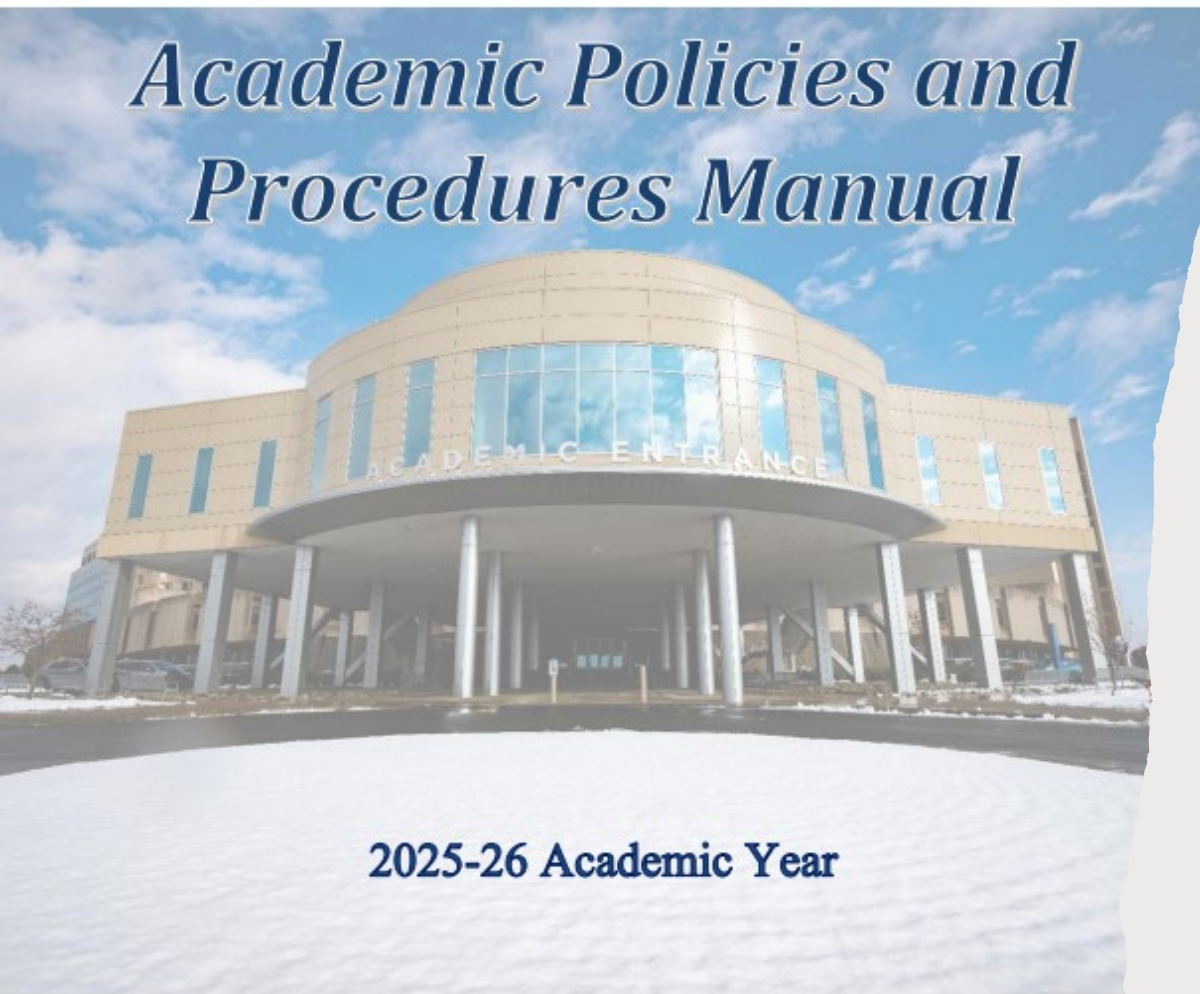


*Academic Policies and  
Procedures Manual*



**2025-26 Academic Year**

Academic  
Policies &  
Procedure  
(APP) Manual  
Orientation

2025-2026

# Module Objectives

After finishing this module, you should be able to:

- Understand how some of the SOM policies and procedures relate to our LCME requirements.
- Identify key SOM academic policies and procedures including:
  - Compact between Faculty and Undergraduate and Graduate Medical Trainees section
  - Student Mistreatment and Standard of Conduct section
  - Medical School Education Program Objectives section
- Complete attestation of policy review and understanding.

# APP Manual Highlights

- The APP contains information for students and supervisory teachers including related policies and procedures for grading, appeals, the learning environment and more.

