Student Handbook
2017-2018

Doctor of Medicine Program

Physician Assistant Program

Graduate School of Arts and Sciences – Biomedical Sciences Program

Nurse Anesthesia Program
Vision, Mission, Values and Our Patient and Family Promise

Vision

Wake Forest Baptist Medical Center is a preeminent, internationally recognized academic medical center of the highest quality, with balanced excellence in patient care, research and education.

Mission

Wake Forest Baptist Medical Center’s mission is to improve the health of our region, state and nation by:

- Generating and translating knowledge to prevent, diagnose and treat disease.
- Training leaders in health care and biomedical science.
- Serving as the premier health system in our region, with specific centers of excellence recognized as national and international care destinations.

Values

- Excellence—Demonstrate the highest standards of patient-centered care, education, research and operational effectiveness.
- Compassion—Respond to the physical, emotional, spiritual and intellectual needs of all.
- Service—Cultivate selfless contribution for the greater good.
- Integrity—Demonstrate fairness, honesty, sincerity and accountability.
- Diversity—Honor individuality and protect the dignity of all.
- Collegiality—Foster mutual respect, facilitate professional growth and mentorship, and reward teamwork and collaboration.
- Innovation—Promote creativity to enhance discovery and the application of knowledge.

Our Patient and Family Promise

We will:

- Keep you safe.
- Care for you.
- Involve you and your family.
- Respect you and your time.
The information in this student handbook applies to the academic year 2017-2018. Wake Forest School of Medicine reserves the right to change policies and procedures at any time and without prior notice. Errors and omissions in published documents (written or electronic) may be corrected at any time. Students will be notified via email in a timely manner of all changes to policy that occur during the academic year. Policy changes will be added as an appendix to the student handbook.

Each student is provided with an email account as well as a School of Medicine issued laptop. Wake Health Email accounts are used for official communication. All students are expected to check and respond to email in a timely manner.

Effective July 1, 2010, in an effort to create a more fully-integrated structure for the operation of the medical center, an agreement was entered into by and among Wake Forest University (WFU), Wake Forest University Health Sciences (WFUHS), North Caroling Baptist Hospital (NCBH), and Wake Forest University Baptist Medical Center (WFUBMC) under which agreement WFU/WFUHS and NCBH contractually authorized WFUBMC to:

- Govern, through its board, all Medical Center operations and assets (subject to reserved powers or approval of NCBH and WFU/WFUHS on select issues).
- Operate NCBH and WFUHS (including the School of Medicine and its faculty), and their respective subsidiaries and affiliates.

Policies which apply to all aspects of Wake Forest Baptist Health (WFBH) clinics, affiliates and other locations and/or specifically to the Medical Center (WFBMC) are noted as WFBMC policies and all faculty, staff and students are required to abide by the policies.

Policies which apply to the education and learning environment and are specific to students enrolled in and/or taking courses as part of the Wake Forest School of Medicine (WFSM) or Graduate School of Arts and Sciences – Biomedical Sciences are noted as WFSM/WFU policies and students are required to abide by these policies.

The student handbook only contains a subset of policies for students. Additional information is posted on the Medical Center Policy and Guidelines IShare site as well as program specific IShare sites, websites, handbooks or bulletins.

As required by The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, information provided in the Annual Crime and Fire Report may be found at the Medical Center Security Services website: http://www.wakehealth.edu/Security/. This report will be mailed to anyone requesting a copy. Anyone may obtain a copy at Wake Forest Baptist Medical Center Security Administration office located in Meads Hall, Ground Floor, Suite C.
The Wake Forest School of Medicine, inclusive of the Physician Assistant, Nurse Anesthesia, and Undergraduate Medical Educational (MD) programs (the School of Medicine), and the Graduate School of Arts and Sciences, Biomedical Sciences Program (the Graduate School), are committed to diversity, inclusion and the spirit of Pro Humanitate. In adherence with applicable laws and as provided by School of Medicine and Graduate School policies, the School of Medicine and Graduate School prohibit discrimination in its educational programs, admissions, and activities on the basis of race, color, religion, national origin, sex, age, sexual orientation, gender identity and expression, genetic information, disability and veteran status.

Inquiries regarding non-discrimination policies should be directed to:

Tanya L. Jachimiak, JD  
Title IX Coordinator  
Section 504/ADA Coordinator  
jachimtl@wfu.edu  
titleixcoordinator@wfu.edu  
336.758.7258

Marcia Wofford, MD  
Associate Dean, Student Affairs  
mwofford@wakehealth.edu  
336-713-7879

Contact information for Title IX Deputy Coordinators can be obtained from the Title IX Coordinator.

Inquiries concerning the application of anti-discrimination laws may be referred to the individuals listed above or to the Office for Civil Rights, United States Department of Education. For further information on notice of non-discrimination, visit http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm for the address and phone number of the U.S. Department of Education office that services your area, or call 1-800-421-3481.

The Student Disability Grievance Procedure has been established to resolve disability grievances for students who believe they have been denied “reasonable accommodations” for their documented disability or that they have been discriminated against on the basis of their disability. For further information please contact the Section 504 Coordinator, Tanya Jachimiak, at 336-758-7258 or tjachimi@wakehealth.edu.

For information regarding the nondiscrimination policies in employment practices for Wake Forest Baptist Medical Center, see Equal Opportunity Employer Policy Information about employment practices may also be obtained by contacting:

Employee Relations  
emplrelations@wakehealth.edu  
336-716-6078
Wake Forest University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award baccalaureate, masters, and doctorate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Wake Forest University.

The Doctor of Medicine program is accredited by the Liaison Committee on Medical Education (LCME). Graduates of the program are awarded the Doctor of Medicine degree.

The Physician Assistant Program is a graduate level program that awards a Master of Medical Science (MMS) degree after 24 months of study. The Wake Forest PA Program is approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) for 64 students at our Winston-Salem campus and up to 32 students at our expanded campus at Appalachian State University in Boone, NC. Accreditation for the Boone cohort was granted in September 2013, and the first students enrolled in June 2014. The Boone campus has also been approved by SACSCOC.

The Nurse Anesthesia Program is a graduate level program that awards a Master of Science (MS) degree. This program is currently on a 10-year accreditation by the Council on Accreditation of Nurse Anesthesia Education Programs (222 South Prospect Avenue, Park Ridge, Illinois 60068; 847-655-1160) with “no progress required” in 2015. This is the maximum accreditation period possible, which is granted to few programs. This program has also been granted full accreditation by the International Federation of Nurse Anesthetists. The WFU Nurse Anesthesia program was the first program in the country, and only the second in the world to receive this level of international accreditation.
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Policies for all School of Medicine Programs

Doctor of Medicine, Physician Assistant, Graduate School of Arts and Sciences-Biomedical Sciences, and Nurse Anesthesia

Wake Forest Baptist Medical Center has adopted the AAMC definitions of diversity and inclusion which are:

**Diversity**

Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability and age.

**Inclusion**

Inclusion is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is creating a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community.

The following statements are specific to Wake Forest School of Medicine and Wake Forest Baptist Medical Center:

- We believe that diversity and inclusion are integral to achieving excellence and quality health outcomes for all.
- We believe that achieving the mission of the Medical Center requires the creation and maintenance of a work and educational environment that embodies diversity and inclusion.
- We believe in the unlimited value of a diverse workforce at all levels of our Medical Center.
- We embrace the definition of the Association of American Medical Colleges (AAMC) for diversity, including the recognition that diversity is not limited to race and ethnicity, but must also take account of socioeconomic status, sexual orientation, religious commitment, physical ability and all of the experiences that enrich our lives.
- We believe that in order to eliminate the pervasive health disparities that exist in our region and country, we must recruit, retain and train a diverse cadre of faculty, staff and trainees.
- We believe that our educational programs should enable health care professionals to provide culturally competent care and address health disparities.
- We believe our Medical Center should actively engage with our local and regional communities to advance health equity.
**Ethical Behavior**

**General Policy Statement**

It is the policy of Wake Forest Baptist Medical Center, comprised of Wake Forest Baptist Health (which includes North Carolina Baptist Hospital, Lexington Medical Center, Davie Medical Center and other clinical subsidiaries/affiliates), Wake Forest University Health Sciences, Wake Forest School of Medicine, and Wake Forest Innovations (WFBMC), to encourage its Board of Directors, officers, faculty and staff to engage in ethical behavior in all aspects of business. This includes but is not limited to marketing, admission, transfer, discharge, billing practices, and relationships with other health care providers, educational institutions, and payers.

a) **Scope**: This policy applies to all persons who represent WFBMC in their dealings with others, including governing board members, medical staff and other faculty, students, house staff, employees, volunteers, and contract providers and their employees.

**Policy Guidelines:**

a) **Purpose**: The purpose of this policy is to maintain appropriate standards of ethical and legal behavior by providing guidance to all persons who represent WFBMC.

b) **Procedure**: WFBMC has established a Mission, Vision, Values, and a Code of Conduct as ethical behavior guides for all persons representing WFBMC to follow. Ethical behavior is the responsibility of each employee or agent of the organization. WFBMC management and support functions are responsible for providing employees with the necessary information to perform their responsibilities in a way that is both ethical and in accordance with all applicable laws, regulations, and good healthcare/business practices. WFBMC has an Audit and Compliance Office to support and monitor the efforts of management, faculty, and staff for compliance.

A. **Mission**: WFBMC’s Mission and Mission Statement define the purposes for existence of WFBMC.

B. **Vision**: WFBMC’s Vision Statement defines how WFBMC defines itself as an organization fulfilling its mission and focusing on the future.

C. **Values**: WFBMC’s Values are the principles by which WFBMC seeks to meet and achieve the Mission and Vision.

D. **Code of Conduct**: The Code of Conduct provides practical actions, examples, and illustrations to guide the performance of our work and interactions to help us ensure that we are working in compliance with applicable laws and regulations. It helps us understand what are and are not appropriate actions for us at work.

E. **Leadership**: The leadership, supervisory, and support staff at WFBMC are here to guide faculty and staff in doing their jobs, to provide the tools and information for ethical conduct, and to ensure effective and efficient performance by the employees. Faculty and staff raising compliance or ethical questions or concerns in good faith to leadership, support personnel, or the Audit and Compliance Office are appreciated and must not be subjected to retaliation or retribution.

F. **Audit and Compliance Office**: The Audit and Compliance Office is a resource to actively promote ethical and compliant behavior. The Office works with leadership and support services to evaluate and research compliance concerns and to educate staff on the expectation for ethical behavior, the Code of Conduct, and the overall program for WFBMC corporate behavior. The program includes an employee hotline for reporting questions and concerns and should meet all significant requirements of the U.S. Sentencing Commission Guidelines and the Model Compliance Program established by the Office of the Inspector General (OIG) of Health and Human Services (including all updates and supplements).

G. **Guidance and Resources**: The Mission, Vision, Values, and the Code of Conduct require high moral and ethical standards for all WFBMC activities. Specific areas requiring accurate information and honest behavior by our employees or agents include, but are not limited to, marketing, admissions/transfers/discharges,
billing/collections, patient rights (including suspected victims of abuse or neglect, research subjects, etc.), and the resolution of conflicts. These issues are addressed through WFBMC policies.

**WFBMC Code of Conduct**

The information on this page is separate from the WFBMC Code of Conduct. It contains information that focuses on the student environment at Wake Forest School of Medicine and is intended to supplement the information contained in the Code of Conduct.

**From the Code of Conduct:**

We maintain a professional environment that supports the development of our trainees and students.

- We support and nurture the development and wellness of our trainees and students.
- We comply with all applicable laws and regulations of our accredited education programs.
- We use the Student Handbook as a guide and resource.
- We are fair and impartial in grading, evaluations, promotions and grievances, and follow our policies and procedures for addressing concerns.
- We comply with all statutes and regulations that protect the privacy of education records.

**Additional Student-Focused Guiding Principles**

**Respect**

- We educate students from a wide range of backgrounds and respect differences in each individual's heritage and goals.
- We are committed to administer all educational activities without discrimination because of race, religion, national origin, age, sex, sexual orientation, veteran status, handicapped status or disability as required by law.
- We respect the individual choices that students make for career paths.
- We create an atmosphere which encourages learning, characterized by cooperation and respectful relations with the patient population served.
- We deal with professional, staff and peer members of the learning team and health care team in a considerate manner and with a spirit of cooperation.
- We act with an egalitarian spirit toward all persons encountered in a professional capacity, regardless of race, religion, gender, sexual preference, age, disability or socioeconomic status.

**Conflicts of Interest**

- We do not permit romantic relationships between faculty/staff and students in which the faculty or staff member has authority or influence over the academic progress of the student.

**Confidentiality**

- We comply with the Family Educational Rights and Privacy Act (FERPA).
- We avoid discussing the evaluation of a student with individuals not appropriately involved in their education other than as a reference for career opportunities for that student.

**Ethical Behavior**

- We refrain from knowingly making false statements for the purposes of acquiring financial aid.
- We appropriately attribute research work completed by student(s).
- We comply with the Honor Code as it pertains to each education program and adhere to academic integrity.
Conflicts of Interest Related to Student Evaluation/Assessment Policy

1) General Policy Statement:
Faculty members and other university representatives who provide academic assessment of students should be free from conflicting relationships with the students.

   a) Scope: All Wake Forest Baptist Medical Center (WFBMC) faculty and staff, as well as Third Parties responsible for assessing Students and Students are responsible for complying with this policy.

   b) Responsible Department/Party/Parties:
      i. Policy Owner: Dean, Wake Forest School of Medicine
      ii. Procedure: Program Manager as defined below
      iii. Supervision: Program Manager as defined below
      iv. Implementation: Program Manager as defined below

2) Definitions: For purposes of this Policy, the following terms and definitions apply:

   a) WFBMC: Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.

   b) Student: any person enrolled in or taking courses in an educational program of Wake Forest School of Medicine.

   c) Program Manager of applicable program as follows:
      i. Undergraduate Medical Education Program (MD): Senior Associate Dean for Healthcare Education
      ii. Physician Assistant (PA) Program: Program Director
      iii. Certified Registered Nurse Anesthesia Program: Program Director
      iv. Graduate School of Arts & Sciences, Biomedical Sciences, Bowman Gray Campus: Dean, Graduate School of Arts & Sciences, Biomedical Sciences

   d) Assessment: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a Student has acquired the competencies (e.g., knowledge, skills, behaviors, attitudes) established by and for the Student’s applicable program.

   e) Third Party: an individual who is not employed by Wake Forest Baptist Medical Center, but is in a position of assessing a Student on behalf of Wake Forest School of Medicine.

   f) Immediate Family Member: includes the following individuals
      i. Spouse
      ii. Child
      iii. Parent
      iv. Sibling
      v. Mother/Father-in-law
      vi. Sister/Brother-in-law
vii. Grandparent
viii. Step-parent
ix. Step-sibling
x. Step-child
xi. Member of the immediate household

3) Policy Guidelines:

a) General Requirements/Applicability: Faculty/staff/Third Parties and Students should disclose any conflict of interest, as defined in section 3) b), below.

i. Faculty/staff/Third Parties who serve on a School of Medicine standing committee(s) or program-specific committee(s) which assesses and votes on Student acceptance, progress, or promotion (including graduation) should inform the Chair of the committee(s) on which the faculty/staff/Third Party serves when conflict of interest exists and recuse themselves from participating in the assessment of, or voting on, matters pertaining to the Student with whom the faculty/staff/Third Party has a conflict of interest.

ii. Any faculty/staff/Third Party who assesses Students should disclose in writing the presence of a conflict of interest to the appropriate Program Manager.

iii. Students should disclose any conflict of interest following the process specified in the Student Handbook for their specific program.

iv. In the event of a conflict of interest, the appropriate Program Manager will develop a plan to remove the faculty/staff/Third Party from the assessment of the Student with whom the faculty/staff/Third Party has a conflict of interest. Each program is required to establish a process to manage the avoidance of conflicts of interest in Student assessment once a conflict of interest has been identified.

v. Once identified, a conflict of interest exists until the Student is no longer a Student, as defined above in section 2) b).

b) Conflicts of interest include:

i. The Student is an Immediate Family Member of the faculty/staff/Third Party who is assessing the Student.

ii. The Student has a consensual relationship with the faculty/staff/Third Party (as defined in the Wake Forest Baptist Medical Center Nepotism and Consensual Relationships policy).

iii. The Student has a Personal Financial Relationship with the faculty/staff/Third Party.

iv. Healthcare relationships:
   (a) For Undergraduate Medical Education (MD) Program Students: The Student has received medical or mental healthcare from the faculty/staff/Third Party.
   (b) For all other programs’ students (not enrolled in the MD program): The Student has a current therapeutic relationship to receive medical or mental healthcare from the faculty/staff/Third Party.
v. The Student, faculty/staff/Third Party perceives a conflict of interest exists that is not specified in items 3) b) i-iv above. Additional information about the nature of the perceived conflict may be requested under this circumstance.

4) Sanctions for Breach of Policy

a) Students, faculty, staff, and Third Parties have an obligation to comply with this policy. Examples of conduct that violate this policy include (Note: these examples are not intended to be exhaustive):

- Intentional deception or dishonesty in disclosures
- Omission of relationship disclosures
- Failure to comply with plans to avoid conflict of interest in student assessment

b) Reports of suspected violations may be made to any of the individuals listed below, or anonymously through the Compliance Hotline (1-877-880-7888). Suspected violations will be investigated and referred to the following for sanctioning as appropriate:

Students: Program Director, as applicable
Staff: Human Resources
Faculty: Dean, School of Medicine/designee and/or President/Chief Medical Officer of Wake Forest Baptist Health
House Staff: Dean, School of Medicine/designee and/or Associate Dean for Graduate Medical Education/Chief Medical Officer

c) Possible sanctions may include:

- Written advisory for placement in the employee or student record
- Ineligibility to participate in grant applications or on committees
- Dismissal from an educational or training program
- Termination of employment
Program Specific Process for Reporting Conflict of Interest:

MD Program:
As course coordinators/clerkship coordinators are preparing your schedules, we would like to ask you to submit any potential conflicts of interest you foresee during your courses, clerkships, and rotations.

Conflicts of interest important to consider include but are not limited to:
- You are an immediate family member of the individual.
- You are in a consensual relationship with the individual.
- You have a personal financial relationship with the individual.
- You have received medical or mental healthcare from the individual.
- Any other issue not included in the above-mentioned situations you may perceive as a conflict (additional information about the nature of the perceived conflict may be requested under this circumstance).

For further details, please see the Conflict of Interest Related to Student Assessment policy.

To report a Conflict of Interest, CLICK HERE. Please provide the full name (first and last) of any faculty or house officer in a department(s) or section(s) with whom you perceive as having a conflict of interest. This information will be forwarded to the Senior Associate Dean of Healthcare Education and his/her designee (such as course coordinators and directors) for consideration and, if necessary, management.

CRNA Program:
A student who has personal, familial, or business relationships with a faculty member or supervisor must disclose such relationships to the NAP program director, who will determine appropriate duty assignments, based upon the type of relationship which exists.

PA Program:
A conflict of interest is a situation in which personal considerations including financial have the potential to compromise or bias professional judgment and objectivity. It is required that you complete the PA Program COI form and identify and submit any potential conflicts of interest you foresee during your courses, rotations or the curriculum during your participation in the PA program.

Conflicts of interest important to consider include but are not limited to:
- You are an immediate family member of the individual.
- You are in a consensual relationship with the individual.
- You have a personal financial relationship with the individual.
- You are receiving current medical care from the individual.
- Any other issue not included in the above-mentioned situations you may perceive as a conflict (additional information about the nature of the perceived conflict may be requested under this circumstance).

To report a conflict of interest:
Please provide the full name of any faculty, staff, clinician or clinical preceptor with whom you perceive a conflict of interest on the COI form (see below). This form will be submitted to the Director of Student Services (DSS) or designee for consideration and, if necessary, management.

If you identify a new COI at any time during your enrollment in the PA Program, it is incumbent upon you to disclose the new conflict to the DSS.

GRAD Program:
Please contact the Graduate School of Arts and Sciences, Biomedical Sciences for information on how to report a conflict of interest.
Policy and Procedures for Student Disability Accommodation Requests

Wake Forest University is committed to ensuring that no qualified student with a properly documented disability is excluded from participation in, subjected to discrimination in connection with, or denied the benefits of any University program or activity due to the student’s disability. To that end, the University provides reasonable accommodations to enable qualified students with properly documented disabilities equal access to University programs and activities.

The Policy and Procedures for Student Disability Accommodation Requests (the “Policy”) sets forth the policy and procedures applicable to student disability accommodation requests. It applies to any disability accommodation request made by any University undergraduate, graduate, or professional student (including students of the Wake Forest School of Medicine, Physician Assistant, Nurse Anesthesia, and Undergraduate Medical Educational (MD) programs, and the Graduate School of Arts and Sciences, Biomedical Sciences Program) regardless of the type of disability involved and regardless of the University program or activity in which the student is enrolled and/or participating.

Where and How Students Can Request Disability Accommodations

All student disability accommodation requests must be made to the Learning Assistance Center & Disability Services (“LAC-DS”). To initiate a request, a student should complete the LAC-DS Request for Consideration Form (the “Form”) and submit it to the LAC-DS. The Form can be found at http://lac.wfu.edu/disability-services/ or by contacting the LAC-DS at 336-758-5929.

Submission of this form will begin the processes of determining (1) whether the student has a properly documented disability and, if so, (2) what reasonable accommodations the University will provide to the student.

The LAC-DS may solicit input from other University employees regarding accommodation requests. The LAC-DS and/or the Section 504 Coordinator are the only University employees authorized to determine whether a student has a properly documented disability and, through the interactive process, what reasonable accommodations the University may provide to the student. Accommodations are reasonable when they do not fundamentally alter the nature of a program or service and do not represent an undue burden. Accordingly, it is imperative that students seeking disability accommodations engage in the interactive process with the LAC-DS and that other University employees, including faculty and staff, promptly direct any student seeking disability accommodation to the LAC-DS.

Timing of Accommodation Requests

Although a student may make an accommodation request at any time, the University strongly encourages students to make requests as early and as far in advance as possible to allow adequate time for consideration and proper documentation of the disability; the interactive process that will determine what reasonable accommodations the University will provide to the student; and implementation of those accommodations. The University strongly encourages the student to request the reasonable accommodation to the LAC-DS as soon as possible in advance of the need for the reasonable accommodation. Absent significant extenuating circumstances, the University will not consider or implement any retroactive disability accommodations.

Before determining what reasonable disability accommodation(s) the University will provide to a qualified student, the University must determine whether that student is a qualified student with a properly documented disability.

A qualified student is one who, with or without reasonable disability accommodation, is able to meet the essential requirements -- including but not limited to technical standards of the applicable program -- for participation in a program or activity.

A person with a disability is any person who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, concentrating, thinking, and working as well as major bodily functions such as normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, immune
A student requesting a disability accommodation must provide required documentation as described below.

**Required Documentation**

Documentation of the requesting student’s disability shall be obtained at that student’s expense and must meet the criteria set forth in this Policy. The LAC-DS has developed Guidelines for Documenting an Attention Deficit/Hyperactivity Disorder; Guidelines for Documenting A Psychiatric Disability; Guidelines for Documenting A Learning Disability; and Guidelines for Documenting A Physical Disability or Other Health-Related Condition. These guidelines, which are incorporated herein, can be found at [http://lac.wfu.edu/disability-services/](http://lac.wfu.edu/disability-services/) and are attached as Appendix 1 to this Policy.

Generally, the following is required:

**Current Documentation:** The current impact of a disability upon the student is at the crux of determining a reasonable accommodation and as such, documents submitted to support an accommodation request must be current.

**Comprehensive Evaluation:** The student must include documentation of an evaluation of the student’s disability. The evaluation must be conducted by a qualified professional and must provide information in five areas:

1. a specific medical diagnosis of a physical, mental, or learning disability;
2. a description of how the diagnosis was confirmed based on established diagnostic criteria using diagnostic testing and methods currently utilized in professional practices within the relevant field;
3. a description of how the disability limits a major life activity and of the expected duration of the limitation;
4. the requesting student’s history with the disability; and
5. specific recommendation(s) for reasonable accommodations and an explanation of the way in which the proposed accommodation will allow the student equal access to the programs and/or activities in question.

**Qualified Professional:** The documentation must include the professional credentials of the evaluator, including their licensure and area of specialization. Additional information about their experience with the diagnosis and treatment of adults in the appropriate field is recommended. The evaluator should not be a family member.

As part of the interactive process, the LAC-DS may confer with the student’s program to determine whether the student is an otherwise qualified student. If the LAC-DS determines that the student requesting accommodation is qualified and has a properly documented disability, the LAC-DS will then continue to engage in an interactive process with the student, other University faculty and staff and, as appropriate, the qualified professional who provided the disability documentation to determine what reasonable accommodations the University will provide to the student. *Reasonable accommodations* are those that do not lower or substantially modify essential program or activity requirements; fundamentally alter the nature of a University service, program, or activity; or result in an undue financial or administrative burden on the University.

**Letters of Accommodation**

The LAC-DS will provide to the student or to the School’s or Program’s liaison the student’s letter of accommodation detailing any accommodations the University will provide to the student. The student is responsible for ensuring that letters of accommodations are provided to faculty members and other University employees who the student needs to implement the accommodations.

**Requests for Modification or Continuation of Accommodations**

It is the requesting student’s responsibility to inform the LAC-DS or the Section 504 Coordinator of any changes to the disability or to request modifications to approved accommodations. Similarly, it is the student’s responsibility
to request continuation of the approved accommodations beyond the time period set forth in the letters of accommodation. To request a continuance or modification, students must re-submit the Request for Consideration Form.

Confidentiality

The LAC-DS is responsible for information disclosed by a student seeking accommodations. The Director of the LAC-DS is responsible for maintaining this information in confidential locked files separate from the student’s academic file. Disability information is shared with faculty and staff on a limited “need to know” basis. The confidential file is maintained for seven years after the student has graduated or left the University. The file is then shredded.

Appeals / Grievances

Students who are denied requested accommodations and/or believe that they have been discriminated against or harassed on the basis of their disability may appeal the denial or file a discrimination or harassment complaint through the Student Disability Grievance Procedure, which is available at http://lac.wfu.edu/disability-services/grievance/.

Appendix 1:
Guidelines for Documenting an Attention Deficit/Hyperactivity Disorder;
Guidelines for Documenting a Psychiatric Disability;
Guidelines for Documenting a Learning Disability;
Guidelines for Documenting a Physical Disability or Other Health-Related Condition

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

In order to standardize the process for requesting accommodations, Wake Forest has adopted the ADHD documentation guidelines that are generally in agreement with the guidelines followed by the Educational Testing Service. These guidelines can be found on the ETS website, https://www.ets.org/disabilities/documentation/

Students and parents are urged to refer professional evaluators to these guidelines before submission of documentation for an accommodation request. Essential features of these guidelines are:

• **A qualified professional must conduct the evaluation.** The following professionals would generally be qualified to evaluate and diagnose ADHD provided that they have comprehensive training in the differential diagnosis of ADHD in the adolescent or adult population: licensed clinical, school and neuropsychologists, psychiatrists and other relevantly trained medical doctors. It may be appropriate to use a clinical team approach consisting of educational, medical and psychology professionals with training in the evaluation of ADHD in adolescents and adults.

• **Up-to-date documentation.** For undergraduate students, the diagnostic evaluation must have been completed within 3 years. For graduate students, the evaluation can be within 5 years if on adult measures usually administered at age 16 years or older.

• **Relevant testing information must be provided.** Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on the student’s ability to function in academic settings. Cognitive tests, achievement tests and rating scales should complement clinical interviewing to aid with differential diagnosis and establishing a “substantial limitation” in the major life activity of learning. An individually-administered intelligence scale, preferably the Wechsler Adult Intelligence Scale (WAIS IV or latest edition); an individually-administered, comprehensive test of academic achievement such as the Woodcock-Johnson Tests of Achievement or the Wechsler Individual Achievement Test (latest editions); subtest, scale, and total scores from all tests administered, as well as an interpretation of the results should be included.

• Students with ADHD who anticipate special academic needs should contact the Learning Assistance...
Center & Disability Services as soon as possible. Because of the amount of time required to respond to requests for accommodations, it is strongly recommended that, when possible, students submit documentation of their disabilities at least two months before matriculating to WFU. If the information is not received before matriculation, processing time may be lengthier given the volume of requests received after the semester begins.

Documentation should be sent to:
Learning Assistance Center & Disability Services Wake Forest University
Box 7283
Winston-Salem, NC 27109 Email: lacds@wfu.edu
Fax: (336)758-1991 attn: LAC-DS

Records are kept confidential per LAC-DS policy (on website) but are accessible as needed by LAC-DS and Student Health Services staff as part of the accommodations process.

PSYCHIATRIC DISABILITY

In order to standardize the process for requesting accommodations, Wake Forest has adopted the documentation guidelines that are generally in agreement with the guidelines followed by the Educational Testing Service. These guidelines can be found on the ETS website, https://www.ets.org/disabilities/documentation/

Students and parents are urged to refer professional evaluators to these guidelines before submission of documentation for an accommodation request. Essential features of these guidelines are:

• **A qualified professional must conduct the evaluation.** The following professionals would generally be qualified to evaluate and diagnose psychiatric disabilities provided that they have comprehensive training in the differential diagnosis of psychiatric disabilities in the adolescent or adult population: licensed clinical, school and neuropsychologists, psychiatrists and other relevantly trained medical doctors. It may be appropriate to use a clinical team approach consisting of educational, medical and psychology professionals with training in the evaluation of psychiatric disabilities in adolescents and adults.

• **Up-to-date documentation.** Given the nature of most psychiatric disabilities, a current evaluation is typically one completed within the last 12 months.

• **Relevant testing information must be provided.** A comprehensive evaluation must include a specific diagnosis with alternate diagnoses ruled out. This may include standardized psychoeducational assessment measures. The evaluation should include a detailed description of current symptoms as they relate to classroom and academic settings with discussion of anticipated impact of psychotropic medication on academic settings. The evaluation should also include relevant information about current treatment, recommendations for accommodations with accompanying rationale, a description of the expected impact and progression of the condition over time. The evaluation should include a discussion of any history of the use of accommodations, including onset and consistency of need for accommodations.

• Students with psychiatric disabilities who anticipate special academic needs should contact the Learning Assistance Center & Disability Services as soon as possible. Because of the amount of time required to respond to requests for accommodations, it is strongly recommended that, when possible, students submit documentation of their disabilities at least two months before matriculating to WFU. If the information is not received before matriculation, processing time may be lengthier given the volume of requests received after the semester begins.

Documentation should be sent to:
Learning Assistance Center & Disability Services Wake Forest University
LEARNING DISABILITY

In order to standardize the process for requesting accommodations, Wake Forest has adopted the Learning Disability documentation guidelines that are generally in agreement with the guidelines followed by the Educational Testing Service. These guidelines can be found by following the Resources for Test Takers with Disabilities and Health-related Needs Link found on the ETS website, https://www.ets.org/disabilities/documentation/

Students and parents are urged to refer professional evaluators to these guidelines before submission of documentation for an accommodation request. Essential features of these guidelines are:

• **A qualified professional must conduct the evaluation.** The following professionals would generally be qualified to evaluate and diagnose Learning Disability provided that they have comprehensive training in the differential diagnosis of LD in the adolescent or adult population: licensed clinical, school and neuropsychologists, psychiatrists and other relevantly trained medical doctors.

• **Up-to-date documentation.** For undergraduate students, the diagnostic evaluation must have been completed within 3 years. For graduate students, the evaluation can be within 5 years if on adult measures usually administered at age 16 years or older.

• **Relevant testing information must be provided.** Neuropsychological or psychoeducational assessment is important in determining the current impact of the disorder on the student’s ability to function in academic settings. Cognitive tests, achievement tests and rating scales should complement clinical interviewing to aid with differential diagnosis and establishing a “substantial limitation” in the major life activity of learning. An individually-administered intelligence scale, preferably the Wechsler Adult Intelligence Scale (WAIS IV or latest edition); an individually-administered, comprehensive test of academic achievement such as the Woodcock-Johnson Tests of Achievement or the Wechsler Individual Achievement Test (latest editions); subtest, scale, and total scores from all tests administered, as well as an interpretation of the results should be included.

• **Students with Learning Disabilities who anticipate special academic needs should contact the Learning Assistance Center & Disability Services as soon as possible.** Because of the amount of time required to respond to requests for accommodations, it is strongly recommended that, when possible, students submit documentation of their disabilities at least two months before matriculating to WFU. If the information is not received before matriculation, processing time may be lengthier given the volume of requests received after the semester begins.

Documentation should be sent to:
Learning Assistance Center & Disability Services Wake Forest University
Box 7283
Winston-Salem, NC 27109 Email: lacds@wfu.edu
Fax: (336)758-1991 attn: LAC-DS

Records are kept confidential per LAC-DS policy (on website) but are accessible as needed by LAC-DS and Student Health Services staff as part of the accommodations process.
Health Services staff as part of the accommodations process.

PHYSICAL DISABILITY OR HEALTH-RELATED CONDITION

In order to standardize the process for requesting accommodations, Wake Forest has adopted the documentation guidelines that are generally in agreement with the guidelines followed by the Educational Testing Services. These guidelines can be found on the ETS website, [https://www.ets.org/disabilities/documentation/](https://www.ets.org/disabilities/documentation/)

Students and parents are urged to refer professional evaluators to these guidelines before submission of documentation for an accommodation request. Essential features of the guidelines are:

- **A qualified professional must conduct the evaluation**: The following professionals would generally be qualified to evaluate and diagnose physical disabilities and chronic health conditions: medical doctors, surgeons, chiropractors, optometrists, audiologists, physical therapists, speech therapists, neuropsychologists, and other relevantly trained health care professionals qualified to make such diagnoses.

- **Up-to-date documentation**: Because accommodations are based on the current impact of the disability, the documentation must address the current level of functioning and need for each requested accommodation. If documentation is more than 6 months old, then the student must also submit a letter from a qualified professional providing an update on the diagnosis and a description of the student’s current functional limitations. If the condition is permanent or unchanging in nature (e.g., cerebral palsy), then a statement from a qualified professional should suffice, as long as it indicates that the functional impact of the disability or chronic health condition is unchanging or permanent. If the condition is episodic or transitory (e.g., lupus), then documentation should address the frequency and duration of the student’s current functional limitations and need for accommodations.

- **Include a rationale for each accommodation or device**: A link between the requested accommodation and the student’s current functional limitation should be established.

- **Students with physical disabilities and health-related conditions who anticipate special academic needs should contact the Learning Assistance Center & Disability Services as soon as possible. Because of the amount of time required to respond to requests for accommodations, it is strongly recommended that, when possible, students submit documentation of their disabilities at least two months before matriculating to WFU. If the information is not received before matriculation, processing time may be lengthier given the volume of requests received after the semester begins.**

Documentation should be sent to:
Learning Assistance Center & Disability Services
Wake Forest University
Box 7283
Winston-Salem, NC 27109
Email: lacds@wfu.edu
Fax: (336)758.1991 attn: LAC-DS

Records are kept confidential per LAC-DS policy (on website) but are accessible as needed by LAC-DS and Student Health Services staff as part of the accommodations process.
Student Disability Grievance Procedure

Wake Forest University, including the Wake Forest School of Medicine, Physician Assistant, Nurse Anesthesia, and Undergraduate Medical Educational (MD) programs, and the Graduate School of Arts and Sciences, Biomedical Sciences Program (collectively, “Wake Forest” or the "University") is committed to ensuring that no otherwise qualified individual with a disability is excluded from participation in, subjected to discrimination in connection with, or denied the benefits of any University programs or activities due to their disability. The University will take steps to prevent the recurrence of any discrimination and to correct discriminatory effects on the complainant and others, if appropriate. The University has adopted this internal Grievance Procedure to provide for the prompt and equitable resolution of student complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 ("Section 504") or Title III of the Americans with Disabilities Act ("Title III") or otherwise alleging disability-related discrimination or harassment. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance, and Title III prohibits discrimination on the basis of disability by private entities (including University) that provide places of public accommodation. The University has designated the following individual as the Section 504 Coordinator:

Tanya Jachimiak, JD Section 504 Coordinator
tjachimi@wakehealth.edu
336-758-7258

Who May Grieve?

Any student currently enrolled at the University who believes they have been discriminated against or harassed on the basis of disability by a Wake Forest employee (e.g., administrator, faculty, staff, adjunct faculty, or other agent of the University); Wake Forest student; or, in certain circumstances, by a visitor to the University, may use this process to file a grievance (the "Grievant"). The grievance must be filed within sixty (60) days of the occurrence of the alleged discriminatory or harassing conduct.

What May Be Grieved?

An action or decision may be grieved if it involves alleged discrimination or harassment by a Wake Forest employee, student, or, in certain circumstances, by a visitor to the University against a student on the basis of that student's disability. Such actions may include, but are not limited to, denial of accommodations or lack of physical access to University facilities or programs.

Confidentiality and Prohibition against Retaliation

The University will treat all information submitted in connection with a grievance as confidential. Subject to FEPA and other applicable privacy laws, however, the University official investigating the grievance will inform individuals with a legitimate need to know of the grievance and may provide them related information as necessary to allow the University official to conduct a meaningful and thorough investigation. The University official investigating the grievance will inform all involved parties of the need to maintain the confidentiality of such information.

Wake Forest prohibits retaliation for submitting a grievance or participating in a grievance investigation. Retaliation includes threats, intimidation, reprisals, and adverse actions. The University official investigating the grievance will advise all involved parties of this strict prohibition against retaliation.

Informal Grievance Procedure

The Informal Grievance Procedure is designed to facilitate a satisfactory resolution of the grievance in an informal manner. The Grievant has the option to forego the Informal Grievance Procedure and move
A Grievant initiates the Informal Grievance Procedure by contacting the Section 504 Coordinator. If the Coordinator is the subject of the grievance, the Grievant initiates the Informal Grievance Procedure by contacting Terri Yates, Assistant Dean, Wake Forest School of Medicine, Medical Education Administration at tyates@wakehealth.edu or 336-713-3351 and who will assign an administrator in lieu of the Coordinator. The Grievant may contact the appropriate official by e-mail, phone, or in person. To initiate the Informal Grievance Procedure, a Grievant is not required to submit the grievance in writing, but the Coordinator may ask the Grievant to do so or to submit other evidence, if necessary to facilitate a satisfactory resolution.

The Coordinator will attempt to expeditiously facilitate a satisfactory resolution. The Coordinator may meet in person with the Grievant, confer with the individual(s) against whom the grievance is filed, and attempt to arrange a meeting between the Grievant and the individual(s), or take any other steps the Coordinator believes will be useful in promoting resolution.

Within 21 calendar days after the Grievant initially contacts the Coordinator regarding the grievance, the Coordinator will inform the Grievant and, as appropriate, the individual(s) against whom the grievance is filed in writing of the outcome of the Informal Grievance Procedure.

Formal Grievance Procedure

If the Grievant is not satisfied with the resolution reached using the Informal Grievance Procedure, or if the Grievant chooses not to use the Informal Grievance Procedure, the Grievant may initiate the Formal Grievance Procedure by submitting a written complaint to the Coordinator. If the Coordinator is the subject of the grievance, the Grievant initiates the Formal Grievance Procedure by contacting the Assistant Dean, Wake Forest School of Medicine, Medical Education Administration and who will assign an administrator in lieu of the Coordinator. A Grievant who chooses to initiate the Grievance Procedure after participating in the Informal Grievance Procedure must do so within 14 calendar days of receipt of the Coordinator's written notification of the outcome of the Informal Grievance Procedure. The written complaint must:

- Be dated;
- state the problem or action alleged to be discriminatory and the date of the alleged action;
- state how the action is discriminatory (or how the decision is unreasonable if it a denial of a requested accommodation);
- name the individual(s) against whom the grievance is filed;
- state the requested remedy; and
- be signed by the Grievant.

Within seven calendar days of receiving the written complaint, the Coordinator will provide written notification of receipt of the complaint to the Grievant and to the individual(s) against whom the grievance is filed. The Coordinator will also conduct a thorough and impartial investigation of the complaint, affording the Grievant and the individuals against whom the complaint is filed an opportunity to present witnesses and submit evidence regarding the allegations. Within 30 days of receipt of the written complaint, the Coordinator will provide the Grievant and the individual(s) against whom the complaint is filed a written decision regarding the grievance. The decision will include a summary of relevant findings of fact, a conclusion, and, if applicable, an explanation of remedies, which may include the imposition of disciplinary actions/sanctions and/or referral to an individual's supervisor or another administrator for the determination and imposition of disciplinary actions/sanctions.
Appeal

The Grievant or the individual(s) against whom the grievance is filed may appeal within fourteen calendar days of receiving the Coordinator's written decision and/or any associated disciplinary sanctions by writing to Terri Yates, Assistant Dean, Wake Forest School of Medicine, Medical Education Administration at tyates@wakehealth.edu or 336-713-3351. The written appeal must clearly set forth the grounds for the appeal and must include all supporting evidence. Generally, the review will be limited to determining whether the Coordinator considered the proper facts and whether there were any procedural irregularities. Within 21 days of receipt of the appeal, the Assistant Dean, Wake Forest School of Medicine, Medical Education Administration will provide the Grievant and the individual(s) against whom the complaint is filed a written decision regarding the appeal. The decision of the Assistant Dean, Wake Forest School of Medicine, Medical Education Administration is final, and the University will disregard any subsequent appeals (in any form) to any University representative, including the University President.

Adjustment of Deadlines

The Coordinator or the Assistant Dean, Wake Forest School of Medicine, Medical Education Administration may change the above deadlines for good cause, such as semester or summer breaks or hardship due to the urgency of the matter or the proximity of an event.

Interim Measures

If necessary while any grievance investigation is ongoing, the Coordinator or their designee shall have the authority to take all reasonable and prudent interim measures to protect the individual who may have been discriminated against pending completion of the investigation and during the informal or formal processes to resolve the complaint or any appeal thereof. Such interim measures may include, but are not limited to, limiting interaction between the parties, arranging for the provision of temporary accommodations, or staying a course grade.

Retention of Records

Records related to the grievance will be confidentially maintained in the office of the Coordinator for three years. Information regarding the outcome of the grievance may be shared with the Learning Assistance Center/Disability Services and others at the University when necessary.

Disability Accommodations during Grievance Process

The University will make arrangements to ensure that students with disabilities are provided appropriate accommodations as needed to participate in this Grievance Procedure. Requests for accommodations must be made to the Coordinator. The Coordinator will review the supporting disability-related documentation, make a decision about the request, notify the student about approved accommodations, and make arrangements for the accommodations. Accommodations may include, but are not limited to, providing interpreters for the deaf, providing recordings of materials for the blind, and assuring a barrier-free location for the proceedings.

External Complaints

The availability and use of this Grievance Procedure does not prevent a student from filing a complaint of discrimination with external agencies such as the U.S. Department of Education, Office for Civil Rights.
Wake Forest Baptist Medical Center Nepotism and Consensual Relationships

Policy: It is the policy of Wake Forest Baptist Medical Center to ensure that relationships in the workplace do not raise the perception of favoritism or bias or raise a concern regarding ethics or conflicts of interest. The purpose of this policy is to clearly define the Medical Center’s policy regarding the standards for close relatives or those in consensual relationships working for the Medical Center in the same or different departments. This policy outlines guidelines for supervisory relationships, relationships with students and research relationships.

Scope: Applies to Staff, Faculty, Students

Definitions

Family Member: For the purpose of this policy, “family member” includes the spouse, domestic partner, child, grandchild, grandparent, parent, brother, sister, those in a “step,” “half” or “in-law” relationship (e.g. step-child, step-grandchild, step-grandparent, step-parent, step-brother, step-sister), aunt, uncle, niece, nephew or first cousin of a staff/faculty member.

Consensual Relationship: A dating, sexual or cohabitating relationship

Supervisory Relationship: Any working relationship in which one staff/faculty member has direct or indirect influence over the employment of another. This includes but is not limited to scheduling, assigning work, evaluating performance, recommending performance improvement action, and making recommendations regarding compensation or other terms or conditions of employment.

Research Relationship: A relationship that involves collaboration on research or authorization of expenditure requests related to research

Conditions of Employment: Include but are not limited to salary, hours worked, shifts, working environment, transfers and promotions.

Guidelines: It is essential to the integrity of Medical Center management practices, education and research to avoid real or perceived conflicts of interest that may be created by relationships in the workplace. Any consensual relationship or family relationship described in this policy that exists or develops during the course of employment must be disclosed as directed below.

Supervisory Relationships: Staff/faculty members are not permitted to have direct or indirect influence over the conditions of employment of a family member or individual with whom they have a consensual relationship. This includes relationships within the same reporting structure, as well as those involving direct supervision.

Research Relationships: Research relationships between family members or staff/faculty members who have a consensual relationship are normally permitted, but must be disclosed (see “Disclosure Process” below) so that the conflict of interest risk can be managed.

Relationships With Students: Consensual relationships between a student and a staff or faculty member who is in a position to exercise power or authority over that student are not permitted except in cases involving a curriculum requirement that cannot be adjusted (for example, a required course that is only taught by the student’s spouse). In such cases, the relationship must be disclosed (see “Disclosure Process” below) so that the conflict of interest can be managed. A position of power or authority is one that includes, but is not limited to, writing letters of reference, assessing performance, grading, or otherwise having an influence on a student’s academic success or failure.
Disclosure Process

Initial Disclosure
Any supervisory or research relationship involving family members or a consensual relationship must be disclosed through submission of the Workplace Relationship Disclosure Form. The disclosure must occur within 30 days of the development of the relationship. For cases involving new hires, the disclosure must be made and an exception approved prior to making an employment offer.

Annual Disclosure
The Conflict of Interest Office conducts an annual online disclosure process for all potential conflicts of interest, including those related to nepotism and consensual relationships. Supervisory or research relationships involving family members or consensual relationships must be disclosed as part of the annual process, in addition to the initial disclosure.

Actions Following Disclosure: Following submission of the Workplace Relationship Disclosure Form, a Human Resources Business Partner or the Conflict of Interest Office will consult with department leadership and Human Resources senior leadership, as necessary, to determine appropriate action for minimizing or removing the conflict of interest risk.

Supervisory Relationships: Supervisory relationships involving family members or a consensual relationship are normally managed by actions such as a transfer to another work group, a change in shift, or a change in reporting structure. Exceptions may be granted for special circumstances.

In cases where an exception has been granted, certain responsibilities (including performance reviews and compensation decisions) will be assigned to another department leader, who will be identified in the written approval. The assigned leader shall not be someone who reports to the supervising individual in the involved relationship.

Approved exceptions will be communicated in writing to the supervisor and staff/faculty member involved in the supervisory relationship, along with department leadership. A copy of the approval will be placed in the employment record of both the supervisor and staff/faculty member. An additional copy will be forwarded to the Conflict of Interest Office.

Research Relationships: Following disclosure of a research relationship, the individuals involved will cooperate with the Conflict of Interest Office to eliminate the appearance of bias, unethical conduct or conflict of interest that may be created by collaborating or working directly with a family member or other party in a consensual relationship.

Research relationships normally can be managed without a change in position, shift or reporting structure for either of the involved individuals, but under certain circumstances, changes may be required.

Student Relationships: Relationship between a student and a staff or faculty member in a position of authority are normally managed by providing an alternate means for the student’s supervision, teaching, advising or evaluation.

How to Report Concerns: A staff or faculty member who believes that he/she has been negatively impacted by a consensual relationship or family relationship as described in this policy should contact one of the following:

Human Resources Business Partner – 336-716-4717
Compliance Office – 336-713-4949

No retaliation may be directed toward a staff/faculty member who reports a good faith concern about a workplace relationship.

Leadership Guidelines: Medical Center leaders are responsible for ensuring that faculty/staff in their departments disclose any consensual relationship or family relationship that exists or develops, through submission of the Workplace Relationship Disclosure Form. If an exception has been granted for a workplace relationship normally prohibited by this policy, it is the responsibility of department leadership to ensure that concerns about harassment, bias, ethics and conflict of interest do not develop.
Leaders who engage in consensual relationships in the workplace should be aware of the potential for increased risk of concerns or allegations about harassment, bias, favoritism, unfairness, ethical concerns, and/or conflict of interest. Concerns may arise even in cases not involving a supervisory relationship, student relationship or research relationship as described in this policy. In cases of doubt, guidance should be sought from a Human Resources Business Partner.

**Questions:** Questions regarding this policy should be directed to a Human Resources Business Partner.

**Related Links:** Related links may be found on the internal iShare policy site for faculty, students and staff.

- Conflict of Interest Policy Workplace Relationship Disclosure Form
Anti-Harassment Policy

Wake Forest School of Medicine is committed to maintaining an educational and working environment free of discrimination. Discrimination or harassment of any employee or student based on sex, race, color, religion, national origin, sexual orientation, gender identity, age, or disability will not be tolerated. Individuals found to be in violation of this policy will be subject to disciplinary action which may include written warning, demotion, transfer, suspension, expulsion, or dismissal. Individuals who, in good faith, report harassment or present evidence in a harassment investigation are protected from retaliation. Acts of retaliation are a violation of this policy and are prohibited by law, even if a claim of discrimination later is proven to be unfounded.

Sexual/Gender Harassment
Sexual and gender harassment are forms of sex discrimination. They are illegal under applicable law and a violation of school policy.

Complaints regarding sexual/gender harassment allegedly committed by students of Wake Forest School of Medicine should be reported and will be addressed in accordance with the Wake Forest School of Medicine Student Sexual Misconduct Policy.

