

STANDARD 11: MEDICAL STUDENT ACADEMIC SUPPORT, CAREER ADVISING, AND EDUCATIONAL RECORDS

A medical school provides effective academic support and career advising to all medical students to assist them in achieving their career goals and the school's medical education program objectives. All medical students have the same rights and receive comparable services.

SUPPORTING DATA

Table 11.0-1 Attrition and Academic Difficulty				
Provide the number and percentage of <i>first-year medical students</i> and the number and percentage of <i>all medical students</i> who withdrew or were dismissed from the medical school in the indicated academic years.				
	AY 2014-15	AY 2015-16	AY 2016-17	AY 2017-18
First-year students	1 (1.27%)	4 (5.33%)	1 (4.82%)	1 (1.33%)
All medical students	3 (1.00%)	1 (0.33%)	2 (0.64%)	1 (1.33%)

Table 11.0-2 Attrition and Academic Difficulty by Curriculum Year										
Provide the number of medical students in each of the following categories during the listed academic years. <i>Count each student only once.</i>										
	AY 2016-17					AY 2017-18				
	Year 1	Year 2	Year 3	Year 4	Total	Year 1	Year 2	Year 3	Year 4	Total
Withdrew or were dismissed	4	2	0	0	6	1	1	0	0	2
Transferred to another medical school	0	0	0	0	0	0	0	0	0	0
Were required to repeat the entire academic year	2	0	0	0	2	2	1	0	0	3
Were required to repeat one or more required courses or clerkships	0	0	0	0	0	0	0	2	0	2
Moved to a decelerated curriculum	0	0	0	0	0	0	0	0	0	0
Took a leave of absence as a result of academic problems	0	0	0	0	0	0	1	0	0	1
Took a leave of absence for academic enrichment (including research or a joint degree program)	0	0	2	0	2	0	0	2	0	2
Took a leave of absence for personal reasons	6	3	3	0	12	3	4	2	0	9

Table 11.0-3 | Average Graduation Rates Over Five Years

Provide the overall graduation rate, and the percentage of medical students who graduated in four years *averaged over the past five years*. *Note: these data should be updated immediately prior to submission of the data collection instrument.*

Four-year graduation rate	Overall graduation rate
83.20%	90.23%

Table 11.0-4 | Residency Match Rates

Provide the number and percentage of participating medical students who initially matched to PGY-1 programs in the National Resident Matching Program without entering the Supplemental Offer and Acceptance Program (SOAP), as well as the percentage of participating students who remained unmatched at the end of the SOAP.

	AY 2014-15	AY 2015-16	AY 2016-17	AY 2017-18
Percent initially matched (prior to SOAP)	67 (89%)	61 (91%)	65(89%)	63(94%)
Percent unmatched (after SOAP)	5 (6%)	5 (8%)	6 (8%)	3(5%)

Table 11.0-5 | Graduates Not Entering Residency

Provide the number of medical school graduates who did not enter residency training in the following graduating classes for each of the listed reasons (provide a brief description of the reason for students counted under “other”). Provide the total number of students and the percentage of students who did not enter residency in each graduating class. Count each graduate only once and do not include students who graduated late.

Reason	Class of 2017	Class of 2018
Family responsibilities/maternity/child care	0	0
Change of careers	0	0
Did not gain acceptance to a residency program	5	1
Preparation for the USMLE	1	0
Research/pursuing additional degree or training	0	2
Other: (add rows as required)	0	0
Describe “Other”:	0	0
Total number of students in each graduating class who did not enter residency training.	6	3
Percent of students in each graduating class who did not enter residency training.	8%	5%

Table 11.0-6 | Academic/Career Advising at Regional Campuses

Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate column(s). Select all that apply for each service. Add additional rows for each service/campus. *Note: this question only applies to schools with regional campus(es).*

Services	Campus	Available to Students via			
		Personnel located on campus	Visits from central campus personnel	E-mail or tele/videoconference	Student travel to central campus
Academic counseling	N/A				
Tutoring	N/A				
Career advising	N/A				

11.1 ACADEMIC ADVISING

A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

SUPPORTING DATA

Table 11.1-1 Academic Advising/Counseling			
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with academic advising/counseling.			
GQ 2017		GQ 2018	
School %	National %	School %	National %
86.0	73.5	53.5	72.4

Table 11.1-2 Academic Advising/Counseling by Curriculum Year				
Provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with academic advising/counseling and tutoring services. Add rows for each additional question on the student survey. Schools with regional campuses should also specify campus.				
Survey Question	Year 1	Year 2	Year 3	Year 4
Availability of academic counseling	87.7	91.7	85.9	87.8
Availability of tutorial help	95.1	90.5	84.6	85.1

Schools with regional campus(es) should provide data from the AAMC Graduation Questionnaire or independent student analysis by campus (as available).

NARRATIVE RESPONSE

- a. Describe how medical students experiencing academic difficulty are identified. Is it possible for a medical student to be identified as being in academic difficulty before he/she has a failing final course/clerkship grade?

Medical students are identified as experiencing academic difficulty using the “Identification of Students Experiencing Academic Difficulty” policy. Using internal quantitative predictive measures, outcomes of block exams and scores of NBME exams, student academic progress is reviewed at weekly department meetings consisting of Offices of Academic Affairs, Student Affairs and Academic Support. Early identification and intervention are the goals of consistent monitoring. In addition to academic challenges, students may be experiencing academic difficulty as a result of personal, financial, or physical issues. JCESOM recognizes that these can contribute as underlying causes of academic difficulty and as such has a contract with Cabell Huntington Hospital Counseling Services for students to receive 10 complimentary counseling services per academic year.