# Background

- To meet LCME requirements, our academic policy and procedure manual is
  - Reviewed and updated annually by key medical school faculty and administration.
  - Distributed annually to all teaching faculty, residents and medical students
  - Has an annual attestation confirming receipt and comprehension

# LCME Standards Overview

- Standard 6.1 – Program and Learning Objectives.  
Medical schools must:
  - Make learning objectives for each required experience known to **all faculty, residents, and others** with teaching responsibilities.
  - Ensure that these objectives are **outcome-based** and assessable
- Standard 9.1 – Preparation of Resident and Non-Faculty Instructors.  
Medical schools must ensure that residents and other non-faculty instructors:
  - Are **familiar with the learning objectives** of the courses or clerkships they teach.
  - Are **prepared for their roles** in teaching and assessing medical students.
  - Receive **resources and training** to enhance their teaching and assessment skills.
  - Are **centrally monitored** for participation in these development opportunities

# How to find the APP

- Log into HuskyCT

The screenshot shows the HuskyCT interface. On the left is a dark blue sidebar with the 'HuskyCT' logo and a list of navigation items: Institution Page, Jennifer Ozimek (user profile), Activity, Courses, Organizations, Calendar, Messages (with a '2' badge), Grades, Tools, and Sign Out. The main content area has a header with a 'Blackboard Learn Instructor' banner. Below this is a section titled 'UConn Health Links' containing a list of links: [2025-2026 School of Medicine Course Catalog](#), [2025-2026 School of Medicine Exam Calendar](#), [2025-2026 School of Medicine Stage 2 and 3 Clinical Schedule](#), [2025-2026 School of Medicine Stage 1 Block Schedule](#), [2025-2026 School of Medicine Academic Calendar](#), [2025-2026 Academic Policies and Procedures](#), [2025-2026 Elective Specialty Guidebook](#), [PIRT Form](#), [Triennial Evaluation of the Curriculum](#), [Clinical Exposures and Injuries](#), [2021 Clinician Scholar Symposium Digital Booklet](#), and [Anatomical Virtual Microscope](#). A red arrow points from the right side of the screen to the '2025-2026 Academic Policies and Procedures' link. Below the links section is a 'UConn Health Organizations' section with links to [Faculty Learning Express \(FLEX\)](#), [LCME Hub](#), [REPRESENT: Curricular Course Committee Happenings](#), [Pulmonary Anatomy for Residents](#), [Anatomy Clinical Correlates](#), and [Dental Class of 20204](#). On the far right, there are two links: 'CETL-EdTech Howto Video Channel' and 'Blackboard's Youtube Channel'.

Click this link  
for 2025-2026  
APP

# Table of contents

- We will start by reviewing the table of contents which can also be found here:
- [Academic-Policies-and-Procedures-Manual APP.pdf](#)

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# Key Academic Policies and Procedures

- We will next briefly review some relevant policies

# Key Academic Policies and Procedures

- Compact between Faculty and Undergraduate and Graduate Medical Trainees section 3.c.

### 3.c. Compact Between Faculty and Undergraduate and Graduate Medical Trainees

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that embody the doctor/patient relationship and that sustain the profession of medicine as a moral enterprise. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

The Teacher-Learner relationship between faculty and medical learners - students, residents, and fellows - should demonstrate the highest standards of ethical conduct in all educational settings and be conducted without abuse, humiliation, harassment and exploitation of relationships for personal gain or advantage.

#### COMPACT BETWEEN TRAINEES\* AND THEIR TEACHERS

(Adopted from the AAMC Compact)

\*Trainees include medical students, residents/fellows

Medical education is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and successfully complete a supervised period of residency/ fellowship training in a specialty/subspecialty area. To meet their educational goals, trainees must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising trainees, faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculty members are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical pursuit.

#### Core Tenets of Medical Education

##### Excellence in Medical Education

Institutional medical education leadership and program faculty must be committed to maintaining high standards of educational quality. Trainees are first and foremost learners. Accordingly, a trainee's educational needs should be the primary determinant of any assigned patient care services. The learning objectives of the program should not be compromised by excessive reliance on trainees to fulfill non-physician service obligations. (Trainees however, must remain mindful of their oath and recognize that their responsibilities to their patients always take priority as the primary part of their educational considerations.)

##### Highest Quality Patient Care and Safety

Preparing future physicians to meet patients' expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. Indeed, the primary obligation of institutions and individuals providing medical education is the provision of high quality, safe patient care. Program faculty must ensure that trainees are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. By allowing trainees to participate in the care of their patients, faculty accepts an obligation to ensure high quality medical care in all learning environments.

##### Respect for Trainee Well-Being

Fundamental to the ethic of medicine is respect for every individual. Trainees are especially vulnerable and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, trainees must be allowed sufficient opportunities to meet personal and family obligations, to pursue a balance of work and life activities, and to obtain adequate rest.

