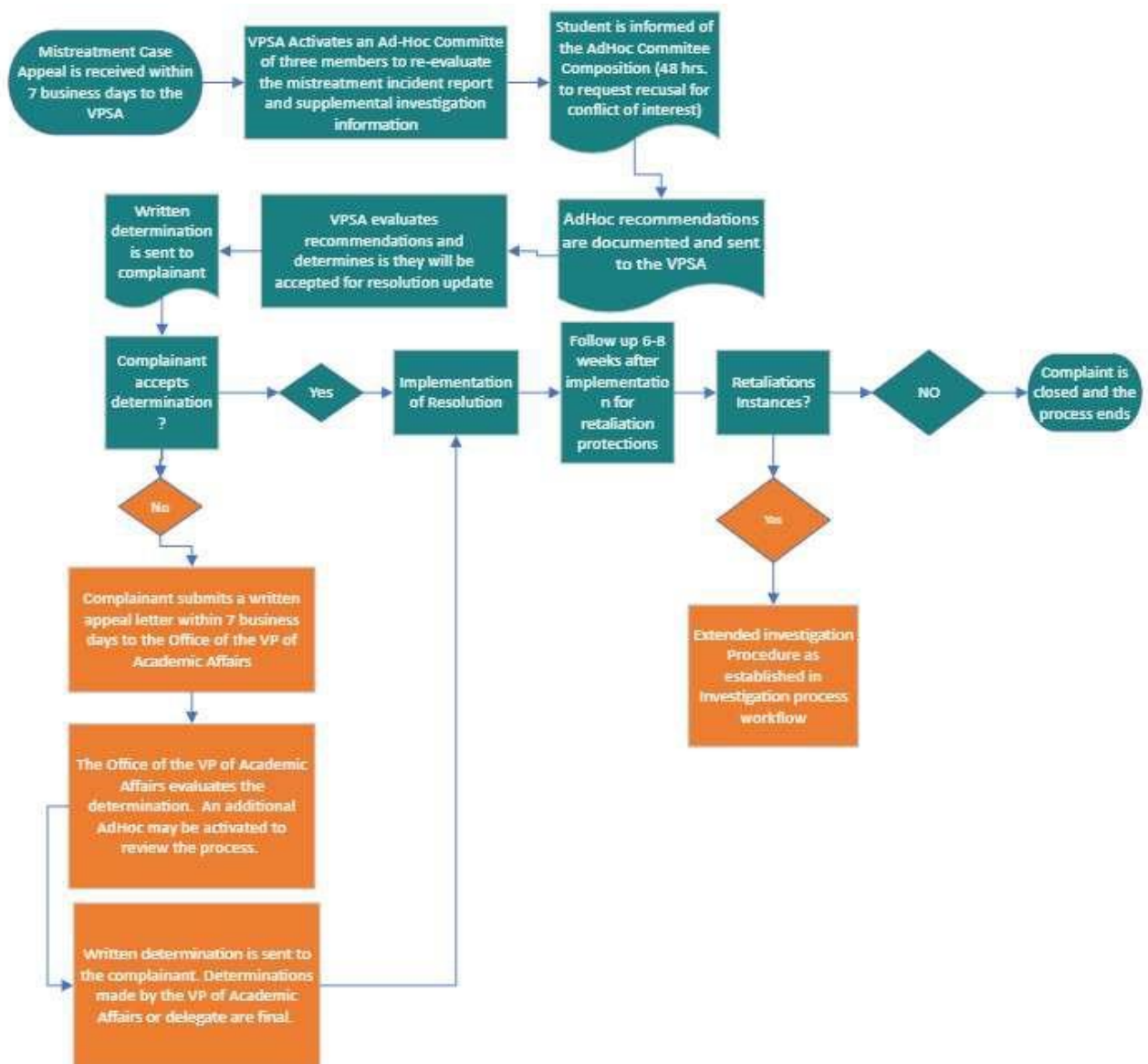
Process Flowchart



Flowchart- Procedure for Investigation



Appeal Process Flowchart



<i>This policy tied to LCME Element 10.5</i>	MD Program Technical Standards	Implementation Date/ Effective Date	3/8/2024
		Last Reviewed/Update	3/8/2024
		Approved by	SOM Executive and Policy Committee
		Initially Approved	SOM MD Admissions Committee

Purpose

The delineation of technical standards for the M.D. program in the Ponce Health Sciences University School of Medicine is intended to ensure graduates will be able to provide patient care across a broad spectrum of medical situations and settings.

Background

Ponce Health Sciences University (PHSU) intends for its MD program graduates to become highly skilled and competent doctors who can provide compassionate, culturally competent health care in accordance with its mission, who can satisfy PHSU-SOM academic and performance requirements, and who are eligible for graduate medical education and medical licensure. Medical students are expected to develop a robust medical knowledge base and clinical skills, with the ability to appropriately apply their knowledge and skills, effectively interpret information, and contribute to patient-centered decisions. Furthermore, patient safety and wellbeing are major factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation.

PHSU is committed to fostering a diverse and accessible environment for its community by supporting medical students with access to the facilities, technology, and information needed for an equal opportunity to succeed in their medical education. PHSU-SOM provides reasonable accommodations to students on a nondiscriminatory basis consistent with legal requirements as outlined in the Americans with Disabilities Act (ADA) of 1990, the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, and the Rehabilitation Act of 1973.

The essential abilities and characteristics described herein are also referred to as technical standards. They are described below in several broad categories including observation; communication; motor function; intellectual-conceptual, integrative, and quantitative abilities; and social and behavioral skills. These technical standards are based upon, and adhere to, the standards set forth by the Association of American Medical Colleges (AAMC).

All candidates accepted to the MD Program in the PHSU School of Medicine must be able to meet the school's technical standards. Candidates are asked to review the standards and sign a form certifying that they have read and understood them and can meet them with or without reasonable accommodation. Reasonable accommodations are available in accordance with PHSU's Reasonable Accommodation Policy. However, candidates should be able to perform in a reasonably independent manner all skill levels described in the technical standards, which PHSU holds as mandatory for the safe and effective practice of medicine.

The term "candidates" refers to individuals who are seeking admission to the MD program at Ponce Health Sciences University School of Medicine as well as current students who are candidates for retention, promotion, or graduation.

Policy

The following abilities and characteristics, defined as “technical standards”, are requirements for admission, retention, promotion, and graduation. These technical standards were reviewed and approved by the School of Medicine Admissions Committee and the Executive and Policy Committee:

1. **Observation:** Candidates must be able to obtain information from demonstrations and participate in experiments in the basic sciences, including but not limited to, dissection of cadavers, examination of specimens in anatomy, pathology, microbiology, and neuroanatomy laboratories. Candidates must be able to accurately acquire information from patients and perform a complete physical examination to develop an appropriate diagnostic or treatment plan encompassing their relevant health, behavioral, and medical information. They must be able to observe a patient accurately at a distance and close at hand. These skills require the use of vision, hearing, and touch or the functional equivalent.
2. **Communication:** A candidate must be able to communicate with patients to elicit information, detect changes in mood and activity, and establish a therapeutic relationship. Candidate should be able to communicate effectively and sensitively with patients, their families, colleagues, faculty, staff, members of the healthcare team, and all other individuals with whom they come into contact, both in person and in writing form, in English for St. Louis Campus candidates, and English and Spanish for Ponce Main Campus candidates. Candidates must be able to record information clearly and accurately and accurately interpret verbal and nonverbal communication.
3. **Motor:** A candidate should be able to execute reasonable motor movements required to provide general care and emergency treatment to patients and respond to emergency situations in a timely manner. Candidates must, after a reasonable period of training, possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to clinical situations in a timely manner and provide general and emergency care. Some examples of emergency treatment are cardiopulmonary resuscitation, the administration of intravenous medication, the opening of obstructed airways, and psychiatric emergencies, among others. Candidates must be able to carry out basic laboratory techniques and to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. They must perform anatomical dissections; must be able to use a microscope; be able to do basic laboratory tests, carry out diagnostic procedures, and interpret EKG's and X-rays. Candidates must meet safety standards appropriate for healthcare settings and adhere to universal precautions procedures. These actions require coordination of both gross and fine muscular movements, equilibrium, and some physical mobility.
4. **Intellectual-Conceptual, Integrative, and Quantitative Abilities:** Candidates must be able to effectively interpret, assimilate, and understand the detailed and complex information required to function within the medical curriculum, including but not limited to: the ability to comprehend three-dimensional relationships and to understand and draw conclusions about the spatial relationships of structures and logical sequential relationships among events. Candidates are expected to possess the abilities to measure, memorize, calculate, reason, analyze and synthesize, and transmit information both in person and via remote technology. They must be able to correctly interpret diagnostic representations of patients' physiologic data and engage with detailed and complex information presented through both the didactic curriculum and clinical coursework, as well as formulate and test hypotheses that enable effective and timely problem solving in diagnosis and treatment of patients in a variety of clinical and health care system settings.
5. **Behavioral and Social Attributes:** Candidates must possess and demonstrate the physical and emotional stability and maturity required for full utilization of their intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities inherent to their studies and to the diagnosis and care of patients. Candidates are expected to develop mature, sensitive, and effective relationships with patients and to interact with patients and their families, health care personnel, colleagues, faculty, staff, and all other individuals with whom they come in contact in a courteous, professional, and respectful manner. Candidates must have the physical and emotional stamina to be able to adapt to changing environments, to display flexibility, to tolerate taxing workloads, to function in a competent