Complaints regarding sexual/gender harassment allegedly committed by faculty or staff members should be reported and will be addressed in accordance with the Wake Forest Baptist Medical Center Harassment Policy.

Other Harassment in the Work or Academic Environment
Harassment on the basis of race, color, religion, or national origin is a form of unlawful discrimination and is prohibited. When harassment based on race, color, religion, or national origin has the “purpose or effect of substantially interfering with an individual’s work or academic performance or creating an intimidating, hostile, or offensive working or educational environment,” it rises to the level of prohibited discrimination. In addition, these principles apply to harassment on the basis of age and disability under the Age Discrimination Act, the Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, respectively. Finally, this policy also applies to harassment on the basis of sexual orientation and gender identity.

Examples of conduct that may rise to the level of discrimination include jokes that refer to race, color, religion, national origin, disability, sexual orientation, gender identity or age; the use of “slurs” or other offensive language; practical jokes, horseplay, or teasing that tends to demean or ridicule a person’s race, religion, national origin, sexual orientation, gender identity or disability or that reflects negatively on a person’s age.

Procedure
Anyone who believes that he or she has been harassed or has observed or been subject to a violation of this Policy should promptly report the matter in accordance with this Policy. Staff members should report harassment to their supervisor, or the Vice President for Human Resources, or the Director of Employee Relations. Faculty members should report harassment to their chairs, the Senior Associate Dean for Faculty Affairs, or the Dean of the school. Students should report harassment to the Title IX Coordinator, the appropriate manager of their applicable program or the Dean of the school. Any member of management who receives a complaint or observes conduct that may constitute a violation of this Policy is obligated to notify the Vice President for Human Resources or the Director of Employee Relations or, if students are involved, the Title IX Coordinator, the appropriate manager of their applicable program, or the Dean of the school. The investigation and resolution of complaints alleging harassment on the basis of an individual’s disability will be coordinated by the institution’s Section 504/ADA Coordinator.

Complaints of harassment will be treated seriously and will be promptly investigated with reasonable steps being taken to protect the confidentiality of all parties. Information regarding the complaint procedure and supervisory responsibilities may be obtained from the Office of the Director of Employee Relations, who is available to provide guidance and assistance in the proper handling of any allegation. In all cases involving students, the Director of Employee Relations will coordinate his/her office’s response with the appropriate manager of the student’s educational program.
In determining whether conduct constitutes a violation of this Policy, those entrusted with carrying out this policy will look at the record as a whole and at the totality of the circumstances, such as the nature of the offensive conduct and the context in which the alleged incidents occurred. The determination of the suitability of a particular action will be made from the facts, on a case-by-case basis. Following an objective evaluation of the gathered information, the parties will be notified of the outcome of the investigation. Employees and students utilizing this process will be protected from retaliation.

The Wake Forest Baptist Medical Center has a separate Harassment Policy. For further information on the Medical Center’s policy please visit the Medical Center Policy and Guidelines IShare site.
Wake Forest Baptist Medical Center Student Sexual Misconduct Policy

1. Introduction

Wake Forest Baptist Medical Center (hereinafter WFBMC or the University) expects all members of its community to act in respectful and responsible ways towards each other. Our organization, Wake Forest Baptist Medical Center, is comprised of Wake Forest University Health Sciences, the Wake Forest School of Medicine, including the Undergraduate Medical Education (MD) Program, Physician Assistant (PA) Program, Nurse Anesthesia Program, Graduate School of Arts and Sciences-Biomedical Sciences- Bowman Gray Campus, and Wake Forest Innovations. The University is committed to providing programs, activities and an educational environment free from discrimination on the basis of sex, sexual orientation, gender identity, and gender expression. For the University's Code of Conduct, see http://www.wakehealth.edu/Compliance/Code-of-Conduct.htm. For its non-discrimination statement, see the Student Handbook at http://www.wakehealth.edu/School/MD-Program/Student-Records/

This Student Sexual Misconduct Policy describes prohibited conduct, establishes procedures for responding to reports of sexual misconduct as defined in this policy, and outlines resources available to students at WFBMC.

As a recipient of Federal funds, WFBMC is required to comply with Title IX of the Higher Education Amendments of 1972, 20 U.S. C. § 1681 et seq. ("Title IX"), which prohibits discrimination on the basis of sex in education programs or activities. Sexual misconduct, as defined in this Policy, is a form of sex discrimination prohibited by Title IX. As explained in Section III of this Policy, sexual misconduct, sexual harassment, and sexual intimidation are all forms of misconduct prohibited by this Policy. All such forms of misconduct are referred to generally as “sexual misconduct” throughout this Policy.

This policy addresses complaints of sexual misconduct where the respondant is a student of WFBMC as defined in this policy. Complaints relating to sexual misconduct by a member of the University faculty, staff or community are not covered by the policy. The policy covering faculty, staff, and community members may be found at http://ishare.wakehealth.edu/GoverningPolicy/Policies/Harassment.pdf. Any complaint, regardless of the status of the person accused, may be reported to the University’s Title IX Coordinator. The Title IX Coordinator is a University employee charged with overseeing investigations of allegations of sexual misconduct as well as remedying the effects of a hostile educational environment resulting from sexual misconduct if such an environment is determined to exist.

Individuals will not be discouraged by any WFBMC employee from reporting alleged incidents of sexual misconduct. All reports of alleged violations of this policy must be made based upon a good faith belief that a violation has occurred.

It is a violation of University policy to retaliate against any person making a complaint of sexual misconduct or against any person cooperating in the investigation of (including testifying as a witness to) any allegation of sexual misconduct. For these purposes, “retaliation” includes intimidation, threats, harassment and other adverse action against any such complainant or third party. Retaliation should be reported promptly to the Title IX Coordinator and may result in disciplinary action independent of the sanction or interim measures imposed in response to the underlying allegations of sexual misconduct.

WFBMC makes this policy and educational opportunities readily available to all students and other members of its community. Please refer to the Resource section of this policy for important campus and community resource contact information.
II. General Statement of Policy

Any act of sexual misconduct as defined under this Policy constitutes a violation of the Sexual Misconduct policy. Sexual misconduct can be committed by men or women, and it can occur between people of the same or different sex. WFBMC is committed to fostering an academic and work environment that both promotes and expedites prompt reporting of sexual misconduct and timely and fair adjudication of sexual misconduct cases. Creating a respectful, safe, and non-threatening environment is the responsibility of all members of the WFBMC community. These procedures are designed to protect the rights, needs, and privacy of the person making a complaint to the University, as well as the rights of student respondents of sexual misconduct.

Anyone wishing to report a complaint alleging sexual misconduct by a University student can contact the University’s Title IX Coordinator.

A faculty or staff member, including student employees, with knowledge about a known or suspected incident of sexual misconduct must report the incident to the University’s Title IX Coordinator or a Deputy Coordinator. No employee is authorized to investigate or resolve student complaints without the involvement of the University’s Title IX Coordinator.

Allegations of sexual misconduct made by a student against a University employee should be reported to the University’s Title IX Coordinator or in accordance with the WFBMC Harassment Policy, which can be found at http://ishare.wakehealth.edu/GoverningPolicy/Policies/Harassment.pdf. Such allegations will be reviewed, investigated by Human Resources, Title IX Coordinator, or designee, and resolved in accordance with that Policy and in consultation with the Title IX Coordinator.

In addition to violating University policy, sexual misconduct might also constitute criminal activity. Students are strongly encouraged to inform law enforcement authorities about instances of sexual assault, domestic violence, dating violence, and stalking. The chances of a successful criminal investigation are greatly enhanced if evidence is collected and maintained immediately by law enforcement officers. Students may inform law enforcement authorities about sexual misconduct and discuss the matter with a law enforcement officer without making a formal criminal complaint or a formal University complaint. Students who make a formal criminal complaint may simultaneously pursue a formal University complaint.

Assistance in reporting any form of sexual misconduct to the proper law enforcement authorities is available to any student upon request from the University’s Title IX Coordinator or a Deputy Coordinator.

Jurisdiction. This policy applies to any allegation of sexual misconduct against a WFBMC student, regardless of where the alleged sexual misconduct occurred. A university student is any student registered or enrolled at Wake Forest University Health Sciences, Wake Forest School of Medicine, including the Undergraduate Medical Education (MD) Program, Physician Assistant (PA) Program, Nurse Anesthesia Program, Graduate School of Arts & Sciences-Biomedical Sciences-Bowman Gray Campus, and Wake Forest Innovations (a) at the time of the alleged sexual misconduct and (b) at the time the complaint is made. Although there is no geographical limitation to invoking this policy, sexual misconduct that is alleged to have occurred at a significant distance from the University may be more difficult to investigate. For this reason, students who experience sexual misconduct far from the WFBMC campuses are especially encouraged to notify local authorities to assist in the investigation.

Period of Limitation. The University encourages individuals to file complaints as soon as possible. However, there is no period of limitations provided that the respondent is a university student, as defined above. A complaint of sexual misconduct may be filed at any time while the respondent is enrolled as a student at WFBMC, regardless of the length of time between the alleged misconduct and the decision to file the complaint.
III. Prohibited Sexual Misconduct

WFBMC prohibits all forms of sex/gender-based harassment, sexual violence, sexual exploitation, interpersonal violence (domestic violence or dating violence), and stalking.

A. Sexual/Gender-Based Harassment

Sexual harassment is a form of discrimination that includes verbal, written, or physical behavior of a sexual nature, directed at someone, or against a particular group, because of that person's or group's sex, gender identity, actual or perceived sexual orientation, or based on gender stereotypes, when that behavior is unwelcome and meets either of the following criteria:

(1) Submission or consent to the behavior is reasonably believed to carry consequences, positive or negative, for the student's education, employment, University living environment, or participation in a University activity or program. Examples of this type of sexual harassment include:
   a. Pressuring a student to engage in sexual behavior for some educational or employment benefit, or
   b. Making a real or perceived threat that rejecting sexual behavior will carry a negative consequence for the student.

(2) The behavior has the purpose or effect of substantially interfering with the student's work or educational performance by creating an intimidating, hostile, or demeaning environment for employment, education, University living, or participation in a University activity or program. Examples of this type of sexual harassment can include:
   a. Persistent unwelcome efforts to develop a romantic or sexual relationship;
   b. Unwelcome sexual advances or requests for sexual favors;
   c. Unwelcome commentary about an individual's body or sexual activities;
   d. Repeated and unwelcome sexually-oriented teasing, joking, or flirting; and
   e. Verbal abuse of a sexual nature.

Behaviors or communications may be verbal or nonverbal, written, or electronic. Such conduct does not need to be directed at or to a specific student in order to constitute sexual harassment, but may consist of generalized unwelcome and inappropriate behaviors or communications based on sex, gender identity, actual or perceived sexual orientation, or gender stereotypes.

Determination of whether alleged conduct constitutes sexual harassment requires consideration of all the circumstances, including the context in which the alleged incidents occurred, frequency or pervasiveness of the alleged incidents, severity of the alleged incidents, whether the alleged incidents were based upon sex or gender, and whether the alleged incidents were unwelcome at the time of the alleged incidents. A determination will be based upon a reasonable person standard.

B. Sexual Assault:

Sexual Assault is defined as an offense classified as a forcible or non-forcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation. Sexual assault includes, but is not limited to:

(1) Non-consensual sexual intercourse. Attempted or completed intercourse or penetration (anal, oral or vaginal), however slight, with any body part or any object, by a person upon another person, without effective consent. This includes vaginal penetration by a penis, object, tongue or finger; anal penetration by a penis, object, tongue or finger; and oral copulation (mouth to genital contact or genital to mouth contact).

(2) Sexualized touching (including disrobing or exposure), however slight, with any body part or any object, by a person upon another person, without effective consent. Sexual touching includes any contact with the breasts, buttocks, groin, or genitals, or touching another with any of these body parts, or making another
touch you or themselves with or on any of these body parts, when such touching would be reasonably and objectively offensive.

(3) Sexual exploitation, defined as taking non-consensual, unjust or abusive sexual advantage of another, for one’s own advantage or benefit; or to benefit or advantage anyone other than the one being exploited. Sexual exploitation encompasses a wide range of behaviors which may include, but are not limited to:
   a. Inducing incapacitation with the intent to rape or sexually assault another student;
   b. Non-consensual video or audio-recording of sexual activity;
   c. Allowing others to observe a personal act of consensual sex without knowledge or consent of the partner;
   d. Engaging in Voyeurism;
   e. Knowingly transmitting a sexually transmitted disease, including HIV, to another student;
   f. Prostituting another student (i.e. – personally gaining money, privilege, or power from the sexual activities of another student).

C. Sexual Intimidation:

Sexual intimidation is defined as:

(1) Threatening to commit a sexual act upon another person.
(2) Sexual intimidation also includes acts of intimidation, bullying, aggression, or hostility based on gender or gender-stereotypes, even if the acts do not involve conduct of a sexual nature.
(3) Engaging in indecent exposure.

D. Stalking or Cyberstalking:

Stalking or cyberstalking is defined as engaging in a course of conduct directed at a specific person (in person or through electronic means) that would cause a reasonable person to:

(1) Fear for the individual's safety or the safety of others; or
(2) Suffer substantial emotional distress

E. Dating Violence:

Dating violence is defined as violence committed by a person:

(1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors:
    a. The length of the relationship
    b. The type of relationship
    c. The frequency of interaction between the persons involved in the relationship.

F. Domestic Violence:

Domestic Violence is defined as felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the State of North Carolina, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the State of North Carolina.
IV. Effective Consent

University policy mandates that each participant obtains and gives effective consent in each instance and before each sexual act. The University has defined consent as follows:

“Consent” is informed, freely and actively given, and mutually understandable words or actions that indicate a willingness to participate in mutually agreed-upon sexual activity. Consent is mutually understandable when a reasonable person would consider the words or actions of the parties to have manifested a mutually understandable agreement between them to engage in certain conduct with each other. Consent cannot be gained by ignoring or acting in spite of the objections of another. Consent can be withdrawn at any time.

Consent cannot be inferred from:

1. Silence, passivity, acceptance, or lack of resistance alone;
2. A current or previous dating or sexual relationship (or the existence of such a relationship with anyone else);
3. Attire;
4. The buying of dinner or the spending of money on a date;
5. Consent given to another person (i.e., consent to engage in sexual activity with one person does not imply consent to engage in sexual activity with another person); or
6. Consent previously given (i.e., consenting to one sexual act does not imply consent to another sexual act).

Consent is not effective if it is obtained through the use of physical force, violence, duress, intimidation, coercion or the threat, expressed or implied, of bodily injury. Whether a party used such methods to obtain consent will be determined by reference to the perception of a reasonable person found in the same or similar circumstances.

Consent may never be given by:

1. Minors, even if the other participant did not know the minor’s age;
2. Mentally disabled persons, if their disability was reasonable knowable to a sexual partner who is not mentally disabled; or
3. Persons who are incapacitated (whether as a result of drugs, alcohol or otherwise), unconscious, asleep or otherwise physically helpless or mentally or physically unable to make informed, rational judgments. The use of alcohol or drugs does not diminish one's responsibility to obtain Consent and does not excuse conduct that constitutes Sexual Misconduct under this Policy.

If at any time during a sexual act any confusion or ambiguity is or should reasonably be apparent on the issue of consent, it is incumbent upon each individual involved in the activity to stop and clarify the other’s willingness to continue and capacity to consent. Neither party should make assumptions about the other’s willingness to continue.

V. Reporting Prohibited Conduct

Individuals are strongly encouraged to report incidents of sexual misconduct. Individuals may report to:

1. Law enforcement authorities (Non-confidential)

Because sexual misconduct may constitute both a violation of University policy and criminal activity, and because the University judicial system is not a substitute for criminal action, the University encourages students to report alleged sexual misconduct of a criminal nature, such as sexual assault, promptly to campus officials and to local law enforcement agencies.

Information shared with law enforcement is not confidential.1
1 Confidential resources are those resources that do not have mandatory reporting requirements to the University’s Title IX Coordinator and law enforcement. Confidential resources include mental health counselors and other medical professionals when such persons are providing services in their respective roles as counselors and medical professionals. Non-confidential resources are resources/offices that are legally required to report all sexual misconduct and harassment complaints to the University’s Title IX Coordinator. Non-Confidential resources include faculty advisors and WFBMC staff.

(2) **Title IX Coordinator or Deputy Title IX Coordinator (Non-confidential)**

Sexual misconduct can be reported to the University’s Title IX Coordinator or to a designated Deputy Title IX Coordinator.

The Title IX Coordinator will strive to protect the privacy of information shared in a sexual misconduct report, but cannot guarantee confidentiality.

**Title IX Coordinator and Deputy Coordinators, [Non-Confidential; Private]**
Contact: Tanya Jachimiak, Title IX Coordinator, 336.758.7258, jachimtl@wfu.edu or Jessica Harris Telligman, Deputy Title IX Coordinator/Investigator, 336-758-4997, telligr@wfu.edu or Nicole Allen, Deputy Title IX Coordinator, 336.713.7880, chaallen@wakehealth.edu or Tanya Gregory, Deputy Title IX Coordinator, 336.713.0819, tgregory@wakehealth.edu

(3) **Other University faculty and staff (Non-confidential)**

If an individual discloses or otherwise reports sexual misconduct to any non-confidential faculty or staff, such faculty and staff are required by law to report disclosures to the University Title IX Coordinator or to a Deputy Title IX Coordinator.

**Student Health Navigator [Non-Confidential]**, 3rd floor: Bowman Gray Center for Medical Education 1213, Wake Forest School of Medicine, 475 Vine Street, Winston-Salem, NC 27101
Contact: Marsha Brown, Student Health Navigator, 336-716-0637, msbrown@wakehealth.edu

(4) **Confidential Campus Resources (Confidential)**

Students may seek out the support of confidential resources that will not report disclosures of sexual misconduct. At WFBMC, students may contact Student Wellness Services to review options prior to reporting to the University or to receive counseling, coaching and consultations.

**Student Counseling and Wellness Services, [Confidential]** Waiting Room: Bowman Gray Center for Medical Education 1213, Wake Forest School of Medicine, 475 Vine Street, Winston-Salem, NC 27101
Contact: studentwellness@wakehealth.edu (confidential email) or Dr. Paige Greason, pgreason@wakehealth.edu, 336.713.3357 or Ryan MacLeod, rmacleod@wakehealth.edu, 336.713.6302.

**Innovation Quarter (IQ) Chaplain: [Confidential]**, 3rd floor: Bowman Gray Center for Medical Education 1213, Wake Forest School of Medicine, 475 Vine Street, Winston-Salem, NC 27101
Contact: Michelle Nicolle, IQ Chaplain, 336-713-9766, mnicolle@wakehealth.edu

**WFU Baptist Medical Center, [Confidential]** Medical Center Blvd, Winston-Salem, NC 27157
If a criminal complaint is filed in addition to a complaint with the University, the University will not wait for the conclusion of any criminal investigation or proceedings before commencing its own investigation however, the University’s investigation may be delayed temporarily while the criminal investigators are gathering evidence. In the event of such a delay, the University may take interim measures as necessary to protect the complainant and the University community. Such interim measures may result in actions being taken that may impact both the respondent student and the complainant, and may include no contact orders and/or changes in class schedules and/or housing assignments. The University investigation will be conducted in a prompt, fair, and impartial manner by the University Title IX Coordinator or designee, who has been specially trained to handle cases of sexual misconduct. During and after the investigation, measures will be taken by the University to ensure the preservation of evidence for internal purposes and/or a criminal investigation.

Limited Immunity for Violation of Alcohol and Drug Policies. The University considers the reporting and adjudication of sexual misconduct cases to be of paramount importance. While the University does not condone underage or excessive drinking or illegal use of controlled substances, the University will extend limited immunity from punitive sanctioning under University policies in the case of illegal alcohol or substance use to complainants, respondents, witnesses and to those reporting incidents and/or assisting the complainant.

VI. Privacy of Information

In compliance with applicable laws and regulations, the University will take precautions to protect the privacy of both the complainant and the respondent. However, students should understand that under conditions of imminent harm to the community, the University is required by federal law to inform the community of the occurrence for the protection of all members of the community. In addition, the University cannot guarantee confidentiality by other students who may be involved as witnesses.

If the complainant does not wish to pursue a hearing and/or requests that the complaint remain private, Title IX nevertheless requires the University to investigate and take reasonable action in response to the complaint. The University’s Title IX Coordinator will inform the complainant, however, that the University's ability to respond in such a case may be limited. In such cases, Title IX requires the University to evaluate the complainant's request(s) that the complaint not be adjudicated or remain private in the context of the University's commitment to provide a reasonably safe and non-discriminatory environment for all students. In order to make such an evaluation, the Title IX Coordinator or the Title IX Coordinator's designee may conduct a preliminary investigation into the alleged sexual misconduct and may weigh the complainant's request(s) against the following factors: the seriousness of the alleged sexual misconduct; whether there have been other complaints of sexual misconduct against the same respondent student(s); and the respondent student's right to receive information about the allegations if the information is maintained by the University as an "education record" under FERPA, the federal law that gives students the right to access their own education records. The University’s Title IX Coordinator will inform the complainant if the University cannot ensure confidentiality. Even if the University cannot take disciplinary action against the respondent student because of the request for privacy or the request to not pursue an investigation, the University will nevertheless take prompt and effective action to limit the effects of the alleged sexual misconduct and to prevent its recurrence. For instance, the Title IX Coordinator or designee may issue a "no-contact" order or take other appropriate interim measures (e.g., changes to class schedules) to assure student safety even in the absence of a formal proceeding.

If, prior to a hearing, the respondent student elects to take responsibility for the alleged sexual misconduct, the fact-finding hearing may be canceled and an informal resolution process will be initiated to determine sanctions. If the determination regarding sanctions cannot be finalized through the informal resolution process, a hearing will be convened for the exclusive purpose of determining a sanction.
VII. Preliminary Review

Upon receiving a report of sexual misconduct, the Title IX Coordinator or the Title IX Coordinator’s designee will begin a preliminary review.

Upon completing the preliminary review, the Title IX Coordinator or the Title IX Coordinator’s designee will determine whether or not there is cause to initiate a formal University investigation and move toward adjudication through either the Informal Resolution Process (described below in Section VIII) or the Formal Resolution Process (described below in Section IX).

VIII. Informal Resolution Process

A complainant who wishes to file a complaint of sexual misconduct with the University but who does not wish to pursue a judicial hearing, as explained below, may request a less formal proceeding, referred to as the informal resolution process. However, the informal resolution process is not available for complaints of non-consensual sexual intercourse.

The informal resolution process is intended to resolve complaints quickly, efficiently, and to the mutual satisfaction of the parties involved. Where circumstances allow for this, the informal resolution process will be initiated as soon as possible after the filing of the complaint.

With the concurrence of the complainant and the respondent, the Title IX Coordinator or designee will seek an outcome through informal resolution with the assistance of an appropriate University official designated by the Title IX Coordinator or the Title IX Coordinator’s designee. Any resolution through this informal resolution procedure also must be mutually agreed upon by the parties involved. Both the complainant and the respondent have the right to bypass or end the informal resolution process at any time and initiate a judicial hearing. Any failure to comply with the terms of an informal resolution agreement may result in disciplinary action/sanctions and/or, if warranted, a further allegation of harassment.

Records arising from the informal resolution process will not be used for any purpose other than those described above or to comply with applicable laws and regulations, unless a complaint subsequently results in a judicial hearing or otherwise becomes part of a legal action.

IX. Formal Resolution Process

When informal resolution is not an option or when a student chooses not to utilize the informal resolution process, the following process has been established to resolve complaints of sexual misconduct.

Prior to the hearing, the complainant has the right to receive notification and assistance from the University’s Title IX Coordinator or designee regarding interim actions, including assistance in changing academic and living situations after an alleged incident of sexual misconduct. In addition, no-contact orders may also be issued to prevent any contact, whether in person or indirectly, between the respondent student, acquaintances, witnesses, and/or the complaining party.

The University has created a Sexual Misconduct Hearing Board composed of faculty and staff specially trained to handle cases of sexual misconduct. The Title IX Coordinator or designee will conduct, at a minimum, annual training for all board members. In each case, the School of Medicine’s Associate Dean, Students Affairs or designee will select a three-member panel of individuals from the Hearing Board to hear a particular case. The Title IX Coordinator will serve as a non-voting ex officio member of the panel.

Both the complainant and the respondent student may, in consultation with the Title IX Coordinator, have an advocate of their choosing during any campus judicial hearing. The complainant and respondent may also choose to be assisted at the hearing by an advisor of their choice. The advisor’s role is limited to providing support to the individual and

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advisors are not allowed to ask questions or present information during the hearing. Advisors may, however, be available to provide advice outside of the hearing.

The hearing will be conducted in an inquisitorial manner. In other words, the hearing panel will be responsible for asking questions of witnesses and developing evidence through witness testimony. A list of witnesses who will be called will be distributed in advance. In addition, the complainant and respondent student may call their own witnesses. The witnesses must be able to provide testimony that is relevant to the complaint being heard. The complainant and the respondent student may submit written statements to the hearing panel in advance of the hearing and may also testify themselves.

Accommodations may be made for complainants and/or respondents who do not wish to be in the hearing room at the same time. This accommodation may include videoconferencing.

The complainant and respondent student may submit questions to the hearing officer to be asked of the witnesses testifying before the panel. Complainant and respondent student will not be permitted to ask questions directly of one another.

Issues regarding admission of evidence or testimony, including relevancy and the reliability of the evidence and testimony will be determined by the University hearing officer during the hearing. Sexual history of either party may not be discussed during the hearing. University students who appear before a sexual misconduct hearing panel, whether as parties to the proceedings or as witnesses, are expected to provide truthful testimony in accordance with the applicable University Honor Code.

At the conclusion of the hearing, the panel will confer regarding whether the respondent student is responsible for the alleged sexual misconduct. The hearing officer is a non-voting facilitator of the panel’s deliberation. Evidence will be evaluated under a “preponderance of the evidence standard,” meaning that the respondent student will be found responsible if, based upon the entirety of the evidence presented during the hearing, it is determined that the respondent student “more likely than not” committed the offense in question.

If there is a finding of responsibility, the hearing panel will determine the sanctions to be imposed. Sanctions for a finding of responsibility depend on the nature and the gravity of the misconduct. They may include, but are not limited to: disciplinary probation, suspension, expulsion, specialized treatment off-campus, no-contact orders, trespass from campus, participation in graduation and/or other University programs or activities, and/or other educational sanctions deemed appropriate. Sanctions imposed by the hearing panel will remain in effect pending the outcome of any appeal process.

Both parties will be notified (in writing) simultaneously of the panel’s decision. The parties will also be informed of the sanctions imposed, if applicable, and the University appeal procedures. The hearing officer will also notify the Title IX Coordinator (in writing) of the decision and the sanctions imposed, if applicable.

An investigation by the University and a decision by the sexual misconduct hearing panel will, in most cases, be rendered within sixty (60) days of the filing of a complaint. This time period can be modified at the discretion of the University’s Title IX Coordinator, if deemed necessary to conduct a thorough investigation or to protect the rights of all parties.

Regardless of the outcome of the judicial process, protective measures may be provided to the complainant or respondent. Such protective measures may include no contact orders and/or changes in class schedules and/or housing assignments.

X. Appeals

Complainant and respondent students may file a written appeal with the University’s Title IX Coordinator within fourteen (14) calendar days from the date of the decision on the following grounds:

(1) Appropriateness of the sanction;
(2) Germane new evidence not available at the time of the hearing that could significantly impact the outcome; and/or
(3) Procedural errors that significantly impact the outcome.

Appeals will be reviewed by an Appeals Committee comprised of members from the Sexual Misconduct Hearing Board who are specially trained to handle cases of sexual misconduct. The Title IX Coordinator or designee will conduct, at a minimum, annual training for all board members, including those members of the Appeals Committee. In the case of an appeal, the School of Medicine’s Associate Dean, Students Affairs or designee will select a three-member panel of individuals from the Hearing Board to serve on the Appeals Committee. The School of Medicine’s Associate Dean, Students Affairs or designee will be a non-voting member of the Appeals Committee.

The Appeals Committee is charged with reviewing the appeal. The Appeals Committee shall have access to all information that was available to the Sexual Misconduct Hearing Panel. If the Appeals Committee determines that there is either germane new evidence that could significantly impact the outcome of the case, or a procedural error that could have altered the outcome of the case, the matter will be remanded back to the initial Hearing Panel for a determination regarding the impact of the new evidence or procedural error on the outcome of the complaint. If the grounds for the appeal are based on the appropriateness of the sanction, the Appeals Committee will have the authority to adapt the sanction imposed by the Hearing Panel or to change the sanction to a lesser or more severe sanction. The decision of a majority of the Appeals Committee members will be final.

Both parties will be notified simultaneously (verbally and in writing) of the Committee’s decision. The Title IX Coordinator will also be notified (verbally and in writing) of the Committee’s decision.

**XI. Interim Suspensions or Other Interim Actions**

For alleged violations of this Policy, interim actions, including but not limited to, interim suspension, reassignment to alternate housing, limitation of access to designated University facilities, and limitation of privileges to engage in specified University activities may be imposed by the University’s Title IX Coordinator.

Such interim actions may be taken when there is reason to believe that the conduct of the respondent student poses a threat of harm to the complainant or others, threatens or endangers University property, or disrupts the stability and continuance of normal University operations and functions.

**XII. Resources**

**Confidential Crisis Response**

**Student Counseling and Wellness Services. [Confidential]** Waiting Room: Bowman Gray Center for Medical Education 1213, Wake Forest School of Medicine, 475 Vine Street, Winston-Salem, NC 27101

Contact: **studentwellness@wakehealth.edu** (confidential email) or Dr. Paige Greason, pgreason@wakehealth.edu, 336.713.3357 or Ryan MacLeod, rmacleod@wakehealth.edu, 336.713.6302.

- Review reporting options
- Individual and group counseling and education opportunities
- Small Group Counseling
- Integrative Awareness Training
- Mindfulness Meditation
- Stress Management

**Innovation Quarter (IQ) Chaplain: [Confidential]**, 3rd floor: Bowman Gray Center for Medical Education 1213, Wake Forest School of Medicine, 475 Vine Street, Winston-Salem, NC 27101

Contact: **Michelle Nicolle**, IQ Chaplain, 336-713-9766, mnicolle@wakehealth.edu

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Family Services, Inc., [Confidential] 1200 Broad St, Winston-Salem, NC 27101 Contact: 336.722.8173 or 1.800.316.5513, email: info@fsifamily.org

- Crisis Line available 24/7/365 for Sexual Assault Support and Information: 336.722.4457
- Crisis Line available 24/7/365 for Domestic Violence Support and Information: 336.723.8125

Crisis Line available 24/7/365 for Sexual Assault Support and Information: 336.722.4457

- Individual and group counseling and education opportunities
- Domestic Violence Shelter (information available through DV Crisis Line)

Safety Resources

Winston-Salem Police Department, [Non-Confidential] 101 N. Main St, Winston-Salem 27101
Contact: 911 (emergencies) or 336.773.7700 (non-emergencies)

- Safety concerns or filing police report
- Domestic Violence Unit: Provides information and assistance for concerns related to Domestic Violence

Wake Forest Baptist Medical Center Security Services, [Non-Confidential] Medical Center Blvd, Winston-Salem, NC 27157; Contact: 336.716.3305

Sunstates Communications (at Innovation Quarter), [Non-Confidential] Contact: 336.713-1568

Health Resources

Wake Forest Baptist Medical Center, [Confidential] Medical Center Blvd, Winston-Salem, NC 27157
Contact: 336.713.9000 (Emergency Department) or 336.716.9253 (Request an Appointment)

- Medical Concerns including wellness exams, SANE forensic exams, STI or Pregnancy testing, and Rape Drug Screenings

Novant Health Forsyth Medical Center, [Confidential] 3333 Silas Creek Pkwy, Winston-Salem, NC 27103
Contact: 336.718.2001 (Emergency Department) or 336.718.5000 (information)

- Medical Concerns including wellness exams, SANE forensic exams, STI or Pregnancy testing, and Rape Drug Screenings

Forsyth County Health Department, [Confidential] 799 N. Highland Ave, Winston-Salem, NC 27101
Contact: 336.703.3324 for appointment information

- Provides free and confidential testing for STIs and HIV

Campus Reporting Resources

Title IX Coordinator and Deputy Coordinators, [Non-Confidential; Private]
Contact: Tanya Jachimiak, Title IX Coordinator, 336.758.7258, jachimtl@wfu.edu or Jessica Harris Telligman, Deputy Title IX Coordinator/Investigator, 336-758-4997, telligjr@wfu.edu or Nicole Allen, Deputy Title IX Coordinator, 336.713.7880, chaallen@wakehealth.edu or Tanya Gregory, Deputy Title IX Coordinator, 336.713.0819, tgregory@wakehealth.edu

Additional information on student focused resources may be found on page 85 of this handbook.
Student Substance Abuse Policy

1) GENERAL POLICY STATEMENT:

The Wake Forest School of Medicine (WFSM) and the Graduate School of Arts and Sciences, Biomedical Sciences, (hereinafter jointly referred to as “School”) are committed to providing a safe, healthy learning community for all its members. The School recognizes that the unlawful possession, use, or distribution of illicit drugs and unlawful or excessive use of alcohol by students may interfere with the mission of Wake Forest Baptist Medical Center by negatively affecting the health and safety of its patients, visitors, students, faculty, staff, and research subjects. In accordance with the Drug-Free Schools and Communities Act, and to comply with the Drug-Free Schools and Campuses Regulations (EDGAR Part 86.100, Subpart B), this policy addresses the annual written notification to students of the following: standards of conduct, possible legal sanctions and penalties, statements of the health risks associated with alcohol and other drug use (AOD), the School’s AOD programs available to students, and the disciplinary sanctions for violations of the standards of conduct. The School participates in the biennial review with Wake Forest University in providing confidential information which does not violate FERPA.

a) Scope: All students of the School are responsible for complying with this policy

b) Responsible Department/Party/Parties:

   Policy Owner: Assistant Dean, Medical Education Administration
   Procedure: Assistant Dean, Medical Education Administration
   Implementation: Program Manager as defined below

2) DEFINITIONS: For purposes of this Policy, the following terms and definitions apply:

a) WFBMC: Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.

b) The term “student” is defined as a person who matriculates into, is enrolled in, or is taking courses in an educational program of Wake Forest School of Medicine or Graduate School of Arts and Sciences, Biomedical Sciences (hereinafter jointly referred to as “School”).

c) Program Managers of applicable programs are defined as follows:

   Certified Registered Nurse Anesthesia Program: Program Director
   Graduate School of Arts & Sciences, Biomedical Sciences: Dean, Graduate School of Arts & Sciences, Biomedical Sciences
   Physician Assistant Program: Program Director
   Undergraduate Medical Education (MD) Program: Senior Associate Dean for Health Care Education

d) Illegal use of drugs/alcohol: The unlawful manufacture, distribution, disposition, possession, and/or use of a controlled substance or alcohol as regulated by federal, state, and local laws.
Misdemeanor and felony convictions for violating these laws can result in criminal penalties. Such penalties can range from fines and probation to denial or revocation of federal benefits (such as financial aid) to imprisonment and forfeiture of personal and real property.

An illegal drug is a controlled substance as defined by Title 21 US Code (USC) Controlled Substances Act, i.e., Subchapter I, Part A, Section 802, Subchapter I, Part B, Section 812, Part 1308 (Schedules I-V) and the North Carolina Controlled Substances Act: G.S. 90-86 through G.S. 90-113.8

An overview of federal laws governing the manufacture, possession, use and distribution of alcohol and illegal drugs is available at: https://niaaa.nih.gov/alcohol-health/alcohol-policy; and Title 21 US Code (USC) Controlled Substances Act, i.e., Subchapter I, Part D; Subchapter I, Part A; and Subchapter I, Part C.

A summary of North Carolina alcohol and drug laws is available from the North Carolina General Statutes (G.S.) 18B-301, G.S. 18B-302, G.S. 18B-401; G.S. 20-138.1; and Article 5, North Carolina Controlled Substances Act: G.S. 90-86 through G.S. 90-113.8

Illegal drugs can include:

i. Prescription drugs unless validly prescribed by a student’s health care provider,

ii. Substances never intended for human consumption (such as glue)

e) Under the influence: affected by alcohol and/or other drugs or has recently consumed alcohol and/or other drugs in any detectable manner.

f) Trafficking in Illegal Drugs: The term “trafficking” is used in its generic sense, not in its specific application to selling, manufacturing, delivering, transporting, or possessing controlled substances in specified amounts as referenced in Article 5, North Carolina Controlled Substances Act.

g) Abusive use of alcohol or drugs: alcohol or drugs, whether available legally (such as cough syrup or other over-the-counter medications) or drugs for which a student has a valid prescription, that are taken or used in a manner not prescribed or inconsistent with recommended use.

3) POLICY GUIDELINES:

a) Annual Notification: This policy will be distributed in writing to all students to meet the annual notification requirement. Contents of the annual notification will include: standards of conduct, possible legal sanctions and penalties, statements of the health risks associated with alcohol and other drug use (AOD), the School’s AOD programs available to students, and the disciplinary sanctions for violations of the standards of conduct.

b) Standards of Conduct:

i. The School prohibits the illegal use or the abusive use of alcohol or other legal drugs by any student on School property or at events that utilize the School’s name (i.e., Medical School Prom).

ii. In accordance with local, North Carolina and Federal laws, the School prohibits the unlawful possession, use, manufacture, sales, or distribution of illegal drugs
or drug paraphernalia by any student. North Carolina law includes marijuana in the list of illegal drugs (North Carolina Controlled Substances Act, G.S. 90-94).

iii. The School prohibits its students from using prescription medications not prescribed for them. Students are expected to use only those prescription medications that are prescribed for them within the confines of a provider/patient relationship.

iv. The School prohibits its students from attending classes, participating in clinical rotations, or otherwise participating in or attending School or WFBMC activities or functions while under the influence of alcohol, chemicals, or drugs, including legally obtained prescription drugs, which impair one’s ability to perform normal activities.

v. Students must successfully pass the urine drug screening test administered during matriculation. As marijuana is not legal in the State of North Carolina, the urine drug screening will test for the presence of this substance.

vi. Students must comply with North Carolina state and federal law regarding alcohol. It is unlawful for any person less than 21 years of age to purchase or possess any alcoholic beverage. It is against the law for anyone to sell or give any alcoholic beverage to a person under 21 or to aid or abet such person in selling, purchasing or possessing any alcoholic beverage.

vii. Institutional funds will not be used for the purchase of alcohol for student-sponsored events.

viii. Student organizations can significantly improve personal safety and reduce liability by not providing alcohol to any person. If alcohol is to be present at a student-sponsored activity, the student organization will provide for the safety of the attendees and reduce its liability by ensuring that:

- Alcohol is not the focus of the event;
- Attractive alternative beverages are provided;
- Procedures are in place to prevent transfer, service, or sale to persons under the legal age of 21;
- Alcohol is not served from common or self-serve containers;
- Service complies with this Policy, as well as the rules of the facility;
- Designated non-drinking hosts are assigned to attend the event;
- Assistance is provided to any attendee who is intoxicated and needs alternative transportation home.
- Using a professional caterer or holding the event at a site provided by a vendor who is licensed to sell and serve alcohol consumed at the event are the only methods of serving alcoholic beverages.

ix. All students must notify their Program Manager(s) within five (5) days of any arrest, charge or conviction for a violation of federal and state drug or alcohol laws.

x. If a student is convicted for a violation of federal and state drug or alcohol laws after submitting the Free Application for Federal Student Aid (FAFSA),
he/she must notify the Financial Aid Office within five (5) days of the conviction.

c) **Description of applicable legal sanctions** under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol:

1. A full description of federal sanctions for drug felonies can be found at the Drug Enforcement Administration (DEA) webpage: https://www.dea.gov/druginfo/ftp3.shtml

2. A full description of penalties for North Carolina drug violations can be found at the North Carolina Controlled Substances Act, General Statute (G.S.) 90-95: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_5.html

3. The penalties for violations of alcoholic beverage regulations are found in Chapter 18B of the North Carolina General Statutes: http://www.ncleg.net/gascripts/Statutes/StatutesTOC.pl?Chapter=0018B

Such penalties include imprisonment and heavy fines.

4. Federal financial aid considerations: In accordance with 34 CFR 668.40 https://www.law.cornell.edu/cfr/text/34/668.40, a student who has been convicted of any offense under any Federal or State law involving the possession or sale of a controlled substance shall not be eligible to receive any grant, loan, or work assistance under Title IV federal student aid programs beginning on the date of such conviction and ending after the interval specified in the following table:

   (a) If convicted of the possession of a controlled substance:

<table>
<thead>
<tr>
<th></th>
<th>Ineligibility Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Offense</td>
<td>1 year</td>
</tr>
<tr>
<td>Second Offense</td>
<td>2 years</td>
</tr>
<tr>
<td>Third Offense</td>
<td>Indefinite</td>
</tr>
</tbody>
</table>

   (b) If convicted of the sale of a controlled substance:

<table>
<thead>
<tr>
<th></th>
<th>Ineligibility Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Offense</td>
<td>2 Years</td>
</tr>
<tr>
<td>Second Offense</td>
<td>Indefinite</td>
</tr>
</tbody>
</table>

   (c) In the event a student is convicted of both possessing and selling illegal drugs, and the periods of ineligibility are different, the student will be ineligible for the longer period.

   (d) A student whose eligibility has been suspended may resume eligibility before the end of the ineligibility period determined if:

   • The conviction is reversed, set aside, or otherwise rendered invalid or
   • The student satisfactorily completes an approved drug or alcohol rehabilitation program that includes passing two unannounced drug screening tests administered by an approved drug rehabilitation program.
program. The drug rehabilitation program referenced in this section is one that is administered or recognized by a Federally or State-licensed hospital, health clinic, or medical doctor.

(e) If a student is convicted of possessing or selling drugs after submitting the Free Application for Federal Student Aid (FAFSA), the student must notify the Financial Aid Office within five (5) days of the conviction.

d) **Sanctions imposed by the School:** The School will impose disciplinary sanctions, up to and including dismissal and referral for prosecution, on a student for violations of the standards of conduct required by paragraph 3a) of this policy as follows:

i. Any student who violates federal/North Carolina/local laws may be subject both to criminal prosecution and to disciplinary proceedings by the School.

ii. The penalties imposed by the School for students found to have violated applicable law or School policy will vary depending upon the nature and seriousness of the offense and may include a range of disciplinary actions from reprimand, probation, restriction, suspension, and dismissal.

iii. For the illegal manufacture, sale or delivery, or possession with the intent to manufacture, sell or deliver, of any controlled substance identified in Article 5, North Carolina Controlled Substances Act, a student may be dismissed. All trafficking activities of any controlled substances have the presumptive sanction of expulsion.

iv. **Illegal Possession of Drugs:**

(a) For a first offense involving the illegal possession of any controlled substance identified in Schedules 1-V, Article 5, North Carolina Controlled Substances Act, the minimum penalty is suspension.

(b) For a first offense involving the illegal possession of any controlled substance identified in Schedule VI, Article 5, North Carolina Controlled Substances Act, the minimum penalty is a combination of educational, therapeutic, and punitive sanctions.

(c) For second or other subsequent offenses involving the illegal possession of controlled substances, progressively more severe penalties will be imposed, up to and including dismissal.

v. The applicable program manager (or designee) may place a student on an interim suspension before completion of regular conduct proceedings, when the student’s continued presence within the School community would constitute a clear and immediate danger to the health or welfare of other members of the University community. The staff of the department of WFSM Counseling and Wellness Services would only be involved in this process if a student was found to be a threat to self or others during the student’s evaluation by WFSM Counseling and Wellness Services.
When it is clear that the student has engaged in or threatens to engage in behavior that poses a significant risk of harm to the safety or security of themselves, others, or to property, or directly or substantially impedes the activities of members of the institution’s community, including employees, other students, patients, or visitors.

In accordance with the applicable program’s dismissal policy and/or standards of conduct

If such a suspension is imposed, an appropriate hearing of the charges against the suspended person will be held as promptly as possible. Students in the Wake Forest School of Medicine may appeal the dismissal decision in accordance with the applicable program’s appeal policy; students in the Graduate School of Arts and Sciences, Biomedical Programs, may appeal the dismissal in accordance with the procedures established by the program.

vi. If indicated, the School may offer the student the option of evaluation, counseling, and successful completion of an appropriate rehabilitation program as a condition of remaining in the program. Any student, if given the option to participate in a rehabilitation program, will comply with the treatment and rehabilitation requirements set forth below or withdraw from the School. Any such individual electing treatment and rehabilitation will:

(a) Satisfactorily participate in a substance use disorder or rehabilitation program approved for such purpose by a federal, state, or local health, law enforcement or other appropriate agency at the individual’s expense.

(b) Provide evidence satisfactory to the School’s program manager of continued outpatient therapy in an approved program appropriate to the treatment recommendation of the student’s substance use disorder or rehabilitation program.

(c) Remain substance free after completing a rehabilitation program for chemical dependency, and participate in random “for cause” drug testing during rehabilitation and for the duration of the student’s enrollment in the School.

Failure to comply with these requirements will result in dismissal.

vii. Failure of any alcohol and/or drug test will result in disciplinary actions, up to and including dismissal. Remaining in the program will be conditional upon successful completion of the rehabilitation program as described in Section 3d) vi.

viii. For Cause Drug Screening and/or breath alcohol testing:
Students will be required to undergo “for cause” drug screening and/or breath alcohol testing for the following reasons:

(a) Reporting to School under the influence of alcohol or drugs, including legally obtained prescription drugs, which impair one’s ability to perform normal work activities or in a condition giving the program
manager, based on the agreement of two other faculty or staff members, reasonable cause to suspect the influence of alcohol or other drugs due to the following:

- Observable abnormal or unusual behavior
- Injury or accident for which medical attention is needed beyond simple first aid
- Acts for which a student is responsible that involve injury to a staff/faculty member, patient, visitor, or student requiring medical attention beyond simple first aid
- Gross negligence and carelessness
- Disregard for safety, life, or well-being of any WFBMC staff/faculty member, patient, visitor, or student
- Upon suspicion of drug diversion

(b) Failing a urine drug screening;

(c) Violating School or WFBMC policy; or

(d) After successfully completing a rehabilitation program for chemical dependency for the duration of the student’s enrollment in the School

ix. If the urine drug test is determined to be positive following a medical review for legal prescriptions or other documented medical reasons, the student may elect to have his/her specimen retested at his/her expense. The same sample will be sent to another diagnostic lab for testing. A student who elects to re-test the sample will contact WFBMC Employee Health to request and arrange payment for this service.

x. For federal financial aid considerations: See section 3c) of this policy

e) **Description of the health risks associated with the use of illegal drugs and the abuse of alcohol** – For current information regarding the health risks associated with the use of illegal drugs and abuse of alcohol, see US DEA Drugs of Abuse

f) **Description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs** that are available to students

i. Any student experiencing an emergency should call 911 immediately.

ii. **WFSM Campus**: Early recognition of substance use disorder is important for successful rehabilitation. The School endorses and encourages the activities of the WFSM Counseling and Wellness Services in early identification, treatment, and rehabilitation of students with a substance abuse problem. This is a therapy center rather than a 24/7 crisis center. The WFSM Counseling and Wellness Services center provides individual, group, and couples counseling, consultation, coaching, and wellness outreach in order to support and promote the emotional, intellectual, physical, social and spiritual wellness of students in the Wake Forest School of Medicine. To schedule an appointment, students can email: counselingservices@wakehealth.edu

iii. **WFU Reynolda Campus**: Students also have access to the Office of Wellbeing (BASICS@wfu.edu, 336-758-4371): The Office of Wellbeing coordinates
campus-wide alcohol and other drug education and prevention programs as well as the Brief Alcohol Screening and Intervention for College Students (BASICS) program. BASICS provides individualized screening and intervention for students facing challenges with their alcohol and or drug use. The Office of Wellbeing can also refer students in need of additional assessment or services to the appropriate level of care.

iv. Students who do not wish to take advantage of the WFSM or WFU Reynolda Campus services may wish to seek referrals to rehabilitation and treatment programs from their own health care provider.

v. Approved alcohol and drug information/treatment referral services are also available at: https://niaaa.nih.gov/alcohol-health/support-treatment

vi. Students who have disabilities and need accommodations should contact the Section 504 Coordinator, Tanya Jachimiak, at tjachimi@wakehealth.edu or 336- 758-7258, or submit the form "Request for Consideration" form available at the WFU Disability Services for Students/Learning Assistance Center: http://lac.wfu.edu/disability-services/

g) The School (in compliance with FERPA and any other applicable privacy laws and regulations) will participate in the biennial review of its drug prevention program to:

i. Determine its effectiveness and implement changes to the program if they are needed; and

ii. Ensure that the disciplinary sanctions described in paragraph 3 d) of this policy are consistently enforced.
Policy on Student Records

The Family Educational Rights and Privacy Act (FERPA) afford eligible students certain rights with respect to their education records. (An "eligible student" under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution.) These rights include:

- The right to inspect and review the student's education records within 45 days after the day the Wake Forest School of Medicine (WFSM) receives a request for access. A student should submit a written request identifying the record(s) the student wishes to inspect to the registrar or other appropriate official of the program in which the student is enrolled. The registrar or program official will arrange for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the registrar or program official to whom the request was submitted, that individual will advise the student of the correct official to whom the request should be addressed.

- The right to request the amendment of the student's education records that the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

A student who wishes to request an amendment to a record should submit a written request to the program official responsible for the record, clearly identifying the part of the record that should be changed and why.

In accordance with the “Operational Guidelines Regarding the Student Record (FERPA),” if the program decides not to amend the record as requested, the program will notify the student in writing of the decision and the student's right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

- The right to provide written consent before the WFSM discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without consent.

