



**Master of Science in  
Anesthesia  
STUDENT HANDBOOK**

**2025**

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## SUPPLEMENTAL DOCUMENTS TO SUPPORT STUDENT HANDBOOK

Clinical Policies & Procedures

School of Medicine Standards of Professional Conduct

Procedures for Managing Suspected Violations of Standard Conduct and Professional Standards

Standards of Conduct for Teacher/Learner Relationships Policy

*Italicized letters and numbers next to sections reference Standards of the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA). These indications throughout the handbook identify information/policies that assist the program in being compliant with the respective Standard(s).*

# INTRODUCTION

This student handbook has been compiled to acquaint students with the many resources and facilities available, and to provide information regarding the policies and procedures applicable to students in the Master of Science in Anesthesia (MSA) program. This manual is not all inclusive, but contains detailed information for students in the program. Additional direction to access supplemental or more comprehensive information when applicable is provided. Other important resources include the following:

[MSA Program Website](#)

[UMKC Graduate Academic Regulations in the UMKC catalog](#)

[University of Missouri System Collected Rules and Regulations: Programs, Courses, and Student Affairs](#)

## Mission, Vision, Goals, and Accreditation

### UMKC School of Medicine Mission and Vision

The mission of the University of Missouri-Kansas City School of Medicine is to improve the health and well-being of individuals and populations through innovative educational programs in medicine and biomedical science, cutting-edge biomedical research, and leadership in academic medicine. The School strives to implement this mission with the highest professional and ethical standards, in a culture of diversity and inclusiveness, and in an environment that enables each individual to develop to their full potential. The vision of the UMKC School of Medicine is to aim to be the anchoring institution for a leading academic health center.

### UMKC Master of Science in Anesthesia Program Mission

To prepare and educate students with advanced specialized knowledge and skills thereby becoming compassionate, competent, and ethical patient-centered anesthesiologist assistants who work within an Anesthesia Care Team (ACT).

### UMKC Master of Science in Anesthesia Program Vision

The Master of Science in Anesthesia program provides a didactic and clinical environment producing anesthesiologist assistants who are integral components of the Anesthesia Care Team. Our graduates will be driven by compassion and guided by science and sound technical skills producing highly qualified and competent patient care. The students, graduates, and faculty foster the belief of lifelong learning and service through academic endeavors and professional engagement.

### Program Goals (*Standard II. A.*)

- To produce competent entry-level anesthesiologist assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
- To advance the anesthesiologist assistant profession

### Program Accreditation (*Standard V. A. 2.*)

The Master of Science in Anesthesia Program at the University of Missouri-Kansas City School of Medicine is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the [Accreditation Review Committee for the Anesthesiologist Assistant \(ARC-AA\)](#).

Commission on Accreditation of Allied Health Education Programs  
9355 113<sup>th</sup> St. N, #7709  
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## Program Oversight and Committees

Several committees and councils play important roles in student admission, progression, and graduation.

### **Advisory Committee (*Standard II. B.*)**

The MSA Advisory Committee is a diverse group of individuals representing the different constituency groups of the program. They collectively make recommendations regarding the development of the program. One student from each class serves on this committee.

### **Admissions Committee**

The purpose of this committee is to select and admit qualified applicants to the Master of Science in Anesthesia (MSA) Program. This committee is also responsible for determining admissions criteria and ensuring compliance with admissions policies and procedures. One student member per class serves on this committee.

### **Curriculum Committee**

The curriculum committee supports the program faculty in curriculum design, course selection, and program evaluation.

### **Committee on Progression**

The responsibility of the Committee on Progression (COP) is the development of policies and procedures for academic assessment of students in the School of Medicine graduate programs regarding student progression, probation, separation, and graduation. The Committee on Progression assesses the status of individual students in order to make recommendations for progression, probation, separation, and graduation to the School of Medicine Graduate Council. Students should become familiar with the policies and procedures of this committee (included in handbook).

### **School of Medicine Graduate Council**

This council oversees the academic aspects of the Graduate Programs at the School of Medicine (SOM). The council reviews and formulates appropriate recommendations relevant to policies regarding student admissions, curriculum, and student assessment, graduation, dismissal, and discipline of each program in order to assure quality, adherence to regulations of UMKC's School of Graduate Studies, and appropriate consistency across programs. The Council makes final determinations regarding individual student academic progress. Student appeals regarding dismissal are made to the Graduate Council. Grade appeals, following communication with the course instructor and program, may also be reviewed by this council. Students should refer to the full grade appeal process provided later in the handbook for more details.

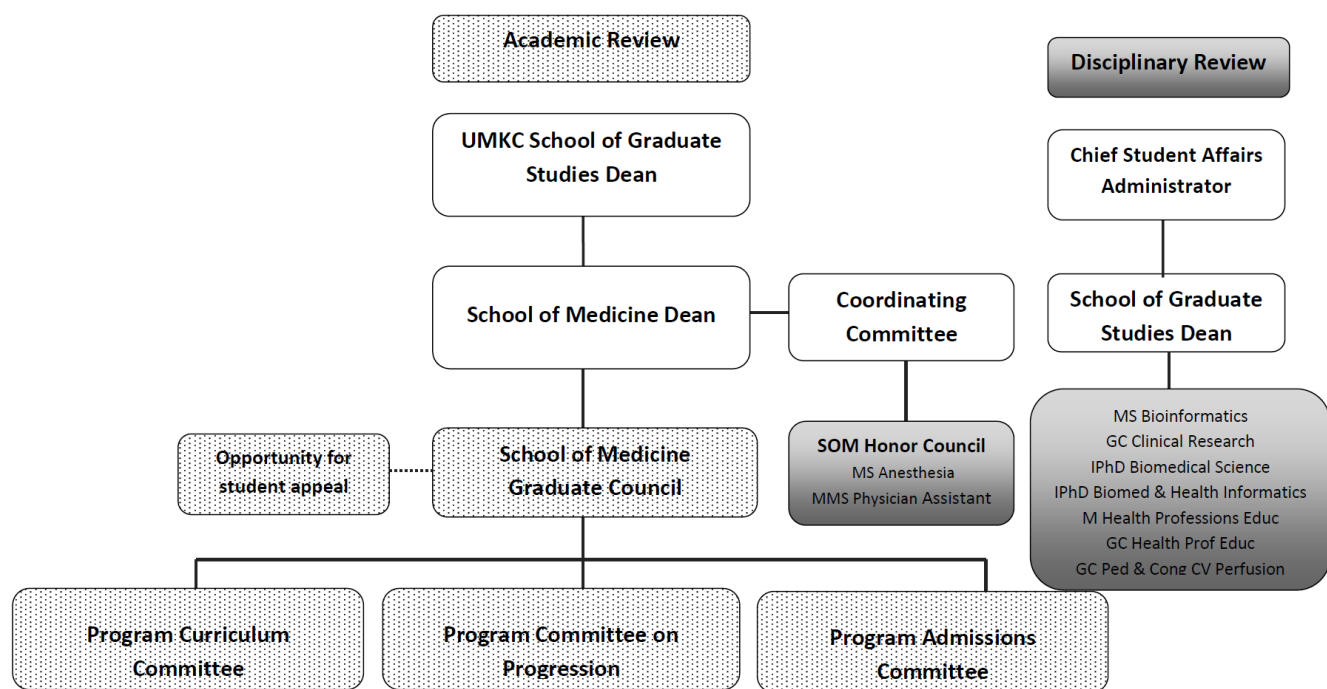
### **School of Graduate Studies**

The minimum criteria for admission and progression/graduation are set by the Graduate Academic Regulations and Governing Councils of the UMKC School of Graduate Studies. Specific degree programs, e.g., the MSA and MMSPA programs, may define more stringent criteria.

### **Honor Council**

The Honor Council is concerned with incidents of alleged violations of the School of Medicine's Standards of Professional Conduct by UMKC School of Medicine students enrolled in the MD or graduate Professional programs (MSA and MMSPA). Whether such violations occur on the Volker campus, in classes, or during clinical experiences at affiliated hospitals and clinics through the School of Medicine, they are reported to, investigated and evaluated by this Council. Further information can be found in the Standards of Professional Conduct.

## UMKC School of Medicine Graduate Programs Governance Chart



Revised July 2016

## General Information, Policies, and Procedures

Upon admission acceptance, students have many responsibilities to adhere to the program policies and maintain an active status in the program. These may seem overwhelming and repetitive at times and may be associated with costs to the student; however, they are crucial to a student's ability to complete the program and become a certified professional. Students must become familiar with the university and program policies that govern student status in the program. The policies outlined in this handbook apply to all students in the program. Students will be notified by the program if assigned to a clinical site where the policies differ and supersede the program's policies.

### Professional Expectation: Adhering to Program Deadlines

The program's staff and faculty facilitate processes related to student requirements, including but not limited to clinical onboarding paperwork, immunization and screening requirements, and general requirements of the program. It is a professional expectation that students meet all deadlines set by the program. If students are unable to meet a deadline, it is expected that students communicate with the program prior to the deadline. An advising note will be made in a student's file each time a deadline is missed and will be reviewed by the program director and program faculty to identify patterns of unprofessionalism.

Any failure or repeated failure of a student to meet deadlines could result in a consequence set forth by program faculty. Consequences may include, but are not limited to, verbal/written warning, removal from clinic until the deadline is met with associated unexcused absence(s), decrease in Professionalism category average in a Clinical Experience course, or referral to the Committee on Progression.

## Background Screening (*Standard V. C.*)

UMKC affiliated hospitals and clinics where students complete clinical rotation requirements require that background screenings be conducted before placement. All students who accept an offer of admission must complete a background screen before matriculation into the program. Background screenings are required annually for students and deadlines will be announced by the program. The costs associated with screens are the responsibility of the student. Additional screens may be required for certain rotations or based on changes in the program's background screening requirements. Any additional screenings are the financial responsibility of the student. By completing a background screen, the student authorizes UMKC to release the results of any screens in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating.

The results of background screens are forwarded to the Associate Dean of Student Affairs. If a student is identified as having been convicted of a crime or has any other unsatisfactory finding in the background screen process, the affiliated institutions will be notified and will determine if the student will be permitted to participate in clinical activities on-site. It is possible that certain background screen results may prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics.

Should an incident occur after the initial background screen that may prohibit the student from successfully completing any part of the program, including a required clinical rotation, it is the responsibility of the student to report the incident to program administrators. Each incident will be handled on a case-by-case basis.

## Drug Screening (*Standard V. C.*)

UMKC-affiliated hospitals and clinics where students complete clinical rotations require that drug screens be conducted prior to student placement. All students who accept an offer of admission must complete a drug screening prior to matriculation into the program. Drug screenings are required annually for students and deadlines will be announced by the program. The cost of screenings is paid by the student. Additional screenings may be required for certain rotations or based on changes in the program's drug screening requirements. Any additional screenings are the financial responsibility of the student. Students who are required to complete a drug screening in addition to the program's testing due to affiliate onboarding policies must still complete the program's annual screening unless 1) a student's screening has occurred within three months of the program's screening deadline or after August 1 of the same year (whichever is longer), 2) the screening meets the program's requirements, and 3) the screening can be released to the program. By completing a drug screening, the student authorizes UMKC to release the results of any reports in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating.

Results of screens that are not "Negative" are forwarded to the Associate Dean for Student Affairs and may result in re-testing at the student's expense. If a student is identified as having a drug screen that is not a negative status, which could be consistent with substance abuse behavior, the affiliated institution will be notified and will determine if the student will be permitted to participate in clinical activities on-site. It is possible that certain drug screen results may prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics and/or may require the student to get more drug screenings at the cost of the student.

## Technical Standards (*Standard V. A. 2.*)

When completing the MSA application, the applicant indicated they met certain technical standards necessary to carry out all activities required for completion of the program. If there is any change in a student's technical standards status prior to matriculation or while completing the program of study, the student must notify the program director. A student's ability to meet the technical standards are assessed annually via the required assessment form. Any student approved for a leave of absence must sign a new technical standards form before the leave and upon return from the leave.



## Annual Physical Screening (*Standard V. C.*)

Students must undergo an annual physical exam that assesses their ability to perform educational activities based on the program's technical standards. By signing the student handbook agreement, the student authorizes program staff to maintain, review, and release the Annual Physical Form to affiliated hospitals or clinics where a student is rotating, as required for clinical onboarding. A licensed healthcare provider (physician, physician assistant, or nurse practitioner) of no relation to the student must release the student to participate in program activities on the specified program form. Detailed medical information **should not** be submitted to the program and cannot be included as part of a student's record. The first physical exam must be completed no sooner than six months before program matriculation and will be required annually. Deadlines for physical exams will be announced by the program.

Students who exhibit signs or symptoms of a behavioral or physical illness affecting their ability to successfully participate in the curriculum may be asked to undergo evaluation by a medical provider to renew their technical standards status and/or complete a drug screening.

## Immunization and Health Screening Requirements (*Standard V. C.*)

### Procedures

- The program's policy on immunization and health screening requirements are based on the most recent CDC recommendations for health professions, state-specific mandates, and affiliate policies. The policy is reviewed annually to ensure it meets national and local guidelines. Students will be notified of changes to the immunization policy and given directions on completing any additional requirements as necessary.
- Specified immunizations and health screenings are required for all students unless an exemption is provided for medical contraindication (health care provider documentation must be provided and based on CDC contraindication guidelines) or religious exemption. See the full exemption policy for further details.
- If a student cannot meet the immunization requirements of the program and all clinical sites where they are scheduled, the student may be prevented from fulfilling the mandatory requirements for graduation if it prevents a student from rotating in affiliated hospitals or clinics. Clinical assignments will not be changed for students who do not meet the immunization policy of the program or a clinical site.
- Additional immunization and/or health screening requirements beyond those mandated by the program may be required by a clinical affiliate. If so, students will be made aware of additional requirements and must ensure compliance at their own cost, as necessary.
- By signing the program's handbook agreement, the student provides permission for the program's clinical course directors and support staff to have access to confidential student health records (immunization records, health screenings, and annual screening form) for the purpose of clinical onboarding and program requirements. Additionally, the student provides permission for the program to release these records to affiliated hospitals or clinics where a student is rotating for the purpose of clinical onboarding.
- Verification of required immunizations and health screenings will be completed by UMKC Roo wellness before matriculation and clinical placement. Students must utilize the AAMC Immunization Form and the required attachments to confirm initial compliance with the program's immunization and health screening requirements. The form must be signed by a qualified health care provider (MD, DO, physician assistant, or nurse practitioner) who is not related to the student. After initial compliance is confirmed, laboratory results and other documents may be used to prove compliance with subsequent screenings and immunizations.
- Students may obtain requirements through [UMKC Roo Wellness](#) or a health care provider of their choice.

## Immunization Requirements

Students must provide proof of screening, vaccination, and/or immunity for the following (all doses must be given at required scheduled time durations):

**Tuberculosis (TB)**- TB screening procedures vary based on a student's immunization/disease history.

1. Students who **do not have a history of TB infection/disease or have not had positive TB test results in the past** (regardless of BCG vaccination status) are required to:
  - a. Complete one TB Interferon Gamma Release Assay (IGRA) blood test (QuantiFERON TB Gold or T-Spot) within three months of matriculation.  
**AND**
  - b. Annual testing (IGRA blood test) and TB questionnaire is required thereafter.
2. Students who have a **history of positive TB skin test, positive TB blood test, and/or diagnosis of Latent Tuberculosis Infection (LTBI)** must provide:
  - a. Documentation of positive TB skin test (TST) results and a report from the most recent two-view chest x-ray received, and provide details for drug treatment for LTBI or TB. Chest x-rays are valid to meet the program's immunization policy for 4 years. (Additional negative two-view chest x-rays may be required by some clinical affiliates and will be the financial responsibility of the student.)  
**AND**
  - b. Annual TB questionnaire is required annually thereafter.

Additional action may be required for a student based on results of the TB questionnaire.

**Tetanus-Diphtheria-Pertussis (Tdap/Td)**- Evidence of one dose of Tdap within 10 years of all program activities. If student has received Td only, then a one-time dose of Tdap must be received, then boost with Td or Tdap every 10 years.

**Measles, Mumps, & Rubella (MMR)**- Students must show immunity through documentation of a series of two doses of MMR vaccine; **OR** two doses of Measles, two doses of Mumps, and one dose of Rubella; **OR** laboratory evidence of immunity via positive antibody titer results. Students with negative or indeterminate antibody titer results will be required to complete vaccination series, followed by a second titer.

**Varicella (Chicken Pox)**- Evidence of immunity is documentation of two doses of the varicella vaccine (administered at least 28 days apart with the last dose completed at least two weeks prior to clinical start date) **OR** laboratory evidence of immunity via positive antibody titers. Students with negative or indeterminate antibody titer results will be required to complete vaccination series, followed by a second titer.

**Hepatitis B**- Evidence of immunity is documentation of a Hepatitis B vaccination series **AND** laboratory evidence of immunity via a positive antibody titer. Students with negative or indeterminate antibody titer results will be required to complete a second vaccination series and an antibody titer 1-2 months after the last dose of the second series.

**Influenza**- Evidence of current season flu vaccination required at matriculation and annually thereafter.

**COVID-19**- Evidence of two doses (primary series).

## Immunization Exemption Policy

Specified immunization and health screenings are required for all students unless an exemption is provided for medical contraindications or religious beliefs. Students seeking an immunization exemption should contact RooWellness to start the exemption request process. Medical exemption requests are reviewed and granted by RooWellness and require healthcare provider documentation and rationale based on CDC contraindication guidelines. Religious exemption requests are reviewed and granted by UMKC Student Accessibility Services. Students who are granted exemptions must

submit official exemption approval documentation to the program to be saved with their records. An exemption may be granted with stipulations that require additional action by the student (e.g., wearing a mask in certain educational spaces, regular screening, etc.). Students are required to meet these stipulations for the exemption to remain active. A student who receives an exemption via RooWellness (medical exemption) and/or UMKC Office of Accessibility Services (religious exemption) meets the policy of the program and university, but this does not necessarily grant a student exemption for clinical facilities. A student may need to pursue exemption or additional testing at facilities where they are scheduled to fulfill that site's onboarding requirements. Clinical placements will not be changed for students based on a student's vaccination status. Additionally, some facilities restrict unvaccinated students from participating in the care of certain patients. If a student cannot participate in certain clinical activities or rotate at certain sites, it may prevent unvaccinated students from attaining the clinical training requirements for graduation.

## Health Insurance

Students must maintain personal health insurance throughout the program. Health insurance is a requirement that protects the student and is a requirement for clinical activities. A student's health insurance coverage will be verified by the program upon matriculation and continuous insurance coverage is the responsibility of the student. Students without continuous health care coverage during the program may be prevented from fulfilling the mandatory requirements for graduation if it prevents a student from rotating in affiliated hospitals or clinics. Students should always have access to their health insurance card while participating in clinical activities!

[Anthem Student Health](#) offers student health insurance options to enrolled UMKC students. Students are encouraged to research and consider other insurance options, as well. Students should carefully consider the type of coverage they select, as the student will be financially responsible for any follow-up visits/treatments for injuries or exposures endured while in the program. The cost of health insurance is not automatically included in a student's Cost of Attendance estimate or financial aid award. Students can submit a Special Circumstances Appeal for automatic approval of health insurance premiums that are less than or equal to the cost of the Anthem Student Health rates.

## Infectious/Communicable Disease Policy and Procedures (*Standard V. C.*)

Infectious/communicable diseases are common and may be a threat to students. During the performance of required clinical activities, students act as healthcare workers (HCWs) and are at risk for contracting and transmitting infectious diseases as a result of patient contact. The outlined health and immunization requirements protect both the well-being of the students and that of their patients and peers. The immunization and health screening requirements for the program are minimally based on both current recommendations for HCWs by the Centers for Disease Control and Prevention (CDC), state-specific mandates, and UMKC affiliated hospitals and clinics.

During the performance of required clinical activities, students may have contact with patients with various infections such as blood borne transmitted disease (e.g., Hepatitis B [HBV], Hepatitis C [HCV], Human immuno-deficiency virus [HIV]), airborne transmitted disease (e.g., tuberculosis [TB], measles, varicella), droplet transmitted disease (e.g., influenza, COVID-19, pertussis, mumps) and contact transmitted disease (e.g., methicillin-resistant *Staphylococcus aureus*). This contact may expose the student to infectious agents, and may result in the student transmitting an infectious disease to other students, faculty, patients, and/or family members.

To help protect the health and safety of its students, as well as that of patients, the School of Medicine requires students to adhere to, and provide documentation of:

- Initial and ongoing infectious disease screening and pre-exposure prophylactic immunization against specified infectious/communicable diseases,
- Training and education regarding environmental hazards and infectious exposures, and
- Post-exposure prophylactic follow-up/treatment following exposure to specified infectious diseases such as HBV, HIV, and tuberculosis, as necessary.

## Exposure Prevention and Post-Exposure Information (*Standard V. C.*)

Training and education regarding environmental hazards and infectious exposures is provided during the didactic phase of the program. Reliable resources for such trainings may include, the Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), Society for Healthcare Epidemiology of America (SHEA), UMKC School of Medicine affiliate Occupational Health Departments, and the local health department. Students must demonstrate competency in the corresponding learning outcomes before they will be able to participate in educational activities that would put them at risk. Students are expected to consistently and appropriately implement Universal Precautions\* and other appropriate safety measures thereafter. It is the student's responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the student is assigned. All students will participate in the clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel. However, injuries and infectious or hazardous exposures may occur on campus or during patient care activities and it is important that students understand the actions they need to take to protect themselves.

\*Standard Universal Precautions generally include:

- Hand hygiene.
- Use of personal protective equipment (e.g., gloves, masks, eyewear).
- Respiratory hygiene/cough etiquette.
- Sharps safety (engineering and work practice controls).
- Safe injection practices (i.e., aseptic technique for parenteral medications).
- Sterile instruments and devices.
- Clean and disinfected environmental surfaces.

## Guidelines for Student Exposure to Infectious and Environmental Hazards (*Standard V. C.*)

### Blood and body fluid exposure

An "exposure incident" refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a student's clinical duties. Should a patient's blood or body fluid come into contact with a student or if a patient comes in contact with the blood or body fluid of a student, the student should seek medical treatment IMMEDIATELY and follow the procedure outlined below:

1. Decontamination of exposed site: vigorous flushing of mucous membranes, eyes, and/or thorough hand washing.
2. Immediately report incident to appropriate clinical site personnel, including your preceptor, and follow established protocol provided by the clinical site (eg. Site orientation materials and/or occupational health resources).
3. If no established protocol, seek treatment at the nearest Emergency Department.
4. Seek medical attention to ensure appropriate medical care relating to the exposure is provided.
  - a. This should occur within 2 hours for a known HIV-infected source and 4-6 hours for all other exposures.
  - b. The appropriate initial site to seek medical attention varies based on the clinical site where the incident occurred. It could be an Occupational Health or Emergency Department at the institution or you may need to find the nearest Emergency Department.
  - c. Management may include confidential testing of the patient and the student for Hepatitis B, Hepatitis C, HIV, and other infectious agents.
  - d. In the event that additional follow-up medical care is necessary, students should arrange follow-up with their own health care provider.
5. Report the event to the program within 24 hours via the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) (students must log in to Microsoft Forms with UM System email).
6. If expert advice for urgent decision making for occupational exposures to HIV and Hepatitis B and C is needed, refer to the PELine, 1-888-448-4911 or [PEP Quick Guide for Occupational Exposures](#).

## Other Exposures, Illness, or Injury

For student and patient safety, students who have been exposed to a contagious disease or are ill with symptoms of potentially contagious diseases may need to avoid contact with patients and/or coming to campus. These may include, but are not limited to:

<u>Exposure to:</u>	<u>Ill with symptoms:</u>
SARS-CoV-2 the virus that causes COVID-19 Influenza Tuberculosis Varicella zoster (chicken pox) Herpes zoster (shingles) Measles Certain bacterial meningitis (N meningitidis, H influenza)	Fever Cough Conjunctivitis Diarrheal disease Skin infection, rash

In such cases, or in the event of an injury or other hazardous exposure, the student should follow the procedure outlined below:

1. Notify and work with the site preceptor to determine whether the situation requires the student to be evaluated and managed by the site occupational health provider and/or their own health care provider.
2. If necessary, the student should be evaluated by a healthcare provider to determine need for therapy and clearance for patient care.
3. Students must report such instances to the program within 24 hours via the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) (students must log in to Microsoft Forms with UM System email).

## Medical Management and Clearance to Return to Clinical Activities (*Standard V. C.*)

Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a student's exposure incident/illness/injury will be determined by the student's health care provider (in collaboration with the student) and other appropriate health care professionals. Students are required to use the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) to report proof of clearance to return to campus and/or the patient care setting. The recommendation for clearance to return to campus and/or patient care activities must be provided with evidence (i.e. copy of note or direct email) from the appropriate qualified medical professional (physician, physician assistant, nurse practitioner, or when applicable UMKC Student Health or Occupational Health professional), who is not related to the student. Clearance documentation should not provide protected health information about the student; only information pertinent to the dates the student can return to activities. This documentation must be submitted via the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) before clinical and/or on-campus activities may resume.

