

UCLA David Geffen School of Medicine



MEDICAL STUDENT

HANDBOOK & POLICY MANUAL



**Clarence H. Braddock III,
MD, MPH, MACP**

Executive Vice Dean and Vice
Dean for Education

A WORD FROM DR. BRADDOCK

The mission of the medical education program of the David Geffen School of Medicine at UCLA is to prepare graduates for distinguished careers in clinical practice, teaching, research, and public service. We have a dynamic curriculum, supported by dedicated faculty and staff, and an incredible set of clinical practice sites that create wonderful opportunities to learn clinical medicine in richly diverse environments. Our philosophy, that each graduate will be “an outstanding physician and ____,” is supported by incredible opportunities in research and community engagement, and the opportunity to earn additional degrees in a wide variety of areas and disciplines.

At the David Geffen School of Medicine, we have made a commitment to combat structural racism in healthcare, education, and in our society at large. We are committed to infusing our anti-racist stance into our culture, our educational practices, our curriculum, our communications, and our conversation. To learn more about our commitment to acknowledging and confronting racism, please click [here](#).

In order to support and guide each of you through this enriching experience, we have created this compendium of academic policies, guidelines and resources related to the MD program in this Medical Student Handbook. The information contained in this Handbook is a subset of relevant policies

that will guide you through the MD program here at DGSOM. Although all these policies have been presented and/or sent to you in other settings, and are also available on the DGSOM website (medschool.ucla.edu/current-policies) we thought it would be valuable to offer a digital compilation for your reference needs. This manual is a collection of existing University policies related to students in the DGSOM MD program. Where a summary of a policy in this document and the actual text of the policy are inconsistent or where there is ambiguity, the actual text of the policy online governs. Additional UCLA Administrative Policies and Procedures may be found at www.adminpolicies.ucla.edu.

Each academic policy contained in the Handbook has been through a rigorous process of review and approval by the Dean’s Office and our partners in the Shared Governance traditions of the University of California, the Faculty Executive Committee (FEC) and its standing committees: the Medical Education Committee (MEC), Admissions Committee, Admissions Policy Oversight Committee (APOC), and Committee on Academic Standing, Progress, and Promotion (CASPP). As new or revised policies are created, they will be distributed widely and updated on the [website](#), and we will publish a new version of this digital compilation each summer, at the beginning of the new academic year.

Thank you for being part of our tremendous DGSOM community and have a great year.



DGSOM Coronavirus Information medschool.ucla.edu/coronavirus-information

For the latest updates by class year and all COVID-19 information pertaining to MD students, including temporary policy changes, please visit medschool.ucla.edu/coronavirus-information/md-students.

For COVID-19 resources and information for the UCLA campus community, please visit covid-19.ucla.edu/



MEDICAL STUDENT HANDBOOK TABLE OF CONTENTS

Below please find Policies, Guidelines and Resources for medical students at the David Geffen School of Medicine at UCLA. The Policies feature some of the regulatory mandates that students need to follow for institutional and/or compliance reasons. The Guidelines and Resources will help support your success while at DGSOM.

In addition to the information contained on this document, please also refer to our [Institutional Policies](#), [UCLA Health Policies](#), and [DGIT Information Security Policies](#).

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OVERVIEW OF THE DGSOM CURRICULUM

For additional information about the curriculum for the DGSOM Classes of 2022-2024, please visit <https://medschool.ucla.edu/current-curriculum>.

For information about our new curriculum for the entering DGSOM Class of 2025, please visit <https://medschool.ucla.edu/our-curriculum>.



I. DGSOM LEADERSHIP

1. Dean's Office

A. EXECUTIVE LEADERSHIP TEAM:

The Executive Leadership Team at the David Geffen School of Medicine at UCLA aims for excellence in all tenets of healthcare, including education, research, community engagement, and clinical care. We believe that the core values of diversity and inclusion are inseparable from our institutional goals. Our leadership is committed to dismantling structural racism and fostering an environment that celebrates the unique backgrounds, contributions, and opinions of each individual.



Kelsey Martin, MD, PhD

Dean, David Geffen School of Medicine at UCLA



Clarence H. Braddock III, MD, MPH, MACP

Executive Vice Dean and Vice Dean for Education



Jonathan R. Hiatt, MD

Vice Dean for Faculty



Stephen T. Smale, PhD

Vice Dean for Research



David McIntosh, PhD

Vice Dean for Justice, Equity and Diversity Inclusion



Anja Paardekooper, Drs

Senior Associate Dean, Finance and Administration

B. EDUCATION LEADERSHIP:

To improve health and healthcare, the David Geffen School of Medicine is committed to creating world leaders in health and science, discovering the basis for health and cures for disease, optimizing health through community partnerships, and healing humankind one patient at a time. The Education Leadership Team believes that a diverse, anti-racist student body is an integral part of education and is essential to the development of our future physicians, scientists and leaders. Students at the David Geffen School of Medicine at UCLA are involved in service to the community and demonstrate a firm commitment to the humanistic, ethical, legal and cultural aspects of science and medicine.

Executive Leadership

MD Education Associate Deans



Clarence H. Braddock III, MD, MPH, MACP
Executive Vice Dean and Vice Dean for Education



Jason Napolitano, MD
Associate Dean for Curricular Affairs



Lee T. Miller, MD
Associate Dean for Student Affairs



Jennifer Lucero, MD, MA
Associate Dean for Admissions

C. CHARLES R. DREW/UCLA MEDICAL EDUCATION PROGRAM LEADERSHIP:

The Charles R. Drew/UCLA Medical Education Program provides training in the scholarly and humane aspects of medicine and fosters the development of leaders who will advance medical practice and knowledge in underserved areas in the United States and abroad.



Deborah Prothrow-Stith, MD
Dean, College of Medicine
Charles R. Drew University of Medicine and Science



Daphne Calmes, MD
Associate Dean
CDU/UCLA Medical Education Program



Gerardo Moreno, MD, MSHS
Executive Director,
UCLA PRIME

D. PRIME-LA LEADERSHIP:

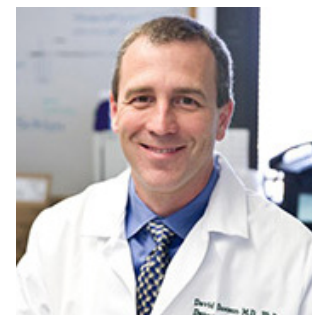
PRIME-LA is a concurrent/dual degree program that leads to the MD with special emphasis on leadership and advocacy to address healthcare disparities in medically underserved populations in California (and the US).



Olujimi Ajjola, MD, PhD
Director, Medical
Scientist Training
Program

E. UCLA-CALTECH MEDICAL SCIENTIST TRAINING PROGRAM (MSTP) LEADERSHIP

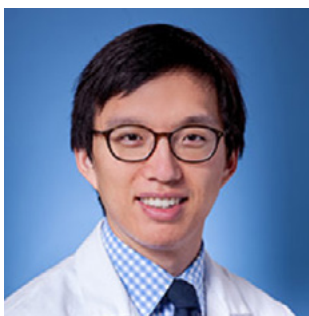
Our MSTP is dedicated to educating and training exceptionally qualified individuals for careers in the biomedical and sociomedical sciences. To fulfill this mission, we recruit exceptionally bright and accomplished students who exhibit a passion for scientific knowledge and a life-long commitment to research and leadership. We help guide admitted students towards outstanding training environments that encourage individual thinking and provide students with the tools needed to develop into accomplished, compassionate physician scientists. We aim to provide an intellectual and practical foundation from which our graduates will approach the most compelling questions facing medicine today. Our hope is that our rigorous program will nurture the intellectual curiosity and discipline of our students, while continuing to develop their innate creativity and empathy.



David W. Dawson, MD, PhD
Director, Medical
Scientist Training
Program

F. ASSISTANT DEANS:

Curricular Affairs Assistant Dean

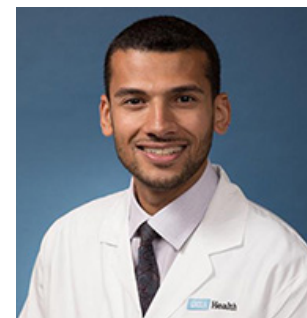


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G. MEDICAL EDUCATION OFFICES**Curricular Affairs**

The Office of Curricular Affairs oversees medical student education across the [Undergraduate Medical Education \(UME\)](#) continuum.

The curriculum allows students to pursue personal interests in diverse fields, including but not limited to global health, business administration, health policy, public health and basic, translational and clinical research. The Curricular Affairs office aims to ensure students are equipped with the highest level of training necessary to pursue their residency of choice, cultivating life-long, self-directed learners and developing leaders in medicine.

Student Affairs

The Student Affairs Office is here to provide support for all of your academic and extracurricular needs on your path towards your degree(s). Programming is offered to help foster your career development, well-being, and resilience as you enter into the medical profession. Additional student services offered by the Student Affairs Office include enrollment verification, course scheduling, progress and promotion, and helping to ensure you maintain compliance with requirements for onboarding for curricular requirements and meeting graduation requirements. Please have a low threshold for reaching out for anything you need.

Financial Aid

The mission of the Office of Financial Aid and Scholarships is to help medical students navigate the financial aid process by providing timely information, one-on-one counseling, and a variety of resources. The David Geffen School of Medicine at UCLA offers both merit and need-based scholarships, as well as campus-based and federal Direct loans, to assist in making a medical education affordable for a broad range of students. We are also committed to offering students the opportunity to further their personal financial knowledge through financial wellness and debt management workshops. We are dedicated to providing high-quality service in a sensitive, confidential, and equitable manner.

Academic Support

Academic support is available to students at all stages of their medical school career on topics ranging from study skills to time management and test taking. In



3. Committee on Academic Standing, Progress and Promotion (CASPP) of Medical Students

The Committee on Academic Standing, Progress, and Promotion (CASPP) is a standing subcommittee of the Faculty Executive Committee (FEC) of the David Geffen School of Medicine at UCLA (DGSOM). On behalf of the faculty of DGSOM, CASPP promulgates standards and evaluates the academic performance, professionalism, and ability to meet the technical standards of each student on an ongoing basis, from matriculation until graduation with an MD degree, or the conclusion of enrollment at DGSOM. CASPP reviews and reports on these standards annually to the FEC.

4. Academic Performance Committees

Course and clerkship chairs for each aspect of the curriculum constitute Academic Performance Committees to monitor student performance, assist students with academic and professional issues, and recommend promotions. There are currently three committees, the chair of which is appointed by the Vice Dean for Education: Year One Academic Performance Committee, Year Two Academic Performance Committee, and the Year Three Academic Performance Committee.

In addition to requesting an appointment for one-on-one counseling, students may request tutoring if they would like help with study skills and content review. Students are also encouraged to take advantage of review sessions held during the first two years of the curriculum, as well as workshops on topics such as test taking and study tools.

Alumni Affairs

The Alumni Affairs Office and the Medical Alumni Association (MAA) at the David Geffen School of Medicine serve a network of thousands of students, graduates, faculty, and current and former residents. Through various events and activities, and up and coming student/alumni engagement programs, Alumni Affairs and the MAA work to build meaningful, multi-generational bonds.

2. Faculty Executive Committee (FEC)

The Faculty Executive Committee (FEC) is the elected representative body of the Faculty of the School of Medicine. It functions as an arm of the Academic Senate and has specific responsibilities for the academic program and curriculum of the medical school. In addition, the Faculty, through the FEC, authorizes the promotion and graduation of students in the School and serves to advise the administration and the UCLA Academic Senate on questions of faculty welfare, academic priorities, and planning and budget allocations within the School of Medicine. Although the FEC formally represents the Senate Faculty, the FEC considers it their responsibility to represent the interests of all faculty members of the school, without regard for their eligibility for Senate membership.



● ● ● II. LEARNING ENVIRONMENT POLICIES AND RESOURCES

1. Accessibility and Accommodations

Applying for Accommodations

- The Center for Accessible Education (CAE) offers accommodations and support services to meet

the unique educational needs of regularly enrolled UCLA students with documented permanent and temporary disabilities. The philosophy and mission of the CAE is to encourage independence, assist students in realizing their academic potential, and to facilitate the elimination of programmatic and attitudinal barriers.

- The CAE will communicate appropriate academic accommodations to the School of Medicine. The School of Medicine may require additional assessment or evaluation in consultation with the CAE in order to confirm if student is able to meet the technical standards.
- If you are interested in applying for CAE accommodations, please follow instructions for new students on the CAE website found [here](#).

2. Clinical Supervision Policy for Medical Students

Purpose

To cultivate an environment that maximizes the safety of patients and students and encourages the development and mastery of clinical skills necessary for the care of patients.

Overview

In order to fulfill our dual duties to patient care and safety, and to the education of medical students in the practice of medicine, and to align with accreditation requirements (as outlined by the LCME standards 9.2 Faculty Appointments, and 9.3 Clinical Supervision of Medical Students), this policy delineates the requirements to meet the standard for supervision in the clinical environment across all years of undergraduate medical education.

Policy

All medical students at DGSOM must be appropriately supervised when participating in patient care in required or elective clinical activities at all clinical training sites.

- Medical students should not provide clinical care to patients without supervision.
- Supervisors must either hold a faculty appointment at the David Geffen School of Medicine, or be supervised in their teaching role by a physician with a faculty appointment at the David Geffen School of Medicine. Based on this requirement, appropriate supervisors may include physicians, residents, fellows, and other licensed health professional faculty overseeing activities within their scope of practice.
- Medical student supervision may be categorized as:
 - I. Direct supervision, in which the supervisor is physically present with the student in the performance of clinical care.
 - II. Indirect supervision with immediate availability, in which the supervisor is not physically present with the student, but is available immediately if needed.
- The determination of the appropriate level of supervision is the responsibility of the supervisors, and should be based on multiple factors, including but not limited to:
 - I. The level of training of the student
 - II. Familiarity of the supervisor with the clinical abilities of the student
 - III. The acuity of the patient and the level of risk to the patient
 - IV. The complexity of the clinical activity

- Students should not perform any invasive procedures or sensitive examinations, including breast, pelvic and rectal exams, without direct supervision from a supervisor who is qualified to independently perform the given procedure.

Procedures

- The supervisor reviews and independently verifies all student findings, assessments, and care plans, and documents this review.
- It is the faculty supervisor's role to ensure that any non-physicians and physician trainees who are engaged in clinical teaching or the supervision of medical students are acting within their scope of practice and skill level.
- The Dean's Office – in partnership with the Clerkship Chairs, Clerkship Site Directors, Chairs for Longitudinal Preceptorship courses in Years 1, 2 and 3, as well as all Year 4 Course Chairs – is responsible for communicating and disseminating policies and procedures related to supervision to faculty, residents, fellows and students who participate in the clinical curriculum, and for monitoring compliance.
- Students should report concerns regarding inappropriate supervision, and any violations of this policy. The multiple forums for reporting include direct reporting to a course chair, clerkship site director or clerkship chair; direct reporting to the Assistant Dean for Clinical Education; documenting concerns in course or clerkship evaluations at the end of the course or clerkship, or by established reporting mechanisms monitoring the learning environment.

Approved by MEC May 2019





CULTURAL NORTH STAR

DO WHAT'S RIGHT. MAKE THINGS BETTER. BE KIND.

3. Cultural North Star The Cultural North Star provides a shared framework to help us achieve our ambitious goal of healing humanity.



Do What's Right

- We are united by our shared mission of advancing science and medicine
- We work together to eliminate inequity
- We are grounded in ethics and data
- We balance the short and long term effects of our actions



Make Things Better

- We come to work to make an impact
- We are constantly curious
- We seek out diverse voices
- We embrace failures as opportunities to learn



Be Kind

- We are strongest when we show empathy
- We have the courage to be honest
- We listen to understand
- We engage in dialogue even when we disagree



“The Cultural North Star helps guide our everyday decisions and interactions – from how we approach our work to how we treat each other – from a place of mutual respect, trust and optimism.”

- **Kelsey Martin, MD, PhD**, Dean, David Geffen School of Medicine, at UCLA

4. DGSOM Honor Code

Each student should strive to develop and maintain personal honor and integrity as well as compassionate and ethical behavior. It is the responsibility and duty of each student to achieve these ideals.

As a UCLA medical student, I recognize that it is a great privilege and responsibility to study medicine. When I entered this school, I undertook the task of maintaining a certain standard of conduct not only as a student, but also as a future professional.

Academic Honesty

- I will maintain the highest standards of academic and personal honesty.
- I will neither give nor receive unpermitted aid in examinations or assignments
- I will conduct research in an unbiased manner, report results truthfully, and credit ideas developed and work done by others.
- I will uphold a classroom atmosphere conducive to learning.
- I will not undertake any activity that will impart me with an unfair and unpermitted advantage over others.

Confidentiality

- I will regard confidentiality as a central obligation of patient care.
- I will limit discussions of patients to members of the health care team in settings removed from the public (e.g. not in elevators, hallways, cafeterias).

Respect for Others

- I will treat patients and their families with respect and dignity, both in their presence and in discussions with other members of the health care team.

- I will interact with patients in a way that respects their privacy and modesty.
- I will interact with all members of the health care team in a considerate and cooperative manner.
- I will not discriminate or harass nor will I tolerate discrimination or harassment on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition, ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services.
- I will attempt to resolve conflicts in a manner that preserves the dignity of every person involved.
- I will be truthful with patients and will report accurately historical and physical findings, test results, and other information pertinent to the care of the patient.
- I will be sensitive to the religious and cultural beliefs of patients.

