

## **Article 5 Responsibilities of Medical Students**

### **5.01 Technical Standards: Personal Attributes and Capabilities Essential for Admission, Promotion, and Graduation**

#### **(1) Introduction:**

The University of North Carolina School of Medicine believes that earning a Doctor of Medicine (MD) degree requires mastery of a coherent body of knowledge and skills. A medical student must acquire substantial competence in the principles and facts of all of the curriculum's required basic sciences, must understand and appreciate the principles and practice of all of the basic fields of clinical medicine and must be able to relate appropriately to patients and to other health care professionals. The following technical standards describe the non-academic qualifications, which the school considers essential for successful completion of the Educational Objectives of its Curriculum. (See Article 3)

#### **(2) Technical Standards**

(a) Introduction. Because the medical profession is governed by ethical principles and by state and federal laws, a medical student must have the capacity to learn and understand these values and laws and to perform within their guidelines. A student should be able to relate to colleagues, staff and patients with honesty, integrity, nondiscrimination, self-sacrifice and dedication. He/she should be able to understand and use the power, special privileges, and trust inherent in the physician-patient relationship for the patient's benefit, and to know and avoid the behaviors that constitute misuse of this power. One should demonstrate the capacity to examine and deliberate effectively about the social and ethical questions that define medicine and physicians' roles and to reason critically about these questions. The student must be able to identify personal reactions and responses, recognize multiple points of view, and integrate these appropriately into clinical decision making.

(b) Attitudinal, Behavioral, Interpersonal, and Emotional Attributes. A medical student must be of sufficient emotional health to utilize fully his or her intellectual ability, to exercise good judgment, to complete patient care responsibilities promptly, and to relate to patients, families, and colleagues with courtesy, compassion, maturity, and respect for their dignity. The ability to participate collaboratively and flexibly as a professional team member is essential. The medical student must display this emotional health in spite of stressful work, changing environments, and clinical uncertainties. The medical student must be able to modify behavior in response to constructive criticism. Each student must be open to examining personal attitudes, perceptions, and stereotypes, which may negatively affect patient care and professional relationships. An individual with a diagnosed psychiatric disorder may function as a medical student as long as the condition is under sufficient control to allow accomplishment of the above principles with or without reasonable accommodation. The student must exhibit behavior and intellectual functioning that does not differ from acceptable standards. In the event of deteriorating emotional health, it is essential that a medical student be willing to acknowledge the presenting challenges and accept professional help before the condition poses danger to self, patients, or colleagues.

(c) Stamina. The study and ongoing practice of medicine often involves taxing workloads and stressful situations. A medical student must have the physical and emotional stamina to maintain a high level of function in the face of these likely working conditions.

(d) Intellectual Skills. A medical student must possess a range of intellectual skills that allows him or her to master the broad and complex body of knowledge that constitutes a medical education. The student's learning style must be effective and efficient. The ultimate goal will be

to solve difficult problems and to make diagnostic and therapeutic decisions. A medical student must be able to memorize biomedical information, perform scientific measurement and calculation, and understand and cognitively manipulate three dimensional models. Reasoning abilities must be sophisticated enough to analyze and synthesize information from a wide variety of sources. It is expected that a medical student be able to learn effectively through a variety of modalities including, but not limited to, classroom instruction, small group discussion, individual study of materials, preparation and presentation of written and oral reports, and use of computer based technology such as electronic medical records and mobile devices.

(e) Communication Skills. A medical student must be able to ask questions, to receive answers perceptively, to record information about patients and to educate patients. The student must be able to communicate effectively and efficiently with patients, their families, and with other members of the health care team. This must include spoken communication, and non-verbal communication such as interpretation of facial expression, affect, and body language. Mastery of both written and spoken English is required.