#### Commitments of Faculty

1. As role models for our trainees, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
2. We pledge our utmost effort to ensure that all components of the educational program for trainees are of high quality, including our own contributions as teachers.
3. In fulfilling our responsibility to nurture both the intellectual and the personal development of trainees, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will demonstrate respect for all trainees, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.
5. We will do our utmost to ensure that trainees have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required to earn their medical degree. We also will do our utmost to ensure that trainees are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value. The learning objectives of the *educational program* will be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and will not be compromised by excessive reliance on trainees to fulfill non-physician service obligations.

### Commitments of Trainees

1. We acknowledge our fundamental obligation is to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.
2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for earning a medical degree.
3. We embrace the professional values of honesty, compassion, integrity, and dependability.
4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
5. As trainees we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.
6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents/fellows whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.
7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.
8. We also will provide candid and constructive feedback on the performance of our fellow trainees, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.
9. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.
10. We will embrace a culture of patient safety and professionalism by understanding and accepting our personal responsibility to appear for duty appropriately rested and fit so that we may provide the care required by our patients.

We believe that the relationship between faculty and trainees should reflect the highest standards of ethical conduct in all educational settings. Interactions between faculty and trainees must be conducted without abuse, humiliation, harassment or exploitation of

6. In fulfilling the essential responsibility we have to our patients, we will ensure that trainees receive appropriate supervision for all of the care they provide during their training. In the clinical learning environment, each patient will have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. We will provide trainees with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice medicine and recognize when, and under what circumstances, they should seek assistance from colleagues. Faculty members functioning as supervising physicians *will* delegate portions of care to trainees based on the needs of the patient and the skills of the trainee.
7. We will do our utmost to prepare trainees to function effectively as members of healthcare teams. We will provide an environment that maximizes effective communication and the opportunity for trainees to work as members of effective inter-professional teams that are appropriate to the delivery of patient care.
8. We will evaluate each trainee's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
9. We will ensure that trainees have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for entering residency and subsequent independent practice.
10. We will ensure a culture of patient safety and professionalism by educating our faculty members and our trainees concerning the personal responsibility of physicians to appear for duty appropriately rested and fit so that they may provide the services required by their patients.
11. We will use trainee-centered advising to support trainees in their career explorations and career choice while actively avoiding disparaging comments or inducing pressure upon trainees.
12. We will nurture and support trainees in their role as teachers of more junior trainees when appropriate.
13. We will not provide health services for trainees we are evaluating, except in cases of a true medical emergency.

relationships for personal gain or advantage. (Any trainee or faculty member who experiences mistreatment or who bears witness to unprofessional behavior must report such incidents according to the policies and procedures provided by the School of Medicine and the Office of Graduate Medical Education. See 3.d for Student Mistreatment, 3.e. for Faculty, Staff and Student Relations, and 3.f. for Prohibition of Sexual Harassment and Sexual Assault).

This compact serves both as a pledge and as a reminder to trainees and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.

For more information about the Compact, go to [www.aamc.org/residentcompact](http://www.aamc.org/residentcompact)

# Key Academic Policies and Procedures

- Student Mistreatment and Standard of Conduct section 3.d.

We all contribute to a positive learning environment!



### 3.d. Student Mistreatment and Standard of Conduct

The University of Connecticut (UConn) School of Medicine (SOM) is committed to a learning environment of respect, collegiality, and collaboration. Our faculty commit to making sure each component of the educational program is of the highest quality, serve as role models, support all students and fairly evaluate and provide timely feedback.

The SOM has written policies that define mistreatment, has effective mechanisms in place for prompt responses to complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are outlined in this document. The SOM aims to ensure violations of our policies can be reported and investigated without fear of retaliation.

Behaviors that impede a safe and effective learning environment are not tolerated. Across the SOM, we have adopted the Compact Between Faculty and Undergraduate and Graduate Medical Trainees (See policy 3.c.). The following policy on Student Mistreatment and Standard of Conduct is an affirmation of the importance of this issue with expectations to respect race, gender, religion, sexual orientation, age, disability, and other protected classes of individuals along with diversity of opinion, socioeconomic status and unique individuality within our community. The learning environment will be free of belittlement, humiliation, hostility, or personal judgment. This policy is meant to compliment the [institutional policy against discrimination, harassment and related interpersonal violence](#).

#### Definition of Mistreatment

The AAMC's Graduation Questionnaire defines mistreatment as follows:

"Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation."