Responsibility

- I will set patient care and well-being as the highest priorities in the clinical setting.
- I will recognize my own limitations and will seek help when my level of experience is inadequate to handle a situation of my own.
- I will conduct myself professionally-in my demeanor, use of language and appearance-in the presence of patients, in the classroom, and in the professional setting.
- I will not use alcohol or drugs in a way that could potentially interfere with my professional responsibilities.
- I will not use my professional position to engage

in romantic or sexual relationships with patients or members of their families.

- I will not permit access to controlled substances unless medically warranted, nor will I allow others to permit such access.
- I will not tolerate violations of the Honor Code in others.

Integrity

- I will endeavor to work harmoniously with my colleagues and do my share when teamwork is required.
- As their representative, I will uphold the reputations of my school and my profession.
- I will uphold the policies, regulations, rules of the University, the School of Medicine, and its Hospitals.

I will endeavor to uphold these principles in both letter and spirit.

5. Equity and Diversity Inclusion at DGSOM

At the David Geffen School of Medicine (DGSOM), the core values of diversity and inclusion are inseparable from our institutional goals of excellence in all tenets of healthcare, research, education, and community engagement. With the active support of its leadership, DGSOM is committed to recruiting and retaining outstanding students, residents, fellows, staff, and faculty from diverse backgrounds who represent the communities served by the University of California. Our goal is to foster an environment of respect that celebrates the unique perspectives, contributions, and expertise that each individual brings to DGSOM. Through a process of continual reevaluation, reflection, and feedback, we are unwavering in our dedication to achieve justice, equity and diversity inclusion.

6. Equity, Diversity and Inclusion at UCLA

The UCLA Office of Equity, Diversity and Inclusion’s [Mission](#) page explains their fundamental purpose. The [Work](#) page describes what the Office does and the [Teams](#) pages describe the various teams that work together toward the goal of building equity for all.

7. Immunization Requirements

All UCLA students must meet [UCLA campus immunization requirements](#).

Additionally, DGSOM students have additional annual requirements (TB, Influenza), and are subject to different deadlines than the rest of campus.

8. Medical Student Compliance

As members of the medical profession, there will be numerous compliance requirements throughout your careers. The information on this site is for the compliance requirements that pertain to you during your medical education at the David Geffen School of Medicine at UCLA. **It is the expectation that all students will meet established deadlines for compliance and onboarding requirements.** Lapses in compliance may result in changes to a student’s [Academic/Professional Standing](#), may lead to the inability to be enrolled in coursework at DGSOM, and could affect access to UCLA student accounts.

9. Medical Student Mistreatment Policy

- Purpose

This policy on mistreatment reflects DGSOM’s commitment to maintaining an environment where there is mutual respect between students, teachers, peers, patients, and all members of the education and health care teams. This policy provides **definitions** and **examples of mistreatment, procedures and avenues for reporting, and information about what happens when an incident is reported.**

- Medical Student Mistreatment—Definitions and Examples

Definitions

The Association of American Medical Colleges defines mistreatment as behavior that shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take many forms, and includes any behavior that humiliates, degrades, demeans, intimidates, or threatens an individual or a group. To violate this policy, the behavior should be such that a reasonable person would find that it creates inhospitable working or learning conditions.

Mistreatment can be defined, but is not limited to the following domains:

DOMAIN	DEFINITION
Physical mistreatment	Any behavior that involves physical harm, threat of physical harm or imposition of physical punishment.
Abusive expression	Includes spoken, written, visual, or nonverbal actions directed at another person that are outside the range of commonly accepted expressions of disagreement, disapproval, or critique in an academic culture and professional setting that respects free expression.
Power abuse	Includes any abuse of authority or inappropriate actions, threats or retaliation in the exercise of authority, supervision, or guidance. This includes using learner evaluation, grades and potential letters of recommendation as quid pro quo for behaviors.

DOMAIN	DEFINITION
Psychologic cruelty	Any malicious behavior that results in psychological pain and suffering.
Sexual harassment	Sexual harassment is defined as unwelcome sexual advances, unwelcome requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature when a person’s submission to such conduct is implicitly or explicitly made the basis for employment decisions, academic evaluation, grades or advancement, or other decisions affecting participation in a University program (quid pro quo), or when such conduct creates a hostile working environment
Discrimination	Any prejudicial treatment on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services, including protected veterans.

Examples:

	NOT MISTREATMENT	MISTREATMENT
Physical Mistreatment	A surgeon tells the student not to take the retractor from them unless they ask the student to retract.	Scrub tech hits the student’s arm with a clamp as they are trying to sew because they did not like how the student bumped the Mayo stand.
Abusive Expression	The student is yelled at to “get out of the way” by a member of the code team as a patient is about to be shocked during resuscitation.	A resident yells at the student for “always getting in the way.”
	An operating room nurse tells the student that they contaminated their gown, and instructs them to rescrub.	A resident makes fun of the student calling them “incompetent” because they do not know how to insert a Foley catheter.

	NOT MISTREATMENT	MISTREATMENT
	An attending gives the student feedback on how to improve their performance and it makes the student feel bad because they feel criticized and not appreciated for their efforts.	An attending speaks to the student in public or private in a way with intention to humiliate, “Did you even go to college?” “How did you pass your other rotations?”
Power abuse	<p>The student is in the operating room for the first time and feels timid because they do not know where to stand and what to do.</p> <p>The student who, after being given clear expectations at the beginning of their obstetrics and gynecology rotation, is asked to leave the operating room because they did not introduce themselves to the patient, read about the patient or prepare for the case.</p>	<p>An attending tells the student not to scrub in on any cases, and says to the other members of the team, “Students always contaminate the field.”</p> <p>A resident tells a student that it is their job to write all of the consult notes and progress notes for all patients on the service.</p>
	The student stays in the outpatient clinic late because there are patients that still have not been seen and labs to be followed up on.	The student is expected to work over 80 hours a week, and it is communicated to them that this will be the way to earn an Honors grade on the rotation.
	The student is asked to run down to central supplies to get the necessary equipment to perform a bedside paracentesis.	The student is asked to pick up an attending’s dry cleaning or dinner for the chief resident.
	A resident tells a student that they would like them to review and present a topic to the team as a way to demonstrate their knowledge base and oral presentation skills.	The student is threatened with a failing or lower grade if they do not help the resident write notes.
	The student is assigned duties to help the team provide patient care that do not seem educational to the student (“scut”), including calling an outside hospital to obtain microbiology reports.	The student is assigned duties as punishment rather than education.

	NOT MISTREATMENT	MISTREATMENT
	On the first day of third year, a resident says to the student on rotation, "You must be the newbies on service," then offers to help the students find a computer station.	Students on the team are all given nicknames by the chief resident that are demeaning and culturally inappropriate.
Psychologic Cruelty	The student's question is not answered because the attending is concentrating on a critical portion of the procedure.	The student's questions are repeatedly ignored by the attending when other learners' questions are answered.
	The student had to eat lunch alone because the rest of the team was busy with other duties.	The entire team eats lunch together every day but it is made clear that the student is not invited, and is laughed at or ignored when they enter the room.
	The student working with a department chair says he feels nervous about rounding with him/her since the they can "make or break" their career.	Resident tells a student that it is their goal to make them cry before the rotation is over.
	A resident incorrectly tells the student the patient's CXR is normal and when the student reports the result on rounds the attending, who knows otherwise, gets angry at the student.	A resident purposely gives a student misinformation before rounds. Student then overhears the resident laughing with another resident about messing him over.
Sexual Harassment	A male student is asked not to go into a room because a female patient only wants a female to examine her. A student is asked by the resident on the team to attend a farewell party at a local bar for the interns leaving the service.	The student is subjected to offensive sexist remarks or name calling while on call with the team. A student is asked by a resident to go out after hours to a bar "so they can discuss the student's progress on the clerkship"

	NOT MISTREATMENT	MISTREATMENT
Discrimination	The student is asked to see a specific patient in clinic because they speak their language.	The student is subjected to racist or ethnically offensive remarks or names about themselves or others, including patients.
	The student is asked to wear a white coat in clinic and make sure their attire meets professional standards.	The student is subjected to derogatory remarks about their or another's sexual orientation.

• Options After Experiencing Mistreatment:

Concern about potential violations of the DGSOM Policy on Medical Student Mistreatment may be handled by communication with various individuals, and students are strongly encouraged to formally report infractions. Options include, but are not limited to the following:

- I. Conversation (by the student or others) with any or all of the following:
 - A. Individual(s) involved
 - B. Others such as the chief resident, attending physician, and/or clerkship/site director or course chair
 - C. Dean's Office (Assistant Dean, Associate Dean, SAO, or leadership of Drew, PRIME or MSTP)
- II. Mistreatment Incident Reporting Form - uclahs.fyi/MIRF
- III. DGSOM Course and Faculty Evaluations (<https://evaluation.medsch.ucla.edu/etw/ets/et.asp?nxappid=WCQ&nxmid=start>)
- IV. UCLA Equity, Diversity and Inclusion and Discrimination Prevention Office (equity.ucla.edu/report-an-incident/)
- V. UCLA Title IX Office (<https://sexualharassment.ucla.edu/filing-a-report>)

Please note that University employees are mandated reporters and are required to inform the appropriate offices if they become aware that a student may have experienced conduct prohibited by the UC Sexual Violence and Sexual Harassment Policy or by the UC Nondiscrimination Policy Statement.

Students should also be aware of confidential resources available to them including:

- [Office of the Ombuds](#)
- [Behavioral Wellness Center \(BWC\)](#)
- [Counseling and Psychological Services \(CAPS\)](#)
- [CARE Advocates](#)

VI. DGSOM Response and Mechanisms for Investigating Reports of Mistreatment:

When a report is made (via online form or from another body) the **Committee on Learning Environment Oversight (CLEO)** receives the report and responds.

Members on the Committee include:

Core Members:

- **Chair** (from below)
- **Co-Chair** (from below)
- 4 Medical students
- 1 Chief Resident
- 2 Faculty Members
- Assistant Dean of Equity, Diversity, Inclusion
- Assistant Dean for Student Affairs
- Assistant Dean for the Clinical Curriculum

- GME Designated Institutional Official or designee

Potential Ad Hoc Members:

- Site Director at an Affiliate Site
- Director of Behavioral Wellness Center and Faculty Wellness Program
- Staff Member
- Legal Counsel

When there is a report of a concern of mistreatment, it is brought to the Chair and Co-Chair of CLEO in a confidential fashion. The subsequent triaging will depend on the nature of the issue, the acuity, etc. The Chair and Co-chair will make an immediate determination regarding acuity and avenue of reporting. Title IX reports will be made within 24 hours of notification.

Regularly scheduled meetings of CLEO review all reports.



10. Professionalism Policy

Guiding Principles of Professionalism

Professionalism as a physician begins in medical school, and at the David Geffen School of Medicine at UCLA, professionalism is as important as academic performance, and is treated as such. Professionalism is grounded in the commitment to maintain patient interests above physician self-interest and to maintain personal, academic, and professional integrity. These commitments are guided by the principles of our Cultural North Star: Do What's Right, Make Things Better, Be Kind. Our expectations of your professional behavior begin with your first day at DGSOM and include:

- A commitment to professional excellence
- Integrity, demonstrating exemplary moral and ethical character
- Intellectual and academic honesty
- Respect and compassion for others

Professional Responsibilities and Expectations:

As a medical student and future physician, we expect you to demonstrate exceptional professionalism. All students shall adhere to the Honor Code and Code of Conduct for the School of Medicine and the University; however, our expectations of your professional behavior extend beyond these oaths. The following are our expectations for the demonstration of professional behavior for all students entering the medical profession. Any violation of these professionalism expectations will be treated seriously. (Please see "Professionalism Concern Process" below.)

1. Professional Responsibility and Judgment
 - A. Adhere to the standards of the profession outlined in the ([ABIM Physician Charter](#)) whose fundamental principles are social justice, patient autonomy, and the primacy of patient welfare.
 - B. Meet all educational, administrative, and clinical responsibilities in a timely fashion (i.e. completion of course evaluations).
 - C. Continuously seek feedback from supervisors in order to continually improve the educational experience, including the development of knowledge and clinical skills.
 - D. Recognize limitations and seek help when in situations where expertise, knowledge, or level of experience is inadequate to manage the situation.
 - E. Contribute to an atmosphere in the classroom, clinical setting, and laboratory that promotes optimal, respectful, and interactive learning.
 - F. Attend to your physical and emotional well-being, and work to support peers and other members of the community during difficult times in their academic, professional, and personal lives.
 - G. Refrain from using any substance and/or medication in a manner that may compromise judgment, safety, or the ability to contribute to safe and effective patient care.
 - H. Maintain attire appropriate for the professional setting.
2. Honesty, Integrity, and Confidentiality
 - A. Place patients' interests and well-being at the center of educational and professional behavior and goals.



- B. Treat patient medical records and patient/family communications as confidential and follow compliance and confidentiality guidelines for social media and conversations in public places.
- C. Assume responsibility for mistakes made in a mature and honest manner and develop productive strategies for correcting them.



- D. Demonstrate academic and scholarly honesty.
 - E. Provide constructive feedback to others to facilitate ongoing improvement of the curriculum and learning environment.
 - F. Adhere to DGSOM's Honor Code, Technical Standards, University policies, and UCLA Student Conduct Code.
3. Respect and Compassion for Others
- A. Be respectful of everyone, including teachers, peers, residents, staff, and patients, with respect to their time, rights, values, religious, ethnic, racial, and socioeconomic backgrounds. There is no tolerance for any behavior that discriminates against another individual or group of individuals.
 - B. Communicate respectfully, respecting everyone's right to hold differing opinions.
 - C. Maintain appropriate relationships with patients, teachers, staff, peers, and residents.
 - D. Demonstrate care and compassion for others.
 - E. Seek to constructively approach conflict resolution with others.

Professionalism Concern Process

When anyone (faculty, staff, residents, etc.) identifies a lapse in student professionalism, they may notify a Course Chair or Dean. The Course Chair or Dean may choose various courses of action. They may choose to provide the student with feedback on the specific behavior, and they may also choose to formally document and report the lapse using the Professionalism Concern Reporting Form.

Professionalism Concern Reporting Form

If the lapse in professionalism falls within the parameters of the University disciplinary system (e.g. plagiarism, falsification of documents, verbal or physical or sexual assault, or sexual harassment), the student will be referred to the appropriate University Disciplinary Body.

After a [Professionalism Concern Reporting Form](#) is filed, the student will first meet with the Course Chair or their Assistant Dean to discuss the concerns and together, they will make a plan for remediation.

The procedure following the issuance of a Professionalism Concern Reporting Form is outlined below:

If a student receives one Professionalism Concern Reporting Form:

1. The student will meet with the course chair and/or with their Assistant Dean, depending on the circumstances of the specific concern or violation. If necessary, the Chair develops a plan for remediation.
2. The form is then referred to the Associate Dean for Student Affairs and kept in the student's academic file.



3. In most cases, if no other professionalism issues occur throughout the student's medical school career, no record of the incident will be recorded in the student's permanent file.
4. The student may also be referred to the Academic Performance Committee, and/or the UCLA Office of Student Conduct.

If a student receives a second Professionalism Concern Reporting Form:

1. The student will meet with the course chair and/or with their Assistant Dean, depending on the circumstances of the specific concern or violation. If necessary, the Chair develops a plan for remediation.
2. The form is then referred to the Associate Dean for Student Affairs and kept in the student's academic file.
3. The student must meet with an Assistant Dean or Associate Dean for Student Affairs.
4. The student's academic and professional status will be discussed at the Academic Performance Committee and their academic/professional standing may be changed.*
5. In most cases a change in status will not be reported in the Medical Student Performance Evaluation (MSPE).
6. The student may also be referred to the UCLA Office of Student Conduct.

If a student receives a third Professionalism Concern Reporting Form:

1. The student will meet with the course chair and/or with their Assistant Dean, depending on the circumstances of the specific concern or violation. If necessary, the Chair develops a plan for remediation.

2. The form is then referred to the Associate Dean for Student Affairs and kept in the student's academic file.
3. The student must meet with their Assistant Dean and the Associate Dean for Student Affairs.
4. The student's academic and professional status will be discussed at the Academic Performance Committee and their academic/professional standing will likely be changed. *
5. A change in status may be reported in the Medical Student Performance Evaluation (MSPE).
6. Student may also be referred to the UCLA Office of Student Conduct.

If a student receives a fourth Professionalism Concern Reporting Form:

1. The student will meet with the course chair and/or with their Assistant Dean, depending on the circumstances of the specific concern or violation.
2. The form is then referred to the Associate Dean for Student Affairs and kept in the student's academic file.
3. The student must meet with the Associate Dean for Student Affairs.

Be respectful of everyone, including teachers, peers, residents, staff, and patients, with respect to their time, rights, values, religious, ethnic, racial, and socioeconomic backgrounds.

4. The student's academic and professional status will be discussed at the Academic Performance Committee and their academic/professional standing status will be changed.
5. A change in status will be reported in the Medical Student Performance Evaluation (MSPE).
6. Student may also be referred to the UCLA Office of Student Conduct.