## Student Financial Responsibility for Health-Related Expenses

Students are not employees of the hospital, clinic, or practice where they are rotating, thus they are not covered under workman's compensation if they suffer an accident, exposure, or injury. All students are required to carry medical insurance to cover the expense of such unlikely events and provide coverage for the laboratory testing and treatments that may be required. Costs not covered by insurance are the responsibility of the student.

## Effects of Exposure/Illness/Injury on Student Learning Activities

Effects of infectious and environmental disease or disability from a clinical exposure may affect a student's learning activities. Once the student submits the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#), they will need to contact the appropriate faculty course director(s) to make arrangements regarding options for continued curriculum engagement, absences, make-up of work and/or future action plan, as necessary. Students may not be able to return to campus, a specific clinical affiliate, and/or meet the required technical standards due to effects of infectious and environmental disease or disability. A student's inability to complete a clinical rotation and/or program of study may delay a student's graduation or qualify the student for separation from the program. Students should refer to the Committee on Progression policies regarding leaves of absence and criteria for separation.

## Emergency Contact Information

Students are to provide the program with emergency contact information. Each student will be responsible for keeping contact information updated and current through their UMKC Pathway and Project Concert profiles. If the program determines there is reasonable justification to investigate the welfare or status of a student or to report the student's current personal/health status, they will do so with the emergency contact information provided. Examples of reasonable justification for communication with a student's emergency contact include, but are not limited to, absence from the program for more than a reasonable time without notice, illness, and/or injury.

## Student Employment (*Standards V. A. 3.; V. C.*)

Full or part-time employment is strongly discouraged, but not prohibited. Due to the rigorous nature of the program, the demands placed on students are extremely high, particularly with respect to their clinical work schedule and associated study requirements. Non-program activities should not interfere with academic or clinical commitments of the program.

No MSA student, by position or responsibility, may be employed at any time to administer anesthesia during the program. Students may not, by position or responsibility, be employed or function as instructional faculty or substitute for clinical or administrative staff during clinical rotations. An MSA student, credentialed or licensed in other healthcare professions, cannot function in that role while in the role of an MSA student during a clinical rotation at a facility. Students must not accept payment while on rotation for work at clinical sites. Rotation experiences are for educational purposes only.

## Appearance Policy

Students should maintain a professional appearance and dress appropriately whenever they are representing UMKC and the AA profession in any setting. This includes the campus, clinical sites, meetings, and special events. Being neatly dressed and well-groomed exemplifies professionalism and supports patient safety. Students should adhere to the following appearance policy:

### *Hygiene*

No heavily scented perfumes, colognes, and lotions. Clean and trimmed fingernails (no longer than ¼"). Natural nails only, no false tips. Neat and well-groomed hair, sideburns, mustaches, and beards. Hair should be clean and arranged so as not to interfere with patient care.

### *Acceptable Attire*

Didactic & Simulation Courses: MSA program scrubs with program nametag or business professional dress- Examples may include: shirts/blouses, suits, dresses/skirts, sport coats, ties, casual slacks, collared knit shirts, sweaters, appropriate socks and shoes. Clothing should allow for adequate movement during patient care, and should not be tight, short, low cut, or expose the midsection or undergarments. Students should not wear items such as, but not limited to, flip-flops, shorts, cut-offs, hats, jeans, clothing with rips/tears, and/or athletic/leisure wear. No emblems, slogans, symbols, pins,

buttons, insignias connoting illicit substances, alcohol, tobacco, obscene language, sex, violence, or discrimination.

Attire/personal protective equipment requirements for courses are outlined in the course syllabus.

Clinical Activities: MSA program policies apply along with facilities' individual appearance requirements. Only program scrubs or business casual may be worn to/from clinical rotations. No open toed shoes at any time. Students may not wear hospital-issued scrubs to and from clinical rotation sites.

#### *Appearance*

Clothing must be clean, pressed, in good condition, and fit appropriately. Clothing must not interfere with safe operation of equipment. Eyeglasses must have clear lenses (no dark lenses in the anesthesia learning environment) unless prescribed by a physician. No excessive or oversized jewelry that may prohibit patient care. Small nose rings are permitted. Cloth/decorative scrub caps are permitted- however, caps that are perceived as offensive or hostile are not permitted. Scrub caps with swear words or political/religious affiliations are not permitted. Tattoos are permitted, however, tattoos that are perceived as offensive, hostile, and/or diminish the effectiveness of the student serving as a role model for others, must not be visible.

#### *ID Badge (Standard V. C.)*

Proper identification as an AA student is mandatory at all times. UMKC SOM ID and nametag must be worn while at clinical sites. Some sites also require wearing separate security ID badges; these badges will be arranged during orientation at the beginning of the rotation.

#### *Exceptions:*

When required, students must adhere to guidelines for wearing appropriate Personal Protective Equipment (PPE), such as masks, gloves, goggles, gowns, etc. PPE guidelines may supersede program-established appearance policies, such as facial hair with N-95 masks.

Established dress codes at clinical rotation sites supersede those of the Program (except required UMKC SOM I.D. badges). All other exceptions will be considered on a case-by-case basis by the program director.

Clinical supervisors, preceptors, or program faculty reserve the right to ask a student who does not meet the appearance policy to leave the learning environment.

## Academic Information, Policies, and Procedures

### UMKC Email and Single Sign On (SSO)

Email is an important communication tool and is the primary medium for communication with the program faculty and staff. UM System-issued email is the official means of communicating with students. Program faculty and staff will not email students at non-UM email addresses. Students are expected to check and read program-related emails daily.

As users of UM-System issued email addresses, students must adhere to the System's [Email Management Policy \(Number 12006\)](#). As part of this policy, forwarding your University email to another email account is prohibited. These non-University accounts can lack the security, capability, applications, and, sometimes, sufficient space necessary for downloading important attachments. Additionally, students must keep their Single Sign On (SSO) and password active to access course-related sites and resources.



## Tuition, Fees, and Other Program Costs (*Standard V. A. 2.*)

Students are responsible for managing tuition and fee payments. Students with outstanding balances may be ineligible for course registration. Students are responsible for knowing the conditions for tuition payment plans, refund upon course withdrawal, the impacts of drop dates and financial aid. Policies and procedures are found on the [Cashiers and Collections website](#).

The Board of Curators approves the tuition rate to be charged per semester for the Program. In addition to educational fees, students are charged a Student Life Fee based on their capped number of credit hours and program-specific fees, such as the Medical Simulation Fee. Tuition and fee estimates are available via the [Cashiers' website](#). Estimated Cost of Attendance is available via the [Financial Aid and Scholarships website](#).

In addition to education fees, students are financially responsible for required medical equipment, books, conference registration/travel, out-of-town rotation travel, and living expenses. Estimated costs for additional program expenses are provided to students before matriculation (at interviews and via the program website) and are posted on the programs' Canvas site. These costs, in addition to tuition and fees, are considered when the Financial Aid Office assesses student financial assistance needs.

Any tuition discount or financial assistance provided to a student by UMKC may be reviewed each semester and is subject to change.

## Pathway and Course Registration

Students are responsible for Pathway course registration, withdrawals, and other functions, including the accuracy and currency of registration and grades. It is expected that students are registered for courses by the program's designated course start date according to the program calendar. Students who are not registered for courses may not participate in educational activities, including clinical assignments, and will not have access to online course management systems. Students who are not accurately registered for courses in a timely manner are not in compliance with program policies, which meets criteria for separation from the program prompting referral to the Committee on Progression.

## Malpractice Coverage

The university provides students with medical malpractice coverage while enrolled in the program to fulfill the requirements of affiliate hospitals and clinics. Students do not have active medical malpractice coverage if they are not registered for coursework in Pathway or when they are on a leave of absence. University-provided medical malpractice provides students coverage for program-required experiences only. Coverage does not extend to any experiences, such as shadowing, that are not affiliated with program-assigned curricular components.

## Academic Advising (*Standards III. B. 1. a. 3.; V. D.*)

MSA students will meet with the Program Director and/or an Ancillary Director at the mid-point of each semester. Record of the appointment will be kept by the Program Director and documented in the student's program record. Notes of advising sessions are not kept in the student's academic record. The Program Director may refer a student to the Student Affairs Education Coordinator for further referral/recommendation regarding necessary services and resources.

Cumulative clinical evaluation results, as well as clinical experience information, will be used to guide the semester conferences. The data to be used from evaluations and case tracking include:

- The student's composite evaluation score within each category with standard deviation
- Summary of student's progression towards meeting minimum expected clinical competencies for the semester
- Quantitative list of procedures attempted and successfully completed
- Qualitative summary of attempted and completed procedures



The clinical skills evaluation data will be available in real time to facilitate and assess the student's progress in meeting MSA program expectations for progression.

### Program of Study (*Standard V. A. 2.-3.*)

To earn the Master of Science in Anesthesia degree, students must progress through [the program of study](#) as designed, and in accordance with the requirements set by the Committee on Progression. Students must demonstrate certain competencies and academic achievement at the end of the didactic phase in order to progress to the clinical phase and to qualify for graduation. For information pertaining to the criteria for promotion, probation, separation, retainment, and graduation, and the policies and procedures that apply to each, please refer to the Committee on Progression policies and procedures.

The outlined Program of Study may change during a student's progression through the program. Graduate students must submit an approved program of study form prior to completing 50% of the academic program, per the [UMKC Master's Degrees Academic Regulations](#). Program administrators will work with students to submit the appropriate program of study forms.

### Grade Appeal Policy

Students are responsible for meeting the standards of academic performance established for each course in which they are enrolled. The establishment of the criteria for grades and the evaluation of student academic performance are the responsibilities of the instructor. This grade appeal procedure is available only for the review of allegedly capricious grading and not for reviewing the instructor's evaluation of the student's academic performance. Capricious grading, as that term is used here, comprises any of the following:

1. The assignment of a grade to a particular student on some basis other than the performance in the course.
2. The assignment of a grade to a particular student according to more exacting or demanding standards than were applied to other students in the course, or
3. The assignment of a grade by a substantial departure from the instructor's previously announced standards as stated in the course syllabus.

Grade appeal policy and procedure are available on [UMKC Office of the Provost Website](#). Appeal procedures must be done within six weeks after the beginning of the succeeding regular academic semester.

### Videotaping/Recording Courses

University of Missouri System Executive Order No. 38 lays out principles regarding the sanctity of classroom discussions at the university. The policy is described fully in [Section 200.015 of the Collected Rules and Regulations](#). Students should reference each course syllabus to obtain the faculty member's allowance of videotaping/recording course content.

Students are videotaped in certain academic classes and clinical labs for teaching and learning purposes and will be made aware of these occurrences.

### Access to Student Records (*Standard V. D.*)

All student educational records are protected by FERPA (Family Education Rights and Privacy Act) as described in the [University of Missouri System Collected Rules and Regulations, Section 180.020 Student Records](#). More information regarding this regulation and its implementation at UMKC is available [online](#).

Student health records, including immunization and health screening results, are confidential and should not be accessible to program faculty or staff without written permission from the student. **By signing the student handbook agreement, students grant permission to the program to maintain, review, and release to clinical affiliates certain health records.** To ensure compliance and administrative support for clinical requirements, students provide permission for the following:

- Maintenance and review of immunization documents, specific health screening results (e.g., TB testing, antibody titer results), annual screening form verifying student's ability to meet the technical standards.
- These records are saved in a secure folder that is accessible to clinical course directors and program support staff.
- Records will be released by the program to clinical affiliates as part of a student's onboarding requirements.

The program also maintains records for the purpose of clinical onboarding and student preparation, such as, but not limited to, drug screening reports, criminal background checks, environmental injury reports (needlestick/sharps report). These types of documents are not considered to be student health records. Student should not include confidential health information when submitting injury or exposure reports.

The School of Medicine maintains student academic and disciplinary student records. Students request access to their own academic and/or disciplinary records which are kept secure and confidential. A student may not access records of another student. Academic records include information concerning a student's admission status and academic status (progression, probation, separation, dismissal, and graduation). Disciplinary records are kept separate from academic records, and include information regarding the Standards of Professional Conduct and investigations and recommendations made by the Honor Council. To gain access to records, a student must make an appointment with the Office of Evaluation, which is located on the Ground Floor of the School of Medicine, and show proper photo identification to access their personal records. A student may not remove records, but may privately review them in the Office of Evaluation.

Financial records are maintained by the UMKC Cashiers and Collections and Office of Financial Aid. Transcripts are maintained by the UMKC Office of Registration and Records.

### Assessment Responsibilities of Students (*Standard III. D.*)

Completing course, instructor, clinical site, program, and self-evaluations is the professional responsibility of students. Graduates are also requested to complete a program evaluation post-graduation. Evaluations and survey instruments may be administered by the program, School of Medicine, UMKC, or entities such as the ARC-PA.

### Project Concert (*Standard IV. A. 2.*)

[Project Concert](#) is a web-based educational management system designed specifically for health professions training programs. UMKC graduate programs use Project Concert primarily to document information and evaluate our students, faculty, and courses. Students will be issued login information and training regarding the use of the system and are required to use it for assessment, clinical experience tracking, and updating their personal information, as indicated by the program. Specific policies for using Project Concert are provided to students via posted training videos and in respective syllabi.

### Student Research

While completing required coursework, including rotations, students must not substitute for individuals in the role of research staff or investigator. Research activities must not pre-empt the required student learning activities and minimum required clinical hours of clinical rotations. However, research-based learning experiences may be incorporated into courses to the extent that they meet course and program learning outcomes. While on clinical rotations, assuming the preceding criteria are met, if time allows and the appropriate opportunity is present, students may observe or assist an investigator or research staff in the conduct of research; however, participation in such research opportunities must be approved in advance by the program director.

### Suspected Violations of Professional Standards

All students at UMKC are expected to abide by the Standard of Conduct as described in the [University of Missouri System Collected Rules and Regulations, Chapter 200 Student Conduct, section 200.010 Standard of Conduct](#). In

addition, students must abide by the [School of Medicine Standards of Professional Conduct and Honor Council procedure](#)

The conduct code is designed to ensure social responsibility, academic integrity, and the safety of our community. Students found to be in violation of the Standard of Conduct may face formal sanctions, ranging from a warning to expulsion. Students have the right to a formal hearing. When academic dishonesty within a course is admitted by the student or confirmed by evidence, the faculty will assign the outcome described in the course syllabus (e.g., failing grade for an assignment, grade for an exam or course, as appropriate). Additionally, the faculty may also refer the incident to the Assistant Dean for Graduate Studies, who will refer the incident to the School of Medicine Honor Council for investigation and recommendation. Recommendations may include no action, warning, probation, suspension, or dismissal. Students should read the School of Medicine Standards of Professional Conduct and Honor Council Procedures for more information.

## Standards of Conduct for Teacher/Learner Relationships

The SOM community is committed to maintaining academic and clinical environments in which faculty, staff, fellows, residents, and students can work together to further education and research, while providing the highest quality of ethical and compassionate care for patients at affiliated hospitals and clinics. As effective learning is best fostered in an environment of mutual respect between teachers and learners, mutual respect is expected; each member within the SOM community must be accepted as an individual and treated with respect and fairness. [The Standards of Conduct for Teacher/Learner Relationships Policy](#) outlines the responsibilities of teachers and learners in facilitating a professional learning environment, as well as the process for reporting inappropriate conduct.

## Course/Clinical Schedules

It is a priority to make course/clinical schedules available to students at the beginning of the course/rotation, though schedules are subject to changes. Course schedule/scheduling process will vary depending on the phase of the program (didactic vs. clinical). Students within the program are expected to have some flexibility with their schedules. This is due, in part, to some instructors also working in clinical settings where schedules are difficult to determine. Changes to schedules and notification of such will be made available to students as soon as possible.

## Course Participation and Professionalism

### In-Person Instruction and Professional Behavior

Students are expected to fully participate in all educational activities, as outlined by the schedule and syllabus. Full participation includes but is not limited to, arriving on time, being prepared to participate, and refraining from any non-course related material or communication (e.g., no in-person or electronic chats/messaging, use of technology for personal reasons). Promptness is a trait required of professional health care providers. Additionally, tardiness disturbs the lecturer and other members of the learning environment. Class location, start/end times, and/or virtual access/login information will be clearly outlined for students. Anyone arriving after an educational activity has started may be allowed to join activities when there is a break or when the instructor allows. Excessive tardiness and lack of participation will be reported by instructors to the program director; such unprofessional behavior may be reported and worthy of review under the Committee on Progression or Honor Council policies.

### Online Classroom Instruction and Professional Behavior

When classes are held virtually, students must be on camera with their face visible for the entire lecture, meeting, or discussion. Students may disable their camera briefly when they need to do anything that may distract others. No private chatting between students, by any means, is permitted during the instruction. Students must have their full name visible during the instruction and should conduct themselves as if they were in the classroom. To the extent possible, students should be seated with an appropriate, distraction-free background. Students are expected to abide by the Code of Professional Conduct as described in the Student Handbook.

## Attendance Policies

### Didactic Course Attendance: Daily short-term absences

Attendance at all instructional periods is expected. Failure to meet this requirement is considered in the evaluation of the student's academic performance and professional attitude and may result in a failing grade for the course or other disciplinary action. Students shall provide a written report to the program and the course instructor regarding the reasons for an absence within 24 hours of the occurrence. Students requesting an absence from a didactic class will be responsible for the material presented in class and must make arrangements to complete missed assignments or tests. Any assignment or exam missed must be made up at the convenience and discretion of the instructor. If a pattern of absences appears to surface, a student will be referred to the Committee on Progression.

### Clinical Attendance: Daily short-term absences

See UMKC MSA program Clinical Policies for clinical rotation attendance and absence reporting policies.

### Service Duty/Armed Forces Time

Students who serve in the armed forces will be granted the necessary time to fulfill responsibilities pertaining to their service. It is the student's responsibility to communicate with the program as far in advance as possible of their needs and to provide appropriate documentation of orders. Daily absences granted for military duties will not count against a student's allotment of time off, but students will be required to make up didactic or clinical responsibilities to fulfill Program standards and requirements. Students who are granted time for service must continue to progress in the program in accordance with the Committee on Progression policies. Students who cannot meet the Committee on Progression policies due to military service may need to take a Leave of Absence and/or be referred to the Committee on Progression.

### Jury Duty Postponement Requests

Students summoned to serve jury duty should act immediately once the summons is received, as jury duty may have implications on a student's ability to participate in educational activities and meet the program's attendance policy. Many jurisdictions allow postponements for currently enrolled students, but the student must research and request postponement according to the respective court's timeline. Students should contact the program director and assistant dean to request a letter of support to supplement the postponement request. Students registered in the Jackson County, MO jurisdiction can find out more [online](#).

### Campus Closure and Cancellation of Clinical Rotations

The UMKC Chancellor shall determine whether the condition is such a nature as to require cancellation of on-campus classes and/or closure of the University. Example events which may prompt such a decision include severe weather, natural disasters, an act of terrorism, workplace violence, significant utility outages, and community events that significantly impact transportation to/from campus. Students should reference the sections below to determine how to proceed with campus closures based on their phase in the program, type of campus closure, and/or location of their clinical rotations.

### Campus Closure for Inclement Weather

#### Didactic Phase Students and On-Campus Events for Clinical Phase Students

Should the Chancellor determine that classes are to be canceled and/or the University closed, the following steps shall be implemented:

If UMKC Volker campus has closed, there will be no School of Medicine **on-campus** activities that day except in special circumstances\*. This includes **on-campus** lectures, laboratories, and learning activities. Yet, students should be prepared to participate in educational activities remotely. When the campus is closed, remote classes allow our work to continue and ensure that students may make academic progress. Students should check email and course Canvas sites for instructor communications about schedules or learning assignment changes.

\*In special circumstances, the program has been granted permission to bring students to campus for essential skills and simulation training, if the program determines it is necessary and safe to do so. Safety of students, faculty, and staff; available resources; timing of educational event in relationship to program progression; etc., will all be carefully considered when making this decision. The program will inform students via email if they are to report to campus for events such as these.

### Clinical Phase Students Rotating in Kansas City Area (Clinical Activities)

University-wide decisions about campus closures apply only to those who are in on-campus didactic learning environments. The SOM administration and faculty assume responsibility for making the decision regarding student clinical endeavors. Clinical learning balances the need for patient care with personal safety. The SOM administration, faculty, and staff consider student and patient safety a priority; thus, inclement weather decisions are made considering both. When you receive messages from the UMKC Alert system, know that it only applies to didactic learning. **Clinical phase students on rotations should check the [UMKC SOM website](#) for a cancellation announcement if educational requirements have been cancelled.** If no cancellation announcement has been posted on the website, students are expected to attend clinical activities.

When canceled, students **must** notify the daily preceptor and site coordinator at their clinical site that according to the University and SOM policy students are not to attend clinicals.

### Clinical Phase Students Rotating Outside of the Kansas City Area (Clinical Activities)

Areas outside of Kansas City are not always experiencing the same weather conditions as Kansas City. Students rotating in an area that is not experiencing inclement weather are required to attend clinicals even if students in Kansas City rotations are cancelled for the day.

If students are rotating in an area that is experiencing inclement weather, they should carefully consider their safety and the need for ongoing patient care. Operating rooms, hospitals, and clinics may not close for weather conditions, yet students are not expected to put themselves in dangerous situations. Students will be granted ONE excused absence per semester for inclement weather. If more than one day is allotted for inclement weather (to be determined by the site coordinator), the student will need to make it up in the amount of 8 hours or more per inclement weather day used. If a clinical site coordinator cancels a clinic day due to inclement weather, it is considered an excused absence and should be reported to the Program. Local high school closures alone are NOT considered to be a defining guideline for an inclement weather day. Any conversation regarding inclement weather must be initiated by the site coordinator, and must be confirmed to the Program by the site coordinator via an email to the Director of Clinical Education.

#### Campus Closure: Non-Weather Related

Should campus be closed for a reason other than inclement weather (eg. issue is specific to being on-campus), clinical phase students are expected to attend clinicals for the day. Should the campus closure be of such a nature that students may be negatively affected in some way (emotionally, physically, etc.), the program will alert students to not attend clinicals.

## University and School of Medicine Resources (*Standard III. A.*)

### Health Sciences Library (*Standard III. A.*)

M2-101

[healthinfo@umkc.edu](mailto:healthinfo@umkc.edu)

The Health Sciences Library has spaces for individual and group study. More than 30 computers are available and provide access to research materials and databases. Many of our current medical journals are available online and there is remote access off-campus to most resources.

From the library's website, students can:

- Learn to use Medline and CINAHL
- Borrow items from other libraries
- Renew books and reserve materials
- Get assistance in finding medical articles, class links, evidence-based medicine links, and more.

## Experiential Learning Center (*Standard III. A.*)

M2-C04A

The Medical Experiential Learning Center's mission is to provide an instructional resource lab offering anatomical models, an audiovisual and computer-based learning collection and online test bank for a variety of levels including faculty, staff, and students. The collection of more than 3,000 items is in continual development based on the curriculum, as well as support for continuing medical education. The facility supports this activity with computers, open tables for model use, and a small group study room containing a variety of audiovisual and computer equipment.

## Clinical Training Facility (*Standard III. A.*)

2429 Charlotte St. (Hospital Hill Parking Structure next to Health Sciences Bookstore)

The Clinical Training Facility (CTF) provides skills and simulation experience for the UMKC School of Medicine and its affiliated programs. The CTF not only provides the facility and equipment for task training and simulation, but also facilitates the educational process where needed. The CTF is the home of the School of Medicine's Standardized Patient program, BLS and ACLS training programs, and the Emergency Medical Services Education program. Available services include access to task trainers, high fidelity simulation, and assistance with curriculum/scenario design, integration, implementation, and presentation. Course schedule and syllabi will outline dates and times when the skills lab and classrooms are utilized for program requirements.

## SOM Office of Student Affairs

Student Affairs Location: School of Medicine, 4th floor Gold Unit

The Office of Student Affairs provides comprehensive student support and assistance from admission through graduation. Many services are available at the School of Medicine or through referral to other UMKC offices or external resources. All enrolled students may access these resources. Students participating in clinical rotations out of the Kansas City area should contact the program if they have issues accessing university resources.

### Student Affairs Education Coordinator

Students are encouraged to contact the program's designated Education Coordinator through the Office of Student Affairs. The education coordinator is available to discuss personal and/or professional matters that students may have, including Committee on Progression matters.

#### **Krisana West, MA, Education Coordinator**

M4-225 (Gold Unit)

816-235-1921

[westkri@umkc.edu](mailto:westkri@umkc.edu)

### Academic Support

Learning resource specialist, study and organizational skills, supplemental needs

#### **Stan Viebrock, MPA, Learning Resource Specialist, School of Medicine**

M4-229

816-235-6763

[viebrockst@umkc.edu](mailto:viebrockst@umkc.edu)



## Wellness Programs

Programs available that promote skills to achieve a healthy and balanced life, such as wellness planning and coaching, and monthly workshops and events.