The WFSM discloses education records without a student's prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person employed by or on behalf of Wake Forest University Health Sciences or Wake Forest Baptist Medical Center (WFBMC) in an administrative, supervisory, academic, research, or support staff position (including law enforcement unit personnel and health staff); a person serving on the board of trustees; or a student serving on an official committee, such as a disciplinary or grievance committee. A school official also may include a contractor outside of the WFSM or the WFBMC who performs an institutional service or function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of personally identifiable information from education records. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibilities for the WFSM.

Upon request, the WFSM also discloses education records without consent to officials of another school in which a student seeks or intends to enroll.

- The right to file a complaint with the U.S. Department of Education concerning alleged failures by the WFSM to comply with the requirements of FERPA. The name and address of the office that administers FERPA is:

  Family Policy Compliance Office
  U.S. Department of Education
  400 Maryland Avenue, SW
  Washington, DC 20202
Students should be aware that at matriculation, admissions records will be transferred to the registrar in the office of student records for each program.

In addition, the following information concerning students is considered by the WFSM to be directory information and may be disclosed without a student's consent, unless the student indicates in writing that any or all of the items are not to be released: name, address, telephone number, electronic mail address, date and place of birth, major field of study, enrollment status, dates of attendance, degrees and/or awards received at WFSM, participation in officially recognized activities, the most recent previous educational agency or institution attended by the student, and other similar information, such as a photograph.

Records unavailable to students are:

- Confidential letters of recommendation which were placed in the student's educational record prior to January 1, 1975, if such letters or statements are not used for purposes other than those for which they are specifically intended;
- Confidential recommendations executed on or after January 1, 1975, for which the student may have chosen to waive his/her access rights;
- Records of institutional, supervisory, and administrative personnel and educational personnel ancillary thereto which are in the sole possession of the maker thereof, and which are not accessible or revealed to any other person except a substitute; and
- Law enforcement records which are unavailable to persons other than law enforcement officials of the same jurisdiction.

### Records Maintained by the School of Medicine:

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Location</th>
<th>Custodian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Aid Records – All programs</td>
<td>1st floor Bowman Gray Center for Medical Education</td>
<td>Financial Aid Officer</td>
</tr>
<tr>
<td>School of Medicine Program</td>
<td>1st floor Bowman Gray Center for Medical Education</td>
<td>Enrollment Services Systems Administrator</td>
</tr>
<tr>
<td>Admissions Records</td>
<td>1st floor Bowman Gray Center for Medical Education</td>
<td>Registrar</td>
</tr>
<tr>
<td>Student records after matriculation, transcripts, final grades, directory information</td>
<td>1st floor Bowman Gray Center for Medical Education</td>
<td>Registrar</td>
</tr>
<tr>
<td>Student test scores, course grades, USMLE, CAS, class rankings</td>
<td>2nd floor Bowman Gray Center for Medical Education</td>
<td>Director of Evaluations</td>
</tr>
<tr>
<td>Disciplinary Records</td>
<td>1st floor Bowman Gray Center for Medical Education</td>
<td>Registrar</td>
</tr>
<tr>
<td>PA Program:</td>
<td>5th floor, 525@ Vine</td>
<td>Student Admissions Administrator</td>
</tr>
<tr>
<td>Admissions Records</td>
<td>5th floor, 525@ Vine</td>
<td>Registrar</td>
</tr>
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<tr>
<td>Disciplinary Records</td>
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<td>Registrar</td>
</tr>
<tr>
<td>Graduate School – Biomedical Sciences:</td>
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<tr>
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<td>Admissions Coordinator</td>
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<td>Student records after matriculation, transcripts, final grades, directory information</td>
<td>1st floor Bowman Gray Center for Medical Education</td>
<td>Registrar</td>
</tr>
<tr>
<td>Disciplinary Records</td>
<td>1st floor, 525@Vine</td>
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<td><strong>Nurse Anesthesia Program:</strong></td>
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<td>Administrative Coordinator</td>
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<td>Student records after matriculation, transcripts, final grades, directory information</td>
<td>1st floor Bowman Gray Center for Medical Education</td>
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<tr>
<td>Disciplinary Records</td>
<td>2nd floor, 525@Vine</td>
<td>Program Director</td>
</tr>
</tbody>
</table>
Policies on Student Health

Student Health Requirements for Matriculation

Mandatory Student Health Records
A complete physical examination, immunization history, and personal health history are required for admission to the School of Medicine and must be received by the Employee Health Services prior to matriculation.

Mandatory Immunizations
While North Carolina Immunization Rules 15ANCAC 19A.0400, effective July 1, 1994, require that specific immunizations be documented within thirty (30) days following enrollment, all immunization obligations must be fulfilled before matriculation. Failure to comply will result in suspension until immunization or documentation is complete.

Wake Forest School of Medicine’s requirements exceed the state laws because it follows the guidelines provided by the Immunizations Practices Advisory Committee of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, for persons working in health-related occupations [HHS Publication No. (CDC) 84-8017].

Complete up-to-date information regarding the Family Educational Rights and Privacy Act may be found at http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html. Students may file with the U.S. Department of Education any concerns involving alleged failures to comply with the requirements of the law. A summary of the immunizations required by the state for matriculation will be reported annually through the Registrar at Wake Forest University Reynolda Campus to the NC Department of Health and Human Services.

Diphtheria/Pertussis/Tetanus (Tdap)
Tetanus/Diphtheria/Pertussis (Tdap) booster within past 10 years
Tetanus/Diphtheria (Td) booster within past 10 years is acceptable if medically unable to receive Tdap (must provide medical documentation if unable to receive Tdap)

Rubeola (Measles)
Two (2) doses of Measles vaccine or two (2) doses of MMR vaccine given after first birthday and at least one (1) month apart, or Laboratory evidence of immunity (Rubeola/Measles titer)

Mumps
Two (2) doses of Mumps vaccine or two (2) doses of MMR vaccine given after first birthday and at least one (1) month apart, or laboratory evidence of immunity (Mumps titer)

Rubella (German Measles)
One (1) dose of Rubella vaccine or one (1) dose of MMR vaccine given after first birthday, or Laboratory evidence of immunity (Rubella titer)

Varicella (Chicken Pox)
Two (2) doses of Varicella/Chicken Pox vaccine or Laboratory evidence of immunity (Varicella titer)
Documented history of Varicella disease will not be accepted.

Note: If any of the above titers result as negative, MUST also provide documented proof of appropriate dose/s of corresponding vaccine.
Hepatitis B – “At Risk”

Hepatitis B vaccine is for individuals who may reasonably anticipate contact of the skin, eye, or mucous membrane with human blood or body fluid. These individuals have job activities or work areas that may place them “at high risk” for certain communicable diseases.

All WFBMC medical and clinical Healthcare Professionals (and Students) are considered to be “at risk.” Hepatitis B vaccination process is a three-shot series with follow-up laboratory evidence (Hepatitis B Surface Antibody) confirming immune status. While most individuals obtain immunity from the first series, some individuals may not. Individuals who do not obtain immunity from the first vaccination series repeat the vaccination series and follow-up laboratory evidence.

All or part of the Hepatitis B series and laboratory follow-up may be received outside of Wake Forest School of Medicine, but documentation must be given to Employee Health prior to matriculation.

Continuing Student Health Requirements:

Influenza (Seasonal)
Students are required to receive the influenza vaccine annually. Influenza season generally noted as October 1 – March 31, or as determined by the WFBMC Influenza Immunization Task Force.

Mandatory Screening
Tuberculosis
All students must participate in baseline and annual TB Screenings. A baseline and annual TB screening is not required for the student with documentation of a positive TB history or positive TB Screen history by a TB skin test (TST) or IGRA (TB Blood Test). A positive TST history must also include millimeter measurement (mm). Students with a positive history will complete a signs/symptoms questionnaire and are to provide documentation of a Chest X-Ray with reading/results within the 12 months prior to the matriculation date and documentation of any treatment received.
WFBMC Influenza Immunization Policy

1. **General Policy Statement (Entities Affected / Responsible Party for Implementation)**

   It is the policy of Wake Forest Baptist Medical Center (WFBMC) to protect patients, employees, students, trainees, volunteers, and the community from influenza infection through annual immunization of all WFBMC employees, students, trainees, and volunteers.

   a) **Scope:** This policy applies to all WFBMC employees, students, trainees, volunteers, and other ‘persons of interest” who are provided with badge access to any Medical Center facilities. For purposes of this policy:

      - WFBMC includes North Carolina Baptist Hospital, Wake Forest University Health Sciences, and their subsidiaries.
      - Employees include faculty, regular full-time, part-time, and PRN staff, House Officers, and contract staff.
      - Students include medical students, physician assistant students, graduate students within the Medical Center, students of the Nurse Anesthesia Program, student interns, and administrative residents.
      - Trainees refers to post-doctoral program trainees (postdocs).
      - Volunteers refers to all persons performing volunteer work in the Medical Center, including all volunteers in the Volunteer Services Department.
      - Other Persons of Interest refers to all other persons who are provided with Medical Center badges to access facilities. This includes independent contractors and employees of vendors.

   b) **Responsible Department/Party/Parties:**

      i. Policy Owner: WFBMC Human Resources
      ii. Procedure: WFBMC Employee Health Services
      iii. Supervision: WFBMC Management
      iv. Implementation: WFBMC Directors/Managers

2. **Definitions:** For purposes of this policy, the following terms and definitions apply:

   a) **WFBMC:** Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.

   b) **Policy:** As defined in the Policy on Creating and Amending Policy, a statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities of WFBMC. A policy may help to ensure compliance with applicable laws and regulations, promote one or more of the missions of WFBMC, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors and others are expected to operate.

3. **Policy Guidelines:**

   A. **Annual Influenza Immunization**

      1. All persons covered by this policy must be immunized against influenza each year.
      2. The annual influenza immunization program is coordinated by WFBMC Employee Health Services.
      3. Dates for the annual influenza immunization program and timelines for compliance with the provisions of this policy will be established and communicated each year by the Director of Employee Health Services, in consultation with the Medical Director of WFBMC Infection Prevention.
      4. Influenza vaccine is provided free of charge to all WFBMC employees, students, trainees, and volunteers. All other persons covered by this policy may receive influenza vaccine from
Employee Health Services for a fee or provide proof of influenza immunization from an outside source.

5. Covered persons who are vaccinated through services other than WFBMC Employee Health Services, such as a private physician office or public clinic, must provide proof of immunization through PeopleSoft Self Service. Acceptable forms of proof are a provider practice/physician’s note or immunization record identifying the type of vaccine administered, date of vaccine and anatomical location.

B. Exemptions

1. Medical Exemptions

   i. Exemption to immunization may be granted for medical contraindications such as extreme allergy to eggs or a component of the flu vaccine or a history of Guillain-Barre Syndrome (GBS). Employee Health Services provides “egg-free” flu vaccines when available for those who are allergic to eggs.

   ii. Individuals requesting exemption due to medical contraindications must provide proof of medical contraindications, including a letter from their private physician, through PeopleSoft Self Service within thirty (30) days of being offered the vaccine.

   iii. Requests for exemption due to medical contraindications will be evaluated by the Director of Employee Health Services or designee, applying criteria based upon CDC recommendations.

   iv. Responses to requests for medical exemption will be provided, in writing. Persons requesting exemption are considered compliant with policy during the time requests are under review.

   v. If exemption is granted for a temporary health condition, a new request for exemption must be made each year to which the condition applies. If exemption is granted for a permanent condition, such as allergy or history of GBS, the exemption does not need to be requested each year unless vaccine technology would change to eliminate issues regarding allergies.

2. Religious Exemptions

   i. Exemption to immunization may be granted based on individuals' religious beliefs. For purposes of this policy, "religious beliefs" include those that are theistic in nature, as well as non-theistic moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. Personal preferences do not constitute religious beliefs.

   ii. Individuals requesting exemption due to religious beliefs must submit an exemption request through PeopleSoft Self Service within thirty (30) days of being offered the vaccine. The written request must clearly explain why influenza immunization is contrary to the individual's religious beliefs.

   iii. Requests for exemption due to religious beliefs will be evaluated by the Director of Employee Health Services or designee, in consultation with WFBMC Human Resources, applying standards established in Title VII of the Civil Rights Act of 1964 relating to religious accommodations in the workplace. Additional information may be requested if necessary to adequately evaluate a request for religious exemption.

   iv. Responses to requests for religious exemption will be provided in writing. Persons requesting exemption are considered compliant with policy during the time requests are under review.

   v. If permanent exemption is granted for religious belief, the exemption does not need to be
requested each year.

3. Persons granted an exemption from immunization may be required to wear a surgical or isolation mask in patient care areas as necessary during the influenza season, pending an evaluation of risk to patients by the Director of Employee Health Services or designee and the Medical Director of Infection Prevention or designee.

C. Employee Health Services will maintain records of all influenza immunizations.

D. In the event of an influenza vaccine shortage, relative to the population of WFBMC employees, students, trainees, and volunteers, Employee Health Services, in consultation with the Medical Director of Infection Prevention, will establish criteria for administration of available vaccine. Generally, priority will be given to employees who provide direct hands-on patient care and/or have high risk of exposure to patients with influenza. Employee Health Services is responsible to communicate when the vaccine is available to whom.

E. All provisions of this policy may also be applied to immunizations for non-seasonal influenza for which protection is not provided by the annual influenza vaccine, where it is determined that vaccinating employees, students, trainees, and volunteers is necessary to protect patients, employees, students, trainees, volunteers, and the community from infection. Application of this policy other than to annual influenza immunization will be determined by WFBMC Administration, in consultation with the Director of Employee Health Services and the Medical Director of Infection Prevention.

F. Employees or volunteers who fail to comply with the requirements of this policy will become ineligible to work at WFBMC.

G. Trainees, student interns, or administrative residents who fail to comply with the requirements of this policy will become ineligible to continue in their respective training programs at WFBMC.

H. Medical students, physician assistant students, graduate students within the Medical Center, or students of the Nurse Anesthesia Program who fail to comply with the requirements of this policy will be subject to dismissal from school.

I. Other covered persons of interest who fail to comply with the requirements of this policy will have their badge access to Medical Center facilities discontinued.
**Effects of Infectious Disease or Disability on Student Learning Activities Policy**

1) General Purpose: This policy describes the approach the Wake Forest School of Medicine will follow to address the effects of infectious and environmental disease or disability on student learning activities.
   a) Scope: All students of the School of Medicine are responsible for complying with this policy.
   b) Responsible Department/Party/Parties:
      i. Policy Owner: Assistant Dean for Medical Education Administration
      ii. Procedure: Assistant Dean for Medical Education Administration
      iii. Implementation: Program Manager as defined below

2) Definitions: For the purposes of this Policy, the following terms and definitions apply:
   a) Student: defined as any person who matriculates into, who is enrolled in or taking courses in an educational program of Wake Forest School of Medicine
   b) Health care provider: for purposes of this policy, defined as a student
   c) Program Manager of applicable program:
      - **Certified Registered Nurse Anesthesia Program**: Program Director
      - **Graduate School of Arts and Sciences, Biomedical Sciences, Bowman Gray Campus**: Dean
      - **Physician Assistant Program**: Program Director
      - **Undergraduate Medical Education (MD) Program**: Associate Dean for Student Affairs

3) Policy Guidelines:
   a) Wake Forest School of Medicine (WFSM) abides by the Wake Forest Baptist Medical Center policy on Human Immunodeficiency Virus Infection in Patients or Employees and the Employee Health Services Policy for Communicable Diseases.
   b) WFSM shall maintain the confidentiality of information regarding communicable diseases (e.g. HIV testing, HIV status, or AIDS-related conditions) of its students in accordance with all applicable federal, state and local laws and regulations and in accordance with all policies and procedures of Wake Forest Baptist Medical Center (WFBMC).
   c) For students who are infected with hepatitis B, hepatitis C, and/or HIV, the risk of transmission to patients increases with the invasiveness of the procedure provided by the student and his/her viral load.
   d) The North Carolina Department of Health and Human Services Division of Public Health has established certain requirements related to HIV and Hepatitis B infected health care providers, which includes students.
      i) WFSM abides by the requirements of the North Carolina Administrative Code, 10A NCAC 41A .0207, related to HIV and Hepatitis B infected health care providers (see, “Governing Law or Regulations”, 7a, below).
      ii) The Program Manager, or his/her designee, will serve as the “Practice Monitor”, as specified in 10A NCAC 41A .0207.
      iii) Restrictions on the infected health care provider’s practice that are recommended by the State Health Director (i.e., the “isolation order”) are to be communicated to the Program Manager either by the student or directly by the State Health Director. The student must notify the Program Manager of the isolation order upon the student’s receipt of the order from the State Health Director.
      iv) The Program Manager will collaborate with the program leaders to ensure that any restrictions or modifications of procedures specified in the isolation order are factored into decisions regarding the infected health care provider’s ability to participate in the remaining curriculum.
         1) The review of restrictions set forth in the isolation order will also include an assessment of the ability of the infected health care provider to continue to meet the program’s technical standards.
         2) The assessment regarding the infected health care provider’s ability to meet the program’s technical standards shall be coordinated by the School of Medicine’s Section 504 Coordinator and in compliance with the School of Medicine’s policy regarding disability related accommodations.
      v) The Program Manager will monitor the infected health care provider’s compliance with the isolation order from the State Health Director. Any changes to the isolation order as directed by the State Health Director will require an assessment of the ability of the infected health care provider to continue to meet the program’s technical standards as described above.
vi) Financial costs related to the periodic monitoring of the status of the health care provider’s infection are the responsibility of the infected health care provider.

4) WFSM follows a similar approach as outlined in the NC Administrative Code, 10A NCAC 41A .0207, for health care providers infected with Hepatitis C or other bloodborne pathogens.

a) The infected health care provider will notify the Director of Employee Health Services if they know or suspect themselves to be infected with Hepatitis C or other bloodborne pathogens.

b) The Director of Employee Health Services shall serve in the capacity of the State Health Director and investigate the practice of any infected health care provider and the risk of transmission to patients.

c) If the Director of Employee Health Services determines that there may be a significant risk of transmission of hepatitis C or other bloodborne pathogens to patients, the Director of Employee Health Services shall appoint an expert panel to evaluate the risk of transmission to patients, and review the practice, skills, and clinical condition of the infected health care provider, as well as the nature of the surgical or obstetrical procedures or dental procedures performed and the operative and infection control techniques used.

d) The expert panel shall review information collected by the Director of Employee Health Services and may request that the Director of Employee Health Services obtain additional information. The Director of Employee Health Services shall not reveal to the panel the identity of the infected health care provider.

i) The expert panel shall consist of the Director of Employee Health Services, the Director of Infection Prevention and Health System Epidemiology, and the Public Health Epidemiologist.

e) The expert panel shall make recommendations to the Director of Employee Health Services that address the following:

i) Restrictions that are necessary to prevent transmission from the infected health care provider to patients;

ii) Identification of patients that have been exposed to a significant risk of transmission of hepatitis C or other bloodborne pathogens; and

iii) Periodic review of the clinical condition and practice of the infected health care provider.

f) If, prior to receipt of the recommendations of the expert panel, the Director of Employee Health Services determines that immediate practice restrictions are necessary to prevent an imminent threat to the public health, the Director of Employee Health Services shall contact the Program Manager and coordinate immediate and necessary restrictions on the infected health care provider’s learning activities.

g) After consideration of the recommendations of the expert panel, the Director of Employee Health Services shall specify the restrictions on the infected health care provider’s learning activities consistent with the status of the infected health care worker’s infection and based upon the current state of knowledge of the infection. The Director of Employee Health Services shall coordinate with the Program Manager to implement those restrictions.

h) The Director of Employee Health Services shall request the assistance of one or more health care professionals to obtain information needed to periodically review the clinical condition (“Clinical Monitor”) and the practice (“Practice Monitor”) of the infected health care provider who performs or assists in surgical or obstetrical procedures or dental procedures.

i) An infected health care provider who has been evaluated by the Director of Employee Health Services shall notify the Director of Employee Health Services prior to a change in practice at Wake Forest School of Medicine involving surgical or obstetrical procedures or dental procedures. The infected health care provider shall not make the proposed change without approval from the Director of Employee Health Services.

j) The “Clinical Monitor” is expected to be the infected health care worker’s personal clinician (e.g., primary care provider, infectious disease specialist).

i) The Clinical Monitor is expected to assist the infected health care provider in following the monitoring recommendations of the Director of Employee Health Services, including periodic monitoring of the status of the health care provider’s infection through lab testing.

ii) Financial costs related to the periodic monitoring of the status of the health care provider’s infection are the responsibility of the infected health care provider.

k) The “Practice Monitor” will be the Program Manager, or his/her designee.

i) The Program Manager will oversee the infected health care provider’s compliance with the recommendations from the Director of Employee Health Services. The Program Manager will collaborate with the appropriate program leaders to ensure that any restrictions or modifications of procedures specified by the Director of Employee Health Services are factored into decisions regarding the infected health care provider’s ability to participate in the remaining curriculum.
(1) The review of restrictions set forth in the restrictions or modifications of procedures from the Director of Employee Health will also include an assessment of the ability of the infected health care provider to continue to meet the program’s technical standards.

(2) The assessment regarding the infected health care provider’s ability to meet the program’s technical standards shall be coordinated by the School of Medicine’s Section 504 Coordinator and in compliance with the School of Medicine’s policy regarding disability related accommodations.

Related Policies:
- a) Human Immunodeficiency Virus Infection in Patients or Employees
- b) Employee Health Services Policy for Communicable Diseases
- c) Policy on Exposure to Infectious and Environmental Hazards – MD Program
- d) Blood and Body Fluid Exposure Control Plan
- e) NAP Technical Standards for Admission, Continuation and Graduation
- f) Technical Standards for Medical School Admission, Continuation, and Graduation
- g) Technical Standards for PA Program Admission, Continuation and Graduation

Governing Law or Regulations:
- a) Rules regarding HIV-infected and hepatitis B infected health care workers: 10A NCAC 41a .0207
- b) Quarantine and Isolation Authority of the State Health Director or a local health director: G.S. 130A-145
- c) Infection prevention – Healthcare settings: 10A NCAC 41A .0206(b)
- d) Section 504 of the Rehabilitation Act and the Americans with Disabilities Act
**WFBMC Confidentiality of Information**

It is the policy of Wake Forest Baptist Medical Center and Wake Forest School of Medicine to protect confidential information related to patients, donors, faculty, staff, trainees, students, research and the organization.

Confidential information is Protected Health Information (PHI), employment records, fiscal records, research information, computer system records, or other management information deemed confidential for business purposes.

Full policy – [Confidentiality of Information](#)

Full policy - [Information Security Policy](#)

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**WFBMC Student Documentation in the Medical Record**

**Policy:** It is the policy of Wake Forest Baptist Medical Center (WFBMC) to allow medical students, nurse anesthesia & physician assistant students, and other allied health professional students to document in the medical record. **Only the Review of Systems (ROS) and the Past, Family, and Social History (PFSH), documented by a student, may be used by the physician to support professional billing.** Other documentation is to be used for educational purposes, or documentation of clinical care.

**Purpose:** The purpose of this policy is to ensure that documentation in the medical record by health care professional and allied health care professional students complies with all rules and regulations related to the billing of professional services, while meeting our educational obligations and accreditation requirements.

**Procedures:** Following appropriate orientation, HIPAA training and completion of security/confidentiality consents, students may document in the medical record, under the supervision of the Teaching /Supervising physician or Instructor.

- All medical record documentation must be appropriately signed, titled, dated and approved by the student.
- The documentation must be clearly labeled “[Medical, NP, PA, etc.] Student Documentation.”
- Teaching/Supervising Physicians or Instructors may countersign the student’s documentation, “Reviewed and approved for educational purposes, only,” as required by facility, department and/or program requirements.
- Only the ROS and PFSH may be used to support the billing of professional services.
- Since Medical Students are not Licensed Independent Professional, a History & Physical performed by a Medical Student does not meet the Joint Commission requirement that a History & Physical must be performed, documented and authenticated by a practitioner with privileges to do so.
- The Teaching/Supervising Physician must verify and re-document the history of present illness (HPI), as well as perform and re-document the physical exam and medical decision making activities of the services, if performed and documented by a student.
WFBMC Policy for Authorship on Scientific and Scholarly Publications

Applicability: Faculty, Staff, Postdoctoral Fellows, Trainees, and Students affiliated with Wake Forest School of Medicine.

Purpose: One of the missions of the medical school is to foster the discovery and application of new knowledge through basic and clinical research in the biomedical and relevant social sciences. Coupled with this mission is the responsibility to communicate truthfully this knowledge to the rest of the scientific community. Scholarly integrity and the responsible conduct and reporting of research are essential for maintaining public trust in the research enterprise.

General Principles and Right Conduct
Scientific and scholarly publications, defined as articles, abstracts, presentations at professional meetings and grant applications, provide the main vehicle to disseminate findings, thoughts, and analysis to the scientific, academic, and lay communities. For academic activities to contribute to the advancement of knowledge, they must be published in sufficient detail and accuracy to enable others to understand and replicate the results. For the authors of such work, successful publication improves opportunities for academic funding and promotion while enhancing scientific and scholarly achievement.

The benefits of authorship are accompanied by a number of responsibilities for the proper planning, conducting, analysis and reporting of research, and the content and conclusions of scholarly work.

I. Criteria for Defining Authorship

An author is generally considered to be an individual who has made substantial intellectual contributions to a scientific investigation. All authors should meet the following four (4) criteria:

i. Contribute significantly to the conception, design, and execution, and/or in the analysis and interpretation of data.
ii. Participate in drafting, reviewing, and/or revising the manuscript for intellectual content.
iii. Approve the version of the manuscript to be published.
iv. Be able to explain and defend in public or scholarly settings that portion of the study for which he or she was directly responsible.

It is recognized that definitions of authorship differ among the various scientific disciplines and professional journals, as may standards for “substantial” and “scholarly effort”. For example, design/development of research equipment, or collection of a specific data set, may be substantial scholarly effort in certain disciplines. The expectation of this policy is that standards and criteria for authorship in an academic discipline will be widely recognized and consistent across that discipline (including Wake Forest School of Medicine), and consistent with the journal (publication) in which the work appears.

II. Responsible (Lead) Author

One author, designated as the Responsible (lead) author must assume overall responsibility for each publication (e.g., primary research report, abstract, review article, book chapter) submitted from WFSM. The Responsible Author also often serves as the managerial and corresponding author, as well as providing a significant contribution to the research effort. The responsible or lead author is not necessarily the principal investigator or project leader, and does not necessarily have to be the first author (often the last author). The responsible author is typically the faculty member who leads the study and who assumes the responsibility for coordinating and completing the work, drafting of the manuscript, satisfying pertinent rules for submitting the manuscript and any required revisions, and coordinating responses of the group to inquiries or challenges. The Responsible Author should exercise due diligence in assuring the validity and integrity of the entire manuscript.
III. Order of Authorship

The selection of the Responsible (lead) Author, inclusion of collaborator(s) as co-author(s), and the order of authorship should ideally be determined by the research team as a whole. Decisions regarding authorship and its order should, when possible, be determined before the study begins and any disputes resolved at that time. It is not possible for the School to define the order of authorship but should be determined and agreed upon by the study team as a whole. A written memo attesting to this determination is valuable documentation if a dispute subsequently arises. Changes in authorship, which take place as a study proceeds, should similarly be documented in writing. The Responsible Author should assure that all collaborators are appropriately recognized and that study collaborators listed as co-authors meet the criteria for authorship described in this policy.

IV. Co-authors

All co-authors of a publication are responsible for providing consent to authorship to the responsible (lead) author prior to submission. By providing consent to authorship to the responsible author, co-authors are acknowledging that they have reviewed and approved the manuscript, including the validity and integrity of the manuscript.

V. Students, Fellows and Research Associates

All persons designated as authors should qualify for authorship as defined in this policy. Faculty should be aware of their responsibility to ensure that students, postdoctoral fellows, and other research associates who participate in the preparation of manuscripts are recognized as authors in publications covering the results of research in which they were active participants.

VI. Acknowledgements

Individuals who have made some contributions to a publication, but who do not meet the criteria for authorship, such as staff, editorial assistants, medical writers or other individuals can provide a valuable contribution to the writing and editing of publications. Since those contributions do not meet the criteria for authorship under this policy, those individuals should be listed in an acknowledgement and/or contributorship section of the work.

VII. Multi-Authorship/Multi-Center Manuscript

These criteria are considered important because there has been a gradual diffusion of responsibility for multi-authored or collaborative studies that has led to the publication of papers for which no single author was prepared to take full responsibility.

Multi-authorship, including authorship on papers from multi-center studies, raises special issues, such as the ability of an author to evaluate all aspects of a study and the sequence of listing of authors. Authors should discuss these issues openly before initiating a multi-authored project and repeatedly during the course of such work.

All authors should approve the final version of a manuscript and should be prepared to take public responsibility for the work. It is recognized, however, that medical studies often involve investigators from several specialties, and it may not always be possible for a single investigator to confirm each piece of data used in the written report. It is therefore the responsibility of each participating investigator to be actively involved in verifying the sections of a manuscript that discuss his or her specialty area and to assure all co-authors that the sections are accurate and valid.

VII. Unacceptable Authorship

An administrative relationship, acquisition of funding, collection of data, or general supervision of a research group alone does not constitute authorship. In addition, the referral of patients in a clinical study does not in and of itself warrant co-authorship status.

Guest, gift and ghost authorship are also inconsistent with the definition of authorship, and are unacceptable and inconsistent with this policy.

Guest (honorary, courtesy, or prestige) authorship is defined as granting authorship out of appreciation or respect for an individual, or in the belief that expert standing of the guest will increase the likelihood of publication, credibility, or status of work.
Gift authorship is credit, offered from a sense of obligation, tribute, or dependence, within the context of an anticipated benefit, to an individual who has not contributed to the work.

Ghost authorship is the failure to identify as an author, someone who made substantial contributions to the research or writing of a manuscript that merited authorship, or an unnamed individual who participate in writing the manuscript. Ghost authorship may range from authors for hire with the understanding that they will not be credited, to major contributors not named as an author.

Unethical Authorship Practices to Avoid:

- Salami (overlapping) Publications – involves the slicing of data collected during a single research study into different pieces that form the basis of individual published manuscripts in the same or different journals
- Premature public statements – Making research results public before reviewed
- Redundant (or duplicate) publication – publication of a paper that overlaps substantially with one already published without acknowledging first publication
- Self-Plagiarism – When authors reuse their own previously written work or data in ‘new’ written product without letting the reader know that the material has appeared elsewhere

IX. Disputes Over Authorship

In general, authorship issues and related matters should be freely discussed and decided upon early during the research process and prior to writing of the manuscript. However, agreements relating to authorship may need to be changed during the collection of data and preparation of the manuscript. Possible disagreements include interpretation of the criteria for authorship, order of listing of authors, editorial control of content and focus of the manuscript, selection of journal or other publication media, and choice of Responsible Author.

Disagreements between or among authors should be resolved in a collegial manner by the Responsible (lead) Author in consultation with the other author(s), relevant research personnel, and any other individual who claims authorship. Generally, the Responsible Author has the primary responsibility for making decisions on authorship and other matters related to the publication of manuscripts.

When matters of authorship and related issues cannot be resolved in a satisfactory manner by the Responsible Author, other author(s), research personnel, and other individuals who claim authorship, the Responsible Author and/or other author(s)/research personnel should present their controversy in writing to the Department Chair. The manuscript in questions should not be submitted for publication before these issues are resolved. The Departmental Chair should meet with the individuals involved in the dispute, collect and retain appropriate information, and make a recommendation in writing. When the authorship dispute involves the Chair, or if the dispute involves more than one department, then a neutral mediator will be appointed by the Dean/designee.

In the event that a satisfactory resolution still cannot be achieved by the Department Chair or by a neutral mediator, then the Dean/designee will appoint three senior faculty members to investigate the dispute. The review group will not include individuals with personal responsibility for the research, but should include faculty members with unique qualifications relative to the dispute in question (i.e., research expertise, training of graduate students, experience with clinical trials, active peer-reviewed research, etc.) In the case of disputes involving faculty member from other schools within Wake Forest University, a member of the committee should be on the faculty of the affected school. In addition, the Research Integrity Officer in the Office of Research will serve as an ad hoc member. The committee will make a recommendation in writing to the Dean and he/she will evaluate this recommendation and render a decision. The decision of the Dean is final.

X. Disputes Over Authorship in Multi-Center Studies

Publication, presentation, and authorship policies should be determined and accepted by all participating investigators at the beginning of any multi-center study. Specifically, it is recommended that a Publication Subcommittee representing all Investigators should be established at the beginning of any multi-center study for the purposes of expediting, coordinating, and monitoring the publication processes. Inherent in these charges is the responsibility to adjudicate disputes over authorship.

If a dispute between investigators from separate centers does arise, the solution to the dispute should arise from within the organizational structure of the multi-center study. If a dispute cannot be resolved, the principle of
academic freedom generally indicates that an investigator has the right to present those data for which he/she is contract custodian. However, this right should be tempered by the concept of collegial collaboration. It is unacceptable for an investigator to publish or present study findings before the total group of study investigators has had reasonable opportunity to do so.

XI. Financial Conflicts of Interest

Authors shall fully disclose, in all manuscripts to journals, grant applications, and at professional meetings, all relevant financial interest that could be reviewed as a potential conflict of interest or, as required by the WFSM and/or journal. All such financial interests must also be reported internally as required by the Medical Center’s conflict of interest policies.

XII. Scientific Misconduct

Scientific misconduct defined as fabricating data, falsifying data, and plagiarism (knowingly representing the work of others as one’s own) are serious violations of our mission and the public trust. The policies and procedures for handling allegations of Misconduct in Research are outlined in the Research Integrity Policy.

Violations of the Policy:

Knowingly, intentional, or reckless violations of this policy will be referred to the Dean/designee. Violations of the policy that rise to the level of research misconduct, as defined by the Wake Forest School of Medicine’s Research Integrity Policy, will be referred to the Research Integrity Office. Disputes regarding the order of authorship do not, in and of themselves, constitute a violation of this policy.
**WFBMC Data Ownership**

i. The Wake Forest School of Medicine (WFSM) is the owner of research data developed by the faculty, fellows, students and employees of WFSM in the course and scope of their employment at WFSM unless specifically modified by contract with WFSM. Research data collected under usual and customary laboratory practices include recorded information, regardless of the form or the media on which it may be recorded, as well as unique research resources developed at WFSM. This right of ownership applies to all research activities of WFSM regardless of the sources of funding that supported those activities.

ii. The principal investigator (PI) of a project has the right to freely use the data generated by that project in accordance with other applicable policies or contracts of WFSM. The PI is the primary steward of his/her research data. For the purposes of this policy, the PI is defined as the WFSM faculty member under whose direction or authority the research data were collected. Collaborating investigators, fellows, students, or other trainees will have the right to reasonable access to the research data they have produces while at WFSM, subject to other applicable policies of WFSM.

iii. It is the responsibility of the PI to preserve, where feasible, all research data generated at WFSM for a minimum period of five (5) years from the date of the last publication or the date of the final report issued upon completion of the project, whichever is later. Where questions have been raised about the research data, such as questions regarding the validity of the published results, investigators must preserve the research data beyond the required period if necessary to resolve such questions to the satisfaction of the WFSM and other involved parties. A decision to preserve the data elsewhere or destroy the data prior to the required time period must be reviewed and approved by the Department Chair of the PI.

iv. When a PI for a research project retires or otherwise leaves the employment of WFSM, and the research project will no longer be conducted at WFSM, the PI shall, under usual circumstances, be permitted to take possession of his/her research data, including unique research resources and related documentary material. An agreement on disposition of research data must be negotiated by the PI and his/her department chair concerning possession of research data, notebooks, other data retention materials and unique research resources to be transferred to the departing investigator. To fulfill obligations to funding sources and others, such agreements may provide for WSM to retain copies of the research data, where feasible, and will ensure future access by WFSM to the transferred research data for purposes of review.

v. In the event that research data must remain at WFSM, as mandated by the WFSM or by law or by requirements of the funding agency or other applicable policies, the PI will have the right to access and, where practical, to copy such research data produced by him/her. In the case of the departure of collaborating investigators, fellows, students or other trainees, those individuals will have the right to reasonable access to research data they have produced while at WFSM.

vi. Upon the death of a PI, the Department Chair shall appoint a person to assume stewardship of the research data.

vii. In those cases where there may be a questions concerning the stewardship, disposition, removal, or destruction of research data, decisions regarding actions to be taken will be made by the Dean’s designee with the opportunity to appeal to the Dean of WFSM whose decision will be final.

viii. Data Ownership Guidelines will be applied in accordance with other established policies and procedures of WFSM.
**Student Appeal of Dismissal Policy**

1) **General Policy Statement:** This policy describes the process the Wake Forest School of Medicine will follow to address an appeal from a student regarding a dismissal decision.

   a) Scope: All Wake Forest School of Medicine students, faculty and staff are responsible for complying with this policy. Students, faculty and staff of the Wake Forest University Graduate School of Arts and Sciences, Biomedical Sciences, should refer to the “Graduate Student Academic Grievance Procedures” found in the Graduate School of Arts and Sciences Student Handbook.

   b) Responsible Department/Party/Parties:

      | Policy Owner:                  | Assistant Dean, Medical Education Administration |
      | Procedure:                    | Assistant Dean, Medical Education Administration |
      | Implementation:               | Program Manager as defined below                |

2) **Definitions:** For purposes of this Policy, the following terms and definitions apply:

   a) WFBMC: Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), all on-site subsidiaries as well as those off-site governed by WFBMC policies and procedures.

   b) The term “Student” will apply to a person who matriculates into, is enrolled in or taking courses in the Undergraduate Medical Education (MD), the Physician Assistant, and the Certified Nurse Anesthesia educational programs of Wake Forest School of Medicine. This policy will not apply to students of the Wake Forest University Graduate School of Arts and Sciences, Biomedical Sciences.

   c) Program Manager of applicable program as follows:

      | Certified Registered Nurse Anesthesia Program: | Program Director |
      | Physician Assistant Program:                  | Program Director |
      | Undergraduate Medical Education (MD) Program:  | Senior Associate Dean for Healthcare Education |

   d) The Professional/Academic Appeal of Dismissal Committee (hereinafter “Appeals Committee” or “Committee”) is a standing faculty committee.

   e) A “business day” is defined as Monday through Friday, with the exception of the observed WFBMC holidays.

3) **Policy Guidelines:** In the event of a dismissal decision by the applicable program’s policies and/or procedures:

   a) A student who wishes to appeal a dismissal decision must make a formal request for appeal in writing (which may include electronic mail) to his/her program manager or designee within seven (7) business days of notification of the dismissal.

   b) During the dismissal appeal process, the student will not actively participate in his/her program and will follow the dismissal policy and/or exit procedures of the program.

   c) The student’s written appeal must specify which of the following grounds for appeal applies and must set forth specific facts to explain why, with any supporting materials.

      i. Procedural error as set forth in policy;
      
      ii. Sanction was inappropriate based on the circumstances; and/or
      
      iii. Additional evidence is now available that was unavailable at the time the decision to dismiss was made.
A student’s appeal of the dismissal decision and the decision by the Appeals Committee to uphold or reverse the dismissal decision may be made only if at least one of the grounds for appeal (above) was established to the satisfaction of the Appeals Committee.

d) Upon receipt of a student’s written appeal of a dismissal action, the program manager or designee will:
   i. Request that the Chair convene the Appeals Committee within 15 business days. The Chair can grant an extension for the meeting date, if necessary; and
   ii. Notify the Wake Forest School of Medicine Director of Student Records and Financial Aid

e) Committee members who have previously evaluated the student’s performance, made determinations on the student’s advancement, dismissal, or graduation, or has had any other conflict of interest as specified in the WFBMC Conflict of Interest Related to Student Assessment Policy must recuse themselves from participating in the review of the student’s appeal.

f) Once the date and time of the meeting have been established, the Chair will notify the student and program manager (or designee) of the date, time and place of the meeting, and that the meeting will not be open to the public. The Chair will send this notice to the student no less than ten (10) business days before the appeal is to be heard.

g) The student may address the Committee and provide information to support the appeal. Should the student choose not to meet with the Committee, the student must submit a written statement and any supporting documentation to the Chair no later than the date the appeal is scheduled to be heard. While the student may have advisors, legal counsel, and other individuals available to lend support throughout the process, only the student who is appealing the dismissal will be permitted to meet with the Appeals Committee.

h) The committee may seek further information, testimony, witnesses etc. at their discretion during the appeals process. Students who provide testimony at the request of the committee will abide by their program’s code of honor and professional conduct standards policies.

i) Following review of the information provided by the student, either in person and/or in writing, and otherwise gathered by the Appeals Committee, the Appeals Committee will deliberate and either uphold or overturn the dismissal decision based on the grounds for the appeal (see paragraph 3c above).

j) The decision of the Appeals Committee will be final.

k) Notifications:
   i. The decision of the Appeals Committee will be communicated to the student in writing.
   ii. All written communication with and notifications to the student regarding the Appeals Committee’s review and decision will be conveyed by the Chair to the student, the program manager (or designee), and the program’s Registrar, within two (2) business days.
   iii. The program manager or designee will communicate the Committee’s decision to the Wake Forest School of Medicine Director of Student Records and Financial Aid.
Financial Aid

Fees and Expenses

Tuition is payable in equal installments at the beginning of each semester. As a requirement for graduation, all students are required to pay full annual tuition for each academic year enrolled in Wake Forest School of Medicine. Students who do not make tuition payments or satisfactory arrangements with the Student Financials office will not be eligible to continue classes or receive credit for course work.

Breakage deposits are not required but students will be held financially responsible for loss or damage to School of Medicine property.

Cost of attendance budgets include only those expenses associated with the student. Living expenses for the spouse and/or other dependents are not recognized as part of the student’s standard cost of attendance. The cost of attendance, as defined by the school, represents the maximum amount of student financial aid a student can receive.

Statements in the Student Handbook concerning expenses and courses cannot be considered an irrevocable contract between the student and the School of Medicine. The School of Medicine reserves the right to change requirements for graduation, schedules, and costs of instruction at any time during the student’s enrollment.

Tuition changes authorized by the Board of Trustees will become effective at the opening of the next session after adoption.

Doctor of Medicine Program 2017-2018

<table>
<thead>
<tr>
<th></th>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
<th>Fourth Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$56,022</td>
<td>$56,022</td>
<td>$55,488</td>
<td>$55,488</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>1,790</td>
<td>1,200</td>
<td>1,178</td>
<td>1,178</td>
</tr>
<tr>
<td>Lodging</td>
<td>7,000</td>
<td>6,300</td>
<td>8,400</td>
<td>8,400</td>
</tr>
<tr>
<td>Utilities</td>
<td>2,950</td>
<td>2,655</td>
<td>3,540</td>
<td>3,540</td>
</tr>
<tr>
<td>Food</td>
<td>4,800</td>
<td>4,320</td>
<td>5,760</td>
<td>5,760</td>
</tr>
<tr>
<td>Transportation</td>
<td>2,920</td>
<td>2,628</td>
<td>3,240</td>
<td>3,240</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>3,540</td>
<td>3,540</td>
<td>3,540</td>
<td>3,245</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>1,800</td>
<td>1,620</td>
<td>2,160</td>
<td>2,160</td>
</tr>
<tr>
<td>Clinical Skills Exam Travel</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>650</td>
</tr>
<tr>
<td>Federal Loan Processing Fee</td>
<td>2,086</td>
<td>2,049</td>
<td>2,050</td>
<td>2,065</td>
</tr>
<tr>
<td>Total</td>
<td>$82,908</td>
<td>$80,334</td>
<td>$85,356</td>
<td>$85,726</td>
</tr>
</tbody>
</table>

Physician Assistant Program 2017-2018

<table>
<thead>
<tr>
<th></th>
<th>First Year</th>
<th>Second Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$38,830</td>
<td>$38,830</td>
</tr>
<tr>
<td>Program Fees</td>
<td>5,000</td>
<td>2,250</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>1,600</td>
<td>1,600</td>
</tr>
<tr>
<td>Lodging</td>
<td>8,400</td>
<td>8,400</td>
</tr>
<tr>
<td>Utilities</td>
<td>3,540</td>
<td>3,540</td>
</tr>
<tr>
<td>Food</td>
<td>5,760</td>
<td>5,760</td>
</tr>
<tr>
<td>Transportation</td>
<td>2,920</td>
<td>3,240</td>
</tr>
</tbody>
</table>
### Health Insurance

<table>
<thead>
<tr>
<th>Item</th>
<th>First Year</th>
<th>Second Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance</td>
<td>3,540</td>
<td>3,540</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>2,160</td>
<td>2,160</td>
</tr>
<tr>
<td>Federal Loan Processing Fees</td>
<td>2,527</td>
<td>2,330</td>
</tr>
<tr>
<td>Professional Exam Fee</td>
<td>0</td>
<td>475</td>
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<tr>
<td>Drug Testing Fee</td>
<td>0</td>
<td>70</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 74,227</td>
<td>$ 72,195</td>
</tr>
</tbody>
</table>

**Boone Living Allowance*** 972

*Available to first year students at the Boone Campus due to higher cost of living.

### Nurse Anesthesia Program 2017-2018

<table>
<thead>
<tr>
<th>Item</th>
<th>First Year</th>
<th>Second Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$ 32,500</td>
<td>$ 32,500</td>
</tr>
<tr>
<td>Program Fees</td>
<td>1,698</td>
<td>1,698</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>1,400</td>
<td>1,400</td>
</tr>
<tr>
<td>Lodging</td>
<td>8,400</td>
<td>8,400</td>
</tr>
<tr>
<td>Utilities</td>
<td>3,540</td>
<td>3,540</td>
</tr>
<tr>
<td>Food</td>
<td>5,760</td>
<td>5,760</td>
</tr>
<tr>
<td>Transportation</td>
<td>3,240</td>
<td>3,240</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>3,540</td>
<td>3,540</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>2,160</td>
<td>2,160</td>
</tr>
<tr>
<td>Federal Loan Processing Fee</td>
<td>2,004</td>
<td>2,004</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 64,242</td>
<td>$ 64,242</td>
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</table>

### Graduate School of Arts and Science – Biomedical Sciences 2017-2018

<table>
<thead>
<tr>
<th>Item</th>
<th>Ph.D.</th>
<th>Masters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$ 39,710</td>
<td>$ 39,710</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>600</td>
<td>600</td>
</tr>
<tr>
<td>Lodging</td>
<td>7,754</td>
<td>7,754</td>
</tr>
<tr>
<td>Utilities</td>
<td>3,267</td>
<td>3,267</td>
</tr>
<tr>
<td>Food</td>
<td>5,328</td>
<td>5,328</td>
</tr>
<tr>
<td>Transportation</td>
<td>2,990</td>
<td>2,990</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>2,040</td>
<td>3,540</td>
</tr>
<tr>
<td>Miscellaneous</td>
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<td>1,994</td>
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<tr>
<td>Federal Loan Processing Fee</td>
<td>255</td>
<td>1,683</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$ 63,938</td>
<td>$ 66,866</td>
</tr>
</tbody>
</table>
Tuition Payments

Wake Forest School of Medicine will maintain records of student charges including tuition, insurance, vaccine charges and any other miscellaneous items charged to the student account. Students may view their student accounts and make electronic payments from their checking or savings account online via PeopleSoft Self-Service. Also the Student Financials Office accepts paper checks, cash or money orders for payment on your student account. If payments are not received within 10 days of classes starting, Wake Forest School of Medicine will charge interest at the prevailing bank rates on tuition payments. Students will not be eligible to advance in the curriculum and will be withdrawn if the balance is not paid in full within 90-days of first notification. Students who are on a Leave of Absence and have an outstanding balance should refer to the Leave of Absence policy. Upon matriculation and once each academic year that follows, students will be required to sign a Payment Responsibilities agreement.

Doctor of Medicine Program 2017-2018

<table>
<thead>
<tr>
<th>Fall</th>
<th>Tuition Amount</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>$27,911 ($100 Holding Fee Credit Applied)</td>
<td>07/19/2017</td>
</tr>
<tr>
<td>Second Year</td>
<td>$28,011</td>
<td>08/09/2017</td>
</tr>
<tr>
<td>Third Year</td>
<td>$27,744</td>
<td>05/24/2017</td>
</tr>
<tr>
<td>Fourth Year</td>
<td>$27,744</td>
<td>05/24/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring</th>
<th>Tuition Amount</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>$28,011</td>
<td>12/27/2017</td>
</tr>
<tr>
<td>Second Year</td>
<td>$28,011</td>
<td>12/20/2017</td>
</tr>
<tr>
<td>Third Year</td>
<td>$27,744</td>
<td>11/22/2017</td>
</tr>
<tr>
<td>Fourth Year</td>
<td>$27,744</td>
<td>11/22/2017</td>
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</tbody>
</table>

Physician Assistant Program 2017-2018

<table>
<thead>
<tr>
<th>Fall</th>
<th>Tuition &amp; Fee Amount</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>$20,915 ($1,000 Holding Fee Credit Applied)</td>
<td>06/14/2017</td>
</tr>
<tr>
<td>Second Year</td>
<td>$20,540</td>
<td>06/14/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring</th>
<th>Tuition Amount</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>$21,915</td>
<td>11/22/2017</td>
</tr>
<tr>
<td>Second Year</td>
<td>$20,540</td>
<td>11/22/2017</td>
</tr>
</tbody>
</table>

Nurse Anesthesia Program 2017-2018

<table>
<thead>
<tr>
<th>Fall</th>
<th>Tuition &amp; Fee Amount</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>$15,599 ($1,500 Holding Fee Credit Applied)</td>
<td>08/23/2017</td>
</tr>
<tr>
<td>Second Year</td>
<td>$17,099</td>
<td>08/23/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring</th>
<th>Tuition &amp; Fee Amount</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year</td>
<td>$17,099</td>
<td>1/11/2018</td>
</tr>
<tr>
<td>Second Year</td>
<td>$17,099</td>
<td>1/11/2018</td>
</tr>
</tbody>
</table>
Graduate School of Arts and Sciences – Biomedical Sciences 2017-2018

<table>
<thead>
<tr>
<th>Biomedical Sciences</th>
<th>Tuition Amount</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2017 Entering MS-Post-</td>
<td>$1,060</td>
<td>06/09/2017</td>
</tr>
<tr>
<td>baccalaureate program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer 2017 Second Year</td>
<td>$1,060</td>
<td>05/20/2017</td>
</tr>
<tr>
<td>MS-Post-Baccalaureate Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall 2017 MS &amp; PhD</td>
<td>$19,325</td>
<td>08/24/2017</td>
</tr>
<tr>
<td>Spring 2018 MS &amp; PhD</td>
<td>$19,325</td>
<td>01/18/2018</td>
</tr>
<tr>
<td>Summer 2018 MS &amp; PhD</td>
<td>$1,060</td>
<td>05/24/2018</td>
</tr>
</tbody>
</table>

Financial Assistance

Assistance is available for students who, for financial reasons, could not otherwise attend medical school. Scholarships and loans are awarded in accordance with criteria governing each source of funds and on the basis of need. In all cases, parental income information is required and will be considered in determining awards from the School of Medicine’s resources.