If a student on Academic/Professional Probation for professionalism concerns receives an additional Professionalism Concern Reporting Form, the student may be referred to the Committee on Academic Standing, Progress and Promotion (CASPP) for consideration of dismissal. CASPP has the authority to dismiss a student from the medical school for failure to demonstrate appropriate ethical or professional behavior.

**Note that students may appeal decisions of the Academic Performance Committee (APC) to the Committee on Academic Standing, Progress and Promotion (CASPP).*

Approved by CASPP July 2020

11. UCLA Student Conduct Code

UCLA students are proud to be members of this community. They take pride in the reputation of our faculty; they take pride in our unparalleled programs and services; they take pride in the wealth of diversity of our community members; and they take pride in our beautiful campus. Intertwined with our core values, Bruin Pride is at the very heart of what it means to be a TRUE BRUIN. Bruins are committed to the values of Integrity, Excellence, Accountability, Respect and Service. Bruins conduct themselves with integrity and understand that the quality of their educational experience is predicated on the quality of their academic work and service to the community. Bruins hold themselves accountable to the commitments they make and for their conduct. When faced with adversity, Bruins engage in thoughtful reflection and exhibit superior ethical decision-making skills. They respect the rights and dignity of all members of our community by listening attentively, communicating clearly, and remaining open to understanding others and their diverse points of view. Bruins embrace these values, for these are the values of a TRUE BRUIN.

12. UCLA Title IX Office/Sexual Harassment Prevention

"No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under



any education program or activity receiving federal financial assistance.”

-Title IX, Education Amendments of 1972

Title IX prohibits sex or gender discrimination in any education program or activity receiving federal financial assistance. The Title IX office takes reports of gender discrimination, including allegations of sexual harassment and sexual violence. All reports, inquiries and questions can be directed to the Title IX Office at titleix@conet.ucla.edu, or by calling (310) 206-3417. The Title IX Office is available to consult and provide advice to anyone in the UCLA community regarding rights and responsibilities under Title IX, as well as policies and procedures. Inquiries may also be directed to the Department of Education's Office for Civil Rights, OCR@ed.gov. The Title IX Director ensures that all complaints are handled in accordance with established policies and procedures.

Everyone at UC — students, faculty, staff and administrators — has the right to a safe learning and working environment. Each of us plays a critical role in ensuring the university is a safe place, and should know the rules of being part of the UC community.

- UC is committed to fostering a community where everyone works and learns together in a place free of harassment, exploitation and intimidation.

- UC will respond promptly to reports of sexual violence and take appropriate action to prevent it and when necessary, take disciplinary action.
- UC expects everyone to take university education and training courses on sexual violence prevention. Faculty, other academic appointees and staff are required to take sexual harassment prevention training.

13. UCLA Discrimination Prevention Office (DPO)

UC Nondiscrimination Statement

The University of California, in accordance with applicable Federal and State law and University policy, does not discriminate on the basis of race, color, national origin, religion, sex, gender identity, pregnancy 1, disability, age, medical condition (cancer-related), ancestry, marital status, citizenship, sexual orientation, or status as a Vietnam-era veteran or special disabled veteran. The University also prohibits sexual harassment. This nondiscrimination policy covers admission, access, and treatment in University programs and activities.

DPO investigates reports of discrimination or harassment based on race, ancestry, national origin, religion, age, and other categories protected by law and University policy. This includes complaints brought by any member of the community (for example, students, staff or faculty) against faculty members. In certain cases, DPO also investigates complaints brought against entities or individuals who are not faculty. For example, under UCLA Policy 240, DPO may investigate reports of discrimination or harassment involving conduct that negatively impacts the campus climate related to equity, diversity and inclusion.

Besides investigating complaints, DPO is charged with developing and clarifying University policies and procedures on discrimination and harassment.

DPO also provides education, training, and guidance to UCLA faculty and members of the campus leadership about discrimination and harassment.

To file a complaint, please complete the DPO Online Complaint Form via the following link:

[Submit a Discrimination or Harassment Complaint](#)

You may also fill out a hard-copy Complaint Form and return the completed version to the Discrimination Prevention Office at 3148 Murphy Hall.

For additional information regarding DPO investigations, please review the DPO fact sheet and investigation procedures.

To learn more about discrimination, its effects, and how to prevent it, please visit DPO's [resource page](#).

DPO can be reached at:

E-mail: dpo@equity.ucla.edu

Phone: (310) 794-1232

Office: 3148 Murphy Hall, Box 951405,
Los Angeles, CA 90095-1405

14. UCLA Environment, Health and Safety

Creating, delivering, and tracking health, safety and environmental training for faculty, staff and students.

The following two courses **must** be completed on [Worksafe](#):



- Bloodborne Pathogens
- Lab Safety Fundamentals

All DGSOM medical students are required to complete the “Initial Trainings” prior to matriculation. Thereafter, “Refresher Trainings” must be completed annually.

Initial Trainings

- Bloodborne Pathogens Online Training (BIO-BBP-OL)
- Laboratory Safety Fundamentals (LAB-LSFC-OL)

Refresher Trainings

- Bloodborne Pathogens Online Refresher Training (BIO-BBPOR-OL)
- Lab Safety Fundamentals Refresher (LAB-LABOR)



- Uphold and adhere to the DGSOM UCLA Honor Code, Technical Standards, University policies, and UCLA Student Conduct Code.

Experiencing Academic/Professional Difficulty

The Experiencing Academic/Professional Difficulty designation is informal and removed by CASPP after the failed course, clerkship, USMLE exam, and/or professionalism issue is addressed and remediated. Students designated in this category are strongly advised to seek [resources](#) available to students. Students will receive this designation if any of the following occur:

- One course or clerkship failure, OR
- Two course or clerkship failures in one academic year, OR
- One or more notices of poor course or clerkship related performance, OR
- A grade of marginal performance in two or more courses in one academic year, OR
- A rating of “2 - Marginal Performance” in the Professional Attitudes and Behaviors section of the clinical clerkship evaluation from two clerkships, OR
- One failure of USMLE (Step 1, 2CK, 2CS) exam, OR
- Failure to meet USMLE policy, OR
- Two (2) Professionalism Concern Reporting forms, OR
- A violation of the DGSOM UCLA Honor Code, UCLA Student Conduct Code, OR
- Professional conduct deemed by CASPP and/or Associate Dean for Student Affairs to warrant this designation



III. GENERAL POLICIES

1. Academic/Professional Standing

The chairs of the Years 1, 2, and 3 Academic Performance Committees (APC), the DGSOM Registrar, an Assistant Dean for Student Affairs, and/or Associate Dean for Student Affairs are responsible for notifying the Committee on Academic Standing, Progress, and Promotion (CASPP) of all circumstances which warrant consideration of a formal change in a student's academic/professional standing. CASPP shall review all questions of student formal academic/professional standing on a monthly basis, and will make all final determinations regarding changes in academic/professional standing.

Categories of Academic/Professional standing in the David Geffen School of Medicine are:

Good Academic/Professional Standing

- Successfully passed all courses or clerkships with no notices of poor course or clerkship related performance.
- Satisfactory clerkship or course evaluations with no notations of unprofessional conduct and no Professionalism Concern Reporting forms.

Academic/Professional Probation

Academic/Professional Probation is a formal designation and is recorded on the Medical Student Performance Evaluation (MSPE). If placed on probation, the student will have 12 months to improve academic/professional standing. Failure to improve academic/professional standing by the end of the 12-month period will result in recommendation for dismissal. Students will receive this designation if any of the following occur:

- Three course or clerkship failures in one academic year, OR
- Failure of retest exam, OR
- Two or more violations of the DGSOM UCLA Honor Code, UCLA Student Conduct Code, OR
- Professional conduct deemed by CASPP and/or Associate Dean for Student Affairs to warrant this designation, OR
- Three (3) Professionalism Concern Reporting forms

Dismissal from the David Geffen School of Medicine

Students are recommended for dismissal if any of the following occur:

- Four course or clerkship failures in one academic year
- Failure to meet terms of remediation for a failed course or clerkship
- Failure to meet United States Medical Licensing Exam (USMLE) policy
- Violation of the DGSOM UCLA Honor Code or UCLA Student Conduct Code, and/or unprofessional conduct deemed severe and egregious in nature as deemed by CASPP
- Failure to successfully complete the M.D. program within the 6-year time-to-degree requirement

2. Appeals Process

The appeals process is as follows:

- Requests to reconsider actions taken by the identified APC that affect the academic status of a student, including but not limited to requirements to correct deficiencies, suspension, and plans for remediation, must be submitted in writing to CASPP within 30 days of receipt of the action.

- An appeal must cite the basis of the reconsideration and provide sufficient and detailed information to support the appeal. Disagreement with the determination of the identified APC is not sufficient cause to request an appeal. New evidence may not be presented in the appeals process unless the student can prove that it was unavailable during the identified APC deliberations.
- If the student failed to disclose information or facts that were in their possession at the time of the meeting with the identified APC, the student is considered to have waived the right to raise those facts or information on reconsideration or appeal.
- During the appeals process, CASPP will not reconsider the facts and statements on which the original decision was based but will only consider:
 - I. Whether new information that was unavailable during the identified APC deliberations has been discovered
 - II. Whether there is any evidence of discrimination that impacted the student's ability to participate in any academic, research, or other University service, program, or activity as determined by the appropriate Institutional Office
 - III. Whether there is any evidence of a procedural error in the identified Academic Performance Committee's review that prejudiced the student's ability to receive a fair hearing
 - IV. Whether there is any evidence that the identified APC acted in an arbitrary or capricious manner.





- CASPP may affirm or reject the identified Academic Performance Committee's determination, or refer the matter back to the identified Academic Performance Committee for further consideration.
- If a request for appeal is denied by CASPP, the decision may be appealed to the Vice Dean for Education within 10 working days from the student's notification of CASPP's final decision.
- CASPP decisions may be appealed solely on the basis of whether CASPP followed appropriate procedures in reaching its conclusions and formulating actions. If the Vice Dean for Education concludes that CASPP did not follow appropriate procedures, he or she will remand the matter to CASPP for reconsideration. The decision of the Vice Dean for Education is final in all matters involving fulfillment of academic, professionalism, or technical standards, and related remediation plans.
- If the Vice Dean for Education upholds a recommendation of CASPP to dismiss a student from DGSOM, this decision may be appealed to the Faculty Executive Committee (FEC) within 10 working days from the student's notification. The FEC will not reconsider the facts and statements on which the original decision was based. Appeals to the FEC may be filed solely on the basis of:
 - I. Whether there is any evidence of discrimination that impacted the student's ability to participate in any academic, research, or other University service, program, or activity as determined by the appropriate Institutional Office.
 - II. Whether there is any evidence of a procedural error in CASPP's review that prejudiced the student's ability to receive a fair hearing.

- III. Whether there is any evidence that CASPP acted in an arbitrary or capricious manner.

[3. Computing and Encryption Policy](#)

Laptop Requirement

All medical students at the David Geffen School of Medicine at UCLA must own an encrypted laptop that meets [requirements specified by DGIT](#).

Mobile Device Requirement

All medical students at the David Geffen School of Medicine at UCLA must own a mobile device that meets [requirements specified by DGIT](#).

[4. Course Materials Copyright Policy](#)

Please note that all lectures are available in electronic formats to enrolled students as an aid to better understand the course material. All materials, both electronic and hard print, are copyrighted by the David Geffen School of Medicine. As a condition of accessing these files and information, **you agree not to share them with anyone outside of the course without explicit permission from the instructor who delivered the lecture.** Your adherence to this policy is part of the professional behavior expected of you. Infringements are a violation of policy and will be considered violations of the honor code and academic policy. This may result in a Professionalism Concern Reporting Form or administrative action.

[5. Duality of Interest Policy: Health Provider and Education Roles for Faculty Supervising Students](#)

- The physician has a primary duty to their patient and is professionally obligated to act in the best interests of their patient.

- The student has the right to strict confidentiality of their health and medical conditions, including their physical health, their mental health, and the presence of learning disabilities.
- Faculty and staff are responsible for approaching and working with each student without bias and without favoritism.
- Faculty and students must recognize that the appearance of a duality of interest may interfere with the learning environment for both the involved student as well as the student's peers, and must be considered regardless of whether a conflict of interest is truly present.
- DGSOM Faculty and Staff who are providing or who have provided clinical care for a student must not serve in any academic supervisory role for that student, nor be involved in the academic assessment or promotion of the medical student receiving those services.
- This policy is not intended to prevent the timely intervention by a qualified clinician in case of a medical emergency.

6. Mednet Email Policy

Because of our reliance on technology in our curriculum and day-to-day communication, all medical students at the David Geffen School of Medicine at UCLA are required to:

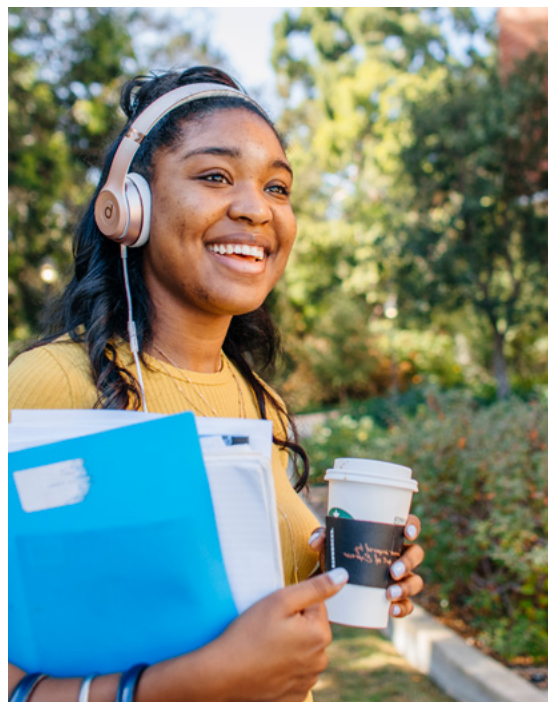
- Use the UCLA Mednet email account as their official email account for the School of Medicine for all official business with faculty and staff, as it is secure, verifiable, and protects the transmission of sensitive information.
- **Access their Mednet email account daily for timely communication.** Communication from non-

Mednet accounts (BOL, gmail, or other personal accounts) will not be accepted, as they are not secure or verifiable.

David Geffen School of Medicine medical students receive Mednet accounts as they start their first year. To be eligible to receive a Mednet account, accepted students must complete the Mednet Accounts for Entering Medical Students Secret Word Submission form on the Accepted Student Checklist. Information about new accounts is emailed. These requirements are in addition to UCLA and University of California Policies about the use of email and other IT Policies.

Why the Mednet Email Account?

- Because you will be working with patients



throughout your four years, it is important that all email communications that might contain patient information be secure. All emails between Mednet email users stay within the secure Mednet system. **This is why you must not forward your Mednet emails to any non-Mednet email systems.**

- Student access to Mednet accounts will be disabled upon graduation.

7. Evaluation and Assessment in Medical Education

Purpose

The purpose of this section is to provide an overview of the policies and procedures used to collect medical student evaluations of faculty, courses, clerkships, electives, and other educational activities. It highlights the responsibility of the David Geffen School of Medicine and individual medical students to ensure that appropriate feedback is gathered.

Overview

Collecting student evaluations of the medical school curriculum and instruction are crucial to obtaining feedback that can be used to ensure:

- The School of Medicine gathers evidence of faculty teaching ability and shares teaching evaluations with faculty
- Continuous quality improvement of the curriculum and instruction that is backed by empirical data
- Compliance with LCME standards and elements
- Deans, faculty, and staff have reliable student feedback to inform decision-making and strategic planning

Responsibility of the Educational Measurement Unit

The Educational Measurement Unit is responsible for designing and administering evaluations of courses and faculty for all four years of the medical school curriculum. The Educational Measurement Unit is tasked with implementing evaluations that are:

- Based on sound and rigorous methods, including online surveys and in-person qualitative methods
- Anonymous or confidential to ensure truthful and forthright feedback from students
- Mindful of student time and commitments
- Able to provide decision-makers and faculty data to implement continuous quality improvements

Evaluation methods will be standardized across educational components and years to allow longitudinal comparison of results. Evaluations may include one or more of the following:

- Items required by the LCME and items that allow for benchmarking against national data sets
- Overall rating of educational components
- Rating of individual faculty members, instructors, or tutors
- Open-ended questions

It is expected that DGSOM students will take all examinations on the date and time they are scheduled.

Responsibility of Students

Students are required to complete course, teaching, and site evaluations at all UCLA locations. Confidential online evaluations are distributed to students via email and must be completed in a timely fashion. Students may additionally be required to participate in confidential focus groups or other in-person feedback sessions. Students are asked to provide evaluations and feedback on:

- Pre-clerkship courses, clerkship rotations, assigned sites, electives, and other educational activities
- Faculty, instructors, and tutors responsible for all of the above educational activities

Failure to comply with the school's policy may result in a professionalism concern being placed in the student's permanent record.

8. Examination Policy

It is expected that DGSOM students will take all examinations on the date and time they are scheduled.

At times, however, circumstances may arise that may preclude a student from sitting for an examination. Details of the requirements for postponing an examination are covered in this policy. Note that this policy does not pertain to USMLE test delays that are covered in a [separate policy](#).