## Financial Wellness

The financial wellness counselor is available for one-on-one counseling to review your individual finances, help you learn how to successfully create and work a budget, and discuss how to keep your loan debt as low as possible. Students will receive information about scholarships, financial resources in the community, and most importantly, students will gain a solid understanding of how the financial aid process works and what life in repayment may look like.

**Kristian Brennon, AFC, Financial Wellness Coordinator**

M4-205B

816-235-1807

[brennonk@umkc.edu](mailto:brennonk@umkc.edu)

## UMKC Office of Financial Aid and Scholarships

Hospital Hill Office: 1418 Health Sciences Building

The role of UMKC's Financial Aid and Scholarships Office is to help secure funding to assist students in paying for college. This funding can be in the form of scholarships, grants, student loans and parent loans.

## Student Organizations

The School of Medicine has a wide range of student organizations under the umbrella of [the Medical Student Advisory Council \(MSAC\)](#). More information about UMKC Student Involvement, organizations, and events can be found online. Student groups are encouraged to take advantage of the many resources available to student organizations, but also to understand the policies and procedures involved in accessing them. Start well in advance of the anticipated need and consult with the Office of Student Affairs and Office of Student Involvement staff to navigate the process. In addition to the access to student activity fees, recognized student organizations have access to use of space at the School of Medicine, inclusion of events in the Student Affairs Announcements, public relations support, bulletin board space, and leadership training.

## Office of Equity & Title IX

[The Office of Equity & Title IX](#) coordinates UMKC's Equity & Title IX program, monitors the University's compliance with federal and state laws, regulations, and the investigation of discrimination and harassment complaints by students, faculty and staff against University employees. The University will promptly and appropriately respond to any complaint of violation of the University's Anti-Discrimination Policies, as outlined in the Collected Rules and Regulations 600.030. The Affirmative Action Office is located at 226 Administrative Center, 5115 Oak Street; 816-235-6910.

Title IX of the Education Amendments of 1972 protects people from discrimination based on sex and/or gender in education programs or activities which receive federal financial assistance. Title IX states that: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal Financial Assistance".

Sex discrimination includes sexual harassment, assault, and/or violence. Title IX is often thought of as the law that applies to athletic programs, yet Title IX is much broader than athletics and applies to many programs at UMKC. The [UMKC Office of Equity & Title IX have the following areas of focus](#): Equity, Free Expression, Disability Access, and Title IX.

While compliance with the law is everyone's responsibility at UMKC, the Title IX Coordinator and Deputy Coordinators have official responsibility for investigating complaints. For additional information regarding emergency situations, filing a discrimination report, and/or everyone's rights and responsibilities, please contact the UMKC Title IX Office.

**All UMKC faculty, staff, student workers, Teaching Assistants, and Graduate Assistants are considered Title IX mandated reporters and are required to report sex discrimination to the Title IX Coordinator.**

**Anyone present during an incident of sex discrimination, harassment, and/or assault is considered a bystander. If something is telling you a situation could be dangerous, listen to that voice and intervene.**

**Mandated reporters must also report mistreatment conduct that is based on any protected identity, which includes, Race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, or any other status protected by applicable state or federal law.**

## Student Accessibility Services

Location: 5100 Oak St., Suite 225

816-235-5612

[disability@umkc.edu](mailto:disability@umkc.edu)

Students with a documented need for accessibility services can contact Student Accessibility Services to request and establish an Accommodation Plan. Because each person is unique, students are asked to contact this office for an appointment to discuss how they can best be of assistance. Students in need of an Accommodation Plan should contact Student Accessibility Services before the start of each semester to ensure there is adequate time for accommodations to be made. It is possible that a student may not have a need for an Accommodation Plan upon enrolling in a program at the SOM, but discover a need while progressing through the program. Students in this situation are encouraged to contact Student Accessibility Services to inquire about assessment.

## Equal Educational Opportunity and Equity Resolution Process for Resolving Complaints of Discrimination, Harassment, and Sexual Misconduct (*Standards V. A. 3.; V. B.*)

Equal Opportunity is and shall be provided for all students and applicants for admission without unlawful discrimination based on their race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, or any other status protected by applicable state or federal law. The equity resolution process for complaints of discrimination, harassment, and sexual misconduct against a student or student organization can be found in the UM System Collected Rules and Regulations.

[600.010 Equal Educational Opportunity and Nondiscrimination Policy- for matters involving conduct](#)

[600.020 Sexual Harassment under Title IX](#)

[600.030 Resolution Process for Resolving Complaints of Sexual Harassment under Title IX](#)

[600.040 Equity Resolution Process for Resolving Complaints of Discrimination and Harassment against a Faculty Member or Student or Student Organization](#)

[600.050 Equity Resolution Process for Resolving Complaints of Discrimination and Harassment against a Staff Member](#)

[600.060 Equity Resolution Process for Resolving Complaints of Discrimination and Harassment against the University of Missouri](#)

[600.070 Policy Related to Students with Disabilities](#)

[600.090 Digital Accessibility Policy](#)

## Statement on Discrimination, Intimidation, & Sexual Harassment (*Standard V. B.*)

The faculty, administration, staff, and students of the University of Missouri-Kansas City are dedicated to the pursuit of knowledge and the acquisition of skills that will enable us to lead rich and full lives. We can pursue these ends only in a culture of mutual respect and civility. It is thus incumbent upon all of us to create a culture of respect everywhere on campus and at all times through our actions and speech. As a community of learners, we are committed to creating and maintaining an environment on campus that is free of all forms of harassment, intimidation, and discrimination.



## Reporting Mistreatment at the School of Medicine

Any form of discrimination or coercion based on race, ethnicity, gender, class, religion, sexual orientation, age, rank, or any other characteristic will not be tolerated. Should you, a friend, or a colleague ever experience any action or speech that feels coercive or discriminatory, you should report this immediately via the [School of Medicine's online Mistreatment Reporting website](#) and if you are comfortable doing so, to the course department chair or coordinator; to the Associate Dean, Office of Diversity, Equity, and Inclusion (816-235-1780; Dean's Office Suite); and/or the Title IX/Affirmative Action Office.

## School of Medicine Student Ombudsperson

Stacey Algren, MD  
Graduation Health Professions Student Ombudsperson  
[algrens@umkc.edu](mailto:algrens@umkc.edu)

Many times, students don't know whom to approach for help. The objective of the Student Ombudsperson is to address student concerns about how and when to approach existing resources (OAA, ODEI, Office of Student Affairs, course directors, rotation faculty) if, or when, the student feels mistreated or has a conflict with another member of the School of Medicine community. The role of the ombudsman is to facilitate resolution of allegations by UMKC School of Medicine students, of perceived unfair, inappropriate, discriminating, unprofessional, or harassing treatment or behavior by faculty, staff, administrators, patients, or fellow students.

## SOM Meditation/Prayer Room

M3-205  
The Meditation/Prayer Room is available 24/7 for students, staff, and faculty.

## School of Medicine Lactation Room

M1-203 (Inside Women's Restroom)

The lactation room for nursing mothers is available on the first floor of the School of Medicine to serve faculty, staff, residents, and students.

## AA Student Wellness (*Standard V. C.*)

General health and wellness information specific to the practice of Anesthesiologist Assistants is provided throughout the MSA curriculum and additional materials can be found within the MSA organization site. MSA students may also access information through the School of Medicine Wellness Programs.

## Roo Wellness Health Services

5110 Oak St, Brookside 51 Building, Suite 237  
816-235-6133

UMKC Student Health provides visits and assessments at no charge to UMKC students enrolled in the current semester. However, students will be charged for laboratory tests or other specialty services. Information regarding cost and hours is available online. RooWellness does not accept insurance.

## UMKC Counseling Services

Brookside 51 Building: 5100 Oak St, Suite 201  
816-235-1635

Health Sciences District Appointments-Tuesdays (7:30am-7:00pm): HSB Suite 1219  
Contact Dr. Arnie Abels for HSD appointment: 816-235-1218, [abelsa@umkc.edu](mailto:abelsa@umkc.edu)

UMKC Counseling Services' mission is to foster the psychological well-being, personal development, and educational potential of our diverse student, faculty, staff, and campus community. Services include assessment, counseling, crisis intervention, alcohol and substance abuse prevention, and much more. Counseling Services is available to all students. Students are provided an introductory assessment and eight sessions as a part of student fees and sessions beyond the initial eight are provided at a rate of \$15 per session (max of 12 sessions per academic year). Session allotment renews on August 1 of each year. Group counseling workshop, as well as brief crisis consultation, is free.

## University Health Behavioral Health Psychiatric Services for Students

Appointments available by request.

University Health Behavioral Health has updated its process for providing psychiatric services to UMKC School of Medicine students. They will be holding specific appointment times for students to ensure timely access to treatment. Some common psychiatric needs that they are able to treat include: anxiety, panic attacks, Post-Traumatic Stress Disorder (PTSD), ADHD, Bipolar Disorder, and substance abuse. Click the link above to access appointment and services details.

## Timely Care Virtual Health App

Virtual health app providing 24/7 access to well-being resources including counseling, guided self-care content, and more. Students must download the app and register with their school email to gain access to care wherever they need it.

## Graduate Student Lounge and Lockers

M3-C29

The Graduate Student Lounge is outfitted with tables, chairs, microwave, and refrigerator, and may be used as a study/group-meeting area for all SOM graduate students. The passcode to the door will be provided to SOM graduate students only, and should not be distributed to non-UMKC SOM graduate students. It is the responsibility of students to maintain the general tidiness of the lounge, to include cleaning spills in the microwave and refrigerator should they occur.

Lockers are available to students on a first-come-first-serve basis. These lockers are located near the north and east stairwells on the third floor of the medical school. Students utilizing lockers are encouraged to bring a combination lock to maintain the safety of personal items. All lockers must be cleared and unlocked between each semester. Any locks remaining at the end of a semester will be cut off.

## Kangaroo Pantry- Health Sciences District Satellite Site

M1-402

The Kangaroo Pantry strives to provide food assistance for students, staff, and faculty in need.

## UMKC Police Department and Safety Information (*Standard V. C.*)

5005 Oak Street- Police Department

24 hours a day, 7 days a week

UMKC Police Dispatch: 816-235-1515 (Save to your contacts!)

Dial 911 from a campus phone

Please report any suspicious activity by calling UMKC Police Dispatch, anonymously reporting it by using the [Silent Witness reporting tool](#), or via the Rave Guardian app.

Police officers and security guards patrol and are positioned across campus to provide safety services 24 hours a day, 7 days a week. Emergency phones are located beneath blue lights in parking and walking areas across campus. You can use these to report a crime or other emergency.

Other police services include: motorist assistance, including jumper cables; vehicle lockout assistance- attempt to unlock your vehicle if you lock your keys in while on campus; personal escort service to your vehicle or residence hall; property registration; emergency notification; fingerprinting (by appointment only); and lost and found- first check with information desk at 816-235-5555.

Certain buildings, including the School of Medicine, use card readers which limit public access. Students must have their UMKC Roo Card to enter the School of Medicine.

Students should sign up for UMKC Alert!, which provides emergency voicemail, text and email notices, including inclement weather information. The information is also posted on the website and gives notices to radio and television news media. Students can update UMKC Alert! information via Pathway or via the [UMKC Alert! website](#).

While at clinical rotation sites, students are provided the same safety services which are provided to the employees. Students should ask the preceptor for details regarding safety services.

# Technical Standards

## Master of Science in Anesthesia Program

Because of our obligation to ensure that patients receive the best medical care possible, certain abilities are required of our students. To undertake and successfully complete the Master of Science in Anesthesia program, an individual must possess those intellectual, emotional and physical capabilities which are necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required for graduation from the program. The requisite technical skills that candidates for the Master of Science in Anesthesia degree must demonstrate include, but are not limited to the following:

- Effectively communicating verbally with patients and their family members and with other healthcare professionals. Must demonstrate the ability to work as an effective member of the health care team.
- Interacting with patients, including obtaining a preoperative history and performing perioperative anesthesia related physical examinations.
- Effectively communicating in writing, and by record keeping, those data and information essential to the practice of anesthesia and the care of patients.
- Having the ability to multitask, which includes; hearing, processing, and interpreting multiple conversations, monitor signals, alarms, instructions, operating the anesthesia delivery system, and providing direct patient care simultaneously in fast-paced patient care settings (e.g., operating room, intensive care unit, emergency room).
- Reading and comprehending written parts of the medical record and other patient care documents in order to safely and effectively participate in the delivery of anesthesia care.
- Having sufficient motor skills and coordination to perform diagnostic and therapeutic tasks, including invasive procedures, on patients in a timely manner so as to ensure the safety and well-being of the patients. These tasks include but are not limited to peripheral and central venous catheterization, arterial puncture and cannulation, breathing bag-and-mask ventilation, placement of oral and nasal airways, laryngeal mask airway insertion and management, and endotracheal intubation.
- Having sufficient strength, motor skill, and coordination to lift, move, and position patients as required for administration of anesthesia and performance of cardiopulmonary resuscitation.
- Having sufficient speed and coordination to quickly and safely react to emergent conditions in the operating room as well as throughout the hospital in order to comply with standards for patient safety.
- Recognizing and differentiating colors of signals displayed on monitors; being able to work in both light and dark conditions as exist in patient care areas (e.g., operating room, radiology suite, endoscopy suite); being able to recognize details of objects both near and far.
- Having the abilities to make measurements, calculations, reason, analyze and synthesize patient data and solve problems. Be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.
- Having the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patients, and the development of mature, sensitive and effective relationship with patients.
- Having the ability to tolerate physically taxing workloads, effectively carry out responsibilities and to function effectively under stress. Students and practitioners must possess sufficient emotional stability to withstand stress, display flexibility and to learn to function in the face of uncertainty inherent in the clinical problems of many patients.
- Having the ability to maintain attendance, especially in clinical coursework, in order to earn the required clinical practice hours and experience for graduation.
- Having no impairment that would preclude continuous performance of all of the above activities or any and all of the other activities that are an integral part of an anesthesiologist assistant's participation in the anesthesia care team.

Because of the above essential functions, the School of Medicine strongly discourages the use of surrogates to perform these functions as a reasonable accommodation for persons with disabilities. While each application is reviewed individually, it is necessary that each degree candidate himself or herself be able to observe and perform each task required by the curriculum of the school. Similarly, the school does not consider the waiver of required examinations a reasonable accommodation for individuals with learning disabilities. Learning-disabled students, when appropriate,\* may be granted additional time on required examinations, be examined in separate testing facilities or accommodated in other reasonable ways, but they will not be exempted from the requirement to take and pass such examinations.

The University of Missouri-Kansas City School of Medicine Admissions Committee for the MSA program will review qualified applicants who are unable to meet the technical standards for admission as stated above. The entire application file will be formally reviewed by the committee in consultation with the UMKC Office of Services for Students with Disabilities.

*\*Contact the UMKC Office of Accessibility Services for information regarding definition and documentation of learning disabilities.*

**I have read and understand the above technical standards, and I hereby certify that I believe I am able to meet these standards if I become an anesthesiologist assistant student at the UMKC School of Medicine.**



**Master of Science in  
Anesthesia  
CLINICAL POLICIES  
2025**

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INTRODUCTION

*Italicized letters and numbers next to sections reference Standards of the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA). These indications throughout the handbook identify information/policies that assist the program in being compliant with the respective Standard(s).*

The following clinical policies are to be adhered to in relation to the academic work required of the following courses:

ANES 5561- Orientation to Simulation & Clinical Application

ANES 5563- Anesthesia Clinical Experience I

ANES 5565- Anesthesia Clinical Experience II

ANES 5567- Anesthesia Clinical Experience III

ANES 5569- Anesthesia Clinical Experience IV

ANES 5571- Anesthesia Clinical Experience V

ANES 5573- Anesthesia Clinical Experience VI

ANES 5590- Special Topic: Intro to Anesthesia Clinical Experience

Due to the evolving nature of the clinical environment and the program’s response to that, these policies may require modification at any time. Students will be made aware of any changes in policies as they are made.

HIPAA COMPLIANCE

Prior to the start of clinical work, all students are trained in the Health Insurance Portability and Accountability Act (HIPAA) regarding medical privacy regulations. Students will not be permitted to begin clinical work without HIPAA training. Students must demonstrate continuous compliance with these regulations throughout the duration of the MSA program.

OSHA GUIDELINES (*Standard V.C.*)

Safety is an important objective for the student and for patients. During the didactic phase of the program, each student receives training in accordance with the requirements of the Occupational Health & Safety Administration (OSHA) on Universal Precautions and is provided information regarding the appropriate methods of handling blood, tissues, and bodily fluids, as well as dealing with the management of communicable diseases. As part of professional development, each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients. It is the student’s responsibility to become familiar with the policies and procedures for employing these precautions at each of the rotation sites to which the student is assigned. All students will participate in clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel.



Students should refer to the general handbook policies regarding infectious/communicable disease training and post-exposures protocol prior to any clinical experience and should follow the outlined procedure should they be exposed or injured while on a clinical rotation.

## CLINICAL SCHEDULE/ROTATION ASSIGNMENTS

Didactic phase: Didactic phase rotation assignments will occur exclusively in the Greater Kansas City area to accommodate didactic lectures, simulation labs, and other on-campus requirements. Clinical rotation assignments are given at least 30 days in advance, however, the program reserves the right to alter assignments during the semester dependent on the Program's resources or site/preceptor changes. Students will be notified of changes as far in advance as possible.

Clinical phase: Clinical phase rotation assignments will occur at a variety of healthcare facilities across the United States to ensure its students have access and exposure to quality and diverse clinical experiences. All clinical phase students are required to travel for rotations and should expect to rotate predominately at facilities that are located outside of the Kansas City area and at out-of-state locations. The establishment of new clinical rotations is ongoing as the needs of the program and profession evolve.

Clinical phase schedules are developed approximately six months prior to the start of the calendar year (beginning of the rotation schedule) at the discretion of the program to ensure students fulfill competency requirements. All schedules are subject to change based on didactic or clinical site requirements.

## TRAVEL ROTATIONS, TRANSPORTATION, AND HOUSING

It is the responsibility of the student to have reliable transportation to and from clinical sites during their entire time with the program. Housing and transportation on all clinical rotations while enrolled in the program is the responsibility of the student. Didactic phase rotations occur exclusively at facilities within the Greater Kansas City area. Clinical phase rotations occur at established rotation sites across the United States to ensure students have access and exposure to quality and diverse clinical experiences. All clinical phase students are required to travel for rotations and should expect to rotate predominately at facilities that are located outside of the Kansas City area and at out-of-state locations. On average, students may be scheduled in a specific city for 1-3 months depending on the rotation type and facility, but should not expect to have a majority of rotations in any specific city. Generally, students rotate in different cities every 1-2 months.

## CLINICAL ONBOARDING PAPERWORK AND STUDENT REQUIREMENTS

Students may be required to complete additional paperwork, screenings, and/or pay application fees, etc., for certain clinical rotations. These requirements may include, but are not limited to, paperwork, trainings, application/online onboarding fees, proof of vaccinations, proof of insurance, background screenings, fingerprinting, and drug screenings. It is the responsibility of the student to provide such information and cover any associated costs. The student must fully comply with all requirements of the specific facility before participating in any clinical activities.

## PRE-ROTATION REQUIREMENTS (CLINICAL PHASE STUDENTS)

Clinical phase students are required to send the below-mentioned items to all clinical coordinators and site administrators **no less than 4 weeks** prior to the rotation. This should be done whether or not the student has already rotated at the site. The only exception is for consecutive month rotations at the same site. Students are required to contact the director of clinical education **no less than 1 week before the rotation begins if they have not received any** correspondence from the clinical site. Failure to do so can result in loss of clinical time that must be made up.

- Cover letter introducing yourself
- Curriculum Vitae: This should be updated monthly to reflect previous month's clinical experiences.

- Professional photo: Photo will be sent to you from the program.
- Contact information
- Education and Professional Background (especially previous healthcare experience)
- Healthcare Certifications (BLS, ACLS, PALS, etc.)
- Clinical rotations completed: Name of facility, dates of rotation, and type of rotation focus
- Total number of case types completed
- Any special circumstances/approved time off, if known (such as vacation, holiday break(s), conference travel time or interviews)

## EMERGENCY CONTACT INFORMATION

- While on clinical rotations, students MUST have a cell phone or other mobile device for phone and email contact with the program. This policy does not give students permission to carry cell phones in the operating room. In emergent situations, the program will contact students via phone and UMKC email.
- Students are responsible for providing the program with personal contact information and emergency contact information. It is the student's responsibility to keep their personal contact information, as well as the contact information of at least one emergency contact person, updated through their UMKC Pathway and Project Concert profiles. If the program determines there is reasonable justification to investigate the welfare or status of a student or to report the student's current personal/health status, they will do so to the emergency contact(s) provided by the student. Examples of reasonable justification for communication with a student's emergency contact include, but are not limited to, absence from the program for more than a reasonable amount of time without notice, illness, and/or injury.
- Students should be in communication with their emergency contacts regularly to make them aware of details of their rotation, especially when rotating outside of the Kansas City Area. Important details include the name of the hospital(s) where the student is rotating, dates of the rotation, travel details, and the physical address of where the student is staying during all clinical rotations.

## AFFILIATE POLICIES

Each affiliate may have different clinical policies for MSA students specific to their facility. Students are expected to comply with each. If these policies stray far from the program's current policies, students are required to notify the program director.

## GENERAL CLINICAL POLICIES & EXPECTATIONS\*

\*Expectations and responsibilities vary at specific clinical sites. It is the student's responsibility to find out what is expected at the beginning of the rotation. The specific times for OR-based activities are based on program expectations, but students should follow rotation-designated expectations, as necessary. Additionally, please see the Preop/IV Rotation section for specific expectations pertaining to that experience.

1. **Before 5:30am of shift:** If a student is emergently unable to attend clinicals, they must report the absence in accordance with the absence reporting policy **by 5:30am the day they are to be absent. Non-emergent absences should be reported as far in advance of the absence as possible and in accordance with the clinical absence reporting policy.** (see [Reporting Clinical Absences section](#) for full details). In addition to submitting the Absence Request Form, absences must be reported via email to the Director of Clinical Education, the site coordinator at the student's current rotation, the daily preceptor, and the Program Support Staff.
2. **By 6:00am of shift:** Students are expected to report to the hospital **by 6:00am** unless otherwise designated by the clinical site. Arrival after this time will be considered tardiness.
3. **Before the clinical preceptor arrives,** the student should have their operating room set up. This includes:

- a. Machine check
  - b. Suction checked and functioning
  - c. Ambu bag available
  - d. Appropriate syringes prepared for drug draws
  - e. Introduced themselves to the patient (starting mid-second semester)
  - f. Ensuring there are two chairs for anesthesia, two IV poles, and two sets of lead with thyroid shields (if fluoroscopy will be used)
  - g. Any extra equipment based on the case (e.g., peds cart, difficult airway cart, double lumen tubes, etc)
4. **Before the anesthesia resident arrives:** If working with anesthesia residents, students are expected to arrive before the residents and set up the operating room. Residents should be treated with the same respect given to the supervising physician/clinical preceptor, including but not limited to, being formally addressed as “Dr. (Last Name)”.
5. **Before the case starts,** the student should develop a case management plan to include:
  - a. Whether or not the patient will be intubated or have an LMA placed (if general anesthesia)
  - b. Whether or not the patient will be paralyzed
  - c. Anesthetic considerations based on the patient’s medical history and home medications
  - d. Calculations of the following:
    - i. Fluid management
    - ii. Ideal body weight
    - iii. Allowable blood loss
    - iv. Any necessary drug calculations and/or dilutions
6. If the student has completed the above measures for set-up and has extra time, they should check on rooms that don’t have students assigned to run machine checks and set-up suction.
7. **By 6:40am of shift:** Students should be waiting for their preceptor in their assigned OR **by 6:40am** unless otherwise designated by the clinical site. During this time students can study from paper notes/anesthesia texts. (Digital devices are not allowed for studying. See #12.)
8. MSA students are to wear program-specific scrubs or business casual attire into the hospital and hospital-issued scrubs in the OR. At NO time shall a student wear hospital-issued scrubs to and from the facility.
9. Students are required to wear UMKC-issued and facility-specific identification at all clinical sites to identify them as an Anesthesiologist Assistant Student. Specific identification will vary based upon the clinical site. Students are to only use badges issued to them during their assigned rotation at a hospital. Students are not allowed to share or borrow other student’s badges. Students are to not throw away any badges issued by a hospital or clinic. If the site does not collect them on site and the student is not returning for an additional rotation, students should mail the badges back to the program for disposal. (V.C.)
10. MSA students are not to enter any clinical affiliate site as representatives of the program if they are not actively assigned to that clinical rotation. Permission to re-enter the facility must come from both the program director and the facility.
11. MSA students are required to introduce themselves daily to each patient and all members of the OR staff, including the anesthesiologist, surgeon, any surgical assistants, other operating room staff, and preop and PACU nurses. Staff should be addressed in a formal manner.
12. **Students are expected at all times to show the utmost professionalism and respect for the patient, their preceptor, and all OR staff. Students should be engaged, helpful, and pleasant to work with. Expression of gratitude to your preceptor for allowing you to learn under their supervision is expected.**
13. Students should be prepared for downtime during the day by bringing anesthesia reading or class notes. Students should have pocket anesthesia resources available and a small journal for taking daily notes.
14. Students **are not allowed to use** cell phones or any other devices, such as tablets, smart phones, or smart watches in the operating room. If the site requires the use of personal phones, students must adhere to policies set forth for use by the site and limit use to site-specific communication only. Students should not engage in

personal communication, such as calls, texts, chat, or social media while in the OR. If students do engage in these types of activities, they will be asked to leave the OR immediately.