and professional manner under highly stressful situations and learn to function with the uncertainties inherent to clinical problems of many different patients. Compassion, integrity, service orientation, interpersonal skills, ethical responsibility, and motivation are personal and professional attributes that are assessed during the admission process and must be kept and/or improved during the educational process. Candidates should understand and function within the legal and ethical aspects of the practice of medicine and maintain and display ethical and moral behaviors commensurate with the role of a physician in all interactions with patients, faculty, staff, students, and the public. Interest and motivation throughout the educational processes are expected of all candidates.

Procedures

1. All candidates accepted to the MD Program in the PHSU School of Medicine must be able to meet the school's technical standards. All candidates receive a copy of the Technical Standards Policy with their acceptance and enrollment documentation. Candidates are asked to review the standards and sign a form certifying that they have read and understood them and can meet them with or without reasonable accommodation. Candidates are also oriented about the Technical Standards during orientation and are required to sign the Technical Standards Acknowledgement prior to enrollment.
2. Prior to the enrollment period, any candidate who may require reasonable accommodation to meet the technical standards must contact PHSU's designated coordinator, Grace M. Morales, LRC, Rehabilitation Counselor, gracemorales@psm.edu to be confidentially oriented and evaluated so the appropriate accommodation may be provided, in accordance with the school's Reasonable Accommodation Policy. The role of the designated coordinator facilitates compliance with the Americans with Disabilities Act of 1990 and all its amendments of 2008 which became effective January 1, 2009. Also, with Section 504 of the Rehabilitation Act of 1973.
3. All candidates are required to re-certify and sign the Technical Standards Acknowledgement prior to the start of each academic year and upon returning from any leave of absence.
4. Reasonable accommodation to meet the technical standards are provided in accordance with PHSU's Reasonable Accommodation Policy. Candidates are responsible for requesting re-evaluation and approval of reasonable accommodations prior to medical school enrollment, as well as prior to the start of clinical years (3 and 4) to ensure that partner hospitals and clinical sites are equipped to meet the accommodations required by the candidate. PHSU is not responsible for the Reasonable Accommodation Policies established by each of the affiliated hospitals.
5. Once matriculated, if a candidate cannot meet these technical standards with approved reasonable accommodations, the student may not be able to meet the requirements of a medical degree successfully.

Approved by SOM Executive and Policy Committee on March 2024
Appendix: MD Program Technical Standards Attestation Form

Rev 03/2024

<i>This policy tied to LCME Element 6.5</i>	MEDICAL PROGRAM ELECTIVES POLICY	Implementation Date/ Effective Date	July 1 st 2016
		Last Reviewed/Update	July 19, 2023
		Approved by	MPCC
		Initially Approved	November 30, 2015

The medical program curriculum of Ponce Health Sciences University School of Medicine required fourth-year medical students to complete five elective courses or clerkships, and one selective, of four weeks' duration each. The electives give the student the opportunity to gain exposure to careers of their interest and widen the students' career options.

1. At the third-year mid-clerkship feedback session in each clerkship, career counseling must be offered to help students be aware of the diversity of career options and the electives offered in each clinical department.
2. The PHSU-SOM Electives Manual must contain a description of all elective clerkships and courses offered under the auspices of PHSU-SOM departments at the affiliated clinical sites or developed by the Basic Sciences Department. The Manual must be available to the student when selecting his/her electives.
3. Other elective preceptorships may be authorized by directors of the departments, if the student provides clear objectives for the elective and the CV and specialty board certification of the elective supervising physician, for evaluation. Students are not allowed to do any required or elective rotation with a family member. (See Conflict of Interest in Student-Faculty Relationship Policy)
4. Students must be oriented about the resources available to apply for electives at other LCME-accredited institutions (AAMC Visiting Student Application Service (VSAS) website).
5. Students are not allowed to do more than one elective rotation under the supervision of the same physician unless the student presents a rationale such as ongoing research participation.
6. Students are encouraged to use the six elective periods in the 4th year to gain experience in more than one specialty which allows them to diversify their options and explore other fields in addition to their chosen specialty.
7. Credit for a past experience (research, clinic participation, etc.) is not allowed.
8. Students must complete a 4-week selective course in one of the following primary care specialties: Family Medicine, Internal Medicine, Pediatrics, or Ob-Gyn.

<p><i>This policy tied to LCME Elements 11.4 and 11.6</i></p>	<p>MEDICAL STUDENT EVALUATION PERFORMANCE (MSPE) POLICY STATEMENT</p>	Implementation Date/ Effective Date	April 19, 2019
		Last Reviewed/Update	March 18, 2024
		Approved by	SOM Executive and Policy Committee
		Initially Approved	November 20, 2018

The Medical Student Performance Evaluation (MSPE) is a document written by a medical school officer to provide an assessment of a student's academic performance and professional attributes in medical school. Graduate medical education program directors use this document as a component of their evaluation of candidates during the residency application process.

Purpose of Policy

This policy was developed in compliance with LCME Standard 11: elements 11.4 and 11.6.

11.4 Provision of MSPE:

A medical school provides a Medical Student Performance Evaluation required for the residency application of a medical student to align with the AAMC/ERAS residency application timeline.

11.6 Student Access to Educational Records:

A medical school has policies and procedures in place that permit a medical student to review and to challenge his or her educational records, including the Medical Student Performance Evaluation, if he or she considers the information contained therein to be inaccurate, misleading, or inappropriate.

Procedure

1. Development of the MSPE is the responsibility of the Office of the Dean of Medicine. The Associate Dean for Student Affairs (ADSA) is the individual responsible for authoring the document.
2. Ponce Health Sciences University-School of Medicine (PHSU-SOM) will follow the structure for the MSPE described in the AAMC publication, *“Recommendations for Revising the Medical Student Performance Evaluation (MSPE)”*.
3. During their third year of medical school and no later than summer before their senior year each student is scheduled for an individual meeting with the ADSA.
4. Beginning in the month of May before the student’s senior year, the ADSA begins to prepare an initial MSPE draft for each graduating student that includes identifying information, and available information of the student’s academic history, and clerkship evaluation summaries.
5. Each student will receive an MSPE Worksheet with instructions to provide information about undergraduate education, personal preference of addressing their name, and noteworthy characteristics.
6. Based on the documents provided and discussion during the MSPE interview, the ADSA will develop the final version of the MSPE, including final information of the students’ academic records and clinical rotation evaluations.
7. After the class rank is determined in August by the Registrar’s Office, the ADSA will add this information to the MSPE.
8. Each student will have the opportunity to review the final version of the MSPE for errors before the ADSA signs the document.
9. Students will be required to submit a written release before the ADSA uploads the document to the Electronic Residency Application Service (ERAS) system. If, after reviewing the MSPE and meeting the ADSA, a student is not satisfied with the final version of his MSPE, he may ask the Associate

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- Dean of Medical Education or the Dean of Medicine to review the document and write the final version.
10. A student may need a copy of the MSPE to apply to a residency program that has decided to process its applications outside of the ERAS system. In this case, a copy of the MSPE will be printed and sent by regular mail to the residency program.
 11. If a student wants to have a copy of his or her MSPE, a printed copy of the document will be provided to the student.
 12. In the event that either the student or the ADSA believes there is a conflict of interest in the development of the MSPE, the Associate Dean for Medical Education or the Dean of Medicine will be the author of the MSPE.
 13. A copy of the MSPE will become part of the Academic Record of the student upon graduation from PHSU.
 14. A graduate of PHSU-SOM may request their MSPE if he or she needs to apply to a residency program for whatever reason after graduation. In that case updates will be made to the MSPE in order to include grades in medical school that were not yet available at the time of writing the original MSPE.