It is the student's responsibility to notify an Assistant or Associate Dean for Student Affairs, the Course Chair and the Course Coordinator if he or she is unable to sit for an examination for one of the following circumstances:

• Illness or Injury

Any student unable to take an examination due to illness or injury must provide a note from a licensed healthcare professional stating that the student's condition precludes him or her from taking the examination on the scheduled date. Students not submitting a supporting letter to the Student Affairs Office will be given a failing grade for the missed examination.

• Bereavement

Students who experience the death of a loved one are permitted to postpone the examination if they choose. However, students must consult with an Assistant or Associate Dean for Student Affairs for approval to postpone their examination.

- **Other Extenuating Circumstances**

If there is a significant situation that precludes you from taking an exam on the scheduled date and time, please consult with your Associate and/or Assistant Dean and the Block/Clerkship Chair(s) to discuss options.

All examinations not taken on the scheduled date of administration will need to be remediated on the next scheduled makeup examination date, as determined by the Year 1, Year 2 or Year 3 Academic Performance Committee (which for Block examinations and Anatomy examinations may not occur until the Spring or Summer).

Students who do not take a scheduled examination and who do not contact an Assistant or Associate Dean in advance to explain the circumstances will receive a failing grade on the examination.

Students cannot take exams while on leave of absence from the university.

Students cannot take an NBME shelf exam until they have completed that core clinical clerkship.

Personal days may not be taken on an examination day ([see Personal Days Section in appropriate Attendance Policy](#)).

9. FERPA - DGSOM Access to Student Records Policy

The Family Educational Rights and Privacy Act (FERPA) of 1974 sets forth requirements regarding the privacy of student education records. FERPA governs the release of these records maintained by an educational institution and access to these records.

Students have three primary rights under FERPA:

- The right to inspect and review education records within 45 days of the day the institution receives a request for access.
- The right to seek an amendment to their education records if the students believe them to be inaccurate or misleading.
- The right to have some control over the disclosure of information from those educational records.

UCLA sets clear guidelines regarding disclosure of information from student records. For detailed information, please check here: www.adminpolicies.ucla.edu/APP/Number/220.0

The Liaison Committee on Medical Education (LCME) also addresses access to and disclosure of student records in Standards 11.5 and 11.6 which can be viewed here: lcme.org/publications/

David Geffen School of Medicine Family Educational Rights and Privacy Act (FERPA) Policy

It is the purpose of this policy to provide reasonable interpretations of the Federal Family Educational Rights and Privacy Act and to protect the student's right to privacy as guaranteed therein. This DGSOM policy is designed to ensure that student educational records are available only to faculty and administration who are permitted to review them in accordance with FERPA, and accessible to DGSOM students and their designees as stipulated below.

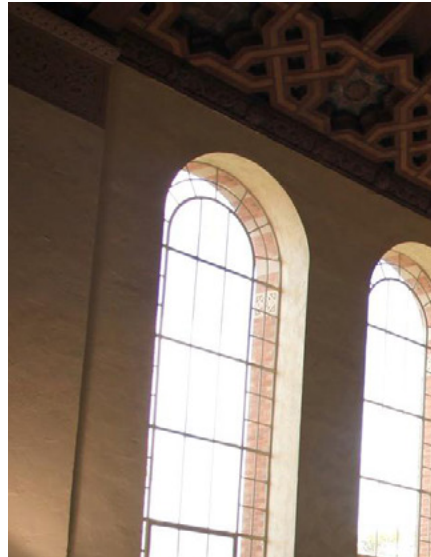
- Students may request in writing for themselves or any other individual(s) to be granted access to their student records. Access is provided by extracting





and securely transmitting the requested records. Access is not granted directly to the system of record.

- I. The student educational records at DGSOM are comprised of the following:
 - A. Student enrollment status and course schedules
 - B. Grades
 - C. Academic/Professional Standing
 - D. Summative Student Performance Evaluations Individual evaluations are collected solely for the purpose of informing the creation of the final, composite evaluation for each clerkship. The final composite evaluation is the basis for final grades on the clerkship, and it is the evaluation that is considered part of the educational record under the Family Educational Rights and Privacy Act (FERPA). Access to individual evaluations for clinical rotations is not provided.
- Educational Data Staff within the Education Technology Services unit of DGIT have access to medical student records for the purpose of building and maintaining data systems and reporting.
- Access to student data within digital systems is role-based and assigned based upon the specific educational role of the faculty or staff on a “need to know” basis.
- Faculty and Administrative Access to DGSOM’s Student Information System (SIS):
 - I. Only medical school leaders (i.e. deans) and medical education administration with legitimate educational interest in the student record are granted access to DGSOM’s SIS.
 - II. Medical education staff are granted access to SIS on a case-by-case basis. The Director of Student Affairs must sign-off on all access.
 - III. All system users must complete FERPA training prior to being granted access.
 - IV. Students do not have direct access to the student information system but per FERPA, may request access to their student records at any time from the [DGSOM Registrar](#).
- Faculty and Administrative Access to Evaluations of Student Performance:
 - I. Medical education leaders and staff, including deans, medical education staff, course directors and course coordinators with legitimate educational interest in the student assessment data are granted access to the School of Medicine’s online evaluation systems.
 - II. Additional faculty leaders, i.e. co-directors, site directors, with legitimate educational interest in student assessment data are granted access to the online evaluation system by the course director.
 - III. Access to assessment data specific to a course or clerkship is reviewed and reviewed annually by the course directors.
 - IV. Teaching evaluators have access to records of the student assessment data submitted by them until they no longer have access to the evaluation systems, based on the end of their specific teaching responsibilities.
- Access to student clinical skills and simulation assessment data is determined by the faculty of record and/or course coordinator for a given assessment activity, and is provided for a limited time for student review. Faculty of record and/or course coordinator accounts are managed by the Curricular Affairs and Simulation Center staff and access is limited to data for a given assessment activity.
- “Legitimate Educational Interest” means: (1) the information or record is relevant and necessary to the accomplishment of some task or determination; and (2)



the task or determination is an employment responsibility for the inquirer or is a properly assigned subject matter for the inquirer. University officials with a “legitimate educational interest” may include:

- I. A person employed by the University or an affiliated site in an administrative, supervisory, academic research, teaching, or support staff position;
- II. A person serving on a University governing body;
- III. A contractor, consultant, volunteer or other party to whom the University has outsourced institutional services or functions provided that the outside party performs an institutional service or function for which the University would otherwise use employees; the outside party is under the direct control of the University with respect to the use and maintenance of student records; and the outside party may not disclose the information to any other party without the student’s consent, and may not use the information for any purpose other than the purpose for which the Disclosure was made;
- IV. A student serving on an official committee, such as disciplinary or grievance committee, or assisting another University Official in performing their tasks.





10. Graduation Competencies (through the Class of 2024)

The David Geffen School of Medicine at UCLA expects all of its students to demonstrate the following competencies prior to graduating with the M.D. degree. These objectives are not intended to supersede the objectives that are specific to individual courses.

PATIENT CARE that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

- Conduct patient-centered encounters that balance the needs of the patient with time constraints of practice. Such encounters include:
 - I. ascertaining the patient's goals for the encounter,
 - II. appreciating the patient's experience of illness,
 - III. performing a focused physical examination, and
 - IV. negotiating diagnostic and management priorities.
- Accurately perform and document both complete and focused histories and physical examinations that are based on the pathophysiology of presenting complaints, and that address relevant psychosocial and family issues.

- Prioritize patients' problems, formulate appropriate differential diagnoses, and develop appropriate plans for diagnosis and/or management.
- Perform the following basic diagnostic and therapeutic procedures:
 - I. Basic first aid
 - II. Basic Life Support (BLS Certification)
 - III. Suturing simple lacerations
 - IV. Drawing venous blood
 - V. Starting an IV
 - VI. Basic airway management
- Be familiar with the technique for a normal vaginal delivery.
- Be able to discuss the principles of and the relative advantages and disadvantages of various therapeutic modalities, including surgery, pharmacology, physical rehabilitation, mental health care, behavioral modification and complementary and alternative medicine, as applied to common clinical situations.
- Use epidemiological principles and data to formulate measures for the care of individuals and communities and be able to read the medical literature.
- Evaluate the roles that unemployment, poverty, and lack of education play as obstacles to quality health care.
- Develop and implement individualized risk reduction plans based on a culturally-sensitive assessment of important medical and social conditions, including sexually transmitted diseases, substance abuse, and interpersonal violence.

MEDICAL KNOWLEDGE about established and

evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care

- Know the scientific principles that underlie current understanding of normal human development, function, and disease. Be able to accurately express and use these principles in discussing health maintenance, common disease processes, and disease evaluation and management.
- Demonstrate an understanding of social and behavioral factors that influence patients' responses to health and disease. Such factors include:
 - I. specific cultural, ethnic and societal beliefs and behaviors,
 - II. patients' age, education, finances, and family resources,
 - III. alternative or complementary medical practices within patients' communities.



- Understand the scientific basis and interpretation of common diagnostic modalities, including: imaging, electrocardiograms, blood and urine tests, pathologic studies, and functional assessment tests. Discuss the indications, contraindications and cost-effectiveness of common diagnostic studies.

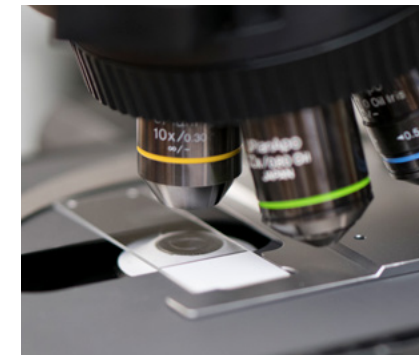
- Demonstrate knowledge of common problems and diseases for diverse populations:

- | | | |
|----------------------------|--------------------|--------------------------------|
| I. Presenting complaints | N. Substance abuse | K. Hyperlipidemia |
| A. Abdominal pain | O. Pharyngitis | L. Otitis Media |
| B. Anxiety | | M. Pneumonia |
| C. Change in mental status | II. Diseases | N. Psychosis |
| D. Chest pain | A. Alcoholism | O. TB |
| E. Chronic pain | B. Arthritis | P. UTI |
| F. Cough | C. Asthma | Q. Upper respiratory infection |
| G. Diarrhea | D. Cancer | R. Vaginitis |
| H. Headache | E. Dementia | |
| I. Obesity | F. Depression | III. Conditions |
| J. Trauma | G. Diabetes | A. Pregnancy |
| K. Heartburn | H. Osteoporosis | B. Menopause |
| L. Low back pain | I. HIV | C. Domestic violence |
| M. Shortness of breath | J. Hypertension | D. End-of-life issues |

- Understand basic issues for promoting health and preventing disease, including nutrition, exercise, psychological health, preventive pharmacology, genetic predisposition to disease, sanitation, environmental and workplace hazards, life-styles, immunizations, and apply this understanding to patient management.
- Assess the health status, demographics and socioeconomic characteristics of medically underserved populations.
- Recognize differences in belief systems, values, languages, religions, and health practices that impact the medical care of culturally diverse medically underserved populations.
- Know when and how to report incidents of domestic violence including: child, elder, and spousal abuse.

PRACTICE-BASED LEARNING AND IMPROVEMENT that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

- Understand importance of life-long learning to adequately care for patients, to participate in patient education, and to pursue creative scholarly endeavors



- Use computer-based techniques, including PubMed and other relevant databases, to acquire new information and resources for learning.
- Identify and use reliable, authoritative sources of medical information.
- Organize personal resources efficiently and systematically using electronic tools and other methods.
- Describe and assess common scientific methodologies used in clinically-relevant medical research.
- Identify the evidential value, organization and logistics of various types of clinical trials, and be able to advise patients concerning their participation in or interpretation of these.
- Read, summarize and critique research and disease review articles in peer-reviewed journals such as New England Journal of Medicine.
- Use evidence-based approaches as tools to decide whether to accept new findings, therapies and technologies for incorporation into medical practice.
- Utilize decision-support systems and guidelines for clinical decision making, including an understanding of the roles of preferences and probabilities.
- Understand and use continuous quality improvement practices.
- Translate questions that arise from daily clinical practice into formal research hypotheses.
- Utilize computer technology to aid in the design, writing, analysis, and presentation of data from a clinical research project (this competency is currently unique to the Drew program).
- Design, implement, and complete a clinical

research project that will meet the criteria for a Thesis (this competency is currently unique to the Drew program).

INTERPERSONAL AND COMMUNICATION SKILLS

that result in effective information exchange and teaming with patients, their families, and other health professionals

- Demonstrate interpersonal skills that build rapport and empathic communication with patients and their families across socioeconomic, racial, and cultural boundaries.
- Make both complete and focused case presentations that are accurate and well-organized; prepare and maintain complete, accurate, well-organized medical records
- Demonstrate a commitment to and skill in teaching medical students, colleagues, and other members of the allied health profession using the concepts and vocabulary of contemporary basic and clinical science.
- Function as a productive member of a team.
- Work collaboratively with health professionals from other disciplines.
- Skillfully address sensitive issues in an effective, compassionate, non-judgmental manner. Such issues include:
 - I. screening for alcohol and drug abuse, domestic violence, and sexual activities
 - II. screening for cancer risks
 - III. giving “bad news”
- Describe and use sound principles for changing patients’ behavior in order to promote and improve

their health.

- Inform patients and their families about health and illness in a way that is culturally-sensitive, jargon-free and appropriate to their needs, including counseling on prevention and psychosocial issues.
- Obtain informed consent from patients by clearly explaining the risks, benefits, and alternatives for common medical and surgical procedures in a culturally sensitive manner.

PROFESSIONALISM, as manifested through

a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

- Demonstrate reliability, dependability, and integrity in interactions with colleagues and patients.
- Deal with professional mistakes openly and honestly in ways that promote patient trust and self-learning.
- Accurately assess one’s personal strengths and limitations, relevant to one’s practice of medicine and continued learning.
- Develop abilities to receive and provide constructive feedback as part of peer and self-assessment of professional behaviors.
- Understand appropriate coping mechanisms for dealing with stress, intellectual uncertainty, interpersonal conflict, and issues related to power.
- Use basic ethical concepts and approaches to identify and analyze the ethical dimensions of common situations in medical practice, health policy, and research.
- Understand the obligation to treat the individual



patient, and discuss the conflicts between caring for a patient and caring for a population.

- Recognize an obligation to the health of society, locally, regionally, and nationally.
- Demonstrate the ability to provide leadership to groups of colleagues or patients.

SYSTEM-BASED PRACTICE, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value

- Know the structure and functions of the health care delivery and insurance systems currently in place in California and the United States. Compare and contrast these to alternative systems used in other industrialized countries.
- Describe major current health system reform initiatives, including possible benefits and barriers to achieving them.
- Discuss the concept of a medical safety net and strategies for lowering access barriers for vulnerable populations.
- Define an integrated delivery system, list its key components and describe how they function together to deliver optimal patient care and outcomes.
- Discuss applications of health information technologies including electronic health records, patient registries, and computerized order entry and prescribing.
- Understand and explain the concept of value in health care, and provide examples of methods physicians use to improve value, including

comparative effectiveness research, evidence-based guidelines and quality improvement.

- Compare current and emerging physician reimbursement methodologies, and discuss their likely impacts on utilization, costs, quality, access and provider incomes.
- Distinguish the roles of primary care providers and specialists, and discuss the options communities have to achieve an appropriate balance between primary and specialty care.
- Understand the flow of funds through the U.S. health care system, from their points of origin through public (Medicare and Medicaid) and private (insurance companies and health plans) intermediaries, down to the provider tier (physicians and hospitals). Distinguish between costs and charges.
- Identify and use resources and ancillary health care services for patients in situations in which social and economic barriers to access exist.
- Articulate the physician's special responsibilities toward both individual patients and society at large, and discuss ways to balance these competing needs and priorities.

11. Graduation Requirements

- [MD Program Graduation Requirements](#)

I. Passing All Coursework

Students must maintain a satisfactory level of performance in DGSOM coursework.

II. Annual recommendation for promotion by the Committee on Academic Standing, Progress & Promotion (CASPP)

III. Passing National Board Examinations

Students must take and pass USMLE Step 1 and USMLE Step 2 Clinical Knowledge (CK)



IV. Completion Time

Students must successfully complete the designated four-year program of medical education. DGSOM does not offer a formal extended program. Recognizing that some students may need additional time, students may take no longer than six years to complete the program. Approved Medical and Academic Leaves of Absence are not counted towards the six-year limit.

V. Recommendation of Degree

Upon successful completion of the curriculum of DGSOM, the student is recommended to the FEC for the degree of Doctor of Medicine. The final approval for graduation is made by the FEC and the Vice Dean for Education of the David Geffen School of Medicine at UCLA.

- [PRIME-LA](#)

PRIME-LA is a concurrent/dual degree, program with a special emphasis on leadership and advocacy to address healthcare disparities in medically underserved populations in California (and the US). Students in PRIME-LA begin their medical school experience by participating in a Leadership and Advocacy Summer Foundations Program that sets the direction for the program and establishes early group bonding while learning about leadership and advocacy. During the first two years, PRIME-LA students complete the regular DGSOM core curriculum. Students also participate in special selective courses during the first and second years. The summer between the first and second years, students focus on a

project/research related to health disparities and problems with access to care within underserved populations, and present their project/research at the DGSOM Josiah Brown Poster Day held at the end of the summer.