Financial Assistance to Incoming Students

Applicants are provided general information about aid and appropriate application resources. On request, individual consultations with a financial aid representative can be arranged. Financial aid application materials must be completed and returned to the Financial Aid Office prior to March 15. When an applicant is accepted, the Financial Aid Office is notified. When required application materials are received, an estimate of available aid will be determined, and the student will be notified as soon as possible.

Financial Assistance to Upper-class Students

In the spring, the Financial Aid Office will notify all upper-class students of procedures to be followed for the next academic year. Applications must be completed and returned to the Financial Aid Office on or before March 15.

Endowed Scholarships

A list of available scholarships may be found at http://www.wakehealth.edu/School/Alumni-Affairs/Scholarship-Endowment.htm. This page is updated as fund agreements are finalized for scholarship funds.

Federal Scholarships

Scholarships are available to U.S. citizens through the Armed Forces Health Service and the National Health Service Corps. Selection is competitive. Interested parties should review information from the following:

Army: http://www.goarmy.com/amedd/education/hpsp.html
Navy: https://www.navy.com/careers/healthcare.html

National Health Service Corps (NHSC): http://nhsc.hrsa.gov/scholarships/

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**Minority Student Scholarships**
Applications for limited scholarship opportunities for minority students during the first two years of medical school are available from the National Medical Fellowships Inc. [http://www.nmfonline.org/about-our-scholarships-and-awards/general-scholarships-awards/](http://www.nmfonline.org/about-our-scholarships-and-awards/general-scholarships-awards/)

**Loans**

**Campus-based Loans**

**The Wingate Johnson Loan Fund:** Established in memory of Dr. Johnson, longtime professor of medicine, acting dean of the School of Medicine, founder of the North Carolina Medical Journal, and chair of the Board of Trustees of Wake Forest University.

Other sources include the Medical Center Guild, the Robert L. McMillan Loan, the Robert Wood Johnson, the Beckmann, the Edna Langston, the W. J. Moss, and the Mary C. Powell Loan Funds. Students are also eligible to apply to the James W. Denmark Loan Fund, established in 1875 and administered through the Treasurer’s Office on the undergraduate campus.

The Office of Financial Aid assists in the preparation of applications to the North Carolina Forgivable Education Loan Program (FELS) NC residents, the William D. Ford Federal Direct Loan Programs (Direct Unsubsidized and Direct Grad PLUS loans) and alternative loan programs.

**Unsubsidized Federal Direct Stafford Loan**

The Unsubsidized Federal Direct Stafford Loan program is a federal student loan program that allows eligible medical students to borrow up to $47,167; the amount is dependent upon grade level. Eligible graduate and physician assistant students may borrow up to $20,500. The federal government does not pay interest. The interest rate is a variable/fixed rate. Any interest that accrues during enrollment is capitalized at repayment. Aggregate loan limits are $224,000 minus subsidized loan amounts for medical students and $138,500 minus subsidized loan amounts for physician assistant students and graduate students.

**Federal Direct Grad PLUS Loan**

Graduate and professional students may borrow through the Federal Direct Grad PLUS loan. Students may borrow up to the cost of education minus other financial aid. A borrower’s creditworthiness is a consideration for lender approval. The interest rate is a variable/fixed rate.

**Alternative Loan Programs**

Alternative loan programs are credit-based loans that may be used to supplement other forms of financial assistance. In general, alternative loans should be considered as a last resort. Not all alternative loan programs are alike. Always consult the Financial Aid Office before applying for an alternative loan.

**Exit Interview**

Any student who has received financial aid and who ceases enrollment at Wake Forest School of Medicine for any reason—leave of absence, dismissal, withdrawal, graduation—must have an exit interview within seven days with the Financial Aid Office. This interview covers “Borrowers Rights and Responsibilities” for all student loan programs and is required by law.

**Forfeit of Scholarship Funds**

Students who are enrolled in a special program and have received scholarships from that program will forfeit those scholarship funds upon withdrawal or dismissal from the program.
Refund and Return of Financial Aid Funds Policy

Refunds
Students who withdraw or fail to complete the period of enrollment prior to the sixth week of the academic term may be entitled to a partial refund of tuition and fees depending on the date of withdrawal. Students are responsible for officially withdrawing to be eligible for a refund.

The academic term will start at orientation, or when there is no orientation, with the first day of classes scheduled for each class year of an educational program.

Students enrolled in the school’s medical insurance plan have the option of continuing the coverage until the end of the academic term. Students who elect to cancel coverage will receive a pro-rata refund of the amount pre-paid for coverage that would have applied after the withdrawal date.

Student who elect to part in the school’s parking facilities may cancel parking after the withdrawal date and will receive a pro-rata refund of the amount pre-paid for parking.

<table>
<thead>
<tr>
<th>Withdrawal/Failure to Completion Date</th>
<th>Before classes begin</th>
<th>During 1st week</th>
<th>During 2nd week</th>
<th>During 3rd week</th>
<th>During 4th week</th>
<th>During 5th week</th>
<th>During 6th week</th>
<th>After 6th week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Total Tuition and Fees to be Refunded</td>
<td>100%</td>
<td>90%</td>
<td>75%</td>
<td>50%</td>
<td>30%</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Return of Financial Aid Funds
In accordance with federal regulations, a student who receives federal financial aid but does not complete the payment period for which that aid was awarded may not be entitled to all of the financial aid funds awarded and/or disbursed. The requirements of this policy pertaining to return of financial aid funds apply to leaves of absence, as well as, withdrawals and dismissals.

Federal regulations require Title IV financial aid funds to be awarded under the assumption that a student will attend the institution for the entire period in which federal assistance was awarded. When a student withdraws from all courses for any reason, including dismissals and leaves of absence, he/she may no longer be eligible for the full amount of Title IV funds that he/she was originally scheduled to receive.

The return of funds is based upon the premise that students earn their financial aid in proportion to the amount of time in which they are enrolled. A pro-rated schedule is used to determine the amount of federal student aid funds he/she will have earned at the time of the withdrawal. Thus, a student who withdraws in the second week of classes has earned less of his/her financial aid than a student who withdraws in the seventh week. Once 60% of the semester is completed, a student is considered to have earned all of his/her financial aid and will not be required to return any funds. An exception may apply for a leave of absence. See information regarding a leave of absence, below.

Wake Forest School of Medicine is required to calculate how much federal financial aid a student has earned. Based on this calculation, Wake Forest School of Medicine students who receive federal financial aid and do not complete their classes during a semester or term could be responsible for repaying a portion of the aid they received. Students who do not begin attendance must repay all financial aid disbursed for the term.

Return of financial aid funds is determined according to the following:

1. The term "Title IV Funds" refers to the federal financial aid programs authorized under the Higher Education Act of 1965 (as amended) and for students enrolled at Wake Forest School of Medicine includes the following programs: Federal Direct Unsubsidized Stafford Loans and Federal Direct Graduate PLUS Loans.

2. The withdrawal date used in the return calculation of a student's federal financial aid is the actual date indicated on the official drop form. If a student stops attending classes without notifying the School of
Medicine, the withdrawal date will be the midpoint of the semester or the last date of academic activity as determined by the School. Additional documentation supporting the last date of academic activity may be provided by the student if they verify a later date of attendance than determined by the School.

3. Determining the amount of Title IV funds to be returned: Refunds on all allowable charges including tuition and fees will be prorated on a per diem basis based on the number of days in attendance as a proportion to the number of days in the term or period of enrollment, up to the 60% point in the semester. There are no refunds after the 60% point in time, as the federal regulations view the aid has been "100% earned" after that point in time. A copy of the worksheet used for this calculation and examples can be requested from the Financial Aid Office.

In accordance with federal regulations, the return of Title IV funds is paid in the following order:
- Unsubsidized Direct Loans
- Subsidized Direct Loans
- Federal Perkins Loans
- Direct PLUS Loans
- Other Title IV assistance
- The student

4. Institutional and Student Responsibilities

Wake Forest School of Medicine responsibilities include:
- Providing each student with the information given in this policy
- Review of examples of the Return of Title IV Aid and the Refund Policy with students
- Identifying students who are affected by this policy
- Completing the Return of Title IV Funds calculation for students who are subject to the policy
- Returning the Title IV Funds that are due the Title IV programs within 30 days of withdrawal, dismissal, or leave.

The student's responsibilities include:
- Students with Federal Title IV financial aid must notify the Financial Aid Office to discuss the implications of a withdrawal, leave of absence, or dismissal before it occurs.
- Returning to the Title IV programs any funds that were disbursed directly to the student and for which the student was determined to be ineligible under the Return of Title IV Funds calculation. The student will also be billed for and required to pay any balance that results from a return of funds.

**Post-Withdrawal Disbursements**

In some cases, a student may be eligible to receive a "post-withdrawal" disbursement after the student withdraws when the amount of aid earned is less than the amount of aid disbursed. In such cases, the Financial Aid Office will notify the student of the "post-withdrawal" disbursement.

**Leave of Absence**

Students are permitted to have one leave of absence (medical, personal, educational, administrative) within a 12-month period that does not require a return of federal financial aid funds provided that:
- The student completes the requirements for formal leave of absence in accordance with the School of Medicine's Leave of Absence policy;
- The leave of absence does not exceed 180 days in length; and
- The leave of absence ends before the next payment period begins.

Students who are on a leave of absence as of the first day of the academic year are not eligible to receive financial aid until they return from the leave, register for classes, and begin coursework.

Students who begin a leave after the academic year begins are eligible for financial aid already disbursed, but are not eligible for additional financial aid disbursements until they return from the leave of absence.
If a student takes an approved leave of absences and then does not return from the leave within 180 days or within the payment period, the student will be subject to the requirements for the return of federal financial aid. For the purposes of calculating earned financial aid, the last date of attendance will be retroactive to the day the leave of absence began.
Federal law and regulations require Wake Forest School of Medicine (WFSM) to establish and implement a policy to measure whether students applying for and/or receiving federal financial aid are making Satisfactory Academic Progress (SAP). SAP is the successful completion of degree requirements according to established increments that lead to awarding of the degree within specified time limits. The following policy delineates the standards for Satisfactory Academic Progress at WFSM, which apply to all matriculated students, whether or not they are recipients of financial aid. Not meeting the SAP requirements may result in loss of all financial aid, federal or institutional. This policy addresses only the financial aid consequences of failing to make Satisfactory Academic Progress, and does not address the consequences to academic standing or eligibility for continued enrollment. For more information about those consequences, refer to the Policy on Satisfactory Academic Progress (SAP) located on eWake and in Wake Forest Baptist Medical Center’s Policies Library at http://ishare.wakehealth.edu/GoverningPolicy/Pages/Education.aspx.

The requirements for the MD degree include the satisfactory completion of the MD curriculum at WFSM. The progress of each student working toward the MD degree is monitored carefully, and the determination of Satisfactory Academic Progress is reviewed annually. At the end of each academic year, students must have demonstrated compliance with WFSM’s academic, professional and graduation requirements.

Monitoring of Satisfactory Academic Progress
Each student’s progress will be evaluated after grades are finalized at the end of each academic year. Evaluations of whether a student is making Satisfactory Academic Progress will be done in a timely manner; however the next term/year, may be in progress at the time students are notified of their ineligibility. A student who fails to meet one or more of the standards for SAP (qualitative and/or time frame) is ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met, pending results of the appeal process. Students will be notified via their Wake Forest School of Medicine e-mail account if they have failed to meet the requirements for SAP. Students may appeal the decision. The factors used for determining whether SAP is met are explained below:

Qualitative Measures of SAP: Reviewed at the end of each Academic Year
Each student at WFSM is required to complete successfully all of WFSM’s required courses and identified benchmarks, gateways, clerkships, and examinations in order to graduate with the MD degree. Refer to the Policy on Satisfactory Academic Progress (SAP) located on eWake and in Wake Forest Baptist Medical Center’s Policies Library at http://ishare.wakehealth.edu/GoverningPolicy/Pages/Education.aspx for additional information regarding the standards for progression.

Quantitative Measure & Maximum Timeframe: Reviewed at the end of each Academic Year
The normal time frame for completion of required course work for the MD degree is 4 academic years. The maximum time permitted for completion of the MD degree is 6 years. The normal time frame for completion of required course work for the MD/PhD degree is 7 years. The maximum time permitted for completion of the MD/PhD degree is 9 years. The normal time frame for completion of the MD/MS is 6 years. The maximum time permitted for completion of the MD/MS is 8 years. The normal time frame for completion of required course work for the MD/MBA degree is 5 years. The maximum time permitted for completion of the MD/MBA degree is 7 years.

Due to academic, administrative, medical or personal difficulties or scholarly enrichment activities, a student may require additional time for completion of degree requirements. In such situations, an academic plan may be established for the student that departs from the normal course of study and that may require the repetition of all or a part of a year of study (i.e., subsequent to incomplete or unsatisfactory course work or an approved leave). To be making Satisfactory Academic Progress, students ordinarily must complete the first two years of the curriculum by the end of the third year after initial enrollment.

SAP and Leaves of Absence
A student may be granted an academic, administrative, medical or personal leave of absence. The period of leave for which the student has been approved may be excluded from the maximum time frame in which an individual student will be expected to complete all requirements of the degree program. However, under no circumstances will a
student be allowed to take more than 10 years from the time of matriculation to complete the requirements for the MD degree, including leaves of absence.

**Appeal Process and Financial Aid Probation**

A student who has lost eligibility for financial aid as a result of a failure to make Satisfactory Academic Progress may re-establish eligibility for financial aid only if the student subsequently meets Satisfactory Academic Progress requirements or successfully appeals the decision that SAP has not been met.

Students who lose eligibility for financial aid may appeal the decision regarding SAP by following the procedures below. Those wishing to utilize this process must present evidence of mitigating circumstances that occurred during the course of the semester in question that could not have been anticipated prior to that period and that adversely affected their ability to make Satisfactory Academic Progress. Events such as the death of an immediate family member, extended illness suffered by the student, or other unforeseeable events that may have caused significant hardship for the student may be considered as examples of mitigating circumstances.

To appeal, the student must:

- Submit a letter of appeal to the Financial Aid Office. The appeal letter should include the following:
  - Mitigating circumstances that prevented the student from meeting the requirements for SAP
  - Documentation that supports the student’s basis for appeal
  - Steps the student has taken/will take to ensure future SAP. This plan should outline the student’s academic goals for each period that will enable the student to meet the requirements for SAP at a specified future point in time
  - Anticipated graduation date

In most cases, the SAP Appeals Committee (as defined by the Dean) will render a decision within two weeks of receipt of a fully completed appeal. All decisions of the SAP Appeals Committee are final. Notification of the decision will be sent to the student via the student’s WFSM e-mail account.

If the appeal is approved, the student will be placed on financial aid probation and will be eligible for financial aid as long as an approved Academic Plan is in place. An Academic Plan must be formulated with the Offices of Academic Affairs and Student Services, in consultation with the Registrar and student. The Academic Plan will typically be developed to encompass 1 academic year. Academic progress will be evaluated at the conclusion of each enrolled term for students on financial aid probation.

Students who meet the requirements for SAP during their probationary semester will resume financial aid good standing and again be evaluated at the conclusion of the following academic year.

Students who fail to meet the requirements for SAP during the probationary semester or do not complete the requirements of their academic plan will again be ineligible for financial aid. Students may appeal again by following the appeal process.

If the SAP appeal is denied, financial aid will be cancelled.

Students who are ineligible to receive financial aid may use one or more of the following payment options while attempting to regain eligibility: student/family resources or Alternative/Private Educational Loans.

**Note:** A student who has lost eligibility for financial aid due to a failure to make SAP cannot automatically regain eligibility by paying tuition for a semester or by sitting out a term. Eligibility may be regained only by eliminating all SAP deficiencies at the student’s expense until all requirements of this policy are met. Students who have reached their maximum time frame are not able to regain eligibility. Students who are withdrawn from WFSM are not making Satisfactory Academic Progress and are not eligible to receive financial aid.

**Enforcement**

The Offices of the Registrar, Academic Affairs, Financial Aid, and the Student Professionalism and Academic Review Committee (SPARC) collaboratively shall have the responsibility for monitoring and enforcing standards for Satisfactory Academic Progress. The WFSM Registrar will notify SPARC annually of any students who are not meeting the requirements for Satisfactory Academic Progress. SPARC will determine whether academic or other sanctions are warranted and will inform the student of such sanctions. The Financial Aid Office will inform any
To determine continuing financial aid eligibility, the financial aid committee evaluates students’ satisfactory academic progress at the end of each semester. The receipt of federally-controlled aid requires half-time enrollment (4.5 or more hours on the Reynolda Campus and 4.0 or more hours on the Bowman Gray Campus) in a degree seeking program during the fall and spring semesters and a minimum cumulative grade point average of 2.5 on work attempted in the Wake Forest University Graduate School of Arts and Sciences. Certain programs have higher academic requirements, which are communicated directly to the students by the departments. The Dean may revoke institutionally-controlled financial aid for violation of University regulations, including its honor code, or for violation of federal, state, or local laws.

FEDERAL FINANCIAL AID

The Higher Education Act mandates that institutions of higher education establish minimum standards of satisfactory academic progress for students receiving federal aid. Wake Forest University makes these minimum standards applicable to all programs funded by the federal government. Certain federal aid programs have higher academic and/or other requirements, which are communicated to recipients. To maintain academic eligibility for federal aid, a student must:

- Complete the requirements for a masters degree or a doctor of philosophy degree in the maximum time frame as defined in the Wake Forest Graduate School of Arts and Science Bulletin section ‘Requirements for Degrees’ for his/her program. A student becomes ineligible for aid at the point it is determined that he/she can no longer complete degree requirements within the remaining maximum time frame.

- Maintain a minimum 2.5 cumulative grade point average on all graded hours attempted
  - Incompletes count as hours attempted, unless from a non-credit course.
  - Audited classes do not count as hours attempted.
  - The grade point average calculation excludes satisfactory/unsatisfactory and pass/fail courses.
  - In cases where a student repeats a course for which he or she received a grade of B- or lower, the cumulative grade point average is calculated by considering the course as attempted only once, with the grade points assigned reflecting the highest grade received. However, this provision does not apply to any course for which the student has received the grade of F in consequence of an honor code violation.
  - During a semester in which a student drops courses or withdraws, all graded hours attempted in the Graduate School of Arts and Sciences includes those graded hours attempted before (1) the withdrawal date, or (2) the last day to drop a course without penalty (as published in the academic calendar).

- Maintain a grade of Satisfactory “S” in research courses. Adequate progress is determined by the standards of the department or program in which the student is enrolled.

The policy on satisfactory academic progress applies only to the general eligibility for aid consideration. There are other federally-mandated requirements a student must meet to receive federal aid. For instance, certain federal loan programs also require either the passage of a period of time or the advancing of a grade level between annual maximum borrowing, regardless of general eligibility for aid. Other general student eligibility requirements for a student to receive federal financial aid are listed in Funding Your Education: The Guide to Federal Student Aid, a publication of the U.S. Department of Education.

A student who is not making satisfactory academic progress due to one of the reasons outlined above will be placed on probation by the Graduate School of Arts and Sciences. Students placed on academic probation will be notified in writing, along with the Track/Program Director and will be given one semester to resume satisfactory academic standing.

During the probationary period, students will be placed on financial aid warning for one semester and remain.
eligible to receive federal and institutional assistance during that semester (except when they have exceeded their
degree deadline). At the end of the probationary period, progress will be reviewed. If a student cannot re-
establish satisfactory academic standing during the probationary semester, the student will become ineligible to
receive financial aid and may be dismissed or withdrawn from the Graduate School.

APPEAL PROCEDURE – Bowman Gray Campus

*Denial of aid* under this policy may be *appealed in writing* to the Dean of the Graduate School and mailed
to Medical Center Boulevard, WS, NC 27157.

The Dean may grant a *probationary reinstatement* of one semester to any student, upon demonstration of
extenuating circumstances documented in writing to the satisfaction of the committee. Examples of extenuating
circumstances and appropriate documentation include, but are not necessarily limited to the following: illness of the
student or immediate family members – statement from physician that illness interfered with opportunity for
satisfactory progress; death in family – statement of student or minister; temporary or permanent disability –
statement from physician. During a probationary period, students are considered to be making satisfactory academic
progress under this policy and may continue to receive aid. A determination of satisfactory academic progress for
any period of enrollment after the probationary period is made at the end of the probationary period.
*Reinstatement* after probation can be made only after the student has received credit for the appropriate percentage
of work attempted with the required cumulative grade point average.
1) **General Policy Statement:** Federal law and regulations require Wake Forest School of Medicine (WFSM) to establish and implement a policy to measure whether students applying for and/or receiving federal financial aid are making Satisfactory Academic Progress (SAP). SAP is the successful completion of degree requirements according to established increments that lead to awarding of the degree within specified time limits. The following policy delineates the standards for Satisfactory Academic Progress at WFSM, which apply to all matriculated students, whether or not they are recipients of financial aid. Not meeting the SAP requirements may result in loss of all financial aid, federal or institutional. This policy addresses only the financial aid consequences of failing to make Satisfactory Academic Progress and does not address the consequences to academic standing or eligibility for continued enrollment.

   a) **Scope:** All Wake Forest PA Program students are responsible for complying with this policy.
   
   b) **Policy Owner:** PA Program Policy Committee

   i) **Procedure:** The PA Program Policy Committee is charged with determining and defining the procedures relative to implementation and administration of this policy in conjunction with the Director of PA Student Services and the PA Student Progress Committee.

   ii) **Supervision:** The PA Program Director is charged with managing compliance with regulations and operations to which this policy applies.

   iii) **Implementation:** PA Policy Committee with the Director of Student Services

2) **Policy Guidelines:** The requirements for the MMS degree from the PA Program include the satisfactory completion of the PA curriculum at WFSM. The progress of each student working toward the MMS degree is monitored carefully, and the determination of SAP is reviewed at the end of each unit of study by the Student Progress Committee and PA Program Director. At the end of each academic year, students must have demonstrated compliance with the PA Program’s academic, professional and graduation requirements.

   **Monitoring of Satisfactory Academic Progress:** Each student’s progress will be evaluated after grades are finalized at the end of each unit of study. Evaluations of whether a student is making SAP will be done in a timely manner; students will not proceed to the next unit of study if they are not in good academic standing. **A student who fails to meet one or more of the standards for SAP (qualitative and/or time frame) is ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met, pending results of the appeal process.** Students will be notified via their Wake Forest School of Medicine e-mail account if they have failed to meet the requirements for SAP. Students may appeal the decision.

   The factors used for determining whether SAP is met are explained below.

   **Qualitative Measures of SAP: Reviewed at the end of each Academic Year.** Each PA student at WFSM is required to complete successfully all of WFSM’s required courses and identified benchmarks, rotations, and examinations in order to graduate with the MMS degree from PA Program. The WFSM PA Program measures academic progress with grades of Honors, Competent, Concern and Failure rather than a cumulative grade point average. Refer to the Academic and Behavioral Standards – Student Progress Policy in the PA Student Handbook.

   **Quantitative Measure & Maximum Timeframe: Reviewed at the end of each Academic Year.** The normal time frame for completion of required course work for the MMS degree is two academic years. The maximum time frame is three years. Some students may apply and be approved for dual enrollment in more than one academic program offered by Wake Forest University. Based on the specific program of interest, a maximum time permitted for completion of all course content will be published to the student prior to matriculation.

   Due to academic, administrative, medical or personal difficulties or scholarly enrichment activities, a student may require additional time for completion of degree requirements. In such situations, an academic plan may be established for the student that departs from the normal course of study and that may require the repetition of all or a part of a year of study (i.e., subsequent to incomplete or unsatisfactory course work or an approved leave).

   **SAP and Leaves of Absence:** A student may be granted an academic, administrative, medical or personal leave of absence for a variety of reasons or may be granted a leave to pursue other scholarly enrichment activities. The
period of leave for which the student has been approved may be excluded from the maximum time frame in
which an individual student will be expected to complete all requirements of the degree program. A leave of
absence should not extend training for more than one year.

**Appeal Process and Financial Aid Probation:** A student who has lost eligibility for financial aid as a result of
a failure to make SAP may re-establish eligibility for financial aid only if the student subsequently meets SAP
requirements or successfully appeals the decision that SAP has not been met.

Students who lose eligibility for financial aid may appeal the decision regarding SAP by following the
procedures below. Those wishing to utilize this process must present evidence of mitigating circumstances that
occurred during the course of the unit of study or clinical
rotation in question, that could not have been anticipated prior to that period, and that adversely affected their
ability to make SAP. (Events such as the death of an immediate family member, extended illness suffered by the
student, or other unforeseeable events that may have caused significant hardship for the student may be
considered as examples of mitigating circumstances.) To appeal, the student must submit a letter of appeal to the
Financial Aid Office. The appeal letter should include the following:

- Mitigating circumstances that prevented the student from meeting the requirements for SAP;
- Documentation that supports the student’s basis for appeal;
- Steps the student has taken/will take to ensure future SAP. This plan should outline the student’s academic
goals for each period that will enable the student to meet the requirements for SAP at a specified future
point in time;
- Anticipated graduation date.

In most cases, the PA Program Director in conjunction with the Financial Aid Office will render a decision
within two weeks of receipt of a fully completed appeal. Notification of the decision will be sent to the student
via the student’s WFSM e-mail account.

If the appeal is approved, the student will be placed on financial aid probation and will be eligible for financial
aid as long as an approved Academic Plan is in place. An Academic Plan must be formulated with the PA
Program Director or designee in consultation with the Registrar and student. The Academic Plan will be
developed to ensure, if followed, the student will be able to meet the requirements for SAP by a designated
point in time. Academic progress will be evaluated at the conclusion of each enrolled term for students on
financial aid probation.

Students who meet the requirements for SAP during a defined period of probation will resume financial aid
good standing and again be evaluated at the conclusion of the following academic period.

Students who fail to meet the requirements for SAP during a defined period of probation or do not complete the
requirements of their academic plan will again be ineligible for financial aid. Students may appeal again by
following the appeal process.

If the SAP appeal is denied, financial aid will be cancelled.

Students who are ineligible to receive financial aid may use one or more of the following payment options while
attempting to regain eligibility: student/family resources or Alternative/Private Educational Loans.

*Note:* A student who has lost eligibility for financial aid due to a failure to make SAP cannot automatically
regain eligibility by paying tuition or by sitting out for a semester. Eligibility may be regained only by
eliminating all SAP deficiencies at the student’s expense until all requirements of this policy are met. Students
who are withdrawn from WFSM are not making Satisfactory Academic Progress and are not eligible to receive
financial aid.

**Enforcement:** The Office of the Registrar, Financial Aid, the PA Program Director and the PA Student Progress
Committee collaboratively shall have the responsibility for monitoring and enforcing standards for SAP. The
WFSM PA Registrar will notify the PA Student Progress Committee at the end of each unit of study or clinical
rotation of any students who are not meeting the requirements for SAP. The Student Progress Committee will
determine whether academic or other sanctions are warranted and will inform the student of such sanctions. The
Financial Aid Office will inform any student whose financial aid has been impacted.
3) **Review/Revision/Implementation**
   a) **Review Cycle:** This policy shall be reviewed by the PA Program Policy Committee at least every 3 years from the effective date.
   b) **Office of Record:** After authorization, the Legal Department shall house this policy in a policy database and shall be the office of record for this policy. The PA Program will also house this policy in a policy database.

4) **Related Policies**
   Academic and Behavioral Standards – Student Progress Policy
Federal law and regulations require Wake Forest School of Medicine (WFSM) to establish and implement a policy to measure whether students applying for and/or receiving federal financial aid are making Satisfactory Academic Progress (SAP). SAP is the successful completion of degree requirements according to established increments that lead to awarding of the degree within specified time limits. The following policy delineates the standards for Satisfactory Academic Progress at WFBH/WFSM NAP, which applies to all matriculated students, whether or not they are recipients of financial aid. Failure to meet the SAP requirements may result in a student’s loss of all financial aid, including federal and institutional. This policy addresses only the financial aid consequences of failing to achieve Satisfactory Academic Progress, and does not address the consequences to academic standing or eligibility for continued enrollment. For more information about those consequences, see the Academic and Professional Guidelines, and Standards for Progression.

The requirements for the Masters of Science Degree in Nurse Anesthesia (MSNA) include satisfactory achievement of performance objectives of the MSNA curriculum. The progress of each student working toward the MSNA degree is monitored carefully, and the determination of Satisfactory Academic Progress is reviewed each semester. At the end of each academic semester, students must have demonstrated compliance with WFBH/WFSM NAP clinical, academic, professional, and graduation requirements.

Monitoring of Satisfactory Academic Progress

Each student’s progress will be evaluated after grades are finalized at the end of each academic semester. Evaluations of students’ Satisfactory Academic Progress will be completed in a timely manner, however the subsequent term/year, may be in progress at the time students are notified of their ineligibility. A student who fails to meet one or more of the standards for SAP is ineligible for financial aid beginning with the academic term immediately following the term in which the SAP requirements were not met, pending results of the appeal process. Students will be notified via their WFBH e-mail account if they have failed to meet the requirements for SAP. Students may appeal the decision.

The factors determining whether SAP is achieved are explained below:

Qualitative Measures of SAP: Reviewed at the end of each Semester

Each student at WFBH/WFSM NAP is required to successfully complete all of WFSM MSNA required courses and minimum clinical case requirements in order to graduate with the MSNA degree. Refer to Honor Policy, Academic and Professional Guidelines, Standards for Progression in the Nurse Anesthesia Program Student Handbook for additional information regarding the standards for progression.

Quantitative Measure & Maximum Timeframe: Reviewed at the end of each Semester

The normal time frame for completion of required course work for the MSNA degree is 2 academic years. The maximum time permitted for completion of the MSNA degree is 3 academic years.

Other graduation criteria include satisfactory completion of all clinical rotations in the program, payment of all fees and satisfactory completion of a comprehensive examination in the final semester of the program. Criteria for progression include:

- maintaining a “B” average in cumulative academic coursework.
- achieving no more than 6 credit hours cumulatively of grades below B.
- maintaining a passing grade in each clinical course.

Due to academic, administrative, medical or personal difficulties or scholarly enrichment activities, a student may require additional time for completion of degree requirements. In such situations, an academic plan may be established for the student that departs from the normal course of study and that may require additional time extending the educational period and the repetition of all or a part of a year of study (i.e., subsequent to incomplete or unsatisfactory course work or an approved leave). To be making Satisfactory Academic Progress, students must complete the first two years of the curriculum by the end of the third year after initial enrollment.
SAP Appeal and Financial Aid Eligibility

A student who has lost eligibility for financial aid as a result of a failure to make Satisfactory Academic Progress (SAP) may re-establish eligibility for financial aid only if the student subsequently meets SAP requirements or successfully appeals the decision that SAP has not been met.

Students who lose eligibility for financial aid may appeal the decision regarding SAP by following the procedures below. Those wishing to utilize this process must present evidence of mitigating circumstances that occurred during the course of the semester in question that could not have been anticipated prior to that period and that adversely affected their ability to make SAP. Events such as the death of an immediate family member, extended illness suffered by the student, or other unforeseeable events that may have caused significant hardship for the student may be considered as examples of mitigating circumstances.

To appeal, the student must submit letters of appeal to the WFSM Academic Appeals Committee and the Financial Aid Office. These letters of appeal should include the following:

- Mitigating circumstances that prevented the student from meeting the requirements for SAP
- Documentation that supports the student’s basis for appeal
- Steps the student has taken/will take to ensure future SAP. This plan should outline the student’s academic goals for each period that will enable the student to meet the requirements for SAP at a specified future point in time
- Anticipated graduation date

In most cases, the WFSM Academic Appeals Committee will render a decision within two weeks of receipt of a fully completed appeal. All decisions of the WFSM Academic Appeals Committee are final. Notification of the decision will be sent to the student via the student’s WFBH e-mail account.

If the appeal is approved, the student will be placed on financial aid probation and will be eligible for financial aid as long as an approved Academic Plan is in place. An Academic Plan must be formulated with the NAP Student Progress Committee, in consultation with the Registrar and student. The Academic Plan will typically be developed to encompass one academic semester. Academic progress will be evaluated at the conclusion of each enrolled term for students on financial aid probation.

Students who meet the requirements for SAP during their probationary semester will resume financial aid good standing and again be evaluated at the conclusion of the following academic year. Students who fail to meet the requirements for SAP during the probationary semester or do not complete the requirements of their Academic Plan will again be ineligible for financial aid. Students may appeal again by following the appeal process.

If the SAP appeal is denied, financial aid will be cancelled.

Students who are ineligible to receive financial aid may use one or more of the following payment options while attempting to regain eligibility: student/family resources or Alternative/Private Educational Loans.

Note: A student who has lost eligibility for financial aid due to a failure to make SAP cannot automatically regain eligibility by paying tuition for a semester or by sitting out a term. Eligibility may be regained only by eliminating all SAP deficiencies at the student’s expense until all requirements of this policy are met. Students who have reached their maximum time frame are not able to regain eligibility. Students who are withdrawn from WFSM are not making SAP and are not eligible to receive financial aid.

Enforcement

The NAP Student Progress Committee, Office of Financial Aid and the Offices of the WFSM Registrar collaboratively shall have the responsibility for monitoring and enforcing standards for Satisfactory Academic Progress. The WFSM Registrar will notify the NAP Student Progress Committee annually of any students who are not meeting the requirements for Satisfactory Academic Progress. The NAP Student Progress Committee will determine whether academic or other sanctions are warranted and will inform the student of such sanctions. The Financial Aid Office will inform any student whose financial aid has been impacted.
Student-Focused Resources

❖ Office of Student Records

The Office of Student Records is a steward of student records, handling all records from admissions through matriculation to the conferral of the degree. This office offers a wide range of services to students and graduates in various areas of academic records, student status, official verification for licensure, transcript requests, and various certifications.

❖ Office of Student Affairs

The Office of Student Affairs supports individual students and student groups across all educational programs throughout their time at the Wake Forest School of Medicine. Student Affairs is primarily responsible for all large-scale events, the learning environment, oversight of all student groups, and educational support programs for academic and career advising, as well as educator development. In conjunction with the Learning Communities (Houses), Student Inclusion & Diversity, and Student Wellness, the Office of Student Affairs strives to achieve the following vision, mission, and goals:

Vision: Engaged, empowered, and cared for students become engaging, empowering, and caring physicians.

Mission: To support a challenging yet nurturing learning environment that produces innovative health care professionals equipped to provide exemplary patient care and to lead medicine into the 21st century.

Goals:
1. Foster student development as a physician by helping students achieve academic success, guiding students through their career pursuits, and promoting wellness of the whole student (intellectual, physical, emotional, and spiritual)
2. Support a learning community that is free of mistreatment and embodies the principles of integrity and mutual respect
3. Cultivate diversity and a culture of inclusion for the student body through the recruitment and retention of exceptional diverse students
4. Maintain pathways to careers in medicine and science for diverse students

Other responsibilities of the office include:

• Oversight of student health, wellness, and the learning environment
• Access to individual and group mentoring and coaching
• Access to individual, couples, and group counseling
• Acting as the contact point for the Association of American Medical Colleges (AAMC)
• Providing oversight and/or administrative support to all student groups
• Coordination of academic and career advising, including tutorial services and residency application planning services
• Development and delivery of the Year 1 LAUNCH course as an introduction to medical school
• Facilitation of the transition from the classroom setting to the clinical setting
• Planning and facilitation of all large-scale events, including but not limited to the following:
  o Annual orientations
  o White Coat ceremonies
  o Match Day
  o Graduation events
Office of Student Inclusion and Diversity (SID)

Wake Forest has a strong institutional commitment to increase diversity in its training programs by recruiting a diverse student body that fosters a welcoming and stimulating environment.

The Office of Student Inclusion and Diversity (SID) focuses on supporting the educational mission of the medical school and its goal of excellence through inclusive and diverse measures. SID programs and activities include short-term objectives such as assisting the Office of Admissions with recruiting and the Office of Student Affairs with retention of students from diverse backgrounds. The long-range objectives focus on medical career awareness and preparation of underrepresented, disadvantaged, and non-traditional students. In addition, SID assists the Office of Academic Affairs with efforts to provide an inclusive and culturally sensitive learning environment.

Resources for Academic Assistance

In the event of academic difficulty in a particular course or clerkship, or more general problems of academic performance, students are advised to first consult with the faculty director of the course(s), clerkship(s), or block in question. Additionally, students may request academic support to improve or enhance their study, learning, and test-taking skills by contacting the Education Specialist in the Office of Student Affairs or by completing the online appointment request to meet with an advisor.

(http://redcapint.wakehealth.edu/redcap_int/surveys/?s=R4EXFA7AP3).

Participation in Peer Assisted Learning (PAL).

Wake Forest School of Medicine strongly supports a collaborative and inclusive learning environment. As such, students are encouraged to participate in our PAL program by becoming a tutor or benefiting from peer tutoring. Application forms requesting tutoring assistance or services may be found on our Advising page.

(http://www.wakehealth.edu/School/MD-Program/Student-Services/Advising.htm).

Resources for Personal Assistance

Personal Assistance

Personal and Professional Counselors

The following are available to provide counseling or referral for transient or long-term personal problems that interfere with academic performance or personal well-being:

Paige B. Greason, PhD, LPCS, NCC
Associate Director, Student Wellness Center
336-713-3357

Ryan MacLeod, LMFTA
Student Wellness Counselor
336-713-6302

Student Wellness Services

Medical student education can be stressful and demanding, with many competing commitments. Resilience and the ability to balance commitments to one’s self, others, and the larger educational and professional context are key developmental capacities for adapting and thriving during this time of continuous learning and growth. Many students find that participating in wellness activities, connections with other students, and seeking the support of counseling and learning professionals can enhance a student’s ability to thrive in this intense and highly demanding environment.
It is with this awareness that the mission of Student Wellness Services (SWS) was developed. Our mission is to support and promote the emotional, intellectual, physical, social, and spiritual wellness of students on our campus through providing wellness activities and counseling.

**Confidential Counseling, Coaching and Wellness Consultation**
The SWS provides confidential and free counseling, coaching and wellness consultation sessions for medical students. Students make appointments directly with a wellness professional, and all information with respect to who is attending, as well as the content of the process, is confidential.

**Services:** Information on Student Wellness Services, including all activities, is listed in the medical student calendar and newsletter as well as on our website (www.wakehealth.edu/student-wellness/). SWS activities are developed in concordance with student interest and availability, so please feel free to make requests and provide feedback.

**Group Wellness Activities (Examples)**
- Managing the Demands of Professional Life
- Couple Relationship Enhancement
- Mindfulness Meditation
- Yoga
- Zumba
- Pet Therapy

**Counseling and Wellness Coaching/Consultation**
- Individual
- Couple
- Small Group

**Contact:** Paige Greason, Ph.D., M.A.Ed., LPC-S  
(336) 713-3357; pgreason@wakehealth.edu

Ryan MacLeod, LMFTA  
Student Wellness Counselor  
336-713-6302; rmacleod@wakehealth.edu

**Hours:** Appointments are generally available Monday-Friday and generally last 45-50 minutes long, depending on needs. Wellness activities will be held during a variety of times to accommodate student schedules.

**Location:** We are located on the 1st floor of the Bowman Gray Center for Medical Education. Our waiting room is BGCME 1213.

**Student Advocate**
The Student Advocate will serve as a central resource for reporting mistreatment or unprofessional behavior in the learning environment for all WFSM students (MD, Graduate, PA, and CRNA), as well as for visiting students, non-WFSM clinical students, and non-affiliated student interns. Students may report a mistreatment or professionalism concern to Nicole Allen, the Student Advocate through the following avenues:
- Via online reporting form in Service Now (accessible on your desktop or by using the following link: [https://wakehealth.service-now.com/aclab](https://wakehealth.service-now.com/aclab))
- Via phone at 336-713-7880
- Via email at chaallen@wakehealth.edu
- In person at Bowman Gray Center for Medical Education, 2nd floor, Office 2213

**Student Health Navigator**
The Wake Forest School of Medicine welcomes Ms. Marsha Brown, LCSW, as the new Student Health Navigator. The Student Health Navigator will provide health care coordination and administrative services to WFSM students (MD, PA, CRNA, and Graduate School) in an integrated and interdisciplinary approach. The
Navigator will identify needed community and healthcare services and refer students in need to the appropriate service(s), as well as direct students to Counseling and Student Wellness or to appropriate crisis intervention resources. Ms. Brown’s office is located on the 3rd floor of the Bowman Gray Center for Medical Education, Office 3108. Students can reach Ms. Brown by phone at (336) 716-0637 or by email at mmsbrown@wakehealth.edu.

Innovation Quarter Chaplain
The Innovation Quarter is promoting innovation in Spiritual Care. Wake Forest School of Medicine, the Innovation Quarter, Wake Forest University Chaplain’s office, and chaplaincy department of WFBH FaithHealth, are co-sponsoring a Manager of Spiritual Care Services for the Innovation Quarter. Chaplain Michelle Nicolle completed a CPE residency here last August. Prior to this residency, Dr. Nicolle was engaged as a researcher in neuroscience, with offices and a lab in the Innovation Quarter. Michelle completed her religious training at the Upaya Zen Center under the direction of Roshi Joan Halifax, and was ordained as Buddhist Chaplain last year. Michelle’s role will be to provide spiritual care and support for MD, PA, CRNA, and Graduate students, faculty and staff for WFSM, as well as undergraduates in the Quarter, and for the many businesses and scientists associated with the Innovation Quarter. Michelle’s office is located on the 3rd floor of the Bowman Gray Center for Medical Education, Office 3109. Michelle can be reached by phone at (336) 713-9766 or by email at mnicolle@wakehealth.edu.

Student Health Services

Employee Health
The following Student Health services are available at the Medical Center Employee Health Services Clinic on a walk-in basis Monday through Wednesday and Friday from 7:00 am until 4:30 pm and Thursday from 7:00 am until 3:30 pm:

- Annual compliance requirements such as the flu vaccine, as well as maintenance of immunization records;
- All human or animal blood and body fluid exposures (initial work-up, treatment, and follow-up);
- Any communicable disease exposures and follow-up;
- Yearly tuberculosis screening (Note: Skin Test application not done on Thursdays; Skin Test reading only.)
- All work-related injuries, illnesseses, and follow-up;

For all acute or chronic health problems for which they might not normally wish to visit Employee Health Services, students are encouraged to utilize primary care physicians by calling (336) 716-WAKE. Employee Health will provide annual TB skin tests and flu vaccines at no charge. All additional services will result in charges billed to students’ accounts. Employee Health does not accept personal health insurance.

Contact Employee Health at (336) 716-4801 with questions regarding the Student Health Services offered in Employee Health.

Appointments/Healthcare Needs

Director of Student Health

For help with identifying a primary care provider, scheduling appointments with specialists, sick visits, or navigating the health system, please contact the Director of Student Health at mknudson@wakehealth.edu.

Providers – Please note that you must identify yourself as a medical student when calling to make appointments. This will ensure any potential conflicts of interest are managed and you may have access to expedited service as a student.

Main medical center scheduling: (336) 716-WAKE/(336) 716-9253
Family Medicine Piedmont Plaza I: (336) 716-4479
Family Medicine Reynolda: (336) 713-5393
Family Medicine Peace Haven: (336) 713-9001
Urgent Care Clemmons: (336) 713-0400

Disability Insurance
Disability insurance is provided to each student of Wake Forest School of Medicine in keeping with the guidelines of the AAMC. This plan provides a monthly income in the event a student becomes disabled by a covered sickness
or injury. Complete information is available in the School of Medicine Benefits Office. This plan is designed to provide coverage for the student as well as the opportunity to purchase additional coverage upon graduation into residency. All students are enrolled in the group plan automatically.

❖ Resources for Career Planning

Structured Career Planning Sessions & Resources
The Office of Student Affairs sponsors small-group and class-wide sessions, as well as online resources, to assist students in assessing their own preferences and evaluating career opportunities.

The following workshops are examples of typical career advising offerings throughout the year.
- Annual interest group fair
- Annual residency fair
- Building a CV
- Drafting a Personal Statement
- Interview Prep
- Mock Interviews

❖ Resources for Off-Campus Education

Global Affiliations
The Medical Center has formal affiliations with Tokai University in Japan; Tromsø University in Norway; Kyungpook National University in Korea; and the University of Vienna in Austria. Global Health electives are arranged for a minimum of one month and must be individually arranged through the Office of Global Health.

Northwest Area Health Education Center
The Northwest Area Health Education Center (AHEC) of Wake Forest School of Medicine, through its Office of Regional Primary Care Education (ORPCE), provides housing to students for clinical placement in primary care for the state of North Carolina. Additional information about student rotation resources is available on the Northwest AHEC Web site: http://northwestahec.wakehealth.edu.

❖ General Resources

Academic Applications
Academic Applications is dedicated to the development and support of technology innovations in medical education. The mission is to provide the infrastructure within which faculty, students, and healthcare professionals can effectively utilize technologies to augment the lifelong learning process.

The office has developed a ubiquitous computing environment, focusing on technology standards in hardware, software, and networking. The students enter the Web-based curricula through a customizable portal. The Web-based curricula manage educational content such as problem-based-learning cases, lectures, education-oriented Web sites, schedules, collaborative discussions, and links to specialty content applications.

Coy C. Carpenter Library
The Library has two locations: the main library is located on the first floor of the School of Medicine’s James A. Gray Building and a student resource center (SRC) is located on the third floor of the Bowman Gray Education Building downtown. The SRC houses a small core collection of textbooks and exam study materials that have been selected specifically for 1st and 2nd year medical students as well as a number of anatomical models. The Gray building location houses the print collection and offers study space, 25 general-use PCs, and computer classrooms for individual and group instruction.

The Library’s online digital resources include access to over 1000 eBooks, 6000+ journals, 300 clinical procedures videos, tutorials, diagnostic and point-of-care tools, and scientific databases in the biomedical, clinical, and research sciences.
Librarians are assigned to each of the student houses. They alert students to new resources, answer questions about library services, and provide searching advice.

Free document delivery is provided to all students. The Library provides free printing, photocopying, and faxing as well.

Creative Communications
Creative Communications, located on the first floor of the Gray Building, offers a full range of graphic services. Creative Communications also offers a wide range of video services, including video recording, digital video editing, and DVD generation and transfer. Photography services include medical, scientific, and general photography by award-winning, certified photographers using state-of-the-art digital equipment. Complete scanning, retouching, and computer output services are available, as are large poster printers, laminators, and custom framing.

Wake Forest Printing Services offers high-speed copying and offset printing for large copy and print jobs. These services, as well as business cards, can be accessed online.

Athletic Facilities: The School of Medicine Fitness Center features a complete line of Nautilus machines and aerobic machines. The center is on “E” floor of the Hanes Building and is open 24/7 with ID badge access. Membership is free for medical students. Students may also join the fitness center at Comp Rehab for an additional fee.

Hanes Park is less than a mile away and contains 20 public tennis courts, which are lighted and in excellent repair. Adjacent to the tennis courts is the YMCA. Special membership rates are available to students at the “Y” upon presentation of a student ID badge. There is also a nearby YWCA located at 1300 S. Main Street, Winston-Salem, and in Innovation Quarter near the new medical school building at 525 Vine St.

Tickets to some athletic events are available in limited numbers.

Banking Facilities: A branch bank is located on the M level of North Carolina Baptist Hospital and is open Monday through Friday from 9:00 a.m. to 5:00 p.m. ATMs are located on the G and M floors of Reynolds Tower, outside the Gift Shop on the M floor of North Tower, and on the first floor of the Bowman Gray Center for Medical Education. A branch bank is also located in Innovation Quarter in Biotech Place.

Bookstore: Students can use the Wake Forest University Taylor Bookstore (located at 1834 Wake Forest Road on the WFU Reynolda campus) to purchase textbooks. For additional information, please call 336-758-3388 or e-mail wfu@bkstr.com. The bookstore is open from 8:30-5:00 on Monday-Friday, 10:00-4:00 on Saturday, and 12:00-4:00 on Sunday during the fall semester.