<i>This policy is tied to LCME Element 9.4</i>	MINIMUM PASSING SCORES IN CLINICAL SUBJECT EXAMINATIONS	Implementation Date/ Effective Date:	August 1 st , 2020
		Last Reviewed/Update	July 20, 2023
		Approved by	MPCC
		Initially Approved	July 28, 2020

As recommended by the Clinical Curriculum Subcommittee and approved by the Medicine Program Curriculum Committee on July 28, 2020, a minimum score is required in the National Board of Medical Examiners- clinical subject examinations (shelves) to pass the third-year clerkships. As determined by MPCC on December 15, 2014, the clinical shelf will continue to be 30% of the final grade of the third-year clerkships.

Each academic department will determine the required minimum score on the shelf of each clerkship based on the PHSU students' performance in previous years and NBME guidelines for each discipline.

If the student does not obtain the minimum passing score, a NG (no grade) will be reported. The student will be offered a second opportunity to take and pass the shelf with the same minimum score. If the student does not obtain the minimum passing score the second time, the student fails the clerkship. If the student passes the shelf in the second attempt, the first and second attempts will be average to calculate the final grade.

The remedial examination will be offered after returning from the Christmas holidays and the week after finishing their last third-year rotation, to prevent any conflict with other clinical rotations.

Academic departments must inform the students of the minimum passing scores on the shelf required to pass the clerkships, and how their final grades will be calculated if they need to repeat it.

Issued July 28, 2020
Revised July 20, 2023



OPT-OUT MASTER'S DEGREE FOR MD STUDENTS	Implementation Date/ Effective Date	January 8, 2019
	Last Reviewed/Update	October 30, 2018
	Approved by	SOM Executive and Policy Committee
	Initially Approved	October 30, 2018

PHSU students enrolled in the medical education program who cannot continue or complete medical studies and comply with the requirements of the MSMS program could apply to the Registrar’s Office for the Master of Science in Medical Sciences degree. The following are the requirements for MD students to qualify for the MSMS degree:

Requirements

1. Time Frame for completion of the Academic Program

A medical student will be allowed a maximum of three years after the satisfactory completion of the last course or clerkship of the medical education program to apply for the MSMS degree.

The total number of credits for completion of the MSMS degree includes the courses of the first year of the medical program; the students will have a maximum time frame of two years to pass all first-year medical courses in order to be eligible for the MSMS opt-out option.

2. Completion of Program Requirements

a. Course Requirement

Students must pass all courses in the first year of the medical program within the established time frame.

b. Comprehensive Qualifying Examination Requirement (CQX)

A CQX or USMLE Step 1 must be passed to qualify for the MSMS degree. The medical student who has not passed the USMLE Step 1 should apply for the MSMS degree to be eligible to take the CQX. The students will be allowed a maximum of three attempts to take and pass one of these examinations. The students will have one year after taking the last medical course or clerkship to complete this requirement.

c. Professional Behavior Requirement

The students must conduct themselves in accordance with the norms for professional conduct set forth by the Ponce Health Sciences University and the corresponding accreditation agencies.

Effective January 8, 2019

Approved by SOM Executive and Policy Committee on October 30, 2018

This policy is tied to LCME Element 9.3	PATIENT AND STUDENT SAFETY, CLINICAL SUPERVISION, AND DELEGATION OF RESPONSIBILITIES AT CLINICAL TEACHING SITES	Implementation Date/ Effective Date	AY 2015-2016
		Last Reviewed/Update	November 7, 2022
		Approved by	MPCC
		Initially Approved	April 11, 2015

The Ponce Health Sciences University School of Medicine and its affiliated sites are committed to the well-being of medical students and the welfare and safety of patients.

To ensure that medical students are appropriately supervised during required clinical clerkships and other required clinical experiences and to safeguard student and patient safety:

1. All patient care will be supervised by qualified faculty members.
2. The level of responsibility delegated to the student must be appropriate to his or her level of training according to each clerkship or elective learning objectives.
3. Department and clerkship directors must orient supervising faculty and residents about the responsibilities that can be delegated to medical students to comply with the learning objectives and the list of required clinical experiences and procedures. The list includes the level of responsibility expected from the medical student to observe, perform, or assist. No healthcare management, or medical or procedures can be carried out by the students without the direct in- person supervision of the supervising faculty or resident. Medical students are not allowed to write/ put medical orders and is a restrictive area in the electronic health record.
4. The activities supervised must be within the scope of practice of the supervising health professional.
5. Students must be oriented of the expectations for their participation in each clerkship or elective. Faculty and residents must be informed of these expectations.
6. The clinical departments will monitor that appropriate supervision of medical students is always in place.
7. Students will be provided with rapid, reliable communication systems with the supervising faculty.
8. Faculty and student schedules will be structured to provide students with continuous supervision and easy access to faculty consultation.
9. All students must comply with the academic, health, and legal requirements and regulations set by Ponce Health Sciences University School of Medicine and the clinical sites they are assigned.
10. Ponce Health Sciences University School of Medicine policy regarding managing a student with blood and/or body fluids exposure must be followed at all clinical sites and affiliated hospitals. Immediate evaluation at the affiliated hospital Emergency Room must be provided in cases of hazardous exposure.
11. Before authorizing students' elective rotations, the chairs of the clinical departments must review the credentials of the health professionals who will supervise the student and review with the student the potential risks to the health and safety of patients and themselves.
12. Students must participate in each of the required educational activities of the *Introduction to Clinical Practice* course (Patient Safety conference, CPR certification, Universal Precautions-Risk Management during accidents (OSHA) training, etc.) before they are allowed to be enrolled in the required clerkships and clinical electives.
13. To minimize the possibility of medical errors, students must follow all the policies of the affiliated clinical sites related to patient safety.
14. To regulate students' working hours and avoid fatigue that can result in medical errors, department chairs and/or clerkship coordinators must ensure compliance with the Ponce Health Sciences University School of Medicine On-Duty Hours Policy.

This policy must be distributed to the students in the course syllabi and School Policies Manual. It must also be distributed to supervising faculty. Department chairs and/or clerkship directors must oversee compliance with this policy.

Students must inform department chairs and/or clerkship coordinators of any concerns about the adequacy and availability of supervision. If no action is taken, the concern should be informed to the Associate Dean for Clinical Affairs for the corresponding investigation and appropriate action.

Issued April 11, 2015,
Revised November 7, 2022

	PROCEDURE FOR STUDENTS TO REQUEST CHANGES IN EXAMINATION DATES	Implementation Date/ Effective Date	January 1st, 2019
		Last Reviewed/Update	October 29, 2018
		Approved by	MPCC
		Initially Approved	October 29, 2018

Sometimes students request changes to the examination dates. The Medicine Program Curriculum Committee (MPCC) approved a procedure to be followed when students request these changes.

1. The MPCC representatives of the medicine class requesting the change in the examination dates contact the course director for the initial authorization. If the course director denies the request, no further action is needed. If the course director has the resources for proctoring, verifies available classroom space and support of the technological education staff for the examination, and authorizes the initial request, the course director notifies the chair of the department.
2. The medical students should submit the authorization of the course director and a written request with the signatures of at least 90% of the students who are scheduled to take the examination (including MSMS and Ph.D. students in cases it applies) to the Dean of Curriculum and Academic Affairs. If the students do not submit the written request with the required signatures, the change will not proceed, and no further action is needed.
3. The Dean of Curriculum and Academic Affairs verifies there is no conflict in the academic schedule for the proposed change, the availability of classrooms, and the support of technological education staff. If the Dean of Curriculum and Academic Affairs denies the request, no further action is needed. If the change is authorized, the Associate Dean for Medical Education will be informed.
4. The Associate Dean for Medical Education will inform the final decision of the course director and chair of the department involved.
5. The administrative assistant responsible for supporting the corresponding course will notify all the students that the change was approved and will provide the details of the change: date, time, classrooms, and any other relevant information.