**Examples of mistreatment may include but are not limited to the following:**

- Threatened with physical harm
- Physically harmed
- Sexual Harassment
  - Subjected to unwanted sexual advances
  - Asked to exchange sexual favors for grades or other rewards
- Discrimination based on race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression and other protected classes
  - Based on protected classes:
    - Received lower evaluations or grades rather than performance
    - Denied opportunities for training or rewards
    - Received lower evaluations/grades

- Psychological harm of a student by a superior (e.g., public humiliation, threats and intimidation, removal of privileges)
  - Publicly embarrassed
  - Publicly humiliated
  - Being spoken to in a sarcastic or insulting way
  - Intimidation
- Grading used to punish a student rather than evaluate objective performance
- Assigning tasks for punishment rather than to evaluate objective performance
- Requiring the performance of personal services including babysitting, shopping, etc.
- Intentional neglect
- Use of offensive remarks or names
  - Subjected to offensive remarks, names related to sexual orientation
  - Subjected to racially or ethnically offensive remarks/names
  - Subjected to offensive, sexist remarks/names
  - Other similar remarks that are offensive based on other protected classes

#### Resources for Counseling, Advice and Informal Resolution

Concerns, problems, issues, questions, or complaints may be discussed without fear of retaliation, with anyone in a supervisory position within the SOM. The assistance provided may include counseling, coaching or direction to others within the SOM including Medical Student Affairs, Student Behavioral Health Services or other resources. Students are encouraged to report any possible concerns about discrimination or harassment based on protected classes (i.e. sexual, racial, or ethnic discrimination, including harassment), to the Office of Institutional Equity. Students are apprised that disclosure of sexual assault, intimate partner violence, and/or stalking requires mandatory reporting by all employed at UConn Health and although all information will be kept as private as possible, this information cannot be considered confidential as required by law.

#### Distribution

Distribution of this policy and of the school's commitment to supporting an inviting learning climate will be done repeatedly across the continuum of the students' experience and will include the following times:

1. At Launch for incoming students; again reinforced as students sign the Honor Code and review the Compact before the White Coat Ceremony
2. At the beginning of Year 2
3. During Kickoff to Stage 2
4. During Stage 2 Homeweek



## Reporting Mistreatment

Students may report mistreatment via several avenues in the SOM. All reports related to discrimination and/or harassment based on protected classes will be forwarded to the Office of Institutional Equity for review:

### Online Reporting

Students may report mistreatment via a form on OASIS which is submitted anonymously. The Form is triaged by the SOM Compliance Officer and referred to the appropriate Assistant or Associate Dean who will follow through as indicated. Communication with the submitting individual can be done while maintaining anonymity.

### Voicemail Reporting

Students may report through an anonymous phoneline. The number is (860) 679-3213. When a voicemail is left an email notifies student affairs.

### In-person Reporting

We have identified "consulting" faculty who are available to discuss any situation with any student at any time. The volunteers available as a resource in this area are listed below. Students may also opt to report to a peer who may report on his/her behalf or to any faculty member.

<b>School of Medicine</b>	
Melissa Held, M.D. Senior Associate Dean for Medical Student Education (860) 679-7107 <a href="mailto:held@uchc.edu">held@uchc.edu</a>	Marilyn Katz, M.D. Assistant Dean for Medical Student Affairs (860) 679-4713 <a href="mailto:mkatz@uchc.edu">mkatz@uchc.edu</a>
Laurie Caines, M.D. Assistant Dean for Clinical Medical Education (860) 679-4834 <a href="mailto:caines@uchc.edu">caines@uchc.edu</a>	Christine Thatcher, Ed.D. Associate Dean for Medical Education and Assessment (860) 679-1225 <a href="mailto:thatcher@uchc.edu">thatcher@uchc.edu</a>
Thomas Manger, M.D., Ph.D. Assistant Dean for Pre-Clerkship Medical Education (860) 679-4477 <a href="mailto:manger@uchc.edu">manger@uchc.edu</a>	Linda Barry, M.D. Associate Dean for Multicultural and Community Affairs (860) 679-2221 <a href="mailto:lbarry@uchc.edu">lbarry@uchc.edu</a>
Jennifer Ozimek, M.D., FACP Faculty Co-Director for Medical Student Affairs (860) 679-0187 <a href="mailto:jozimek@uchc.edu">jozimek@uchc.edu</a>	Adam Perrin, M.D. Faculty Co-Director for Medical Student Affairs (860) 679-4573 <a href="mailto:perrin@uchc.edu">perrin@uchc.edu</a>

### School of Dental Medicine

Eric Bernstein, JD, EdD  
Associate Dean for Academic Affairs  
(860) 679-2672  
[ErBernstein@uchc.edu](mailto:ErBernstein@uchc.edu)

Sarita Arteaga, D.M.D., M.A.G.D.  
Associate Dean for Students  
(860) 679-2304  
[arteaga@uchc.edu](mailto:arteaga@uchc.edu)

The Assistant Dean for Medical Student Affairs, reporting to the Dean, is the leader responsible for the respectful learning environment. Students may choose to report any mistreatment to the Assistant Dean for Medical Student Affairs, to the Associate Dean for Medical Education and Assessment, to the Assistant Dean for Clinical Medical Education or directly to the Dean, either in addition to the procedures outlined above or as the primary reporting mechanism. Students may also access the institutional ombudsman Jim Wohl ([jim.wohl@uconn.edu](mailto:jim.wohl@uconn.edu)) or (860) 486-5143.