15. Students should be prepared to bring their own food with them to the hospital or utilize hospital dining/cafeteria facilities to purchase meals. It is recommended that students not eat or break in areas that are reserved for staff. Additionally, students should not leave hospital grounds for breaks or lunch.
16. Students who do not adhere to these policies and expectations **may be asked to leave the clinical setting**. They will not be allowed to return until actions requested by their preceptor are fulfilled. Preceptors will notify the program of all actions and expectations of the student.

## PRECEPTOR SUPERVISION (*Standard V.C.*)

Students enrolled in the UMKC MSA program must have 1:1 immediately available supervision by an Anesthesiologist, Anesthesiologist Assistant, Senior Anesthesiology Resident, or CRNA who is practicing under the medical direction of a physician anesthesiologist. Supervision expectations have been conveyed to all clinical rotation sites through direct communication and associated affiliation agreements. **If a student feels the clinical site has violated the supervision expectations of the program, it is the student's responsibility to notify the director of clinical education immediately.** Any exceptions to the supervision expectations will be communicated with the student by the Director of Clinical Education.

Students must undertake patient care duties commensurate with their level of competency. This does not prohibit a student from entering or being a part of more complex cases or skills, yet the student's level of involvement will be at the level of his/her competency.

## STUDENT POSSESSION AND ADMINISTRATION OF CONTROLLED SUBSTANCES

Students may not handle or administer controlled substances in the clinical environment unless directly supervised by a preceptor and visible by the preceptor. Students may not carry controlled substances outside of the OR unless accompanied by a preceptor. Students found to be handling controlled substances may be reported to their preceptor, attending, or the program. Mishandling controlled substances and/or violation of this policy may result in referral to the School of Medicine Honor Council.

## ADDRESSING CLINICAL ISSUES/SIGNIFICANT EVENTS

Students should immediately notify the program director or the Director of Clinical Education of any significant incidents that occur while on clinical rotations. Such incidents may include, but are not limited to, a situation in which you feel as though you acted inappropriately (e.g., unprofessional behavior/communication, clinical performance not at level of competency/scope of responsibility), you were put in a situation that you were not qualified to handle, and/or you felt as though patient care was compromised. Immediate notification helps the program administrators better assist you and demonstrates your dedication to patient care.

## DISMISSAL FROM A CLINICAL SITE

Temporary dismissal (examples include, but are not limited to: unprofessionalism, dangerous clinical performance or "no-call-no-shows") from a site will result in an unexcused absence(s). In the event a student is permanently dismissed or prohibited from returning to a clinical site, the Committee on Progression will evaluate the student's situation for possible probation or separation from the program. Dismissal of any kind will require an immediate meeting with the Program Director and the Clinical Director.

**Students who do not adhere to these clinical policies may be asked to leave the clinical setting. They will not be allowed to return until actions requested by the clinical site are fulfilled. Site coordinators will notify the program director of all actions and expectations of the student.**

## CLINICAL ATTENDANCE

### Daily Hour Expectations

Students are expected to attend all clinical rotations as set forth by each clinical site. Some rotations may require weekend, night, or shift-type work. Time for arrival and departure will be determined by each site and preceptor. During the clinical phase, students will follow the schedule of their specific clinical site. For example, if the hospital where you are on rotation is open and has elective cases scheduled for the day, you are expected to be in the operating room. Exceptions to this are the program's mandatory conference attendance, holiday/winter break, and elected weeks off. Students are not considered "7-3" or "8-hour/day" employees. They should make every attempt to gain as many clinical hours as possible. Average clinical hour work weeks should range from 40-60 hours per week with an average of 10-12 hours per day. Anytime a student needs to leave prior to 3pm, unless on a unique shift (e.g., night shift or afternoon shift), approval must be granted by the director of clinical education and the student must notify their preceptor at the **beginning** of the day.

### Clinical Attendance: Daily short-term absences

#### Excused clinical absences

Students are granted one excused clinical absence per semester during the didactic phase (semesters 1-3), and 7 total excused absences/personal days throughout the clinical phase (semesters 4-7). Specifics to each phase are provided later in this document. Excused absences from clinical work do not need to be made up if they fall within the student's allotted amount of absences. Excused absences above and beyond the student's allotment will be reviewed by the program and may require make-up time. The student must alert the Program Director, Clinical Director, Student Support Specialist, and site clinical coordinator as soon as possible, or at the latest, on return to school. All excused absences, whether short or prolonged, will be evaluated on an individual basis. Examples of excused absences may be:

- Illness (for self or child(ren))
- Weather- Absences due to inclement weather, as outlined in inclement weather policy, will be considered an excused absence
- Special Circumstances- Unusual circumstances resulting in an absence, including but not limited to, bereavement leave, jury duty, wedding, birth of child(ren). Special Circumstances and absences thereof are at the discretion of the Program.

#### Unexcused clinical absences

An unexcused absence is any absence/delay in arrival to clinic when untimely notification or no notification occurs (with exceptions for dire emergencies, to be determined and approved retroactively by the Program), when a student cannot attend clinicals due to request by a clinical site due to professional and/or clinical management issues, or when a student is absent from the clinic and it does not fall in the category of "excused". Absences of any kind determined or granted by a clinical site/site coordinator, but not communicated to the Program are considered unexcused. The MSA program realizes that circumstances or emergencies may arise on occasions leading to an unexcused absence. However, unexcused absences are neither a right nor an entitlement of the student.

Unexcused absences must be made up at the program's discretion and will result in a deduction of points/failure of course, depending on the total number of unexcused absences the student has accrued. Accrual of unexcused absences will be continuous throughout the duration of the program and are not specific to a single clinical experience course.

1. A single unexcused absence will result in a deduction of 5% from the student's total Clinical Evaluation Professionalism and Communication category average for the course. (For example, a Professionalism & Communication average of 90 will be reduced to 85.)

2. A second unexcused absence will result in a deduction of one grade level for the overall grade in the respective course. (For example, a grade of A will be reduced to A-.)
3. A third unexcused absence will result in immediate failure of the respective course section due to unprofessional behavior and is criteria for separation from the program in accordance with Committee on Progression policies.

Any assignment or exam missed must be made up at the convenience and discretion of the instructor. If a pattern of absences appears to surface, a student may be referred to the Committee on Progression.

## Cancellation of Clinical Duties

For inclement weather conditions, please see the attendance policy in the General Student Handbook section. For students on clinical rotations out of the Kansas City Area, please be in communication with your clinical coordinators regarding attendance when significant weather events are forecasted to occur. If local universities are closing, students should communicate with their clinical site to make a determination about attendance. Students should follow the lead of their clinical site and/or clinical site coordinator regarding attendance expectations for the day. High school closures are not considered as an acceptable guideline when determining an inclement weather day.

If a student is prohibited from attending clinicals due to a site-specific issue, the student should contact the Director of Clinical Education immediately. Examples of this type of occurrence may include an incident that shuts down ORs at the facility, city-wide evacuations, etc. The program will advise the student on appropriate actions and will follow-up with the clinical site, as necessary. This type of situation may result in required makeup time for the student and/or an immediate change in clinical site assignment.

**Absences for any reason, whether excused or unexcused, do not affect the rotation expectations or required learning outcomes. Supplemental learning and/or additional clinical time may be assigned at the discretion of the clinical faculty.**

Note, the clinical attendance and absence policies outlined in the clinical policies are specific to daily short-term absences only. Students should reference the Committee on Progression policies for absences that are in excess of the daily limit and may qualify for a short-term absence or leave of absence from the program.

## Reporting Clinical Absences, Delays in Arrival, and Early Departures

1. All students shall report any clinical absence/request for time off (includes all types of clinical absences, such as sick/personal, vacation, travel, and/or interview time) via the [AA Program Clinical Absence Request Form](#). Absence requests may be approved after the absence has occurred, but should be submitted on or before the date of absence.
2. Additionally, the student must email the clinical site coordinator, the MSA Director of Clinical Education, and the program's clinical student support specialist in a timely manner to alert them of any type of absence. The reporting must be done in one single email to all required individuals. (Clinical affiliate contact information is on the [Google Drive link for Clinical Site Information](#).)
  - a. Notification of non-emergent absences should be made via the student's introduction email to the clinical site coordinator, if known, or as soon as possible based on the situation.
  - b. Should a student become ill overnight/have an emergent situation arise that necessitates an absence, they should minimally send a notification before the start of their shift.

3. Clinical phase students must also document all absences on their monthly preceptor calendar.

Any delays in the arrival to the clinic or requests to leave early should be reported via email to the clinical site coordinator, the MSA Director of Clinical Education, and the program's clinical student support specialist in a timely manner to alert them of the absence.

**All absences not reported properly will be considered unexcused.**

## Didactic Phase: Semesters 1-3- Schedule and Leave Policies

Clinical assignments for first year students are given on a monthly basis. Evening and weekend shift work will sometimes be required of students.

### Sick Time

Students are given one excused clinical day for illness (for self or child(ren)) per semester that is not required to be made up. A student using a sick day may not participate in the entire day's responsibilities (clinic AND any class or tests scheduled for that day). A medical release for return to educational & patient care activities is required for multi-day clinical absences due to personal illness, as diagnosed by a medical professional.

Make-up days will be required if a student takes more than one sick day per semester. Make-up time must occur in increments of 6 hours or more and will be assigned on open/available clinical days at the discretion of the program and based on clinical site availability.

- Two sick days per semester: Make-up time may occur on weekends, evenings, or during semester breaks.
- Three sick days or more per semester: Make-up time will occur during a semester or holiday break(s).

### Bereavement Time

Students may be granted 1 day of leave for family bereavement at the discretion of the program. Any additional time requested must be made up at the clinical site. The Program may grant additional days for bereavement that necessitates travel or the death of immediate family members (parent, grandparent, sibling, spouse/partner, or child(ren)). Students must complete the student absence request form, and report absence(s) as soon as possible to the Director of Clinical Education, program clinical support staff, and the clinical site coordinator.

## Clinical Schedule Request for Non-Clinical Days- Summer and Fall Semesters

During Summer and Fall semesters, Didactic Phase students may request to not be scheduled in the clinic on a specific day. Each student is allowed one request per semester in the summer and fall of Year 1. Special requests cannot be made during the Preop/IV Rotation. The program will attempt to grant requests, but submission of the request by the student does not guarantee approval by the program. If multiple students request the same day off, requests will be honored in the order they were submitted. Clinical schedule requests may not be made the day prior to a long weekend or semester/holiday breaks.

2025 deadlines to submit requests:

- Summer semester: 05/09/25
- Fall semester: 6 weeks prior to the month when the day is requested. For example, August 16<sup>th</sup> for a day in October.

Clinical schedule requests must be made via the [Clinical Request Microsoft Form](#). Students should be logged in with their @umsystem.edu account. The student will receive an automated email indicating the approval or denial of the request.

## Clinical Schedule Request to Trade Shift with Another Student

First-year students may request to trade shifts with another student in the class if both students agree. Students must be rotating at the same facility during the same month for the same type of rotation (e.g. Preop/IV). A switch request form must be completed by both students and submitted at least 48 hours prior to the first day being requested. The completion of a switch form does not guarantee approval.

Clinical trade requests must be initiated by one student via the [Clinical Switch Request Microsoft Form](#). The student should be logged in with their @umsystem.edu account. Once the student submits the form, the second student will receive an email requesting that they approve of the switch. Upon completion by the second student, the program will receive the request. Both students will receive an automated email indicating the approval or denial of the request.

## Professional Conference Attendance

Attendance at the conferences listed below is mandatory for first-year students. Students with special circumstances may be excused at the discretion of the Program (examples include, but are not limited to: illness, family emergency, leave of absence, medical or pregnancy/breastfeeding-related accommodation that precludes the student from traveling). Didactic and Clinical time will be excused for students to travel to and from the Conference depending on when and where the Conference is held.

AAAA Annual Conference: March 27-30, 2025 (Charlotte, NC)

MSA Annual Meeting: April 11-12th, 2025 (Saint Louis, MO)

## Preop/IV Rotation Attendance

Each student will have the opportunity to complete a two-week Preop/IV rotation during their first year. The student will report to preop and check in with the charge nurse no later than 6am each morning. Students do not have to attend on days when they have Simulation Lab, or on any holiday break. If a student is ill or has an extenuating circumstance, they may have to make up the time at the discretion of the Director of Clinical Education. A *minimum* of 7 total days is required for this rotation, though additional days may be required as determined by the Director of Clinical Education. Students may not make clinical absence requests during this rotation.

*Case/hour tracking:* In one experience for the entire day, document the start and end time for the day and any procedures completed (use the multiplier, as necessary). Do not place ASA classification. Patient and clinical hours earned are the same for the entire rotation. Select “IV” for “Rotation Type”.

## Clinical Phase: Semesters 4-7- Schedule and Leave Policies

### Sick/Personal Time

Students are given 7 excused sick/personal days to use throughout semesters 4-7 of the program. If a student misses more days, the student is expected to make every effort to make the time up while at the current facility at the discretion of the onsite clinical coordinator. COVID-19 related illness and/or self-isolations will be deducted from sick/personal time or be made up in the amount of 8 or more hours per day missed. Make-up time must be completed in one shift (e.g., a weekend or night shift). A student may not use more than 2 personal days in a row except for illness accompanied by a healthcare provider’s “return to educational activities/patient care” note. Personal days are not allowed during specialty rotations (cardiac, pediatric), application-only sites, newly established clinical sites (this designation to be determined by the Program), or if the clinical site requests such (unless the personal days are used for illness). Students may not use personal days to extend a holiday break or Program time off (including time off for Certification Exam Prep and conference attendance).



## Vacation Time

Students will be given one self-selected week off during the clinical phase of the program. The vacation must be taken in 5 consecutive weekdays of Monday-Friday (some exceptions may be made at the discretion of the program but are not guaranteed). Vacation requests must be made by the student 30 days prior to the start of the first day of time being requested. Vacation request approvals will come directly from the Director of Clinical Education. Students may not request a vacation that extends a holiday break in any way (e.g., the week in December prior to holiday break, or the week prior to Labor Day). Year 3 students may not request a vacation that falls during the rotation when they are taking the Certification Exam or during the last week of the MSA Program.

Vacation weeks will be denied if:

1. Vacation is requested less than 30 days in advance
2. Vacation is requested at an “application-only” site
3. The rotation has been deemed a “no vacation” site based on curriculum goals
4. The site has requested students not take vacation during their rotation
5. Vacation is requested that extends any kind of break time
6. Vacation is requested at a newly established clinical site

## Interview Time

During the clinical phase, students may need time to attend job interviews. The program may grant up to two days of time for a single interview, dependent on the interview itinerary and necessity for significant travel time. No more than 3 (2-day) interviews will be granted per student. The program strongly encourages students to conduct interviews at sites while there on rotation or in the same city. If a student requires more than 3 interview sessions, personal days must be used or make-up time must occur prior to graduation. Interview days will not be granted after the student has formally accepted a job offer.

## Travel Time

During the clinical phase, all efforts will be made to have block rotations end on a Friday and resume the next Monday (or Tuesday, in the case of holiday break time; e.g., Labor Day or Memorial Day). Students will be expected to travel to their scheduled clinical sites during the weekend. Students will be given an extra travel day (the last Friday of the previous rotation) to any clinical rotation site that is further than 400 miles from the student’s previous clinical site. Travel time will not be awarded if the weekend break is a 3-day weekend based on holidays.

## Bereavement Time

Students may be granted 2 days of excused leave for family bereavement at the discretion of the program. Any additional time must be made up at the clinical site, if possible. The Program may grant additional days for the death of immediate family members (parent, grandparent, sibling, spouse, or child(ren)). Students must complete the student absence request form, and report absence(s) as soon as possible via email to the Director of Clinical Education, program clinical support staff, and the clinical site coordinator. Clinical phase students must reflect these absences on their daily preceptor calendars.

## Professional Conference Attendance

The program will define excused clinical time for travel and participation based on location and dates of conferences. Excused dates are outlined on the program calendar. Students not attending conferences must be present in clinicals. Any dishonesty regarding conference attendance is grounds for presentation to the Honor Council.

AAAA Annual Conference: March 27-30th, 2025 (Charlotte, NC)- Attendance is optional for second and third-year students.

MSA Annual Meeting: April 11-12th, 2025 (Saint Louis, MO)- Attendance is optional for second and third-year students.

ASA Annual Meeting: October 10-14th, 2025 (San Antonio, TX)- Attendance is optional for second-year students. If students plan on attending, advance notice must be provided to the Director of Clinical Education via email. Students will be excused from clinicals the Friday prior and the Monday of the Conference ONLY. Students must return to clinicals the Tuesday following the start of the conference. Proof of attendance must be submitted to the Director of Clinical Education by the Friday following the conference.

## ASSESSMENT OF STUDENT PERFORMANCE & PROGRESSION TOWARDS PROGRAM REQUIREMENTS

Students must progress towards meeting the program's defined competencies and the clinical hour, case type, and procedure requirements. Clinical requirements for promotion and graduation are listed in the Committee on Progression policies and as an appendix to these policies. Generally, students must minimally achieve the following:

- Students must achieve the competencies set forth for each semester as tailored to the student's level in the program before progressing to the next semester.
- Students must complete and document a minimum number of clinical hours before progressing to the clinical phase and graduation.
- Students must complete and document a minimum number of patient types, case types, and procedures before graduating.

Achievement towards these requirements is documented via preceptor evaluations of student performance and student clinical experience logs as documented in Project Concert. The data to be used from evaluations and case tracking include:

- The student's composite evaluation score within each competency category with a standard deviation
- Summary of student's progression towards meeting minimum expected clinical competencies for the semester
- Quantitative list of attempted and successfully completed procedures
- Quantitative summary of attempted and completed procedures

The program will meet with students each semester to review and assess the student's progress towards meeting MSA program expectations for progression. Students will be provided with a clinical evaluation summary and frequency report of clinical hours, patient types, and case types completed to date. Students may request a summary evaluation report at any time from the director of clinical education. Students have access to their own clinical log reports in Project Concert. It is the program's responsibility to develop clinical assignments that provide students the opportunity to achieve the program requirements through their curated clinical schedule. It is the student's responsibility to review the competencies, case and hour requirements, and be aware of their status in meeting these requirements. Additionally, students are responsible for seeking out cases at their clinical sites that enable them to meet the program requirements. Students who have any concerns about meeting the program requirements because of the lack of opportunities at their clinical sites should be in contact with the program immediately.

## CASE TRACKING AND HOUR REPORTING IN PROJECT CONCERT

Students are expected to report daily hours and cases in the Project Concert case/hour tracking system in alignment with the program's documentation policies. As this a professional responsibility of the student, it is incorporated as part of the grade for the courses MEDPA 5563-5573 Anesthesia Clinical Experience I-VI. Case tracking policies, training videos, and frequently asked questions are posted in the Project Concert module of each Clinical Course Canvas site, and the syllabus for each clinical course.

## Special Tracking Circumstance: Documenting Hours for Overnight shifts

Special consideration should be given to Project Concert logging if a student is in the clinic overnight (time prior to and after midnight). Additionally, students should log differently if they work overnight shifts and clock back in on the same day, which can often happen during “Call” shifts.

1. Should a student work beyond midnight on any given day and is not in a case at midnight, the student must clock back in at 00:00 (midnight) the following day to ensure clinical hours are accurate.
2. If a student’s clinical shift ends after midnight and the student returns to the clinic the same day, the student should document all hours/experiences on one day, even if it does not accurately reflect the times the student was actually in this hospital. The student should document accurate hours of clinical attendance on the student’s monthly calendar.

*Example: A student ends an overnight shift at 06:00 and returns to work the next overnight shift at 18:00 the same day. If the student does not adjust the hours to be on the same day, Project Concert will count the time from 06:00-18:00 as clinical hours, which is inaccurate.*

## Special Tracking Circumstance: Documenting Hours for Preop/IV Rotation and Pain Management Days

First year students completing their Preop/IV rotation and Clinical Phase students participating in pain management days should document their cases as outlined below.

*Case/hour tracking:* In one experience for the entire day, document the start and end time for the day and any procedures completed (use the multiplier, as necessary). Do not include an ASA classification. Patient and clinical hours earned are the same for the entire rotation. Select “pain management” or “IV” for “Rotation Type”.

## PRECEPTOR EVALUATIONS OF STUDENT PERFORMANCE (*Standard IV.A.1.-2.*)

The student should be evaluated by the preceptor they worked with, or their designee, each day the student is scheduled in the clinic. The student will be evaluated with the Daily Clinical Evaluation Form assigned via Project Concert. **It is the student’s responsibility to schedule their daily clinical evaluation in Project Concert in accordance with the program’s guidelines as outlined in the course syllabus and Project Concert training videos.** If the student’s respective preceptor for the day is not available in Project Concert, the student must contact the program immediately so the program can remedy the issue and the student can schedule their evaluation.

## SITE EVALUATIONS

Students are expected to complete site evaluations at the completion of each rotation in the clinical phase of the program. The only exception is when a student is scheduled on a consecutive, multi-month rotation at the same site. Students in these situations will only complete one evaluation at the end of the consecutive, multi-month rotation. As completion of site evaluations is a professional responsibility of the student, it is incorporated as part of the grade for ANES 5567-5573 Anesthesia Clinical Experience III-VI. (See syllabus for each class for details.) First-year students will complete site evaluations at the end of each rotation or semester. These evaluations will be assigned to the student in Project Concert for completion in each cohort.

## PRECEPTOR CALENDARS

Clinical Phase students are expected to maintain a daily calendar of their designated preceptors. This will be submitted to program support staff by the audit deadlines listed in each course’s syllabi. Any absences (vacation, sick/personal days, post-call days, or special circumstances) should be denoted on the calendar.



# University of Missouri-Kansas City School of Medicine Standards of Professional Conduct and Honor Council Procedures

## STANDARDS OF PROFESSIONAL CONDUCT

Approved by the University of Missouri Board of Curators: December 1994; revised January 31, 2013 and updated December 2014; revised September 2020

### I. **Preamble**

Health care professionals are characterized by: 1) a prolonged specialized training in a body of knowledge and skills; 2) ethical principles; 3) a service orientation; and 4) judgment. These professions determine their own standards of education, training, licensure, and practice, and have long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a potential future member of these professions, a student must recognize responsibility and an obligation not only to patients, but also to society, other health care professionals, and self to behave in a manner compatible with the health care profession's standards of conduct.

One of the goals of a medical school is to educate a student during the transition to a professional life. The University of Missouri-Kansas City ("UMKC") School of Medicine has an obligation to evaluate our students pursuing the M.D. and other health professions degrees administered by the School of Medicine as thoroughly as possible for their cognitive abilities, their academic and professional knowledge and skills, their integrity, and their suitability for the practice of their health care professions. Accordingly, the Standards of Professional Conduct detailed in this document have been developed to guide the pre-professional behavior of students in health professions degree programs of UMKC School of Medicine, and to prepare the students to meet the ethical standards of these professions.

All students in the UMKC School of Medicine, including students enrolled in either the M.D. or graduate health professions programs involving direct patient care, are subject to the jurisdiction of the Standards of Professional Conduct and Honor Council Procedures for Violations of the Standards of Professional Conduct upon enrollment. The presentation of these documents shall be an integral part of the orientation of newly accepted students at UMKC School of Medicine.

### II. **UMKC School of Medicine Standards of Professional Conduct**

#### A. **Professional Integrity**

##### 1. **Honesty**

A student shall deal honestly with people including, but not limited to, colleagues, instructors, representatives of the University, patients, attending physicians, and other members of the health care team. Students are expected to demonstrate honesty and integrity in all aspects of their interactions with patients and staff — particularly in assuring accuracy and completeness of their documentation in medical records. The student shall be willing to admit errors and must not mislead others or promote himself/herself at the patient's expense. Students shall strive to report, by utilizing the Honor Council Procedures for Violations of the Standards of Professional Conduct, those students who violate these Standards of Professional Conduct ("Standards").

The basic principle underlying all research is *honesty*. Scientists and students who participate in research have a responsibility to provide research results of the highest quality; to gather facts meticulously; to keep impeccable records of work done; to interpret results realistically, not forcing them into preconceived molds or models; and to report new knowledge through appropriate channels. Co-authors of research reports must be sufficiently acquainted with the work of their co-workers so they can personally vouch for the integrity of the study and validity of the findings, and must have been active in the research itself.