In the third-year, students participate in the same clinical clerkships as all other medical students at DGSOM, and may request clerkship sites in clinical arenas that particularly address underserved and disadvantaged populations.

During the fourth year, students will complete an advanced degree that designs and implements a project related to improving health for the underserved. Advanced degree options include MBA, MPH, MPP, and MS.

The fifth year will be within the DGSOM Colleges. The “Colleges” further prepare students for residencies and future roles as leaders. College activities include seminars, special and specific electives, a research project and an intense advising and mentoring program. Sub-internship opportunities to enhance career goals are stressed. Seniors present their leadership project as part of the DGSOM Senior Scholarship Day.

- [UCLA-Caltech Medical Scientist Training Program \(MSTP\)](#)

Students complete their medical training at the David Geffen School of Medicine at UCLA, and their PhD in one of many graduate training programs at UCLA or the California Institute of Technology (Caltech).

- [Charles R. Drew/UCLA Medical Education Program](#)

The Charles R. Drew/UCLA Medical Education Program provides training in the scholarly and humane aspects of medicine and fosters the development of leaders who will advance medical practice and knowledge in underserved areas in the United States and abroad. During the first two years, Drew/UCLA students complete the same curriculum as other DGSOM students, but also participate in a special selective course. During third year, students complete clerkships at select sites in underserved areas of Los Angeles, and participate in longitudinal clerkships unique to students in this program: Primary Care Continuity Clinic and Primary Care Research. During the fourth year, students engage in the [Medical Student Research Thesis Program](#).

- [Concurrent Degree Programs](#)

DGSOM students who are in good academic standing and have successfully completed Year 3 (Required Clinical Clerkships) may pursue a Master of Business Administration, Public Policy, or Public Health degree as part of the UCLA Concurrent degree programs.

12. Narrative Assessment Policy

Purpose

The purpose of this policy is to inform students about how they can expect to receive feedback about interpersonal, professional, affective, and/or socioemotional non-cognitive skills essential for growth as student physicians. DGSOM periodically provides students with written feedback to formally document and facilitate communication about a student's development in these areas.

Policy Statement

Written narrative assessment is to occur when an assessor-student interaction is of sufficient length to permit direct observation and assessment of student behavior reflective of the DGSOM Graduation Competencies (e.g., interpersonal skills, rapport building, teamwork, communication). Narrative assessment is used for formative feedback and may also be factored into a course grade and/or may be included in or inform the content of the MSPE. As with all assessments of student performance, in instances of sustained or severe substandard performance, non-cognitive skills may be reviewed by APC.

Interactions that are likely to permit narrative assessment may include but are not limited to:

- Problem Based Learning small group sessions
- Doctoring or Clinical Skills small group sessions
- Standardized Patient (SP) observations of communication skills or patient-provider interaction
- Faculty observation during Objective Structured Clinical Examinations (OSCE)s
- Faculty observation of peer collaboration during

anatomy, physiology or histopathology small group sessions

- Faculty observation of participation, discussion and presentation in small group sessions during clerkship
- Faculty observation of communication with patient, family or inter-professional team during clerkship
- Faculty observation of humanism, integrity, work ethic, or commitment to learning during clerkship

Availability of Assessments

Students may receive narrative assessments immediately, periodically throughout the course, but at least at the end of each block or clerkship to foster improvement or sustained high performance in the next course or clerkship. Assessors are encouraged to provide feedback as proximal to the event as possible. When time and resources permit, students may be shown the narrative comments in real time to facilitate discussion, have comments made available immediately or shortly after the learning/assessment event, or made available at regular intervals throughout the course or clerkship.

Approved by Clarence H. Braddock, III, M.D., MPH, MACP, Vice Dean for Education, July 2020

13. Satisfactory Academic Progress

Requirement for Satisfactory Academic Progress (SAP) to Maintain Financial Aid Eligibility

Federal regulations require that all students receiving financial aid from Title IV funds maintain satisfactory academic progress. To comply with this requirement the David Geffen School of Medicine at UCLA has adopted a Satisfactory Academic Progress Policy



(SAP) that applies to all medical students receiving any form of financial aid. Students who fail to meet the satisfactory academic progress requirements become ineligible to receive Title IV (Federal loans and grants) and institutional aid (DGSOM scholarships and loans) until they are in compliance with these requirements.

Satisfactory Academic Progress is not equivalent to the category of “Good Academic/ Professional Standing.” The designation of Satisfactory Academic Progress is defined at the link above, and may apply to students who are placed in the category of “Academic/ Professional Probation.”

The School uses both qualitative and quantitative standards to measure progress towards M.D. degree completion. These standards are equally strict for all students enrolled in the M.D. program whether or not they are receiving financial aid. To be eligible for financial aid or be considered in good standing, students must meet or exceed these standards. Failure to do so may result in suspension of financial aid eligibility.

14. Technical Non-Academic Standards

Essential Abilities and Characteristics Required for Completion of the MD Degree

INTRODUCTION

The MD degree is a broad undifferentiated degree attesting to general knowledge in medicine and the basic skills required for the practice of medicine. Essential abilities and characteristics required for completion of the MD degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training. The School of Medicine intends for its graduates to become competent and compassionate physicians who are capable of pursuing and completing graduate medical education, passing licensing exams and obtaining and maintaining medical licensure. The avowed intention of an individual student to practice only a narrow part of clinical medicine, or to pursue a non-clinical career, does not alter the requirement that all medical students take and achieve competence in the full curriculum required by the faculty. For purposes of this document and unless otherwise defined, the term “candidate” means candidates for admission to medical school as well as enrolled medical students who are candidates for promotion and graduation.

The School of Medicine has an ethical responsibility for the safety of patients with whom students and graduates will come in contact. Although students learn and work under the supervision of the faculty, students interact with patients throughout their medical school education. Patient safety and well-being are therefore major factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation. The essential abilities and characteristics described herein are also referred to as technical (or non-academic) standards. They are described below in several broad categories including: observation; communication; motor function; intellectual-conceptual, integrative, and quantitative abilities; and social and behavioral skills. In addition to these, candidates must have the physical and emotional stamina to function in a competent manner in settings that may involve heavy workloads and stressful situations. Individuals who constitute a direct threat to the health and safety of others are not suitable candidates for admission, promotion or graduation.

Delineation of technical standards is required for the accreditation of U.S. medical schools by the Liaison Committee on Medical Education. The following abilities and characteristics are defined as technical standards, which in conjunction with academic standards established by the faculty, are requirements for admission, promotion, and graduation.

- **OBSERVATION:** Candidates must be able to observe demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and tissues in normal and pathologic states. Candidates must be able to accurately observe patients and assess findings. They must be able to obtain a complete or focused medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan. These skills require the functional use of vision, hearing, and touch.
- **COMMUNICATION:** Candidates must be able to communicate effectively and efficiently with patients, their families, and members of the health care team. They must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information accurately and clearly; and communicate effectively in English with other health care professionals in a variety of patient settings.



- **MOTOR FUNCTION:** Candidates must possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to emergency situations in a timely manner and provide general and emergency care. Such activities require physical mobility, coordination of both gross and fine motor neuromuscular function, and balance and equilibrium.
- **INTELLECTUAL, CONCEPTUAL, INTEGRATIVE, AND QUANTITATIVE ABILITIES:** Candidates must have sufficient cognitive (mental) abilities and effective learning techniques to assimilate the detailed and complex information presented in the medical student curriculum. They must be able to learn through a variety of modalities including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; and use of computer and information technology. Candidates must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information by multiple mechanisms. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events. They must be able to formulate and test hypotheses that enable effective and timely problem-solving in diagnosis and treatment of patients in a variety of clinical settings.
- **BEHAVIORAL AND SOCIAL ATTRIBUTES:** Candidates must demonstrate the maturity and emotional stability required for full use of their intellectual abilities. They must accept responsibility for learning, exercising good judgment, and promptly completing all responsibilities attendant to the diagnosis and care of patients. They must understand the legal and ethical aspects of the

practice of medicine and function within both the law and ethical standards of the medical profession. Candidates must be able to interact with patients, their families, and health care personnel in a courteous, professional, and respectful manner. They must be able to tolerate physically taxing workloads and long work hours, to function effectively under stress, and to display flexibility and adaptability to changing environments. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. They must adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.

- **ETHICAL AND LEGAL STANDARDS:** Candidates must meet the legal standards to be licensed to practice medicine in the State of California. As such, candidates for admission must acknowledge and provide written explanation of any felony or misdemeanor offense(s) action taken against them prior to matriculation at the School of Medicine. In addition, after matriculation, students must immediately notify the Associate Dean of Students of any arrest, charge, or conviction occurring thereafter. Students must be of the highest ethical and moral behavior. Felony conviction or failure to disclose prior or new offenses can lead to disciplinary action by the school that may include dismissal.

ABILITY TO MEET THE SCHOOL OF MEDICINE'S TECHNICAL STANDARDS

The School of Medicine only admits students for the purpose of training them to become competent and compassionate physicians who are capable of

entering a residency program, and requires that they must meet all requirements necessary to obtain a medical license.

Equal Access to the School of Medicine's Educational Program

The University of California does not discriminate against qualified individuals with disabilities who apply for admission to the MD degree program or who are enrolled as medical students. Otherwise qualified individuals shall not be excluded from admission or participation in the School of Medicine's educational programs and activities solely by reason of their disability or medical condition. The School of Medicine provides reasonable accommodation in its academic programs to qualified individuals with disabilities. A reasonable accommodation is one that does not create a fundamental alteration of the program or lower academic standards. Learning disabilities are included under this policy.

Any candidate who poses a threat to the health and safety of others may be denied admission or dismissed from school.

Any student with an existing disability, or who may develop a disability, who seeks an accommodation must notify the UCLA Center for Accessible Education in writing and provide adequate documentation prior to the start of coursework and/or education activity in which an accommodation is required.

The UCLA Center for Accessible Education will consult with the School of Medicine to notify them of a student's request and recommended accommodations. The School of Medicine may require additional assessment or evaluation in

It is the responsibility of all UCLA Health workforce members, as defined above, including employees, medical staff, house staff, students and volunteers, to preserve and protect confidential patient, employee and business information.

consultation with the UCLA Center for Accessible Education in order to confirm if the student is able to meet these technical standards

Acknowledgment: This document was adopted by the University of California and approved by the UCLA SOM Faculty Executive Committee on May 24, 2016. It was developed and based upon consultation with experienced medical educators throughout the state and careful review and discussion of the technical standards and guidelines developed by California's public and private medical schools.

15. Transportation Policy

Given the rich network of educational experiences at affiliate hospitals, community clinics and practices, all students at the David Geffen School of Medicine at UCLA must have reliable transportation.

Absences due to a lack of reliable means of transportation will not be excused. Any student not meeting the above requirement for transportation will



be subject to administrative action at the discretion of the Associate Dean for Student Affairs and/or the Committee on Academic Standing, Progress and Promotion.

If you have a documented disability that may be the basis for an accommodation related to this policy, please contact the [UCLA Center for Accessible Education](#). The UCLA Center for Accessible Education (CAE) facilitates academic accommodations for students with documented permanent and temporary disabilities. Accommodations are designed to promote successful engagement in the UCLA academic experience.

16. UCLA Health Confidentiality Statement

Applies to all UCLA Health “workforce members” including: employees, medical staff and other health care professionals; volunteers; agency, temporary and registry personnel; and trainees, house staff, students, and interns (regardless of whether they are UCLA trainees or rotating through UCLA Health facilities from another institution).

It is the responsibility of all UCLA Health workforce members, as defined above, including employees, medical staff, house staff, students and volunteers, to preserve and protect confidential patient, employee and business information.

The federal Health Insurance Portability and Accountability Act (the “Privacy Rule”), the Confidentiality of Medical Information Act (California Civil Code § 56 et seq.) and the Lanterman-Petris-Short Act (California Welfare & Institutions Code § 5000 et seq.) govern the release of patient identifiable information by hospitals and other health

care providers. The State Information Practices Act (California Civil Code sections 1798 et seq.) governs the acquisition and use of data that pertains to individuals. All of these laws establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

Confidential Patient Care Information includes:

Any individually identifiable information in possession of or derived from a provider of health care regarding a patient’s medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. (Note: this information is defined in the Privacy Rule as “protected health information.”)

Examples include, but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Mainframe and department based computerized patient data and alphanumeric radio pager messages;
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient.

Confidential Employee and Business Information includes, but is not limited to, the following:

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from the University’s records which if disclosed, would constitute an unwarranted invasion of privacy; or
- Disclosure of Confidential business information that would cause harm to UCLA Health;
- Peer review and risk management activities and information are protected under California Evidence Code section 1157 and the attorney-client privilege.

I understand and I acknowledge that:

- I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.
- It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to UCLA Health and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
- I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of UCLA Health, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I

shall make no voluntary disclosure of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of UCLA Health affairs.

- UCLA Health Administration performs audits and reviews patient records in order to identify inappropriate access.
- My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
- I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
- I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
- I understand that the law specially protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
- My obligation to safeguard patient confidentiality continues after my graduation from The David Geffen School of Medicine at UCLA.

17. USMLE Policy

It is the expectation that all DGSOM UCLA medical school graduates be able to practice medicine in California and other states. The curriculum and experiences are designed to give each student the knowledge, skills, attitudes and behavior to be successful in starting a residency and ultimately practicing as a physician. Therefore, it is a requirement of the School of Medicine that students take and pass all relevant components of USMLE during medical school.

[United States Medical Licensing Examination \(USMLE\) - New Policy Effective October 2020](#)

1. All DGSOM students must successfully pass the USMLE Step 1, Step 2 CK and Step 2 CS exams in order to graduate and receive their diploma.**

2. All students must take the USMLE Step 1 exam prior to being able to start MS4 electives.
3. Students must receive passing scores on the USMLE Step 1, Step 2 CK and Step 2 CS exams by the annual deadline for their rank order lists to be verified by DGSOM for participation in the National Resident Matching Program (NRMP). Without verification by the medical school, students will not be able to move forward in the match process.



4. DGSOM students who do not receive passing scores on the USMLE Step 1, Step 2 CK and Step 2 CS exams by the deadline for NRMP rank list verification may still graduate if they take and receive passing scores on these exams by the last day of their terminal semester.
5. Students may not drop a core clerkship to prepare for their first attempt of a USMLE Step 1 examination. Clerkships may be dropped for a student who learns they need to retake Step 1 after beginning clerkships.
6. Students receiving financial aid are responsible for meeting with the Financial Aid Office to understand the financial ramifications of interrupting their enrollment related to performance on USMLE Exams.



7. USMLE Step 1 Failure:

a. One Failure:

First time failure of the Step 1 exam will result in the Experiencing Academic/Professional Difficulty designation. If a student has started MS4 clinical electives, the student may complete the current rotation, but cannot begin any further rotations until the Step 1 exam is retaken and passed. Upon confirmation of passing the Step 1 exam, the student may resume the Year 4 curriculum.

b. Two (2) Failures:

Failing the Step 1 exam twice will result in the designation of Academic/Professional Probation. The student may not return to the curriculum until the Step 1 exam is retaken and passed. Students who do not have a passing score within one year of the date they were notified of their failing score

on the second attempt to pass USMLE Step 1 will be referred to CASPP for consideration of dismissal from medical school.

c. Three (3) Failures:

Failing the Step 1 exam three times will result in referral to CASSP for consideration of dismissal from medical school.

8. USMLE Step 2CK and Step 2CS Failure:

a. One Failure:

First time failure of the Step 2CK or Step 2CS exam will result in the Experiencing Academic/Professional Difficulty designation.

b. Two (2) Failures:

Failing the Step 2CK or Step 2CS exam twice will result in the designation of Academic/Professional Probation.

c. Three (3) Failures:

Failing the Step 2CK or Step 2CS exam three times will result in referral to CASSP for consideration of dismissal from medical school.

****In August 2020, the DGSOM Faculty Executive Committee officially waived the USMLE Step 2 Clinical Skills (CS) exam as a graduation requirement for all DGSOM medical students with a graduation date in December of 2020 or in June of 2021.**

Updated October 2020



IV. CURRICULUM POLICIES: PRE-CLERKSHIP

1. Attendance Policy for the Pre-Clerkship Curriculum

The Importance of Attendance

Full engagement in mandatory activities, including attendance, is a core principle promoting the professional development of health care professions students and is in line with the expectations for students as they mature into fully-functioning, independent health care providers. Being present and engaged for faculty-led educational sessions a) positively impacts personal learning (i.e., one's ability to learn from peers, faculty, and staff), b) strengthens team dynamics (e.g., group participation and interactions) and the learning environment for all, and c) fosters the development of sound work ethic and habits expected of physicians. In accordance with this philosophy, all students are expected to adhere to the following policies.

Professionalism Concerns

Students may be subject to changes in their academic standing by the Academic Performance Committee (APC) for disruptive or unprofessional behavior, repeated absences, or significant tardiness for course sessions. Demonstration of exemplary or poor professionalism may also be reflected in the Medical Student Performance Evaluation (MSPE), per recommendations by the Association of American Medical Colleges (AAMC).

For the complete attendance policy, including information about excused and unexcused absences, personal days, professional development days, and religious observances, please visit <https://medschool.ucla.edu/current-4-attendance>.