### Process for Investigating and Handling Reports of Mistreatment

Upon learning of an allegation of mistreatment, the Assistant Dean for Medical Student Affairs working with the Dean will investigate the issue by speaking with students, departmental leaders and those involved.

A group of educational leaders convened to develop guidelines for investigation and handling reports of mistreatment in the educational environment. The following process was agreed upon and endorsed by the 19 chairs at UConn SOM:

If a complaint of faculty mistreatment in the Educational environment is received, it will be forwarded to the appropriate Assistant or Associate Dean associated with the program, to the Chair and to the Dean. The Dean will discuss with the educational and departmental leadership, Senior Associate Dean for Medical Student Education and Dean to determine who will work together to investigate and address the issue. For any issue involving a learner there must be partnership involvement of educational administration in any review and decision related to the issue. The educational leadership as the Dean's designee retains the right to select teachers and will prioritize the fostering of a suitable learning climate.

### Protection from Retaliation

**Retaliation** means any adverse action taken against a person for making a good faith report. Retaliation includes threatening, intimidating, harassing, coercing or any other conduct that would discourage a reasonable person from engaging in activity protected under this Policy.

University policy strictly prohibits retaliation against any individual who, in good faith, reports or who participates in the investigation of alleged violations of University policies or state and federal laws and regulations.

Retaliation can include, but is not limited to, actions taken by the University, actions taken by one Student against another Student, actions taken by an Employee against another Employee

# Key Academic Policies and Procedures

- **Medical School Education Program Objectives** (EPOs) section 6. These are the objectives that we use to create our curriculum and ensure there are no gaps or unwanted redundancies.
- Courses and clerkships will link their objectives to these EPOs

## Section 6: Medical School Education Program Objectives/ Graduation Competencies and Degree Programs

The University of Connecticut School of Medicine requires its medical students to develop competency in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, interprofessional collaboration, and personal and professional development. The expected level of competency attained must be sufficient to allow these new physicians to be successful in graduate medical education programs, and must also provide them with the attitudes, skills, and values requisite to continually update these competencies over the lifetime of their careers. Students will be broadly trained and prepared to undertake advanced training for careers in patient care, academic medicine, public health, and/or research. Faculty members, as teachers, mentors, and role models, are committed to support the development of these student competencies.

*Policies included in this section:*

### Medical School Education Program Objectives: MDelta Curriculum\*

#### 6.a. Patient Care Competency Domain

#### 6.b. Medical Knowledge Competency Domain

#### 6.c. Practice-Based Learning and Improvement Competency Domain

#### 6.d. Interpersonal and Communication Skills Competency Domain

#### 6.e. Professionalism Competency Domain

#### 6.f. Systems-Based Practice Competency Domain

#### 6.f.1. Interprofessional Collaboration Competency Domain

#### 6.f.2. Personal and Professional Development Competency Domain

### Graduation Policies

#### 6.g. General Promotion/Graduation Requirements

#### 6.g.1. Procedures Required for Graduation

#### 6.g.2. Extension of Graduation Requirements

### Dual Degree Policy

#### 6.h. Degree Programs and Scholarly Year

*Related to LCME element 6.1 Program and Learning Objectives*

*\*Reviewed and approved by CUME on July 10, 2025*

## Medical School Education Program Objectives: MDelta Curriculum

### 6.a. Patient Care Competency Domain

Goal: Graduates must be able to collaborate effectively to provide patient care that is compassionate, appropriate, and effective both for the treatment of health problems and the promotion of health.

**Competency 1.1: Graduates will obtain a developmentally and culturally appropriate medical history that includes the patient's perspectives.**

**Graduates will be able to:**

- 1.1.1 Perform a relevant and accurate history and physical examination, distinguishing between normal and abnormal findings.
- 1.1.2 Document history and physical findings accurately and succinctly.
- 1.1.3 Elicit a patient's or surrogate's perspective and concerns.
- 1.1.4 Identify the acuity of a patient's problem with appropriate triage.

**Competency 1.2: Graduates will utilize patient information, knowledge of both basic medical sciences and current practice guidelines as well as appropriate clinical judgement to make diagnostic and therapeutic decisions.**

**Graduates will be able to:**

- 1.2.1 Apply knowledge of basic medical sciences to the interpretation of patient history, physical examination, and laboratory data.
- 1.2.2 Identify and address risk factors to prevent disease and promote health, including the use of screening tools to identify patients/families experiencing problems with literacy, environmental conditions, violence, substance use and physical, psychological, and/or sexual abuse.
- 1.2.3 Apply the tools of evidence-based medicine (epidemiology, biostatistics, and diagnostic efficacy) in assessing the validity of new research data concerning diagnosis and treatment.