In all cases of academic dishonesty, the instructor shall make an academic judgment about the student's grade on that work and in that course. The instructor shall also report the alleged academic dishonesty to the Chair of the Honor Council.

Examples of academic dishonesty include, but are not limited to, the following:

**Cheating** — 1) use of any unauthorized assistance including, but not limited to, notes, textbooks, unauthorized electronic devices or prohibited internet resources, in taking quizzes, tests, or examinations; 2) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; 3) acquisition or possession without permission of tests or other academic material belonging to a member of the University faculty or staff; 4) in any way giving assistance to others who are participating in any of the three preceding types of behavior; 5) falsifying attendance records or other official documents; or 6) submitting the same paper, project, or document for a grade or credit in multiple courses.

**Plagiarism** — 1) use by paraphrase or direct quotation of the published or unpublished work of another person without fully and properly crediting the author with footnotes, citations or bibliographical reference; 2) unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials; or 3) unacknowledged use of original work/material that has been produced through collaboration with others without release in writing from collaborators. The detection may involve the use of commercially available software.

**Sabotage** — unauthorized interference with, modification of, or destruction of the work or intellectual property of another member of the University community.

Examples of dishonesty related to clinical practice include, but are not limited to, the following:

**Falsification of Patient's Medical Record** — writing progress notes regarding the patient's status that are false including, but not limited to, clinical observations or results in the patient's chart when the student has not seen or evaluated the patient, or using incorrect times of data entry.

**Falsification of Patient's Medical Information** — reporting medical information such as physical examination findings, lab values, test results, and any other relevant patient information to other students, residents, attending physicians, preceptor, the patient, the patient's family, or other relevant medical personnel that has been fabricated by the student.

## 2. Responsibility

A student must acquire competencies with the appropriate concepts, knowledge, and skills which the faculty determines to be essential. These competencies shall be utilized to care for the sick and to promote the health and welfare of society. A student shall recognize a responsibility to participate in activities contributing to an improved community.

Students in the care of patients must not be harmful, dangerous, or negligent to the mental or physical health of a patient or the public. Negligent means the failure to use that degree of skill and learning ordinarily used under the same or similar circumstances by other students.

Students must pay tuition and other University fees, such as the medical equipment or disability fees, on time. Students must complete required forms of evaluation, degree forms, examination applications, etc. on time.

Students must be familiar with and follow the rules and regulations of UMKC School of Medicine, the University, and the applicable health care professional organizations. Students shall be familiar with and comply with the policies and procedures of clinical sites where they are assigned.

While the University and UMKC School of Medicine are committed to the rights of students to free expression, they also have the right to restrict certain conduct which violates the law or University policy, or otherwise directly interferes with the functioning of the University or UMKC School of Medicine and/or its clinical affiliates. Students are expected to be knowledgeable of and comply with the limits on free expression as set forth in the University "Commitment to Free Expression," available at <https://freespeech.missouri.edu/commitment-to-free-expression/>.

Students shall be responsible in their use of personal and professional social media accounts. "Social media" includes any electronic communication or networking using an online service, platform, or site to share information, ideas, personal messages, images, photographs, or other content including, but not limited to, emails, Facebook, Twitter, LinkedIn, YouTube, Snapchat, Instagram, GROUPME, TikTok, Reddit, Tumblr, and blogs. Students shall use appropriate judgment and be respectful and professional in all social media communications. Information shall be truthful and not misleading or deceptive. Content on social media is considered to be published material and therefore must comply with Federal copyright laws.

## **B. Professional Behavior**

### **1. Prohibition Against Discrimination, Harassment, and Sexual Misconduct**

A student shall be dedicated to providing supervised, competent health care services with compassion, respect for human dignity, and without discrimination.

It is against University regulations to discriminate on the basis of race, color, religion, pregnancy, sex, sexual orientation, gender identity, gender expression, ancestry, national origin, age, disability, protected veteran status, or any other status protected by applicable State or Federal law. The University has an AIDS policy statement consistent with Missouri law that prohibits discrimination against persons with AIDS, AIDS Related Complex ("ARC"), or who are HIV positive.

Students shall not harass, discriminate against, or engage in sexual harassment, sexual discrimination, or sexual misconduct with any other individual, either in person or on social media.

### **2. Representation**

A student shall accurately represent himself/herself to others including, but not limited to, colleagues, instructors, representatives of the University, patients, attending physicians, and other members of the health care team.

Examples of misrepresentation include, but are not limited to, the following:

- a. A student shall never use the title of "Doctor" or M.D., as this clearly misrepresents the student's position, knowledge, and authority.
- b. Use of fraud, deception, lies, or bribery in securing any certificate of registration or authority, diploma, permit or license issued, or in obtaining permission to take any examinations.
- c. Impersonation of any person holding a certificate of registration or authority, permit, license or allowing any person to use his/her certificate of registration or authority, permit, license, or diploma from any school.
- d. Forgery, alteration, or misuse of a patient's medical records or knowingly furnishing false information to the health care team and/or professional organizations.

Representations on social media shall accurately reflect that any opinions voiced are those of the student and the student is not speaking on behalf of the University, or UMKC School of Medicine and/or its clinical affiliates.

### **3. Confidentiality and Privacy**

A student shall respect the rights of patients, colleagues, and other health care professionals, and shall safeguard the confidentiality and privacy of patient communications and protected health information within the constraints of the law. The patient's right to privacy in regard to his/her medical record, which includes privacy of personal and social history, is a fundamental tenet to health care.

The discussion in public of the problems of an identified patient, without the patient's permission, by students violates patient confidentiality and privacy laws and is unethical. Under no circumstances can any medical record be removed from an institution. Copying of the entire medical record is never permitted for presentations or rounds; students are permitted to extract information, but not copy "wholesale" parts of a medical record. Names and any other identifiers of patients should be omitted from any documents used for these presentations.

Any protected health information of patients, or any patient identifiers, hospital room numbers, or photographs of patients or their hospital or clinic rooms shall not be posted on social media.

### **4. Disclosures of Information**

While the student is a member of the health care team and under faculty supervision, a student shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health care professionals when indicated.

Sharing of health information appropriately with a patient and colleagues involved in the care of the patient is a fundamental ethical requirement. The patient must be well informed to make health care decisions and work intelligently in partnership with the health care team. Information that the patient needs for decision making shall be presented in terms the patient can understand. If, for some reason, the patient is unable to comprehend information, there shall be disclosure to the patient's authorized representative. Failure of a student to share health information relevant to a patient with the patient and colleagues involved in the care of the patient is unethical. Providing inaccurate health information with these individuals is also unacceptable.

Students are prohibited from communicating with patients and/or their authorized representatives or family members on social media. Any conversations regarding specific patient health care conditions, treatments, or particular processes in a clinical setting can be mutually beneficial for the professional community; however, these must only occur without identifying patients and when using professional social media sites that maintain the privacy and security of communications with registered users.

**5. Assessment of Personal Competence (Self-Evaluation)**

Students shall seek consultation and supervision whenever their ability to play their role in the care for a patient is inadequate because of lack of knowledge or experience.

Students are expected to respond to constructive criticism by appropriate modification of behavior.

It is unacceptable for a student to attempt procedures or to prescribe therapies without supervision.

**6. Professional Demeanor, Appearance, and Communications**

The student is expected to be thoughtful and professional when interacting with patients and their families, attending physicians, preceptors, supervising residents, and other students, and whenever his/her behavior may influence adversely the judgments of others about UMKC School of Medicine and/or its clinical affiliates, or the University. Students shall comply with the code of ethics for their applicable health care profession both on campus and at clinical affiliates, by conduct and speech, and when using social media.

Students shall maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient populations served and in compliance with any policies of clinical affiliates.

Inappropriate behaviors may include, but are not limited to, either in person or on social media: 1) the use of offensive, vulgar, lewd, obscene, profane, or unprofessional language, gestures, images, or videos; or 2) cyberbullying. Any conduct or speech that materially and substantially interferes with the educational process of other students or violates the rights of others is prohibited.

Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation is not appropriate.

**7. Informed Consent**

Students are to understand the obligations of health care professionals to obtain informed consent from patients, but students are **not** responsible for obtaining consent. It is the responsibility of health care professionals to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient's medical condition, the objectives of proposed treatments, treatment alternatives, and risks involved. The patient's or surrogate's consent must be obtained without coercion.

**8. Avoidance of Conflicts of Interests**

If a conflict of interest arises, in which the student has competing interests or loyalties that could potentially undermine their ability to act in an impartial manner, the student will disclose this information as soon as possible through the appropriate channels. For example, gifts, hospitality, or subsidies offered by manufacturers and distributors of medical and pharmaceutical equipment/goods shall not be accepted if acceptance would influence the objectivity of clinical judgment.

**9. Appropriate Conduct with Patients**

The student will demonstrate respect for others, act without discrimination, treat patients politely and considerately, respect their views, respect their privacy and right to confidentiality. The student will communicate effectively and appropriately, and will understand, accept, and agree to be bound by the principle of confidentiality of patient data, and also of information concerning staff and fellow students. The student will not engage in romantic, sexual, or other non-professional behaviors with a patient — even upon the apparent request of a patient — while the student is involved with the patient's care. Any involvement or communications with former patients must meet the professional standards of conduct of the student, and shall not breach the patient's right of privacy of protected health information.

#### 10. **Awareness of Impairments**

The student will not use alcohol or drugs or practice while under a physical or mental health condition if such impairs his/her ability to perform the work of the profession or results in compromised patient care. It is also the responsibility of every student to strive to protect the public from an impaired colleague and to assist that colleague whose capability is impaired because of alcohol or drug use, or a physical or mental health condition. Students are strongly encouraged to self-report and/or seek assistance if they are aware of any potential self-impairment. Additionally, any student who displays signs of impairment should be reported by a peer or UMKC School of Medicine faculty or staff member. Any retaliation against a student for good faith reporting of a peer suspected of impairment shall constitute a violation of professional conduct.

#### 11. **Civility with Colleagues**

Professional relations among all members of the medical community shall be marked by civility. Scholarly contributions shall be acknowledged and each person shall recognize and facilitate the contributions of others to this community; slanderous comments and acts are not acceptable. Students shall deal with professional, staff, and peer members of the health care team in a considerate manner and with a spirit of cooperation.

It is unethical and harmful for a student to disparage, in person or on social media, without sufficient evidence, the professional competence, knowledge, qualifications, or services of a colleague to anyone. It is also unethical to imply without reliable evidence — by word, gesture, or deed — that a patient has been poorly managed or mistreated by a colleague.

#### 12. **Duty To Teach**

It is incumbent upon students entering health care professions to teach other students what they know of the science, art, and ethics of their professions. It also includes communicating clearly and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

### III. **The University of Missouri Standard of Conduct for Students**

In addition to the conduct detailed above, a student is subject to the University of Missouri Standard of Conduct for Students, as administered by the UMKC Office of Student Conduct and Civility in the Division of Student Affairs, in Section 200.010. of the Collected Rules and Regulations of the University ([http://www.umsystem.edu/ums/rules/collected\\_rules/programs/ch200/200.010\\_standard\\_of\\_conduct](http://www.umsystem.edu/ums/rules/collected_rules/programs/ch200/200.010_standard_of_conduct)). Students in the UMKC School of Medicine may be subject to discipline by either the UMKC Office of Student Conduct and Civility or the Honor Council, or by the Title IX Coordinator in the Office of Affirmative Action for allegations related to sexual discrimination. A student will not be subject to discipline for the same violation by multiple entities. The Honor Council, the Office of Student Conduct and Civility, and the Office of Affirmative Action may share information about possible violations to determine which entity will handle the matter, and about violations that have been substantiated.

As of February 7, 2017, conduct for which students are subject to sanctions falls into the following categories:

1. **Academic dishonesty**, including, but not limited to, as cheating, plagiarism, or sabotage. The Board of Curators recognizes that academic honesty is essential for the intellectual life of the University. Faculty members have a special obligation to expect high standards of academic honesty in all student work. Students have a special obligation to adhere to such standards. In all cases of academic dishonesty, the instructor shall make an academic judgment about the student's grade on that work and in that course. The instructor shall report the alleged academic dishonesty to the Primary Administrative Officer.
2. **Forgery, alteration, or misuse of University documents, records or identification, or knowingly furnishing false information to the University.**
3. **Obstruction or disruption of teaching, research, administration, conduct proceedings, or other University activities, including its public service functions on or off campus.**
4. **Physical abuse or other conduct which threatens or endangers the health or safety of any person.**



5. **Stalking** another by following or engaging in a course of conduct with no legitimate purpose that puts another person reasonably in fear for one's safety or would cause a reasonable person under the circumstances to be frightened, intimidated or emotionally distressed.
6. **Violation of the University's Equal Employment/Education Opportunity Policy and Statement of Nondiscrimination** in Section 600.010 of the Collected Rules and Regulations. Discrimination is prohibited on the basis of race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, and any other status protected by applicable State or Federal law.
7. **Violation of the University's Sex Discrimination, Sexual Harassment and Sexual Misconduct in Education/Employment Policy in Section 600.0020 of the Collected Rules and Regulations.** These violations include:
  - a. **Sex Discrimination.** Sex discrimination is conduct that is based upon an individual's sex, pregnancy, gender identity, or gender expression that adversely affects a term or condition of the individual's employment, education, living environment, or participation in a University activity. Sexual harassment, sexual misconduct, sexual exploitation, stalking on the basis of sex, and dating/intimate partner violence are forms of sex discrimination which are prohibited under this policy.
  - b. **Sexual Harassment.** Sexual harassment is defined as:
    1. Unwelcome sexual advances or requests for sexual activity by a person or persons in a position of power or authority to another person, or
    2. Other unwelcome verbal or physical conduct of a sexual nature by a person to another person, when:
      - a. Submission to or rejection of such conduct is used explicitly or implicitly as a condition for academic or employment decisions; or
      - b. Such conduct creates a hostile environment by being sufficiently severe or pervasive or objectively offensive that it interferes with, limits or denies the ability to participate in or benefit from the University's educational programs, activities, or employment.
  - c. **Sexual Misconduct.** Sexual misconduct includes: 1) Nonconsensual sexual intercourse; 2) Nonconsensual sexual contact involving the sexual touching of a body part (i.e., the lips, genitals, breast, anus, groin, or buttocks of another person) or the nonconsensual sexual touching of another with one's own genitals, whether directly or through the clothing; 3) Exposing one's genitals to another under circumstances in which one should reasonably know that the conduct is likely to cause affront or alarm; or 4) Sexual exploitation.
  - d. **Stalking on the Basis of Sex.** Stalking on the basis of sex is following or engaging in a course of conduct on the basis of sex with no legitimate purpose that puts another person reasonably concerned for his or her safety or would cause a reasonable person under the circumstances to be frightened, intimidated or emotionally distressed.
  - e. **Dating/Intimate Partner Violence.** Violence, threats of violence, intimidation, or act of coercion committed by a person who is or has been in a social relationship of a romantic or intimate nature with the recipient of the violent behavior.
  - f. **Sexual Exploitation.** Sexual exploitation occurs when one person takes nonconsensual or abusive sexual advantage of another person for one's own advantage or benefit or for the advantage or benefit of anyone other than the person being exploited and which behavior does not constitute any other form of sexual misconduct. Examples of sexual exploitation include, but are not limited to, the following activities done without the consent of all participants:
    1. Invasion of sexual privacy;
    2. Prostituting another person;
    3. Taping or recording of sexual activity;
    4. Going beyond the boundaries of consent to sexual activity (letting your friends hide to watch you engaging in sexual activity);
    5. Engaging in voyeurism;
    6. Knowingly transmitting an STI, STD, venereal disease or HIV to another person;
    7. Inducing another to expose their genitals;
    8. Nonconsensual distribution of intimate images; or
    9. Use or distribution of drugs or alcohol with the intent to facilitate sexual contact without consent (i.e., predatory drugs or alcohol).
  - g. **Retaliation.** Retaliation is any adverse action taken against a person because of that person's participation in protected activity. The University strictly prohibits retaliation against any person for making any good faith report to a Title IX Coordinator or for filing, testifying, assisting, or participating in any investigation or proceeding involving allegations of sex discrimination, sexual harassment or sexual misconduct.
  - h. **False Reporting.** False reporting is making an intentional false report or accusation in relation to this policy as opposed to a report or accusation, which, even if erroneous, is made in good faith.

8. **Threatening or Intimidating Behaviors**, defined as written or verbal conduct that causes a reasonable expectation of injury to the health or safety of any person or damage to any property or implied threats or acts that cause a reasonable fear of harm in another.
9. **Participating in attempted or actual taking of, damage to, or possession without permission of property of the University or of a member of the University community or of a campus visitor.**
10. **Unauthorized possession, duplication or use of keys to any University facilities or unauthorized entry to or use of University facilities.**
11. **Violation of University policies, rules or regulations or of campus regulations** including, but not limited to, those governing residence in University-provided housing, or the use of University facilities, or student organizations, or the time, place and manner of public expression.
12. **Manufacture, use, possession, sale or distribution of alcoholic beverages or any controlled substance without proper prescription or required license or as expressly permitted by law or University regulations**, including operating a vehicle on University property, or on streets or roadways adjacent to and abutting a campus, under the influence of alcohol or a controlled substance as prohibited by law of the state of Missouri.
13. **Disruptive conduct.** Conduct that creates a substantial disruption of University operations including obstruction of teaching, research, administration, other University activities, and/or other authorized non-University activities that occur on campus.
14. **Failure to comply with directions of University officials acting in the performance of their duties.**
15. **The illegal or unauthorized possession or use of firearms, explosives, other weapons, or hazardous chemicals.**
16. **Hazing**, defined as an act that endangers the mental or physical health or safety of a student, or an act that is likely to cause physical or psychological harm to any person within the University community, or that destroys or removes public or private property, for the purpose of initiation, admission into, affiliation with, or as a condition for continued membership in a group or organization. Participation or cooperation by the person(s) being hazed does not excuse the violation. Failing to intervene to prevent, failing to discourage, and/or failing to report those acts may also violate this policy.
17. **Misuse of computing resources in accordance with University policy** including, but not limited to:
  - a. Actual or attempted theft or other abuse;
  - b. Unauthorized entry into a file to use, read, or change the contents, or for any other purpose;
  - c. Unauthorized transfer of a file;
  - d. Unauthorized use of another individual's identification and password;
  - e. Use of computing facilities to interfere with the work of another student, faculty member, or University official;
  - f. Use of computing facilities to interfere with normal operation of the University computing system; and
  - g. Knowingly causing a computer virus to become installed in a computer system or file.

Details of current rules, sanctions, and due process for violations of the University of Missouri Standard of Conduct for Students are found at

[http://www.umsystem.edu/ums/rules/collected\\_rules/programs/ch200/200.020\\_rules\\_of\\_procedures\\_in\\_student\\_conduct\\_matters](http://www.umsystem.edu/ums/rules/collected_rules/programs/ch200/200.020_rules_of_procedures_in_student_conduct_matters) and in the University of Missouri-Kansas City General Catalogue. Students shall be familiar with these rules and procedures.

## **HONOR COUNCIL PROCEDURES FOR VIOLATIONS OF THE STANDARDS OF PROFESSIONAL CONDUCT**

Approved by the University of Missouri Board of Curators: December 1994; revised January 31, 2013; revised September 2020

### **I. Jurisdiction of the Honor Council**

The Honor Council shall have the authority to address incidents of alleged violations by University of Missouri-Kansas City ("UMKC") School of Medicine students enrolled in either the M.D. or graduate health professions programs involving direct patient care of the UMKC School of Medicine Standards of Professional Conduct ("Standards"), whether such violations occur on the Volker campus or in classes or clinical experiences at affiliated hospitals and clinics through the UMKC School of Medicine. The Standards identify areas of conduct which are judged unacceptable for students either who are in or aspire to a health care profession. The Standards and Honor Council Procedures for Violations of the Standards of Professional Conduct ("Procedures") are published documents of UMKC School of Medicine and have been approved by the University of Missouri Board of Curators. When a student has been charged with one or more violations of these Standards ("Respondent"), the Honor Council shall adhere to the following Procedures. The Honor Council shall have the authority to recommend sanctions upon a Respondent appearing before the Honor Council. The disciplinary proceedings described are not to be construed as judicial trials. Care shall be taken, however, to comply as fully as possible with the spirit and intent of these Procedures.

### **II. Organization of the Honor Council**

#### **A. Composition**

The Honor Council voting members shall consist of the Chair, six faculty/staff members (1 Docent, 1 Basic Scientist, 2 Clinical Scientists, 1 Humanities/Social Sciences representative, and 1 Graduate faculty member), and two student members (1 Years 3-6 and 1 graduate student). Four members constitute a quorum. Nonvoting Honor Council staff who assist the Chair in investigations and generation of reports may be present at the hearings to take minutes or assist with the hearing.

#### **B. Eligibility and Appointment**

The Chair, faculty/staff, and student members shall be appointed to the Honor Council by the Dean of UMKC School of Medicine.

#### **C. Chair**

The Chair shall count as one member of the Honor Council and shall be entitled to vote on all matters before the Honor Council.

#### **D. Time of Appointment and Term of Office**

The Chair and faculty/staff members of the Honor Council shall serve for the duration of their appointments. The student members of the Honor Council shall serve for one year.

A student is ineligible to continue as a member of the Honor Council if he/she is placed on academic or disciplinary probation, or if for any other reason his/her continued membership on the Honor Council may not be in the best interest of UMKC School of Medicine as determined by the Dean of UMKC School of Medicine.

### **III. Procedures for Report of Violation, Investigation, Informal Disposition, and Notice**

#### **A. Report of Violation**

An alleged violation of the Standards should be reported to the Chair of the Honor Council, or his/her designee, as soon as possible after discovery of the incident. Reports may be made in person or by webform or email.

#### **B. Preliminary Procedures and Investigation**

The Chair of the Honor Council or his/her designee shall investigate any reported student misconduct and determine whether any violation(s) of the Standards occurred. The reporter may be requested to meet with the Chair or his/her designee to discuss the alleged violation.

The Chair is responsible for notifying the Respondent by UMKC email of the alleged violation prior to the commencement of the investigation. In addition, the Respondent shall receive a copy of these Procedures as an attachment to the email notice. The Chair shall meet with the Respondent to allow the Respondent the opportunity to respond to the alleged violation.

After conducting an investigation, if the Chair determines that a violation of the Standards has occurred, the Chair or his/her designee shall provide notice by UMKC email to the Respondent of the Respondent's right to a hearing.

The Dean of UMKC School of Medicine or his/her designee may at any time temporarily suspend or deny readmission to a Respondent pending formal procedures when the Dean or his/her designee finds and believes from available information that the presence of the Respondent would seriously disrupt UMKC School of Medicine or constitute a danger to the health, safety, or welfare of members of the UMKC School of Medicine community.

### **C. Informal Disposition**

The Chair shall have the authority to determine that a violation of the Standards did not occur and to impose an informal non-disciplinary disposition, and shall fix a reasonable time within which the Respondent shall accept or reject a proposed informal non-disciplinary disposition.

A failure of the Respondent either to accept or reject a proposed informal non-disciplinary disposition within the time fixed shall be deemed to be an acceptance of the informal non-disciplinary disposition and, in such event, the proposed informal non-disciplinary disposition shall become final upon expiration of such time.

If the Respondent rejects a proposed informal non-disciplinary disposition, it must be in writing and shall be forwarded to the Chair of the Honor Council.

The Chair may refer a matter to the Honor Council for formal investigation and hearing without first offering informal disposition.

### **D. Notice of Hearing**

Upon completion of the investigation, when a violation of the Standards has been substantiated in the judgment of the Chair of the Honor Council, the Chair will schedule a formal hearing as soon as possible but no later than sixty (60) calendar days after receipt of the report of the alleged violation. A request for an extension may be made by the Chair to the Dean of UMKC SOM if there are extenuating circumstances that justify the delay of the hearing. The Dean of UMKC SOM shall determine whether an extension shall be granted and the length of any extension. Notice of an extension shall be provided to the Respondent by UMKC email.

The reporter of the violation, witnesses, and Respondent will be given written notice of the hearing by UMKC email. The Notice of Hearing shall describe the alleged violation and include the date, time, and place of the alleged violation. The Notice of Hearing shall also provide the date, time, and place of the hearing before the Honor Council, request for attendance of the parties involved, and a reference for the Respondent to the Rights of the Respondent which are outlined in these Procedures.

The Notice of Hearing shall be given at least seven (7) consecutive calendar days prior to the hearing, unless a shorter time is fixed by the Chair for good cause.

Any request for continuance shall be made in writing to the Chair who shall have the authority at his/her discretion to postpone the hearing if he/she determines the request is timely and made for good cause. The Chair shall notify the Honor Council members, the Respondent, the reporter, the witnesses, and any other relevant individuals of the new date, time, and location for the hearing.

