

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, non-discrimination, 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 goals 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 function, it is essential that a medical student be willing to acknowledge the disability 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, 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.

(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.

5.02 Responsibilities of Medical Students in a Clinical Setting

(1) Medical students must also comply with external regulations including, but not limited to, state, federal and other institutional regulations.

(2) Medical students may not practice medicine or take any independent responsibility for patients.

(3) Medical students must dress professionally in clinical settings.

(4) Students are additionally governed by the educational authority of the School of Medicine as well as regulations for healthcare workers in the clinical facility in which they are training.

Approved by CMPC February 10, 2005

Approved by Dean Golden March 8, 2005

Notes and Procedures

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. 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.

4. 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.

If students exceed these work hour guidelines they should bring that to the attention of the Educational Resources Coordinator in the Dean of Students office.

Mandatory Completion of Student Course Evaluations

1. Completion of OED student course evaluations is mandatory in all four years. Course evaluation forms are provided electronically to students following each course, and grades are supplied to students only upon their completion.

Responses to student course evaluations are anonymous.

Approved by CMPC Thursday, October 13, 2005.

Clinical Rotation Absence Policy

Students who become ill or must be absent from their duties for any reason, even for one day, must notify their faculty and house staff preceptors, as well as the Course Director's Office. In the event of extended absences, the student must consult with the Director and Coordinator of the Clerkship, who will inform the Associate Dean for Student Affairs. A cumulative absence of two days or more from a four-week clerkship or three days or more during an eight-week rotation could result in a grade of Incomplete, Withdraw, Condition or Fail unless the absence is approved ahead of time by the Course Director. Personal illness, family emergencies, the Clinical Practice Examination (CPX) and the USMLE Step 2 Clinical Skills examination are examples of legitimate reasons for being absent. Weddings, visits to family and friends, and pre-purchased airline tickets are not examples of acceptable reasons for being absent from a rotation.

Approved by CMPC June 14, 2006

Professionalism in the First Two Years, Guidelines for Use of Class Time, and Attendance Task Force Conclusions and Recommendations

Approved by CMPC July 27, 2006

Recommendations of the Task Force on Lecture Recording

1. All lectures will be recorded unless a lecturer specifically requests that their lecture not be recorded, but only lectures for which signed Lecture Posting Authorization forms have been received will actually be posted. Access to recorded files that are not posted will be restricted to key personnel in OIS and MSTL with administrator privileges for the lecture recording system. Files of lectures that have been recorded but not posted will not be released to anyone else without written authorization of the lecturer.

- (a) Lecture recordings will be posted until the end of July to allow their use by students enrolled in summer review and then will be permanently deleted from the lecture recording system. Archiving of lectures will be considered in future years if there is a need.
- (b) In year one of a particular lecture, the default option will be that the lecture will not be posted unless the faculty member has turned in a signed consent form. In subsequent years, the default will be the option that the faculty agreed to in year one, unless the faculty member signs a new consent form.
- (c) Course directors will notify faculty, distribute and collect lecture posting authorization forms and turn those forms in to the Associate Director of MSTL or designee. MSTL will archive the lecture posting authorization forms for at least 5 years after that faculty member is no longer giving the lecture. A link will be added to the curriculum web site that will provide a listing of the lectures for which the UNC SOM has received advanced permission to post.
- (d) The deadline for making an advance decision on whether or not to allow one's lecture to be posted to the web site should be one month prior to the start of the course.
- (e) Faculty members, who have previously declined to have their lectures posted, can change their mind at the end of their lecture and agree to have their lecture posted. To do so they would sign a lecture posting authorization form that can be obtained from MSTL personnel immediately following their lecture.
- (f) We will ask university legal counsel to provide a one page summary on fair use policy to guide faculty decisions on the preparation and dissemination of their lecture material.
- (g) We will also ask university counsel to provide us with a standardized use and distribution disclaimer that every faculty member can insert in their PowerPoints if they wish before posting them to the curriculum web site. In future years we will replace the paper lecture posting authorization forms with electronic forms.