Effective January 1st, 2019
 Approved by the MPCC on October 29, 2018
 Academic Policy #29 School of Medicine

<i>This policy is tied to LCME Element 10.9</i>	PROCEDURE TO REQUEST AN ALTERNATE CLINICAL SITE ASSIGNMENT	Implementation Date/ Effective Date	AY 2016-2017
		Last Reviewed/Update	July 21, 2023
		Approved by	MPCC
		Initially Approved	November 30, 2015

Policy

The Ponce Health Sciences University School of Medicine allows medical students with an appropriate rationale to request an alternative clinical assignment when circumstances allow for it.

Purpose

This procedure was developed to provide guidelines about how students must proceed to formally request an alternate educational site or clinical assignment.

Procedure

The procedure for students to formally request an alternate educational site or assignment during the clinical years is as follows:

1. Students who believe that they have circumstances that would warrant a particular clerkship sequence of the ten available for the first clinical year (third year), or the nine in the last clinical year (fourth year), can make a request directly to the Vice-President of Student Affairs or the Clinical Coordinator, in advance of the student group assignments, or fourth-year student academic schedule.
2. Once assigned to a clinical clerkship site (e.g., a hospital), for a justified reason, the student can request an alternate site assignment from the chair of the department. Changes may only be made to sites students are routinely assigned in this clerkship. Students are requested to inform them about any potential conflict as soon as they are informed of the faculty and site assigned.
3. For students with extenuating circumstances that justify the request for a particular clerkship sequence or particular clerkship site assignment, the request must be provided in writing to the Office of Clinical Affairs with the specific details and explanations for the request.
4. All requests are reviewed by the Vice President of Students Affairs and the Clinical Coordinator who make a recommendation to the Associate Dean for Faculty and Clinical Affairs (ADFCA) as a collective, with the final determination being made by the ADFCA.
5. Requests are accepted, and schedule assignments are given based upon:
 - a. whether the reason for the request is deemed valid; and
 - b. whether there will be adequate comparable sites to support the students' request.
 - c. Reported conflict of interest in the student-teacher relationship is a major reason to accept a change.
6. Notification of this procedure is provided to the students via:
 - a. e-mail distribution messages to the entire class
 - b. orientation conducted by the Vice President of Student Affairs or the Clinical Coordinator.
 - c. This policy will also be available in the Outlook Public Folders and in the Student Policies Handbook.
7. Notification of this procedure is provided to the faculty via e-mail distribution by the clinical department chairs.

PUNCTUALITY AND TOTAL TIME ALLOCATED FOR EXAMINATIONS	Implementation Date/ Effective Date	October 3, 2016
	Last Reviewed/Update	October 3, 2016
	Approved by	MPCC
	Initially Approved	October 3, 2016

It is the responsibility of all students to arrive on time for all educational activities, especially the examinations. To ensure fair procedures when exams are offered, the following rules will be enforced:

1. Instructions for examinations shall be given at the time the examination is scheduled.
2. The faculty member in charge of the examination will inform the students of the maximum time allocated to answer all the questions, which is usually one to one and a half minutes per question. Students will have adjusted time limits according to approved accommodations.
3. As soon as technical issues are addressed for computer-based exams, examinations must begin, and the exam start time is noted by exam proctors.
4. To minimize disturbances to other students, no student will be admitted to an examination room more than 30 minutes after the time the examination is scheduled.
5. Students arriving less than 30 minutes late to the examination room will be permitted to take the examination.
6. For students arriving late, but within the 30 minutes window, only the time remaining since the exam start time (point 3 above) will be allowed to complete the exam, no additional working time will be allowed.
7. The faculty in charge of the examination will indicate to the student who arrives late, the time she/he has lost and the time remaining.
8. When the time assigned to the student is over, the student must upload the examination, at the request of the faculty. Failure to do so will be considered a violation of professional conduct, may result in a score of 0 in the examination, and will be reported to Student Affairs Office.

Students with a personal, health, or family emergency must report the situation and submit relevant documentation to the Office of Academic Affairs.

This academic policy of the School of Medicine was approved by the Medicine Program Curriculum Committee on October 3, 2016 and is effective immediately.

This policy is tied to LCME Element 9.9	SATISFACTORY ACADEMIC PROGRESS (SAP) POLICY- MEDICAL EDUCATION PROGRAM	Implementation Date/ Effective Date	~AY 2001-2002
		Last Reviewed/Update	June 15, 2023
		Approved by	SOM Executive and Policy Committee
		Initially Approved	~July 2001

Medical Education (MD)

A Satisfactory Academic Progress (SAP) policy has been established to ensure that medical students complete the academic program within the acceptable time frame and the minimally accepted quality of performance. This policy also ensures that the Student Financial Aid requirements set forth by federal regulations have been met. The SAP applies to all medical students enrolled in the Ponce Health Sciences University School of Medicine. Student academic progress is evaluated twice each academic year by the SOM Students Promotion Committee, which determines whether students comply with promotion and graduation requirements.

General Requirements

1. Time Frame for completion of the Academic Program

A medical student will be allowed a maximum time frame of two years of enrollment beyond the standard required to complete the program. Summer enrollment is considered part of the academic year for the measure.

The total years to complete the degree include those years accredited on admission to MD Program for transfer students.

Program	Standard	Maximum
Doctor of Medicine – Four Year Program	4 years	6 years

2. Completion of Program Requirements

a. Course Requirement

Students must complete **all required courses, clerkships, and electives** within the established time frame.

b. Performance Requirement

A student must pass each required course, clerkship and elective. Any student failing to meet this standard of performance will be referred to the Students Promotion Committee to determine the action to be taken.

c. Medical Licensure Exam Requirement

USMLE Step 1 must be taken and passed before beginning the clerkship phase of the curriculum. A passing score for USMLE Step 2 CK is required for graduation.

d. Professional Behavior Requirement

The students must conduct themselves in accordance with the norms for professional conduct set forth by the Ponce Health Sciences University and the corresponding accreditation agencies.

e. Clinical Practice Examination (CPX)

All medical students are required to take and pass a Clinical Practice Examination (CPX) at the end of their first clinical academic year.

f. Student Promotions Committee

The SOM Student Promotions Committee reviews students' cognitive and attitudinal aspects of performance to decide if they can advance to the next academic year or graduate, in the case of

senior medical students.

Grade Requirement

The Ponce Health Sciences University Medical Program does not measure academic progress by cumulative grade point average. To graduate, the student should pass all required courses, clerkships, and electives. Satisfactory Academic Progress will be reviewed each semester.

An Incomplete Grade could be assigned following the Institutional Incomplete Grade Policy. The student must complete the “I” (Incomplete) by the following semester, or an - “F” will be recorded for that course. The “I” (Incomplete) grades are part of the academic record, as are the final grades.

Academic Probation

Any student failing to meet Ponce Health Sciences University medical program performance requirement will be referred to the School of Medicine Students Promotion Committee and placed on academic and financial aid probation. The following guidelines will be applied:

1. If the student fails one course, he/she should remediate the deficiency during the summertime. In these cases, an associate dean will notify the student that he/she is under academic probation and authorize summer enrollment.
2. If the student fails two or more courses or fails a course a second time, he/she may be considered for either repetition of courses or dismissal.
3. If the Students Promotion Committee determines that the student must repeat one or more courses during the summer or the next academic year, the student is considered on academic probation.
4. If the Students Promotion Committee determines to dismiss the student from the medical program, the student must be informed about his/her right to appeal.
5. If the dismissal decision is reversed by due process, the student will be considered on academic probation.

Appeal Process

Students referred to the Student Promotions Committee (SPC) will be notified, stating the reasons for the referral and informing them about their right to be heard or provide information to the SPC. Course or clerkship directors should recuse themselves if the student being considered had an unsuccessful outcome in their course. Any Committee member who has a conflict of interest as having personal relations or providing health care to the students must also recuse themselves.

Students who have been notified a decision of the SPC that they must repeat an entire year of study or are dismissed from the medical program have the right to request a reconsideration of the decision from the SPC within five working days of receiving the notification.

The appeal or due process presented below must be followed.

The student will request in writing a reconsideration of the decision to the School of Medicine Students Promotion Committee (SPC) and include all relevant documentation to support the request. The student has the right to attend and provide information about their case to the Committee. The Committee will evaluate the reasons and evidence submitted to determine if they change their initial decision.

If the SPC sustains the adverse decision, the student has the right to appeal to the Dean of Medicine. The appeal must be submitted in writing within five working days of receiving the notification. The Dean of Medicine will evaluate the appeal and the student's academic record. The Dean can appoint a three-member Ad-Hoc Committee to re-evaluate all evidence. Rejection of the appeal by the Dean is final.