If the Respondent fails to appear at the scheduled time, the Honor Council may hear and determine the matter in the Respondent's absence.

## **IV. Procedures for Honor Council Hearing**

### **A. Rights of the Honor Council**

The Honor Council shall have the right to:

1. hear together cases involving more than one Respondent which arise out of the same act of misconduct, but in that event shall make separate findings and recommendations for each Respondent;
2. permit a stipulation of facts by the Honor Council member who performed the investigation and by the Respondent;
3. permit the incorporation in the record by a reference of any document, affidavit, or other material produced and desired in the record by UMKC School of Medicine or the Respondent;
4. question witnesses or review other evidence introduced by either UMKC School of Medicine or the Respondent at any time;
5. hear from the Chair about dispositions made in similar cases and any dispositions offered to the Respondent;
6. call additional witnesses or require additional investigation;

7. dismiss any action at any time or permit informal disposition as otherwise provided;
8. permit or require at any time, within a reasonable time as determined by the Honor Council, amendment of the Notice of Hearing to include new or additional matters which may come to the attention of the Honor Council before final determination of the case; provided, however, that in such event the Honor Council shall grant to the Respondent and/or UMKC School of Medicine such time as the Honor Council may determine reasonable under the circumstances to answer or explain such additional matters; and
9. dismiss any person from the hearing who interferes with or obstructs the hearing or fails to abide by the rulings of the Council Chair on any procedural question or request of the Chair for order.

#### **B. Rights of the Respondent**

The Respondent shall have the right to:

1. submit a written response to the alleged violation outlined in the Notice of Hearing before the scheduled hearing is to commence;
2. request in advance of the scheduled hearing a review of any materials contained in the Respondent's hearing file;
3. submit a written request for the identities of witnesses to be called to testify before the Honor Council;
4. be present at the hearing;
5. have an adviser or attorney appear with him/her and to consult with such an adviser or attorney during the hearing; however, the adviser/attorney will not be allowed to question witnesses and/or members of the Honor Council;
6. hear or examine evidence presented to the Honor Council;
7. question witnesses present who are testifying at the hearing;
8. present evidence by witness, affidavit, written report, other memoranda, photographs, drawings, and any other relevant evidence the Respondent desires;
9. make any statement to the Honor Council in mitigation or explanation of the conduct in question;
10. not respond to questions during the hearing;
11. be informed in writing of the findings and recommendations of the Honor Council; and
12. appeal the final decision to the UMKC Chancellor, as herein provided.

#### **C. Rights of Witnesses**

Witnesses shall be notified of the scheduled time, date, and location of the hearing. Witnesses shall bring with them whatever documentation is requested. Failure of a student witness to appear, without good cause, is a violation of the Standards.

#### **D. Record of Hearing**

All proceedings of the Honor Council are to be held in the strictest confidence by the members and all other persons involved. The hearings shall be recorded, either by audio, video, digitally, or stenographically as determined by the Chair of the Honor Council, and shall serve as the official hearing record. The Notice of Hearing, hearing record including exhibits, and Final Report of the Honor Council shall become the "Record of the Case." The Record of the Case shall be scanned and stored electronically with limited access. The Record of the Case shall be accessible at reasonable times and places to the University, UMKC School of Medicine, and the Respondent for the purposes of review or appeal. All requests for access to the Record of the Case shall be made to the Chair or Coordinator of the Honor Council.

#### **E. Conduct of the Hearing**

The Chair of the Honor Council shall preside at the hearing, call the hearing to order, call the roll of the Honor Council members in attendance, ascertain the presence or absence of the Respondent, read the Notice of Hearing, verify the receipt of the Notice of Hearing by the Respondent, report any continuances requested or granted, establish the presence of any adviser or attorney of the Respondent, call to the attention of the Respondent and the adviser/attorney any special or extraordinary procedures to be employed during the hearing, and permit the Respondent to make suggestions of or objections to any procedures for the Honor Council to consider.

The Respondent may also invite guests to the hearing. In advance of the hearing, the Respondent shall provide the Chair of the Honor Council with signed UMKC SOM Forms, "FERPA: Access to Student Records," for each adviser/attorney and guest who will be present at the hearing. Without such signed Form, the person will not be permitted to attend the hearing.

All requests to address the Honor Council shall be addressed to the Chair. The Chair will rule on all requests and points of order and may consult with Honor Council's legal adviser prior to any ruling. The Chair's ruling shall be final, and all participants shall abide thereby, unless the Chair shall present the question to the Honor Council at

the request of a member of the Honor Council, in which event the ruling of the Honor Council by majority vote shall be final.

Rules of common courtesy and decency shall be observed at all times. An adviser or attorney may be permitted to address the Honor Council at the discretion of the Chair. An adviser or attorney may request clarification of a procedural matter or object on the basis of procedure at any time by addressing the Chair after recognition. Written statements may be submitted by any person to the Chair of the Honor Council either prior to or at the hearing.

Witnesses may only be questioned by the Honor Council members and the Respondent.

**Opening Statements:** 1) The Chair of the Honor Council or his/her designee shall make opening remarks outlining the general nature of the case and testify to any facts the investigation has revealed. 2) The Respondent may make an opening statement to the Honor Council about the alleged violation at this time or at the conclusion of UMKC School of Medicine's presentation.

**UMKC School of Medicine Evidence:** 1) UMKC School of Medicine witnesses are to be called by the Chair of the Honor Council and identified or written reports of evidence are introduced as appropriate. 2) The Honor Council may question the Respondent. 3) The Respondent may question a witness or examine evidence at the conclusion of UMKC School of Medicine's questioning of the witness or introduction of such evidence.

**Respondent Evidence:** 1) The Respondent shall have the opportunity to make a statement to the Honor Council about the alleged violation. 2) The Respondent may present evidence through witnesses or written memoranda. 3) The Honor Council may question a witness after the witness is questioned by the Respondent.

**Rebuttal Evidence:** The Honor Council may permit UMKC School of Medicine or the Respondent to offer a rebuttal of the other's presentation.

If it appears that essential testimony is unavailable, or that for other good cause the hearing should be deferred, the Chair of the Honor Council may continue, recess, or discontinue the hearing without prejudice.

## **V. Determination of the Honor Council**

Following the hearing, the Honor Council shall promptly deliberate in closed session out of the presence of the Respondent. Determinations are to be made regarding both the validity of the alleged violation(s) and, if any violations are substantiated, the sanction(s) to be imposed.

### **A. Violation of the Standards of Professional Conduct**

The Honor Council shall determine if the evidence presented in the hearing supports substantiation of a violation(s) of the Standards. The Honor Council may consult with other persons or examine other evidence prior to making a decision. Minutes of any meetings or any additional evidence shall be included in the "Record of the Case." Each member of the Honor Council shall have a vote; however, the Chair shall only vote in the event of a tie vote. The Honor Council shall render a decision, by simple majority vote, of whether one or more violations has been committed by the Respondent. Each alleged violation, if there is more than one, shall be considered individually and/or collectively at the discretion of the Honor Council. The Honor Council shall recommend sanctions for any substantiated violations.

An oral presentation of the Honor Council's findings and recommendations is permitted following the hearing, but a written "Final Report of the Honor Council" that includes findings of fact and recommended sanctions shall be completed as soon as possible after the hearing. This Final Report of the Honor Council shall be submitted to the Respondent by UMKC email, the Coordinating Committee, the Dean of UMKC School of Medicine, and any UMKC School of Medicine faculty or staff involved in any required remediation.

### **B. Sanctions**

The Honor Council shall determine the sanctions to be imposed, if any, based upon its deliberations. One of the following sanctions is to be recommended by means of simple majority vote of the Honor Council members. Where there are multiple violations, there can be separate sanctions for each violation or one sanction for all violations. Requirements for education and/or training, or referral to a UMKC School of Medicine Committee or other resource may be imposed on a Respondent irrespective of whether a violation of the Standards of Professional Conduct has been substantiated. Any such requirements do not constitute a sanction.

The sanctions include the following:

**No Sanction.** Given when the Respondent is not found in violation of any of the Standards of Professional Conduct.

**Warning.** A written reprimand that the Respondent has violated one or more Standards of Professional Conduct. A copy is to be placed in the Respondent's file. There is no prohibition on a student receiving more than one (1) warning; however, that fact that a student has received one or more warnings may be taken into account if there are any subsequent violations of the Standards. A warning is not a reportable action.

**Probation.** A written reprimand to the Respondent for one or more violations of the Standards of Professional Conduct that includes a designated period of time, the probability of more severe sanctions if the Respondent violates any other Standards of Professional Conduct during the probationary period, and subject to any appropriate terms or conditions, such as loss of privileges, restitution, and discretionary assignments. A disciplinary probation is a reportable action.

**Suspension.** An involuntary separation of the Respondent from UMKC School of Medicine for a specified period of time or until special conditions have been met, with a statement whether suspension should relate back to the date of the violation, begin at the time imposed, or begin at a date specified in the future. At the conclusion of the period of suspension, the Respondent is automatically returned to student status. Conditions for readmission may be specified. A disciplinary suspension is a reportable action.

**Dismissal.** An involuntary separation from UMKC School of Medicine for an indefinite period of time. The order of dismissal may specify a date before which the faculty will not consider a petition for readmission from the Respondent. A disciplinary dismissal is a reportable action.

**Expulsion.** Permanent separation of the student from UMKC School of Medicine. A disciplinary expulsion is a reportable action.

The above sanctions only apply to the status of the Respondent at UMKC School of Medicine. Any of the above actions that are reportable will be included on a Respondent's MSPE. Additionally, this information will be reported by UMKC SOM as needed on any future licensure certifications and verifications for the Respondent, and/or any official requests for information made from other UMKC entities. Respondents may also have an obligation to report sanctions on licensure or other applications.

## **VI. Decision of the Coordinating Committee**

The Coordinating Committee, chaired by the UMKC Vice Dean for Academic Affairs and composed of members as detailed in the *Bylaws of the Coordinating Committee*, shall review the Final Report of the Honor Council. Each member of the Coordinating Council shall have a vote; however, the Chair of the Coordinating Council shall only vote in the event of a tie vote. After deliberation and careful consideration, the Coordinating Committee shall approve, by simple majority vote, one of the following actions: 1) to sustain the recommendations of the Honor Council; 2) to amend the recommendations of the Honor Council to another type of sanction; 3) to remand the Honor Council's recommendations for further consideration by the Honor Council; or 4) to reverse the Honor Council's recommendations.

The findings and determinations of the Honor Council and the Coordinating Committee shall be transmitted, to the Respondent by UMKC email and to the Dean of UMKC School of Medicine in writing, within seven (7) consecutive calendar days following the meeting of the Coordinating Committee where an action was approved.

## **VII. Decision of the Dean of UMKC School of Medicine**

Upon receipt of the documents from the Honor Council and the Coordinating Committee, the Dean of UMKC School of Medicine shall review the Record of the Case and the approved action of the Coordinating Committee.

The Dean of UMKC School of Medicine will, within a reasonable amount of time, make a decision to affirm, amend, or reverse the Coordinating Committee's action, or remand the matter to the Coordinating Committee for further proceedings.

The Dean of UMKC School of Medicine shall notify the Respondent by UMKC email of his/her final decision. Copies of the notice to the Respondent will be sent to the Chair of the Honor Council and the Chair of the Coordinating Committee, and will be placed in the Respondent's file at UMKC School of Medicine and in the Record of the Case.

### **VIII. Right of Appeal**

When a recommendation is made for a sanction(s) other than "none," and this is upheld by the Dean of UMKC School of Medicine, or if a recommendation of "no sanction" is revised by the Dean to expulsion, dismissal, or suspension from UMKC School of Medicine, the Respondent may appeal such decision to the UMKC Chancellor or his/her designated representative by filing a written "Notice of Appeal" with the UMKC Chancellor within ten (10) consecutive calendar days after notification of the decision from the Dean. A copy of the Notice of Appeal will also be given by the Respondent to the Dean of UMKC School of Medicine at the time of filing with the UMKC Chancellor. The Respondent may file a written memorandum for consideration by the UMKC Chancellor with the Notice of Appeal. If the Respondent fails to timely file an appeal, the decision of the Dean of UMKC School of Medicine shall become final and effective on the eleventh calendar day after notice to the Respondent.

The UMKC Chancellor or his/her designated representative shall review the Record of the Case and the appeal documents and may affirm, reverse, or remand the case for further proceedings, and shall notify the Dean of UMKC School of Medicine and the Respondent in writing of the decision on the appeal. The action of the UMKC Chancellor shall be final unless it is to remand the matter for further proceedings. The decision of the Dean of UMKC School of Medicine shall be deemed effective on the eleventh calendar day after notice was given to the Respondent unless the matter is remanded by the UMKC Chancellor. Any final sanction will be forwarded to the UMKC Office of Student Conduct and Civility for information purposes.

In cases of suspension, dismissal, or expulsion where a Notice of Appeal is filed within the required time, a Respondent may petition the UMKC Chancellor in writing for permission to attend classes pending final determination of appeal. The Chancellor may permit a Respondent to continue in school under such conditions as may be designated pending completion of appellate procedures, provided such continuance will not disrupt the University or constitute a danger to the health, safety, or welfare of the University community. In such event, however, any sanction imposed shall be effective from the date of the action of the Dean of UMKC School of Medicine.

### **VIII. Amendments to the Standards of Professional Conduct or Honor Council Procedures for Violations of the Standards of Professional Conduct**

Amendments to the Standards of Professional Conduct and/or Honor Council Procedures for Violations of the Standards of Professional Conduct may be proposed by petition of any twenty-five members of the student body, the Honor Council on its own motion, or the UMKC SOM Faculty. Any proposed amendments must be approved by the Honor Council, the Coordinating Committee, the Dean of UMKC School of Medicine, the UMKC Chancellor, and the University of Missouri Board of Curators.



# University of Missouri Kansas City School of Medicine

## Committee on Progression

### Policy Manual and Guidelines

Active May 18, 2022

## Part I: Introduction

### Preface

The Committee on Progression guidelines and policies apply to all School of Medicine students enrolled in graduate education programs. Students enrolled in the Interdisciplinary PhD program are considered students of the UMKC School of Graduate Studies and are not subject to the Committee on Progression policies and procedures. This manual describes policies and procedures for determining a graduate student's status in the University of Missouri-Kansas City (UMKC) School of Medicine. Graduate students are defined as students enrolled in one of the UMKC School of Medicine graduate education programs. Students should become thoroughly familiar with this information and assume responsibility for knowing and complying with these guidelines. All statements in these guidelines concerning policies, procedures, and regulations by the University of Missouri-Kansas City School of Medicine are subject to change. They are not offers to contract. The UMKC Catalog is an additional source of information regarding overall University policies. However, in several instances detailed in this manual, the School of Medicine policies may be more stringent than university policies.

Students are responsible for knowing their academic status by referring to their official permanent academic record on file at the School of Medicine and with the UMKC Registration and Records Office and through official transcripts. Additional unofficial information, such as scheduling, and evaluations are also accessible through Pathway and program tracking systems.

### Purpose

The responsibilities of the Committee on Progression (COP) are the development and application of policies and procedures regarding student progression towards graduation. This committee makes decisions, which are reported to the School of Medicine (SOM) Graduate Council. COP policies are designed to ensure the progression of students who clearly demonstrate growth in knowledge, skills, and abilities resulting in evidence-based competencies consistent with the student's level of training and professional scope of practice expectations.

The COP meets at least every semester and as needed to evaluate student progression and to determine eligibility for graduation and promotion. The committee may meet by email to conduct business when deemed appropriate by the committee chair. The meeting may be cancelled when there is no business to conduct.

The Office of the Council on Evaluation manages the business of the Committee on Progression. The Office is located in MG-200 and office hours are Monday through Friday 8:00 am to 5:00 pm. Connor Fender is the Committee on Progression (COP) Coordinator and may be contacted at:

Phone: 816-235-2171

Email: [fenderco@umkc.edu](mailto:fenderco@umkc.edu)

Committee on Progression Membership includes:

- Committee Chairperson
- MS Anesthesia Program Director or designee
- MMS Physician Assistant Program Director or designee
- Health Professions Education Program Director or designee
- Department of Biomedical and Health Informatics faculty member
- School of Medicine graduate faculty member
- School of Medicine graduate faculty member
- School of Medicine graduate faculty member

### Statement of Human Rights

The Board of Curators and UMKC are committed to the policy of equal opportunity, regardless of race, color, religion, sex, sexual orientation, national origin, age, disability and status as a Vietnam era veteran. The Equal Opportunity and Affirmative Action Office, 223 Administrative Center, 5115 Oak St., is responsible for all relevant programs. Call 816-235-1323 for information. People with speech or hearing impairments may contact the university by using Relay Missouri, 1-800-735-2966 (TT).

### Statement on Discrimination, Intimidation, and Sexual Harassment

The faculty, administration, staff, and students of the University of Missouri-Kansas City are dedicated to the pursuit of knowledge and the acquisition of skills that will enable us to lead rich and full lives. We can pursue these ends only in a culture of mutual respect and civility. It is thus incumbent upon all of us to create a culture of respect everywhere on campus and at all times through our actions and speech. As a community of learners, we are committed to creating and maintaining an environment on campus that is free of all forms of harassment, intimidation, and discrimination. Any form of discrimination or coercion based on race, ethnicity, gender, class, religion, sexual orientation, age, rank, or any other characteristic will not be tolerated.

Should you, a friend, or a colleague ever experience any action or speech that feels coercive or discriminatory, you should report this immediately to the course director, department chair, Associate Dean for Diversity, Equity and Inclusion (office M1-109 of the office of the Dean of the School of Medicine), and/or the UMKC Office of Equity and Title IX. The Office of Equity and Title IX, which is ultimately responsible for investigating all complaints of discrimination or sexual harassment, is located at 218A Administrative Center, 5115 Oak Street; the office may be contacted at 816-235-1323. All formal complaints will be investigated and appropriate action taken.

### Student Records

Official student records in the School of Medicine are permanently kept in the Office of Council on Evaluation. Students with proper photo identification are encouraged to review their student files any time during regular office hours. All records are strictly confidential. Access to a student file, other than to the student, is limited to authorized personnel. Unofficial information, such as scheduling, grades, and evaluations are also accessible through Pathway and specific program tracking systems (e.g., Project Concert).

The School of Medicine follows and adheres to the *Policy on Student Records* as adopted by the Board of Curators. The purpose of this policy is to set forth the guidelines governing the protection of the privacy of student records and to implement The Family Education Rights and Privacy Act of 1974, also known as FERPA.

If a student wishes to have any person other than authorized personnel review their official record, a FERPA Release of Confidential Information form authorizing release of information to that person must be submitted and maintained in the student's file. Each FERPA Release form is valid for 90 days.

## Part II: Enrollment Policies

### Registration Requirements

#### M.S. Anesthesia (MSA) and M.M.S. Physician Assistant (MMSPA) Programs

Graduate students must be registered for UMKC graduate courses each semester to maintain active status. MSA and MMSPA students must register for courses by the program's designated course start date according to the program calendar. Non-enrollment is considered non-adherence with program policies. Students that do not enroll in their designated coursework by 5:00pm of the first day of classes listed on the program calendar will meet criteria for separation for non-adherence to program policy and be placed on an immediate administrative leave of absence.

#### Biomedical and Health Informatics and Health Professions Education Programs

Graduate students must register for UMKC graduate courses according to the dates listed in the UMKC academic calendar each semester to maintain active status. A leave of absence may be required for an interruption in enrollment (see Leave of Absence Section). Graduate students not on an approved leave of absence are required to either re-apply to UMKC or submit a request to re-enroll if they do not enroll for a fall or spring semester. Students who do not enroll in summer do not have to do anything additional.

## Part III: Criteria for Promotion, Probation, Separation, Retention, and Graduation

### Anesthesiologist Assistant Program:

The COP's decision for promotion, probation, separation, retention, and graduation for the MSA program are governed by the following criteria:

1. **Promotion-** progression from didactic phase (semesters 1-3) to clinical phase (semesters 4-7).  
MSA students meet criteria for promotion if the following are achieved:
  - a. All didactic phase students must complete a minimum of 300 clinical hours for promotion to the clinical phase. Students are responsible for documenting these hours via the UMKC MSA program clinical tracking system.
2. **Probation-** a period of "academic warning". Students who meet criteria for probation are immediately subject to the customary probation stipulations listed below, regardless of "official" notification from an Education or Program Coordinator, or other School of Medicine program official(s). The Committee on Progression has the authority to impose a probationary status beyond the customary reasons listed below at its discretion.  
MSA students meet criteria for placement on probation for any one of the following reasons:
  - a. Cumulative **program** GPA falls below a 3.000
    - i. While on probation the student must achieve a 3.000 **term** GPA, and
    - ii. Student must raise **cumulative program** GPA to a 3.000 or higher by the end of the second successive semester following the term in which the student qualified for probation.

- iii. The graduate student on probation will be restored to good standing when the **cumulative program** GPA of at least 3.000 is achieved.
  - b. Clinical course grade (ANES 5561, 5563, 5565, 5567, 5569, and 5571) of a B-, C+, or C
    - i. While on probation the student must achieve a 3.000 **term** GPA
    - ii. Student will return to good standing if the clinical grade in the subsequent semester clinical course (ANES 5563, 5565, 5567, 5569, 5571 or 5573), based on the student's Program of Study, is a grade of B or higher.
  - c. Achieving two or more grades of C+ and/or C in any combination in any one semester
    - i. While on probation the student must achieve a 3.000 **term** GPA
    - ii. Student will return to good standing if a 3.000 **term** GPA is achieved in the semester following the term in which the student qualified for probation.
  - d. Any student retained (avoiding separation) in the program regardless of current GPA.
    - i. While on probation the student must achieve a 3.000 **term** GPA
    - ii. Duration of probation and return to good standing will be outlined by COP.
- 3. **Separation**-dismissal from program. A student may meet criteria for separation without having previously demonstrated academic difficulty or professional misconduct. A student who meets criteria for separation is invited to appear before the COP to present reasons why they should be retained within the program. MSA Students meet criteria for separation if any of the following occur:
  - a. Receipt of a 'W' or 'WF' in any MSA course
  - b. Failure to meet requirements for promotion
  - c. Failure to meet probationary stipulations or violation of probationary stipulations
  - d. Achieving course grade of C- or lower for any MSA course
  - e. Achieving two or more course grades of B- or lower in clinical coursework (ANES 5561, 5563, 5565, 5567, 5569, 5571, 5573)
  - f. Unable to fulfill the mandatory program requirements for graduation due to an incident that prevents a student from doing so in a hospital or other clinical affiliate institutions
  - g. Falsification of patient or clinical contact hours/experiences required for promotion or graduation
  - h. Non-adherence to MSA program, School of Medicine, and/or university policies
  - i. Failure to return to the program from an extended program absence or leave of absence
  - j. Attitudinal problems or nonprofessional behavior
  - k. Submission and acceptance of a leave of absence request
- 4. **Retained**- A student who has met criteria for separation, but has been retained in the program may be placed in the category of retention.
  - a. Students not promoted may be recommended for the following actions by the COP:
    - i. Repetition of the academic program
    - ii. Deceleration of the academic program
    - iii. Other actions as deemed appropriate by the COP
  - b. Repeat coursework deemed necessary by the COP may not exceed 20% of the total hours for the program of study, unless a petition is approved by the UMKC Dean of Graduate Studies, and
  - c. Coursework deemed necessary by the COP must be completed at the student's expense, and
  - d. Any student placed in "retention" status will automatically be placed on probation

5. **Graduation-** A student who has completed the recommended course of study and is compliant with program, School of Medicine, and university policies.

MSA students meet criteria for graduation if the following are achieved:

- a. Cumulative program GPA of 3.000 or higher, and
- b. 80% of program of study hours completed with a 3.0 (B) or higher, and
- c. No individual course grade of C- or lower, and
- d. Completion of the required program of study, and
- e. Completion of a minimum of 2000 clinical hours. Students are responsible for documenting clinical hours via the MSA program clinical tracking system, and
- f. Completion of skill and goals requirements as described in the applicable student handbook. Students are responsible for documenting required cases and skills via the MSA Program clinical tracking system.

Completing MSA degree recommendations does not automatically result in conferral of the degree.

Please refer to UMKC Catalog for further graduation requirements.

### Physician Assistant Program

The COP's decision for promotion, probation, separation, retention, and graduation for the MMSPA program are governed by the following criteria:

1. **Promotion-** progression from didactic phase (semester 1 through semester 4 didactic courses) to the clinical phase (Supervised Clinical Practice Experiences). Didactic courses include MEDPA 5501,5502, 5504,5505,5511,5512,5513,5514,5521,5522,5523,5524,5531,5532,5533,5534.

MMSPA students meet criteria for promotion if the following are achieved:

- a. Cumulative program GPA of 2.700 or higher in the didactic phase
- b. No individual course grade of C- or below

2. **Probation-** a period of "academic warning," Students who meet criteria for probation are immediately subject to the customary probation stipulations listed below, regardless of "official" notification from an Education or Program Coordinator, or other School of Medicine program official(s). The Committee on Progression has the authority to impose a probationary status beyond the customary reasons listed below at its discretion.