**Competency 1.3: Graduates will develop and implement patient management plans.**

**Graduates will be able to:**

- 1.3.1 Create and prioritize a comprehensive problem list and assess each problem appropriately, formulating and prioritizing a differential diagnosis when indicated.
- 1.3.2 Apply decision analysis, relative costs, and discussion with other healthcare professionals to order and accurately interpret common diagnostic tests and procedures.

- 1.3.3 Develop strategies to diagnose and treat common medical conditions in a variety of clinical settings across the lifespan of a patient. Utilize patient care guidelines to screen patients for common conditions in order to promote wellness and prevent diseases.
- 1.3.4 Utilize supportive clinical reasoning, discussions with patients, families and consultants and medical records to formulate problem lists and management plans.
- 1.3.5 Integrate biological, psychological, and social factors to inform appropriate treatment of health problems.
- 1.3.6 Work with the health care team to identify, assess and manage pain and suffering, providing support and comfort when cure may not be possible.
- 1.3.7 Identify appropriate resources and educational materials for patients, including community-based organizations, other healthcare professionals, support groups, internet resources, and handouts.
- 1.3.8 Provide appropriate, accurate, and timely information when transferring a patient's care to another provider.
- 1.3.9 Recognize when additional help is needed and understand the input of the multidisciplinary team when making patient care decisions.

**Competency 1.4: Graduates will acquire and demonstrate proficiency in basic clinical procedural skills.**

**Graduates will be able to:**

- 1.4.1 Perform common medical procedures such as vaccine administration, throat swabs, suture knot tying and IV placement.

## Medical School Education Program Objectives: MDelta Curriculum

### 6.b. Medical Knowledge Competency Domain

**Competency 2.1: Graduates will apply the sciences basic to medicine in order to create a foundation for learning the principles of health promotion.**

**Graduates will be able to:**

- 2.1.1 Apply principles of nutrition as they relate to health maintenance and promotion.
- 2.1.2 Identify and explain normal structure and function of the human body along with each of the major organ systems.
- 2.1.3 Identify and explain the molecular, biochemical, genetic and cellular mechanisms important to maintaining the body's homeostasis.
- 2.1.4 Describe normal physical and psychological development across the human lifespan, including normal variations.
- 2.1.5 Recognize and apply principles of psychological development to health promotion and the treatment of illness.

**Competency 2.2: Graduates will identify pathological conditions in patients, applying their knowledge of normal physiology and pathophysiology.**

**Graduates will be able to:**

- 2.2.1 Describe the pathogenesis and pathophysiology of disease and the resulting clinical signs and symptoms, including pain.
- 2.2.2 Recognize the etiology, epidemiology, clinical manifestations, prognosis, and natural history of common illnesses.
- 2.2.3 Describe the principles of contemporary therapeutics, including but not limited to molecular, biological, pharmacological, surgical, complementary and alternative medicine.
- 2.2.4 Using the principles of nutrition describe how they relate to the care of acutely and chronically ill patients.
- 2.2.5 Identify and explain the function and pathophysiology of pain.
- 2.2.6 Relate and apply essential basic science concepts and clinical knowledge base to the patient's problem and treatment.
- 2.2.7 Identify, analyze, and apply the important non-biological determinants of health and evaluate the psychological, social and cultural factors that contribute to the development and progression of illness.



**Competency 2.3: Graduates will identify and manage clinical problems, drawing upon a solid foundation of knowledge in the health sciences.**

**Graduates will be able to:**

- 2.3.1 Identify common sources of medical error and basic concepts of risk management in medical practice.
- 2.3.2 Describe the importance of the scientific method and evidence-based medicine, in establishing causation of disease, efficacy of traditional and non-traditional therapies and their application to health and disease management.
- 2.3.3 Evaluate the legal and ethical framework and principles that govern sound clinical decision making, including adherence to standards of care.
- 2.3.4 Describe the role of culture, population health, and epidemiology in communities that influence health and illness.
- 2.3.5 Describe the contributions from various research fields including basic science, translational research, public health and clinical studies to the development of medical care.
- 2.3.6 Identify resources available to patients, families and communities in the promotion of health and in the prevention of illness.

## Medical School Education Program Objectives: MDelta Curriculum

### 6.c. Practice-Based Learning and Improvement Competency Domain

Goal: Graduates should have the knowledge, skills and attitudes necessary to evaluate their method of practice and implement strategies for improvement of patient care.