Parking Facilities: Parking is available in student lots at both the medical center and the Bowman Gray Center for Medical Education. Badge access is required to enter all student lots. Please contact the Office of Student Affairs for assistance with badge access and parking. Bicycles racks are located beneath the foyer of Babcock Auditorium, at Baptist Hospital under the deck at the basement entrance to the patient tower, and at the Bowman Gray Center for Medical Education in the courtyard.

Security: The Medical Center Security Service provides continuous patrols and surveillance throughout the medical center. Care should be taken by all when traveling through darkened halls and parking lots. The medical center Security phone number is 716-3305 and should be called to obtain escort service from the building when needed. Security at the Bowman Gray Center for Medical Education is provided by Sunstates Security and can be reached by calling (336) 713-1568.

Resources for Student Research

The Office of Student Affairs in conjunction with the Translational Science Institute (TSI) can facilitate research opportunities for students.
**Medical Center Alerts/Codes**

When initiating an emergency alert, student should:

Contact the Emergency Communications Center (ECC) at 716-9111 to report the specifics of the emergency.

Supply as much information as possible to the ECC Operator.

ECC Operators will script the plain language text and initiate the appropriate notification as expeditiously as possible using the wording in the Plain Text Matrix as appropriate.

### Facility Alerts

<table>
<thead>
<tr>
<th>Event</th>
<th>Recommended Plain Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evacuation/Relocation</td>
<td>Facility Alert + Relocation/Descriptor + Location</td>
</tr>
<tr>
<td>Fire/Alarm</td>
<td>Facility Alert + Fire or Type of Alarm + Descriptor/Location</td>
</tr>
<tr>
<td>Mass Casualty</td>
<td>Facility Alert + Mass Casualty Plan Activated</td>
</tr>
<tr>
<td>ED Surge</td>
<td>Facility Alert + ED Surge Plan Activated</td>
</tr>
<tr>
<td>Utility Failure</td>
<td>Facility Alert + Type of Utility Failure/Location</td>
</tr>
<tr>
<td>Dangerous Weather (Tornado etc.)</td>
<td>Facility Alert + Dangerous Weather Alert/Descriptor</td>
</tr>
</tbody>
</table>

### Security Alerts

<table>
<thead>
<tr>
<th>Event</th>
<th>Recommended Plain Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing Infant/Child</td>
<td>Security Alert + Missing Person (Infant or child) + Last Know Location</td>
</tr>
<tr>
<td>Missing Person &gt; 18 YOA</td>
<td>Security Alert + Missing Person (Adult) + Last Known Location</td>
</tr>
<tr>
<td>Armed Intruder/Active Shooter/Hostage Situation</td>
<td>Security Alert + Special Instructions + Descriptor (Type of Threat) + Location</td>
</tr>
</tbody>
</table>

### Medical Alerts

<table>
<thead>
<tr>
<th>Event</th>
<th>Recommended Plain Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR Involving a Patient</td>
<td>Code Blue + Location</td>
</tr>
</tbody>
</table>

### Targeted Communications Only

<table>
<thead>
<tr>
<th>Facility Alerts</th>
<th>Security Alerts</th>
<th>Medical Alerts</th>
</tr>
</thead>
<tbody>
<tr>
<td>HazMat Incident</td>
<td>Bomb Threat/Suspicious Package</td>
<td>Code Stroke</td>
</tr>
<tr>
<td>Patient Decontamination</td>
<td>Civil Disturbance</td>
<td>Code Sepsis</td>
</tr>
<tr>
<td>Severe Weather Plan</td>
<td>Controlled Access</td>
<td>Code Stemi</td>
</tr>
<tr>
<td></td>
<td>Combative/Unruly Person</td>
<td>Code 44</td>
</tr>
<tr>
<td></td>
<td>Peds Code Blue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma Codes</td>
<td></td>
</tr>
</tbody>
</table>

To report security problems, call 716-3305.
**Compliance Requirements:** Students are required to acknowledge the following forms at orientation and annually thereafter. All forms are accessible in the Student Center in PeopleSoft.

<table>
<thead>
<tr>
<th>Document</th>
<th>Federal Regulation</th>
<th>Institutional Policy</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality Agreement</td>
<td>The Health Insurance Portability and Accountability Act of 1996 (HIPAA)</td>
<td>Confidentiality of Information (Student Handbook)</td>
<td>ALL</td>
</tr>
<tr>
<td>Consent to be Photographed, Videotaped and/or Interviewed</td>
<td></td>
<td></td>
<td>ALL</td>
</tr>
<tr>
<td>Disability Services</td>
<td>34 CFR Part 668 Rehabilitation Act of 1973 Section 504 American with Disabilities Act of 1990 (Title II)</td>
<td>Policy and Procedure for Student Disability Accommodations Request</td>
<td>ALL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student Disability Grievance Procedures</td>
<td></td>
</tr>
<tr>
<td>Email &amp; Internet Usage</td>
<td></td>
<td>Solicitation Policy</td>
<td>ALL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information Security Policy</td>
<td></td>
</tr>
<tr>
<td>The Family Educational Rights and Privacy Act (FERPA)</td>
<td>34 CFR Part 99</td>
<td>Policy on Student Records</td>
<td>ALL</td>
</tr>
<tr>
<td>Laptop Agreement</td>
<td></td>
<td>Confidentiality of Information (Student Handbook)</td>
<td>ALL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Information Security Policy</td>
<td></td>
</tr>
<tr>
<td>Honor Pledge</td>
<td></td>
<td>Code of Honor and Professional Conduct (Student handbook)</td>
<td>MD</td>
</tr>
<tr>
<td>Honor Code</td>
<td></td>
<td>Honor Code (Bulletin)</td>
<td>GRAD</td>
</tr>
<tr>
<td>Payment Responsibility</td>
<td></td>
<td></td>
<td>ALL</td>
</tr>
<tr>
<td>Professionalism Statement</td>
<td></td>
<td>Code of Honor and Professional Conduct (Student handbook)</td>
<td>MD</td>
</tr>
<tr>
<td>Student Mistreatment</td>
<td></td>
<td></td>
<td>ALL</td>
</tr>
<tr>
<td>WFBMC Student Sexual Misconduct Policy</td>
<td>34 CFR Part 106</td>
<td>WFBMC Student Sexual Misconduct Policy</td>
<td>ALL</td>
</tr>
<tr>
<td>Federal Financial Aid Drug Policy</td>
<td>34 CFR 668.40</td>
<td>Student Substance Abuse Policy</td>
<td>ALL</td>
</tr>
<tr>
<td>Drug-Free Schools</td>
<td>34 CFR Part 86</td>
<td>Student Substance Abuse Policy</td>
<td>ALL</td>
</tr>
<tr>
<td>Employee Health Services Financial Responsibilities Agreement</td>
<td></td>
<td></td>
<td>ALL</td>
</tr>
</tbody>
</table>
**Doctor of Medicine Degree**

The degree “Doctor of Medicine” is awarded to certify that the student has acquired a general knowledge in all fields of medicine and basic skills requisite for the independent practice of medicine. Candidates for the M.D. degree must have abilities and skills in seven general areas: observation; communication; motor; intellectual-conceptual, integrative, and quantitative; and behavioral and social. Technological compensation can be made for some disadvantages in certain areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary in a way that a candidate’s judgment must be mediated by someone else’s power of selection and observation is not acceptable.

**Technical Standards for Medical School Admission, Continuation, and Graduation**

**Introduction**

Applicants to the Wake Forest School of Medicine are selected for admission on the basis of their academic, personal and extracurricular attributes. Applicants must also have the intellectual, physical and emotional capabilities to meet the requirements of the School’s curriculum and of a successful medical career.

The following technical standards are based on standards suggested by the Special Advisory Panel on Technical Standards for Medical School Admissions convened by the AAMC (Memorandum #79-4) in January, 1979.* These guidelines were formally adopted by the Wake Forest School of Medicine Committee on Admissions in 1992 and are reviewed and updated periodically. These guidelines specify the attributes considered essential for completing medical school training and for enabling each graduate to enter residency and clinical practice. Moreover, because the M.D. degree signifies that the holder is a physician prepared for entry into the practice of medicine within postgraduate training programs, it follows that graduates must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide array of patient care. As such, these standards, along with the academic standards established by the faculty, describe the essential functions that applicants must demonstrate to meet the requirements of a general medical education, and are pre-requisites for entrance, continuation, promotion and graduation.

Wake Forest School of Medicine will consider for admission and continuation any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform skills and meet the standards listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. These standards also conform to the AAMC guidelines for medical schools. The Wake Forest School of Medicine believes that all applicants must possess the intellectual, physical and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner without having to rely on the assistance of others or intermediaries, and that all applicants must be able to achieve the levels of competence required by the faculty. All applicants for admission, both those with and without disabilities, are expected to be competitive with others in the applicant pool in academic, personal and extracurricular attributes. The institutional policy is to make admissions decisions on a case-by-case basis and on the basis of each applicant’s qualifications to contribute to Wake Forest School of Medicine’s educational mission. For purposes of this document and unless otherwise defined, the term “applicant” or “candidate” means applicants for admission to medical school as well as enrolled medical students who are candidates for promotion and graduation.

*Recommendations of the AAMC Special Advisory Panel on Technical Standards for Medical School Admissions, approved by the AAMC Executive Council on January 18, 1979, are reproduced below.

**Technical (Non-academic) Standards for Medical School Admission**

A candidate for the MD degree must have abilities and skills in the five functional areas described below, and must have the physical and emotional stamina and capacity to function in a competent manner, and consistent with these standards, in the classroom, clinical and laboratory settings, including settings that may involve heavy workloads, long hours and stressful situations.
Observation: The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to anatomic, physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision, hearing and somatic sensation.

Communication: A candidate must be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

Motor: Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers that comprise a complete physical examination (including pelvic examination.) A candidate must be able to perform the basic and advanced clinical procedures that are requirements of the WFSM curriculum. A candidate must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch, vision, and hearing.

Intellectual: Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem-solving, the critical skill demanded of physicians, requires that a candidate be able to learn, retrieve, analyze, sequence, organize, synthesize and integrate information efficiently, and reason effectively. In addition, the candidate should be able to measure and calculate accurately, and to understand the spatial relationships of structures.

Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to work effectively, respectfully and professionally as part of the healthcare team, and to interact with patients, their families and healthcare personnel in a courteous, professional and respectful manner. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are required.

Technological compensation can be made in certain of these areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary, a person trained to perform essential skills on behalf of the candidate, or a person used such that a candidate’s judgment must be mediated by someone else’s power of selection and observation, is not permitted.

In addition to the abilities and skills set forth above, candidates must possess the general physical health necessary for performing the duties of a medical student and physician in training without endangering the lives of patients and/or colleagues with whom the student might have contact. Candidates whose performance is impaired by abuse of alcohol or other substances are not suitable candidates for admission, continuation, promotion or graduation.

Process for Assessing the Applicant’s Compliance with the Technical Standards

Applicants are required to attest on the secondary application and again at matriculation that they meet the School of Medicine’s Technical Standards, and thereafter must attest on an annual basis that they continue to meet the Standards. These Standards are not intended to deter any student who might be able to complete the requirements of the curriculum with reasonable accommodations. Requests from applicants for reasonable accommodations in meeting the Technical Standards will be reviewed and considered by the School’s committee that reviews requests for student accommodations. For additional information about the School’s process for assessing an applicant’s compliance with the Technical Standards, contact the Office of Student Affairs.
Admitted students with physical or learning disabilities are encouraged to contact the Learning Assistance Center as early as possible. The Learning Assistance Center will help students identify resources and coordinate requests for accommodations. The goal is to help students with disabilities do their best work.

We recommend that all requests for accommodation of a disability, whether mental or physical, be disclosed in a timely manner either to the Office of Admissions prior to matriculation or the Learning Assistance Center following matriculation.

Once a student is admitted to Wake Forest, he or she must complete the steps listed on the Learning Assistance web page to request academic accommodations.

http://lac.wfu.edu/disability-services/
Institutional Goals and Objectives
Wake Forest School of Medicine MD Program

Wake Forest School of Medicine provides a unique medical education developed by a faculty that value self-inquiry, collaboration, curiosity, and leadership. We offer a transformational and supportive experience that develops physicians who set the standard for compassionate, collaborative care; who lead the way in socially responsible healthcare and biomedical sciences locally, nationally, and globally; and who learn, discover, and apply innovative state-of-the-art knowledge and skills to the art of medicine. Students and faculty are equal and active partners in the learning process.

Principles of the MD Program

Wake Forest School of Medicine is defined by a commitment to:

- Empathy and respect for patients and colleagues
- Ethical decision making
- Health equity
- Intellectual rigor and scientific curiosity
- Leadership and innovation
- Patient-centered, team-based care
- Self-inquiry and lifelong learning
- The belief that even the most challenging problems can be solved

Our medical school culture and curriculum are based on these principles. Our faculty value them and model them for students. Although our curriculum evolves as medicine changes, we hold firm to these core values so that above all else, our graduates are trained to practice medicine according to these principles.

Objectives of the MD Program

Knowledge for Practice
Each graduate must demonstrate knowledge of the basic, clinical, and behavioral sciences, and apply this knowledge to patient care.

By the time of graduation, students are expected to:

1.1 Demonstrate knowledge of the normal structure and function of the human body and each of its major organ systems. (Physician Competency Reference Set (PCRS) - 2.0,2.2)
1.2 Demonstrate a foundation of cell and molecular biology for understanding mechanisms of acquired and inherited human disease. (PCRS - 2.1,2.2)
1.3 Demonstrate knowledge of altered structure and function of major organ systems that are seen in common diseases and conditions. (PCRS - 2.0,2.3)
1.4 Demonstrate knowledge of the clinical, laboratory, and radiologic manifestations of common disease and conditions. (PCRS - 2.3,2.4)
1.5 Demonstrate knowledge of behavioral, psychosocial, genetic, and cultural factors associated with the origin, progression, and treatment of common diseases and conditions. (PCRS - 2.0, 2.5)
1.6 Demonstrate knowledge of the epidemiology of common diseases and conditions within a defined population and systematic approaches useful in reducing the incidence and prevalence of these maladies. (PCRS - 2.4, 2.5)
1.7 Demonstrate knowledge of the impact of cultural and psychosocial factors on a patient’s ability to access medical care and adhere with care plans. (PCRS - 2.5)

Interpersonal and Communication Skills
Each graduate will communicate and interact effectively with patients, their families and members of the interprofessional healthcare team.
By the time of graduation, students are expected to:

2.1 Demonstrate empathic and patient-centered interviewing and communication. (PCRS - 4.6)
2.2 Demonstrate the ability to obtain an accurate and complete medical history considering the patient’s culture, beliefs, personal preferences and level of health literacy.
2.3 Demonstrate the ability to communicate effectively, both orally and in writing, with patients, families and members of the healthcare team/other healthcare professionals. (PCRS - 4.1, 4.2, 7.3)
2.4 Demonstrate the ability to work as a member of a healthcare team, collaborating effectively with other healthcare professionals in caring for patients. (PCRS - 4.3, 7.4)

**Patient Care**

Each graduate will function as a member of an inter-professional healthcare team and provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health in diverse populations and settings.

By the time of graduation, students are expected to:

3.1 Elicit in-depth and focused patient-centered histories. (PCRS - 4.5, 1.2)
3.2 Perform accurate complete and focused physical and mental status examinations. (PCRS - 1.2, 4.7)
3.3 Integrate patient information with clinical and basic science knowledge. (PCRS - 2.1, 2.2, 2.3, 2.4, 2.5, 3.6, 3.10)
3.4 Select appropriate, relevant laboratory, radiologic and other clinical studies and interpret the results of such studies. (PCRS - 1.4, 4.2, 6.2, 6.3)
3.5 Develop a differential diagnosis.
3.6 Formulate a plan for the evaluation, diagnosis and treatment of common clinical problems. (PCRS - 1.3, 1.5, 1.6, 7.3, 7.4, 8.6)
3.7 Recognize patients with life-threatening, emergency conditions and institute appropriate initial therapy. (PCRS - 1.6)
3.8 Identify opportunities for early intervention, prevention and health education of patients while being mindful of the patient’s readiness and barriers to change. (PCRS - 1.7, 1.9, 3.8, 3.9, 4.1, 4.6, 5.1, 5.3, 5.5; 4.2, 4.6, 4.7)
3.9 Demonstrate technical competence of routine medical procedures. (PCRS - 1.1)
3.10 Recommend appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (PCRS - 1.8)
3.11 Synthesize and communicate patient information to other health professionals to accomplish safe care transitions and promote effective teamwork. (PCRS - 4.2, 4.3, 4.4, 7.1, 7.3, 7.4)

**Professionalism**

Our students are expected to demonstrate a commitment to upholding their professional duties guided by ethical principles.

By the time of graduation, students are expected to:

4.1 Demonstrate respect for patients by using the appropriate form of address, attending to a patient’s comfort, displaying appropriate attire and grooming, and honoring a patient’s privacy and right to make decisions. (PCRS - 5.1, 5.3)
4.2 Demonstrate responsibility in actions by being punctual, managing emotions when confronted with adversity and confrontation, and recognizing personal and peer impairments. (PCRS - 5.4, 8.2, 8.3)
4.3 Demonstrate honor and integrity by being honest about role and experience level, admitting mistakes and shortcomings, appropriately attributing sources of ideas and data, and respecting boundaries between patients, peers, and educators. (PCRS - 5.1, 8.5)
4.4 Demonstrate reverence for human life, understanding that sympathy for suffering is a fundamental concern of the medical profession and that the needs of the patient are paramount and should govern a physician’s actions. (PCRS - 5.2)
4.5 Demonstrate compassion by recognizing and responding with empathy to others’ emotions and expectations, regardless of regardless of gender, race, sexual orientation, culture, socioeconomic status, religion, political affiliation, medical diagnosis, level of adherence, or health literacy/education level. (PCRS - 5.5)
4.6 Demonstrate a dedication to teamwork, and an understanding of and respect for the unique roles of all members of the healthcare team. (PCRS - 7.1)
4.7 Demonstrate knowledge of the principles that govern ethical decision-making and rules and regulations regarding healthcare delivery, incorporating them into clinical practice and research. (PCRS - 5.6)

Practice-Based Learning and Improvement
Each graduate must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

By the time of graduation, students are expected to:

5.1 Demonstrate the ability to recognize strengths, deficiencies and limitations in their knowledge and skills. (PCRS - 3.1)
5.2 Demonstrate the ability to set learning and improvement goals. (PCRS - 3.2)
5.3 Demonstrate the ability to identify and perform learning activities that address gaps in their knowledge, skills and/or attitudes. (PCRS - 3.3)
5.4 Demonstrate the use of information technology to optimize learning. (PCRS - 3.7)
5.5 Demonstrate a commitment to continuously improve their medical knowledge, skills and/or attitudes by incorporating formative evaluation and feedback into daily practice.
5.6 Participate in the education of patients, families, trainees, peers and other health professionals. (PCRS - 3.8)
5.7 Demonstrate the ability to obtain and utilize information about individual patients, populations of patients or communities of patients to improve care. (PCRS - 3.9)
5.8 Demonstrate life-long learning skills by continually identifying, analyzing and implementing new knowledge, guidelines, standards, technologies, products or services that have been demonstrated to improve outcomes. (PCRS - 3.10)

Systems-Based Practice
Each graduate will demonstrate awareness and understanding of the broader health care delivery system and will possess the ability to effectively use system resources to provide patient-centered care that is compassionate, appropriate, safe and effective.

By the time of graduation, students are expected to:

6.1 Advocate for quality patient care and optimal care systems. (PCRS - 6.4)
6.2 Demonstrate a commitment to balancing risks of harm vs. benefit in patient and/or population-based care as well as exercising cost-awareness. (PCRS - 6.3)
6.3 Use system resources available to patients, families and communities for health promotion and maintenance, disease prevention, education, treatment, and rehabilitation of medical and psychiatric conditions. (PCRS - 1.9, 2.4, 3.8)
6.4 Identify system errors and common sources of medical error and recommend potential systems solutions. (PCRS - 6.5)

Interprofessional Collaborative Practice
Each graduate will demonstrate the skills to participate as a contributing and integrated member of an interprofessional healthcare team to provide safe and effective care for patients and populations.
By the time of graduation, students are expected to:

7.1 Identify one’s own role and the roles of other team members, including limitations and boundaries of each role to optimize healthcare delivery and effective healthcare team functioning. (PCRS - 7.2)
7.2 Work with other health professionals to cultivate and preserve a climate of mutual trust, respect, dignity, diversity, integrity, and ethicality. (PRCS - 7.1)
7.3 Communicate with respect for and appreciation of all healthcare team members and include them in all relevant information exchange. (7.3)
7.4 Participate as a high-functioning team member by contributing one’s skills set, supporting other team members as needed and ensuring the functioning of the healthcare team remains optimal (i.e. safe, timely, efficient, effective, and equitable) for patient and population-centered care. (PCRS - 7.4)

**Personal and Professional Development**

Each graduate will demonstrate the qualities and commitment required to sustain lifelong learning, personal and professional growth.

By the time of graduation, students are expected to:

8.1 Demonstrate self-awareness in identifying limitations (in knowledge, skill, emotion, etc.) and the ability to seek help appropriately and engage in healthy coping mechanisms. (PCRS - 8.1)
8.2 Develop skills for ongoing improvement as a healthcare provider through self-reflection, critical self-appraisal, and openness to accepting feedback. (PCRS - 8.2)
8.3 Understand that situations involving ambiguity and uncertainty are natural elements of the medical profession and respond to such situations by drawing upon appropriate resources (PCRS - 8.8)
**Admission Policies**

**Policy on Transfer and Admission of Medical Student with Advanced Standing**

The purpose of this policy is to limit the number of students due to class size constraints and a limited number of available courses and clerkship.

The Wake Forest School of Medicine does not accept transfer students from other medical schools.

**Policy on the Selection of Medical Students**

The selection of applicants for admission as medical students to the Wake Forest School of Medicine involves a competitive evaluation process, the authority and responsibility for which rest with the Admissions and Premedical Relations Committee (hereafter referred to as the Committee on Admissions or COA).

The Committee on Admissions establishes and publicizes on the admissions webpage attributes desired of applicants and reviews these attributes annually, aligning them with the School of Medicine’s mission and vision and the school’s educational goals and objectives. The selection of applicants is also aligned with the School of Medicine’s diversity statement and technical standards to allow for the matriculation of a class of students who demonstrate the ability and commitment to fulfill the purpose of a Wake Forest School of Medicine medical education. This selection process is also intended to be compliant with applicable laws and regulations.

The Committee on Admissions establishes a competitive evaluation process to include: the initial review of applicants, a secondary application process, extending invitations for and coordinating and conducting on-campus interviews, voting to extend an offer of admission to an applicant by the COA, management of applicants on the wait list, and processing offers of admission. These processes and the training related to them are reviewed annually and approved by the COA. The details of these processes are specified in the approved training guide, which is reviewed and approved annually by the COA Executive Committee.

**International Applicants**

Applications are only accepted from U.S. citizens and permanent residents as long as the undergraduate, premedical course work has been done in the United States or Canada. If the undergraduate, premedical course work has been done outside the U.S. or Canada, the applicant must receive a degree from an institution in the United States or Canada.

**Official Transcripts Required for Accepted Students**

The School of Medicine requires the use of the American Medical College Application Service (AMCAS), which supplies the School with transcripts of all post-secondary education as part of the education process. Accepted students will be required to provide official transcripts to the Office of Admissions with degree conferral noted.
Academic Year 2017 – 2018
FIRST YEAR - Class of 2021

Y1 LAUNCH Course............................... Monday, July 10 through Friday, July 28, 2017
White Coat Ceremony.............................................................TBD, 2017
Anatomy Course ......................................... Monday, July 31 through Tuesday, October 31, 2017
Holiday (Labor Day)..................................................... Monday, September 4, 2017
Medical Student Research Day ......................... Wednesday, October 4, 2017
Metabolism & Defense Course ...................................................
............................................................................. Wednesday, November 1, 2017 through Friday, January 26, 2018
Thanksgiving Recess Begins ......................... Wednesday, November 22, 2017 @ 12 pm
Classes Resume....................................................... Monday, November 27, 2017
Holiday Recess Starts .................................................. Thursday, December 21, 2017
Spring Semester Begins/Classes Resume ....... Tuesday, January 2, 2018
Holiday (Martin Luther King, Jr)................................. Monday, January 15, 2018
Neuroscience Block ........................................ Monday, January 29 through Thursday, March 29, 2018
Spring Recess.......................................................... Friday, March 30 through Friday, April 6, 2018
GI Block................................................................. Monday, April 9 through Thursday, May 3, 2018
CAS Exams – Neuroscience & GI ................. Monday, May 7 & Tuesday, May 8, 2018
Y1 Ends.............................................................................. Monday, May 7 & May 8, 2018
Summer Session (9 ½ weeks)................................. Wednesday, May 9 through Friday, July 13, 2018

Year 2 begins on Monday, July 16, 2018
Academic Year 2017 – 2018
SECOND YEAR – Class of 2020

Y2 Orientation ...........................................................................................................Monday, July 31, 2017
Heme-Lymph Block........................................周一, July 31 through Tuesday, August 22, 2017
Cardiovascular Block...................... Wednesday, August 23 through Friday, September 15, 2017
Holiday (Labor Day)...........................................Monday, September 4, 2017
Pulmonary Block ................................... Monday, September 18 through Friday, October 13, 2017
Medical Student Research Day ........................................................ Wednesday, October 4, 2017
Community Practice Experience.......... Monday, October 16 through Friday, October 20, 2017
Gastroenterology Block ............... Monday, October 23 through Thursday, November 16, 2017
Y2 CAS Exam 1........................................... Monday, November 20 & Tuesday, November 21, 2017
Thanksgiving Recess Begins .............................................. Wednesday, November 22, 2017 @ 12 pm
Classes Resume...........................................................................Monday, November 27, 2017
Musculoskeletal Block ................. Monday, November 27 – Friday, December 15, 2017
Holiday Recess Starts ..................................................................Monday, December 18, 2017
Spring Semester Begins/Classes Resume ............................................Tuesday, January 2, 2018
Renal Block................................................................. Tuesday, January 2 through Friday, January 26, 2018
Holiday (Martin Luther King, Jr)......................... Monday, January 15, 2018
Endocrinology/Reproduction Block ......Monday, January 29 through Thursday, March 1, 2018
Y2 CAS Exam 2...........................................................................Monday, March 5 & Tuesday, March 6, 2018
USMLE Step 1 Preparation ............... Wednesday, March 7 through Wednesday, April 11, 2018
Y2 Vacation ...........................................................................Thursday, April 12 through Sunday, April 22, 2018
Y3 Prep – Clerkship Boot Camp ............... Monday, April 23 through Friday, May 11, 2018
Y2 Ends...........................................................................................................Friday, May 11, 2018

USMLE Step 1 must be completed by end of: Wednesday, April 18, 2018
(Recommended Step 1 Completion Date is: Wednesday, April 11, 2018)

Year 3 begins on Monday, May 14, 2018
Y3 Begins………………………………………………………………… Monday, May 15, 2017
Holiday (Memorial Day)……………………………………………….. Monday, May 29, 2017
Holiday (Independence Day)…………………………………………... Tuesday, July 4, 2017
Clerkship Activities End……………………………………………….. Sunday, August 6, 2017
Y3 Vacation (1 week)…………………….. Monday, August 7 through Sunday, August 13, 2017
Clerkship Activities Resume………………………………………… Monday, August 14, 2017
Holiday (Labor Day)…………………………………………………… Monday, September 4, 2017
Medical Student Research Day……………………………………….Wednesday, October 4, 2017
Clerkship Activities End……………………………………………….. Sunday, November 19, 2017
Thanksgiving Recess……………… Monday, November 20 through Sunday November 26, 2017
Clerkship Activities Resume………………………………………… Monday, November 27, 2017
Clerkship Activities End……………………………………………….. Friday, December 22, 2017
Holiday Recess…………………..Saturday, December 23 through Sunday, January 7, 2018
Clerkship Activities Resume………………………………………… Monday, January 8, 2018
Holiday (Martin Luther King, Jr.)…………………………………….. Monday, January 15, 2018
Holiday (Good Friday & Easter Weekend)………………………….. Friday, March 30, 2018
Clerkship Activities End……………………………………………….. Sunday, May 13, 2018
Y3 Ends…………………………………………………………………… Sunday, May 13, 2018

Clerkship activities begin at 7 am and end at 5 pm unless otherwise designated by the clerkship.

Y4 starts on Monday, May 14, 2018
Transition Weeks/CPX/OSCE Testing: Monday, May 15 - Friday, May 26, 2017
Holiday (Memorial Day): Tuesday, May 29, 2017
Y4-1 Begins: Tuesday, May 30, 2017
Y4-1 Ends: Sunday, June 25, 2017
Y4-2 Begins: Monday, June 26, 2017
Holiday (Independence Day): Tuesday, July 4, 2017
Y4-2 Ends: Sunday, July 23, 2017
Y4-3 Begins: Monday, July 24, 2017
Y4-3 Ends: Sunday, August 20, 2017
Y4-4 Begins: Monday, August 21, 2017
Holiday (Labor Day): Monday, September 4, 2017
Y4-4 Ends: Sunday, September 17, 2017
Y4-5 Begins: Monday, September 18, 2017
Step 2 CK & CS Completion Deadline: Saturday, September 30, 2017
Y4-5 Ends: Sunday, October 15, 2017
Y4-6 Begins: Monday, October 16, 2017
Y4-6 Ends: Sunday, November 12, 2017
Y4-7 Begins: Monday, November 13, 2017
Thanksgiving Recess: Monday, November 20 - Sunday, November 26, 2017
Y4-7 Ends: Sunday, December 17, 2017
Holiday Recess: Monday, December 18, 2017 - Monday, January 1, 2018
Y4-8 Begins: Tuesday, January 2, 2018
Holiday (Martin Luther King, Jr.): Monday, January 15, 2018
Y4-8 Ends: Sunday, January 28, 2018
Y4-9 Begins: Monday, January 29, 2018
Y4-9 Ends: Sunday, February 25, 2018
Y4-10 Begins: Monday, February 26, 2018
Holiday (Match Day): Friday, March 16, 2018
Y4-10 Ends: Sunday, March 25, 2018
Y4-11 Begins: Monday, March 26, 2018
Holiday (Good Friday): Friday, March 30, 2018
Y4-11 Ends: Sunday, April 22, 2018
Intern Bootcamp (2 weeks): Monday, April 23 - Friday, May 4, 2018
Residency Preparation (2 weeks): Saturday, May 5 - Friday, May 18, 2018
Graduation Weekend: Saturday, May 19 - Sunday, May 20, 2018
Graduation: Monday, May 21, 2018
**MD Program Courses**

**The Foundations Curriculum**

The required courses for the first year of the Foundations Curriculum are:

<table>
<thead>
<tr>
<th>Course</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAUNCH</td>
<td>3.0</td>
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<tr>
<td>Clinical Anatomy and Physiology</td>
<td>12.0</td>
</tr>
<tr>
<td>Metabolism and Defense</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Systems Pathophysiology I</strong></td>
<td></td>
</tr>
<tr>
<td>Medical Neuroscience</td>
<td>7.0</td>
</tr>
<tr>
<td>Gastrointestinal System</td>
<td>4.0</td>
</tr>
<tr>
<td>Population Health/Epidemiology</td>
<td>3.0</td>
</tr>
<tr>
<td>Clinical Skills 1</td>
<td>2.5</td>
</tr>
<tr>
<td>Medicine and Patients in Society 1</td>
<td>2.0</td>
</tr>
<tr>
<td>Integrated Ultrasound 1</td>
<td>0.5</td>
</tr>
<tr>
<td>Case-Centered Learning</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total: 46.0 credits</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Year 1 Courses**

**LAUNCH**

This 3-week course provides a basic overview of the knowledge, skills, attributes, and habits that are central to medical student development and success as aspiring physicians.

The course content will be structured around the following concepts represented by the LAUNCH acronym:

- **L** Learning strategies
- **A** Acclimation to the medical profession (expectations of medical students, concept of entrustable professional activities [EPAs], professionalism,)
- **U** Understanding oneself
- **N** New words and ideas
- **C** Careers in medicine
- **H** Healthy living (strategies applicable to myself and my patients, e.g. nutrition, exercise, sleep, stress management)

**Clinical Anatomy and Physiology (CAP)**

This course is a system-based course designed around topics of structure, development, and function of the human body as applied to medicine. The course is intended to serve only as an introduction to structure, function, and development. There is an emphasis on regional relationships between anatomical systems, integration of structure and function at both the gross and microscopic level, and context of clinically relevant anatomical concepts. In general the course will approach topics by:

- Explaining normal organ system function
- Developing an understanding of radiological imaging
- Informing the physical examination
- Preparing for proficiency in common clinical procedures
- Establishing the foundation for clinical reasoning

**Metabolism and Defense (MD01)**

The goal of Defense and Metabolism (D&M) is to establish a foundation of cell and molecular biology for understanding mechanisms of acquired and inherited human disease. This course combines subject matter from biochemistry, pathology, microbiology, molecular biology/medical genetics, virology, and immunology. Materials included in class presentations are aligned with clinical scenarios in order to apply basic science topics. Each of the
major topic areas, biochemistry, pathology, microbiology, molecular biology, medical genetics, virology, and immunology, will have a case developed specifically related to the topics presented in the course.

**Systems Pathophysiology I**

**Medical Neuroscience**
Medical Neuroscience is the first systems pathophysiology course, and more than half the content focuses on clinical medicine. The medical neuroscience course is a nine-week interdisciplinary block that covers:

- Basic neuroscience
- Core components of neurology
- Core components of psychiatry and behavioral health
- Principles of pharmacology as applied to the nervous system and its disorders

The course supplies the basic information about neuroscience needed to explore the pathophysiology of the neurological and psychiatric conditions commonly encountered in medical practice. It will introduce you to the principles of neurological and psychiatric diagnosis and supply the basic grounding in pharmacology needed to understand the neurochemical bases of many nervous system disorders and the use of medications in their treatment.

**Gastrointestinal System**
This course provides instruction regarding the gastrointestinal tract from the mouth to the anus, including the important accessory organs: the liver, the biliary tree, and the pancreas.

- Specific areas of focus include the physiology of digestion and absorption; nutrition; embryology, anatomy, and congenital disorders; genetics; pathology and disease states; microbiology; immunology; and pharmacology.
- Methods of instruction include didactics (35 hours), case-centered interactive learning (6 hours), on-line learning (8 hours), USMLE Step 1-type question review (8 hours), interactive games (3 hours), a live multidisciplinary GI Oncology Conference (1 hour) and self-directed learning. Material covered by on-line learning is addressed in class in the form of USMLE Step 1-type questions and discussion (4 hours, included in the 8 hour total for this method of instruction)
- The course is 4 week in length.
- The course faculty is made up of physician-scientists and clinicians
- Learner knowledge is assessed weekly throughout the course in the form of SRS questions and at the end of the course with the GI Block exam (summative).
- At the end of the course, the learner should have acquired a solid foundation of knowledge of the physiology, pathophysiology, and pharmacology of the GI tract and liver, as well as a preliminary understanding of the prevention, evaluation, and management of patients with diseases of these organs.

**Population Health/Epidemiology**
Because we are in an era of rapid generation of new knowledge, special skills are needed to access, critically review, and efficiently use good evidence from the medical literature in the care of patients and populations. This course extends across Year 1 and facilitates students’ understanding of medical epidemiology and provides an introduction to evidence-based medicine. Included are an understanding of basic epidemiologic principles, strengths and weaknesses of various study designs, use and interpretation of basic statistics, use and interpretation of diagnostic tests, techniques of efficient literature searching, and framing a precise patient (or population) care question in the areas of diagnosis, prognosis, harm, and therapy. The material will be presented in alternating lecture and small-group formats. Student evaluation includes small-group participation, problem sets, and computer-based examinations.

**Clinical Skills 1: Foundations in Clinical Skills (CS1)**
The clinical skills curriculum provides students with longitudinal clinical skills training through small-group learning, facilitating the development of the essential skills needed to perform as a clinician, including professionalism, history taking, communication and interpersonal skills, physical examinations skills and clinical reasoning skills. The curriculum is delivered through a series of sessions throughout years 1 and 2, and session are led by clinical faculty instructors. The course philosophy supports a patient- and relationship-centered approach that respects the dignity and value of each patient. Throughout the CS curriculum, students have multiple opportunities to meet and practice talking with and examining patients including real patients in our medical center, as well as standardized patients.
The focus of the first year of this curriculum – CS1 – is introductory history taking, communication, physical examination and clinical documentation skills. Class sessions include interactive tutorials of clinical skills, as well as clinical skills practice with patients, with direct observation and coaching by faculty. For early clinical immersion, students also attend multiple one-week clinical practice experiences (CPEs) with an assigned ambulatory preceptor.

Evaluation of students in CS1 consists of a series of performance-based assessments while interacting with standardized patients.

**Medicine and Patients in Society 1 (MAPS)**
This course sequence is a broad and basic overview longitudinal seminar, designed to prepare students for the integration of behavioral, social and ethical considerations into MS1 core learning about patient care and the role of health care in society. It covers core medical education content in ethics and professionalism, behavior, the medical social sciences, and the medical humanities, and is structured for optimal teaching of these key concepts and skills in the preclinical years. Promotion of critical reflection and respectful dialogue in small groups is an essential component of teaching and learning this material.

**Integrated Ultrasound 1**
The Integrated Ultrasound Curriculum is a supplemental instructional time intended to clarify difficult anatomical relationships and to reinforce knowledge of anatomy and physiology during the study of pathophysiology. The course is designed to maximize student engagement via hands-on laboratory sessions where students will be responsible for obtaining ultrasound images and investigating various anatomic structures.

Each course module consists of a 30-45 minute online didactic component to describe the relevant anatomy and ultrasound imaging combined with a one-hour laboratory session. During the laboratory sessions students will use ultrasound machines to image each other and obtain views of the relevant structures.

**Case-Centered Learning (CCL)**
Case-centered learning is a distinct component of the curriculum that occurs throughout Year 1 in conjunction with each major course. Students meet once per week in small groups of six to seven students and two faculty facilitators to promote development of self-directed learning skills and clinical reasoning skills, to strengthen the acquisition of basic and clinical science knowledge, to foster the development of professional attitude and behaviors, and to develop skills necessary to be an effective team member. The case topic serves as an anchor for the instruction each week in correlation with the material presented in the other Year 1 courses. Assessments occur through content examinations, faculty observations and performance examinations.
The required courses for the second half of the Foundations Curriculum include:

**Systems Pathophysiology 1:**
- Hematopoietic/Lymphatic 4.0 credits
- Cardiovascular 4.0 credits
- Pulmonary 4.0 credits
- Gastrointestinal System 4.0 credits

**Systems Pathophysiology 2:**
- Musculoskeletal 4.0 credits
- Renal 5.0 credits
- Endocrinology and Reproduction 4.0 credits

Clinical Skills 2 2.0 credits
Medicine and Patients in Society 2 0.5 credits
Integrated Ultrasound 2 0.5 credits
Population Health: Health Care Systems & Policy 1.0 credits

**Total:** 33.0 credits

### Year 2 Courses

**Systems Pathophysiology 1**

**Hematopoietic/Lymphatic**
This block further introduces the student to elements of the hematologic and lymphatic systems. The first week is focused on normal hematopoiesis and lymph node development from embryogenesis to the aging. The second week is focused on malignant hematologic disorders, and the third week is focused on the coagulation cascade and various coagulopathies. Each week is comprised of large group teaching, small group teaching where self-directed learning is emphasized, and weekly examinations, both formative and summative. A multidisciplinary approach to teaching is taken, with faculty including clinical specialists, pharmacists, microanatomists, and pathologists. The emphasis will be on concepts central to understanding hematology and the effects on patients experiencing the disorders.

**Cardiovascular**
The cardiovascular course provides a comprehensive overview of cardiac and vascular physiology, pathology, pathophysiology, and pharmacology. A special effort is made to keep the material both clinically relevant and useful for USMLE Step 1 preparation. The course begins with a brief overview of normal anatomy and function. Next, the course will review how the body maintains blood pressure with particular attention given to hypertension and its sequel. To complement the vascular function of blood pressure, cardiac output and its determinants will be reviewed. Using this material, the course will then synthesize an understanding of how to diagnose and develop treatment strategies for hypotension. Building upon this foundation, we will further develop understanding of congestive heart failure and its treatment. Potential causes of congestive heart failure, such as valvular heart disease and coronary artery disease will be reviewed. Recognizing that atherosclerosis is not limited to the coronary arteries, the next section will review the various manifestations and management of vascular disease. Throughout the course, material covered in lecture will be reinforced with case-based learning sessions to demonstrate how best to use the information to diagnose and formulate treatment plans. The final week of the course includes our patient simulation lab, where students have the opportunity to visualize pathophysiologic processes at work in a simulated patient environment. The student will have the opportunity to demonstrate their knowledge and understanding through multiple choice quizzes, case-based learning activities, and the final multiple-choice examination.

**Pulmonary**
The course guides learners from a basic understanding of respiratory anatomy and mechanics to an understanding of complex respiratory disease states. This is accomplished through addressing a particular “theme” with each week of the course. Within each week, appropriate material is assigned for independent study and other material is discussed.
in large or small group settings (see LCMS+ for the specific activity schedule). The final week includes integrative activities designed to help students connect their learning to clinical medical practice.

**Gastrointestinal System**

This course provides instruction regarding the gastrointestinal tract from the mouth to the anus, including the important accessory organs: the liver, the biliary tree, and the pancreas.

- Specific areas of focus include the physiology of digestion and absorption; nutrition; embryology, anatomy, and congenital disorders; genetics; pathology and disease states; microbiology; immunology; and pharmacology.
- Methods of instruction include didactics (35 hours), case-centered interactive learning (6 hours), on-line learning (8 hours), USMLE Step 1-type question review (8 hours), interactive games (3 hours), a live multidisciplinary GI Oncology Conference (1 hour) and self-directed learning. Material covered by on-line learning is addressed in class in the form of USMLE Step 1-type questions and discussion (4 hours, included in the 8 hour total for this method of instruction)
- The course is 4 week in length.
- The course faculty is made up of physician-scientists and clinicians
- Learner knowledge is assessed weekly throughout the course in the form of SRS questions and at the end of the course with the GI Block exam (summative).
- At the end of the course, the learner should have acquired a solid foundation of knowledge of the physiology, pathophysiology, and pharmacology of the GI tract and liver, as well as a preliminary understanding of the prevention, evaluation, and management of patients with diseases of these organs.

**Systems Pathophysiology 2**

**Musculoskeletal**

The musculoskeletal system is a complex system that encompasses a broad array of conditions and diseases. Some elements are very localized to specific muscles, nerves, etc. but many of the diseases that will be discussed in this block involve not only the musculoskeletal system but also overlap with other systems such as pulmonary, renal and cardiac. The first week will focus on systemic and inflammatory diseases with special attention to the clinical presentation, diagnosis and treatment. Although there may be some “spilling” of these topics into the next week, the second week will be predominately regional musculoskeletal conditions – again focusing on the presentations, diagnosis and treatment. Faculty providing instruction are mostly all clinicians and include a broad array of disciplines including, but not limited to, infectious diseases, oncology, orthopedics, pediatrics, radiology and rheumatology.

**Renal**

The Renal Course is designed to provide students with a strong background in basic renal physiology and pathology. With a comprehensive base, the primary objective of the course is to prepare students to identify, diagnose and manage complex renal patients in their third and fourth year clerkships. Each week is comprised of both large and small group sessions where self-directed learning is emphasized. A multidisciplinary approach to teaching is taken, with faculty including clinical specialists, micro-anatomists, pharmacologists and pathologists. During the first part of the course, students will initiate their introduction to the field of nephrology with a review of renal anatomy and microanatomy. Through the nephron, the basic unit, students will explore the many vital functions of the kidney as it relates to blood pressure, water regulation, acid-base balance, excretion of metabolic waste and electrolyte handling. In addition, students will learn the key endocrine hormones of the kidney (i.e. renin, aldosterone, and erythropoietin) and understand their impact on our organ systems. During the second part of the course, students will be exposed to a number of common renal diseases as it relates to structure and function. Students will be able to differentiate between various clinical syndromes; such as nephrotic and nephritic, acute and chronic renal failure. Lastly, students will be exposed to end stage manifestations and treatment modalities of kidney disease through discussions on dialysis and transplant. Students will learn and practice a systematic clinical approach to renal injury. The course will delineate the clinical presentations, diagnostic approaches and treatment principles of each disease process. This course will employ case centered learning to help integrate the students' knowledge in renal physiology and pathology with clinical applicability.
Endocrinology and Reproduction
This five-week course further introduces the student to essential elements of the endocrine and reproductive systems. The Endocrinology/Reproduction block focuses on the normal function and disease states of the hormonal control mechanisms that regulate homeostasis, metabolism, reproduction, growth, and stress response. The system is taught from the perspectives of relevant anatomy [including microanatomy], physiology, pathophysiology, pathology, and pharmacology. The block emphasizes and understanding of both normal function and diseases of the hypothalamus, pituitary, adrenals, thyroid, parathyroid glands, endocrine pancreas, and gonads, in addition to a focus on topics of great importance such as diabetes mellitus and reproductive medicine. Educational methods include large group teaching, small group activities where self-directed learning is emphasized and intermittent assessment through quizzes that focus on student learning outside of the lecture room. A multidisciplinary approach to teaching is taken, with faculty including both clinicians and basic scientists.

Clinical Skills 2: Applied Clinical Skills (CS2)
The Clinical Skills 2 (CS2) course is the second year component of students’ longitudinal clinical skills curriculum. The overall objective of CS2 is to build upon the foundational clinical skills learned in Year 1 of the curriculum and to prepare students for their upcoming clinical rotations in Year 3. As in Year 1, students will continue to practice and build their fundamental clinical skills including doctor-patient relationship building and communication (DPRC) skills, history taking skills, physical examination (PE) skills, and clinical documentation skills, with an ongoing emphasis on patient-centered care, professionalism, and professional identity development. In contrast to Year 1, however, where training is primarily focused on basic data gathering, Year 2 clinical skills training will challenge students to learn and practice focused data gathering, data interpretation based on your understanding of pathophysiologic mechanisms of disease, iterative differential formulation, and initial diagnostic management decision-making.

Medicine and Patients in Society 2 (MAPS)
This course sequence is a broad and basic overview seminar, designed to prepare students for the integration of behavioral, social and ethical considerations into MS2 core learning about patient care and the role of health care in society. It covers core medical education content in ethics and professionalism, behavior, the medical social sciences, and the medical humanities, and is structured for optimal teaching of these key concepts and skills in the preclinical years. Promotion of critical reflection and respectful dialogue in small groups is an essential component of teaching and learning this material. In these domains, as is true for many aspects of modern medical education, the ability to engage in continual learning, starting from a core set of basic concepts, is becoming at least as important as mastery of a body of factual knowledge that is constantly changing and expanding. This overview of core content is intended to provide a knowledge base and learning approach that should be built upon with additional curriculum content in the clinical years.

Integrated Ultrasound 2
The Integrated Ultrasound Curriculum is a supplemental instructional time intended to clarify difficult anatomical relationships and to reinforce knowledge of anatomy and physiology during the study of pathophysiology. The course is designed to maximize student engagement via hands-on laboratory sessions where students will be responsible for obtaining ultrasound images and investigating various anatomic structures. Each course module consists of a 30-45 minute online didactic component to describe the relevant anatomy and ultrasound imaging combined with a one-hour laboratory session. During the laboratory sessions students will use ultrasound machines to image each other and obtain views of the relevant structures.

Population Health: Healthcare Systems & Policy
Healthcare in America is transforming with a renewed focus on patient safety, quality, and value-based care. To function in this changing landscape, tomorrow’s physicians must understand the historical forces driving healthcare reform and the principles shaping new policies. The Healthcare Systems & Policy course will give students the knowledge needed to thrive in our evolving healthcare system and meaningfully advocate for future improvements.
The Year 3 Curriculum

The Year 3 curriculum consists of three 16-week blocks of clinical clerkship rotations in the major specialties, as follows:

<table>
<thead>
<tr>
<th>Core Clinical Clerkship</th>
<th>No. of Weeks</th>
<th>Credits</th>
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<tbody>
<tr>
<td>Internal Medicine</td>
<td>12 weeks</td>
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<tr>
<td>Surgery</td>
<td>8 weeks</td>
<td>8.0</td>
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<tr>
<td>Pediatrics</td>
<td>6 weeks</td>
<td>6.0</td>
</tr>
<tr>
<td>OB-GYN/Women’s Health</td>
<td>6 weeks</td>
<td>6.0</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>4 weeks</td>
<td>4.0</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4 weeks</td>
<td>4.0</td>
</tr>
<tr>
<td>Neurology</td>
<td>4 weeks</td>
<td>4.0</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>4 weeks</td>
<td>4.0</td>
</tr>
<tr>
<td>Radiology</td>
<td>Longitudinal</td>
<td>1.0</td>
</tr>
<tr>
<td>Basic Clinical Procedures</td>
<td>Longitudinal</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48 weeks</strong></td>
<td><strong>50.5</strong></td>
</tr>
</tbody>
</table>

Year 3 Courses

Internal Medicine
During this 12-week clerkship, students are assigned to patient care teams and are responsible for the day-to-day care of identified patients. Student responsibilities include obtaining histories and physical examinations, generating differential diagnoses and treatment plans, assessing patients at the bedside, writing daily progress notes to demonstrate level of understanding, presenting patient information to house staff and faculty, and participating actively on rounds by responding to questions of faculty and house staff regarding disease processes and patient care issues. Students are expected to demonstrate evidence of individual reading and use of learning resources to help them fulfill these responsibilities. Differential diagnosis and presentation of clinical data are emphasized throughout the rotation.