MMSPA students meet criteria for placement on probation for any one of the following reasons:

- a. Cumulative program GPA below a 3.000
  - i. While on probation the student must achieve a 3.000 **term** GPA, and
  - ii. Student must raise **cumulative program** GPA to a 3.000 or higher by the end of the second successive semester following the term in which the student qualified for probation.
  - iii. The graduate student on probation will be restored to good standing when the **cumulative program** GPA of at least 3.000 is achieved.
- b. Individual course grade of C+ or C
  - i. While on probation the student must achieve a 3.000 **term** GPA

- ii. Student will return to good standing if a 3.000 **term** GPA is achieved in the semester following the term in which the student qualified for probation.
  - c. Any student retained (avoiding separation) in the program regardless of current GPA.
    - i. While on probation the student must achieve a 3.000 **term** GPA
    - ii. Duration of probation and return to good standing will be outlined by COP
3. **Separation-** dismissal from program. A student may meet criteria for separation without having previously demonstrated academic deficiencies. A student who meets criteria for separation will be invited to appear before the COP to present reasons why they should be retained within the program.

MMSPA students meet criteria for separation if any of the following occur:

- a. Receipt of a 'W' or 'WF' in any MMSPA course
  - b. Failure to meet requirements for promotion
  - c. Achieving a grade of C- or less in any course
  - d. Achieving two or more grades of C+ or C in clinical rotations
  - e. Failure to meet probationary stipulations or violation of probationary stipulations
  - f. Non-adherence to MMSPA program, School of Medicine, and/or university policies
  - g. Failure to pass the Summative Exam
  - h. Failure to return to the program from an extended program leave or leave of absence
  - i. Unable to fulfill the mandatory program requirements for graduation due to an incident that prevents a student from doing so in a hospital or other clinical affiliate institutions
  - j. Attitudinal problems or nonprofessional behavior
  - k. Submission and acceptance of a leave of absence request
4. **Retained-** A student who has met criteria for separation but has been retained in the program may be placed in the category of "retained,"
- a. Students not promoted may be recommended for the following actions by the COP:
    - i. Repetition of the academic program
    - ii. Deceleration of the academic program
    - iii. Other actions as deemed appropriate by the COP
  - b. Coursework deemed necessary by the COP may not exceed 20% of the total hours for the program of study, unless approved by the UMKC Dean of Graduate Studies, and
  - c. Coursework deemed necessary by the COP must be completed at the student's expense
  - d. Any student placed in "retained" will automatically be placed on probation

5. **Graduation-** A student who has completed the recommended course of study and is compliant with program, School of Medicine, and university policies.

MMSPA students meet the criteria for graduation if the following are achieved:

- a. Cumulative program GPA of 3.000 or higher, and
- b. 80% of program of study hours completed with a 3.0 (B) or higher, and
- c. No individual course grade of C- or lower, and
- d. Completion of the required program of study, and

- e. Satisfactorily pass the summative examination

Completing MMSPA degree recommendations does not automatically result in conferral of the degree. Please refer to UMKC Catalog for further graduation requirements.

#### Biomedical and Health Informatics/Health Professions Education Programs:

The COP's decision for promotion, probation, separation, retention, and graduation for the Bioinformatics and Health Education programs are governed by the following criteria:

1. **Promotion** – students must maintain a 3.0 (B) grade-point average in all coursework taken for graduate credit at UMKC and must meet any additional academic requirements imposed by the department.
2. **Probation** – students who meet criteria for probation are immediately subject to the customary probation stipulations listed below, regardless of “official” notification from an Education or Program Coordinator, or other School of Medicine program official(s). The Committee on Progression has the authority to impose a probationary status beyond the customary reasons listed below at its discretion.
  - a. Whenever the **cumulative** GPA for UMKC courses taken for graduate credit by a graduate student of any classification falls below 3.000, the student's status for the next term becomes: "On Probation - See principal graduate advisor." (Interdisciplinary Ph.D. students will be directed to consult their interim advisor or research advisor.) The principal graduate advisor, interim advisor or research advisor will review the student's progress and provide counsel, and the following conditions apply:
    - i. While on probation, a graduate student must achieve a 3.000 **term** GPA in order to enroll for the following term.
    - ii. A graduate student on probation who is not restored to good academic standing by the end of two successive regular semesters following the term in which the **cumulative** GPA fell below 3.000 will be declared ineligible to re-enroll (eligible for separation).
    - iii. A graduate student on probation will not be restored to good standing until a **cumulative** graduate-credit GPA of at least 3.000 is achieved.
  - b. Any student retained (avoiding separation) in the program regardless of current GPA is on probation.
    - i. While on probation the student must achieve a 3.000 **term** GPA
    - ii. Duration of probation and return to good standing will be outlined by COP.
3. **Separation**-dismissal from program. A student who meets criteria for separation is invited to appear before the COP to present reasons why they should be retained within the program. Students meet criteria for separation if any of the following occur:
  - a. Failure to meet requirements for retention
  - b. Failure to meet probationary stipulations
  - c. When the department, irrespective of a student's grade-point average, considers a graduate student's performance to be unsatisfactory
  - d. Non-adherence to program, school, and/or university policies
  - e. Failure to return to the program from an approved leave of absence or failure to enroll in coursework for 2 consecutive semesters (fall & spring) without an approved leave of absence
  - f. Attitudinal problems or nonprofessional behavior



4. **Graduation-** A student who has completed the recommended program of study and is compliant with the program, school, and university policies. Students may elect to fulfill either the degree requirements in effect at the time of their original admission (provided there has not been a lapse in attendance at UMKC of more than two consecutive terms) or the degree requirements in effect at the time of advisement into a planned graduate program of study.
- a. Students meet criteria for graduation if the following are achieved:
    - i. Completion of the required program of study, and
    - ii. Final GPA at the time the degree is conferred (graduate certificates and master's degrees) must be 3.000 or higher for courses completed on the plan of study, and
    - iii. 80% of program of study hours completed with a 3.0 (B) or higher, and
    - iv. No 5000 level or higher graduate course grade of C- or lower may count toward the degree, and
    - v. No course at the 300- or 400-level taken on a credit/no credit basis and no 300- or 400-level course with a grade below B- (2.7) may count toward the degree
    - vi. Exceptions to the above policies require a petition signed by the student's advisor and the Dean of the School of Graduate Studies.
  - b. Thesis and dissertation students must also meet the following requirements:
    - i. Must follow the established format regulations for theses and dissertations (T/Ds) at UMKC, set by the School of Graduate Studies, guided by the Graduate Officers Committee.  
<https://sgs.umkc.edu/current-students/ready-to-graduate/>
    - ii. Approval of the T/D by the degree candidate's supervisory committee, which may include completing a Master's Pre-Oral Defense or Doctoral Dissertation Pre-Oral Defense and a final T/D defense of the work. These steps require specific forms to be submitted to School of Graduate Studies.
    - iii. Submission of final appropriately formatted T/D to School of Graduate Studies and notice of SGS Review and Certification of Acceptance of T/D provided to department.
  - c. Completing the degree recommendations does not automatically result in conferral of the degree. Please refer to UMKC Catalog for further graduation requirements.
    - i. Students must be enrolled in at least 1 credit hour during the semester degree is awarded.

Students must request that the University review their academic record and certify that degree requirements have been met. To make this request, students must file applications for graduation with the registrar no later than the end of the fourth week of the semester in which the degrees will be completed. Students must complete graduation application during semester degree is awarded

## Part IV: Process and Procedure

### Academic Separation (Dismissal) Process

When a graduate student meets criteria for separation (dismissal), including students who have not been in previous academic difficulty, they:

1. Shall be notified that they met criteria for separation from the program. This notification will come from the Committee on Progression by email or in written form (letter) as necessary. Notification will be sent to the Education Coordinator, Program Director and/or Department Chair, Associate Dean for Student Affairs, and Assistant Dean (academic) for Graduate Health Professions.
2. Will be invited to attend the Committee on Progression meeting to show cause for retention in the program.
3. May have additional input into the Committee on Progression discussion by:



- a. Submitting a personal statement to the Committee on Progression expressing their views. Acceptable personal statements are no more than two single-spaced typed pages with standard 1-inch margins, 12-point font and original signature.
- b. Submitting supporting documents from others, e.g., the student's Education Coordinator, Faculty Advisor and/or peers. Original supporting documentation on official letterhead from outside sources (i.e. treating physician) should be mailed or faxed directly to the Committee on Progression via the Office of the Council on Evaluation.

The Committee on Progression reviews the student's performance and the additional input when applicable, and after thorough discussion and careful consideration, makes its decision for either retention or dismissal. If the decision of the Committee on Progression is for retention, the decision is forwarded to the School of Medicine (SOM) Graduate Council. If the decision of the Committee on Progression is for dismissal, the student is notified that the decision will be reported at the next scheduled SOM Graduate Council meeting and should the COP decision for dismissal be upheld, the student's opportunity to appeal the decision would occur at that same meeting. The student will need to inform the SOM Graduate Council whether or not they wish to appeal the decision. The student is informed an appeal should include new information or mitigating circumstances to cause the Graduate Council to overturn the Committee on Progression decision.

At the first scheduled SOM Graduate Council meeting following the Committee on Progression meeting, the Graduate Council reviews the decision from the Committee on Progression and determines whether to overturn or sustain COP's decision. If the SOM Graduate Council makes a determination to overturn COP's decision for dismissal, the student is retained on probation with stipulations specified by the SOM Graduate Council or remanded back to the Committee on Progression. No personal appearance by either the student or any of the witnesses is necessary. If the SOM Graduate Council makes a determination to sustain COP's decision for dismissal, the student may:

1. Choose to forfeit their right to appeal to the SOM Graduate Council, or
2. Immediately exercise their right to appeal to the determination to the SOM Graduate Council

If the student chooses to forfeit their right to appeal to the SOM Graduate Council, the Committee on Progression decision for dismissal remains upheld by the SOM Graduate Council and is final.

If the student chooses to appeal, then they have the right to:

1. Submit a written statement of appeal to the Graduate Council in lieu of appearing personally.
2. Appear personally before the Graduate Council at the same meeting.
3. Request more time for appeals preparation and a postponement of personal appearance.
  - a. Such request must be submitted to the Graduate Council no later than twenty-four hours before the next meeting of the Graduate Council (when time permits).
  - b. The student may postpone their appearance before the Graduate Council only until the meeting following the immediate next meeting of the Graduate Council.
4. Bring witnesses with them to testify on their behalf. Such witnesses might include other students, faculty members, family members, friends, and/or legal counsel. At such a hearing, the student is permitted to present their statement and supporting witnesses are also permitted to present statements in support of why

the student should be retained in the program. Acceptable personal statements are no more than two single-spaced typed pages with standard 1-inch margins, 12-point font and original signature. Proceedings of these appeals hearings are digitally recorded, and a copy of the recording is provided to the student upon request.

5. Neither the student nor any witnesses who accompany the student, including any legal counsel, are permitted to cross examine members of the Graduate Council or other witnesses who testify. The advisor/counselor may only be present to advise the student during the proceedings.

Students appealing a Committee on Progression decision will be required to submit to the SOM Graduate Council Coordinator, 1 day prior to the hearing date, a complete and final list of all persons who have agreed to be present at the hearing on their behalf. The SOM Graduate Council may accept late student submissions when lateness is necessitated by the close proximity of the scheduled meetings. This list must provide the names, professions (e.g., physician, attorney, etc.), and the specific purpose for their attendance (e.g., as witness, advisor, etc.) at the hearing. A signed FERPA release by the students will be required at the time of the hearing.

After hearing the student and accompanying witnesses, the SOM Graduate Council excuses these individuals from its meeting, holds deliberations on the appeal, and subsequently determines anew whether to overturn or sustain the decision from the Committee on Progression. If the SOM Graduate Council makes a determination to overturn the decision for dismissal from the Committee on Progression and its own earlier determination to sustain said decision, the student is retained on probation with stipulations specified by the Graduate Council or remanded back to the Committee on Progression. If the SOM Graduate Council makes a determination to sustain the decision for dismissal from the Committee on Progression and its own earlier determination to sustain said decision, then the SOM Graduate Council decision is final. No further appeals will be accepted. The student will be referred to the University Counseling and Testing Center for support and career guidance.

The Graduate Council will notify the student of the final decision by email or in written form (letter) as necessary. Notification will be sent to the Education Coordinator, Program Director, Faculty Advisor, Associate Dean for Student Affairs, and UMKC Registrar.

### Non-Academic/Disciplinary Separation (Dismissal) Process

The procedures to be followed with regard to actions taken against students based upon non-academic/disciplinary grounds are set forth in the Standards of Professional Conduct.

### Appeal Process for Non-Dismissal/Retained (Non-Status Review) Cases and Petitions

Students are permitted to appeal non-status review cases and petitions that have been denied by the Committee on Progression to the Graduate Council in writing. This will be the final appeal and the appeal process ends with the final action by the Graduate Council.

### Professional Behavior Evaluation

The Professional Behavior Evaluation form will be used to report exceptionally commendable or particularly deplorable professional behavior in a graduate student. Completed forms are submitted to the Committee on Progression, which upon receipt of a completed report will place the report on the agenda of the next Committee meeting. The Committee may solicit input from the evaluator, witnesses and the evaluated person. Any action recommended by the Committee will be forwarded to the Graduate Council. The student being evaluated will be notified of such action in a timely fashion. Notification will also be forwarded to the Associate

Dean for Student Affairs and the Assistant Dean (academic) for Graduate Health Professions. The Committee on Progression may also refer the report to the Honor Council as appropriate.

### Program Absences

Students are responsible for all content, assignments, exams, and other course requirements missed during any type of absence. Short-term absences and/or leaves of absence should not be undertaken without considerable thought, planning and communication with school and university staff and advisors, as they may affect financial aid and may extend a student's program of study.

#### Short-Term Absence (*Anesthesiologist/Physician Assistant Programs*)

A short-term absence is considered an absence from the program for a period not to exceed 14 consecutive weekdays in the didactic phase. Please see the individual policies for the MMSPA & MSA clinical phase students. Should a request for a Short-Term Absence not be approved by the program director, it will be forwarded for recommendation to the Committee on Progression.

#### MSA Clinical Phase

Short-Term Absences for students in the MSA program clinical phase cannot exceed 21 consecutive days.

#### MMSPA Clinical Phase

Students in the MMSPA program clinical phase who take a Short-Term Absence of longer than 5 consecutive weekdays will be required to complete the rotation at a later date, which will result in an extension of their program of study.

### Leave of Absence (*All Graduate Education Programs*)

A leave of absence is a period of time that is not eligible for or approved as a short-term absence. During a leave of absence, a student is not participating in the requirements of their program. A student might request a leave due to an emergency, because of medical or psychiatric illness, or due to personal reasons. The school might also place a student on leave in accordance with specific academic policies. Any leave will have academic and/or financial repercussions, and should therefore not be undertaken without considerable thought, planning and communication with school and university staff and advisors.

It is inappropriate to request a leave of absence for any of the following reasons:

- The request is made in an attempt to avoid receiving undesirable grades in one or more courses
- The request is made in an attempt to gain additional time to prepare for coursework or examinations
- The request is made in an attempt to avoid meeting criteria for separation

Retroactive leaves of absence are granted only in emergency situations. Any student who does not return to their program when a leave of absence has expired will meet criteria for separation from the program. A student who leaves without following the procedures outlined in this policy will meet criteria for separation from the program.

#### *Didactic Phase (Anesthesiologist/Physician Assistant Students)*

All students must complete the didactic phase in a consecutive manner, as outlined in the Program of Study. Students granted a leave of absence are required to attend a Status Review prior to their return to the program.

At this Status Review, students should present on the circumstances around their leave of absence, what they have done during the course of their leave, and their plans to ensure a successful return to the program. The Committee on Progression will consider the following actions at Status Reviews as a result of a leave of absence during the didactic phase:

1. Accept the student's return to the program. Completion of program requirements may require an extension of the program of study at the student's expense
2. Accept the student's return to the program and require that the student join the next matriculating class
3. Deny the student's return and separate (dismiss) the student from the program

#### *Clinical Phase (Anesthesiologist/Physician Assistant Students)*

Students granted a leave of absence are required to attend a Status Review prior to their return to the program. At this Status Review, students should present on the circumstances around their leave of absence, what they have done during the course of their leave, and their plans to ensure a successful return to the program. The Committee on Progression will consider the following actions at Status Reviews as a result of a leave of absence during the clinical phase:

1. Accept the student's return to the program. Completion of program requirements may require an extension of the program of study at the student's expense
2. Accept the student's return to the program and require that the student join the next matriculating class
3. Deny the student's return and separate (dismiss) the student from the program

The Committee on Progression allows for the following types of leave:

- a. Personal
- b. Medical
- c. Emergency
- d. Administrative

#### Personal Leave (All Programs)

A personal leave of absence is defined as a period of time during which a student is granted permission to be away from the program in order to attend to familial or personal obligations which interfere with the student's ability to adhere to the program's Technical Standards. Personal leave is granted by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.

Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation. A student requesting personal leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system. Once granted, personal leave may extend a student in the program an equivalent amount of time to the leave or more. A student in the clinical phase may request an extension of personal leave by submitting updated required forms and supporting documentation for review by the Committee Chair. In accordance with university policy, any request for extension will not be granted beyond one year from the original leave date. Retroactive requests for personal leave are not permitted. Students on personal leave are ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students have the option to petition the Committee on Progression for permission to take readiness assessment while on personal leave. Upon return from leave, the student must adhere to the schedule

outlined by either their respective curriculum committee, program director or the Committee on Progression to complete outstanding exams and readiness assessment examinations.

A student must return from personal leave when they are prepared to adhere to the program's Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from personal leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

#### *Procedure for Requesting Personal Leave*

1. The student completes the COP Request for Leave of Absence form and obtains signatures from their Student Affairs Education Coordinator and Program Director.
2. The student reads and completes their respective program's Technical Standards document.
3. The student completes the UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Leave of Absence, Program Technical Standards document and UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 30 days prior to the anticipated leave start date.
5. The Committee on Progression Chair will review the paperwork and render a decision upon the request.
6. If the request for personal leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student's university email account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.
7. If the request for personal leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary.
8. During any approved leave, a student is required to monitor their UMKC email address and keep in contact with their Education Coordinator and Program Director.

#### *Procedure for Returning from Personal Leave*

1. The student completes the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.
2. The student reads and completes a new program-specific Technical Standards document.
3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Return from Personal Leave, program-specific Technical Standards document and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 30 days prior, or as soon as possible to the anticipated leave return date.
5. The Committee on Progression Chair will review the paperwork and render a decision upon the request.
6. If the request for return from personal leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student's university account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
7. If the request for return from personal leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*

### Medical Leave (Anesthesiologist/Physician Assistant Students)

A medical leave of absence is defined as a period of time during which a student is medically unable, as certified by a treating physician or therapist who is not a family member or relative of the student, to fully participate in the program as required by the student's program-specific Technical Standards. Medical leave is granted by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.

Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation. A student requesting medical leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system. Once granted, medical leave may extend a student in the program an equivalent amount of time to the leave or more. A student in the clinical phase may request an extension of medical leave by submitting updated required forms and supporting documentation for review by the Committee Chair. In accordance with university policy, any request for extension will not be granted beyond one year from the original leave date. Retroactive requests for medical leave are not permitted. Students on medical leave are ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students have the option to petition the Committee on Progression for permission to take readiness assessment while on personal leave. Upon return from leave, the student must adhere to the schedule outlined by either their respective curriculum committee or the Committee on Progression to complete outstanding exams and readiness assessment examinations.

A student must return from medical leave when the physician or therapist that has provided ongoing care through the leave of absence certifies that the student is ready to enter with full-time participation in the program as required by the program-specific Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from medical leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

### *Conditions for a Medical Leave of Absence*

A medical leave of absence may be granted when a student has a verified medical condition, including psychiatric illness, which prohibits full participation in the program as defined by the student's program-specific Technical Standards.

### *Procedure for Requesting Medical Leave*

1. The student completes the top of the COP Provider Certification for Medical Leave of Absence form and reads and completes the program-specific Technical Standards form and submits both to the treating physician/therapist. *Note that family members/relatives, Emergency Room physicians and/or urgent care facility physicians are not accepted as providers able to certify a student's need for medical leave.*
2. The student completes the COP Request for Leave of Absence form and obtains the Student Affairs Education Coordinator and Program Director signatures.
3. The student completes the campus UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.

4. The student submits the completed COP Request for Leave of Absence and UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 30 days prior to the anticipated start of the leave.
5. Once the COP Provider Certification for Medical Leave of Absence form, program-specific Technical Standards document and supporting documentation is submitted to the Council on Evaluation office by the care provider, the Committee Chair will review the paperwork and render a decision upon the request.
6. If the request for medical leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.
7. If the request for medical leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary.
8. During any approved leave, a student is required to monitor their UMKC email address and keep in contact with their Student Affairs Education Coordinator and Program Director.

#### *Procedure for Returning from Medical Leave*

1. To prepare for returning from leave, the student must complete the top of the COP Provider Certification for Return from Medical Leave of Absence form and read and complete the program-specific Technical Standards Document and submits both to the same treating physician/therapist who originally certified the leave.
2. The student completes the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.
3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Return from Leave and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 30 days prior to the anticipated return from leave.
5. Once the COP Provider Certification for Return from Medical Leave of Absence form, program-specific Technical Standards document and any supporting documentation is submitted to the Council on Evaluation office by the care provider, the Committee Chair will review the paperwork and render a decision upon the request.
6. If the request for return from medical leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
7. If the request for return from medical leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*

#### Emergency Leave (Anesthesiologist/Physician Assistant Students)

An emergency leave of absence is defined as a period of time during which a student is medically unable to fully participate in the program as required by the student's program-specific Technical Standards as the result of an emergent or potentially life-threatening medical or psychiatric illness. An emergency leave of absence may be granted when a student or immediate family member has an emergent or life-threatening medical

condition, including psychiatric illness, which prohibits the student's full participation in the program as defined by the student's program-specific Technical Standards. Emergency Leave is determined by the Associate Dean for Student Affairs or Assistant Dean (academic) for Graduate Health Professions, working in conjunction with the Committee on Progression.

A student seeking emergency leave must, when able, follow the procedure outlined in this policy. School of Medicine staff will assist in the completion of any required paperwork for Emergency Leave in the event a student is unable to participate in the process. Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation.

Any student seeking emergency leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system *when able*. Emergency leave should coincide with the start of the acute illness and is granted for a period not to exceed 30 days. Emergency leave may be counted as an entire month away from the program, dependent on the curriculum requirements of the student. A student may not request an extension of emergency leave but can, if necessary, request medical leave by submitting all required forms and supporting documentation for Medical Leave to the Committee on Progression. Retroactive requests for emergency leave are not permitted. Enrollment in any coursework, at any institution, while on emergency leave is strictly prohibited. Students on emergency leave are also ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations.

A student must return from emergency leave when a treating physician or therapist who is not a family member or relative of the student certifies that the student is ready to fully participate in the program as required by the program-specific Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from emergency leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

#### *Procedure for Obtaining Emergency Leave*

1. The student, if able, completes the COP Request for Leave of Absence form and submits it to their respective Program Director. The Program Directors will provide the information to the Associate Dean for Student Affairs or Assistant Dean (academic) for Graduate Health Professions, who will render a decision regarding the request and forward it on to the Council on Evaluation office.
2. The student, if physically able, completes the program-specific Technical Standards document and campus UMKC Request for Leave of Absence form and obtains all necessary Step 2 signatures.
3. The student submits the completed UMKC Request for Leave of Absence form and program-specific Technical Standards document to the Council on Evaluation office no later than 48 hours following the submission of the COP Request for Leave of Absence form.
4. Once the COP Request for Leave of Absence, the program-specific Technical Standards document and the UMKC Request for Leave of Absence forms are submitted to the Council on Evaluation office, the Committee staff will review the paperwork for completeness and note the decision of the Associate Dean for Student Affairs or Assistant Dean (academic) for Graduate Health Professions.
5. If the request for emergency leave is approved by the Associate Dean or Assistant Dean, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email



notification to the student. The student, if physically able, must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.

6. If the request for emergency leave is denied by the Associate Dean or Assistant Dean, Council on Evaluation staff will notify the student and/or request any additional information necessary.
7. During emergency leave, students who are physically able must monitor their UMKC email address and keep in contact with their Student Affairs Education Coordinator and Program Director.