JCESOM uses a multidimensional and holistic approach to aiding in student success. The Assistant Dean of Academic Affairs and the Assistant Dean of Student Affairs are primarily responsible for identifying any student who is not making academic progress. The student is informed of available resources such as peer tutoring, personal counseling, and the learning specialist. The Assistant Dean of Student Affairs is primarily responsible for coordinating services for medical students and, as needed, will meet with the student to discuss the possibility of a psycho-educational evaluation; a psychiatric evaluation; a medical physician referral, etc. On a weekly basis, the student’s academic progress plan is reviewed and revised as needed by the support team.

Documentation of student interventions and processes of formative feedback to the students are challenges that the JCESOM currently faces. Currently, the weekly meeting notes are kept in offices of the individual

administrator with no ability to share information. Feedback to the students is completed on a one to one basis and documented individually. The Offices of Student Affairs, Academic Affairs and Academic Support, in collaboration with the Office of Medical Education, are evaluating various electronic methods to record information in a student portfolio method.

PRECLINICAL:

Years 1 and 2: the Assistant Dean of Student Affairs reviews scores of all block exams when posted in Exam Soft. Any student with a score of less than 75% is identified as possibly at risk for academic challenges. The student's academic profile is evaluated, any trends of declining scores will warrant a wellness check to ensure no personal or medical issues exist. For any student who is noted to have a lack of understanding of content, the student is strongly advised to meet and discuss with the block leader.

In preparation for taking the USMLE Step 1 exam, students take shelf exams after five blocks in the second year and the CBSE after the end of the year. Students falling below the required scores are considered at risk suggesting lack of readiness to pass Step 1. For those students, the Offices of OME, OSA, and OAA collaborate and review the student records and create an individualized academic support plan. Examples of resources used for the academic support plan are Doctors in Training and PASS Program. Continued progress is monitored and when readiness is noted, the student is permitted to sit for the exam.

CLINICAL:

Years 3 and 4 students are monitored for academic difficulty using several indicators. A) not achieving a passing score on a NBME subject exam using the scores set by the individual clerkships; B) Noted to not be meeting clinical performances and expectations by the clerkship director, faculty, etc.; or C) any student not meeting expectations at mid-point or concerns held by the clerkship. The first step to action is for the clerkship director to address the concern at the clerkship level or a report may be made and guidance received from the Office of Student Affairs.

In preparation for USMLE Step 2 CS, nearing the end of the student's spring semester of year 3, all students participate in a six station clinical competency exam. All encounters are recorded and reviewed by faculty. Two to four weeks prior to sitting for the exam the student will meet with a faculty advisor, review the recordings and readiness is determined. In the event the faculty note deficiencies, the student must successfully complete a CCE remediation focusing on weak areas noted in the final CCE.

- b. Describe the types of academic assistance available to medical students (e.g., tutoring, academic advising, study skills/time management workshops). For each type of assistance available to students, summarize the role and organizational locus (e.g., medical school, university) of the individual(s) who provide this support and how medical students can gain access to each of the resources.

JCESOM believes that academic assistance begins with content experts. Block leaders and Clerkship Directors are deemed to be the first resource for academic assistance. Students are encouraged to reach out to their respective content leader early in the coursework to assist in understanding medical knowledge or clinical content. Students are strongly encouraged to ask early and not wait for a formal assessment. Students may request to meet with any faculty member via email or by honoring open office hours noted in syllabus. Informal methods of assistance occur during Learning Community Meetings.

Additionally, the Associate Dean of Medical Education holds a weekly meeting during the preclinical curriculum "What's Working Wednesday"; a town hall structured meeting that allows students to discuss in an open forum strengths, weaknesses and opportunities for the curriculum. During these sessions, the Associate Dean of Medical Education is available to aid students and recommend academic support as needed.

The Office of Medical Education dedicated 1.5 FTEs for Academic Support positions. The Director of Academic Support serves as the learning specialist who assesses and creates a plan of academic support plan for any student who experiences learning difficulties. The Director serves as a team member for any student who presents with learning disabilities and aids in providing reasonable academic accommodations. Students gain access to any academic support services by personal request or formal referral by faculty or administration. The Assistant

Director of Academic Support is responsible for evaluating students who perform less than 75% on block exams. The assistant director evaluates for the need of tutors and offers available resources.

Peer tutors are hired and report directly to the Assistant Director of Academic Support. Students are notified of group test prep sessions in which peer tutors review didactic material and provide additional educational instructions. Individual peer tutors are available at no charge to the students. Student can gain access to an individual tutor by request from the assistant director of Academic Support, or by formal referral by faculty or administration.

Academic assistance begins two weeks prior to matriculation. The Office of Academic Support hosts a medical school preparedness “Bootcamp”. JCESOM Academic Boot Camp occurs the week prior to M1 orientation and is on a voluntary basis by newly matriculating students as well as repeating students, or students who want to review their academic skills. Its purpose is to provide an overview of effective study skills, test-taking strategies, and various approaches to manage time and tasks well. Stress and anxiety reduction techniques are addressed, as well as the importance of maintaining positive habits in the areas of sleep, exercise, and nutrition. During orientation, students are provided peer support through the introduction of learning communities. Rising second year medical students and faculty provide a survival skills panel. The Assistant Dean of Student Affairs provides students with a session on resources available to medical students.