Students learn about the scope of outpatient internal medicine through assignments with generalists and subspecialists in a variety of clinics. Experiences with palliative care and hospice are included in this experience. Use of computer-based technology to round out the students’ exposure to essential topics is featured, as are case-based conferences.

Surgery
A list of educational goals and objectives for the surgery clerkship is provided to students on the first day of the 8-week rotation. Students serve as junior members of the surgical team and are expected to prepare for surgeries they observe by reading about the case and reviewing relevant anatomy. Case conferences, ward rounds, and grand rounds are employed to help students learn about differential diagnoses, diagnosis, and treatment. Students are required to document acquisition of various motor skills/tasks, including establishment of an IV and placement of a nasogastric tube.

Obstetrics/Gynecology/Women’s Health
This 6-week experience provides students with exposure to common topics in women’s health in both the inpatient and ambulatory settings. Inpatient activities include exposure to peripartum problems, operative obstetrics, operative gynecology, and common OB/GYN diagnostic and therapeutic modalities. In addition, as part of the high-risk obstetrics team, students are responsible for following patients from admission to discharge, participating in all aspects of care from the initial physical examination to the formulation of a management plan. The ambulatory component focuses on issues relevant to outpatient women’s care.

Pediatrics
This 6-week experience is a blend of outpatient and inpatient clinical activities in pediatric health care. The goal of the rotation is to facilitate the development of communication skills and competency in the physical examination of infants, children, and adolescents; an understanding of the influence of family, community, and society on the child in health and disease; the enhancement of clinical problem-solving skills; and the acquisition of knowledge necessary for the diagnosis and initial management of common acute and chronic illnesses in the pediatric population.
Clerkship objectives are met via participation as a member of the inpatient ward team and discussion of case vignettes in a small-group setting. The ambulatory component utilizes outpatient clinical settings to enhance students’ skills in synthesis of clinical information, interpretation of physical examination findings, generation of a differential diagnosis, selection of diagnostic tests, and development of a treatment plan.

Psychiatry
This 4-week clerkship facilitates student attainment of the knowledge, attitudes, and skills including how to conduct a psychiatric interview and the formulation of an initial differential diagnosis for common psychiatric presentations. Students are routinely expected to evaluate patients, read about the diagnostic possibilities raised by the case, synthesize information and present the patient on rounds, pursue further diagnostic testing, participate in planned therapeutic activities, and report and record patients’ progress. While on the clerkship rotation, students are expected to read material relevant to their patients’ conditions. They are also expected to utilize standard textbooks and review materials to familiarize themselves with clerkship objectives not addressed by their clinical exposure.

Neurology
This 4-week clerkship assists students in addressing the primary clerkship objectives relating to the identification of common neurologic diseases, the recognition of emergency neurologic situations, the management of common neurologic problems, and communication with patients and families of patients with motor, sensory, and cognitive deficits. The process of daily rounds and clinic (ambulatory) conferences, as well as weekly grand rounds, provides students with relevant examples of integrated clinical thinking. Students are expected to pursue independent reading on cases encountered on the wards and in clinics.

Family Medicine
The 4-week family medicine clerkship focuses on care in the outpatient clinical setting. The rotation incorporates outpatient clinical experience, small-group case discussion promoting the development of higher-order thinking skills and problem-solving skills, standardized patient educators in a smoking cessation activity, and a videotaped patient interview. Clerkship objectives include comprehensive, coordinated continuous care, psychosocial aspects of patient care, and group communication and presentation skills.

Emergency Medicine
This 4-week clerkship provides students with experience in the diagnosis and initial management of patients presenting to the emergency department. Students complete 18 eight-hour shifts during the clerkship and participate in interactive case-study presentations with Emergency Medicine faculty. EMS (ambulance) experience is available to students on an elective basis.

Radiology
Radiology is a required year-long course which provides and introduction to diagnostic radiology. The purpose of this clerkship is for the third year medical student to gain a basic understanding of diagnostic radiology and its role in patient diagnosis and treatment. The radiology curriculum is integrated into several clinical clerkships of Year 3: internal medicine, surgery, emergency medicine, neurology, psychiatry, OB/GYN, and pediatrics. During each of these clerkships (or clerkship blocks), individual radiology sessions will highlight disease processes that the students will likely encounter on those particular clinical clerkships. During the sessions, which last from 2 to 3 hours, the students will independently review pre-learning modules, to be followed by an interactive case conference whose goal is to illustrate concepts described in the modules.

Basic Clinical Procedures
Basic Clinical Procedures is the first of two required courses that comprise the Wake Forest Procedures Curriculum. In this course, students are introduced to basic clinical procedures and given the opportunity to learn about each procedure via multi-media online educational modules. Students then observe and participate in these procedures, students are expected to seek out opportunities to perform the procedures under appropriate supervision. The final examination for this course is the Procedures Objective Structured Clinical Examination (OSCE), a proctored exam where students are observed performing selected procedures in standardized simulated environments.
The Year 4 Curriculum

Year 4 consists of 4-week blocks including three required selectives, 5 electives, 4 weeks of USMLE Step 2 preparation, and 8 weeks of interview time. Students are required to complete three 4-week selectives (two in Advanced Inpatient/Acting Internship Management and one in Critical Care). The remaining time is available for approved electives. All Year 4 scheduling, including the Course Catalog and course selection is available through the PeopleSoft Student Center.

<table>
<thead>
<tr>
<th>No. of Weeks</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Inpatient Management/Acting Internship Management (AIM)</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Critical Care</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Electives</td>
<td>20 weeks</td>
</tr>
<tr>
<td>Advanced Clinical Procedures</td>
<td>Longitudinal</td>
</tr>
<tr>
<td>Y4 Intern Bootcamp</td>
<td>2 weeks</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>34 weeks</strong></td>
</tr>
</tbody>
</table>

It is recommended that no more than three of the elective rotations are done extramurally (i.e. outside the confines of the School of Medicine and its affiliates) provided that students meet all criteria as detailed in the Standards for Progression (as outlined in the Satisfactory Academic Progress Policy). These electives are limited to university-affiliated hospitals and medical centers, approved military medical centers, and/or facilities with approved rotations and preceptors. All extramural rotations require an affiliation agreement and approval of the Year 4 Administration team. The affiliation agreement and approval are the controlling factor for participating in extramural rotations. Students will not be able to participate in an away rotation without an affiliation agreement being on file no later than 15 days before the away elective start date. Opportunities in foreign countries are available through the Office of Global Health and are subject to the approval of the Senior Associate Dean for Healthcare Education or the Associate Dean of Student Affairs.

Year 4 Courses

Advanced Inpatient/Acting Internship Management Selectives (AIMs)

Students complete two AIM rotations, each selected from one of the following separate disciplines: Surgery, Psychiatry, Emergency Medicine, Anesthesiology, Obstetrics & Gynecology, Internal Medicine, Neurology, and Pediatrics. The primary goal of this selective experience is the development of students’ abilities in complete patient management. Students are actively involved in all aspects of patient care, including primary work-up, development of differential diagnoses, in-hospital patient management, and post-hospital care planning. Goals and objectives for each approved AIM are listed in the Year 4 Program Guide published online. As part of the AIM rotations, students must complete a Self-Directed Learning activity in which they drive their learning to meet a self-identified knowledge gap.

Critical Care Selective

The primary objective of this selective is to expose students to patient care in the intensive care setting, with emphasis on patient management issues, such as differential diagnosis, rational laboratory and radiologic testing, and acute and chronic management of patients with multiple medical and surgical problems. Student participate as an integral part of the intensive care team, in the Medical Intensive Care Unit (MICU), Coronary Care Unit (CCU), Neurosurgical Intensive Care Unit (NSU), Cardiothoracic Surgery Intensive Care Unit (CTSU), Pediatric Intensive Care Unit (PICU), Neonatal Intensive Care Unit (NICU), Surgical Intensive Care Unit (SICU) or the Trauma Surgery Unit (TICU). Students assume supervised responsibility for patient admission, evaluation, diagnostic testing, and initiation and evaluation of therapy and are exposed to patient-care issues such as end-of-life decisions, patient disposition, and family healthcare dynamics. Students also spend time in the Patient Simulation Laboratory (PSL), where they have the opportunity to learn and practice management skills relating to acute cardiovascular, pulmonary, renal, and neurologic intensive care. As part of the Critical Care rotations, students must complete a Self-Directed Learning activity in which they drive their learning to meet a self-identified knowledge gap.
Advanced Clinical Procedures

Advanced Clinical Procedures is the second of two required courses that comprise the Wake Forest Procedures Curriculum. In this course, students are introduced to advanced clinical procedures and given the opportunity to learn about each procedure via multi-media online educational modules. Students then observe and participate in these procedures as part of their clinical experiences. For specifically identified procedures, students are expected to seek out opportunities to perform the procedures under appropriate supervision. Procedures are tracked during the first course in this series, Basic Clinical Procedures, will be credited towards the requirements for completing this course.

Year 4 Intern Bootcamp

This course serves as the final capstone experience of the Wake Forest School of Medicine curriculum. The course is required for all students who will have completed all required and elective preclinical coursework and clinical clerkships and is mandatory for successful graduation.

The course is designed to augment the transition of senior medical students from their supervised clinical clerkships to independent practice as interns. The course consists of 30 required hours of curricular activity spread over 2 weeks and is divided into 3 components:

1. **Required activities for all students**: these activities are mandatory for all students; attendance and participation are required for successful completion of the course.

2. **Specialty oriented “selective” tracks**: these specialty-specific tracks consist of a group of lectures, small and large group activities which are oriented towards students who will be pursuing like-internships. Students are required to complete one of the specialty-specific tracks.

3. **Electives**: these activities are optional and designed to provide students with the ability to tailor a component of their capstone experience to meet their own curricular needs. Students are not required to complete all electives but will select enough electives to complete the total required hours of coursework per week

Required activities are mandatory. Students have the opportunity to select the “selective” track that most closely aligns with the student’s upcoming internship. Within each track, all coursework is mandatory. Electives are available through an electronic request system. Methods of instruction include mini-lectures (i.e. 30-40 minute rapid reviews), small and large group activities, simulation, and procedure-based experiential activities.

The course has been designed and prepared by faculty and is facilitated by leading clinical educators, clerkship directors, program directors, fellows, residents and other interprofessional healthcare provided according to their area of expertise.

All students will establish, monitor, and assess a personalized learning plan which will be facilitated by the course director and course liaisons. All students will be required to develop this personalized learning plan on day 1, turn in a mid-course assessment of their progress, and complete a final reflective assessment of their learning plan for successful completion of the course.
Doctor of Medicine Program Policies and Procedures

Matriculation Policy

For the new medical student(s), matriculation will be official when the Associate Dean for Medical Student Admissions, or a designated representative, states to the student(s), “You are now officially matriculated at the Wake Forest School of Medicine.” This statement will usually be made at the first day of Orientation.

Code of Honor and Professional Conduct

I. Philosophy of Honor System

We at the Wake Forest School of Medicine believe medicine is an honorable profession. Those endeavoring to practice medicine are motivated by a desire to help heal the sick and infirm and to comfort the dying and their loved ones. Thus, inherent to the practice of medicine are the virtues of honesty and responsibility. We must remain accountable and responsible for our actions and failures to act.

Our responsibility as medical students to uphold said virtues also requires us to abide by this Code of Honor and Professional Conduct for the Wake Forest School of Medicine. The purpose of the Code is to state our commitment to the principles of honesty, trustworthiness, and responsibility among students, faculty, staff, and patients, as well as to establish a system to promote the practice of these virtues. It will also provide a means to investigate, and, if necessary, pass judgment on alleged infractions of the Code. The Code also tasks students with the responsibility for holding themselves and others accountable to its principles.

II. Standards of Honor and Professional Conduct

Physicians are called to the highest standards of honor and professional conduct. However, our responsibility to patients, their families, faculty and staff precedes the receipt of a medical degree. This responsibility begins upon matriculation as a medical school student. As such, the students of the Wake Forest School of Medicine commit to embody the following virtues and uphold the standards they entail throughout the duration of enrollment:

A. Honesty

1. Be truthful and forthcoming in communication with others.
2. Refrain from cheating, including, but not limited to, copying the answers of another student on an examination, unauthorized use of previous editions of examinations, reproducing information on an examination for other students who have not taken the examination, or any other use of unauthorized information or assistance on an examination or assignment.
3. Refrain from plagiarism, including, but not limited to, dishonest representation of another’s work as one’s own.
4. Refrain from lying or making misrepresentations in the fulfillment of academic requirements.
5. Refrain from falsifying or deceitfully representing information regarding clinical work or patient care, including, but not limited to, reporting or documenting false lab values or other unverified patient information.

B. Trustworthiness

A. Maintain the confidentiality and security of patient information.
B. Admit errors and not promote ourselves at the patient’s expense.

C. Professional demeanor

1. Be thoughtful and professional when interacting with patients and their families.
2. Strive to maintain our composure under pressures of fatigue, professional stress, or personal problems.
3. Avoid offensive language, gestures, or inappropriate remarks that are reasonably offensive to others.
4. Maintain a neat and clean appearance, and dress in attire that is reasonable and accepted as professional to the patient population served.

D. Respect for the rights of others

1. Create an atmosphere which encourages learning, characterized by cooperation and respectful relationships with the patient population served.
2. Deal with all members of the health team in a considerate manner and with a spirit of cooperation.
3. Act with an egalitarian spirit toward all persons encountered in a professional or academic capacity, regardless of race, religion, gender, sexual preference, age, disability or socioeconomic status.
4. Respect the right of patients and their families to be informed and share in patient care decisions.
5. Respect patients’ modesty and privacy.

E. Personal accountability

1. Participate responsibly in patient care to the best of our ability and seek out help or appropriate supervision when necessary.
2. Responsibly complete any clinical duties that we have undertaken.
3. Notify the responsible person if something interferes with our ability to perform clinical tasks effectively.

F. Concern for the welfare of patients

1. Treat patients and their families with respect and dignity both in their presence and in discussions with others.
2. Recognize when our ability to function effectively is compromised, and ask for relief or aid.
3. Refrain from alcohol or drug use that compromises or could compromise patient care or our own performance.
4. Not engage in romantic, sexual, or other non-professional relationships with a patient, even at the request of a patient.

G. Non-retaliation

Refrain from any action that could be construed as retaliation against a fellow student or faculty member who has reported a potential violation of the Honor Code or other Medical School policy, regardless of the outcome of such a report.

H. School Representation

In addition to the behavior described in the Code of Honor and Professional Conduct, we shall demonstrate behavior which is considered appropriate for a career in medicine and will avoid conduct on and off campus which would discredit the School of Medicine, ourselves, or the profession of medicine. This includes violations of criminal statutes. Inappropriate or unprofessional conduct relevant to the student’s eventual successful career in medicine may be reviewed by The Honor Council and subsequently both the Associate Dean of Student Affairs and the Senior Associate Dean of Healthcare Education (referred to collectively as “Deans” for the remainder of the Code) and SPARC as prescribed in Section V.

I. Witnessing Violations

Each student carries the personal responsibility to report concerns regarding possible violations of the Code that he or she witnesses. In addition, each student must report concerns when s/he has sufficient information to believe a violation has occurred. Failure to report such concerns will be considered a violation of the Code.

III. Interpretations and Applications

A. Upon acceptance to the Wake Forest School of Medicine, each new student shall receive a copy of The Code and/or information regarding where to find electronic copies of the Code.
B. Each matriculating student will sign the Honor Pledge during orientation. Students are required to sign the Honor Pledge. An official record will be made of the signees and will be kept in the Office of Student Records. The Honor Code and System will be applicable to all students. The Honor Pledge can be found in Appendix II; this pledge may be used as deemed appropriate by students and faculty, e.g., as a posting in a lab or lecture hall, but it may not substitute for Appendix I on a graded assignment.

C. Appendix I will apply to all graded assignments during any phase of the Wake Forest School of Medicine course of study, and will appear on all quizzes or examinations. If the assignment is electronic, the student is responsible for reading all of Appendix I and will be required to press an “I Accept” button or its equivalent before being allowed to begin the assignment. For paper assignments, the student will be asked to sign below Appendix I as a symbol of acceptance and understanding that the Honor Code pertains to the assignment.

IV. The Honor Council

A. Composition

1. Twelve student members will comprise the Honor Council, with a quorum of seven members required when the Council is voting on any matter, is holding a hearing, or is voting on revisions to the Code. Each class will elect three members to serve terms of three and one-half years. Election of new members will take place in November of each academic year. No one shall be considered eligible for election to the Honor Council if they are not in good academic and professional standing as defined in the yearly WFSM Bulletin, which can be found through the eWake website. A quorum will be five members when there are only nine members of the Honor Council during the first half of each year.

2. One faculty member will be appointed to a one year term by the Council to serve as Advisor to the Honor Council. This faculty member must also be a member of the SPARC. There is no limit on the number of terms a faculty member may serve as Advisor. The advisor may be present at meetings of the Honor Council.

3. Terms and Conditions of Office

   a. Medical students who are candidates for a joint degree are eligible to serve as their matriculating class’ Honor Council representative. However, at the time they leave their medical school class to begin the other component of their degree, they will permanently cease to be an Honor Council member. Should this situation arise, four members will be elected from the original matriculating class of the joint degree candidate to ensure adequate representation when the student leaves.

   b. Members who do not progress with their matriculating class will no longer be eligible to serve as an Honor Council representative. Election of a new member from the appropriate class will take place as soon as possible.

   c. Honor Council members may not also serve as the president, vice president, secretary, or treasurer of his or her individual class or of the Student Body. Also, no Council member will hold a position on the Health and Effectiveness Committee.

   d. In the event that a Council member is believed to be performing their duties unsatisfactorily, the Honor Council Chair shall be informed and will call for a meeting to discuss the case. After discussion, the member in question may be removed from the Council by a three-quarters vote of the Council members. Election of a new member from the appropriate class will follow as soon as possible.

   e. No student that has previously been convicted of an infraction against the Code in a hearing shall be elected to the Honor Council. Any Council member found guilty of an Honor Code violation in a formal hearing shall be immediately removed from the Council, with his or her position filled as soon as possible by election from the appropriate class.
f. If a council member is dismissed from the Wake Forest School of Medicine, an election for a replacement council member from the appropriate class will be held as soon as possible to replace this member.

4. Officers

a. The Chair and Vice Chair of the Honor Council shall be elected annually and shall have served at least one year on the Honor Council. He or she shall be elected by the Honor Council in March or April and shall serve a term of one year. The duties of the Chair are as detailed in the Disciplinary Procedures section of this document. The Vice Chair shall fulfill the duties of the Chair when the Chair is unavailable.

b. The Secretary of the Honor Council shall be elected annually. A one year prior service requirement is not required to hold this position. He or she shall be elected by the Honor Council in March or April and shall serve a term of one year. The Secretary shall keep record of Honor Council meetings and draft Honor Council correspondence. The Secretary shall fulfill the duties of the Chair when the Chair and Vice Chair are unavailable.

b. All three officer positions cannot be held simultaneously by 4th year medical students.

5. Faculty Advisor

a. The Faculty Advisor will be an active faculty member, and shall be a current member of SPARC.

b. The responsibilities of the Faculty Advisor are to serve as both an educator for and a liaison between the faculty and the Honor Council.

c. To maintain the confidentiality of the accused student’s identity during disciplinary procedures, the Faculty Advisor will not be present during the hearing or deliberations. However, the Faculty Advisor will be available for consultation by phone during deliberations. Should the faculty member be consulted at such time, identifying information of the accused will not be discussed.

d. The Faculty Advisor may request to be dismissed from his/her duties at any time by notifying the Honor Council Chair. At such a time, the Honor Council Chair will notify the Dean and may request the Dean’s assistance in selecting a new Advisor. A majority vote of the Council will appoint a new Advisor.

B. Duties and Responsibilities

1. The members of the Honor Council shall uphold the values of The Code and act in accordance with the requirements of the Code as examples for all medical students and members of the medical profession.

2. The Honor Council shall educate the student body on the Code and the duties of individuals in the Wake Forest School of Medicine community living under the Code.

3. The Honor Council shall be responsible for receiving accusations, initiating investigations of suspected infractions, holding hearings in a fair and impartial manner, and counseling students when appropriate. The Council shall seek objective evidence that an infraction has occurred. At all times, the members of the Honor Council should maintain an attitude of impartiality when reviewing the evidence presented to them. Furthermore, all cases will proceed under the assumption that the accused is innocent until proven responsible for a violation of the Code.

4. Each member of the Honor Council, excluding the Chair and the Secretary, may be required to participate in the Honor Council process as an Investigator of reported violations. The member who is selected to serve as the Investigator in a case will solicit evidence and interview witnesses in an unbiased manner. Members of the Honor Council shall not serve as Investigator for a particular case if they feel themselves unable to act fairly or impartially in this duty. If another Honor Council member feels another member will be unable to do so, the Honor Council member must share the concern with the Chair, who will make a decision. In the event the concern pertains to the Chair, the Vice Chair will make a decision. Also, any Council member who feels unable to deliberate hearings for a particular case fairly or impartially, for any
reason, should inform the Chair and discuss a plan for proceeding without that member’s participation.

5. The Chair of the Honor Council shall prepare an annual report to be presented to the Wake Forest School of Medicine student body, faculty, and administration, detailing the number of hearings held and, the offenses, verdicts, and sanctions recommended by the Honor Council. The report will also contain a tally of accusations resolved by counseling, as categorized under Section II. Anonymity of the involved parties will be maintained. This report shall be submitted annually prior to graduation of the fourth year class.

C. Confidentiality

All information relating to any Honor Council proceeding, including investigations, shall be considered confidential. All individuals involved in an Honor Council proceeding must maintain that confidentiality at all times, unless disclosure is required by law, or when disclosure is otherwise permitted under this Code. Violation of this confidentiality requirement is itself an Honor Code offense. The student accused of violating the Honor Code may choose to waive his or her right to confidentiality at any time by giving written notice to the Chair of the Honor Council. The accused shall have the right to divulge any information concerning his or her case, except for the names of the witnesses, to any person whose confidence he or she has chosen to seek.

V. Disciplinary Procedures

A. Reporting a suspected infraction of The Code

1. When a member of the Wake Forest School of Medicine community has reason to believe that a medical student has violated the Code, he or she should discuss the concern with an Honor Council member or address the concern to one of the Deans. The usual and preferred action from the Dean who receives the concern will be to refer the matter to the Honor Council for review in accordance with this Code. The Dean may, however, choose to not refer to the matter to the Honor Council in his/her discretion, such as when the Dean determines the matter is too sensitive or egregious for the Council’s purview, or when other policies warrant direct referral to SPARC or another process for review and resolution. The Deans and Chair will meet biannually to discuss, in general terms and without revealing the identity of the students involved, the concerns reviewed by each, including cases not referred to the Council, to promote a mutual understanding of the types of circumstances that may or may not warrant referral to the Council.

2. To bring a formal charge before the Honor Council, the concerned person should report the complaint in writing by email or via the SGA website to the Chair of the Honor Council or an Honor Council member. At this time, he or she must disclose his or her name, the name of the accused student, the names of any witnesses and the suspected violation. The name of the reporting witness will only be known to the Honor Council member who received the report and the Chair. A member of the Wake Forest School of Medicine community has a duty to report a suspected infraction to the Honor Council or the Deans within 30 days of becoming aware of the infraction.

B. Post-reporting Procedures

1. The Chair of the Honor Council shall follow one of four courses upon receipt of a concern:

   a. Initiate an investigation

   b. Convene a meeting of the Honor Council if the Chair feels for any reason that a reported behavior does not constitute a violation of the code and thus may not need to proceed to a formal hearing. The Chair will set forth their concerns before the Council, and a majority vote by members present will decide whether the reported behavior constitutes a violation of the Code. A quorum is not necessary for such a vote, but all reasonable effort must be made to consult as many members as possible.

   c. Allegations of an Honor Code violation which would also constitute a violation of the School of Medicine’s Student Sexual Misconduct Policy, or other policies of the School of Medicine or Wake Forest Baptist Medical Center, or where criminal charges related to the allegations are pending against the accused, must be referred by the Honor Council to the Deans for proper handling. The Deans
reserves the right, after careful consideration, to refer any such case to the SPARC or back to the Honor Council to be managed according to the Honor Council process.

d. If council members are concerned about the wellbeing of the accused, the Chair will share this information with the Deans to aid in helping the student.

C. Investigation

1. Upon appointment by the Chair of the Honor Council, the Investigator shall promptly begin collecting information about the suspected violation. The Investigator shall:

a. interview the accused student;

b. interview the person(s) placing the complaint;

c. conduct interviews with any others, including students or faculty, who may have pertinent information relating to the alleged infraction;

d. review document(s) or other evidence relevant to the suspected violation;

e. report findings to the Honor Council.

f. If a case proceeds to a hearing, the Investigator will compile a case summary and provide it to the accused and council members at least 24 hours before a hearing.

2. During the investigation, the names of all witnesses and the accused will be anonymous to the rest of the Honor Council.

D. Determination of need for hearing

1. When a formal hearing is deemed unwarranted by majority vote, Council members may opt to counsel and provide appropriate resources to the accused regarding his her professional conduct. The accused will be notified that a meeting will take place with an Honor Council officer and at least one other Honor Council member. The purpose of the meeting will be to address the accused’s professional conduct as it pertains to the allegation. A report will be maintained by the Chair of the Honor Council, including a brief description of the event and the student’s name, for record-keeping purposes. The Chair shall reveal to the Council records of any such meetings at the time of a future investigation of the accused, but will maintain the anonymity of the accused until the determination of a need for a hearing.

2. If the Honor Council determines the need for a meeting with the accused student as described above, such action is considered to be a finding by the Council of a violation of the Code, and the name of the student and nature of their infraction, as well as the result of the meeting, will be given to the faculty advisor for the Honor Council to ensure a faculty record of the meeting is maintained. The student’s identity will remain anonymous to all other faculty members unless the faculty advisor determines that further action may be necessary due to the student’s prior disciplinary history.

3. If a majority vote of the council determines the need for a formal hearing, the Chair of the Honor Council will:

a. compile the list of formal charges;

b. deliver the charges to the accused;

c. schedule the date for the Honor hearing. Except under extenuating circumstances, such as unavailability of Council members or witnesses, the date of the hearing will be no later than ten business days after the formal complaint has been received, excluding school holidays;

d. send notices to all persons who must be present at the Honor Hearing, including all witnesses. The Chair will also inform the Council members of the name of the accused.

e. The accused student will be told the names of all witnesses, with the reporting witness’ name included only as a witness to the violation, at the time they are notified of the scheduled date of the hearing.

E. Rights of the accused

1. Any student who has been accused of violating the Code and whose case is proceeding to a hearing shall have the following rights. The accused student shall be given a copy of this Honor Code when he or she
receives initial notification of the charges.

a. Right to timely notification of the charge(s) against him or her.

b. Right to have all details of any charges and knowledge of Honor Council proceedings kept confidential. Only individuals specified in this Code should be provided information regarding Honor Council business and proceedings, except when disclosure of information may otherwise be required by law.

c. Right to a prompt hearing, as described in section V.d.2.c.

d. Right to request, with satisfactory explanation, nonparticipation of any members of the Honor Council. These requests shall be reviewed by the Honor Council as a whole, and a majority vote of a quorum of the Council in favor of proceeding with the hearing is required in order to proceed.

e. Right to be assisted or represented at the Honor Hearing by a Wake Forest School of Medicine student of his or her choosing. This representative may not be a member of the Honor Council.

f. Right to present a statement in his or her own defense or decline to testify at the Honor Hearing.

g. Right to call and question, directly or through his or her representative, witnesses during the Honor Hearing. The accused will give the designated Investigator the names of witnesses he or she would like to call for questioning at least 48 hours prior to the hearing. The Investigator will notify the Chair of the Honor Council, who is responsible for notifying witnesses that they are being called to testify.

h. Right to have his or her innocence judged solely on the evidence and testimony presented during the Honor Hearing, though a history of prior offenses can affect sanctioning.

i. Right to appeal decisions to SPARC on the grounds of procedural unfairness or perceived bias.

F. Rights of the witnesses

a. Any student who has reported or is a witness in a hearing regarding an alleged violation of the Honor Code shall have the following rights:

b. Right to have testimony given in an Honor Code hearing used only for the purposes of the Honor Code or SPARC proceedings, except when otherwise required by law.

c. Right to remain anonymous to the accused student until the time the accused is informed of the scheduled date of the hearing.

d. Right to be protected from retaliation for participating in the Honor Code process. Any student who retaliates against an individual who has participated in and Honor Code process will be held in violation of the Honor Code.

G. The Honor Hearing

1. Participants

   a. A quorum of council members is required to hold a hearing. A quorum will be defined as greater than half the number of voting members. Therefore, five voting members (excluding the Investigator) must be present prior to the election of first year students, and seven voting members must be present following their election. A hearing will be delayed until such time as these members are available.

   b. Honor Hearings are closed hearings unless the accused student requests an open hearing.

   c. In a closed hearing, only the following people are to be present:

      i. accused and his or her designated representative;
      ii. members of the Honor Council;
iii. Investigator for the case;
iv. witnesses, allowed one at a time and only during their own testimony;

d. In an open hearing, all members of the Wake Forest School of Medicine may be present. The general public and members of the press or media are not permitted to be present.

2. Records of proceedings

a. A formal record of all proceedings of the Honor Hearing, except the deliberations of the Honor Council, shall be kept in a locked file in the Office of Student Affairs for a period of six years from the date of the Hearing, and then destroyed.

b. The formal record of proceedings shall be in the form of an audio or video recording created by the Secretary of the Council.

c. These recordings shall be the sole property of the Wake Forest School of Medicine.

d. Access to these recordings shall only be allowed with joint permission of the Chair of the Honor Council and the Deans, unless required by law. The recordings will be available to SPARC if the student was determined by the Council to have violated the Code.

3. Hearing procedures

a. The Chair of the Honor Council shall call the Hearing to order, reminding those present that in an Honor hearing the members of the Wake Forest School of Medicine community are bound to honesty and integrity, and that all details of the hearing are to remain confidential.

b. The Chair shall read the formal statement of charges.

c. The Chair shall call for the presentation of evidence by the Investigator in summary format.

d. The Chair shall call for the presentation of evidence by the accused in summary format. Questioning of the accused will then occur by the Investigator, followed by members of the Honor Council.

e. The Chair shall call for the testimony of witnesses as called by the Investigator. Each presentation is followed by a period of time set aside for questioning by the Investigator, the accused and his or her representative, followed by members of the Honor Council.

f. The Chair shall call for the testimony of witnesses as called by the accused. Each presentation is followed by a period of time set aside for questioning by the accused and his or her representative, the Investigator, followed by members of the Honor Council, in that order.

g. The Chair shall call for clarifying remarks and final questions.

h. Conclusion of the Honor Hearing. All present, including the Investigator, are dismissed, with the exception of the Chair and members of the Honor Council.

H. Deliberations

It shall be the duty of the members of the Honor Council to determine if it is more likely than not that the accused student has committed the action of which he or she is accused and that such actions constitute a violation of The Code.

I. Decision and Reporting

1. Upon completion of the deliberations, all present members of the Honor Council shall vote on a verdict. A majority of members must return a verdict of guilty in order for the student to be found responsible for a violation of the Honor Code.
2. Immediately following the Honor Council’s decision and, if applicable, determination of recommendations for disciplinary actions, the Honor Council Chair will notify the accused student of the Council’s decision and the next steps that will take place according to the verdict.

3. If the Honor Council has decided that a violation of the Code has occurred, a formal written report shall be made to the Deans by the Honor Council Chair which includes the name of the student who was found in violation of the Code, the infraction(s) committed, a brief summary of the events surrounding the violation, the Honor Council’s decision and a recommendation for disciplinary action. This notification will be hand delivered to the Dean or their delegate before the end of the second business day following an Honor Hearing.

4. If the Honor Council has decided that the student has not violated the Code, the charges against the accused shall be dropped. A written report to the Deans by the Honor Council Chair will relate the events of the hearing, but will not include the names of the accused or any other involved students. This report will be given to the Dean before the end of the second business day following an Honor hearing. The Chair will also send this report to the Council’s faculty advisor. The Chair will inform the assistant director for student affairs of the student’s identity. The assistant director for student affairs will maintain a file regarding previous investigations and will report to the Deans and the faculty advisor if a student found responsible for a code violation has had prior accusations of violations of the Code. The Deans will then determine whether additional action is warranted.

5. Following the resolution of a formal allegation, regardless of the method of resolution, the Chair reserves the right to inform the witnesses that their concerns were addressed through the Honor System. Faculty inquiries addressed to the Council concerning the outcome of a case will be referred to the Deans.

J. Policy for Student Disciplinary Procedures

If the Honor Council has determined that a violation of the Code has occurred, the Dean will review the Honor Council’s findings and may refer the case to SPARC and the case may be heard as defined in the policy for SPARC, which can be found in the yearly WFSM Bulletin through the eWake website.

VI. Student Professionalism and Academic Review Committee (SPARC)

A. Decision Regarding Sanctions

At the discretion of the Deans, the SPARC shall be the body to whom recommendations regarding sanctions will be made by the Honor Council in the case that a student is found responsible for a violation of the Honor Code. SPARC will then review the case and issue a decision regarding sanctions.

B. Composition

The SPARC is a standing committee of the School of Medicine appointed by the Dean. Members representing both the basic science and clinical faculty serve overlapping terms to provide continuity among Committee Members.

VII. Faculty Involvement

A. Faculty Support

The cooperation and support of the faculty are essential in carrying out the spirit and principles of the Honor Code. They, too, benefit from the freedom created by living in a community of honesty and trust. Likewise, the faculty has individual and corporate responsibility to uphold the Honor System.

B. Faculty Rights
All reports of suspected Honor Code violations shall be dealt with under the Honor System as described herein. The reporting faculty member shall have the same rights, obligations, and responsibilities under the Honor System as any student reporting a suspected violation. The only penalties or sanctions which may be imposed against an accused student are sanctions imposed by SPARC.

C. Reducing Temptations and Misunderstandings

The faculty shall use their best efforts to minimize the potential for Honor Code violations. For example, the faculty shall

a. give clear directions and instructions concerning course requirements and the limits of acceptable collaboration in coursework.

b. carefully maintain the security of examinations.

c. clearly explain whether old examinations may be used by students in preparing for current examinations, being sure to make such old examinations equally accessible to students when their use is permitted.

d. reduce the temptation to pass information about exams from class to class by changing the content of exams from year-to-year as much as is practical. This includes exams for both the basic science courses and clinical rotations.

VIII. Revision of the Honor System

A. Petition for consideration of change to this document may be submitted in writing to the Chair of the Honor Council by any student or faculty member.

B. A three-quarters majority vote of the Honor Council is required to pass the proposed changes. Revisions to the Honor Code will be submitted to the Dean for final approval.

C. Any proposed changes in the Honor Code and System will be sent to all classes via e-mail attachment for student body evaluation and input, no less than one week prior to the official Council vote.

D. Copies of the most current version of The Honor Code and System will be kept in the Office of Student Services. Current versions will also appear on the Honor Council portion of the SGA website, the Educational Services portion of the eWake website, and in the Wake Forest School of Medicine Student Bulletin which is revised and published annually.

Appendix I.

To be attached to any quizzes or exams per section III.C:

“I acknowledge that the principles of the Honor Code and Honor Pledge pertain to this assignment. On my honor, I pledge that I will neither give nor receive unauthorized assistance or information on this assignment and I will not tolerate such conduct on the part of others. My signature or electronic submission of this assignment symbolizes my awareness and acceptance of the fact that this and all other academic activities at Wake Forest School of Medicine are governed by its Honor Code.”

Appendix II.

The Honor Pledge of the Wake Forest School of Medicine

“Physicians are called to the highest standards of honor and professional conduct. However, our responsibility to patients, their families, faculty, and staff precedes the receipt of a medical degree. This responsibility begins upon matriculation as a medical school student. As such, the students of Wake Forest School of Medicine commit to embody the virtues and uphold the standards as described in the Wake Forest School of Medicine Code of Honor and Professional Conduct throughout the duration of enrollment.”
As a Wake Forest School of Medicine student, I pledge to demonstrate behavior which is considered appropriate for a career in medicine. Appropriate behavior includes, but is not limited to, honesty, trustworthiness, professional demeanor, respect for the rights of others, personal accountability, and concern for the welfare of patients. In these areas, I, as a medical student, will endeavor to live by and uphold The Code”

Code of Honor and Professional Conduct Approved August 15, 2015
**MD Conflict of Interest Disclosure**

As course coordinators/clerkship coordinators are preparing your schedules, we would like to ask you to submit any potential conflicts of interest you foresee during your courses, clerkships, and rotations.

Conflicts of interest important to consider include but are not limited to:

- You are an immediate family member of the individual.
- You are in a consensual relationship with the individual.
- You have a personal financial relationship with the individual.
- You have received medical or mental healthcare from the individual.
- Any other issue not included in the above-mentioned situations you may perceive as a conflict (additional information about the nature of the perceived conflict may be requested under this circumstance).

For further details, please see the [Conflict of Interest Related to Student Assessment policy](#).

To report a Conflict of Interest, [CLICK HERE](#). Please provide the full name (first and last) of any faculty or house officer in a department(s) or section(s) with whom you perceive as having a conflict of interest. This information will be forwarded to the Senior Associate Dean of Healthcare Education and his/her designee (such as course coordinators and directors) for consideration and, if necessary, management.
The Grading System

The practice of medicine is a continual test of a person’s will and ability to perform at the highest level. Students are expected to develop a habit of excellence and set personal standards of achievement that will provide the highest quality of patient care and bring credit to themselves, to their profession, and to their alma mater. The school’s grading system reflects these goals.

Grading System for Years 1 & 2

- Pass
- Fail

Grading System for Years 3 & 4

- Honors
- High Pass
- Pass
- Low Pass
- Fail

Note: “Fail” (F) is not a passing grade.

The criteria for each grade level should be specified prior to the start of each course or clerkship.

Mechanics of Handling Grades

Final grades are recorded in the Office of Student Records. Periodic progress reports are built into the system so that students have an opportunity to receive feedback regarding strengths and weaknesses. However, if students feel uncertain about their progress in a given area, they should contact the faculty member responsible for student evaluation for that course. If that is not satisfactory, they should contact the Senior Associate Dean for Healthcare Education or the Director of Academic Affairs.

Class Standing

Actual grades received and class rankings are recorded in the student record maintained in the Office of Student Records. Class rank is calculated at the end of Year 3. Class rank will no longer be calculated beginning with the Class of 2019.
Policy on Final Grade Submission for Pre-clinical & Clinical Year Courses/Clerkships

Policy Statement
It is the expectation of the Medical School that final grades be submitted for recording in the student record system within four weeks (or 28 days) from the end date of the pre-clinical course or clerkship activities.

Reasons for Policy
Ensuring the timeliness in which medical students are informed about their final and comprehensive performance in a course and/or clerkship is an important element for students to self-assess their progression in the medical school curriculum. In addition, the submission of grades in a timely manner ensures verification of grades for transcript deadlines, such as ERAS (Electronic Residency Application Service) submission, graduation, and enrollment verification. Finally, it is an accreditation requirement (LCME Element 9.8) that grades be submitted no later than 6 weeks after the end date of the course/clerkship for official reporting purposes.

Procedures for Timely Submission of Final Grades in Pre-Clinical Years:

- Grades for all courses and clerkships should be submitted by the Course Directors to Undergraduate Medical Education (which is responsible for inputting final course grades) within 4 weeks of the end date of the course activities. Undergraduate Medical Education is responsible for entering final grades into the grading system, once approved by the Course Director.
- The Office of Student Records will generate a report of delinquent grades at the end of the 4-week period listing all courses that are not in compliance with the grade submission deadline. Those non-compliant Course Directors will receive an email from the Office of Student Records at the end of the 4-week period.
- The Office Student Records will generate a report of delinquent grades at the end of the 5-week period listing all courses that remain out of compliance with the grade submission deadline. The Course Director will be notified at the end of the 5-week period of the delinquent grades, with a cc to the Senior Associate Dean of Healthcare Education to inform them that they have not submitted all grades and that they must do so immediately.
- The Office of Student Records will generate a report at the end of the 6 week period that will list all courses that are out of compliance with the final grade submission deadline. At the end of the 6-week period, the respective Department Chair will receive a copy of this report from the Senior Associate Dean for Healthcare Education. The report will be taken into consideration upon the annual review of course and course director performance evaluations (“dashboards”) by the Senior Associate Dean of Healthcare Education.

Procedures for timely submission of final grades in Clinical Years:

- It is the responsibility of the Clerkship/Course Director to submit grades into the PeopleSoft grade reporting system within 4 weeks of the end date of the course or clerkship activities. The Clerkship/Course Directors are responsible for ensuring this has taken place (all designated Clerkship/Course Directors and their Coordinators, if applicable, have the ability to review the grading system at any time to see the status of outstanding grades and each affected student.)
- The Office of Student Records will generate a report of delinquent grades at the end of the 4-week period listing all courses and clerkships that are not in compliance with the grade submission deadline. Those non-compliant Clerkship/Course Directors will receive an email from the Office of Student Records at the end of the 4-week period.
- The Office Student Records will generate a report of delinquent grades at the end of the 5-week period listing all courses that remain out of compliance with the grade submission deadline. The Clerkship/Course Director will be notified at the end of the 5-week period of the delinquent grades, with a cc to the Senior Associate Dean of Healthcare Education to inform them that they have not submitted all grades and that they must do so immediately.
- The Office of Student Records will generate a report at the end of the 6 week period that will list all clerkship/courses that are out of compliance with the final grade submission deadline. At the end of the 6-week period, the respective Department Chair will receive a copy of this report from the Senior Associate
Dean for Healthcare Education. The report will be taken into consideration upon the annual review of course and course director performance evaluations (“dashboards”) by the Senior Associate Dean of Healthcare Education.
Policy on Narrative Description of Medical Student Performance

Policy Statement
It is the policy of the School of Medicine that a narrative describing a student’s performance be submitted by each Course/Clerkship director with the student’s final grade in the course/clerkship. The narrative must be submitted in accordance with the Policy on Final Grade Submission for Pre-Clinical Courses & Clinical Courses/Clerkships.

Policy
A narrative description of medical student performance is required as a part of the student’s final assessment in the following circumstances:
When the course or clerkship (including any 4th year rotations) are required for graduation, AND
When the student-teacher interaction occurs in a way as to allow such an assessment to be done (e.g., when small group activities are part of a course).

A course director may submit a request to the Senior Associate Dean for Healthcare Education to be considered to be exempt from this policy, specifying the educational/evaluation reasoning behind their request. All such requests require review and approval by the Undergraduate Medicine Education Curriculum Committee (UMECC).
Policy on the Provision of Mid-Term Formative Feedback

Students enrolled in required courses/clerkships are provided feedback continuously throughout the course by a variety of means (test/quiz performance, small group feedback, faculty/resident feedback, etc.). Students enrolled in required courses or clerkships of four weeks or more in duration must be provided formative feedback by at least the mid-point of the course.

For Courses in Years 1 & 2:
For courses with goals pertaining only to the acquisition of knowledge, the student will be provided a numerical mid-rotation feedback on their performance. Students who are at risk of failing a course will meet with the course director and either the Assistant Dean for Basic Science Curriculum or the Assistant Dean for Educational Strategy and Innovation, who may refer the student for Academic Advising through the Office of Student Affairs, or other appropriate support services.

Courses with goals beyond acquisition of knowledge, for example goals related to teamwork or communication skills, will provide students with formative feedback at least by the midpoint of the course. This evaluation will consist of a narrative summary of the student’s performance.

For Clerkships and Required Course in Years 3 & 4:
The Commons Clerkship Mid-Rotations Feedback Form has been provided to students and clerkship/required course directors. It contains a self-assessment from the student and formative feedback from the course director. This form will be completed in a face-to-face session with the course/clerkship director (or faculty designee) and uploaded into the student’s file under the mid-rotation feedback tab for the corresponding course no later than the week after the midpoint of the clerkship/course (example: week 3 of a 4 week clerkship/course). Clerkship and course directors/coordinator will specify the process for completion of this form at the beginning of the clerkship.

The Mid-Rotation Feedback Form for Years 3 & 4 is available in the student learning management system.

For Longitudinal Courses throughout the Curriculum:
For longitudinal courses in Years 1-4, a scorecard and/or narrative formative feedback will be provided to each student around the midpoint of the course by the Course Director (or faculty designee).
Policy on Satisfactory Academic Progress (SAP)

Established standards of performance and behavior in each course, clerkship, and rotation of medical school, as well as in the overall curriculum, are essential components of a quality medical education. Progress towards graduation is based on the overall conduct of the student, passage of USMLE Steps 1 and 2, and demonstration of academic performance and professional behavior that meets or exceeds the standards described in the following paragraphs. Students must demonstrate, to the satisfaction of the Wake Forest School of Medicine, that they are fit, both academically and professionally, to be a Wake Forest School of Medicine graduate.

**Benchmarks:** tests/assignments/evaluations that have been identified by the Course Director or Clerkship Director as essential measures of satisfactory progress. Students must pass (or successfully remediate) all benchmarks in order to pass the course/clerkship.

**Gateways:** foundational educational experiences that must be passed in order to proceed in the curriculum. Students must pass all Gateways to advance in the MD program. Students who fail a Gateway must demonstrate successful remediation of the Gateway before proceeding in the MD program. Courses, clerkships, and required curriculum elements are Gateways.

**Standards for All Years**

**Failure of 1 Benchmark:** Student must meet with the Course Director or Clerkship Director to identify learning issues for remediation of the Benchmark.

**Failure of 2 Benchmarks:** Student must meet with the Course or Clerkship Director, the relevant Assistant Dean (either the Assistant Dean for Basic Science Education or the Assistant Dean for Educational Strategy & Innovation), and the Associate Dean for Student Affairs, for directed support regarding remediation of the Benchmark.

**Failure of 3 Benchmarks:** Student must meet with the Course or Clerkship Director, the Associate Dean for Student Affairs, and the Senior Associate Dean for Healthcare Education for directed support regarding remediation of the Benchmark.

Following the failure of 3 Benchmarks, failure of any subsequent Benchmarks may result in a review with the Senior Associate Dean for Healthcare Education.

Final course grades and final grades from clerkships and rotations are used as Gateways in the MD curriculum. Failure of any Gateway will result in review of student performance by the SPARC for consideration for a change of status to Warning, Probation, or dismissal from the School of Medicine. In the event a student is permitted to remain in the MD program following a review by SPARC, the student must successfully demonstrate remediation to competency before proceeding in the MD program.

Students who require remediation to competency for a failed Benchmark or Gateway are not eligible for a grade higher than Pass in that Gateway.

**USMLE Step 1 and Step 2 Exams**
The USMLE examinations are national standards for student performance and are considered by the School of Medicine in determining student competency in the MD program. USMLE Step 1 and Step 2 (CS and CK) examinations are considered Gateways for progression through the MD Program. Students must complete the USMLE Step 1 exam by the Step 1 Completion Deadline, as specified on the academic calendar, to begin the Year 3 Clinical Clerkship Curriculum. Likewise, students must complete both the Clinical Skills and Clinical Knowledge components of the USMLE Step 2 examination by the Step 2 Completion Deadline, as specified on the academic calendar. Successful completion of Step 2 CK and CS is required in order to graduate from the MD program.

Absent compelling circumstances, students will be allowed no more than three (3) attempts to pass each of the USMLE Step exams. Failure to pass a Step exam after three (3) attempts will result in referral to SPARC for consideration of dismissal.
Requirements for Graduation

- Successful completion of all required components, competencies, and Gateways of the curriculum in Years 1-4
- Satisfactory completion of the Procedures Courses
- Receipt of passing scores for USMLE Step 1 and USMLE Step 2 CK and CS
- Satisfactory demonstration of appropriate professional conduct

Students must complete the entire MD program within 6 years from the date of matriculation into the School of Medicine. Combined degree students (MD/PhD) must complete the MD component within 6 years.
**Policy of the Student Professionalism and Academic Review Committee (SPARC)**

The Student Professionalism and Academic Review Committee (SPARC) is a standing committee of the School of Medicine with membership comprised of both elected faculty members and faculty appointed by the Dean. Members serve overlapping terms to provide continuity among the committee. The SPARC leadership is elected by the committee.

The SPARC is charged with reviewing and approving the continuation of medical students in the curriculum, reviewing and approving students for graduation, and reviewing and making decisions regarding students with unsatisfactory academic or professional performance.

The Senior Associate Dean for Healthcare Education and the Associate Dean for Student Affairs will, at least annually, present to the SPARC a list of students for a determination regarding eligibility for continuation in the curriculum and/or graduation. This list shall include the academic and professional standing of these students.

In cases referred to the SPARC involving students with unsatisfactory academic or professional performance, the Associate Dean for Student Affairs will provide to the SPARC any and all available information regarding the student’s professionalism issues, past, present and pending. The Senior Associate Dean for Healthcare Education will do the same with respect to any academic issues. The SPARC may also obtain additional information from others that it may deem relevant to its review of the concern(s), including but not limited to, opinions of course coordinators and clerkship or rotation directors. The SPARC will decide what information is relevant to the case at hand. The Associate Deans will not be present during any deliberation; however, the SPARC may, at its discretion, consult these Deans during deliberations. The student will be invited to speak and to present relevant information on his or her own behalf. Students who elect not to appear are required to submit a written statement prior to the SPARC meeting when their case will be reviewed. While the student whose performance is being reviewed may have advisors, legal counsel and other individuals available to lend support throughout the process, only the student will be permitted to meet with the SPARC.