#### *Procedure for Returning from Emergency Leave*

1. To prepare for returning from an emergency medical leave, the student must complete the top of the COP Provider Certification for Return from Emergency Medical Leave of Absence form and submit it to the treating physician/therapist who treated the student during the leave, along with the program-specific Technical Standards document. The student must also complete the forms listed below. Students granted emergency leave for non-medical reasons need to complete steps 2 – 7 below *only*.
2. The student completes the program-specific Technical Standards document and COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.
3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary Step 2 signatures.
4. The student submits the completed COP Request for Return from Emergency Leave, program-specific Technical Standards and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 7 days prior to the anticipated return from leave.
5. Once the COP Provider Certification for Return from Leave of Absence form (where applicable) and all other non-medical emergency leave return forms are submitted to the Council on Evaluation office, the COP Chair will review the paperwork and render a decision upon the request.
6. If the request for return from emergency leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
7. If the request for return from emergency leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*

#### Administrative Leave (Anesthesiologist/Physician Assistant Students)

An administrative leave of absence is defined as a period of time during which a student is not permitted to participate in the program due to academic performance, eligibility for separation based on COP policies or as the result of an appeal for retention. Administrative leave is determined by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.

Any student placed on administrative leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system. Administrative leave coincides either with the start of the month or academic term or with the date of a School of Medicine Graduate Council meeting. Administrative leaves conclude at the end of a month or academic term. Administrative leave is counted in whole months away from the program and may extend a student in the program an equivalent amount of time to the leave. A student may not request an extension of administrative leave but can, if appropriate, request personal leave by submitting all required forms and supporting documentation for Personal Leave to the Committee on Progression. Students on administrative

leave are ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students have the option to petition the Committee on Progression for permission to take readiness assessment while on administrative leave.

A student must return from administrative leave when they are prepared to adhere to the program-specific Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from administrative leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

#### *Procedure for Placement on Administrative Leave*

1. The student receives notification from the Committee on Progression that they meet criteria for placement on Administrative Leave.
2. The student completes the UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.
3. The student submits the completed UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 3 days following the original notification from the Committee on Progression.
4. Office of Evaluation staff will forward the leave information to the Registrar's Office for final processing and send an email notification to the student's university email account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.
5. During administrative leave, the student is required to monitor their UMKC email address and keep in contact with their Student Affairs Education Coordinator and Program Director.

#### *Procedure for Returning from Administrative Leave*

1. The student completes the program-specific Technical Standards document and the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.
2. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
3. The student submits the completed program-specific Technical Standards document, the COP Request for Return from Leave and the UMKC Request for Return from Leave forms to the Office of Evaluation no later than 10 days prior to the anticipated leave return date.
4. The Committee Chair will review the paperwork and render a decision upon the request.
5. If the request for return from administrative leave is approved by the Chair, Office of Evaluation staff will forward the information to the Registrar's Office for final processing and send an email notification to the student's university account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
6. If the request for return from administrative leave is denied by the Chair, Office of Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*

#### **Withdrawal From Graduate Health Professions Programs/School of Medicine**

A student withdrawing from a Graduate Education Program within the School of Medicine must:

1. Submit a letter of withdrawal (with rationale influencing the decision) to the COP, meet with the respective Program Director, and will have an opportunity to meet with the Assistant Dean (academic) of Graduate Health Professions or their designee.
2. Complete and submit the School of Medicine Program Withdrawal Form. Students who fail to submit the form within 30 days after receipt of a letter of request from the School of Medicine will be considered separated from the program. Students who notify the School of Medicine of their intent to withdraw in another format (e.g., verbal, email, note) from the program and fail to submit the Withdrawal Form within 30 days after receipt of a letter of request from the School of Medicine will be separated from the program
3. Meet with the education coordinator to initiate official steps to withdraw from all current course work and from the University. A student is not considered withdrawn from a program until all the withdrawal procedures for the University have been completed. The date the University finalizes a student's withdrawal is the date that the Cashier's office will use for tuition reimbursement.

Once the University has finalized a student's withdrawal it may not be rescinded.

## Graduation

### Graduation Process

1. The process for graduation begins with the student, who is responsible for completing an application for graduation.
2. Each semester the student's academic progress is monitored, programs of study are updated, and eligibility for graduation is checked.
3. To participate in the graduation ceremony a student must meet the graduation criteria.

### Graduation Procedure

1. The Program Director, Program Coordinator, and Coordinator in the Office of Evaluation will monitor the student's programs of study and eligibility for graduation.
2. At the beginning of the student's final semester, the program coordinator and education coordinator will prompt eligible students to complete the graduation application. Graduation applications are due by the 4<sup>th</sup> week of the semester the student is graduating in.
3. The completed application and updated plan of study will be forwarded to the Registrar by the Program Coordinator.
4. The UMKC Office of Registration and Records will audit the students' program of study forms for the degree requirements and graduate academic regulations.
5. Students must resolve any administrative holds, which may prevent release of their diploma.
6. Upon completion of the final semester, there will be a final confirmation that the student met all graduation criteria and the Chair of Graduate Council will provide a list of student names who met graduation requirements to the UMKC Office of Registration and Records.
7. The Office of Registration and Records will release diplomas accordingly.
8. Students who do not meet all of the graduation criteria, but want to participate in the graduation ceremony, may submit a request for exception. Only students who are near completion of the program (e.g., will achieve required clinical hours within the following month, have just one clinical rotation to complete) make such a request. The request for permission to participate in the graduation ceremony must be submitted to the Chair of Graduate Council at the same time graduation applications are due. The request should be written (email is acceptable) and include the following details:

- a. student name
- b. program
- c. graduation criteria met and criteria pending
- d. anticipated completion date
- e. student's rationale and justification for the request

## **Appendices**

### Appendix 1 – Student Resources

## Appendix 1

### STUDENT RESOURCES

Degree program resources – Student should first seek advice and personal consultation from

Education Coordinator

Assigned Faculty Advisor

Program Director and/or Medical Director

Department Chair if applicable

#### Office of Student Affairs

Brenda Rogers, MD, Associate Dean: (816) 235-1782

Cary Chelladurai, EdD, Assistant Dean: (816) 235-1951

Academic Counseling/ Referral Services (816) 235 1344

#### University Counseling and Testing Center: (816) 235-1635

Professional counseling, individual or small group

Vocational and career testing, planning and counseling

Marital and family counseling

Adult student development

Student Disabilities Services: (816) 235-5696

#### Office of Diversity, Equity and Inclusion: (816) 235-1780

Tyler Smith, MD, MPH, Associate Dean

Doris Agwu, MPH, Assistant Dean

Serves as the school's central division for diversity initiatives, including community engagement, recruitment, facilitation of entry, inclusion, and retention. Provides support in academic, administrative, financial and personal matters for underrepresented minorities in the medical school. Is a resource for assisting students with concerns regarding harassment and functions as the confidential referral for students with personal issues that could impede academic success.

#### Health Science Library

General Information: (816) 235-1880

Medical Education Media Center: (816) 235-1832/1864

## **POLICY ON STANDARDS OF CONDUCT FOR TEACHER/LEARNER RELATIONSHIPS**

UMKC School of Medicine (SOM) is a community of professionals dedicated to education, patient care, and research. The SOM holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. The SOM community is committed to maintaining academic and clinical environments in which faculty, fellows, residents, students and staff can work together to further education and research, while providing the highest quality of ethical and compassionate care for patients at affiliated hospitals and clinics. As effective learning is best fostered in an environment of mutual respect between teachers and learners, mutual respect is expected; each member within the SOM community must be accepted as an individual and treated with respect and fairness. Diversity in background, outlook and interest is inherent, necessary and important in medical education and the practice of medicine. Although both teachers and learners bear responsibility for creating and maintaining these academic and clinical environments, teachers take on particular responsibility with respect to their evaluative roles relative to student work and with respect to demonstrating appropriate professional behaviors.

The term “teacher” is used broadly to include peers, GME trainees, full-time and volunteer faculty members, clinical preceptors, nurses, and ancillary support staff, as well as others from whom students learn. Graduate medical education trainees, of special note, are also “students” at the UMKC SOM.

### **GUIDING PRINCIPLES:**

**Duty:** Medical educators/teachers have a duty to convey the knowledge and skills required for delivering the Medical profession’s standard of care and also to instill the values and attitudes required for preserving the medical professionals social contract with its patients.

**Integrity:** Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn 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 medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure students and residents are always treated respectfully.

### **RESPONSIBILITIES AND CONDUCT OF TEACHERS AND LEARNERS:**

#### **Teachers should:**

- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant information in a timely fashion
- Provide explicit learning and behavioral expectations early in a course or clerkship
- Provide timely, focused, accurate and constructive formative feedback on a regular basis and thoughtful and timely evaluations at the end of a course or clerkship

- Display honesty, integrity and compassion
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery, and avoid

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overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive

- Solicit feedback from students regarding their perception of their educational experiences
- Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

### **Students should:**

- Treat fellow students and faculty fairly and respectfully
- Demonstrate professional behavior in all settings
- Be prepared and on time
- Demonstrate honesty, integrity and compassion
- Be active, enthusiastic, curious learners
- Recognize learning stems beyond formal and structured activities and requires responsibility and commitment
- Recognize their responsibility to learn established learning objectives and to participate as an active learner
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine
- Recognize personal limitations and seek help as needed
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings
- Recognize the duty to place patient welfare above their own concerns
- Recognize and respect patients' rights to privacy
- Solicit feedback on their performance and recognize criticism is not synonymous with "abuse"

### **Relationships between Teachers and Students**

Students and teachers should recognize the special nature of the teacher-learner relationship, which is in part defined by professional role modeling, mentorship, and supervision. Because of the special nature of this relationship, students and teachers should strive to develop their relationship as one characterized by mutual trust, acceptance, and confidence and limited to that of education and mentoring. They should both recognize the potential for conflict of interest and respect appropriate boundaries.

### **Conduct/Responsibilities of Teachers and Learners:**

- Treat each other with respect at all times
- Treat each other equally, without regard for age, sex, gender, race, color, ethnicity, national origin, ancestry, religion, disability, sexual orientation, gender identity, military or veteran status
- Act fairly in all dealings with each other

- Communicate with each other in a respectful and professional manner at all times
- Be prompt to appointments, classes and lectures

#### **Inappropriate Conduct:**

- Unwanted physical contact or the threat of such contact; loss of civility or professionalism, including displays of temper, demeaning or humiliating behavior to another, the use of personal threats, attacks or insults, or any other conduct that is disruptive to patient care and/or learning
- Sexual harassment (including voluntary romantic relationships between teachers and learners in which the teacher has authority over the learner's academic status and progress)
- Harassment based on age, sex, gender, race, color, ethnicity, national origin, ancestry, religion, disability, sexual orientation, gender identity, military or veteran status
- Discrimination in any form based on age, sex, gender, race, color, ethnicity, national origin, ancestry, religion, disability, sexual orientation, gender identity, military or veteran status
- Asking others to perform personal errands unrelated to education, research or patient care activities
- Providing health and/or psychiatric or psychological services to any learner for which a teacher has involvement in the academic assessment or in decisions about the promotion of that learner, except in an emergency situation.

#### **REPORTING INAPPROPRIATE CONDUCT OR MISTREATMENT**

- The general process and procedures for learners and teachers is outlined below. This policy provides guidelines for the learner and teacher to address the issue, including some initial resources to consider. The underlying concern is for the comfort of the individual raising the concern. The SOM will not tolerate any form of retaliatory conduct by or toward teachers or learners who report inappropriate conduct in good faith. Individuals who believe that retaliatory action has been taken against them as a result of reporting or raising concerns regarding inappropriate conduct, may report such action through the procedures set forth herein.
- In addition to the SOM process for reporting, learners and teachers may report concerns within the University. This includes contacting the Equity and Title IX office (ETIX) Coordinator at (816) 235-6910 and/or to the University's Ethics and Compliance Reporting Line either online at <https://www.compliance-helpline.com/UM.jsp> or by calling 1-866-447-9821 (reports to the Ethics and Compliance Reporting Line may be made anonymously). Additionally, UMKC Human Resources or University administrators could be contacted to raise a concern.
- Learners may file a Student Mistreatment report with the link found on the UMKC website <https://med.umkc.edu/mistreatment/>. A report may also be filed by imaging the QR code found on the Expect Respect posters available throughout the medical school and in medical education areas of affiliate hospitals. Learners are also directed that they may report their concern to the Associate Dean for the Learning Environment.

#### **Reporting by Learners (Students):**



- Learners may report the inappropriate conduct of another through a variety of mechanisms. First and foremost, learners (only if comfortable doing so) may address the situation immediately and nonconfrontationally with the person engaging in such conduct. If the learner is not comfortable raising the matter with the person engaging in the conduct, or the conduct continues, the learner may discuss the issue with course directors, program directors, department chairs, the student's education team coordinator (ETC), the student's docent or the Associate Dean of Student Affairs, Assistant Dean for Graduate Health Professions in Medicine, or the Associate Dean for the Clinical Affiliate.
- If the issue cannot be addressed/resolved in this manner and/or if the issue is deemed to represent a significant violation of the responsibilities/conduct described in this policy, the student and/or the individual the student confided in should report the incident to the Associate Dean for the Learning Environment . Confidentiality of the student will be maintained to the extent possible according to the situation. The learner may also file a mistreatment report online (<https://med.umkc.edu/mistreatment/>) which will subsequently be reviewed by the Expect Respect Committee (ERC)

#### **Reporting by Learners (Residents/Fellows):**

- Residents/fellows must promptly report to the office of ETIX any and all conduct that may be listed under Inappropriate Conduct, whether directly witnessed, received as a disclosure from a student or employee, or learned through a third party (rumors, etc.) per the [Mandated Reporter requirements](#).
- Each UMKC graduate medical education program sponsored by the SOM has a working and learning environment policy that should be followed.
- Additionally, the Graduate Medical Education Resident/Fellow Working and Learning Environment Policy describes the methods and procedures for residents/fellows to report concerns at: [http://med.umkc.edu/docs/gme/policy\\_pdfs/GME\\_Working\\_Environment.pdf](http://med.umkc.edu/docs/gme/policy_pdfs/GME_Working_Environment.pdf)

If the issue cannot be addressed/resolved in this manner and/or if the issue is deemed to represent a significant violation of the responsibilities/conduct described in this policy, the resident/fellow and/or the individual that the student confided in should report the incident to the Associate Dean for the Graduate Medical Education. Confidentiality of the resident/fellow will be maintained to the extent possible by the situation. The learner (Resident/fellow) may also file a mistreatment report online at (<https://med.umkc.edu/mistreatment/>) which will subsequently be reviewed by the ERC.

#### **Reporting by Teachers:**

- Teachers must promptly report to the Office of ETIX any and all conduct that may be listed under Inappropriate Conduct, whether directly witnessed, received as a disclosure from a student or employee, or learned through a third party (rumors, etc.) per the [Mandated Reporter requirements](#).
- Teachers who feel that a learner or teacher has engaged in inappropriate behavior may address the situation immediately with that learner or teacher. Additionally, for student concerns, the teacher can report the concern to the course/clerkship director, Associate Dean for Student Affairs, or Assistant Dean for Graduate Health Professions in Medicine. For resident concerns, the teacher can report to the program director or Associate Dean for Graduate Medical Education for investigation. For teacher concerns, the faculty member can report to the Academic Department Chair and/or the Associate Dean for the Clinical Affiliates for investigation.

- If the issue cannot be addressed/resolved in this manner and/or if the issue is deemed to represent a significant violation of the responsibilities/conduct described in this policy, the teacher should contact the Associate Dean for the Learning Environment. Confidentiality of the teacher will be maintained to the extent possible based on the situation. The teacher may also file a mistreatment report online at (<https://med.umkc.edu/mistreatment/>) which will subsequently be reviewed by the ERC.

## **EXPECT RESPECT COMMITTEE (ERC)**

### **Purpose**

The purpose of the following document is to outline established guidance regarding the management and referral of reports of discrimination, harassment, and misconduct received by the UMKC School of Medicine that align with the jurisdiction of the Office of Equity and Title IX (ETIX).

### **Expect Respect Committee (ERC)**

The Expect Respect Committee is an initiative that falls under the School of Medicine Office of the Learning Environment to address and reduce issues of mistreatment. The School of Medicine believes that a respectful institutional climate is essential to providing medical education that promotes the effective delivery of health care in diverse communities. A respectful learning and working environment are comprised of but not limited to faculty, staff, residents, fellows, students, and community members associated with the School of Medicine and affiliates.

### **ERC Members**

Learning Environment: Associate Dean (Committee Chair) and Assistant Dean  
 Diversity, Equity, and Inclusion: Representative  
 Honor Council: Chair  
 Student Affairs: Associate Dean or representative  
 Graduate Medical Education: Associate Dean  
 Council on Curriculum: Associate Dean or representative  
 Graduate Health Professions in Medicine: Assistant Dean  
 Human Resources: School of Medicine Representative  
 Office of Assessment and Quality Improvement: Representative  
 St. Joseph Campus: Representative

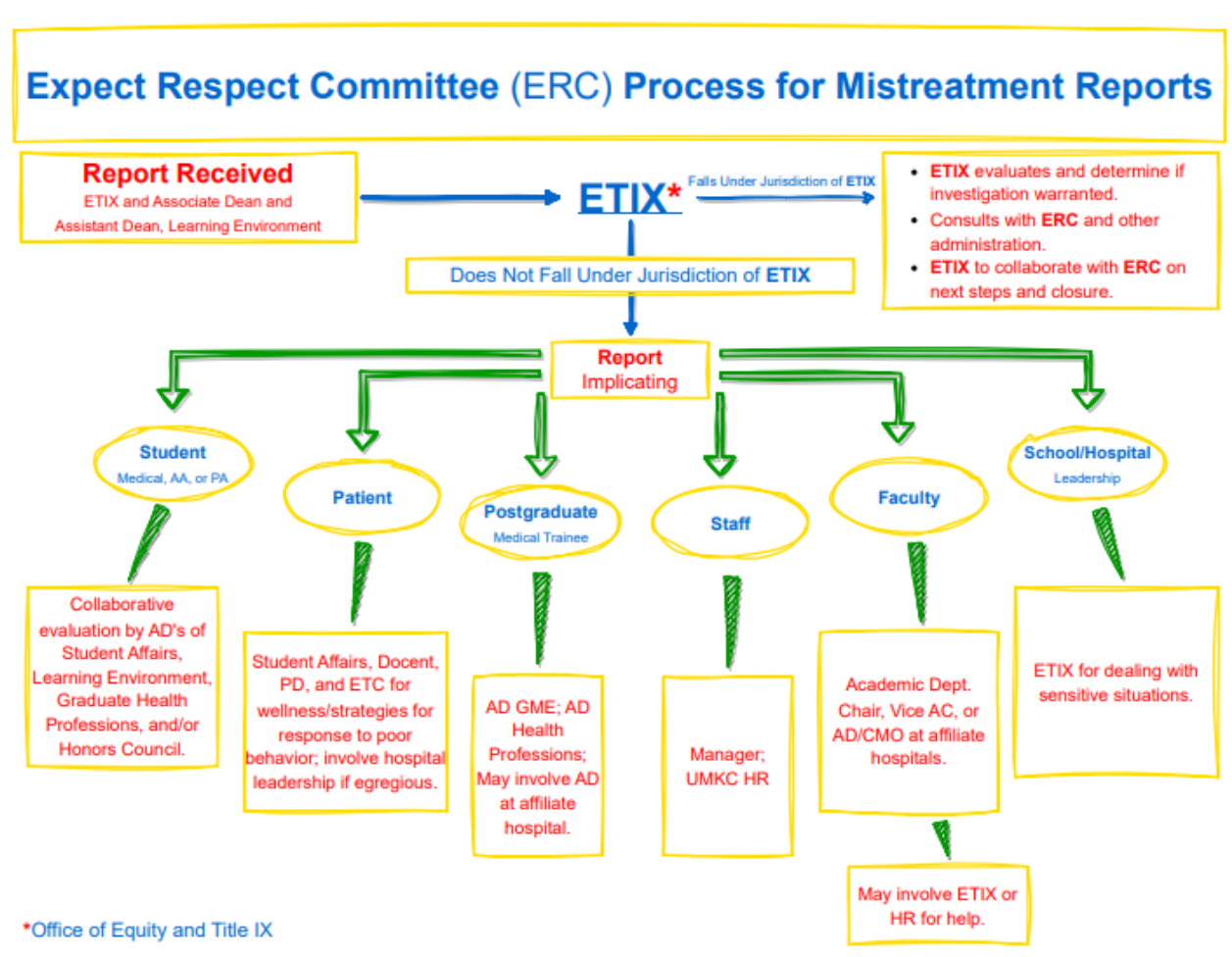
### **ERC members who receive UMKC School of Medicine mistreatment reports**

Learning Environment: Associate Dean and Assistant Dean and Director of the Office ETIX.

### **ERC Mistreatment Protocol**

- All mistreatment reports including discrimination, harassment, and/or misconduct are the jurisdiction of the Office of ETIX.
- ERC members who receive UMKC School of Medicine mistreatment reports include: Associate Dean of the Learning Environment, Assistant Dean of the Learning Environment, Director of the Office of ETIX.
- ETIX will review the report and make a threshold determination as to whether the conduct as alleged aligns under the jurisdiction of ETIX.

- If yes, ETIX will respond to the reporter and reach out to the aggrieved party to follow up on the allegations (these may be the same individual).
- If no, ETIX will refer the report to the Expect Respect Committee for tracking and making referrals. The determination will follow this process: Incidents related to students will involve Student Affairs, trainees will involve Graduate Medicine Education, faculty will involve the Academic Department Chair or Vice Chair, and staff will involve Human Resources.
- All mistreatment reports and dispositions will be reviewed monthly by the committee at regularly scheduled meetings. Follow up of reports will also be reviewed until considered closed. The ERC Chair will update the Dean on incidents based on the severity.
- Reports will be compiled, along with final disposition, in the ERC annual report. This report will be presented to the Coordinating Committee and the Dean.



## **EDUCATION & MONITORING**

- The University and hospital affiliates require education of students and teachers, including training about Title IX, Sexual harassment and discrimination, hospital compliance, and cultural sensitivity.
- The SOM regularly reviews internal surveys completed by learners, as well as course evaluations, and one of several objectives in this process is to identify possible problems regarding inappropriate conduct by or between teachers and learners, and if necessary, to take appropriate action with regard to such conduct.
- Reports made to the Assistant Dean for Graduate Health Professions in Medicine are investigated, tracked and reported to the ERC.
- Reports made to the Associate Dean for Graduate Medical Education are investigated, tracked, and reported to the ERC.
- Reports made to the Associate Deans for the Clinical Affiliates are investigated, tracked, and reported to the ERC.
- Reports made to the Honor Council Chair are investigated, tracked, and reported to the Coordinating Committee.
- Reports made to the ETIX are investigated, tracked, and reported to the ERC.
- The Associate Dean for the Learning Environment will keep a confidential record of all reports, including resolution status. This record will include the date, reporter, category of issue (student, resident, teacher, environment), status (resolved/how, ongoing). Information from this record will only be shared in a de-identified manner, except that such information may be shared with University administrators and officers with a need to know such information, or as may be required by University policy, law or court order.
- An annual report of teacher/learner relationship concerns including suggestions and actions to further enhance the teacher/learner relationship will be provided by the Associate Dean for the Learning Environment to the SOM Coordinating Committee and reviewed by the Dean. This report would include the number of reports, category of the issue, status of the issue, and overall recommendations to enhance the student teacher relationship.
- Title IX concerns must be reported to ETIX Coordinator at the University of Missouri-Kansas City for investigation. Reports may be made to the Office of ETIX at (816) 235-6910.
- Reports may be made to the University's Ethics and Compliance Reporting Line either online at <https://www.compliance-helpline.com/UM.jsp> or by calling 1-866-447-9821; reports to the Ethics and Compliance Reporting Line may be made anonymously.

## **Miscellaneous:**

1. If the reported conduct involves unlawful discrimination or harassment, including sexual harassment, the matter will be referred to the Office of ETIX, and will be handled through University policies established for such reports.
2. The SOM will not tolerate any form of retaliatory conduct by or toward teachers or learners who report inappropriate conduct in good faith. Individuals, who believe that retaliatory action has been taken against them as a result of reporting or raising concerns regarding inappropriate conduct, may report such action through the procedures set forth herein.
3. If it is determined that a report of inappropriate conduct has not been made in good faith, the reporting individual may be referred for disciplinary action in accordance with appropriate University procedures identified elsewhere.
4. If it has been found that the standards of conduct have been violated, the individual and their supervisor will be notified. Violations deemed less serious may be addressed by education, mentoring, and monitoring of the individual. More serious and/or repetitive violations will be addressed through policies in place for students, graduate and graduate medical education learners, faculty, clinical affiliates, employment contracts, and/or UMKC according to the situation and the individual involved in the violation.

\*Adapted from the AAMC LCME Standard, the Johns Hopkins School of Medicine Code of Professional Conduct and the AAMC 2019 Uniform Clinical Training Affiliation Agreement

## **POLICY ADMINISTRATION**

Approved by Coordinating Committee on June 2, 2017

Revision #1 Approved by Coordinating Committee on July 25, 2017

Revision #2 Approved by Coordinating Committee on September 29, 2020

Revision# 3 Approved by Coordinating Committee on June 4, 2024