The Ad Hoc committee will notify the student of the date and time when the case will be heard. The student has the right to attend and provide information about their case to the Ad- Hoc Committee. The Dean of Medicine will consider the Ad-Hoc Committee recommendation and make the final decision.

Any decision will be reported to the student in writing. The decision made by the Dean of Medicine is final. During the appeal process, the student has the right to withdraw from the school at any time up to the point when the Dean makes the final decision.

The same process described above will be followed in the case that the adverse decision made by the Committee is for non-academic reasons, such as unacceptable professional behavior. The Department Chairperson, the Associate Dean for Medical Education, or the Vice-President of Student Affairs will refer the case to the SPC. If the SPC recommends dismissing the student, the appeal process described above may be activated.

If an adverse decision is made due to non-academic reason and the Dean of Medicine sustains the decision after the appeal process, the student may appeal to the Vice President of Academic Affairs and then to the President.

Financial Aid Eligibility

Financial Aid eligibility is contingent upon satisfactory academic progress. Please refer to the institutional policy on Satisfactory Academic Progress published by the Office of Financial Aid.

Enforcement

The Office of the Vice President of Student Affairs shall have primary responsibility for overseeing this policy and will provide all medical students with a copy of this document upon admission to the Ponce Health Sciences University School of Medicine.

The President, the Vice President of Academic Affairs, the Vice President of Student Affairs, the Dean of Medicine, the Associate Dean for Medical Education, the Registrar, and the Financial Aid Director will receive all pertinent data to ensure proper enforcement of the policy here set forth.



SATISFACTORY ACADEMIC PROGRESS POLICY- BIOMEDICAL SCIENCES	Implementation Date/ Effective Date	~AY 2001-2002
	Last Reviewed/Update	June 15, 2023
	Approved by	SOM Executive and Policy Committee
	Initially Approved	~2001

Doctoral of Philosophy in Biomedical Sciences (PhD)

A Satisfactory Academic Progress (SAP) policy has been established to ensure that Biomedical Sciences students complete the academic program within the acceptable time frame and the minimally accepted quality of performance. This policy also ensures that the Student Financial Aid requirements set forth by federal regulations have been met. The SAP applies to all PhD Biomedical students enrolled in Ponce Health Sciences University. A student’s academic progress is evaluated annually at the end of each academic year.

General Requirements

1. Time Frame for Completion of the Academic Program

A student will be allowed a maximum time frame of three (3) years of enrollment beyond the standard of five (5) years required for the completion of the Program. Summer enrollment is considered part of the academic year for the purpose of this measure.

The total credits for completion of a degree include those graduate courses accredited on admission to the Program.

Program	Standard	Maximum
Doctoral Program in Biomedical Sciences	5 years	8 years

a. Definition of Full Time

Students with an academic load of six credits or more per semester will be considered Full Time doctoral students. A student solely enrolled in Thesis Research or Doctoral Dissertation will also be considered a Full-Time student.

b. Definition of Half Time

Students with an academic load of three to five credits per semester will be considered Half Time doctoral students.

c. Definition of Part Time or Less Than Half Time

Students with an academic load of less than three credits per semester will be considered Part Time doctoral students or Less Than Half Time student.

2. Completion of Program Requirements

a. Course requirement

Students must complete all courses within the established time frame. The PhD in Biomedical Sciences requires a minimum of 70 credits.

b. Performance requirement

- A student must complete the first academic year (including summer term) with a minimum grade point average of 3.0.
- Any student failing to meet this standard performance will be referred to the Students Promotion Committee to be placed on academic probation.

- Students on academic probation who do not increase their GPA to 3.0 by the end of the following semester will be referred to the Students Promotion Committee for consideration of dismissal from the Program.
 - Prior to the qualifying examination, the student must have a minimum GPA of 3.0.
- c. Qualifying examination requirement
- Upon completion of all core courses, students take a Qualifying Examination. The Qualifying Exam is composed of a written and an oral component that must be completed by the end of the first semester of the student's third year in the Program.

In the written part, the student must develop a research proposal (by April 15th, second year), which will be evaluated by a Qualifying Exam Committee composed of the student's dissertation advisor and two faculty members whose interests are related to the student's research. The committee will evaluate and score (scores 1-9) the written document based on the clarity of writing and scientific merit (significance, innovation, and approach). The student requires a score of ≤ 3 to pass the written exam. First-time takers receiving a score >3 will need to revise the proposal and re-submit for review.

The student who passes the written exam will progress to the second part of the Qualifying Exam, which is an oral proposal defense (by October 15th, third year). The student will defend the thesis proposal in the presence of the Thesis Committee. The Thesis Committee consists of the student's dissertation advisor, three PHSU faculty members whose interests are related to the student's research, and a member from another institution (usually from the continental U.S.) with expertise in the field. Immediately following the oral proposal defense, the Thesis Committee will assign a grade of Pass or Fail. Students that pass the proposal defense become Ph.D. candidates.

The student has a maximum of two attempts each to pass the written and oral component of the Qualifying Exam. After two attempts for either part, the student will be referred to the Student Promotion Committee for dismissal from the Ph.D. Program and reclassification as candidates for a Master's in Biomedical Sciences.

- d. Doctoral Dissertation Requirement
- A Doctoral Dissertation according to the established guidelines with oral defense is required for graduation.
- e. Professional Behavior Requirement
- Students must conduct themselves in accordance with the norms for professional conduct set forth by Ponce Health Sciences University and the corresponding accreditation agencies.

Grade Requirement

To obtain a PhD in Biomedical Sciences, the student must complete all requirements and maintain a minimum grade point average (GPA) of 3.0. Satisfactory Academic Progress is required for financial aid eligibility and will be reviewed at the end of each semester.

1. A grade of "F" in any course will be referred to the Students Promotion Committee (SPC).
 - a. A student may have one opportunity to retake a failed or withdrawn ("W") course and obtain a "C" or better grade. Failure to pass a given course on the second opportunity is grounds for dismissal from the Program.
 - b. A student with more than two "F" grades or "W" on record is grounds for dismissal from the Program.
2. Repeated courses with "C" or lower grades will remain on record, but the new grade will be used to compute the grade point average.
3. Graduate courses not offered at PHSU may be taken at other institutions with permission and approval from the Associate Dean of Biomedical Sciences and Research and the Vice President of Academic Affairs.

4. Grades of “P” (Pass) or “NP” (Not Pass) are applicable to thesis research/dissertation and graduate seminars. When the research/dissertation activity requires more than one semester for its completion, the student receives a notation of “In Progress” (IP) for each semester and until the research/dissertation is completed.
5. An Incomplete Grade could be assigned following the Institutional Incomplete Grade Policy. The student must remove the incomplete by the following semester or it will be replaced by the grade of “F”. The “I” (Incomplete) grades are part of the academic record as are the final grades.
6. A student with a reversed dismissal is not in satisfactory academic progress and is considered both on academic and financial aid probation.

Academic Probation and Financial Aid Eligibility

A student failing to meet the grade requirements will be placed on academic probation for one semester but will be eligible for financial aid. Students that fail to comply with grade requirements after the prescribed probation time will be referred to the School of Medicine Students Promotion Committee (SPC) and may result in dismissal from the Program.

Appeal Process for Academic

Students who are notified by the Associate Dean of Medical Education a decision of the SPC that he/she must repeat failed courses during the next academic year or to be dismissed from Program, have the right to appeal the decision within seven working days after receiving the notification.

The appeal or due process presented below must be followed.

The student will request in writing a reconsideration to SPC and include all relevant documentation to support the petition. The Committee will evaluate the reasons and evidence submitted to determine if they change their initial decision. The SPC has 48 hours to submit its decision to the Associate Dean for Medical Education, who will notify the student of the decision.

If the SPC sustains the adverse decision, the student has the right to appeal to the Dean of Medicine. The appeal must be submitted in writing within seven working days after receiving the notification. The Dean of Medicine will evaluate the appeal and the student’s academic record. The Dean can appoint a three-member Ad-Hoc Committee to re-evaluate all evidence. Rejection of the appeal by the Dean is final.

If an Ad-Hoc Committee is appointed, they will notify the student in writing of the date and the time when the appeal will be evaluated. The Ad-Hoc Committee has forty-eight (48) hours to submit a recommendation to the Dean of Medicine. The Dean of Medicine will consider the Ad-Hoc Committee recommendation and make the final decision within forty-eight (48) hours.