Following review of any concern referred to the SPARC, the SPARC will select an outcome or outcomes from the following options:

1. Student remains in Academic/Professional Good Standing
2. Student is placed or remains on Warning (Academic/Professional Good Standing)
3. Student is placed or remains on Probation (Not in Good Standing)
4. Student is dismissed
5. Other alternatives, such as community service, counseling, Year 4 course selection by the Director of Clinical Curriculum, etc., as deemed appropriate by the SPARC

The decisions of the SPARC will be recorded in the minutes of each meeting and transmitted to the Associate Dean for Student Affairs and the Senior Associate Dean for Healthcare Education. All written communication with and notifications to students regarding the SPARC’s review and decision will be conveyed to the student within 2 business days by the Associate Dean for Student Affairs (or his/her designee) and will be delivered to the student’s medical center mailbox as well as their Wake Forest e-mail account. A copy of the correspondence will also be sent to the Office of Student Records.

Students permitted to continue in the curriculum will do so with the understanding that any additional concerns regarding the student’s academic performance or professionalism will require an additional review by the SPARC.

In the event of a dismissal decision, the student has 7 business days to appeal that decision. Upon receipt of a written appeal of a dismissal decision, the appeal will be reviewed in accordance with the Student Appeal of Dismissal Policy. A student who chooses to appeal a dismissal decision will be suspended from all activity in the curriculum
during the appeals process. Once suspended from activity, the student will not retain his/her identification badge or access to his/her institutional e-mail account and must turn in the School-issued laptop computer within 24 hours following notification of the SPARC dismissal decision.

The Senior Associate Dean for Healthcare Education and/or the Associate Dean for Student Affairs may place a student on interim suspension when there is reasonable cause to believe that the student has engaged in or threatens to engage in behavior that poses a significant risk of harm to the safety or security of themselves, others, or to property, or directly or substantially impedes the activities of members of the institution’s community, including employees, other students, or visitors. Upon a student’s request, a review of the interim suspension shall be held by the Dean of the School of Medicine (or his/her designee) within three working days of the interim suspension to determine if the suspension should continue until a review of the concern and decision on the outcome is made by the SPARC. The interim suspension will not prohibit the student from speaking with the SPARC and presenting information on his/her behalf, although arrangements may be made by the School of Medicine to allow this to occur remotely.

**USMLE Step Exams**
The SPARC will review failures of USMLE Step 1 or either part of USMLE Step 2 in accordance with the SAP policy.

**Warning**
A student may be placed on Warning by the SPARC or by the relevant Associate Dean (or his/her designee), without referral to the SPARC. The student will remain in Good Standing while on Warning.

A student who is placed on Warning will remain on Warning for a period of twelve (12) months. However, the SPARC will review the academic/professional performance of the student 6 months into the Warning period to determine whether the student’s performance supports an early termination of Warning.

**Probation**
A student who is placed on Probation will remain on Probation for a period of twenty-four (24) months. In addition, the student will not remain in Good Standing while on Probation. However, the SPARC will review the academic/professional performance of the student 12 months into the probationary period to determine whether the student’s performance supports an early termination of Probation.

A student who is placed on Probation will no longer be eligible for the following for the duration of the probationary period:

- Service on the SGA
- Participation on external rotations (extramural and international)
- Serving as a representative of the School either internally (e.g. serving as a voting member on a curriculum committee) or externally (e.g. serving as an OSR representative)
**Policy on Medical Student Appeal of a Gateway Grade**

Students will be evaluated on a continuous basis in both cognitive and non-cognitive performance by the Course/Clerkship Director, and a grade will be assigned and distributed to the student. In the event that a student has concerns about summative comments or a Gateway grade (as defined in the Policy on Satisfactory Academic Progress), the student has 10 days from the time a grade is released to request a meeting with the Course/Clerkship Director. If this meeting does not resolve the student’s concerns, the student may appeal the assignment of a Course/Clerkship grade or summative comments received to the Senior Associate Dean for Healthcare Education.

Appeals must be filed in writing with the office of the Senior Associate Dean for Healthcare Education within 10 days following the required meeting with the Course/Clerkship Director. A copy of the appeal must also be provided to the Office of Student Affairs. The Senior Associate Dean for Healthcare Education will review the appeal and issue a decision. In the review of the student’s appeal, the Senior Associate Dean for Healthcare Education may discuss the appeal with the Course/Clerkship Director and/or others. The student will be informed, in writing, of the decision within 10 days by the Senior Associate Dean for Healthcare Education, and the decision will be final. A copy of the final decision will be forwarded to the Registrar in the Office of Student Records.
Computer-Based Exam Policy

The Computer-Based Exam Policy requires students to comply with the following requirements:

- Students must secure ALL personal effects (includes bags/backpacks, cellphones, smartwatches, etc.) in their assigned locker in the medical education building prior to the start of the exam.
- Students should arrive in the exam room **15 minutes** prior to the start of the exam unless otherwise specified by the Evaluations staff in the testing instructions provided prior to the exam date. Students must complete the exam compatibility check, restart their computers, and complete all network security and software updates **prior to test day** to ensure that computers are working properly on the day of the exam.
- All students, including those with accommodations, must arrive ON TIME for all examinations.
- Any students arriving more than 10 minutes late will be required to meet with a proctor prior to starting the exam.
- The time allocated to complete an exam will **NOT** be extended due to late arrival, barring extenuating circumstances, at the discretion of the proctor.
- Students distracted by background noise may bring soft-foam earplugs (with no wires) for use during testing, in accordance with the testing regulations for USMLE Step exams: [http://www.usmle.org/bulletin/testing/#PersonalItems](http://www.usmle.org/bulletin/testing/#PersonalItems)
- No electronics are allowed in the exam room with the exception of laptops used to take the exam. Smartwatches may not be worn or brought into the exam room.
- In an effort to maintain a quiet testing atmosphere, students should enter and leave the testing area as quietly as possible when taking breaks. Students who bring snacks and/or drinks into the exam are asked to open beverage cans and remove food from noisy wrappers prior to the start of the exam to lessen noise distractions to their classmates.
- Any student wishing to take a break during an exam must log in and log out of the exam room.
- Only **ONE** student may be out of the exam room at a time.
- Breaks are limited to **10 minutes** out of the exam room.
- From the time a student begins an exam until he/she completes it, the student must remain in the same building and on the same floor in which the exam is being administered.
- All exams are governed by the Honor Code.

Lecture Recording

Wake Forest School of Medicine recognizes that there may be some circumstances where it may be inappropriate to record lecture content using the lecture capture system. When Academic Affairs or faculty determine that content is inappropriate for recording (for example, due to patient privacy, confidentiality, or content covered is directly related to actual assessment questions) students are prohibited from making audio or video recordings or photographs during the session. Disclosing such confidential material is an honor code violation.

Note Exchange

Wake Forest encourages student collaboration and discourse within our learning communities and between classes to share study materials and resources to enhance learning and acquisition of knowledge and competency. However, actual assessment questions on tests and quizzes are confidential and should not be shared in any format between classes. Disclosing such confidential material is an honor code violation.
**Dress Code Policy**

The Dress Code Policy requires students to comply with the following requirements:

- Clothing should be clean, neat, properly fitting, and not excessively worn.
- Revealing, tight-fitting, or otherwise provocative clothing should not be worn. Specifically, short skirts, low neck lines, and any amount of exposed midriff are inappropriate.
- Visibly wear your WFSM identification at all times. Do not use items to cover your name or face.
- Scrubs are generally intended for procedurally-based specialties or when spending the entire night in the hospital. They still should be clean and fit appropriately.
- Body odor and heavy scents are not allowed. No perfumes, colognes, or aftershave should be worn in the clinical setting as per WFBH institutional policy.
- Nails should be kept neat and trimmed per OSHA requirements.

Additional policy guidelines specific to patient care areas, standardized patient assessments (SPA), and observed structured clinical evaluations (OSCEs):

- Collared shirts for gentleman. No T-shirts of any type should be worn as an out garment. If a T-shirt is worn under scrubs, it should not have visible logo or slogan on it.
- Blue jeans or shorts are never acceptable.
- Closed-toe shoes are required in the Emergency Department, Operating Room, Labor and Delivery, and other areas where there is a high risk of blood, body fluid, or sharp exposure. Flip flops are never acceptable. Shoes should not be excessively worn or soiled.
- A white lab coat should be white, clean and not torn.
- Hair should be clean and neatly cut.
- An unshaven appearance is unprofessional, so shave daily. Beards and mustaches should be clean and neatly trimmed.
- Facial piercings are inconsistent with most patients’ expectations of professional appearance (*J Gen Intern Med.* 2005;20:312-313) and hence are discouraged.
- Religious-based exceptions to any of the above will be reviewed on a case-by-case basis.
Policy on Medical Student Supervision During Clinical Activities

Wake Forest School of Medicine is dedicated to providing an educational experience of the highest quality for medical students to produce outstanding physicians of tomorrow, while ensuring an environment of patient and student safety. It is recognized that the amount of supervision required will vary depending upon the acuity and complexity of the patient’s condition, as well as the training and experience of the medical student involved in the patient’s care.

While completing clinical activities and clerkships, students should be incorporated as an integral member of the healthcare team. Students should be permitted to participate in patient care while completing assigned course work. Medical students should also be provided opportunities to collaborate and work with different members of the healthcare team, to include inter-professional teams with members of professionals and staff from a variety of disciplines. Specific guidance and information about the student’s level of responsibility, approved activities and expected procedures may vary and will be provided in individual clerkships and courses.

Clinical Supervision:

A medical student should be supervised during all duty and call hours by a qualified faculty and/or house staff (i.e. interns, residents, and fellows) physician, or assigned credentialed allied healthcare provider. Students will be provided a reliable means (such as pagers provided by the medical school) for rapid communication with faculty and house staff physicians, and allied healthcare providers, to ensure both student and patient safety.

During the clinical phase of the medical curriculum, supervision should foster an environment of progressive responsibility based on the acuity/complexity of the patient and/or procedure and the student’s experience and level of training.

Supervision should foster a safe learning environment for students, ensuring feedback to the student to allow for growth in clinical skills while also facilitating formative and summative feedback.

Medical students are permitted to enter pending orders in the electronic medical record. While all pending orders can be seen in the medical record, the orders must be reviewed and signed by a House Officer or faculty member before the order is acted upon and becomes an active part of the record.

Students on clinical clerkships/courses may enter information into the medical record of the patient for educational purposes with the approval of the faculty physician and consistent with the Medical Center Policy on Student Documentation in the Medical Record (MC-42). Faculty will provide feedback on the presentation, style, completeness and utility of information entered by the student. Information entered by medical students is retained as part of the medical record but is clearly identified as being authored by a medical student and for educational purposes only.

Procedure Supervision:

- Medical students may be assigned to additional patient care opportunities/services by their faculty or house staff physician or clerkship/course director.
- A faculty or house staff physician should supervise all procedures in which a medical student is involved. The degree of supervision will take into account the complexity of the procedure, potential for adverse events, the demonstrated competence level of the student in order to ensure patient and student safety, and patient preferences.
- A faculty physician or course/clerkship director may assign an allied healthcare provider as a supervisor of teaching activities, but must ensure:
- The level of supervision is appropriate for the student’s level of responsibility.
- The procedure falls within the supervisor’s scope of practice, (example: phlebotomist for phlebotomy, nurse for IV, etc.)
- Continued monitoring of the students’ supervision on the clinical service to protect student and patient safety.
**Policy on Requesting an Alternate Educational Site or Curriculum Assignment**

Due to the physical location of both the School of Medicine and Wake Forest Baptist Medical Center, all students in the MD program are able to complete required coursework and clerkships in the same location with the exception of the Community Practice Experience (CPE).

Students in Years 1 & 2 of the MD curriculum are assigned to off-site volunteer faculty who provide CPE. Students may request an alternative CPE assignment by contacting the CPE Coordinator and/or the CPE Director.

Students are not assigned to educational sites or curriculum during Years 3 or 4 of the MD program.

**Procedures on Requesting an Alternate Educational Site or Curriculum Assignment**

**CPE**

Students may request alternate CPE sites for CPE I, II, or III by contacting both the CPE Director and CPE Coordinator by email. Students must make these requests within one week of initial preceptor assignment in order to find an alternate location. Under the supervision of the CPE Director, the CPE Coordinator will determine the reason for the alternate site request (transportation needs, etc.) and work with the student to find an alternate CPE preceptor.

**Year 3 Clerkships**

All Year 3 clerkships must be completed at the Wake Forest School of Medicine (WFSM). Students cannot request alternate educational sites.

**Year 4 Required Courses**

In order to fulfill graduation requirements, Year 4 students must complete two Acting Internships (AIMs) and one Critical Care (ICU) rotation at the Wake Forest School of Medicine. Students cannot request alternate educational sites. Year 4 students may complete up to three of their remaining electives as away rotations providing they are in good standing. Students must complete any away rotations at institutions/programs approved by WFSM in order to receive credit.
Policy on Medical Student Contact Hours for the Pre-Clinical Curriculum

Purpose
Obtaining a quality education is the primary goal of medical students. This policy outlines limitations on contact hours to allow students to maximize educational benefits and limit fatigue which may impair the student’s ability to learn. The policy will include oversight of all aspects of the pre-clinical educational experience of a medical student. For information regarding oversight of clinical duty hours for medical students, refer to the Policy on Clinical Duty Hours for Medical Students on Clinical Clerkships/Courses.

Policy
Students will be provided a sound educational experience that is carefully planned and balanced with concerns for patient safety and student well-being. The learning objectives of each educational experience cannot be compromised by excessively scheduled contact hours in the pre-clinical educational experience or clinical assignments in the clinical educational experience. The oversight of this policy will be the responsibility of the Senior Associate Dean for Healthcare Education.

Specifics of the Policy and Procedures

Pre-clinical Education
The general structure of each preclinical course is defined by the course directors in collaboration with the Office of Undergraduate Medical Education. The content in the preclinical curriculum may be delivered via lecture, small group or team-based learning activities, simulation activities, self-directed learning, online, or laboratory-based activities. As a general guideline, the total duration of these activities should not exceed 40 hours per week, on average. Independent reading and study performed at the time of discretion of the student are not included in these 40 hours per week.

The Office of Undergraduate Medical Education will formally assess student contact hours in the preclinical curriculum as a component of the formal course evaluation process. Student contact hours will be reviewed with course directors annually.
Policy on Clinical Duty Hours for Medical Students on Clinical Clerkships/Courses

Medical student duty hours should support the educational mission of an individual clerkship/course. During clinical rotations, variation exists regarding clinical duty expectations and time commitments for rotating students. The following medical student duty hour rules are established to ensure that clinical time commitment is supportive of and correlate with clerkship/course goals and objectives and that clinical time commitment takes into account the effects of fatigue and sleep deprivation on a student’s learning ability and health.

Duty hours are defined as all assigned clinical and academic activities related to medical education (inpatient and outpatient care, administrative duties, transfer of patient care, in-house on call, and scheduled academic conferences/sessions). Independent reading performed at the time discretion of the student are not included.

1. In general, a medical student should not be required to work longer hours than residents on the same service.
2. A student may be scheduled for a maximum of 80 duty hours during a seven day week, averaged over a four week period.
3. Total hours of responsibility must be structured to allow an average of four 24 hour time periods free from assigned student activities, averaged over a four week time period for the duration of the clerkship.
4. Periods of assigned responsibility may not exceed 16 continuous hours, following which students should have at least 8 hours free from clinical/academic duties.
5. The maximum frequency of overnight call is once every third night. For students completing overnight shifts, the maximum number of overnight shifts is 5 nights sequentially. Following 5 overnight shifts, students will not be expected to resume clinical/academic duties until the next calendar day.
6. Students must be excused from clinical responsibility no later than midnight of the night prior to a shelf or final examination.
7. Students are to be excused from clinical and academic duties on all days that have been identified as holidays on the Wake Forest School of Medicine Academic Calendar. Students must be dismissed by 5pm on the day preceding the holiday and may not be assigned to clinical or academic duties until the day following the holiday at the time set forth by the clerkship/course director or senior resident/faculty member of the respective team.
8. Students must discuss issues pertaining to planned days off with the clerkship/course director and coordinator in writing well in advance of the planned absence in order to obtain permission to be away from duties. For unplanned absences, students should submit an absence request as outlined in the attendance policy.

Anyone with a concern regarding possible duty hour violations must report the concern to the clerkship/course director. Notwithstanding the foregoing, it is the responsibility of the clerkship/course director to monitor and prevent violations of the above standards. Reports of violations should be investigated by the clerkship/course director with an attempt to remedy the situation. If the situation is not remedied, the student should then report the violation to the Office of Student Affairs. Once notified, the Office of Student Affairs will then bring the report to the attention of the Director of the Clinical Curriculum and Senior Associate Dean of Healthcare Education. The Director of the Clinical Curriculum will work with the course director/clerkship director to remedy the situation, with a report of how the situation was remedied to the Senior Associate Dean of Healthcare Education and the Associate Dean of Student Affairs.

All students will be asked about duty work hours in the final course evaluation. Since course evaluations are anonymous, review of this information by course directors will allow identification of potential violations that may be occurring during the course.
Attendance Policies for the Preclinical and Clinical Years

Student attendance is governed by two separate policies:

Students may be excused from classes or clinical activities in order to access health services. Students will follow the appropriate Attendance Policy as outlined for planned or unplanned absences related to accessing health services.

Effects of infectious and/or environmental disease or disability on student educational activities: If exposed to an infectious and/or environmental disease, the student may be withdrawn from the appropriate courses, clerkships, or electives until he/she provides evidence that the problem has been appropriately corrected. In any case resulting in disability, the student will be referred to the Committee on Student Accommodations to decide if the student is still able to meet the Wake Forest School of Medicine Technical Standards and other requirements of the curriculum and to evaluate the reasonableness of any requested accommodations.

Attendance Policy for Medical Students in Years 1 & 2:
It is the student’s responsibility to be aware of the requirements of the attendance policy, including understanding which sessions are mandatory, the requirements for excused absences and the consequences for unexcused absences.

Students are strongly encouraged to attend all components of their education and training. It is expected that students will arrive punctually for courses and other school-related obligations and demonstrate respect for teachers, fellow students, and others while participating.

Student attendance at all small group sessions is mandatory. Small groups may include discussion or presentation sessions, team-based or case-based learning sessions, laboratory sessions, etc., as defined for individual courses.

Similarly, student attendance at all classroom sessions that include patients (actual or simulated) is mandatory. These sessions are not recorded due to concerns regarding patient privacy.

Student attendance may be required at other sessions, as indicated by the Course Director or Academic Affairs. These sessions will be marked as “mandatory” in the learning management system.

Student attendance at all examinations is mandatory. If, due to extenuating circumstances, a student cannot be present for an examination, the student must notify the Course Director and the Evaluations Office immediately. The student will work with the Course Director and Evaluations Office to make arrangements to satisfy the examination requirement.

I. Policy on Excused Absences during Years 1 and 2

A. Approval of excused absences is at the discretion of the Absence Adjudication Committee. Students may receive an excused absence for’

- health related reasons (Please note that a lengthy or recurrent illnesses should be corroborated physician note and may be requested)
- compelling personal or family emergency/issues
- death in immediate family
- weddings where the student is a member of the wedding party or wedding of immediate family members
- professional meetings (e.g., participant in meeting – poster, presenter, panel)
- public service (e.g., jury duty).

B. If a student anticipates the (non-emergent) need for an absence before a scheduled event begins:

1. Contact should be made with the Course Director through submitting an absence request through the Online Absence Request (OAR) system at least 4 weeks in advance of the session. (Note: The act of contacting the appropriate individual(s) in advance does not automatically guarantee that
the absence will be considered as approved.)

2. Excused absences will not result in punitive measures, but work or assignments missed may need to be performed at a later time at the discretion of the Course Director. Due to the nature of some sessions, not all material or content can be replicated, performed, or made up at a later time.

3. Excused absences in excess of 4 may result in a meeting with either the Assistant Dean for Basic Science Education or Assistant Dean for Educational Strategy & Innovation.

4. The Absence Adjudication Committee will meet quarterly to review accumulated absence reports for the students in the Foundations phase of the curriculum or more frequently if needed.

C. If a student has an absence after a scheduled event has started that could not be anticipated (e.g., illness), the student should:

1. Contact the Course Director as soon as possible (preferably by email or in person).
2. The absence should be submitted through the OAR system within 24 hours.
3. As stated above, the decision to excuse absences is at the discretion of the Absence Adjudication Committee, but any remediation of absence is handled by the Course Director. Concerns can be brought by the student within 7 DAYS to the Absence Adjudication Committee for review, who will then make a final decision on whether to excuse the absence.

II. Policy on Unexcused Absences during Years 1 and 2

A. ALL unexcused absences will be tracked and monitored by the Absence Adjudication Committee.

1. After the third unexcused absence, the student will be required to meet with the Course Director.
2. After the fourth unexcused absence, the student will be required to meet with either the Assistant Deans for Basic Science Education or Educational Strategy & Innovation.
   After the fifth unexcused absence, the student will be required to meet with the Senior Associate Dean for Healthcare Education. The Senior Associate Dean for Healthcare Education may refer the student to the SPARC for review.

Attendance Policy for Medical Students in Years 3 & 4:

Because of the critical significance of the clinical activities of Years 3 and 4, attendance is required for all scheduled clinical or clerkship activities. An absence is defined as any time away from required clinical activities. The policies relating to excused and unexcused absences from any course or clerkship activity are outlined below.

All activities during Years 3 & 4 are ATTENDANCE REQUIRED.

I. Policy on Excused Absences during Years 3 and 4

A. Approval of excused absences is at the ultimate discretion of the Course/Clerkship Director. The Associate Deans for Healthcare Education and Student Affairs are responsible for absences during Year 3 and Year 4 orientation events.

B. If a student anticipates the need for an absence before a rotation begins:

1. Contact should be made with the Course/Clerkship Director through submitting an absence request through the Online Absence Request (OAR) system at the earliest possible opportunity. (Note: The act of contacting the appropriate individuals in advance does not automatically guarantee that the absence will be considered approved.)
2. Excused absences will not result in punitive measures, but work or examinations missed may need to be performed at a later time at the discretion of the Course/Clerkship Director.
3. In the event that the student and the Course/Clerkship Director are not able to agree on an acceptable conclusion related to the absence request, the student may appeal the decision or the Course/Clerkship Director may refer the decision to the Associate Deans for Healthcare Education and Student Affairs for recommendations on resolution of the disagreement.

C. If a student has an absence after a rotation has started that could not be anticipated (e.g., illness), the student should:
   1. Contact the Course/Clerkship Director as soon as possible (preferably by phone or in person).
   2. If clinical responsibilities have started, contact (via phone) the Course/Clerkship Director and/or Course/Clerkship Coordinator as outlined in the course/clerkship syllabus to inform them of the illness related absence.
   3. The absence should be submitted through the OAR system within 24 hours.
   4. If a student absence is absolutely necessary on the day of an exam (shelf exam, OSCE, quiz or other), the student must provide a doctor’s note regarding his/her illness on that day. All outstanding work, assignments, shifts, including the exam itself, must be made up within 4 weeks of the end of the course/clerkship. The student will receive a grade of ‘Incomplete’ until the coursework is completed.
   5. As above, the decision to excuse absences is at the discretion of the Course/Clerkship Director, as is the method for remediation of absence. Concerns can be brought to the Associate Deans for Healthcare Education and Student Affairs for resolution.

I. Policy on Unexcused Absences during Years 3 and 4
   A. All unexcused absences will be reported by the Course/Clerkship Director to the Registrar who will convey the information to the Associate Deans for Healthcare Education and Student Affairs, and the student may be referred to the Student Professionalism and Academic Review Committee (SPARC).
   B. Additional measures related to an unexcused absence will be at the discretion of the Course/Clerkship Director. Owing to the professional significance of absence in Years 3 and 4, unexcused absences may result in remediation of some portion of the clerkship or failure of the entire clerkship. The additional measures imposed by the Course/Clerkship Director (remediation of some or all of the course/clerkship, or failure of the course/clerkship) should be decided and documentation describing the reasons for the decision shall be provided to the SPARC prior to that committee’s meeting.

Policy for Residency Interviews during Year 4
Most students will be interviewing for house officer positions during the fall of their senior year. The following policies apply to these absences.

   A. No more than 2 working days’ absence for planned activities such as residency interviews will be allowed during AIM or ICU rotations, and those absences will be excused only if they are approved by the Course Director of that rotation at least 2 weeks prior to the start of the rotation. Students who receive interview offers at short notice should communicate their absence needs to the Course Director to formulate a mutually agreeable plan for accommodating the absence and (if necessary) making up any additional missed time from the course. A working days’ absence refers to any absence greater than 4 hours in duration.
   B. No more than 4 working days’ absence for planned activities, such as residency interviews, will be allowed for all other rotations, and those absences will be excused only if they are approved by the Course Director of that rotation at least 48 hours prior to the planned absence. A working days’ absence refers to any absence greater than 4 hours in duration.
   C. The student is responsible for checking with the individual Course Director to ensure that there are no additional requirements for attendance, and the absence should be sent for approval electronically to the Course Director through the OAR system, specifying the date(s) of the interview and institution(s).

ALL OTHER ABSENCES MUST COMPLY WITH THE ABOVE POLICIES FOR EXCUSED AND UNEXCUSED ABSENCES.

Failure to participate in the minimum number of days/shifts of a Year 4 rotation will result in the awarding of no credit to the student for that course/clerkship.

If patient care precludes you from being on time, patient care comes first.
Inclement Weather Guidelines & Procedures

Wake Forest School of Medicine remains open and operates continuously unless otherwise determined by the Dean of the School of Medicine. Classes and clerkship activities will be held when the school is open. In the event of inclement weather, students should call 716-4271 to obtain information regarding any schedule changes for that day. Every effort will also be made to notify students via e-mail of any cancellations or postponements. In situations where classes and clerkship activities are being held on inclement weather days, students are encouraged to use appropriate discretion and not to travel under unsafe conditions or take unnecessary risks. Any student who is unable to attend Y3 or Y4 activities due to inclement weather should notify his/her preceptor, clinical team and Course/Clerkship Director, and submit an absence request via the Online Absence Request System (OARS). Any student who is unable to attend Y1 or Y2 activities due to inclement weather should submit an online absence request for any AR or small group/workshop events and notify their facilitator and small group members. All students should review the complete Inclement Weather Guidelines & Procedures document (located on the eWake Educational Services page) for specific details on the appropriate procedures to follow on inclement weather days.
**Policy on Exposure to Infectious and Environmental Hazards**

With respect to exposure to infectious and environmental hazards, the purpose of this policy is to address issues related to:

- The education of medical students about methods of prevention
- The procedures for care and treatment after exposure, including financial responsibility
- The effects of infectious and environmental disease or disability on medical student learning activities
- The timing of informing medical students about these policies

1. **Education about methods of prevention**

   Wake Forest School of Medicine medical students receive ongoing education, beginning at their initial orientation prior to any clinical activities, about how to protect themselves and others from exposure to infectious and environmental hazards. Following first-year orientation, medical students complete annual online training about Blood-borne Pathogen exposure prevention and infection control.

   Visiting students are contacted via email prior to their rotation to inform them about policies and procedures related to exposure to infectious disease and environmental hazards. The email instructs students to complete an online exposures orientation training module which must be completed prior to arrival. Following completion of that training, the student provides a code to the rotation coordinator as proof of completion.

2. **Procedures for care and treatment after exposure**

   All registered medical students, including visiting students, shall follow the Wake Forest Baptist Medical Center Blood and Body Fluid Exposure Control Plan and the Infection Control Exposure Policy for Communicable Diseases (Non-Bloodborne). See section 5, “Related Policies”.

**Exposures in Wake Forest Baptist Medical Center and Other Winston-Salem Area Facilities**

- Immediately wash the affected area with soap and water or for eye involvement, flush with clean water.
- Call Employee Health Services at 716-4801 on Monday-Friday 8:00 AM – 3:30 PM.
- Report to the Wake Forest Baptist Medical Center Emergency Department after hours, weekends and holidays.
- Following exposure, students must complete an Occurrence Report ([http://empocc.wfubmc.edu/](http://empocc.wfubmc.edu/)).
- Follow-up testing is coordinated by Employee Health Services.

**Exposures in Facilities Outside of the Winston-Salem Area (travel time more than one hour to WFBMC)**

- Immediately wash the affected area with soap and water or for eye involvement, flush with clean water.
- Immediately report to the nearest Emergency Department unless the student is familiar with the specific facility procedure for exposures.
- Call Employee Health Services at 716-4801 to report the exposure. If after hours, follow the voice mail instructions to be connected with someone to assist you.
- Following exposure, students must complete an Occurrence Report ([http://empocc.wfubmc.edu/](http://empocc.wfubmc.edu/)).
- Students should follow the policy/protocol of the off-site location and bring any lab results to Employee Health Services for documentation and follow up purposes.
- Follow-up testing is coordinated by Employee Health Services.

**Post-exposure Evaluation and Management**

- Notify Employee Health Services as soon as possible, regardless of the facility where the exposure occurred.
- Employee Health Services or the Emergency Department practitioner determines the type and extent of exposure and coordinates assessment and testing of the source patient for HIV, hepatitis B and hepatitis C, in accordance with applicable North Carolina Communicable Disease Rules.
- Baseline testing is obtained on the exposed individual for hepatitis B, hepatitis C, and HIV, if indicated.
- Testing of source patient is done with appropriate consent.
• Counseling is provided by the Employee Health Services or Emergency Department practitioner - information about the risk of the exposure, risk/benefit of post-exposure prophylaxis (PEP) and follow-up plan.
• No risk of blood borne infection – PEP is not indicated
• Source patient is HIV positive or unknown – consider PEP
• Source patient is HIV negative – PEP is not indicated
• Follow-up testing is arranged by Employee Health Services.

3. Effects on Medical Student Learning Activities

Students who have infectious and/or environmental exposure are assessed by the Employee Health Services to determine their ability to return to the workplace for patient care activities. Students who are considered to be at personal risk, or who might be of infectious risk to patients, are prevented from returning to patient care. The Associate Dean for Student Affairs or his/her designee will work with the student to determine alternate educational activities to replace the missed experience, or repeat/remediate activities to replace missed educational experiences. The Office of Student Affairs will also work with the Office of Employee Health Services to determine methods and timing of a student’s return to patient care activities.

4. Financial Responsibility

Employee Health Services will cover any treatment-related expenses (i.e. clinical evaluation, laboratory testing, follow-up care) for registered medical students who have an infectious and/or environmental exposure during their school-related activities at a Wake Forest Baptist Medical Center (WFBMC) facility. For exposures that occur in a facility outside of the Winston-Salem area, Employee Health Services will cover initial treatment-related expenses incurred at an external medical facility, and will facilitate coordination of subsequent treatment, if required. An Occurrence Report must be completed following the exposure if Employee Health Services is to pay for any services. Likewise, Employee Health Services must be contacted for follow-up care if they are to pay for any services.

5. Related Policies: Related policies may be found on the iShare policy site for faculty, students and staff

Blood and Body Fluid Exposure Control Plan
Infection Control Exposure Policy for Communicable Diseases (Non-Bloodborne)
Leave of Absence Policy

A Leave of Absence (LOA) is a break in the MD curriculum from the School of Medicine that extends, or is anticipated to extend, beyond six (6) weeks and may be granted at the discretion of the Senior Associate Dean for Healthcare Education and Associate Dean of Student Affairs (hereinafter “the Deans”). Students requesting a leave of absence (academic, medical, administrative, or personal) must submit the request and all supporting documents to the Registrar for consideration by the aforementioned Deans. Students must submit a request for a Leave of Absence at least 35 days prior to the date they are requesting the leave to begin (but are encouraged to initiate the process sooner, if possible, to prevent delays). Exceptions may be made for unforeseen emergency and time-sensitive issues. While a student is on an approved Leave of Absence, they will be neither assessed tuition nor eligible for financial aid from the School of Medicine. Students are required to remit full payment on all outstanding balances as noted in the PeopleSoft Student Center at least 60 days prior to their projected return date. If the Leave of Absence is less than 60 days in duration, full payment must be received prior to the student’s return date. Additionally and unless specified otherwise herein, the student will not retain his/her student status or identification badge but may retain the School issued laptop computer and their institutional e-mail account within the discretion of the Deans. Access to various institutional software systems/programs may be deactivated during the approved leave of absence.

It is important for students to understand that the medical school curriculum is designed as a cumulative process; therefore, any disruption in the continuum of the curriculum may result in the need for repeating some of or the entire curriculum, depending upon the timing and duration of the absence. Students may be required to demonstrate their ability to advance to the next level of the curriculum if absent for longer than six (6) months. Students who have been placed on Warning or Probation are granted a return to the curriculum and will return to the same standing upon return.

Any leave of absence may postpone the student’s graduation date. The curriculum will not be adversely modified to make up for this lost time. Ordinarily, a LOA will not extend beyond 1 year and will end at a time allowing the student to return to the curriculum at the same point they exited. Return after a leave of absence requires that the student has met all other requirements for progression to the level at which he/she is returning, whether or not such requirements change during the leave period. In the event of a change of policy, return to the School of Medicine requires meeting the requirement(s) of the new policy. In addition, return to the curriculum is subject to the availability of space in the appropriate medical school class.

Process for Requesting a Leave of Absence

A leave of absence, for whatever reason, may be granted at the discretion of the Senior Associate Dean for Healthcare Education and the Associate Dean Student Affairs (hereinafter “the Deans”). Students requesting a leave of absence (academic, medical, administrative, or personal) must submit the request and all supporting documents to the Registrar for consideration by the aforementioned Deans. Upon receipt of all required documents, a meeting may be scheduled with the Deans for Student Affairs and Healthcare Education to discuss the request. Documents required to be submitted include: request form that will include the desired start date for the leave; the desired duration and/or completion date of the leave; a description of any activities to be pursued during the leave, including specific planned outcomes, if any; and, for leaves planned to pursue research of other education programs, the name(s) of any faculty supervisor(s). Where applicable and as indicated in this policy, other supporting documentation must also be submitted (for example, a letter from a treating provider, an acceptance letter to a degree program, an offer to work on a project in a research lab, or an acceptance/offer letter for a competitive fellowship). The Deans may request any additional documentation determined by them to be necessary for consideration of the leave request.

Leaves of absence are handled differently depending on the reason for the leave:

Academic

Ordinarily, a leave of absence is not granted for reason of academic difficulty. It is believed that remediation and enrichment practices to address academic difficulties will best occur while the student remains in the curriculum. An academic leave of absence is reserved solely for the purpose of retaking the Step 1 or Step 2 exam that requires the student to be absent from the curriculum longer than one (1) month. The leave shall be for the pursuit of remedial studies to pass the Step exam, and will be granted with an academic enrichment plan for future success. The Senior Associate Dean for Healthcare Education and Associate Dean for Student Affairs will discuss the student’s educational standing and plan for supplemental instruction and educational enrichment. To return to the
curriculum, the student must re-take the relevant Step exam. The amount of leave will be determined by the relative need for study time and ability to re-enter the curriculum at an appropriate point but may not exceed one (1) year.

Medical
A student with a health problem which limits their ability to perform as a student within the MD curriculum may be granted a medical leave of absence (ordinarily not to exceed one year) after review by the Deans. The student must submit documentation from a treating provider describing the medical concern, explaining the need for the leave of absence, and providing an opinion from the provider regarding his/her expectation that the student will be fit to return to the MD Curriculum at the conclusion of the leave of absence.

For students requesting a medical leave of absence, the Deans may request a second opinion from another provider. When seeking a second opinion, the student will be required to select a provider from a list of providers developed by the Deans. If the opinions of the treating and other provider differ, the Deans may accept the opinion of the provider chosen from the approved list of providers.

Administrative (Research Fellowship or Degree Program)
Students in the MD program (who are in good standing) who request to participate in a WFSM dual or joint degree program, pursue an advanced degree outside of WFSM, or desire to take time away from the curriculum to participate in a research project, may apply for an administrative leave of absence. The Deans will review the request and may grant approval for the leave based on the merits of the application. A student’s dual, advanced or joint degree program or research fellowship cannot interfere or occur concurrently with the School of Medicine’s MD curriculum, other than what is permitted during an approved leave of absence.

Personal
Students may request to take a leave of absence for personal reasons. A personal leave of absence enables a student to take time off, in extenuating circumstances, to address issues of a personal nature, such as, but not limited to, the death, disability or serious illness of a family member or financial crisis. The student’s request for a personal leave of absence must explain how the student expects to cope with or address the situation that has resulted in the request for a personal leave. The Deans may consider whether the student requesting the leave of absence is experiencing academic difficulties or facing possible disciplinary action when determining whether to approve or deny the requested leave.

Required Meeting with a Financial Aid Counselor
A break in medical education may have implications for student loan deferment and repayment status, and therefore, all students taking a leave of absence are required to meet with a financial aid counselor in the School of Medicine. If possible, a student considering a leave of absence should meet with a financial aid counselor before submitting the leave request.

Details of student status while enrolled in another degree program will be determined on an individual basis. This meeting must be documented in the student’s file and signed by both the student and the consulting financial aid counselor. The documentation must indicate that the student understands and accepts the financial implications of the leave of absence.

Plan for Return from Leave
The official letter granting the leave will specify a notification-of-return date, as well as any conditions to be met prior to returning. The student is obligated to notify the Registrar, by the notification date (which will be at least 45 days prior to the anticipated return), of their desire to return, and to submit any documentation required by the School of Medicine to evaluate whether return conditions have been satisfied. This written notification is necessary to assure the student’s course scheduling for that academic year. Should a student fail to notify the school or meet the return conditions, they will be withdrawn from the School of Medicine and would need to apply for readmission. Any student granted a leave must, upon his or her return, submit a letter requesting reinstatement to the Registrar.

Returning from a Medical Leave of Absence
Prior to returning from a medical leave of absence and within the time period required above, the returning student must submit to the Registrar forms requesting return to the curriculum and documentation from a treating provider indicating the student is fit to return to the MD curriculum. The Deans may request a second opinion from another
provider as previously noted. The student will be informed of the decision to restart the curriculum within 2 weeks prior to the requested date of re-entry.

**Extensions**
A leave of absence, for any reason, is generally limited to one year. Extension of a leave of absence may be granted under some circumstances, and required approval of the Deans. Students requesting an extension of a leave of absence must submit the request and all supporting documents to the Registrar for consideration by the Deans. If no extension is granted, and the student does not complete the appropriate returning paperwork in the allotted time, the student will be withdrawn from the School of Medicine.

**The decision of the Deans on any request for a leave of absence or an extension of a leave of absence is final.**

**Withdrawal**

Students who wish to withdraw from the School of Medicine must complete the appropriate form, which requires approval from either the Senior Associate Dean for Healthcare Education or the Associate Dean for Student Affairs. Students who withdraw from the program will have the grade of W (Withdraw) assigned for each course/rotation in progress.

A student who withdraws from the School of Medicine during a semester may be entitled to a refund of certain charges. A withdrawal also affects financial aid eligibility, and could require a return of federal financial aid funds. Please see the Refund and Return of Financial Aid Funds Policy for further details.

Students will be required to meet with the following offices to complete exit procedures:

- Office of Financial Aid
- Student Financials
- Academic Applications
- Library
- Office of Student Records

Any student who has withdrawn and wishes to be considered for readmission must apply and follow all the processes and procedures of the regular admissions process. Applicants will be considered as described in the Policy on the Selection of Medical Students.
Office of Academic Affairs

The Office of Academic Affairs (OAA) promotes educational development activities and supports the students, faculty, and administration through service and research. The mission of the OAA is to foster a supportive teaching-learning environment by facilitating curriculum design and implementation, developing and implementing program and student evaluation, and conducting educational research.

Course and Curriculum Facilitation: The OAA facilitates the curriculum and its component courses and clerkships by providing essential support services for curriculum committees; topic, course, and clerkship directors; teaching faculty; and students.

Student Evaluation: The OAA supports student outcome evaluation by providing comprehensive testing services, including performance assessments.

Program Evaluation: The OAA guides the development of evaluation plans, conducts evaluations in support of the curriculum, and reports and makes results-based recommendations to committees that oversee the curriculum.

Educational Research: The OAA initiates and/or collaborates with medical school faculty in designing, conducting, and analyzing data and reporting results of educational research studies.

Services of the unit are available to all faculty members. Services from Evaluations include assisting with editing of test questions, scoring of examinations, analyzing examination data, and consulting on the interpretation of examination statistics. The OAA conducts educational research and evaluation studies and provides consultation in these areas to the central administration, departments, and individual faculty members.

Instructional design services include assistance with curricular design and individual consultation with instructors to develop and design online and in-person courses that are functional, intuitive, informative, and consistent with sound instructional design principle.

Learning Communities (Houses)

Beginning in 2013, the Wake Forest School of Medicine established Learning Communities or "Houses," in support of the education of our students. Students are randomly assigned to four color-coded houses with their own unique mottos and a team of mentors. The Learning Communities mentors can serve as points of contact for academic, career, and personal advice throughout medical school. Within their House, each student is also assigned a clinical skills coach from their mentoring team with whom they will meet regularly for coaching and career advising during the first and second years. At these meetings, the coach and student discuss the student's general academic progress, study-life balance, and early career exploration. Upon transition to the clinical years, students will be assigned to an Advanced Career Advisor and will have access to a host of specialty advisors representing many of the major subspecialties. Students may connect with these advisors at any time for guidance and support. This team mentoring approach builds a solid foundation of support for medical students from day one of medical school all the way through graduation.

The mottos of each house are as follows:

Blue House: "If you're going to be a doctor, be the best."

Green House: "While we live, we serve."

Red House: "In everything, compassion."

Yellow House: "We labor not for ourselves."
The goals of the Learning Communities or “Houses” are as follows:

- Fostering relationships between students and faculty
- Vertical integration of medical students across class years
- Advising, mentoring, and career planning
- Modeling medical professionalism
- Creating community service opportunities
- Social networking

Each House will plan activities according to the interests of its members and the mission of each House. The Houses occupy physical space on the 3rd floor of the new Bowman Gray Center for Medical Education to facilitate the goals of these Learning Communities.

❖ Resources for Career Planning

Advanced Career Advisors (ACA)
As students enter the clinical years of medical school, they are provided with additional support from a team of advisors whose expertise is the residency application process. They are also provided with contacts from the specialty in which they will apply for residency. ACA advisors provide academic and career advice, strategic schedule planning, and interviewing advice specific to the specialty of choice. The primary goal of this relationship is to provide students with resources to most effectively obtain a successful residency match.

AMA FREIDA
AMA FREIDA is an interactive database that provides access to fellowship and residency information: https://freida.ama-assn.org/Freida/user/viewProgramSearch.do. ACGME also provides residency information from a graduate medical education perspective: http://www.acgme.org/acgmeweb/.

AAMC Careers in Medicine
The AAMC Careers in Medicine (CiM) can help students choose specialties that best fit their attributes, provide details about more than 120 specialty choices, and compare qualifications and programs. All US MD students receive free access to CiM and can sign up by using their AAMC account that was created when signing up for the MCAT, AMCAS, etc. Get started now: https://www.aamc.org/cim/.
**MD Student Responsibilities**

**Employment:** The time available for gainful employment during medical school is limited. If additional funds are necessary, the student should discuss the problem with the Financial Aid Officer. A student who decides to accept a job should notify the Office of Academic Affairs so that academic progress may be monitored.

**Equipment Purchases:** Medical students at Wake Forest School of Medicine are required to purchase a number of items for use in classes such as Clinical Anatomy and Physiology and for clinical situations. Details are provided to students during Orientation.

**Health Insurance:** Wake Forest School of Medicine requires that all students have adequate and applicable hospitalization insurance. Any charges generated that are not covered by the student’s insurance policy will be the personal responsibility of the student. Students who are eligible to continue coverage under a parent’s or spouse’s policy may do so. As an alternative, Wake Forest School of Medicine offers a student plan through United Healthcare Student Resources. The cost of this insurance is billed to the student each semester on the student account. Students are required to waive out or enroll in the plan each semester. Students who fail to either waive or enroll will be automatically enrolled in the plan and responsible for all premium costs.

**Dental Insurance:** Optional dental insurance is offered to all medical students through United Healthcare. Students must enroll in the dental plan each year directly with United Healthcare. Open enrollment occurs once each year during the month of August.

**Identification:** The Wake Forest Baptist Medical Center badge is issued at Orientation and should be worn by the student at all times while in the Medical Center or while in other affiliated hospitals, offices, and clinics. Once activated, it is used for identification purposes and for activities at Wake Forest and will give access to the Wake Forest School of Medicine library services. Students who lose their badges will have to purchase replacements and may do so by contacting the Office of Student Affairs for assistance.

**Laboratory Coats:** Students are provided with disposable laboratory coats as needed, according to OSHA guidelines.

**White Coats:** Students are provided with white coats to wear on the wards and during patient interactions. White coats are presented to students during the White Coat Ceremony and again before beginning clinical rotations. Additional white coats may be ordered at the students’ cost from the Wake Forest University Taylor Bookstore by contacting (336) 758-3388 or by emailing wfu@bkstr.com.

**Mail:** Each student is provided a Medical Center e-mail address. Students are responsible for managing their e-mail account to accommodate official correspondence. Physical mailboxes and combination locks for medical students are assigned upon matriculation and located on the third floor of the Bowman Gray Center for Medical Education. **Students are responsible for any correspondence sent to the student mailbox.** The student should use his or her year of graduation as part of his or her Medical Center address. Students are responsible for checking their box often to collect official communications. The address for the Medical Center is Medical Center Boulevard, Winston-Salem, NC 27157.

**Pagers:** Pagers are essential for all Year 3 and 4 students. During Year 3 orientation, the Office of Student Affairs will provide information regarding the Medical Center pager service. All associated fees for the pager service will be funded by the Office of Academic Affairs.

**Laptop:** First-year students at Wake Forest School of Medicine are furnished with a laptop computer. If a student ceases to be enrolled in the School of Medicine, he or she must return the computer to the school in good working condition. Students (excluding those participating in an approved joint degree or research program) temporarily enrolled at another school or in a study-abroad program not paid by Wake Forest School of Medicine tuition must return the computer. Wake Forest anticipates that students will use the computer in all aspects of academics, but commercial use of the computer violates the school’s software agreements and is strictly prohibited.
MD Program Awards and Honors

Each year students who have demonstrated excellence in the field of medicine are selected to receive awards. These are given by the clinical departments, faculty, and student body. A plaque or certificate and a monetary gift may accompany the award. The following are the awards and honors bestowed annually:

**Alpha Omega Alpha Honor Medical Society:** A professional medical organization that recognizes and advocates for excellence in scholarship and the highest ideals in the profession of medicine. The top 25 percent of a medical school class is eligible for nomination to the society, and up to 16 percent may be elected based on leadership, character, community service, and professionalism.

**American Academy of Neurology Medical Student Prize for Excellence:** To recognize a graduating medical student for excellence in clinical Neurology.

**Charles Brian Clark Memorial Award:** The Charles Brian Clark Memorial Award is presented to a faculty or staff member who is recognized for outstanding service to the senior class.

**Charles B. and Agnes Cree Deane Cancer Research Award:** For outstanding work in clinical Oncology.

**Charles M. Howell Memorial Excellence in Dermatology Award:** For the graduating medical student who, during his or her interaction with the faculty of the Department of Dermatology, best exemplifies leadership, intellectual ability, achievement, and humanity.

**Cultural Awareness Award:** For outstanding service in cultural awareness.

**David Bryan Sloan III, M.D. Award for Excellence in Ophthalmology:** For the graduate showing the most interest and aptitude in Ophthalmology.

**Dr. Martin and Sandra Castelbaum Award for Excellence in Internal Medicine:** For the senior student with the best overall performance in Internal Medicine. Dr. Martin Castelbaum graduated from Wake Forest Medical School in 1958, and his career in Internal Medicine epitomized a dedication to the welfare of his patients. The Department of Internal Medicine at Wake Forest School of Medicine has recognized an outstanding member of the graduating class who best embodies the principles and ideals of the specialty of Internal Medicine. These ideals include the overriding principle, “to be undivided in the fight against illness and premature death and to be trustworthy in our knowledge for every patient that comes to see us.”

**Gold Humanism Honor Society:** Recognizes medical students who are exemplars of humanistic patient care and who can serve as role models, mentors, and leaders in medicine. The institution may elect 10 to 15 percent of the graduating class.

**Gray Matter Service Award:** For outstanding service to the Gray Matter Yearbook.

**The Helms Award in Internal Medicine:** For the senior student who best embodies the tenets of the ideal physician – the person we would want to be on call with, have care for our families, and see on our healthcare team on July 1st. Jeff Helms graduated from Wake Forest Medical School in 1962. He has practiced Internal Medicine in Winston-Salem for 44 years and embodies those traits we look for in our colleagues and ourselves.

**Isadore and Rachell Meschan Award for Academic Excellence in Radiologic Sciences:** To the student who has performed outstanding research and demonstrated academic excellence in Radiology.

**The Leonard Tow Humanism in Medicine Award Presented by the Arnold P. Gold Foundation:** To the student and faculty member who best demonstrate the foundation’s ideals of outstanding compassion in the delivery of care; respect for patients, their families, and healthcare colleagues; and clinical excellence.
M. Robert Cooper Scholarship Awards: For expressing serious interest in the field of Oncology.

Medical Alumni Association Excellence Award: For the senior who embodies the concept of the total physician.

Medical Student Award for Excellence in Anesthesiology: For the most outstanding student in Anesthesiology.