(f) Visual, Auditory, Tactile and Motor Competencies. A medical student must possess sufficient visual, auditory, tactile and motor abilities to allow him/her to gather data from written reference material, from oral presentations, by observing demonstrations and experiments, by studying various types of medical illustrations, by observing a patient and his/her environment, by observing clinical procedures performed by others, by reading digital or analog representations of physiologic phenomena, and by performing a basic physical examination of a patient.

(g) Professional demeanor and appearance. A medical student must be willing and able to comply with the dress code of the UNC Hospitals and maintain appropriate professional hygiene and appearance while engaging in clinical work.

(f) Students are encouraged to seek the guidance of Accessibility Resources and Services (ARS) in determining reasonable accommodations to assist them in meeting the academic and technical standards of the program.

## **5.02 Lecture Capture Policy**

- (1) All lectures in the first and second year curricula are recorded and posted to the Sakai site for the course. Patient presentations and other HIPAA-protected materials are not recorded or posted.
  - a. Lecture recordings can be viewed for any iteration of a course that a student attended. Thus, a second-year student can view captured lectures from the year before, but a current first-year student does not have access to those same files. Administrative access exists for all lectures ever captured; to view older lectures, contact the Office of Teaching and Learning Resources.
  - b. Every effort is made to capture all lectures and to post them to the appropriate Sakai site in a timely manner, but no guarantee can be made because equipment can fail. Students must be aware that they cannot expect this service to be available without exception.
- (2) Posted lectures are available in both streaming format and downloadable format.
- (3) Students are required at the beginning of the first year to sign a student attestation form that clearly states the limitations of their use of the posted lecture recordings and other course material on the Foundation Phase Sakai sites.

- a. Students are permitted to download posted lecture recordings to their personal computers for the entire time that they are medical students at UNC. This acknowledges that some of this information may be helpful for them in the Application and Individualization Phases or for academic research projects.
- b. It is an Honor Code violation to share with anyone any curriculum materials (lecture captures, PowerPoint slides, syllabi, and all other materials provided by the faculty and the School).
- c. Some students with learning disabilities are authorized by Accessibility Resources & Service to record all lectures. No other student may tape record, video record, photograph, or use any other technology to record any classroom or clinical experience without the written permission of the Vice Dean for Education.

*Approved by the Curriculum Committee, July 18, 2011*

### **5.03 Responsibilities of Medical Students in a Clinical Setting**

- (1) Treat patients and colleagues with confidentiality, attentiveness, altruism, respect, empathy, and responsibility.
- (2) Demonstrate personal accountability by actively seeking feedback, admitting errors openly, and honestly modifying behavior.
- (3) Recognize that the social contract charges physicians to be self-regulating and accountable.
- (4) Demonstrate ability to adapt to expectations within medical cultures and patient cultures in order to function effectively.
- (5) Identify and develop the leadership skills required in an era of teamwork.
- (6) Identify and apply theories and principles that govern ethical decision-making within medicine.
- (7) Advocate for a health care system that places the interests of all patients at the center of decisions about the structure and allocation of healthcare resources.
- (8) Identify the causes, prevalence, symptoms, and negative impact on patient care of physician burnout and begin to formulate a thoughtful individual personal plan for dealing with stress and work life balance.

### **5.04 Student Duty Hours Guidelines**

- (1) Duty hours include all in-house clinical and other required activities related to a rotation (patient care, charting, call, conferences, etc.). Duty hours do not include reading and preparation time spent away from the duty site.
- (2) Duty hours should not exceed 80 hours per week, averaged over a complete rotation, inclusive of all scheduled in-house call activities.
- (3) Continuous on-site duty, including required in-house call, should not exceed 24 consecutive hours.
- (4) Students who take required in-house call may remain in-house up to 6 additional hours to participate in didactic activities or to transfer care of patients.

(5) Students should be provided 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all scheduled clinical, educational and administrative activities.

(6) If students exceed these work hour guidelines they should bring that to the attention of their Advisor.

| *Approved by Education Committee February 20, 2012*

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