Any decision will be reported to the student in writing. The decision made by the Dean of Medicine is final.

The same process described above will be followed in the case that the adverse decision made by the Committee is for non-academic reasons, such as unacceptable professional behavior. The Associate Dean of Biomedical Sciences and Research, the Associate Dean for Medical Education or the VP for Student Affairs will refer the case to the SPC. If the recommendation of the SPC is to dismiss the student, the appeal process described above may be activated.

In the event that an adverse decision is made due to non-academic reasons and the Dean of Medicine sustains the decision after the appeal process, the student may appeal to the Vice-President for Academic Affairs and then to the President.

Financial Aid Eligibility

Financial Aid eligibility is contingent upon satisfactory academic progress. Please refer to the institutional policy on Satisfactory Academic Progress published by the Office of Financial Aid.

Enforcement

The Office of the Vice President for Student Affairs shall have primary responsibility for overseeing this policy and will provide all students a copy of this document upon admission to Ponce Health Sciences University-School of Medicine.

The President, Vice President of Academic Affairs, and the Vice President for Student Affairs, as well as the Dean of Medicine, Associate Dean for Medical Education, Registrar and Financial Aid Director will receive all pertinent data to ensure proper enforcement of the policy here set forth.

SATISFACTORY ACADEMIC PROGRESS POLICY- MASTER OF SCIENCES IN MEDICAL SCIENCES PROGRAM	Implementation Date/ Effective Date	AY 2014-2015
	Last Reviewed/Update	June 15, 2023
	Approved by	SOM Executive and Policy Committee
	Initially Approved	~2014

Master of Sciences in Medical Sciences (MSMS)

A Satisfactory Academic Progress (SAP) policy has been established to ensure that students of Master of Sciences in Medical Sciences complete the academic program within the acceptable time frame and the minimally accepted quality of performance. This policy also ensures that the Student Financial Aid requirements set forth by federal regulations have been met. The SAP applies to all master students enrolled in the Ponce Health Sciences University - School of Medicine (SOM). Student academic progress is evaluated at the end of each academic semester by the SOM Students Promotion Committee (SPC), which determines whether students comply with promotion and graduation requirements.

General Requirements

1. Time Frame for completion of the Academic Program

A student of Master of Sciences in Medical Sciences will be allowed a maximum time frame of two semesters of enrollment beyond the standard required for the completion of the program. Summer enrollment is considered part of the academic year for the purpose of this measure.

Program	Standard	Maximum
Master of Sciences in Medical Sciences	1 year	2 years

a. Definition of Full Time

Students with an academic load of six credits or more per semester will be considered Full Time Masters students.

b. Definition of Half Time

Students with an academic load of three to five credits per semester will be considered Half Time Masters students.

c. Definition of Part Time or Less than Half Time

Students with an academic load less than three credits per semester will be considered Part Time Masters students or Less Than Half Time student.

2. Completion of Program Requirements

a. Course Requirement

Students must complete all courses within the established time frame. The Program requires a minimum of 42 credits for graduation.

b. Performance Requirement

A student must maintain a minimum 3.00 grade point average (GPA) in a scale of 4.00 by the end of each semester. Any student failing to meet a 3.00 GPA standard of performance or failing any course will be referred to the SPC.

c. Comprehensive Qualifying Examination Requirement (CQX)

A CQX must be taken at the end of the academic year. The maximum time allowed to take this examination is three attempts within one year according to the program time frame. A passing score for CQX is required for graduation.

d. Professional Behavior Requirement

The students must conduct themselves in accordance with the norms for professional conduct set forth by the Ponce Health Sciences University and the corresponding accreditation agencies.

Grade Requirement

To graduate, the student should complete all requirements and maintain a minimum GPA of 3.00 in a scale of 4.00 by the end of the year and pass the CQX. Satisfactory Academic Progress will be reviewed at the end of each semester.

1. A grade of “F” in any course or student with less than 3.00 GPA will be referred to the Student Promotion Committee (SPC).
2. A grade of “F” in any of the courses or a cumulative GPA less than 3.00 is not allowed. Any F grade must be repeated. No more than 2 failures are allowed in the Master Program.
3. A student repeating a course or with a GPA less than 3.00 is considered in academic probation.
4. If the student fails to obtain a 3.00 GPA or better after repeating course(s), he/she will be considered for dismissal from the academic program.
5. Courses with “F” grades will remain on record after they are successfully repeated, but the new grade (s) will be used to compute the GPA.
6. Grade of “P” (Pass) or “NP” (No Pass) is applicable to the CQX. A grade of “NP” requires repetition. The maximum time allowed to take this examination is three attempts. In the case of a third “NP” grade, the student will be considered for dismissal from the academic program.
7. An Incomplete Grade could be assigned following the Institutional Incomplete Grade Policy. The student must remove the “I” (Incomplete) by the end of the following semester or an administrative “F” will replace it.
8. A student with less than 3.00 GPA or has No-Pass grade in the CQX is not in satisfactory academic progress and is considered in academic probation.
9. If the dismissal decision is reversed by due process, the student will not be considered in SAP and will be placed on academic probation for one semester.

Academic Probation

Any student failing to meet Ponce Health Sciences University master program performance requirement will be referred to the School of Medicine’s SPC and placed on academic and financial aid probation. The following guidelines will be applied:

6. If the student fails one course, he/she should remediate the deficiency during the summertime.
7. If the student fails two or more courses or fails a course a second time, he/she may be considered for either repetition of courses or dismissal.
8. If the Students Promotion Committee determines that the student must repeat one or more courses during the summer or the next academic year, the student is considered on academic probation.
9. If the Students Promotion Committee determines to dismiss the student from the master’s program, the student must be informed about his/her right to appeal.
10. If the dismissal decision is reversed by due process, the student will be considered on academic probation.

Appeal Process

Students referred to the SPC will be notified, stating the reasons for the referral, and informing them about their right to be heard or provide information to the SPC. Course Director should recuse themselves if the student being considered had an unsuccessful outcome in their course. Any committee member who has a conflict of interest as having personal relations or providing health care to the students must also recuse

themselves.

Students who have been notified of the decision of the SPC that they must repeat courses or are dismissed from the master's program, are in their right to appeal the decision within five working days after receiving the official communication.

The appeal or due process presented below must be followed in a timely manner.

The student should request reconsideration in writing addressed to the School of Medicine's SPC, that must include all relevant documentation to better support their request. The student has the right to attend and provide information during the discussion of their case by the committee. The committee, while in session, will evaluate the reasons and evidence submitted to determine if they could change their initial decision.

If the SPC sustains the adverse decision, the student has the right to appeal to the Dean of Medicine. The appeal must be submitted in writing within five working days after receiving the notification. The Dean of Medicine will evaluate the appeal and the student's academic record. The Dean can appoint a three-member Ad-Hoc Committee to re-evaluate all evidence. Rejection of the appeal by the Dean is final.

If an Ad-Hoc Committee is appointed, the Ad-Hoc Committee has forty-eight (48) hours to submit a recommendation to the Dean of Medicine. The Dean of Medicine will consider the Ad-Hoc Committee recommendation and make the final decision within forty-eight (48) hours.

Any decision will be reported to the student in writing. The decision made by the Dean of Medicine is final.

The same process described above will be followed in the case that the adverse decision made by the Committee is for non-academic reasons, such as unacceptable professional behavior. The Course Director, the Associate Dean for the Master of Science in Medical Sciences or the Vice President for Student Affairs will refer the case to the SPC. If the recommendation of the SPC is to dismiss the student, the appeal process described above may be activated.

If an adverse decision is made due to non-academic reasons and the Dean of Medicine sustains the decision after the appeal process, the student may appeal to the Vice-President for Academic Affairs and then to the President.

Financial Aid Eligibility

Financial Aid eligibility is contingent upon satisfactory academic progress. Please refer to the institutional policy on Satisfactory Academic Progress published by the Office of Financial Aid.

Enforcement

The Office of the Vice President for Student Affairs shall have primary responsibility for overseeing this policy and will provide all students a copy of this document upon admission to Ponce Health Sciences University School of Medicine.

The President, the Vice President of Academic Affairs, the Vice President of Student Affairs, the Dean of Medicine, the Associate Dean for Medical Education, the Registrar, and the Financial Aid Director will receive all pertinent data to ensure proper enforcement of the policy here set forth.

Rev. June 15, 2023, by the Executive and Policy Committee of the School of Medicine.