**Competency 3.1: Graduates will evaluate their method of practice.**

**Graduates will be able to:**

- 3.1.1 Demonstrate competency in the use of patient medical records, including information technology and electronic communications to acquire, store, and retrieve individual patient and practice data.
- 3.1.2 Demonstrate ability to initiate analysis of individual patient and practice data retrieved to identify strengths and areas for improvement in their method of practice.
- 3.1.3 Practice evidence-based medicine by using relevant sources of information to formulate clear clinical questions, finding best sources of evidence; evaluating and appraising the evidence for validity and usefulness with respect to particular patients or populations, and determining when and how to integrate new findings into practice.

**Competency 3.2: Graduates will implement strategies to improve patient care.**

**Graduates will be able to:**

- 3.2.1 Participate in the utilization of performance improvement processes including identifying areas for improvement, designing and implementing strategies for improvement, and assessing outcomes.
- 3.2.2 Utilize practice guidelines and clinical pathways to improve the quality of care for populations of patients while recognizing their limitations.

**Competency 3.3: Graduates will implement strategies to promote lifelong learning.**

**Graduates will be able to:**

- 3.3.1 Identify strengths, deficiencies, and limits in their knowledge and expertise, set learning and improvement goals and identify and perform learning activities that address gaps in knowledge, skills, and attitudes.
- 3.3.2 Participate in the education of patients, families, learners, trainees, peers, and other health professionals.

## Medical School Education Program Objectives: MDelta Curriculum

### 6.d. Interpersonal and Communication Skills Competency Domain

Goal: Graduates must demonstrate the skills and attitudes that allow effective interaction with patients, families, and all members of the healthcare team.

**Competency 4.1: Graduates will apply the skills and attitudes that allow effective interaction with patients and their families.**

**Graduates will be able to:**

- 4.1.1 Demonstrate empathy and respect for patients and their families.
- 4.1.2 Evaluate and integrate in patient care the impact of an illness and its treatment on the patient and their families.
- 4.1.3 Demonstrate effective interviewing skills, including attentive listening, eliciting patient's concerns, establishing rapport, and exploring a patient's perspective, beliefs, and emotions.
- 4.1.4 Communicate information with sensitivity and clarity and in a language understood by the patient and family, while checking for understanding and encouraging questions.
- 4.1.5 Demonstrate shared decision-making and negotiation of management plans with patients and their families.

**Competency 4.2: Graduates will demonstrate the skills and attitudes that allow effective interaction with other members of the healthcare team, including colleagues, peers and learners.**

**Graduates will be able to:**

- 4.2.1 Demonstrate effective and accurate oral presentation skills appropriate to the setting.
- 4.2.2 Critically appraise scientific literature and apply knowledge gained to patient care.
- 4.2.3 Provide respectful and constructive feedback to preceptors, peers, and team members.
- 4.2.4 Receive and incorporate feedback from preceptors, peers, and team members for continuous improvement.
- 4.2.5 Involve faculty, peers, or other healthcare providers to elicit and/or clarify information appropriate to the setting.
- 4.2.6 Collaborate with and teach other learners.

## Medical School Education Program Objectives: MDelta Curriculum

### 6.e. Professionalism Competency Domain

Goal: Graduates must demonstrate the knowledge, skills, attitudes and behaviors necessary to promote the best interests of patients, society and the medical profession.

**Competency 5.1: Graduates will exhibit professional attitudes and behaviors.**

**Graduates will be able to:**

- 5.1.1 Exhibit honesty and integrity with patients/families, peers, the healthcare team, community members, faculty and others.
- 5.1.2 Demonstrate reliability and responsibility by completing duties in a timely fashion and not engaging in patient care responsibilities if emotionally or physically impaired.
- 5.1.3 Adhere to the precepts of doctor-patient confidentiality.
- 5.1.4 Show respect for others, including appropriate grooming, punctuality, courtesy, inclusiveness, avoidance of derogatory backroom discussions, and use of socially acceptable language and humor.
- 5.1.5 Exhibit compassion and empathy in words and deeds when dealing with patients/families, peers, the healthcare team, community members, faculty and others.
- 5.1.6 Demonstrate awareness of appropriate professional boundaries and the inappropriateness of the exploitation of patients for any sexual advantage, personal financial gain, or other private purpose.
- 5.1.7 Display altruism and advocacy demonstrated by a commitment to promoting health care needs of patients and society, and to improve quality and access to care and a just distribution of finite resources.

**Competency 5.2: Graduates will develop leadership skills.**

**Graduates will be able to:**

- 5.2.1 Identify and appropriately respond to unprofessional behavior in others.
- 5.2.2 Demonstrate the willingness and capability to work collaboratively and resolve conflicts in a variety of settings to achieve common patient care and educational goals of all involved.
- 5.2.3 Participate and engage in defining, organizing and evaluating the educational process for current and future graduates.