In the second year of the curriculum, students attend a one-day orientation in which third year students provide a survival skills panel that advises navigating through the curriculum, USMLE Step 1 preparation and curriculum study resource recommendations.

During the clinical curriculum, all students attend an orientation series that advises students on overall academic success in the clinical setting. Each clinical rotation holds an individual clerkship orientation on day one. During these sessions, students are prepared with academic tools and expectations for success.

- c. Describe how the medical school provides an option for medical students to obtain academic counseling from individuals who have no role in assessment or advancement decisions about them, including individuals who prepare the MSPE.

JCESOM has dedicated 1.5 FTEs that have no role in assessment or advancement decisions. The Director of Academic Support and the new Assistant Director of Academic Support are resources for academic counseling and support. These specially trained employees are not involved in the preparation of the MSPE and are never in a position to evaluate the students. Students can obtain services via email, appointment or open office hours. Any faculty or administrator can refer a student for learning specialist services or academic advising.

11.2 CAREER ADVISING

A medical school has an effective career advising system in place that integrates the efforts of faculty members, clerkship directors, and student affairs staff to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs.

SUPPORTING DATA

Table 11.2-1 Career Planning Services								
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) in the following areas.								
	GQ 2015		GQ 2016		GQ 2017		GQ 2018	
	School %	National %	School %	National %	School %	National %	School %	National %
Career planning services	89.6	64.1	41.2	64.4	77.2	63.9	51.9	63.3
Information about specialties	93.8	70.6	57.6	71.5	78.0	71.3	56.9	71

Table 11.2-2 Career Planning Services by Curriculum Year				
Provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with career advising. Add rows for each additional question on the student survey. Schools with regional campuses should also specify campus.				
Survey Question	Year 1	Year 2	Year 3	Year 4
Adequacy of career advising	59.3	64.3	84.6	72.0

Table 11.2-3 Optional and Required Career Advising Activities				
Provide a brief description of each career information session and advising activity available to medical students during the most recently completed academic year. Indicate whether the session was optional or required for students in each year of the curriculum.				
Advising activity/ Information session (required/optional)	Year 1	Year 2	Year 3	Year 4
	<p>Optional: During orientation, students are introduced to the student driven medical specialty interest groups at the Career Fair</p> <p>Optional: “Career Conversations with a Physician”-Meetings sponsored by the various medical interest groups are held throughout the academic year and are open to all students.</p> <p>Optional:</p>	<p>Optional: “Career Conversations with a Physician”-see year 1 description.</p> <p>Optional: Student Interest Group sponsored events-see year 1 description.</p> <p>Required: Students complete the CiM Physician Skills Inventory Assessment to consider how they fit with the specialties that interest the student. The student submits a personal reflection describing</p>	<p>Required: Clerkships conduct Career Counseling and advising sessions in each of the seven third year clinical rotations.</p> <p>Required: One on One meetings with the Assistant Dean of Student Affairs to approve 4th year required course schedules and electives. During this meeting, career decisions and competitiveness are discussed. The student’s academic profile are reviewed.</p>	<p>Required: Students attend “Interviewing Seminar” with faculty and residency program directors.</p> <p>Required: Class meeting to review MSPE and ERAS preparations</p> <p>Required: Beginning in July 2019. 4th Year Orientation Day.</p> <p>Optional: Students participate in one mock interview with medical school faculty</p>

	<p>Student Interest Groups sponsor numerous events throughout the academic year displaying their specialties within the SOM and the community. Open to all medical students.</p> <p>Required: Students attend a school-sponsored introduction to the AAMC's Careers in Medicine website. To demonstrate familiarity with CiM as a resource for career development the student completes the CiM's Medical Specialty Preference Inventory (MSPI) and the CiM's Physician Values in Practice Scale. The student then submits a short narrative to the Assistant Director of Academic Support discussing the results.</p>	<p>the results to the Assistant Director of Academic Support.</p>		
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Schools with regional campus(es) should provide the supporting data requested above for each campus (as available).

NARRATIVE RESPONSE

- a. Provide an overview of the personnel from the medical school administration, faculty (e.g., career advisors), and other sites (e.g., a university career office, outside consultants) available to support the medical student career advising system and the role(s) played by each. Provide the title(s) and organizational placement(s) of the individual(s) responsible for the management/coordination of the career advising system.

1. Assistant Dean of Student Affairs reports directly to the Vice Dean of Medical Education. The primary role of the Assistant Dean of Student Affairs is to assist the student in making final career decisions. The Assistant Dean of Student Affairs has the primary role of overseeing all career advising during a student's medical education career.

Year 3 students: In rotations 5 and 6, each student is required to meet one on one and review the 4th year academic schedule. This includes review of step 1 score, step 2 CS and CK preparations, sites for the exams and choice of career. Then the 4th year schedule of required courses and electives is discussed and reviewed to ensure no overlaps of required coursework occurs at the time of interview season begins. Students are encouraged to consult with any clinical faculty who have knowledge of their career.