2. Posted lectures will be available in both streaming format and downloadable format.

3. The lecture recording system will be set up so that it automatically records each lecture as scheduled plus all except the last minute of the time scheduled between that lecture and the beginning of the next lecture so that the majority of lectures that run a little long will be recorded intact. In addition:

- (a) A protected web site will be created where a schedule of the lectures will be posted. The Associate Director of MSTL or designee will update the schedule of lectures to be posted as Lecture Posting Authorization forms are received. Anything not authorized will not be posted unless a Lecture Posting Authorization form is signed by the faculty member immediately after the lecture.
- (b) The Associate Director of MSTL or designee will send CDs a link to the schedule of lectures to be posted and ask them to check it for accuracy several times prior to the beginning of the course. If events that should not be posted (e.g. Patient presentations, team learning exercises, portions of a scheduled lecture to be given by a faculty member who has not granted permission for lecture posting) are not clearly indicated on the schedule the CD should notify the Associate Director of MSTL or designee (postlecture@listserv.med.unc.edu) at least a week in advance so that the event is not recorded.
- (c) If last minute changes in schedule are known to the CDs at least 24 hours in advance they should notify Associate Director of MSTL or designee (postlecture@listserv.med.unc.edu) so that the recording schedule can be changed accordingly.
- (d) If recordings inadvertently contain any segments that should not be posted the CDs need to notify Associate Director of MSTL or designee within 2 hours of the end of classes for that day (postlecture@listserv.med.unc.edu) MSTL will then remove the faculty member's name and lecture from the list, which would ensure that the lecture is not accessible to students. The entire recording would not be posted unless arrangements could be made to edit out the non-authorized segment.

4. Students will be required to sign a student attestation form (attached) that clearly states the limitation of their usage of the posted lecture recordings and other course material on the SOM MS1 and MS2 curriculum web site. Collection and

archiving of these forms would be performed by the Office of Student Affairs. The forms will be distributed and collected during MS1 and MS2 orientation, and lecture recordings will not be posted unless all registered students have turned in a signed form.

(a) The proposed form allows the student to download posted lecture recordings to their personal computer for the entire time that they are a registered medical student at UNC. This acknowledges that some of this information may be helpful for them in years 3 and 4 or for academic research projects while a medical student at UNC.

(b) The proposed form acknowledges the fact that some students currently record lectures on their own and that students with learning disabilities might be authorized to record all lectures by the Office of Student Affairs.

5. For the 08/09 academic year access to the entire MS1 and MS2 curriculum web site will be limited to MS1 and MS2 students, core teaching faculty in the undergraduate medical curriculum and key faculty and personnel from the Dean's office. Course Directors and Clerkship Directors will provide the Executive Associate Dean for Medical Education or designee with a list of course faculty authorized to access the site and the Director of OED or designee will provide the Executive Associate Dean for Medical Education or designee with a list of authorized Dean's office faculty and personnel. The Executive Associate Dean for Medical Education or designee will then provide a list of authorized users to the Director and Assistant Director of OIS.

Other faculty and students trying to gain access to the curriculum web site would receive a message saying that they need to contact Executive Associate Dean for Medical Education or designee to obtain permission. That person will consult with the CDs if necessary and would then, if they had an appropriate need to access the site, notify the Assistant Director of OIS that their name can be added to the list. In future years access will be expanded to include MS3 and MS4 students who have signed the student attestation form. The Dean's office and CDs will still be able to provide the Assistant Director of OIS with the names of "visitors" to the site who will be given access privileges for a limited period of time.

6. In selecting the MS1 and MS2 curriculum management software system for future academic years we recommend that a system be selected that would allow patient protected information to be restricted at a higher level of security than other curriculum materials and that would allow archived lecture recordings to be restricted differently from other archived curriculum materials.

7. The student forum will be restricted access starting in the 08/09 academic year. Access to the forums will be set up in the same manner as access to the curriculum system.

8. The recommendations for student wikis are as follows:

(a) A link for student wikis that contain or discuss course materials will be created on the curriculum web site that will allow students to create and control their own wikis.

(b) It would be an honor code violation to copy answers to small group problem sets and post them on the student wikis or other electronic study forums without the consent of the course director, and it would be an honor code violation to post exam questions or answers on student wikis under any circumstances.

(c) Access to the student wikis will be set up in the same manner as access to the curriculum system.

9. There are not sufficient resources for a full evaluation of lecture recording at present, but discussions are ongoing about smaller-scale evaluations.

Approved by CMPC Thursday, July 24, 2008