This policy is tied to LCME Element 8.5	STUDENT COURSE AND CLERKSHIP EVALUATIONS	Implementation Date/ Effective Date	AY 2022-2023
		Last Reviewed/Update	July 18, 2022
		Approved by	MPCC
		Initially Approved	July 18, 2022

Introduction

One of the quality measures of its medical education that the Ponce Health Sciences University School of Medicine uses is the evaluations of courses, clerkships, and faculty the students complete. The response rates of these evaluations have been variable, and several measures have been taken to improve the rates with limited success.

The Liaison Committee on Medical Education, in the 8.5 element of accreditation, requires that *"in evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their courses, clerkships, and teachers, and other relevant information."*

Rule

To promote a more accurate input from the student body of their medical education evaluation, the completion of the course and clerkship evaluation by the students will be a requirement for all courses and clerkships.

The followings strategies should be employed to promote the implementation of this norm:

1. In the orientation period, the course and clerkship directors should share examples of changes made in the course based on the student feedback collected through the course evaluations completed by the students.
2. Remind the students their responses are going to be shared with the faculty in an aggregate form.
3. Students who do not respond receive automatic reminders through Canvas and Med-Hub platforms. Please encourage participation.
4. Announce to the students, a few days before the evaluation period begins, that the course and clerkship evaluation will open.
5. Take 10 minutes of last semester's small group discussion, laboratory, or lecture time to request the student complete the evaluation.
6. The student course evaluation outcomes must be reviewed by the course and clerkship directors every semester. The course director and clerkship director must present the average result for each area, strengths, weaknesses, and recurrent comments during the presentations in the annual course evaluation by the curriculum subcommittees. The action plan to be presented to the MPCC must include changes deemed appropriate to improve the course/clerkship in response to the students' concerns.

This norm should be included in the syllabus of all courses and clerkships and will be effective at the beginning of the academic year 2022-2023.

Approved by the MPCC on July 18, 2022



<i>This policy is tied to LCME Element 3.6</i>	STUDENT MISTREATMENT PREVENTION: STANDARDS OF CONDUCT IN THE TEACHER-LEARNER RELATIONSHIP	Implementation Date/ Effective Date	AY 2001-2002
		Last Reviewed/Update	2001
		Approved by	SOM Executive and Policy Committee
		Initially Approved	~2001

Ponce Health Sciences University adapts and incorporates the AAMC model of Standards of Conduct in the Teacher-Learner Relationship, and encourages faculty and students to familiarize themselves and pledge adherence to this policy statement:

Preparation for a career in the health care profession demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that are expected in the health provider/patient relationship and that sustain the health profession as a moral enterprise. This policy statement serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

Guiding Principles

Duty

Ponce Health Sciences University faculty has a duty, not only to convey the knowledge and skills required for delivering the profession’s contemporary standard of care but also to inculcate the values and attitudes required for preserving the profession’s social contract across generations.

Integrity

The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

Respect

Respect for every individual is fundamental to the ethics of the health professional. Essential for nurturing that ethics is the mutual respect for every individual by students, novice members of the profession, as well as by their teachers, as experienced and esteemed professionals. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students, interns, and residents are always treated respectfully.

Commitments of Faculty

1. We pledge our utmost effort to ensure that all components of the educational program for students, interns, and residents are of high quality.
2. As mentors for our students, interns, and resident colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
3. We respect all students, interns, and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student, intern, or resident.
4. We pledge that students, interns, and residents will have sufficient time to fulfill personal and family obligations, enjoy recreational activities and obtain adequate rest. We monitor and, when necessary, reduce the time required to fulfill educational objectives, including the time required for “call” on clinical rotations, to ensure students, interns, and residents’ wellbeing.

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5. In nurturing both the intellectual and the personal development of students, interns, and residents, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.
 6. We do not tolerate any abuse or exploitation of students, interns, or residents. We encourage any student, intern, or resident who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to the appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.

Commitments of Students, Interns, and Residents

1. We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.
2. We cherish the professional virtues of honesty, compassion, integrity, loyalty, and dependability.
3. We pledge to respect all faculty members and all students, interns, and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
4. As health professionals in training, we embrace the highest standards of the profession and pledge to conduct ourselves accordingly in all of our interactions with patients, faculty colleagues, and staff.
5. As well as fulfilling our own obligations as professionals, we pledge to assist our fellow students, interns, and residents in meeting their professional obligations.

<i>This policy is tied to LCME Element 8.8</i>	STUDENTS' DUTY HOURS POLICY FOR CLINICAL ROTATIONS	Implementation Date/ Effective Date	AY 2015-2016
		Last Reviewed/Update	August 21, 2017
		Approved by	MPCC
		Initially Approved	March 10, 2015

The Ponce Health Sciences University School of Medicine (PHSU-SOM) abides by the recommendations of the ACGME, AMA, and the Puerto Rico Legislature related to Residents' Duty Hours and is committed to regulate and monitor students' working hours. This will result in less fatigue, more effective healthcare delivery, an enhancement of patient safety, minimizing the possibility of medical errors, and providing adequate time for self-study and relaxation.

Duty Hours

Definition

Duty hours are defined as all clinical and academic activities related to the clinical clerkship or clinical rotation, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences, small group sessions, seminars, ward rounds, quizzes, and other assessment and evaluation exercises. Duty hours do not include time spent reading, studying, and preparing presentations away from the duty site.

General policies that apply to all medical students

1. Duty hours are limited to 80 hours per week, averaging over four weeks, inclusive of all in-house call activities for fourth-year medical students and 60 hours per week for third-year medical students.
2. All students will be provided with at least one 24-hour period per calendar week, free from all educational and clinical responsibilities, averaged over a 4-week period.
3. Adequate time for rest and personal activities will be provided. The students must have at least 14 hours free of clinical work and education after 24 hours of an in-house call.

Duty Hours for Third Year Medical Students

1. Students in the third-year clinical clerkships are expected to abide by the working hours as specified in the clerkship syllabus and the policies of the teaching site to which they are assigned.
2. These working hours should be no more than 10 hours per day, usually from 7:00 – 8:00 a.m. until 5:00-6 p.m. Students not assigned to “in-house on-call” activities that already have been in the hospital for 10 hours should be discharged at 6 PM.
3. Students may be “on-call” no later than 12:00 Midnight. Exceptions to allow continuity of care are acceptable if they fall within the following regulations:
 - Students will be “on call” no more than two (2) times per week and no more often than every third (3) night.

On-Call Activities-Fourth Year Medical Student

On-call activities are scheduled to provide fourth-year students with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the regular workday when students, with adequate supervision (-residents or faculty), are required to be immediately available in the assigned institution.

1. In-house calls must occur no more frequently than every third night, averaging over a four-week period.
2. Continuous on-site duty, including in-house calls, must not exceed 24 consecutive hours. At-home call (pager call) is defined as a call taken from outside the assigned institution.

3. The frequency of at-home calls is not subject to every third-night limitation. An at-home call must not be so frequent as to preclude rest and reasonable personal time for each student.

Oversight

1. Each clinical department will have procedures to ensure consistent compliance with this policy.
2. This policy must be distributed to the students in the course syllabus and the Moodle e-learning portal for each clerkship site. It must also be distributed to supervising faculty and residents at all instructional sites. It is published in the PHSU Catalog, the PHSU Student Policies Manual, and is available through the Public Folders of the Outlook Public Folders.
3. Medical student duty hours' data is collected by the supervising faculty at each instructional site through attendance logs and reported to clerkship coordinators and department chairs.
4. The students can submit violations of this policy to the clinical department chair for immediate resolution. If a student is not satisfied with the resolution, the student can submit a letter detailing the violation to the Associate Dean of Faculty and Clinical Affairs, the Associate Dean for Medical Education, or the Dean. If the violation persists, the student can submit a grievance to the Vice President of Student Affairs.
5. The Medicine Program Curriculum Committee monitors medical student duty hours through clerkship evaluation performed by the Clinical Curriculum Subcommittee.

Backup support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create student fatigue sufficient to jeopardize patient care.

Revised and approved by:
Medical Program Curriculum Committee August 21, 2017
Executive Policy Committee January 29, 2018

TRANSFER OF CREDITS POLICY (MSMS)	Implementation Date/ Effective Date	May 5, 2016
	Last Reviewed/Update	~ 2017
	Approved by	SOM Executive and Policy Committee
	Initially Approved	May 5, 2016

Purpose

Some students of the Master in Sciences in Medical Science (MSMS) complete all graduation requirements but are unable to fulfill the minimum 3.0 GPA required for graduation. This is the result of a high credit load in several of the MSMS courses and a “C” in a major course may result in non-compliance with the required GPA. These students have to repeat courses to obtain higher grades so that their GPA increases to the required levels. However, some of them are accepted to continue post-graduate higher education training, such as medical education, and are unable to repeat courses in our institution.