Year 4 students: Immediately after the end of year 3 curriculum, students begin to prepare for residency application, and interviews. The students are required to attend a class meeting to discuss upcoming preparation of the MSPE and an overview of the residency application process. The student is provided a Quick Guide to ERAS and NRMP with deadlines for completion of tasks. (Appendix) The Office of Student Affairs reviews any application at the student request. Formative feedback is provided when needed throughout the interview season. Throughout the fall, using an internal Excel tool-kit, the student is requested to communicate via electronic means or in person with the Assistant Dean of Student Affairs to ensure the application process and deadlines have been completed. The Assistant Dean of Student Affairs monitors interview offers and acceptances throughout the fall.

In January and February, students meet one-on-one to discuss final interview season information. Based upon the collection of data, using a "traffic light" system, students are categorized. Prior to submission of rank lists, the Assistant Dean of Student Affairs is available to review and discuss any rank list at the student's request.

Between ranking and match day-students who are deemed at high risk meet with the Assistant Dean of Student Affairs and using the Using the AAMC Advising At Risk Students, a transparent discussion occurs including creating an alternative plan in the event the student does not match.

Note: Beginning in AY 2019-2020 a mandatory 4th year orientation will be held for all students. This orientation will hosts a variety of workshops including CV and Personal Statement Writing, mock interview opportunities, and interviewing tips by program directors

2. Assistant Director of Academic Support and Career Advising-directly reports to the assistant dean of student affairs with career advising activities.

Years 1 and 2-Following the curriculum of AAMC Careers in Medicine, this employee conducts and manages all career advising activities for the preclinical students. The assistant director assigns all reflection activities, collects the information, and provides formative feedback to the student.

The employee is responsible for organizing Career Conversations, Interest group meetings, and AMA Speed dating career fair event.

3. Clerkship Directors-all clerkships are expected to conduct a career information workshop during each rotation. The structure of the workshop varies between clerkships, however, all sessions are consistent with advising on the specifics of the clerkship they represent.

4. Clinical Faculty-clinical faculty assist students in reading and making recommendations to personal statements for ERAS.

Department chairs participate in an annual panel on interviewing strategies and tips.

- b. Provide a description of the print and/or online resources available to medical students to support their career investigations. Note if students are required to use some or all of these materials (e.g., as part of career advising sessions).

In 2016, the Office of Student Affairs ramped up the services available to students in all four years of the curriculum. The AAMC Careers in Medicine toolkit is now used starting in the first year of the curriculum. Unfortunately, the most recent graduates did not benefit as much as their underclassmen peers. We chart predicted outcome through a web based home grown application that can be used to advise students about their career choices. In addition to AAMC Careers in Medicine, student are encouraged to look at our internal match data and to utilize FRIEDA. We review all ERAS applications, all CV's and personal statements, provide mock interviews, and specialty specific mentors in addition to the print and online resources available to the students.

- c. Identify the individual(s) who are primarily responsible for providing guidance to medical students on their choice of intramural and extramural electives during each year of the curriculum. List the role(s) or title(s) (e.g., student affairs dean, college advisor, departmental faculty advisor) of the individual(s) responsible for the formal approval of medical students' elective choices. Describe any formal (required) sessions where counseling on electives occurs.

The JCESOM employs a medical school dedicated registrar who has overall responsibility for ensuring medical students are enrolled for all required courses and meet promotion and graduation requirements. In addition to required courses, the registrar also is responsible for tracking electives throughout the four years of medical school.

The assistant dean of student affairs primarily is responsible for advising all rising third year medical students. Rising orientation meetings are held in the spring semester of a student's third year. In collaboration with the registrar, the assistant dean discusses away rotation requirements and elective away rotations. All rising 4th year students are required to meet with the Assistant Dean of Students Affairs to review, discuss, and approve the final 4th year elective choices. During the meetings, students are reminded of the 4th year attendance policy, elective schedules, interviewing season schedules and demands and managing all schedules above. During the discussion the student is provided feedback which includes areas of concerns such as potential conflicts of schedules and interviews. This formative feedback is a block calendar that replicates their 4th year block schedule with notes to the student listed and emailed to the student following the discussion.

Clerkship directors, department chairs, and faculty are all advisors to medical students who are entering into the department's field of clinical study.

- d. List the individual(s) primarily responsible for the preparation of the Medical Student Performance Evaluation (MSPE). Describe the opportunities for medical students to request another MSPE writer.

Primary authors for the MSPE are the Vice-Dean of Medical Education and the Assistant Dean of Student Affairs. During the final rotation of year 3 or immediately at the beginning of year 4, a mandatory class meeting is held where a power point presentation is given to all students explaining the structure, content, and composition of the MSPE. Students are informed that if they wish to request another writer, they can make a formal email request to both writers.

SUPPORTING DOCUMENTATION

1. A sample MSPE for a recent graduate with good academic credentials and a sample MSPE for a student who has experienced academic difficulty. Personally identifiable information should be redacted.

Appendix 11.2-1 MSPE for Well Performing Student

Appendix 11.2-2 MSPE for a Student that Struggled

11.3 OVERSIGHT OF EXTRAMURAL ELECTIVES

If a medical student at a medical school is permitted to take an elective under the auspices of another medical school, institution, or organization, a centralized system exists in the dean's office at the home school to review the proposed extramural elective prior to approval and to ensure the return of a performance assessment of the student and an evaluation of the elective by the student. Information about such issues as the following are available, as appropriate, to the student and the medical school in order to inform the student's and the school's review of the experience prior to its approval:

- Potential risks to the health and safety of patients, students, and the community
- The availability of emergency care
- The possibility of natural disasters, political instability, and exposure to disease
- The need for additional preparation prior to, support during, and follow-up after the elective
- The level and quality of supervision
- Any potential challenges to the code of medical ethics adopted by the home school

NARRATIVE RESPONSE

- a. Describe how and by whom extramural electives are reviewed and approved prior to being made available for student enrollment.