2. Grading Policy - Pre-Clerkship Curriculum

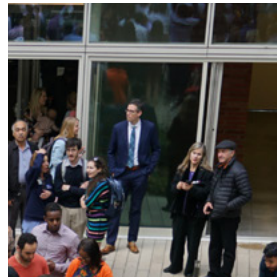
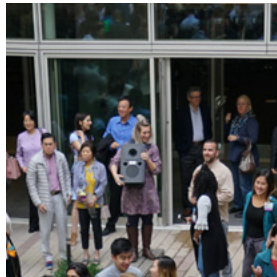
For the updated Pre-Clerkship Grading Policy for both HB&D and HEALS, please visit: <https://medschool.ucla.edu/current-2-evaluation-grading>.

This site has additional details about available grades, requirements to pass each course, the course failure policy, marginal performance policy, incomplete grade policy, and requests for evaluation modifications/grade changes.

3. Pre-Clerkship Student Workload Policy

For the updated Pre-Clerkship Student Workload Policy for both HB&D and HEALS, please visit: <https://medschool.ucla.edu/current-16-preclerkshipworkload>.





V. CURRICULUM POLICIES: CORE CLERKSHIP AND MS-4 YEARS

1. Attendance Policy for the Core Clerkship and MS4 Curriculum

The Importance of Attendance

Full engagement in mandatory activities, including attendance, is a core principle promoting the professional development of health care professions students and is in line with the expectations for students as they mature into fully-functioning, independent health care providers. Being present and engaged for faculty-led educational sessions a) positively impacts personal learning (i.e., one's ability to learn from peers, faculty, and staff), b) strengthens team dynamics (e.g., group participation and interactions) and the learning environment for all, and c) fosters the development of sound work ethic and habits expected of physicians. In accordance with this philosophy, all students are expected to adhere to the following policies.

Professionalism Concerns

Students may be subject to changes in their academic standing by the Academic Performance Committee (APC) for disruptive or unprofessional behavior, repeated absences, or significant tardiness for course sessions. Demonstration of exemplary or poor professionalism may also be reflected in the Medical Student Performance Evaluation (MSPE), per recommendations by the Association of American Medical Colleges (AAMC).

For the complete attendance policy, including information about excused and unexcused absences, religious observances, days off, and schedule requests, please visit <https://medschool.ucla.edu/current-4-attendance>.

2. Clinical Performance Exam (CPX) Policy

At the end of Year 3, students are required to complete and pass a Clinical Performance Examination (CPX) which consists of eight clinical cases portrayed by standardized patients. Each case requires a focused work up and is followed by a written exercise. Individual feedback is provided for purposes of improving history taking, physical examination, information sharing, and patient/doctor relationship skills during Foundations for Fourth Year. Poor performance will require remediation and retesting.

3. Core Clinical Experiences and Mid-Clerkship Feedback Policy

Purpose

To delineate the requirements for core clinical experiences and the provision of mid-clerkship feedback for the required clinical clerkships.

Overview

The completion of the core clinical clerkships is a joint obligation between the students, the student's supervising physicians, and the site director/ clerkship chair. In turn, logging and reviewing the patient log helps site directors and clerkship chairs ensure that students are meeting the clerkship learning objectives and allows monitoring of the comparability of clinical experiences. These processes align with LCME standards 6.2 Required Clinical Experiences, 8.6 Monitoring of Completion

of Required Clinical Experiences, and 9.7 Formative Assessment and Feedback.

Policy

1. Clerkships will establish and publish a list of required clinical experiences that students must complete to meet clerkship requirements.
2. Students are responsible for maintaining the patient log of clinical experiences for all patients they see in an ongoing manner during required clerkships.
3. The students will receive feedback from supervising faculty and/or clerkship site directors midway through the rotation. This feedback should include an assessment of the student's performance in comparison to clerkship objectives and the School of Medicine clinical performance rubric, and may also include a review of the patient log of clinical experiences.
4. The clerkship chair, site directors, and coordinators will track completion of mid-clerkship feedback. Aggregate data on mid-clerkship feedback is reviewed with the clerkship chairs committee regularly.
5. Failure of a student to maintain a log of required clinical experiences and/or to complete all required experiences or their equivalent by the end of the clerkship will result in an Incomplete.
6. An Incomplete will be converted to the appropriate clerkship grade once all required experiences or their equivalent have been completed and the patient log updated.

Procedures

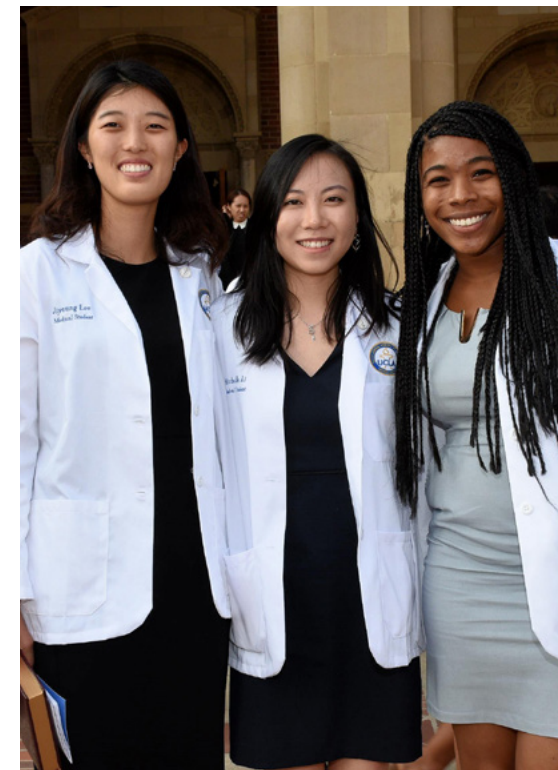
1. Students must log all of their patient encounters per the established list of required clinical experiences specific to each clerkship on an ongoing basis throughout each clerkship.

2. Each student should discuss any outstanding clinical experiences with the supervising physicians, and with the site director prior to the conclusion of the clerkship, including alternative activities that can be used to fulfill clerkship requirements.

4. Duty Hour Policy for the Clinical Years

Maximum Hours of Work per Week

-Duty hours must be limited to **80 hours per week, averaged over the course of the rotation**, inclusive of all in-house call, clinical and educational activities.



Maximum Duty Period Length

-Duty periods for students must not exceed **28 hours of continuous scheduled duty**.

Minimum Time Off between Scheduled Duty

-Students must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Maximum In-House On-Call Frequency

-Students must be scheduled for in-house call no more frequently than every-third-night when averaged over the course of the rotation.

*Note: No overnight call is permitted before exams or Systems Based Health Care/Preceptorship.

Mandatory Time Free of Duty

-Students must be scheduled for a minimum of one day free of duty per week when averaged over the course of the clerkship or elective.

Mandatory Reporting of Duty Hours

Regular reporting of duty hours is required on all core clerkships. In addition, violations of the Duty Hour Policy should be reported to the Site Director, Clerkship Chair and/or the Dean's Office. In addition, students may report duty hour violations at the following link: uclahs.fyi/dutyhours

Approved by FEC on January 4, 2017

5. Grading Policy – Clinical Clerkships**Year 3:****Available Grades**

For the current grading policy in place for this credit/

no-credit grading system, please visit the 2021-2022 [ClinicalGradingPolicy202122.pdf](#)

The Clinical Grading Rubric can be viewed [here](#).

The Grading Tool for Core Clerkships can be viewed [here](#).

Incomplete Grades

The Course Chair may assign the Incomplete grade to either the clinical or final examination grade (which in turn translates to an Incomplete overall grade) when either clinical work is of passing quality but is incomplete, or the final examination has not been taken (due to illness or another serious problem). Once an Incomplete (Inc.) grade is assigned, it remains on the transcript until resolved.

To resolve a grade of an Incomplete in core clerkships, students must satisfactorily complete clinical coursework and/or the final examination as specified by the Clerkship Chair, and resolve the Incomplete before proceeding to required 4th year rotations.

Policy on the Requirements to Pass Clerkships

- Each required core clerkship has a clinical and a final exam component. The clinical component is comprised of evaluations submitted by house staff and faculty to the Site Director and Course Chair, who incorporate this data into an overall clinical evaluation. A final exam is given for all core clerkships in the third year. Students must pass both the clinical component and final examination in order to pass the required clerkship.

- The Course Chair will notify the student in writing if she/he fails a component of a clerkship.
- Students must pass both components of all required clerkships before beginning required 4th year rotations.

Course Failure Policy in the Core Clerkships

Fail 1 Clerkship exam in one academic year:

- I. One clerkship exam failure will result in a grade of "Fail" and a change of status to Experiencing Academic/Professional Difficulty.
 - II. If clinical remediation is not required, the student may be allowed to retake the final exam on the next designated exam date, following two weeks of uninterrupted study with no clinical rotations or coursework, at the discretion of the Year 3 APC.
 - III. The student must pass the make-up exam to receive a final examination grade of "Pass" or "High Pass." Retaking a final examination disqualifies a student from receiving an overall grade of "Honors".
- Fail 1 retest exam:
 - I. A grade of "Fail" on the make-up exam will result in a change of status to Academic/Professional Probation.
 - II. Students will be required to repeat the clerkship in its entirety.
 - III. If the student repeats the clerkship and receives a final grade of "Pass" or "High Pass," the grade will appear on the transcript with an asterisk designation indicating that



the course was repeated (P* or HP*). Retaking a final examination disqualifies a student from receiving a final examination grade of “Honors” and an overall grade of “Honors.”

- Fail 2 Clerkship exams in one academic year:
 - I. Two clerkship exam failures will result in a grade of “Fail” for each clerkship. The student’s status will remain Experiencing Academic/Professional Difficulty.
 - II. If clinical remediation is not required, the student may be allowed to retake the exams at the next designated exam dates, following two weeks of uninterrupted study with no clinical rotations or coursework before each exam, at the discretion of the Year 3 APC.
 - III. The student must pass each make-up exam to receive a “Pass” or “High Pass” grade. Retaking a final examination disqualifies a student from receiving a final examination grade of “Honors” and an overall grade of “Honors.”
- Fail 3 Clerkship exams in one academic year:
 - I. Three clerkship exam failures will result in a grade of “Fail” for each clerkship, and a change in status to

Academic/Professional Probation. A recommendation to either repeat the entire Year 3 curriculum, or the specific clerkships, will be determined by the Year 3 APC.

- II. Any subsequent clerkship exam failures may result in a recommendation for dismissal.
 - Fail 4 Clerkship exams in one academic year:
 - I. The student will be recommended for dismissal to CASPP.
 - Clinical Failure:
 - I. If a student fails the clinical portion of a clerkship, the student will receive a grade of “Fail” and must remediate by repeating the clerkship in its entirety, including the final examination, even if the exam was previously taken and passed.
 - II. If the student repeats the course and receives a “Pass” or “High Pass,” the transcript will include an asterisk designating that the course was repeated (P* or HP*). Remediating a clinical fail disqualifies a student from receiving an overall grade of “Honors.”
 - Clinical Remediation Failure:
 - I. The only acceptable grade for remediation is “Pass” or “High Pass”. A grade of “Fail” upon remediation is not acceptable and will result in recommendation for dismissal to CASPP.

Revised May 2017

Evaluation criteria will be included in the course syllabus for each of the Core Clinical Clerkships, Longitudinal Preceptorship and Systems-Based Health Care. Please refer to the individual course syllabi for additional details on evaluation criteria.

Courses Graded on the Pass/Fail System

Systems-Based Health Care and Longitudinal Preceptorship:



Students are required to attend and actively participate in all sessions in order to receive a grade of Pass.

Longitudinal Primary Care Preceptorship and Longitudinal Primary Care Research: Drew students are required to attend and actively participate in all sessions in order to receive a grade of Pass.

Longitudinal Radiology: Students are required to take and pass a Radiology exam at the end of each clerkship. A cumulative score of 70 percent is required to pass the course.

In addition to a grade, students will receive narrative evaluations based on their performance for all Year 3 coursework. The “Summative Comments” section will be incorporated into the Medical Student Performance Evaluation (MSPE) letter for residency applications. The “Feedback” section of the narrative evaluation will serve to provide meaningful feedback to the student on his/her performance on the Core Clinical Clerkships, Longitudinal Preceptorship, or Systems-Based Health Care with recommendations for improvement.

Clerkship and Course chairs are asked to meet with students whose performance is failing in order to provide the student with feedback and recommendations to improve their performance. In addition, the Associate Dean for Student Affairs will also be notified as soon as possible by the Site Director, Clerkship Chair, or Course Chair, as applicable, of students who have been determined to be at risk of failing the course.

All performance evaluations and assessments must be submitted within six weeks of the conclusion of a course or clerkship.

6. Grading Policy – MS-4 Year

Year 4:

Policy on the Requirements to Pass 4th Year Coursework

(Effective: May 2017)

- The faculty responsible for instruction (or their delegates) award overall grades of Honors (H), High Pass (HP), Pass (P), Fail (F) or Incomplete (Inc.) according to the [Clinical Years Grading Policy](#). The Clinical Grading Rubric can be viewed [here](#). The MS4 Grading Tool can be viewed [here](#).

- If a student receives a grade of Fail (F) he/she will not receive credit for the clinical course and a grade of Fail (F) will remain on the transcript.
- If a student receives a grade of Incomplete (Inc.) for the clinical rotation resulting from missed days due to excused absence(s), the course chair may give the student the opportunity to make up the missed days. After the days have been made up, their grade of Inc. will be replaced with a grade of Honors (H), High Pass (HP), Pass (P), or Fail (F) based on the grading rubric.

Revised May 2017

Courses Graded on the 4-tier system of Honors/High Pass/Pass/Fail

- 4th year elective coursework: 200-level (with the exception of Global Health), 300-level and 400-level.

Courses Graded on the Pass/Fail System

- 100-level Electives
- Global Health Electives (listed as 200-level)
- Away Electives
- Research Electives
- Special Clinical Electives

In addition to a grade, students will receive narrative evaluations based on their performance for all Year 4 coursework. The “Summative Comments” section will be incorporated into the Medical Student Performance Evaluation (MSPE) letter for residency applications, and the “Feedback” section will serve to provide meaningful feedback to the student on their clinical performance on the elective, with recommendations for improvement.

Course chairs are asked to meet with students whose performance is failing in order to provide the student with feedback and recommendations to improve their performance. In addition, the Associate Dean for Student Affairs will also be notified by the Course Chair as quickly as possible about any students who have been determined to be at risk of failing the course.

All performance evaluations and assessments must be submitted within four weeks of the conclusion of the course.



Evaluation criteria are included in the course syllabus for each of the Clinical Core Clerkships, Longitudinal Preceptorship, and Systems-Based Health Care. Please refer to the individual course syllabi for additional details on evaluation criteria.

In addition to a grade (Pass/Fail), students will receive narrative evaluations based on their performance for all 3rd and 4th year coursework. The “Summative Comments” section will be incorporated into the Medical Student Performance Evaluation (MSPE) letter for residency applications, and the “Feedback” will serve to provide meaningful feedback to the student on his/her performance on the Clinical Core Clerkship, Longitudinal Preceptorship and Systems-Based Health Care courses, with recommendations for improvement.

Clerkship and Course chairs are asked to meet with students whose performance is failing in order to provide the student with feedback and

recommendations to improve their performance. In addition, the Associate Dean for Student Affairs will also be notified as soon as possible by the Site Director, Clerkship Chair, or Course Chair, as applicable, about students who have been determined to be at risk of failing the course.

All performance evaluations and assessments must be submitted to the Student Affairs Office within four weeks of the conclusion of a course or clerkship. After all evaluations and assessments have been submitted, the Student Affairs Office will then release the course or clerkship grades as soon as possible.

7. Medical Student Performance Evaluation Policy

DGSOM Medical Student Performance Evaluation Policy

The Medical Student Performance Evaluation (MSPE) is a written transcript of the student’s performance in medical school and is a required component of the residency application. DGSOM prepares MSPEs for all students in their final year of medical school regardless of the student’s residency application plans. MSPEs are prepared in accordance with the AAMC’s guidelines and are released nationwide on a date determined by AAMC and the Electronic Residency Application Service (typically October 1).

The Format of the MSPE

MSPEs include the following:

1. **Noteworthy Characteristics** A brief description of up to three achievements, activities, or other personal information. The student selects which characteristics are included in this section in conjunction with Deans of Student Affairs.

2. **Academic History Information** on matriculation and expected graduation dates, and if applicable, any extensions in educational program, leaves of absence, required make-up work or medical school/university adverse actions.
3. **Academic Progress:**
 - Summary of professional performance
 - Summary of pre-clerkship academic performance
 - Core clerkship academic performance including summary evaluation comments from all MS3 core clerkships
 - Elective rotation academic performance including summary evaluation comments from all MS4 electives completed by the submission deadline based on the nationwide release date of the MSPE.
 - All summary evaluation comments are edited for grammar in the MSPE, but not for content. Requests for revisions to summary comments must be made to the Course Chair who completed the evaluation within two weeks of the date when the evaluation was released.
4. **Summary:** A comparative summative assessment of the student’s performance on the clinical clerkships (when possible).
5. **Medical School Information:** An appendix that lists information about the DGSOM and composition of the MSPE.

MSPE Sign-Off

All students are required to review their MSPE and correct factual or grammatical errors before it is finalized and sent to residency programs.