Michael R. Lawless Pediatric Merit Award: For all-around ability and interest in Pediatrics.

Norman D. and Dot G. Potter Award in Geriatrics: For excellence in the field of Geriatrics.

Obstetrics and Gynecology Merit Award: For outstanding academic and professional stature in OB/GYN.

Outstanding Medical Student in Psychiatry Award: For the most outstanding student in Psychiatry.

R. W. Prichard History of Medicine Award: Given in memory of Robert W. Prichard, M.D., a distinguished member of the faculty for 44 years and longtime chair of the Department of Pathology and Director of Laboratories for North Carolina Baptist Hospital. Dr. Prichard was also widely respected as a medical historian. The award is given to a medical student who is judged to have written an outstanding paper on the history of medicine.

Richard T. Myers Surgical Merit Award: For excellence in the field of Surgery.

Robert P. Vidinghoff Memorial Award: For aptitude and devotion to the field of Family Practice.

SAEM Medical Student Excellence in Emergency Medicine Award: Presented annually to each medical school in the United States. Awarded to the medical student who best exemplifies the qualities of an excellent Emergency Physician.

Strickland Award in Primary Care: For the senior student who demonstrates the highest potential for and commitment to the practice of primary care in Internal Medicine. The award is given by the Robert Strickland family to honor Dr. William Y. Rice, III. Dr. Rice has practiced General Internal Medicine at our institution since 1992 and epitomizes the definition of the consummate primary care physician. He strives to practice and model caring for his patients in a manner that we would want for ourselves and for our families. Outstanding performance in the field of Primary Care.

Tinsley R. Harrison Award in Internal Medicine: For the senior student with the highest rank in medical knowledge in Internal Medicine. This award is named for the first Chair of Internal Medicine at this institution and a founding member of the original medical school. His famous text, *Principles of Internal Medicine*, which was conceived when Harrison was Chair here, is now in its 19th edition and still bears his name.

Wake Forest School of Medicine Excellence in Neurology Award: For the most outstanding student in Neurology.
**Graduate School of Arts and Sciences – Biomedical Sciences Program**

Complete details about this program may be found in the 2017-2018 Graduate School of Arts and Sciences Bulletin and on the web: [www.graduate.wfu.edu](http://www.graduate.wfu.edu)

The Wake Forest University Graduate School of Arts and Sciences offers the following Doctor of Philosophy degrees at the School of Medicine: Biochemistry and Molecular Biology, Biomedical Engineering, Cancer Biology, Integrative Physiology and Pharmacology, Microbiology and Immunology, Molecular Genetics and Genomics, Molecular Medicine and Translational Science, and Neuroscience. Also, combined MD/PhD, PhD/MMS, and PhD/MBA programs are available. The Master of Science degree is offered in Biomedical Engineering, Biomedical Informatics, Biomedical Sciences, Clinical Population and Translational Sciences, Comparative Medicine, Health Disparities in Neuroscience-related Disorders, and Molecular Medicine and Translational Sciences. Also, combined MD/MS and BS/MS programs are available.

Investigators in the Biomedical Sciences have attracted national and internal recognition and funding for major programs in the areas of membrane biology, lipid biochemistry, gene targeting and transgenics, atherosclerosis, sensory and sensorimotor neuroscience, developmental and molecular neuroscience, cell biology, immunology and immunoregulation, carcinogenesis, tumor cell biology, novel anticancer therapeutics, renal and cardiovascular physiology, endocrinology, leukocyte metabolism and function, hypertension, reproductive biology and behavior, virology, naturally occurring disease of laboratory animals, and cardiac and neurofunctional MRI.
Statement of Philosophy of the Mentoring Relationship between Graduate Students and Advisors

Masters and doctoral graduate student training are comprised of both classroom instruction and an apprenticeship relationship with one or more faculty members. Each individual who pursues a graduate degree has ultimate responsibility for his/her education and professional development. Likewise a faculty member who advises a student has a responsibility to foster the successful development of the student into a member of the profession. Additionally, Wake Forest University Graduate School of Arts and Sciences has responsibilities to both the student and the faculty advisor to maintain and promote an environment that supports quality training programs.

This document serves as a Statement of Philosophy about the mentoring relationship between graduate students and their faculty advisors, as well as the institutional responsibilities to facilitate that relationship. The purpose of this document is to function as a statement of guiding principles that can promote the student’s successful completion of training, and guide their mentors’ efforts. It does not supersede institutional rules and regulations.

Core Tenets of Graduate Training

Institutional Commitment

Institutions that train graduate students must be committed to establishing and maintaining high-quality training programs that ascribe to scientific, humanistic and ethical professional standards. WFU will work to ensure that students who complete its programs are well-trained and possess the foundational skills and values that will allow them to mature into independent professionals with integrity. WFU’s commitment in this regard includes provision of oversight for length of training, maintenance of scholarly integrity, appropriate financial support, established procedures for addressing grievances, and various professional development-related opportunities. These opportunities can include effective and regular career guidance activities, reasonable access to institutional services, and other matters relevant to the education and professional development of graduate students. Additionally, WFU will strive to recognize and reward its graduate training faculty in support of their education of graduate students.

Program Commitment

The WFU Graduate School endeavors to establish and maintain robust training programs that provide students with the knowledge and career skills needed to function and succeed as independent professionals in their chosen fields. This commitment implies the maintenance of relevant course offerings and appropriate research opportunities. Each program of study in the Graduate School should have clearly defined procedures for assessment of students and closely monitor the progress of students during their courses of study.

Commitment to Outstanding Faculty Mentoring

Effective mentoring is crucial for graduate school trainees as they prepare for their careers. Faculty mentors should understand that such mentoring requires a commitment of substantial time and energy in order to ensure each student’s professional and personal development. Furthermore, the mentor must recognize that the success of the relationship hinges on mutual trust and respect. Effective mentoring should include teaching the method of inquiry for the specialty, providing regular constructive feedback and constructive criticism to foster professional maturation, teaching the conventions of the field of study, and promoting students’ careers by providing appropriate opportunities for independent work and recognition. Effective mentors should strive to facilitate the student’s completion of his or her thesis/dissertation, to help guide the student through the requirements for completion of the degree, and to advise the student to be knowledgeable of and act in accord with all university policies and procedures.

Graduate student mentors should encourage students who seek to take a novel approach to achieving personal success. Good mentors should possess and exemplify high ethical standards, competent communication skills, recognize the contributions of students in all endeavors including publications and development of patentable devices or methods, and have a strong commitment to original research and scholarship. Good mentors should work to provide their students with an environment that is intellectually stimulating, emotionally supportive, safe and free of harassment. Lastly, where appropriate, the mentor should maintain or identify financial support that is appropriate for the program of study, and that will allow the student to complete the requirements for the degree.
Commitments of Graduate Students

Effective mentoring is a dynamic relationship between the faculty advisor and the graduate student. As such, in addition to the desired commitments of faculty members, students share an equal responsibility for their educational success as they prepare for their careers. First and foremost, students have the primary responsibility for the successful completion of their degree. Towards that end, students need to dedicate themselves to their scholarship and research, as advised by the faculty mentor. This includes pursuing opportunities to develop the necessary skills to succeed in the desired field of study and chosen profession, and when appropriate, taking advantage of the various resources that are made available for personal and professional development. The student must also recognize that the success of the mentoring relationship with their faculty advisor hinges on mutual trust and respect. Similar to their faculty advisor, students should possess and exemplify high ethical standards, strive to manifest competent communication skills, recognize contributions of fellow students, and have a strong commitment to original research and scholarship. Students should also work to provide themselves, fellow students, staff, and faculty with an environment that is intellectually stimulating, emotionally supportive, safe and free of harassment. The student is to be knowledgeable of and act in accord with all university policies and procedures. Lastly, where appropriate, the student should work with his or her mentor to identify financial support that is appropriate for the program of study, and that will allow the student to complete the requirements for the degree.
Graduate Student Rights and Responsibilities

Introduction
Wake Forest University exists for the transmission of knowledge, the pursuit of truth, the development of students, and the well-being of society. Free inquiry and free expression are indispensable to the attainment of these goals. The Graduate School of Arts and Sciences is committed to providing an environment which will encourage graduate students to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. The Graduate School is also dedicated to the principles of honor, mutual respect, and trust among the faculty and students. The common observance of professional ethics is basic to the study and research in which we are engaged.

a. Rights
The minimal standards of academic freedom of graduate students outlined below are essential to any community of scholars. Any violations of these standards may be grounds for a student to initiate the grievance process.

1. Freedom of Access to Higher Education:
The facilities and services of the University should be open to all of its enrolled students, and the University should use its influence to secure equal access for all graduate students to public facilities in the local community.

2. The Classroom and Research Environment:
Graduate student performance will be evaluated solely on an academic basis, not on opinions or conduct in matters unrelated to academic standards.
   a. Protection of Freedom of Expression
   Graduate students are free to take reasoned exception to the data or views offered in any course of study or research activity and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.
   b. Protection Against Improper Academic Evaluation
   Graduate students have protection through orderly procedures (described in the section on Grievance Procedures) against prejudiced or capricious academic evaluation. At the same time, they are responsible for maintaining standards of academic performance established for the program in which they are enrolled.
   c. Protection Against Improper Disclosure
   Information about graduate student views, beliefs, and political associations which professors acquire in the course of their work as instructors, advisors, and counselors is considered confidential. Protection against improper disclosure is a serious professional obligation. Judgments of ability and character may be provided under appropriate circumstances, always with the knowledge or consent of the graduate student.
   d. Protection Against Harassment
   Graduate students have protection through orderly procedures (described in the section on Grievance Procedures) against physical (sexual, etc.) harassment and/or psychological abuse.

3. Student Records:
To minimize the risk of improper disclosure, access to academic and disciplinary records should be considered separately. Transcripts of academic records will contain only information about academic status. Information from disciplinary or counseling files will not be available to unauthorized persons on campus, or to any person off campus without the written consent of the graduate student involved, except where a judicial order of subpoena compels disclosure or health safety emergency cases are involved. No records will be kept which reflect the political activities or beliefs of graduate students. The Dean of the Graduate School should make provision for periodic review and possible destruction of non-current disciplinary records. Administrative staff and faculty members should respect confidential information about graduate students which they acquire while working with them.

4. Student Affairs:
a. Freedom of Association
   Graduate students bring to the campus a variety of interests previously acquired and develop many new interests as members of the academic community. They are free to organize and join associations to promote their common interests.
   b. Freedom of Inquiry and Expression
Graduate students and their organizations are free to examine and discuss all questions of interest to them, and to express opinions publicly and privately. They are free to support causes by orderly means which do not disrupt the regular and essential operation of the University. Graduate students and their organizations will be allowed reasonable access to University facilities for academic purposes, organizational meetings, sponsored lectures, etc. Those routine procedures required by the University for obtaining access to facilities are designed only to insure that there is orderly scheduling of facilities as well as adequate preparation for the event, and that the occasion is conducted in a manner appropriate to an academic community. Graduate students and their organizations are allowed to invite and to hear any person of their own choosing. The University's control of campus facilities cannot be used as a device of censorship.

c. Student Participation in University Government
   As constituents of the academic community, graduate students are free, individually and collectively, to express their views on issues of University policy and on matters of general interest to the graduate student body.

5. Off-Campus Freedom of Students
   If activities of graduate students upon occasion result in violation of law, University officials should be prepared to apprise students of sources of legal counsel and may offer other assistance. Graduate students who violate the law may incur penalties prescribed by civil authorities. Only where the University's interests as an academic community are clearly involved should the special authority of the University be asserted to consider off-campus violations. The graduate student who incidentally violates University regulations in the course of his/her off-campus activity is subject to no greater penalty than would normally be imposed for such infractions.

b. Responsibilities
   The faculty expects students to be mature and responsible members of the community, offers guidance in their freedom to learn, and subscribes to the statement of their rights. Those rights are linked to the student's commitment to academic integrity and responsible behavior as a member of the University community.

   Infractions of academic integrity include plagiarism, cheating on examinations, misrepresentation of the work of other scholars, and the falsification or fabrication of data in reporting one's own research. These infractions, as well as acts that disrupt the educational environment and any violations of local or federal law which occur on the university campus or during University sponsored activities, can be grounds for disciplinary action which may include dismissal from graduate school.
Graduate Student Non-Academic Grievance Procedure

Grievances of a non-academic nature, such as discrimination or harassment, should be taken to the Chair or Graduate Program Director of the student's department, to the Dean of the Graduate School, to Tanya L. Jachimiak, Title IX Coordinator (336) 758-7258; or to the Office of Human Resources, Fifth Floor, Plaza I (Bowman Gray Campus, telephone 716-6123).

Graduate Student Academic Grievance Procedures

1. Initial Response to Perceived Academic Grievance:

(Throughout this document, it is understood that "faculty member" and "student" may refer to more than one person.)

Situations may arise in which a student believes that he or she has not received fair treatment from a faculty member in an academic matter. In such cases, within two weeks of the student's awareness of the treatment he or she should talk with the faculty member. If the student and faculty member cannot resolve the problem, the student should immediately consult his or her advisor, the Director of the Graduate Program in the involved department, or the Chair of the department in order to initiate the department's internal grievance procedure (procedures may vary from department to department). If a resolution satisfactory to both parties cannot be reached in a reasonable time, which can vary according to the complexity of the matter, the student may choose to initiate the Graduate Student Academic Grievance Procedure. Initiation of the procedure must be no later than three months after failure to achieve resolution within the department. Failure to initiate the procedure within three months forfeits the student's right to file a grievance with the Graduate School.

2. Liaisons for Student Grievances:

The student should first contact either of the two WFU graduate faculty members, one from the Bowman Gray Campus and one from the Reynolda Campus, who serve as liaisons for graduate students wishing to file a grievance. The faculty liaisons, who serve a three-year term, are appointed by the Dean of the Graduate School from two candidates from each campus nominated by the Graduate Student Association. They serve as counsel for the student, and are available to advise the student concerning academic problems and grievances and to help the student initiate and continue with the grievance procedure. At the student's request, a faculty liaison may be present during any hearings by the Grievance Committee in order to monitor the proceedings and to insure fair treatment of the student. Graduate students interested in filing a grievance are also encouraged to speak with the chair(s) of the Graduate Student Association or other of its officers to seek advice regarding the grievance procedure. Names and email addresses of the faculty liaisons and GSA co-chairs can be obtained from the Graduate School office on either campus (or click here for a complete listing of the Graduate School Council Members and Representatives, including Liaisons, with links to their e-mail addresses).

3. Written Petition:

After consulting a Faculty Liaison Person, the student should submit to the Dean of the Graduate School a written petition requesting initiation of the Graduate Student Academic Grievance Procedure. The petition must include the name of the faculty member against whom the grievance is filed, the specific charge, information about the grievance, and the action or relief requested by the student. If appropriate at this time, documentary material may be submitted in support of the grievance, although such material may be reserved until requested by the Chair of the Grievance Committee. At the time the grievance is submitted, the Dean of the Graduate School shall confer with the student to ensure that the student has spoken with the faculty member involved, gone through the department grievance procedure, and contacted a Faculty Liaison Person.

4. Grievance Committee:

Upon receiving a grievance petition, the Dean of the Graduate School shall appoint a five-member Grievance Committee composed as follows: a Chair who is a member of the Graduate Council; two faculty members from the graduate faculty at large; and two graduate students selected from a list provided by the Graduate Student Association. Both the student filing the grievance and the faculty member against whom it is filed shall be informed of the names of all members of the Grievance Committee. In appointing
members of the Grievance Committee, the Dean of the Graduate School will ensure that no conflict of interest will occur. A new committee shall be appointed for each grievance.

5. Grievance Procedure:
The Dean of the Graduate School will forward copies of the grievance petition to the Grievance Committee, the Faculty Liaison Person with whom the student has consulted, and the faculty member against whom the grievance is filed. The faculty member will then have fourteen days to respond in writing to the grievance. This response will be returned to the Dean of the Graduate School, who will forward copies to the Grievance Committee, the Faculty Liaison Person, and the student filing the grievance.

Within fourteen days of receiving the faculty member's response to the grievance, the Chair shall convene the Grievance Committee to review the charges, to determine if more information and documentation are needed, and to plan and schedule the Grievance Hearing. The Hearing shall be scheduled no sooner than fourteen days but no later than twenty-eight days after the initial committee meeting. The Chair of the Grievance Committee shall ask the parties involved to submit to the Graduate School any further documentation. In addition, each party will submit a list of witnesses who will appear at the Hearing in support of their position, with a one-sentence summary of the information each witness will present. All documentation and the list of witnesses must be submitted at least seven school days prior to the scheduled Hearing. After that time, no additional material or witnesses may be introduced or presented, unless of a compelling nature relevant to either the student or faculty member. In such cases the Chair of the Grievance Committee may allow the additional material or witnesses. The Graduate School shall insure that each committee member and both parties involved receive copies of all material and a list of witnesses at least five school days before the scheduled Hearing, and immediately if additional material or witnesses are allowed.

6. Grievance Hearing:
The Chair shall preside over the Grievance Hearing, and will vote only to break tie votes of the Grievance Committee. All voting shall be done by secret written ballot. All proceedings during the Hearing shall be recorded on equipment provided by the Graduate School. At all times during the Hearing, the student may have the Faculty Liaison Person present, and both parties may be represented by legal counsel or another representative.

The purpose of the Hearing is to obtain information which the Grievance Committee can use to make a final evaluation and recommendation to the Dean of the Graduate School. At all times the Chair of the Grievance Committee shall maintain a civil, reasonable atmosphere.

The Hearing shall proceed in the following manner. First the student who filed the grievance, or a representative, will be given the opportunity to discuss the grievance and to review the documentation submitted by both parties, including the response by the faculty member to the grievance. The faculty member, or representative, will then have the opportunity to ask questions of the student, after which any or all members of the Grievance Committee may ask questions. The student may then present witnesses, who can be asked questions by the faculty member and the Grievance Committee.

When the student has presented all of his or her material and witnesses, the faculty member, or representative, will be given the opportunity to discuss the grievance and to review the documentation submitted by both parties, including the original grievance petition. The student, or representative, may then ask questions, followed by questions from the Grievance Committee. The faculty member may then present witnesses, who can be asked questions by the student and the Grievance Committee. Reasonable variations of this general procedure may be allowed by the Chair of the Grievance Committee.

During the Hearing witnesses will be present only while they are giving information to the Hearing and being asked questions. They will wait outside the hearing room until called by the Grievance Committee, and leave the Hearing after they have spoken.

If at any time during the Hearing either side, in the opinion of the Chair, in any way violates civil, reasonable conduct, the Chair may recess the Hearing for ten minutes. If such behavior continues, the Chair may postpone the Hearing for a maximum of one week.
After all material and witnesses have been presented by both sides, the faculty member and then the
student, or their representatives, may make a concluding summary statement, touching on all matters they
consider relevant to the grievance as filed. Following the student's summary statement, the Hearing will
adjourn and the Grievance Committee shall deliberate.

The Grievance Procedure may be stopped at any time upon request of the student to withdraw the
grievance. Once withdrawn, that grievance cannot be reactivated. The grievance procedure may be
postponed only if either party has an emergency that prevents their preparing for or appearing at a Hearing.
The party with the emergency must notify the Chair of the Grievance Committee, with documentation of
the nature of the emergency, as soon as possible, and the Chair will determine if a postponement is
justified.

7. Recommendation to the Dean of the Graduate School:
   Within three days after completion of the Grievance Hearing, the Grievance Committee will make a
   recommendation which will be sent in writing to both parties and to the Dean of the Graduate School.

8. Decision by the Dean of the Graduate School:
   From the time the recommendation is received by the involved parties and the Dean of the Graduate
   School, either party will have five days to appeal to the Dean of the Graduate School, in writing, the
   recommendation of the Grievance Committee. Within two weeks after receiving the recommendation, the
   Dean of the Graduate School will make a decision and provide a written explanation of the reasons for the
decision to the Chair of the Grievance Committee and to the parties involved. The Dean of the Graduate
   School will also convey the decision to both the Chair and the Director of the Graduate Program of the
department involved. The decision of the Dean of the Graduate School is final.

9. Records:
   All material related to the Grievance Hearing, including tapes of all sessions, shall be placed on
   confidential file in the Graduate School office for two years. After that time, all material except the written
decision of the Dean of the Graduate School shall be destroyed.

Flow Chart

The following chart summarizes the Graduate Student Academic Grievance Procedure.

Student speaks with Faculty Member
          |                     |
          Resolution No Resolution

Student initiates department grievance procedures
          |                     |
          Resolution No Resolution

Student initiates Graduate Student Grievance Procedure
          |                     |
          Grievance Hearing

Recommendation to Dean of the Graduate School
          |                     |
Appeal by either party to Dean of the Graduate School
          |                     |
Final decision by Dean of the Graduate School
### FALL SEMESTER 2017
- **August 8 - 9**: Mandatory New Student Orientation
- **August 10**: Program Orientation/Advising Meetings
- **August 11**: Ethics/RCR Bootcamp
- **August 14**: Classes begin
- **August 14 - 25**: Analytical Skills Course starts (MGB 700)
- **September 4**: Labor Day Holiday
- **September 8**: Deadline: Statement of Intent form to Graduate School for December graduates
- **September 11**: Last day to add or drop a course
- **November 3**: Deadline: Thesis/dissertation format review with Grad. School for December grads
- **November 6 - 17**: Course Registration for Spring 2019
- **November 22 - 26**: Thanksgiving Holiday
- **December 6**: Deadline: Last day to defend for December graduates
- **December 8**: Classes end
- **December 11-16**: Examinations
- **December 13**: Deadline: ETD Student Advisor Agreement, final copy of thesis/dissertation, survey completions for December graduates
- **December 22**: Grades Due
- **December 30**: Graduation

### SPRING SEMESTER 2018
- **January 8**: Classes begin
- **January 15**: Martin Luther King Jr. Holiday
- **January 22**: Last day to add or drop a course
- **January 26**: Deadline: Statement of Intent form to Graduate School for May graduates
- **March 5 - 9**: Spring Break
- **March 26 - April 9**: Course Registration for Summer 2018
- **March 30**: Good Friday Holiday
- **April 6**: Deadline: Thesis/dissertation format review with Graduate School for May graduates
- **April 27**: Classes end
- **April 25**: Deadline: Last day to defend for May graduates
- **April 30 - May 4**: Examinations
- **May 2**: Deadline: ETD Student Advisor Agreement, final copy of thesis/dissertation, survey completions for May graduates
- **May 11**: Grades Due
- **May 19**: Hooding and Awards Ceremony
- **May 21**: Commencement

### SUMMER SESSION 2018 (Subject to Updates)
- **May 14**: Summer session begins
- **May 23 - 24**: Summer Orientation for BMSC/Premedical Postbac MS Program
- **May 25**: Last day to add/drop courses
- **May 26**: Deadline: Statement of Intent form to Graduate School for August graduates
- **May 29**: First day of classes for BMSC/Premedical Postbac MS Program
- **July 2 - 13**: Course Registration for Fall 2018
- **July 5**: Deadline: Thesis/dissertation format review with Grad. School for August graduates
- **July 25**: Deadline: Last day to defend for August graduates
- **July 27**: Summer session ends
- **July 31**: Deadline: ETD Student Advisor Agreement, final copy of thesis/dissertation, survey completions for August graduates
- **August 3**: Grades Due
- **August 13**: Graduation
Physician Assistant Program

Complete details about this program may be found in the 2017-2018 Physician Assistant Student Handbook and on the web:  www.wakehealth.edu/Physician-Assistant-Program

The Wake Forest School of Medicine physician assistant program has a unique history of curricular innovation in medical education. From its beginning in 1969, it has featured inquiry-based, small-group, self-directed learning centered around real patient medical problems. We remain one of the few programs in the country with an educational experience focused on adult and applied learning principles. Our patient-centered approach immerses students in real-life cases and fosters their clinical problem-solving abilities.

A Future of Innovation in Education

We are building on our rich history, signature pedagogy, and a collective commitment to leadership development. Our roadmap is built upon shaping excellence in PA education, envisioning the future of PA practice, and creating a generation of future leaders for our profession.

Our goals are focused on our students, our educators and scholars, and the rapidly evolving healthcare environment. Six primary goals guide our program in accomplishing our mission and achieving our vision of excellence:

- Attract the most talented students
- Prepare and inspire the faculty to provide innovative education and training experiences
- Develop a nationally preeminent curriculum and training models to meet tomorrow's workforce needs
- Train professionals to meet future clinical and research workforce needs
- Develop clinical and research training sites to prepare trainees for various work settings and experiences by leveraging internal and external partnerships
- Provide state-of-the-art infrastructure to support our faculty and students

Success is measured in a multidimensional fashion, incorporating evaluations of process, outcomes, and impact. Our benchmark for success is achieved when our students are highly engaged in the learning process, our graduates are both competent and compassionate, our educators are continually improving our instructional process, our scholars are translating new knowledge, and our community is being enriched through the service of our graduates.

Educational Goals

- Shape an educational environment that fosters critical thinking, encourages intellectual curiosity, and cultivates professional behaviors and leadership skills
- Create a culture for student advisement and mentoring that nurtures self-awareness, mindfulness, resilience, relationship building, and an appreciation for lifelong learning
- Equip students with a foundational knowledge in biomedical ethics, professionalism, health equity, interprofessional practice, patient-centered communication, and established and evolving biomedical and clinical sciences
- Construct opportunities for students to apply foundational knowledge within a core case-based educational experience integrating biomedical sciences, the optimization of health, and clinical problem solving in which students assume an important role in directing their own learning and cultivate their abilities to function as a team
- Design a competency-based, task-focused curriculum structured around organ systems and the diseases, disorders, and medical assessments physician assistants encounter within those systems
- Apply a constructivist approach by sequencing the curriculum around mechanisms of health and disease, progressing from basic to complex
Technical Standards for Admission, Continuation and Graduation

Applicants to the Wake Forest School of Medicine are selected on the basis of their academic, personal and extracurricular attributes. Applicants must also have the intellectual, physical and emotional capabilities to meet the requirements of their program’s curriculum and of a successful career in medicine.

These standards specify the attributes and behaviors considered essential for successfully completing PA training and enabling each graduate to enter clinical practice. Because these standards describe the essential functions that students must demonstrate to meet the requirements of PA training within a generalist education model, they are prerequisites for admission, continuation and graduation.

Wake Forest School of Medicine will consider for admission any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform skills listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and the Rehabilitation Act. Our institution is committed to considering all qualified applicants without discrimination or based on any protected characteristics such as race, sex, age, religion, national origin, disability, sexual orientation, gender identity, or veteran status. It is the policy of the PA Program that all students must possess the intellectual, physical and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner without having to rely on intermediaries and that all students must be able to achieve the levels of competence required by the faculty. All candidates for admission, those both with and without disabilities, are expected to be competitive with others in the applicant pool across defined cognitive and non-cognitive factors. The institutional policy is to make admissions on a case-by-case basis and the basis of each applicant’s qualifications to contribute to Wake Forest School of Medicine’s educational mission. For purposes of this document and unless otherwise defined, the term “applicant” or “candidate” means applicants for admissions to the PA program as well as enrolled PA students who are candidates for promotion and graduation.

Technical Standards for PA Program Admission, Continuation, and Graduation

A candidate for the Master of Medical Science (MMS) degree earned after successful completion of the PA Program must have abilities and skills in the five functional areas described below and must have the physical and emotional stamina and capacity to function in a competent manner, and consistent with these standards, in the classroom and in clinical and laboratory settings, including settings that may involve heavy workloads, long hours and stressful situations.

1. Observation: The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to anatomic, physiologic and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision, hearing and somatic sensation.

2. Communication: A candidate must be able to speak, to hear, and to observe patients in order to elicit information; describe changes in mood, activity, and posture; and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team.

3. Motor: Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers that comprise a complete physical examination (including pelvic examination). A candidate must be able to perform the basic and advanced clinical procedures that are requirements of the PA Program curriculum. A candidate must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of PAs are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch, vision and hearing.

4. Intellectual, Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem-solving, the critical skill demanded of PAs, requires that a candidate be able to learn, retrieve, analyze, sequence, organize, synthesize and integrate information efficiently, and to reason
effectively. In addition, the candidate should be able to measure and calculate accurately and to understand the spatial relationships of structures.

5. Behavioral and Social Attributes: A candidate must possess the emotional health required to fully utilize his or her intellectual abilities, exercise good judgment, promptly complete all responsibilities attendant to the diagnosis and care of patients, and develop mature, sensitive, and effective relationships with patients. Candidates must be able to work effectively, respectfully and professionally as part of the healthcare team and to interact with patients, their families and healthcare personnel in a courteous, professional and respectful manner. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are required.

Technological compensation can be made in certain of these areas, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary, a person trained to perform essential skills on behalf of the candidate, or a person used such that a candidate’s judgment must be mediated by someone else’s power of selection and observation, is not permitted.

In addition to the abilities and skills set forth above, candidates must possess the general physical health necessary for performing the duties of a PA student without endangering the lives of patients and/or colleagues with whom the student might have contact. Candidates whose performance is impaired by abuse of alcohol or other substances are not suitable candidates for admission, continuation, promotion or graduation.

**Process for assessing the applicant’s compliance with the technical standards**

Applicants are required to attest at the time they apply and accept an offer to matriculate that they meet these technical standards and thereafter must attest on an ongoing basis that they continue to meet these standards. These standards are not intended to deter any student who might be able to complete the requirements of the curriculum with reasonable accommodations. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards or if it poses an undue administrative or financial burden. Requests from applicants for reasonable accommodations in meeting the technical standards will be reviewed and considered by an officer appointed by the School to evaluate student requests for accommodations. Information required within a request for accommodations includes, at a minimum, the following, and these required elements must be provided at the applicant’s expenses:

- Documentation of the disability from a licensed professional
- The diagnosis of the disability using standard nomenclature
- A description of the student’s functional limitations due to the disability
- Copies of the evaluation report(s) on or accompanied by a letter on the evaluating professional’s letterhead
- A description of the requested accommodation

For additional information about the School’s process for assessing an applicant’s compliance with the technical standards, please contact the PA Program.
**Advanced Placement Policy**

1) **General Policy Statement:**
   a) **Scope:** All PA Program students are responsible for complying with this policy.
   b) **Responsible Department/Party/Parties:**
      i) **Policy Owner:** PA Program Director
      ii) **Procedure:** The PA Program Director is charged with determining and defining the procedures relative to implementation and administration of this policy in conjunction with the appointed advisory committee.
      iii) **Supervision:** The PA Program Director is charged with managing compliance with regulations and operations to which this policy applies.
      iv) **Implementation:** PA Program Director

2) **Policy Guidelines:**

   The PA Program does not grant advanced placement outside of the Wake Forest School of Medicine or Graduate School.

   The PA program students are required to take all courses within the PA Program curriculum. Transfer credits will not be accepted, and no credit will be granted for pre-admission experiential learning.

   Advanced placement is defined as a waiver of required coursework within the PA curriculum for applicants to the PA Program and/or a waiver of required coursework within the PA curriculum for currently enrolled students in the PA Program which results in the student advancing in the curriculum without completing required curriculum components.
Background Check and Health Screening Policy

1) General Policy Statement:
   All students who enter the Wake Forest School of Medicine PA Program will be required to have a criminal background check completed prior to matriculation.
   All students who enter the Wake Forest School of Medicine PA Program will be required to have a health screening completed prior to matriculation and prior to beginning of the Clinical Year. Additional drug screens or health screenings may be required by supervised clinical practice experiences.

a) Scope: All Wake Forest PA Program students are responsible for complying with this policy.

b) Responsible Department/Party/Parties:
   i) Policy Owner: PA Program Policy Committee
   ii) Procedure: The PA Program Policy Committee is charged with determining and defining the procedures relative to implementation and administration of this policy in conjunction with the Director of PA Student Services and the PA Student Progress Committee.
   iii) Supervision: The PA Program Director is charged with managing compliance with regulations and operations to which this policy applies.
   iv) Implementation: PA Policy Committee with the Director of Student Services

2) Policy Guidelines:
   A signed Background Check Authorization Form will be obtained from each applicant who has accepted an offer of admission to the program. The charge for this will be covered by the deposit paid by the student on acceptance to the program. The offer of admission is conditional upon results of the background check and health screening.

   The criminal background check includes but is not limited to the following:
   - a National Sex Offender Registry search
   - a determination of areas of residence for the past seven years through a Social Security Number check
   - a state and local (county)-level search based on areas of residence for the past seven years for:
     o all levels of criminal offense
     o all types of adjudications
     o all legal processes not yet resolved
     o all types of offenses

   Should the background check yield any criminal information, the offer of admission may be revoked.

   One copy of the background check will be kept in the student’s confidential academic file, and one copy will be given to the student upon matriculation.

   Acceptance into the Wake Forest University School of Medicine PA Program does not imply or guarantee that the student will be able to obtain state licensure upon graduation.
Student Employment Policy

1) General Policy Statement:
   This policy informs Wake Forest PA Program students regarding options for employment while enrolled in the PA Program.
   a) Scope: All Wake Forest PA Program students are responsible for complying with this policy.
   b) Responsible Department/Party/Parties:
      i) Policy Owner: PA Program Policy Committee
      ii) Procedure: The PA Program Policy Committee is charged with determining and defining the procedures relative to implementation and administration of this policy in conjunction with the Director of PA Student Services and the PA Student Progress Committee.
      iii) Supervision: The PA Program Director is charged with managing compliance with regulations and operations to which this policy applies.
      iv) Implementation: PA Policy Committee with the Director of Student Services

2) Policy Guidelines:
   a) General Requirements
      i) Employment by Wake Forest Baptist Medical Center or in the Wake Forest School of Medicine PA Program during the period of matriculation is strictly prohibited. Students must not work, substitute, or function as instructional faculty or staff in the PA Program itself or in any instructional sites, to include clinical rotation sites where a student is placed.
      ii) Due to the rigorous nature of the curriculum, employment outside of the Wake Forest School of Medicine PA Program during the period of matriculation is highly discouraged.
<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td><strong>Pre-Clinical Year</strong></td>
<td></td>
</tr>
<tr>
<td>Semester I</td>
<td>Program Orientation</td>
</tr>
<tr>
<td></td>
<td>Unit 1 Begins</td>
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<tr>
<td></td>
<td>Unit 1 Final Exams</td>
</tr>
<tr>
<td></td>
<td>White Coat Ceremony</td>
</tr>
<tr>
<td><strong>July 4 Holiday - No classes</strong></td>
<td>July 4, 2016</td>
</tr>
<tr>
<td>Boone Campus Orientation</td>
<td>July 5, 2016</td>
</tr>
<tr>
<td>Semester II</td>
<td>Unit 2 Begins</td>
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<tr>
<td></td>
<td>Unit 2 Final Exams</td>
</tr>
<tr>
<td><strong>Labor Day Holiday - No classes</strong></td>
<td>September 12, 2016</td>
</tr>
<tr>
<td><strong>September Break - No classes</strong></td>
<td>September 6-9, 2016</td>
</tr>
<tr>
<td>Semester III</td>
<td>Unit 3 Begins</td>
</tr>
<tr>
<td></td>
<td>Mid-Unit Exams</td>
</tr>
<tr>
<td><strong>November Break - No classes</strong></td>
<td>November 2-4, 2016</td>
</tr>
<tr>
<td><strong>Thanksgiving Holiday - No classes</strong></td>
<td>November 24-25, 2016</td>
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<tr>
<td></td>
<td>Unit 3 Final Exams</td>
</tr>
<tr>
<td><strong>Winter Break - No classes</strong></td>
<td>December 19, 2016-January 2, 2017</td>
</tr>
<tr>
<td>Semester IV</td>
<td>Unit 4 Begins</td>
</tr>
<tr>
<td><strong>Martin Luther King Holiday - No classes</strong></td>
<td>January 16, 2017</td>
</tr>
<tr>
<td></td>
<td>Unit 4 Final Exams</td>
</tr>
<tr>
<td><strong>March Break - No classes</strong></td>
<td>March 13-17, 2017</td>
</tr>
<tr>
<td>Semester V</td>
<td>Unit 5 Begins</td>
</tr>
<tr>
<td></td>
<td>Unit 5 Final Exams</td>
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<tr>
<td></td>
<td>Preclinical Year Ends</td>
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<tr>
<td></td>
<td>AAPA Annual Conference</td>
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<tr>
<td><strong>Clinical Year</strong></td>
<td></td>
</tr>
<tr>
<td>Semester IV</td>
<td>Clinical Year Preparatory Block Begins</td>
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<tr>
<td></td>
<td>Clinical Year Preparatory Block Ends</td>
</tr>
<tr>
<td></td>
<td>Graduate Project Study</td>
</tr>
<tr>
<td></td>
<td>Clinical Rotations Begin</td>
</tr>
<tr>
<td>**July 4th Holiday ***</td>
<td>July 4, 2017</td>
</tr>
<tr>
<td><strong>Labor Day</strong></td>
<td>September 4, 2017</td>
</tr>
<tr>
<td>Semester V</td>
<td>Thanksgiving Holiday*</td>
</tr>
<tr>
<td></td>
<td>Winter Break</td>
</tr>
<tr>
<td>Semester VI</td>
<td><strong>Martin Luther King Holiday</strong></td>
</tr>
<tr>
<td></td>
<td>Clinical Year Ends</td>
</tr>
<tr>
<td></td>
<td>AAPA Annual Conference</td>
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<tr>
<td></td>
<td>Graduation</td>
</tr>
</tbody>
</table>
## Class of 2019 ACADEMIC CALENDAR

**Semester I**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Program Orientation</td>
<td>May 31, 2017</td>
</tr>
<tr>
<td>Unit 1 Begins</td>
<td>June 5, 2017</td>
</tr>
<tr>
<td>Unit 1 Final Examinations</td>
<td>June 28, 2017</td>
</tr>
<tr>
<td>White Coat Ceremony</td>
<td>June 30, 2017</td>
</tr>
<tr>
<td>July 4th Holiday</td>
<td>July 4, 2017</td>
</tr>
<tr>
<td>Unit 2 Begins</td>
<td>July 5, 2017</td>
</tr>
<tr>
<td>Unit 2 Final Examinations</td>
<td>August 28-September 1, 2017</td>
</tr>
<tr>
<td>Labor Day Holiday-No Classes</td>
<td>September 4, 2017</td>
</tr>
<tr>
<td>September Break-No Classes</td>
<td>September 5-8, 2017</td>
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</tbody>
</table>

**Semester II**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Unit 3 Begins</td>
<td>September 11, 2017</td>
</tr>
<tr>
<td>Mid-Unit Examinations</td>
<td>October 30-31, 2017</td>
</tr>
<tr>
<td>November Break-No Classes</td>
<td>November 1-3, 2017</td>
</tr>
<tr>
<td>Thanksgiving Holiday-No Classes</td>
<td>November 23-24, 2017</td>
</tr>
<tr>
<td>Unit 3 Final Exams</td>
<td>December 11-15, 2017</td>
</tr>
<tr>
<td>Winter Break- No classes</td>
<td>December 18, 2017-January 2, 2018</td>
</tr>
</tbody>
</table>

**Semester III**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Unit 4 Begins</td>
<td>January 3, 2018</td>
</tr>
<tr>
<td>Martin Luther King Holiday-No Classes</td>
<td>January 15, 2018</td>
</tr>
<tr>
<td>Unit 4 Final Examinations</td>
<td>March 5-9, 2018</td>
</tr>
<tr>
<td>March Break-No Classes</td>
<td>March 12-16, 2018</td>
</tr>
<tr>
<td>Unit 5 Begins</td>
<td>March 19, 2018</td>
</tr>
<tr>
<td>Unit 5 Evaluation Week</td>
<td>May 7-11, 2018</td>
</tr>
<tr>
<td>Preclinical Year Ends</td>
<td>May 11, 2018</td>
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</tbody>
</table>

**Clinical Year**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Year Prep/Grad Project (Wk 1)</td>
<td>May 14-17, 2018</td>
</tr>
<tr>
<td>Travel to conference (No classes)</td>
<td>May 18, 2018</td>
</tr>
<tr>
<td>AAPA Annual Conference /Break Week (Conference: May 19-23, 2018)</td>
<td>May 21-25, 2018</td>
</tr>
<tr>
<td>Memorial Day Holiday</td>
<td>May 28, 2018</td>
</tr>
<tr>
<td>Clin Yr Prep/Grad Project (Wks 2-5)</td>
<td>May 29-June 21, 2018</td>
</tr>
<tr>
<td>Clinical rotations begin</td>
<td>Monday, June 25, 2018</td>
</tr>
</tbody>
</table>

*Preceptor dependent*
Nurse Anesthesia Program

Complete details about this program may be found in the 2017-2018 Nurse Anesthesia Student Handbook and on the web:  www.wakehealth.edu/Nurse-Anesthesia-Program

The Nurse Anesthesia Program was established in 1942 as one of the professional schools of The North Carolina Baptist Hospital (NCBH) and the Bowman Gray School of Medicine. Since then, Wake Forest Baptist Health has served as the program’s sponsor and the major clinical facility for clinical education of our students. Currently, the program is one of an elite minority of programs which are housed in a school of medicine. Program graduates are awarded the Master of Science in Nurse Anesthesia degree by the Wake Forest School of Medicine. For over 74 years, the nurse anesthesia program has been highly regarded for an exceptional quality of graduates, as well as for housing faculty of outstanding achievement and recognition, nationally and internationally. The program offers high quality education and experience to a select group of professional nurses to prepare graduates for a life-long study and practice of anesthesia. The program strives to maintain a top-ranked position through the provision of a rigorous education and program evolution to capitalize upon emerging trends in health care and education. Our program is renowned for a legacy of leadership development with our graduates serving in or having occupied the highest positions of state, national, and international nurse anesthesia organizations. Our students are privileged to be educated by professional advocates who have held positions of prominence in our profession. We provide a rigorous education which leads graduates to embody passion for the art of anesthesia nursing, commitment to professionalism, and stewardship of the profession. Our unique combination of longstanding history and a current, progressive approach is embodied in our tagline “Established Excellence, Innovative Education”.

Technical Standards for Admission, Continuation and Graduation

Applicants to the Wake Forest Nurse Anesthesia Program are selected on the basis of their academic, personal and extracurricular attributes. Applicants must also have the intellectual, physical and emotional capabilities to meet the requirements of the School’s curriculum and to function as a safe anesthesia provider.

The following technical standard guidelines are based on those recognized as essential to the study and practice of nurse anesthesia. These guidelines specify the attributes considered essential for completing nurse anesthesia training and for enabling each graduate to enter clinical practice. Because these standards describe the essential functions that students must demonstrate to meet the requirements of nurse anesthesia training, they are prerequisites for admission, continuation, and graduation.

Wake Forest Nurse Anesthesia Program will consider for admission any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform skills listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and the Rehabilitation Act. Our institution is committed to considering all qualified applicants without discrimination on the basis of race, color, religion, national origin, age, sex, veteran status, disability or sexual orientation. The Admissions Committee believes that all students must possess the intellectual, physical and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner without having to rely on intermediaries, and that all students must be able to achieve the levels of competence required by the program goals and objectives. All candidates for admission, both those with and without disabilities, are expected to be competitive with others in the applicant pool in academic, personal and extracurricular attributes. The institutional policy is to make admissions decisions on the basis of each applicant’s qualifications for the study and practice of nurse anesthesia. The School of Nurse Anesthesia’s commitment to nondiscrimination against any applicant or admitted student on the basis of disability is consistent with applicable law.

Admitted students with documented, qualified disabilities have access to support personnel within the Office of Student Services. An agent of this office will collaborate with other faculty and staff as necessary to provide reasonable accommodations for courses and examinations. The goal is to help students with qualified disabilities find access to the necessary resources to assist them in meeting the technical standards for nurse anesthesia program admission, continuation and graduation.

Requests for accommodation of a disability must be made in a timely manner to the Director of the Nurse Anesthesia Program and the Office of Student Services. At that time, the following information must be provided at the student’s expense:

1. Documentation of the disability from a licensed professional.
2. The diagnosis of the disability using standard nomenclature.
3. A description of the student’s functional limitations due to the disability.
4. Copies of the evaluation report(s) on or accompanied by a letter on the evaluating professional’s letterhead.
5. A description of the requested accommodation.

Accommodations that may be appropriate will depend on individual circumstances. In evaluating a request for an accommodation, the School of Nurse Anesthesia will take into account the individual’s specific limitations and needs to determine whether the requested accommodation is reasonable and will permit the applicant or student to satisfy the Technical Standards. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards, or poses an undue administrative or financial burden. As mentioned above, except in rare circumstances, the use by a student of an intermediary to perform any of the functions described in the Technical Standards would constitute an unacceptable substantial modification.

For students seeking accommodations, a comprehensive neuropsychological evaluation conducted by a qualified professional must be provided. The evaluation must appear on, or be accompanied by a letter on, the evaluating professional’s letterhead.

Technical Standards for Nurse Anesthesia Studies Required for Admission, Continuation and Graduation

A candidate for the Master of Science in Nurse Anesthesia must be able to demonstrate intellectual-conceptual,
integrative and quantitative abilities; skills in observation, communication and motor functions; and mature behavioral and social attributes. Technological compensation can be made for some disabilities in certain areas, but a candidate should be able to perform in a reasonably independent manner without a trained intermediary. The use of a trained intermediary means that a candidate’s judgment or performance must be mediated by someone else’s power of selection, observation, or performance.

**Sensory**
- A candidate must be able to detect and interpret changes in monitoring alarms and equipment.
- A candidate must have sufficient sensory capacity to observe in the lecture hall, the laboratory, the outpatient setting, and the patient's bedside.
- Sensory skills adequate to perform a physical examination are required. Functional vision, hearing and tactile sensation must be adequate to observe a patient's condition and to elicit information from computerized monitors, and through procedures regularly required in a physical examination, such as inspection, auscultation and palpation.
- A candidate must be able to observe a patient accurately at a distance and close at hand.

**Communication**
- A candidate should be able to speak, hear and observe patients in order to elicit information; describe changes in mood, activity, and posture; and perceive nonverbal communications.
- A candidate must be able to communicate effectively and sensitively with patients. Communication includes speech, as well as reading and writing.
- A candidate must be able to communicate effectively via oral and written modalities interacting with all members of the health care team.

**Motor**
- Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers.
- A candidate must be able to negotiate patient care environments and must be able to move self/patients between settings, such as clinic, classroom building, and hospital.
- A candidate should be able to execute motor activities reasonably required to provide general care, to perform direct laryngoscopy, arterial and venous line placement, and performance of peripheral and central nerve blocks, anesthesia gas machine operation and troubleshooting, and to provide emergency and urgent treatment to patients such as fiberoptic intubation and therapies of the difficult airway algorithm.
- Examples of emergency treatment reasonably required of a nurse anesthetist are cardiopulmonary resuscitation (CPR) and the administration of intravenous medication. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

**Intellectual-Conceptual, Integrative and Quantitative Abilities**
- Intellectual-conceptual, integrative and quantitative abilities include measurement, calculation, reasoning, analysis and synthesis. Problem-solving, the critical skill demanded of a nurse anesthetist, requires all of these intellectual abilities.
- A candidate should be able to comprehend 3-dimensional relationships and to understand the spatial relationships of structures for the performance of peripheral and central nerve blocks.
- A candidate must be able to read and understand medical and nursing literature. In order to complete the degree, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely and often critical fashion in problem-solving and patient care.

**Behavioral and Social Attributes**
- A candidate must possess the emotional health required for full utilization of intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients and other healthcare personnel.
- A candidate must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients.
Commitment to excellence, service orientation, goal-setting skills, academic ability, self-awareness, integrity and interpersonal skills are all personal qualities that are assessed during the admission and education process. Because the nature of nurse anesthesia education is based on a mentoring process, candidates are expected to be able to accept criticism and respond by appropriate modification of behavior. Compassion, integrity, concern for others, interpersonal skills, interest and motivations are all personal qualities that are required.

Annotations to the Technical Standards

- In addition to the existing text incorporated within the Technical Standards for Nurse Anesthesia Studies for Admission, Continuation and Graduation, there are specific needs that are relevant to successful completion of curriculum requirements. This addendum provides specific examples to enhance the interpretation of the Technical Standards, particularly within the “Motor” and “Behavioral and Social Attributes” categories.

- Students are required to master the skills of a complete physical examination.

- They must complete Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Cardiac Life Support (PALS) and Neonatal Resuscitation Program (NRP) instruction and certification processes.

- Students must be available to meet when sessions are available for the mastery of the curriculum objectives. This may include evening, night and weekend obligations.

- During the clinical internship, several mandatory rotations require extended hours, with start times as early as 5:00 am. Evening, on-call and weekend shifts are common and may extend into 12 to 16 hour days. As a result, students must be able to physically and psychologically perform capably and competently with moderate degrees of sleep deprivation.

- Many surgical procedures essential to training may last for 3 or more hours. Students may be required to stand in a relatively fixed position for the entirety of the procedure with minimal rest or breaks.

- In emergency situations, patients may need to be moved, turned or resuscitated, and the student may be in situations that necessitate short periods of bending, lifting or partial lifting, reaching, squatting or straining.

- Within WFBH rotations, students may be required to cover large areas of space (different patient-care floors, different wings or sections within institutional building structures). They must be able to transport themselves and patients from one location to another in a timely fashion in order to facilitate patient care responsibilities and to receive educational training, such as during rounds.
## Nurse Anesthesia Program Academic Calendar [co2018]

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<tr>
<th>Semesters</th>
<th>Important Dates</th>
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<td><strong>Fall 2016</strong></td>
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# Nurse Anesthesia Program Academic Calendar [co2019]

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