Domestic Extramural electives: All domestic fourth year extramural electives scheduled at other LCME accredited institutions are reviewed by the Office of Medical Education to determine if the course content and objectives are aligned similarly to JCESOM. If so, no additional review is required. If no course is available in JCESOM course catalog, the Office of Medical Education in conjunction with the academic department will review the elective for educational content that is appropriate for a final year elective.

International Extramural Electives: There are two methods for students to participate in international extramural electives: 1) faculty-led experience; and 2) students can independently acquire information on an international elective and submit to our Office of International Health for review and approval. The Office of International Health is responsible for evaluating and monitoring a proposed international elective location with support from the Office of Medical Education. The Office of International Health also will support the student in set up preparations, which includes assessing issues related to availability of emergency care, natural disaster potential, political instability, exposure to native diseases and any other significant concerns students should be prepared for.

- b. Describe how the medical school evaluates each of the following areas in its review of electives at locations (e.g., countries/regions) where there is a potential risk to medical student and patient safety:

1. The availability of emergency care
2. The possibility of natural disasters, political instability, and exposure to disease
3. The need for additional preparation prior to, support during, and follow-up after the elective
4. The level and quality of supervision
5. Potential challenges to the code of medical ethics adopted by the home school
6. Provide an example of how medical students were prepared and supported before and during electives in which there is a risk to student and patient safety.

Domestic Extramural Electives

- **Availability of emergency care:** JCESOM employs the AAMC Uniform Clinical Training Affiliation Agreement (UCTAA) to contract for domestic extramural electives with other LCME accredited U.S. medical schools. The UCTAA is designed to require compliance with applicable

state and federal laws regarding workplace safety regulations, which includes environmental hazards, infectious hazards, and other occupational injuries, which may require emergency care following an incident of exposure.

Regarding health emergencies not related to occupational exposure or injury JCESOM students are required to maintain current personal health insurance while enrolled at JCESOM. This allows access to healthcare services at an extramural training site and/or hospital. All domestic extramural electives approved by the SOM are affiliated with U.S. hospitals and/or health care facilities accredited by the LCME and/or the Joint Commission. This practice ensures the facilities in which extramural electives take place maintain healthcare requirements, emergency care, emergency plans, and quality supervision, and they meet the same medical ethics standards for patient care as does the JCESOM.

- **The possibility of natural disasters, political instability, and exposure to disease:** Students completing approved extramural electives are in affiliation with other LCME accredited medical schools by way of the AAMC Uniform Clinical Training Affiliation Agreement (UCTAA). All domestic sites therefore must comply with LCME standard 5.7 regarding student safety, security and disaster preparedness. Standard 5.7 also requires adequate security systems to be in place at all locations and policies and procedures must be in place to ensure student safety during disaster preparedness. Furthermore, the UCTAA requires host schools/institutions provide an orientation of their schools policies and procedures.
- **The need for additional preparation prior to, support during, and follow-up after the elective:** Students are required to maintain personal health insurance and they must also maintain up to date immunizations while enrolled at JCESOM. During years 3 and 4, students are required to keep OSHA training up to date, which covers needle stick protocol and specifically outlines the procedures to take should an incident occur. Students are monitored by the Office of Medical Education to ensure they maintain up to date OSHA for both electives at JCESOM and any extramural electives they may participate in. Students are also verified in the VSLO system that they have completed the OSHA training for workplace safety.

The UCTAA additionally stipulates hosting institutions orient visiting students (e.g., JCESOM students) regarding the host institution's rules, regulations, procedures, and policies, as well as comply with state and federal workplace safety laws and regulations including exposure to an infectious or environmental hazard or other occupational injury. The UCTAA additionally specifies the quality of instruction, supervision, and learning environment are appropriate to the level of the student's level of training, and an evaluation of a student be completed and returned to the home school in a timely manner.

- **The level and quality of supervision:** As stated in the UCTAA or other affiliation agreements with extramural institutions, hosting institutions are expected to "maintain a level of care which meets generally accepted standards conducive to satisfactory instruction" and that "all services rendered by students must have educational value and meet the goals of the medical education program." Additionally, host intuitions are required by the UCTAA or other affiliation agreement, "to participate in the evaluation of the learning and performance of participating students by completing evaluation forms provided by and returned to the SCHOOL in a timely fashion."
- **Potential challenges to the code of medical ethics adopted by the home school:** All U.S. LCME accredited schools are required to ensure their learning environment fosters the development of appropriate professional attributes in medical students. The UCTAA specifies the

home school is accountable for ensuring students who are allowed to participate in extramural electives have received adequate training and educational experiences in professional ethics. Additionally, home schools are responsible for advising students to comply with host institutions' policies and procedures while on extramural electives.

- Provide an example of how medical students were prepared and supported before and during electives in which there is a risk to student and patient safety: Students in their final year have the option to select electives located in rural locations throughout the state of West Virginia. These locations are affiliated with Marshall Health and/or Cabell Huntington Hospital. All supervising physicians at these locations are JCESOM faculty. Each student who has chosen a designated rural location works with the JCESOM Rural Health Coordinator to set up any required activities before, during or after a rotation.