MSPE Addendums

At the discretion of the Associate Dean for Student

Affairs, an addendum may be added to an MSPE to include additional information as required by the NRMP Match Participation Agreements. An addendum becomes a permanent part of the MSPE.

MSPE Author

The MSPE at DGSOM is co-signed by the Vice Dean for Education and the Associate Dean(s) for Student Affairs.

In the event that you wish to have a different dean write your MSPE or Noteworthy Characteristics, please communicate directly with the Residency Application Counselor in the Student Affairs Office.

Approved by Clarence H. Braddock, III, M.D., MPH, MACP, Vice Dean for Education, July 2020

8. Requesting an Alternative Site or Team

Policy on Requesting an Alternative Clerkship Site

Initial site assignments are made via an electronic scheduling lottery based on student preferences. Following this process, students have the ability to formally request an alternative clerkship site. Requests will be reviewed by the clerkship and Dean's Office leadership, as needed.

Criteria for Consideration of Reassignment:

1. Reassignment related to learning environment concerns
2. Reassignment related to a duality of interest
3. Reassignment based on an academic accommodation for a documented disability (upon recommendation by the UCLA Center for Accessible Education).



4. Reassignment related to personal circumstances

Procedure for requesting an alternative clerkship site:

1. The student should waitlist the requested alternative site in the scheduling system at least 30 days prior to the start of the clerkship.
2. The Clerkship Scheduling Coordinator in Student Affairs will automatically receive notification of the request which will be indicated on the student's schedule.

Procedure for requesting an alternative clerkship site less than 30 days from the start of the clerkship, or during the clerkship:

1. Send an email message to Clerkship Scheduling Coordinator in Student Affairs, and an Assistant/Associate Dean for Student Affairs with your request.
2. The following information should be included in your communication:

- a. Current clerkship and site
- b. Proposed clerkship site
- c. Justification for the request

All requests for alternative clerkship sites will be considered, although it may not be possible to accommodate all requests.

The Clerkship Coordinator in Student Affairs will evaluate requests submitted 30 days prior to the start of the clerkship, while considering each clerkship site's minimum and maximum enrollment limits.

Requests submitted less than 30 days from the start of the clerkship will be evaluated by one of the Assistant or Associate Deans for Student Affairs before final approval from the Clerkship Chair and the Assistant or Associate Dean for Curricular Affairs.

Note that in addition to considering a change in clerkship site based upon a student's request, all site assignments are subject to change. The Clerkship Chair, Associate Dean for Student Affairs, Associate Dean for Curricular Affairs or Assistant Dean for Curricular Affairs may initiate a change in clerkship site assignment in response to student, resident, or faculty feedback, to help ensure that a student has adequate exposure to required clinical experiences for the clerkship, or based on availability of sites.

Policy on Requesting an Alternative Team Assignment on the Clinical Clerkships

One of the very important skills the students should develop during their clinical rotations is learning to work with diverse teams of people with different personalities and varying problem-solving skills. On services with multiple teams, should there be a significant reason necessitating reassignment to a

different team, students have the ability to formally request a reassignment. These requests will be reviewed and considered by the Clerkship Site Director, Clerkship Chair and Dean's Office.

Procedure for requesting an alternative team assignment:

3. Send an email message to the Clerkship Site Director, Site Coordinator and Clerkship Chair with a copy to your Assistant and/or Associate Dean for Student Affairs.
4. Include in your message details about your current team assignment, and the reasons for requesting reassignment to another team.

Approved by Clarence H. Braddock, III, M.D., MPH, MACP, Vice Dean for Education, July 2020

9. Requests for Evaluation Modifications/ Grade Changes

- Students are alerted by email when a clerkship grade has been finalized and submitted to the Dean's Office. Students who feel there is an error in their clinical grade may request a review of their summary evaluation with the Clerkship Chair to better understand the grade assigned. This request must be submitted in writing to the Clerkship Chair within 14 days of grade submission. Grades may not be revised by completing additional work, with the exception of an incomplete.
- The National Board of Medical Examiners (NBME) ensures that each reported subject examination score is an accurate reflection of the responses for an examinee. This is based on reliable scoring and reporting techniques backed by a variety of quality control and verification procedures by the

NBME. Given the above, DGSOM does not submit requests to the NBME for score re-checks on behalf of students.



VI. REGISTRATION POLICIES

1. Continuous Registration Policy

Students must be either registered and enrolled or on an official leave of absence every term until their degrees are awarded.

2. Enrollment/Degree Verification

To access your enrollment verification letters and unofficial transcripts, please go to: [MyDGSOM Student Portal](#)

Additional documentation or verification can be requested using forms found at this [web site](#).

3. Full time Student Status/Enrollment Policy

- Medical student enrollment status is always classified as full-time; the School of Medicine does not offer part-time status.
- [Term fees](#) (semester or summer session) are flat amounts assessed to all full-time students based on enrollment status (undergraduate, graduate, professional) and program, not on enrolled units. Costs for housing, books, materials, etc. are not included.
- Enrollment is contingent upon payment of registration fees; courses may not be attended



without the payment of registration fees.

- Going on leave of absence or withdrawing may carry financial aid implications. To learn more, please contact the [DGSOM Financial Aid Office](#).

4. Leave of Absence Policy

An approved Leave of Absence (LOA) is defined by an approved absence from the curriculum of **more than six consecutive weeks**. Students on an approved Leave of Absence for any reasons other than an Academic Leave of Absence do not pay registration fees, are not permitted to enroll in medical school coursework, and will not receive credit for any completed coursework.

The maximum period for most approved Leaves of Absence is one academic year, which may be extended for one additional academic year upon review on an individual basis by the Committee on Academic Standing, Progress, and Promotion (CASPP). If the student is not ready to return after two years, the student may be administratively withdrawn from DGSOM by CASPP.

The student requesting a Leave of Absence must provide the reasons for the leave and a plan to return in writing to the Associate Dean for Student Affairs, who will then present the request to CASPP. CASPP is responsible for reviewing and determining whether to approve a student's request for a Leave of Absence.

A Leave of Absence may be for academic, medical, personal, and/or administrative reasons:

1. Academic Leave of Absence

An approved Academic Leave of Absence is generated by the student, and provides students with the necessary time to complete an academic pursuit and is not subject to the two year maximum leave interval as indicated above. Examples of an approved Academic Leave of Absence include but are not limited to:

1. Participating in the Ph.D. phase of the UCLA-Caltech Medical Scientist Training Program (MSTP). Students participating in the Medical Scientist Training Program (MSTP) will require an approved Academic Leave of Absence greater than two years in order to complete the requirements of the MSTP program, and are not subject to the two year maximum leave interval as indicated above.



2. Pursuit of an additional degree, such as MBA, MPH, MPP, Ph.D., either at UCLA or another institution.
3. Research, including working with a research mentor at UCLA or another institution, or participating in a formal research program (such as the Medical Research Scholars Program at the NIH).
4. Global Health Fellowships (such as GloCal and SAPHIR Fellowships).

2. Medical Leave of Absence

An approved Medical Leave of Absence may be generated by the student, by the Dean's Office, or the institution and must be accompanied by documentation from the student's health care provider and/or an independent evaluator must attest to the student's inability to participate in the curriculum due to a medical condition.

3. Personal Leave of Absence

An approved Personal Leave of Absence is generated by the student in order to attend to family, economic, or other personal factors that affect the student's ability to participate in the curriculum, or to pursue an



opportunity outside of medicine. Examples of reasons for a Personal Leave of Absence include but are not limited to:

1. Loss of a loved one or family member.
2. Need to care for a loved one or family member.
3. Any personal situation preventing participation in the curriculum.
4. An extracurricular opportunity such as employment.

4. Administrative Leave of Absence

An Administrative Leave of Absence may be generated by several institutional entities including an Academic Performance Committee (APC), the Committee on Academic Standing, Progress, and Promotion (CASPP), Associate Dean for Student Affairs; and the Dean's Office. Examples of reasons for an Administrative Leave of Absence include but are not limited to:

1. Noncompliance with health clearance or other compliance requirements.
2. Nonpayment of registration fees.
3. Violations of the DGSOM Honor Code, UCLA Student Conduct Code, DGSOM's Non-Academic Technical Standards.
4. Remediation plans as determined by the identified APC and/or CASPP.
5. Not meeting deadline requirements for USMLE Step 1 and/or Step 2.
6. Students experiencing academic and/or professional difficulty.

5. Registration in the Final Term

Students are required to register in the final term in which they expect to receive their degree, when they may be completing coursework, utilizing library, laboratory or other resources, or receiving University funds.

6. Withdrawal from DGSOM

This form can be used to request to withdraw from the MD Program at the David Geffen School of Medicine at UCLA. The form should be submitted to the Registrar and the Associate Dean for Student Affairs.





VII. STUDENT LIFE POLICIES AND RESOURCES

1. Academic Support

The Academic Support Office assists students in developing the most effective learning and study strategies.

The Academic Support Program aims to equip students to learn effectively and develop skills which will enable them to successfully progress through each stage of their medical school career.

The David Geffen School of Medicine at UCLA offers individual and group support through our academic support professionals:

Sue Nahm

Director of Student Academic Support
snahm@mednet.ucla.edu

Karen Chan

Academic Support Advisor
kwchan@mednet.ucla.edu

Kay Lynn Ceja

Drew/UCLA Learning Skills Specialist
kaylynnceja@cdrewu.edu

Academic Support Activities/ Services:

Learning and Study Skills Strategies
 Academic Concerns and Support
 USMLE Board Preparation
 Peer Tutor Program
 Time Management
 Organizational Strategies

Topics Covered:

Anxiety & Stress Management
 Concentration Strategies
 Learning Strategies
 Memory Strategies
 Note Taking Skills
 Procrastination Solutions
 Reading Strategies
 Study Grids
 Test Taking Strategies
 Time Management
 Tutoring Program



2. Alcohol at Medical Student Events

In addition to following campus policies (www.deanofstudents.ucla.edu/Alcohol-Policies), medical students must also complete the [Geffen Hall Alcohol Use Policy Acceptance Form](#) and submit for approval by the DGSOM Dean's Office.

3. Arthur Ashe Student Health and Wellness Center

The Arthur Ashe Student Health and Wellness Center (The Ashe Center) is devoted to providing quality, accessible, state-of-the-art healthcare and education to support the unique development of UCLA students. Their comprehensive services include Primary Care, Women's Health, Immunizations, Travel Medicine, Physical Therapy, Specialty Clinics, Optometry, Acupuncture and Massage – all under one roof! Students can schedule appointments online, in person, or by phone and can communicate with their primary care providers via secure electronic messaging. For more immediate concerns, Urgent Care is available during business hours, and after hours, students can access their 24/7 Nurseline for advice and information by phone.

4. Background Checks

The David Geffen School of Medicine participates in the national criminal background check service recommended by the AAMC. This is to ascertain the ability of accepted applicants to eventually become licensed physicians in the future, enhance

the safety and well-being of patients, and to ensure the public's continuing trust in the medical profession.

Additionally, background checks will also be required as an [onboarding requirement](#) at some of our affiliated hospitals.

5. Behavioral Wellness Resources

Behavioral Wellness Center (BWC)

medschool.ucla.edu/bwc

(310) 825-9605

Center for the Health Sciences, Room 17-253L

The Behavioral Wellness Center (BWC) serves medical students and graduate students, in addition to individuals appointed as residents and fellows in Graduate Medical Education (GME) programs at the David Geffen School of Medicine. The Center is conveniently located on the first floor of CHS and provides confidential counseling services.

UCLA Center for Psychological Services (CAPS)

www.counseling.ucla.edu

(310) 825-0768



Counseling and Psychological Services (CAPS) is a multidisciplinary student mental health center for the UCLA campus. In the broadest terms, the mission of CAPS is to promote academic achievement and reduce attrition and impediments to academic success. In carrying out this charge, its mission is three-fold and reflects the needs of a diverse campus community: (1) to promote positive personal growth and self-management by UCLA students; (2) to assist students in coping with increasingly complex and stressful emotional crises, trauma and mental health issues which may interfere with academic and personal functioning; and (3) to enhance the psychological well-being and safety of the campus community.

CAPS offers confidential counseling for all medical students. Short and long-term care are available from psychiatric residents, community psychiatrists, and psychologists, at either no or reduced cost. The initial counseling office is located off campus for confidentiality reasons, but is close enough to be convenient.

After Hours Assistance:

If you need an immediate response after hours or on weekends please call UCLA Counseling and Psychological Services 24 hour access line (310) 825-0768 or call the UCPD 24 hour dispatch line at (310) 825-1491, or dial 911 for your local police.

[Campus Assault Resources and Education \(CARE\)
careprogram.ucla.edu/](http://careprogram.ucla.edu/)
(310) 206-2465

Campus Assault Resources and Education is a safe place for survivors of sexual assault, dating and domestic violence, and stalking to get support,



consultation, and to have a confidential place to talk. You can get help without formally reporting an assault or requesting formal treatment. CARE also provides trauma-informed yoga to survivors and awareness and prevention education to the campus community. Custom workshops and trainings are offered on a variety of topics related to sexual violence.

[UCLA Consultation & Response Team](http://www.studentincrisis.ucla.edu)
(310) 825-0628
(310) 825-7291
www.studentincrisis.ucla.edu

The Consultation and Response Team is available to assist with a student in distress or in crisis. You do not need to struggle with a difficult situation alone. A referral to the CR Team would be warranted in situations where there are multiple concerns that may

require a coordinated response from multiple campus departments such as Counseling and Psychological Services and UCLA Police Department. If the referring party wishes to seek only consultation, then the distressed student may never even become aware that the CR Team was consulted.

6. Career Development

The Career Development Team in the Student Affairs Office at DGSOM is committed to promoting the exploration of career options and development of professional skill sets for our medical students. Resources and opportunities include training on [AAMC's Careers in Medicine](#), [The Annual Conference on Career Choices in Medicine](#), [Resident Roundtables](#), participation and leadership in [Student Organizations](#), individual CV review, and group [workshops](#).

In an effort to foster longitudinal advising, students are assigned to a [Society](#) at DGSOM. Each Society provides mentorship opportunities, including connecting students to specialty advisors.

Resources and Opportunities:

[AAMC's Careers in Medicine \(CiM\)](#)

Careers in Medicine (CiM) can help you

- assess your interests, values, personality, and skills to help you choose specialties that best fit your attributes
- learn details such as salary and lifestyle, prerequisites and length of training, competitiveness data, types of patients and procedures, and other characteristics of more than 120 specialties
- compare your qualifications, pinpoint your preferences for residency training, and compare programs
- position yourself to be more competitive to land a residency and much more!

[Specialty Advisors for Career Exploration](#)

The Specialty Advisors for Career Exploration (Specialty ACEs) have established a cohort of faculty members within their Department to support their advising efforts. Cohort members are faculty who span clinical and research arenas within their specialty, who are enthusiastic about mentoring and experienced in career advising. They serve as the “go to person” within the Department when students are interested in learning more about their specialty and they help students to navigate the residency

application process in their specialty.

[Resident Roundtables](#)

The purpose of the Resident Roundtable is to encourage informal conversations between medical students of all years and current residents to explore different careers outside of the classroom and clinic.

Roundtables are held weekly by specialty on select evenings in the Fall.

[Student Organizations](#)

The student clubs, interest groups, organizations, and activities at DGSOM are all designed to help you develop your medical and community interests while cultivating your creativity and collaborative spirit! [Our Career and Specialty Interest Groups \(CSIGs\)](#) represent some of the 122 specialties and subspecialties that you can pursue through a residency or fellowship, while our [National and Regional Organizations](#) bring together medical students and faculty mentors to advocate for improved awareness, health access, and research for a myriad of causes and foundations. [Community and Service Organizations](#) offer opportunities to engage with a diverse group of partners to improve the health of the broader community. [Student Clubs](#) encourage your creativity in the pursuit of meaningful endeavors outside of academic life.

[Medical Student Council \(MSC\)](#)

The class officers are a group of Medical Student Leaders in each year who work together to advocate for the student body to improve medical school life,

and to strengthen the overall experience here at the David Geffen School of Medicine at UCLA.

7. DGSOM Student Affairs Emergency Line

We have established an Emergency Phone Line for all medical students to reach a Student Affairs Dean for help in **true** emergency circumstances. Please enter this phone number in your cell phones:

**DGSOM Student Affairs
Emergency Line
(310) 825-6281**

8. Disability Insurance

Medical students enrolled at the David Geffen School of Medicine at UCLA have Long Term Disability Insurance Coverage. For more information regarding coverage, please visit medschool.ucla.edu/current-DisabilityInsurance.

9. Health Insurance

Health insurance is a **mandatory condition of enrollment** for all UCLA registered students.

UC Student Health Insurance Plan (UC SHIP)

The UC SHIP fee is billed each term along with other UCLA fees. The UC SHIP is a comprehensive major medical insurance plan, providing medical, prescription, counseling, vision and dental services.

Students with UC SHIP are expected to seek all non-emergency care at the Ashe Center, and they can be referred as needed to other network providers. For more information on UC SHIP, visit the [Student Health Insurance Plan website](#).



Waiving SHIP

Students that have comparable local health insurance are eligible to waive UC SHIP. If you are interested in waiving UC SHIP, be sure to first look at the information provided by the Ashe Center for step-by-step instructions. Once you have determined that you are eligible to waive SHIP, you can fill out the waiver online.