The purpose of this policy is to establish a mechanism so that these students complete their MSMS degree while enrolled in another postgraduate higher education program.

Policy

MSMS students that comply with all graduation requirements, except the minimum 3.0 GPA, and are accepted in a medical education program or another doctoral program within two years after completion of the courses of the MSMS program may be eligible to get credit towards the MSMS degree from courses taken at another higher education institution.

The procedure to achieve this is the following:

1. The student must submit the *MSMS Transfer of Credits Request Form* to the Registrar’s Office after completion of the courses of medical education or doctoral training within the established time.
2. The student must be enrolled in an LCME accredited medical school, a foreign medical school that has been appropriately accredited according to ECFMG ¹ standards, or a doctoral program in an institution of higher education with regional accreditation (such as the Middle States Commission on Higher Education).
3. After the student completes the course/s for which transfer credit is requested, the student must request that an official transcript be sent to Ponce Health Science University Registrar’s Office.
4. The Associate Dean for Medical Education and the Assistant Dean for MSMS Program will evaluate the courses and grades in the transcript. A special analysis needs to be done for those students in medical schools where they have an “integrated” or “system-based” curriculum.
5. Only courses with A’s and B’s may be cross transferred to substitute former courses with a C. If the GPA increases to or above 3.0, the student will be certified as eligible for the MSMS degree.
6. The Student Promotion Committee will evaluate the results and confirm to the Registrar if the student is a candidate for graduation.

¹ <http://www.ecfm.org/about/initiatives-accreditation-requirement.html> ECFMG® has announced that, effective in 2023, physicians applying for ECFMG Certification will be required to graduate from a medical school that has been appropriately accredited. To satisfy this requirement, the physician’s medical school must be accredited through a formal process that uses criteria comparable to those established for U.S. medical schools by the Liaison Committee on Medical Education (LCME) or that uses other globally accepted criteria.

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7. Students admitted to the MSMS prior to the creation of this policy are eligible and will be notified about this policy.
 8. The PHSU Registrar may establish an administrative fee for the time and efforts this entails.
 9. The policy is effective May 5, 2016, and will be in effect for two years, after which it will be revised by the Executive and Policy Committee.

<i>This policy is tied to LCME Element 8.4</i>	USMLE REQUIREMENTS Step 1 section applies to MD2027	Implementation Date/ Effective Date	July 1, 2023 Class MD2027
		Last Reviewed/Update	April 17, 2023
		Approved by	MPCC
		Initially Approved	~2001

United States Medical Licensing Examination (USMLE) Policy

This policy states the requirements and timeline established for Ponce Health Sciences University medical students for the USMLE examinations. The Satisfactory Academic Progress (SAP) policy for the MD Program establishes that six-years is the maximum time frame to complete the entire academic program.

Comprehensive Basic Sciences Examination

1. All medical students must take the Comprehensive Basic Science Examination (CBSE), developed by the National Board of Medical Examiners (NBME), as a USMLE Step 1 performance indicator in January and May.
2. The test score will be used to assess the readiness of the student to pass the USMLE Step 1. A minimum score in the CBSE is required to be authorized to take the USMLE Step 1. The required minimum score is revised annually and announced to second-year students at the beginning of each academic year.

USMLE Step 1

The student applies to take the USMLE Step 1 through the Licensing Examination Services at the USMLE website and selects the eligibility period.

1. Students who pass all pre-clerkship courses, and obtain the required minimum score in the NBME CBSE, must take, and pass the USMLE Step 1 before beginning the clerkship phase of the curriculum.
2. The student must take the USMLE Step 1 no later than July 10 to have the results before starting third-year clerkships. If a student fails the USMLE Step 1, the student must enroll in the PHSU Basic Science Review Course (SKD 091) to prepare to pass the USMLE Step 1.
3. The student can only enroll to begin the clerkships during the official dates published by the Registrar's Office.
4. Students have a maximum of three opportunities to pass the USMLE Step 1.
5. Students cannot be more than one year enrolled on remedial courses in preparation to pass the USMLE Step 1 or out of the regular medical program curriculum unless for an approved medical LOA.
6. Students who fail the USMLE Step 1 for the third time or have been one year or more out of the regular medical program curriculum program will be referred to the Students Promotion Committee for consideration of dismissal from the Medicine Program.

USMLE - Step 2

1. All medical students must pass the USMLE Step 2-CK component as a requirement for graduation.
2. It is strongly recommended that the students take the USMLE Step 2-CK no later than August 30 of the year they apply to residency programs so that the score is available when the Electronic Residency Application System (ERAS) opens, and the interviews for residency programs begin.
3. Students must receive passing scores on the USMLE Step 2 CK by the annual deadline for their rank order lists to be verified by PHSU and be able to participate in the National Resident Matching Program (NRMP). Without verification of graduation credentials by the medical school, students will not be able to participate in the match process.
4. The last opportunity to take and pass the USMLE 2-CK examination to complete this graduation requirement with the May graduating class will be the last week of April of the corresponding graduation year.

<p><i>This policy is tied to LCME Element 8.4</i></p>	<p>USMLE REQUIREMENTS Step 1 section applies to MD2026</p>	Implementation Date/ Effective Date	AY 2022-2023 MD2026
		Last Reviewed/Update	June 6, 2022
		Approved by	MPCC
		Initially Approved	~July 2001

United States Medical Licensing Examination (USMLE) Policy

This policy states the requirements and timeline established for Ponce Health Sciences University medical students for the USMLE examinations. The Satisfactory Academic Progress (SAP) policy for the MD Program establishes that six-years is the maximum time frame to complete the entire academic program.

Comprehensive Basic Sciences Examination

1. All medical students must take the Comprehensive Basic Science Examination (CBSE), developed by the National Board of Medical Examiners (NBME), as a USMLE Step 1 performance indicator in January and May.
2. The test score will be used to assess the readiness of the student to pass the USMLE Step 1. A minimum score in the CBSE is required to be authorized to take the USMLE Step 1. The required minimum score is revised annually and announced to second-year students at the beginning of each academic year.

USMLE Step 1

The student applies to take the USMLE Step 1 through the Licensing Examination Services at the USMLE website and selects the eligibility period.

1. Students who pass all pre-clerkship courses, obtain the required minimum score in the CBSE, and have not interrupted the regular medical program curriculum must take the USMLE Step 1 before beginning the clerkship phase of the curriculum.
2. After beginning the clerkships, students who fail the USMLE Step 1 will complete the first eight weeks of the clerkship phase and then enroll in the PHSU Basic Science Review Course to prepare to pass the USMLE Step 1.
3. Students who have interrupted the regular medical program curriculum must pass the USMLE Step 1 before beginning or continuing the clerkship phase of the curriculum.
4. The student can only enroll to begin the clerkships during the official dates published by the Registrar's Office.
5. Students have a maximum of three opportunities to pass the USMLE Step 1.
6. Students cannot be more than one year enrolled on remedial courses in preparation to pass the USMLE Step 1 or out of the regular medical program curriculum unless for an approved medical LOA.
7. Students who fail the USMLE Step 1 for the third time or have been one year or more out of the regular medical program curriculum program will be referred to the Students Promotion Committee for consideration of dismissal from the Medicine Program.

USMLE - Step 2

1. All medical students must pass the USMLE Step 2-CK component as a requirement for graduation.
2. It is strongly recommended that the students take the USMLE Step 2-CK no later than August 30 of the year they apply to residency programs so that the score is available when the Electronic Residency Application System (ERAS) opens and the interviews for residency programs begin.
3. Students must receive passing scores on the USMLE Step 2 CK by the annual deadline for their rank order lists to be verified by PHSU and be able to participate in the National Resident Matching Program

(NRMP). Without verification of graduation credentials by the medical school, students will not be able to participate in the match process.

4. The last opportunity to take and pass the USMLE 2-CK examination to complete this graduation requirement with the May graduating class will be the last week of April of the corresponding graduation year.

Changes on USMLE Step 1 apply to entering Class in 2022, and changes in Step 2 CK apply to Class who graduates in 2023 and beyond.

Revised: June 6, 2022