Pre-departure requirements:

- Make contact with department/facility coordinator or the physician/faculty member to set up the schedule during the time the student will be rotating in their elective.
- Complete any necessary documentation for emergency contacts
 - The Office of Medical Education maintains updated information and can share with the Rural Health Coordinator if needed.
- Vaccinations/Immunizations are verified as up-to-date with the Clinical Health Nurse.
 - Any outdated immunizations are updated as needed
- Students are required to update their OSHA training if needed
- Rural Health Coordinator or the Department Coordinator of the facility are to inform the students of any additional occupational safety training needed for the elective location.

During the experience

- If possible, students are to check in with the JCESOM Rural Health Coordinator to answer any questions about the location or to address any issues of concern.
- The Rural Health Coordinator will notify the Office of Medical Education and the Office of Student Affairs in the event there is an emergency involving a student.

After the experience

- Students give feedback regarding their experience to the Rural Health Coordinator. This helps to ensure rural electives are fostering an educational experience that is appropriate for our students.
 - Students may also help update our Rural Rotation guide with information about the area in which they rotated in their elective.

International Extramural Electives

- **The availability of emergency care:** International host institutions are expected to arrange JCESOM students' with an on-site orientation to their elective rotation which includes the following:
 - 1) How medical care can be provided in the local area (as compared to the United States);
 - 2) What their emergency procedures and protocols are;
 - 3) Any local or current safety hazards the student should be aware of.

This information must be submitted by the student or host institution to the Office of International Health for review prior to approval of the rotation. If the student is

arranging the rotation, the student must submit the name of the institution and the program administrators name to the Office of International Health. The JCESOM Office of International Health will coordinate with the host institution regarding all aspects of orientation, policies and procedures, and expectations of other resources that should be available to the JCESOM student.

- **The possibility of natural disasters, political instability, and exposure to disease:** During the approval process of an international elective, the Office of International Health considers the location of the host institution. JCESOM does not allow students to travel to areas the State Department has deemed restricted, issued a warning, or deemed to be a high or extremely high travel risk. Ongoing monitoring of global locations deemed unsafe occurs once an elective has been approved. If a change in safety or risk should occur, the student will be notified that the elective is cancelled.
- **The need for additional preparation prior to, support during, and follow-up after the elective:** The Office of International Health utilizes the U.S. Department of State's Smart Traveler Enrollment Program, which registers the student's trip with the nearest U.S. Embassy or Consulate. Students are also required to meet with the Office of International Health for pre-departure training. (See description below).
- **The level and quality of supervision:** The Office of International Health works in conjunction with the Office of Medical Education to ensure quality standards for educational learning environments will be met during the experience of all international extramural electives.
- **Potential challenges to the code of medical ethics adopted by the home school:** The Office of International Health in conjunction with the Office of Medical Education is responsible for reviewing international elective requirements for any possible challenges to the code of conduct JCESOM students are held to.
- Provide an example of how medical students were prepared and supported before and during electives in which there is a risk to student and patient safety: On average, 40 JCESOM students participate in our Herd for Honduras, in La Esperanza, Honduras. Each of these students complete a standardized procedure developed by the Office of International Health in collaboration with the Office of Medical Education. This procedure includes required activities which are completed before, during and after the international elective experience.

Pre-departure requirements

- Review online webinar and presentations from the U.S. Department of State Study Abroad Division
- Register trip with the U.S. Department of State Smart Traveler Enrollment Program, a service of the Bureau of Consular Affairs
- Check Travel Advisories from the U.S. Department of State
- Check Center for Disease Control (CDC) resources for the area the student is traveling to
- Complete the Global Health Rotation packet and submit to the Office of Global Health
- Purchase travel insurance (if necessary)
- Complete any needed vaccinations
 - Students are directed to the Office of Clinical Health to obtain any needed vaccinations
- Must have current passport or visa

During the experience

- JCESOM Faculty also attend this experience so the students' first point of contact is the JCESOM supervising faculty members.
- Students are required to check in to the Office of Global Health upon arrival to their elective location.
- Students are given emergency information to contact JCESOM in the event there is an incident during their experience.

After the experience

- Students must debrief with the faculty sponsor or Office of International Health
- Students may be required to complete a written reflection of their elective experience and/or discuss presentation options

- c. Describe the system for collecting performance assessments of medical students and evaluations of electives from medical students completing extramural electives.

Any JCESOM student completing an extramural elective must have the supervising physician/faculty member complete the JCESOM assessment if the student is completing the experience for credit. The Office of Academic Affairs collects these evaluations and coordinates with the student or the facility directly to ensure an assessment is completed. All extramural rotations are PASS/FAIL and the final grade is assigned by the host institution.

- d. Describe how the evaluation data on extramural electives provided by medical students is used by the school. For example, how are these data made available to medical students considering their elective options?

Data are collected using the JCESOM Student Scheduling system and Visiting Student Learning Opportunities. Experience locations are noted in the JCESOM Student Scheduling system as well as contact information provided by the student for that specific experience. The data are reviewed by the Office of Academic Affairs for any concerns or trends that could be shared with students seeking rotations at specific locations. At this time, information is only available if a JCESOM student contacts the Office of Academic Affairs about information for a specific location or facility.

11.4 PROVISION OF MSPE

A medical school provides a Medical Student Performance Evaluation required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.