10. Identification Cards

All medical students are issued a UCLA Health Bruincard. Please note that medical student badges are printed without any previous degrees included. Badges must be worn at all times on campus and in all clinical settings.

11. International Travel Guidelines and Global Health Opportunities

[The Global Health Program](#) at DGSOM offers rich opportunities for students throughout their medical school education, including global health research opportunities in the summer between the MS-1 and MS-2 years, clinical opportunities in the MS-4 year, and longitudinal mentorship. Students considering careers in global health may also elect to participate in the Global Health Pathway.

All students participating in global health experiences must participate in pre-departure training, and must sign an Attestation Statement related to health and safety precautions, responsibilities, etc.

All global health experiences must be approved by the leadership of the Global Health Program and by the Associate Dean for Student Affairs. Students should note that approval for experiences in countries with [Travel Advisory](#) Levels of 3 or higher will not be approved except under very special and limited circumstances.

12. Name Changes

Legal Name Change Process and Instructions:

Please note: You must first submit a name change to the main campus registrar, as they maintain a database separate from the medical school.

- Your legal name cannot be changed without a written request from you ([this form](#)). No second-party notification of a name change will be accepted.
- Proof of new legal name (supporting documentation) must be submitted using one of the following forms of identification: state driver's license or ID card, legal

court document, passport, marriage license or social security card.

- If a legal name change occurs during the school year, it is the student's responsibility to notify instructors of the new name after submitting this form to the DGSOM Registrar.
- It is the student's responsibility to change your name with all institutions related to your medical career, including the National Board of Medical Examiners (NBME) and the National Residency Matching Program (NRMP). If you fail to do so it may cause difficulty for you in the future when you are applying for medical licensure or need to have your medical diploma verified.
- Name change requests must be submitted by the end of February of your graduation year. Name change requests submitted after this will result in additional fees for a special-order diploma.
- Name changes are processed for current students only.
- All former names are retained in student records.
- All current and former student names are included on the academic transcript.

Preferred Name Process and Instructions

Students may request that a preferred first name be used on certain student records. Use the Settings tool in MyUCLA to start the process. Once the request has been approved by the main campus Registrar's Office (which may take up to three business days, or longer during high-volume periods), the preferred name is viewable across different campus applications after departments determine best practices to adapt their use of it.

The preferred first name is used in certain MyUCLA features, class rosters, grade rosters, and the campus directory. A student's legal name continues to be used for certain University records, documents, and business processes where deemed necessary or required (e.g., financial services, official transcript, diploma, and official verifications).

The University reserves the right to remove or deny the preferred first name request if used inappropriately. This includes, but is not limited to, names using foul or inappropriate language or names submitted to avoid a legal obligation or to create misrepresentation.

An approved preferred name does not change a student's legal name. Students who wish to change their legal name must use the Legal Name Change or Correction form.

Once your preferred name has been approved by main campus, please forward the approval confirmation with your [Preferred Name Request Form](#) to the DGSOM Registrar to update your records at the School of Medicine



13. Occupational Exposures Policy

Please see the DGSOM "[Policy on Medical Student Occupational Exposures](#)" for more information about the protocol for student exposures, including bloodborne pathogens and needlesticks at DGSOM and UCLA-affiliated sites. Following exposures, students should make arrangements to visit UCLA OHF.

[UCLA Occupational Health Facility \(OHF\)](#)

10833 Le Conte Avenue, Room 67-120 CHS
Los Angeles, CA 90095-1725
(310) 825-6771

14. Parking

Instructions for Parking Requests for UCLA Medical Students:

All requests must be submitted at **least one week in advance** of the date when parking is needed.

- Apply for Parking:
Fill out the [Parking Application Survey](#) to request a parking allotment.
- Processing by the DGSOM SAO:
You will receive an email when your application has been processed by the SAO, and your allotment assigned.
- Purchase Your Permit:
Log in to the [Bruin ePermit website](#) using your AD or UCLA Logon, click to view your permits, and click to purchase a permit. For short term permits, select the date range desired. Please be sure to add your car(s) to your online profile. You can associate three cars with your ePermit at one time. However, only one car can be parked in any UCLA lot at one time.

Please visit [our web site](#) for additional details for medical students about prices, dates, and carpools.

Please visit [UCLA Transportation](#) for additional information about getting to UCLA.

15. Religious Observation

Faculty and staff are committed to fostering an environment that supports our diversity at the David Geffen School of Medicine at UCLA. Please visit the

Attendance Policy for relevant information about religious observation during each phase of the curriculum.

16. Room Reservations

To learn more about the policies related to room reservations and the process by which this occurs, please see the following links:

- I. [DGIT Room Reservations Information](#)
- II. [Geffen Hall Building Policy](#)

17. Security, Fire Safety and Emergency Preparedness

Please utilize the information and help lines in this section to help maintain a productive environment for you, your colleagues, and your patients.

[Community Service Officer \(Evening Escorts\)](#)

[UCLA Consultation and Response](#)

[Emergency Absences](#)

[UCLA Health Security](#) (RRUCLA, CHS, Geffen Hall) - (310) 267-7100

[UCLA Police Department](#) (non-emergency) - (310) 825-1491

[UCLA Bruins Safe Online and BruinAlert](#)

[UCLA Policy 130 : Emergency Notifications](#)

[UCLA Office of Emergency Management](#)

[UCLA Health Office of Emergency Preparedness](#)



18. Social Media Policy

Public Facing Account Creation & Management:

Purpose

Digital and social media have profound effects on the way we communicate, and technology has become essential to the way we serve the needs of our patients and communities. The David Geffen School of Medicine at UCLA encourages the appropriate use of digital and social media as a means of increasing awareness of DGSOM activities, enhancing community relationships, advancing knowledge of education and research and otherwise engaging in work-related communications. It is imperative that DGSOM Workforce members who participate and actively engage online understand their responsibilities when using these tools to communicate.

This policy provides direction to DGSOM workforce members about creating, approving and managing digital and social media accounts. This policy also outlines the DGSOM Marketing and Communications Office's role in supporting the creation and use of digital and social media accounts that use the UCLA brand and logos. The provisions of this policy should not be construed to interfere with any rights protected under state, federal or local law, including a workforce member's right to discuss or engage in digital and social media activities relating to the terms and conditions of employment or raising good faith workplace concerns.

Related Policies

The following policies may also be applicable to a workforce member's digital and social media activities:

- UC Electronic Communications Policy
- [UC Copyright Ownership Policy](#)
- UCLA Policy 411, Registration and Use of Domain Names
- Privacy and Compliance Policies: www.uclahealth.org/compliance/guidance-policies

Scope

This policy applies to all staff members, faculty, students, trainees and volunteers of the research and education enterprises at the David Geffen School of Medicine at UCLA. This policy includes digital and social media activities during work and non-work time, as well as activities conducted on work and non-work systems, consistent with applicable law.

Definitions

For purposes of this policy, digital and social media are defined as any form of electronic communication through which the user creates online communications designed to share information, ideas, pictures, videos, personal messages and any other user-generated content. Digital and social media include but are not limited to text, audio, video, images, podcasts, webpages and other multimedia content. This policy applies to all forms of social media and will continue to evolve as new digital technologies and social media sites emerge.

Social Media Policy

David Geffen School of Medicine entities, faculty, staff,

and students who have, or wish to have, a DGSOM-branded social media account or who plan to create one should inform the [UCLA David Geffen IT \(DGIT\) Web Product Manager](#).

The DGIT web team can offer guidance and assistance to individuals and units who are using or considering using social media as a professional communications tool.

The DGSOM at UCLA recommends the following steps be taken prior to creation of a DGSOM-branded social media account:

- Obtain approval from a supervisor, entity-executive leadership (i.e. department chair, division chief, manager, etc.).
- Designate a content owner and back-up moderator who are responsible for monitoring and maintaining accurate content.
 - I. Content owners are responsible for maintaining compliance with DGSOM policies concerning patient privacy, HIPAA, and conflict of interest, DGSOM branding, and related policies
 - II. Students are prohibited from posting or sharing any PHI regardless of where it was first posted (i.e. external media site), without proper written authorization.
 - III. Content owners are responsible for ensuring content is current, accurate, and respects copyrights and disclosures. Proprietary financial, intellectual property, patient care, or similar sensitive or private content cannot be published.
 - IV. Content owners are responsible for gaining the express consent of all involved parties for the right to distribute or publicize recordings,

photos, images, video, text, slideshow presentations or artwork.

- V. Content owners must actively monitor postings.
- VI. The department owner must have access and the ability to login to their account. DGIT must have administrative access and login information to all university "official" business-related social media accounts by way of administrative platforms of the social network or technology (such via LastPass) where applicable. Students who maintain this information must make it available to the department owner or DGIT at the end of employment.

- Develop a social media strategy. See [Getting Started with Social Media](#) on [UCLA's social media guidelines site](#).
- Become familiar with campus and UCLA Health social media resources:
 - I. Join the [UCLA Social Media Group](#)
 - II. Check out the [UCLA Social Resources & Links](#)

II. Content Suspension – DGSOM reserves the right to suspend the use of, or modify content on, DGSOM-sponsored digital and social media sites within University policy and applicable law.

If students have any questions about the policy's expectations or individual responsibilities, please contact DGSOM Digital Marketing.

19. Societies at DGSOM

The four societies were established in 2015 for the purpose of fostering longitudinal advising at DGSOM. Each society is led by an Assistant Dean for Student Affairs who has primary responsibility for mentoring one-fourth of each class.



The names of the four Societies are **U**tilis, **C**aritas, **L**evamentum, and **A**ccendo. The first letter of each of these four Latin words spell out UCLA. These names portray a sense of healing and community.

The Assistant Deans have a broad supportive role in Student Affairs, and serve as the primary contact for students in the following areas:

- Longitudinal advising, from pre-orientation to graduation
- Networking and connecting students with resources for enrichment opportunities
- Providing resources and support during times of personal, academic or professional adversity
- Assisting the Associate Dean for Student Affairs with the preparation of the Medical Student Performance Evaluation (MSPE) for residency applications (previously known as the “Dean’s Letter”).

20. UCLA Campus Resources

Please visit the link above for a comprehensive list of many of the resources available to all UCLA students.

21. Office of Ombuds Services

Mission Statement

The Office of Ombuds Services is a place where members of the UCLA community—students, faculty, staff and administrators—can go for assistance in resolving conflicts, disputes or complaints on an informal basis. In order to afford visitors the greatest freedom in using its services, the Office is independent, neutral and confidential.

Services

The Office of Ombuds Services works to ensure that all members of the University community receive fair and equitable treatment in matters of concern or complaint. The Ombudspersons facilitate communication and assist parties in reaching their own mutually acceptable agreements when conflicts arise. Acting as neutrals and committed to confidentiality, the Ombudspersons may gather information on complaints, clarify issues, expedite processes or, when appropriate, initiate mediation. The response of the Office is tailored to the dynamics of the situation and the informed consent of the visitor. The Ombudspersons are respectfully impartial with all parties to a conflict. The Office operates within University policy and reports to the Chancellor’s Office for administrative and budgetary purposes. Ombudspersons may make recommendations for review or change when policies or procedures of the University generate trends or patterns in conflicts and concerns.

22. UCLA Substance Abuse Policy

[Resources for Students](#)

Many students actively struggle with controlling their drinking or drug use; others simply doubt or question whether or not their substance use is problematic. While alcohol remains the most widely used addictive substance on college campuses, marijuana, prescription painkillers, and stimulants are being abused in growing numbers.

If you have any concerns about the ways in which substance use may be affecting your school work, job performance, health, relationships, or general wellbeing, speaking with a professional counselor is a good way to clarify to what degree chemical substances may be causing you problems.

CAPS offers several services and resources that can give you feedback on your relationship to substances and help you work through any ambivalence about staying

where you are or making changes in your habits.

For additional information about UCLA's Substance Abuse Policies, please visit the [UCLA Student Conduct Code](#).

23. UCLA Tobacco Free Policy

Since April 22, 2013, the entire UCLA campus is a smoke and tobacco-free environment. The smoke and tobacco free policy includes all UCLA indoor and outdoor areas, including our hospitals and health-sciences campuses. The policy also prohibits other tobacco use, including vaping or hookah use, and also includes smoked marijuana.

24. University Communication and Photograph Waiver

This waiver is signed upon matriculation by medical students to grant permission for use of name, image and statements.

25. Well-Being

The Well-Being team is committed to supporting the physical, mental and emotional well-being of our students and the DGSOM community at-large.

Please feel free to contact any member of the Well-Being team to learn more about how to maintain balance, manage stress, take care of yourself, and have fun throughout medical school. They host [workshops](#) year-round on a broad range of topics such as transitioning to medical school, self-care and resilience, enhancing focus, and school-life balance. They aim to promote social wellness and build community by hosting social events such as partners in medicine dinners, paint nights, and all-school holiday events. Their monthly drop-in events

include Well-Being Wednesdays, pet therapy and yoga. Your class [Well-Being representatives](#) work closely with their office to host additional events throughout the year as well.

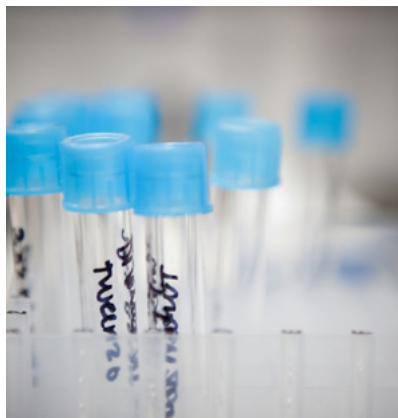
Activities:

- Lunch Workshops
- Dinner Sessions
- Hands-On Food Prep Demos
- Paint Night
- Pet Therapy
- Monthly Yoga
- Well-Being Wednesday
- All-School Holiday Gatherings

Topics Covered:

- Managing Anxiety & Stress Management
- Understanding and Dealing with Imposter Syndrome
- Mindfulness for Medical Students
- Navigating your Entry to Medicine
- Nutrition
- Parenting in Medicine
- Partners in Medicine
- Striving for School-Life Balance
- Self-Care & Resilience
- Strategies to Prevent Burnout





VIII. RESEARCH

1. Conflict of Interest in Research

The Office of Research Policy and Compliance (RPC) provides leadership in shaping, interpreting and implementing UC and UCLA research-related policies, procedures and guidance. The office operates under the direction of the Assistant Vice Chancellor – Research, and reports to the Vice Chancellor for Research.

RPC serves as the administrative home of the Conflict of Interest Review Committee (CIRC). In addition to convening this faculty-peer review committee, RPC engages in consultations and other outreach activities relating to conflicts of interest and conflict of commitment regulations, policies and procedures. These interactions include guidance about entrepreneurial activities and proposed engagement with industry.

2. Research at DGSOM

Researchers at the David Geffen School of Medicine at UCLA redefine what is possible in patient care. They elucidate biological processes and solve medical mysteries, expanding established knowledge to heal humankind—one breakthrough at a time.

Learn more about DGSOM Research [Excellence](#), [Policies and Procedures](#), and [Researcher Resources](#).

3. Research Electives

Students are encouraged to pursue their passion for research and scientific inquiry.

Fourth-Year Students are required to complete 30 weeks of **electives**, 24 weeks of which are required to be clinical. For the remaining 6 weeks, students may engage in research activity to meet the 30-week requirement.

To sign up for a research elective, please follow the simple steps below:

- Find a research mentor: UCLA research mentors must have a UCLA faculty appointment. Away research mentors must hold a faculty appointment at their respective institution. Away research will count as part of the 12 weeks allowed for away electives.
- Faculty mentors will be sent an evaluation request, **so we are assuming that you are in close contact with your faculty mentor and that they know the work that you are doing**. If you are doing two blocks of time with the same mentor, even if the two blocks are discontinuous, your mentor will be asked to complete one summative evaluation. If you do two blocks with two different faculty mentors, each mentor will be asked to fill out an evaluation.
- Find a time in your 4th year to schedule your research: Research can either be one block of six consecutive weeks or can be split into two blocks of time (3-week block + 3-week block, 2 + 4, or 1 + 5). You may also not schedule your research electives during any mandatory week, such as Foundations for Fourth Year or Match week. We realize that research time often involves writing,

data analysis and other tasks that can be included during time when you are also doing other things, like participating in residency interviews. Please feel free to schedule research blocks during times you will be interviewing.

- Fill out the [Research Elective Form](#) and submit it early: If you are working at a site other than UCLA, please submit the research form two months from your desired start date. Retroactive requests for credit will not be approved.

For questions regarding research electives, please contact Katy Wolf at kwolf@mednet.ucla.edu or (310) 206-2707.

**Students are encouraged to
pursue their passion for research
and scientific inquiry.**



CULTURAL NORTH STAR

DO WHAT'S RIGHT.

We are united by our shared mission
of advancing science and medicine

We work together to eliminate inequity

We are grounded in ethics and data

We balance the short and long-term
effects of our actions

MAKE THINGS BETTER.

We come to work to make an impact

We are constantly curious

We seek out diverse voices

We embrace failures as opportunities to learn

BE KIND.

We are strongest when we show empathy

We have the courage to be honest

We listen to understand

We engage in dialogue even when we disagree

medschool.ucla.edu/cultural-north-star



UCLA David Geffen School of Medicine

MEDICAL STUDENT

HANDBOOK & POLICY MANUAL