NARRATIVE RESPONSE

- a. Provide the earliest date for release by the medical school of the MSPE.

The JCESOM follows all rules and regulations set forth by the AAMC MyERAS regarding the composition and release of the MSPE. As such, October 1 is the earliest date for release of the MSPE.

11.5 CONFIDENTIALITY OF STUDENT EDUCATIONAL RECORDS

At a medical school, medical student educational records are confidential and available only to those members of the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws concerning confidentiality.

NARRATIVE RESPONSE

- a. How does the medical school differentiate between academic records and other relevant records (e.g., health information) so that there is an appropriate separation and assurance of confidentiality?

A JCESOM student's educational record is maintained by the Office of Academic Affairs under the supervision of the Registrar. The JCESOM Educational Record Policy defines items kept in the academic records. Health items are maintained by the Office of Occupational Health and are not kept in the academic record of the student unless it is part of an extramural elective application. Once a student has graduated, those file items will be purged from the permanent academic record.

A student's active educational record may contain the following, but is not limited to the items listed below:

- Signed statements of understanding regarding professional and technical standards
- Commendation letters
- Documentation of Grade Changes
- Documentation in change of status relating to leaves of absence, academic remediation
- Documentation of Name Changes
- Decisions or letters from the Academic & Professionalism Standards Committee
- Evaluations of the student from clinical rotations/courses
- Admissions material such as application for admission (AMCAS), test scores, transcripts and any other application correspondence
- Copy of MSPE
- Copy of Diploma
- Copy of Degree Audit/Confirmation of completion of M.D. requirements
- Letter confirming reasonable accommodations

Following graduation, student files are reviewed for document retention by the Registrar of JCESOM. Documents retained in the permanent academic file include the student's MSPE; clinical and clerkship evaluations/grades; documentation regarding leave of absences; records/letters related to disciplinary actions, records of academic difficulties (e.g. course remediations); documentation related to transfer to or from JCESOM; documentation of withdrawal or dismissal; documentation related ADA accommodations. Any document which is not to be retained in the permanent record, will be destroyed in a secure manner.

- b. Describe how the medical school determines which individuals have permission to review a medical student's file. Identify the categories of individuals (i.e., administrators, faculty) who are permitted to review medical student records. How does the medical school ensure that student educational records are available only to those individuals who are permitted to review them?

Review of Medical Student Educational Records. The JCESOM Office of Academic Affairs follows the Family Education Rights and Privacy Act (FERPA) and the JCESOM Educational Records Policy which provide guidelines on how to determine who should be given access to a student's educational record. The JCESOM Registrar, in consultation with the Vice Dean of Medical Education, is authorized to determine who shall be permitted to review a student's educational record as outlined in the MUJCESOM Educational Records Policy, section 8, Disclosure of Student Information without Student Consent.

To gain access to a student's educational information, the individual seeking access should contact the JCESOM Registrar. Per the MUJCESOM Educational Records Policy, information may be released to JCESOM officials, staff, and others engaged in endeavors on behalf of JCESOM with a legitimate educational interest.

A person with a legitimate educational interest is defined as:

- If the individual needs to review an education record in order to fulfill his or her professional responsibilities to the JCESOM.
 - Such individuals include officers of the University, faculty, administrative staff, law enforcement and medical and legal personnel, and may include contractors, consultants and professionals engaged by JCESOM where disclosure of the information is necessary for such individuals to fulfill their duties and responsibilities to JCESOM.
 - In addition, these individuals may include JCESOM students, individuals from outside the School of Medicine, and volunteers, who are requested to serve on an authorized committee or board of JCESOM (such as the Academic & Professionalism Standards Committee or the Board of Trustees) or to otherwise perform authorized tasks for JCESOM.

Specific individuals who are eligible to access a student's educational record based on legitimate educational interests are:

- The Dean; Vice Dean of Medical Education; Assistant Dean of Academic Affairs; Assistant Dean for Student Affairs; Associate Dean of Pre-Clinical Education; Director of Clinical Education; Academic & Professionalism Standards Committee.

c. Describe the physical location(s) where medical student academic records are kept or if records are only stored online.

All student records are kept onsite at our main campus located in the Administrative Suite of the JCESOM. Records are only accessible to the Office of Medical Education staff and are kept in locked file cabinets in two filing locations based upon the year of graduation.

SUPPORTING DOCUMENTATION

1. Policy and procedure for a member of the faculty/administration to gain access to a medical student's file.

Appendix 11.5-1 FERPA

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.

NARRATIVE RESPONSE

- a. Describe the procedure that medical students must follow in order to review or challenge their records. Note if there are any components of students' records that students are not permitted to review.

Inspection of Educational Records. Students may request to have access to their educational record at any time. If possible, immediate access will be granted, however if immediate access is not available a student should have to wait no more than 45 days to gain access to their educational record. If a student is required to wait, the Office of Medical Education will inform the student of when the record will be available. Students will be required to establish their identity with a picture ID prior to viewing their record.

Information Which a Student Does Not Have the Right to Inspect

Under FERPA, a student does not have the right to inspect information that is not an educational record, such as follows, but not limited to:

- Medical treatment records:
 - Records maintained by a physician, psychiatrist, psychologist, or other recognized professional or para-professional, which are used only for treatment purposes (such records may be reviewed by a physician or other appropriate professional of the student's choice).
- Financial information submitted by the student's parents (these records are kept in the Financial Aid Office).
- Confidential letters and statements of recommendation which were placed in the files before January 1, 1975, and which were used only for the purpose(s) for which they were intended.
- Confidential recommendations concerning admission and any other materials for which the student has specifically and in writing waived his/her right to access.
- Admissions records for a student who did not officially attend the program of admission.
 - If the student completed a course at JCESOM but never officially attended as a degree candidate in the program of admission, then the student has FERPA rights with respect to that course but does not have rights in respect to the admissions records for that program.
- Records of a student that contain information on other students.

- b. Can students gain access to their records in a timely manner? What is the typical time for a student to gain access?

Students typically have immediate access to their records once an informal request is made. If access is not immediately available, all attempts are made to accommodate the student's request within 24 to 48 hours. Per FERPA and the JCESOM Educational Records Policy, JCESOM has up to 45 days to comply with the request.

- c. Indicate whether medical students are permitted to review and potentially challenge the following records. If review and challenge are possible, describe the procedures used.

1. Content of the MSPE
2. Course and clerkship data (e.g., examination performance, narrative assessments)
3. Course and clerkship grades

1. Content of the MSPE

Students may request to review and challenge any section of their MSPE. To request a review or to challenge information on their MSPE, the student must contact the Assistant Dean of Student Affairs

and/or the Vice Dean of Medical Education. A meeting will be arranged between the student and the one of the above designees. Final approval of any challenges to information on the MSPE is granted by the Vice Dean of Medical Education.

All JCESOM Students are required to review their MSPE with either the Vice Dean of Medical Education or the Assistant Dean of Student Affairs prior to submission to ERAS.

2. Course and clerkship data (e.g., examination performance, narrative assessments)

Exam Challenges in Years 1 and 2. Students are given the opportunity to review their examinations at scheduled Exam Review Sessions. The time of the exam review will be determined by the course director and posted on the curriculum calendar. Students will be able to access a report of their performance on the ExamSoft ExamTaker portal once the results are released by the course director.

Students will have 45 minutes to log onto Exemplify to review the exam and identify any questions they wish to challenge. Once students have logged out of Exemplify, they will have one hour to develop question challenges. Students write the questions they wish to challenge on a form or the board. For multiple challenges to the same question, students may challenge as a group. Faculty will have until the end of the day on the third working day after the exam review to return their responses to the course director. The course director will distribute the responses to the students and, if necessary, regrade the exam and repost grade reports. The course director has the final decision on resolution of exam question challenges.

NBME Exam Challenges. Students may challenge their NBME Subject Exam score. The process is facilitated through the Office of Academic Affairs to the NBME. The NBME does charge a fee for this process which the student is responsible for.

Clinical Clerkship Narratives. Students may challenge or request to review narratives submitted by a clerkship director for enclosure in the MSPE. A student may challenge the narrative paragraph for up to eight weeks after the completion of the clerkship. Procedures for a student to challenge the narrative content include:

- Direct discussion with the clerkship director via individual evaluations submitted by supervising faculty and residents.
- If the challenge is denied at the clerkship level, students may follow the process as outlined in the Marshall University Joan C. Edwards School of Medicine Honor System & Policy Regarding Academic and Professionalism Standards, Leaves and Appeals, section 11, Appeal Process.
- Students have 10 days to appeal the clerkship director's dismissal of the challenge to the Academic & Professionalism Standards Committee (APSC). If the APSC denies the student's challenge, a Second Level of Appeals Committee can be formed. Should the Second Level of Appeals deny the students challenge, the appeal can go to the Dean of the SOM. The Dean's decision is the final decision. There are no further levels of appeal.

3. Course and clerkship grades

The Grade Appeal process for all class years, is outlined in the Marshall University Joan C. Edwards School of Medicine Honor System & Policy Regarding Academic and Professionalism Standards, Leaves and Appeals, section 11, Appeal Process. Students may request to challenge a grade at the level of the course/clerkships director. The student must initiate the challenge within thirty days of notification. If not satisfied with the outcome at the course/clerkship level, the student has ten days to appeal to the Academic & Professionalism Standards Committee (APSC). If the APSC denies the students appeal, the student has ten days to appeal to the Second Level of Appeals Committee (SLAC). If the SLAC denies the students appeal, the student has ten days to present their appeal to the Dean of the School of Medicine. The Dean's decision is final and there are no further levels of appeal.

- d. Describe how the medical school's policies and procedures related to students' ability to review and challenge their records are made known to students and faculty.

Students. All medical school policies related to a student's ability to review and challenge their records are posted on the student policy website. Policies are flagged if they are new or updated and notification emails are sent out when updates are approved. Students are also informed of their educational rights during:

- Orientation to medical school
- Orientation to course/clerkships
- Curriculum Calendar has times and dates of Exam Reviews
- Email and Verbal reminders during student meetings throughout the year

Faculty and Staff. Policies relating to students' rights are posted and flagged as updated or new on the student's policies webpage. Faculty and Staff are also notified throughout the following methods:

- Annual Disclosure Statements for FERPA
- Marshall University GreenBook (Faculty handbook)
- Curriculum Committee and Sub-Committee and meetings

SUPPORTING DOCUMENTATION

1. Medical school policies and procedures related to medical students' ability to review and challenge their records, including the length of time it takes for students to gain access to their records.

Appendix 11.6-1 Student Access to Records Policy

Appendix 11.6-2 Academic and Professionalism Standards Policy