**Competency 5.3: Graduates will exhibit an awareness of issues affecting modern medical practice.**

**Graduates will be able to:**

- 5.3.1 Recognize and show sensitivity to culture, race, disabilities, age and other differences in order to reduce healthcare disparities.
- 5.3.2 Identify potential conflicts of interest arising from the influence of marketing and advertising, as well as financial and organizational arrangements.
- 5.3.3 Apply legal and ethical principles to patient care, clinical research, and the practice of medicine.
- 5.3.4 Identify structural factors in society that impact health and may be targets for intervention to promote health and prevent disease.
- 5.3.5 Advocate for patients and for policy and practice issues affecting both individual and community health.

## **Medical School Education Program Objectives: MDelta Curriculum**

### **6.f. Systems-Based Practice Competency Domain**

Goal: Graduates must demonstrate the knowledge, skills, and attitudes necessary to provide high quality care for their patients within the context of the larger healthcare system.

**Competency 6.1: Graduates will provide access to high quality care for their patients within the context of the larger health care system.**

**Graduates will be able to:**

- 6.1.1 Identify key characteristics of the organization, financing, and delivery of healthcare services in the medical, dental, and public health delivery system including services for special populations (e.g., mental health, the elderly, end-of-life).
- 6.1.2 Assess various approaches to the organization, financing, and delivery of healthcare.
- 6.1.3 Recognize and discuss ways to improve the biological, social, psychological, and environmental risk factors that result in inadequate healthcare or inadequate access to healthcare.
- 6.1.4 Advocate for patients and/or communities by identifying strategies to access healthcare services and assistance.

**Competency 6.2: Graduates will deliver high quality care for their patients within the context of the larger health care system.**

**Graduates will be able to:**

- 6.2.1 Demonstrate collaborative practice by identifying key personnel, evaluating the role of each healthcare team member, and participating in a coordinated effort to optimize patient care.
- 6.2.2 Develop diagnostic and treatment strategies that promote quality of care while considering cost-effectiveness and resource allocation consistent with the promotion of high value care.
- 6.2.3 Recognize and apply strategies to minimize systems errors, such as failure modes/effects analysis, root cause analysis, electronic medical records, and order entry.
- 6.2.4 Advocate for quality patient care and optimal patient care systems.

## Medical School Education Program Objectives: MDelta Curriculum

### 6.f.1. Interprofessional Collaboration Competency Domain

**Competency 7.1: Graduates will engage in interprofessional teams in a manner that optimizes safe, effective patient- and population-centered care.**

**Graduates will be able to:**

- 7.1.1 Contribute to the establishment and maintenance of a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
- 7.1.2 Identify the unique role of each member of the healthcare team and make contributions appropriate to the role and level of training of the medical student.
- 7.1.3 Communicate with other health professionals in a responsive and responsible manner.
- 7.1.4 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable.

## Medical School Education Program Objectives: MDelta Curriculum

### 6.f.2. Personal and Professional Development Competency Domain

**Competency 8.1: Graduates will demonstrate the qualities required to sustain lifelong personal and professional growth.**

**Graduates will be able to:**

- 8.1.1 Self-assess knowledge, skills, and emotional limitations in order to engage in appropriate help-seeking behaviors.
- 8.1.2 Prioritize between personal and professional responsibilities to optimize delivery of care.
- 8.1.3 Demonstrate flexibility, trustworthiness, self-confidence and leadership in the effective delivery of healthcare.
- 8.1.4 Demonstrate trustworthiness that makes colleagues feel secure.
- 8.1.5 Demonstrate leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system.
- 8.1.6 Demonstrate appropriate self-confidence that puts patients, families, and members of the health care team at ease.
- 8.1.7 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.

**Competency 8.2: Graduates will evaluate and improve their performance.**

**Graduates will be able to:**

- 8.2.1 Demonstrate a commitment to self-improvement, including being open and responsive to feedback, reflection and self-evaluation, and actively setting and pursuing learning goals and applying knowledge gained.
- 8.2.2 Accept responsibility for errors and evaluate setbacks in education and patient care.
- 8.2.3 Identify and continually assess the role of their own personal wellness, values and priorities in their practice of medicine.



# Updated sections for AY25-26

- 2.p. (new) Policy on Volunteer activities for students in the SOM
- 5.e. (updated) Policy for Grading and Grade Appeals in Courses and Clerkships
- 5.g. (updated) Rules concerning appeals to the Academic Advancement Committee (AAC) or the Student Evaluation and Appeals Review Committee (SEARC)
- 7.a. (updated) Curriculum governance committees and reporting structure

## 2.p. Policy on Volunteer Activities for the School of Medicine

### STUDENT CLINICAL AND NON-CLINICAL VOLUNTEER ACTIVITIES

The School of Medicine receives a number of requests for volunteers to assist with various community-based volunteer events, such as requests for health aides at marathons or walks, and to give flu shots at campus or community events. The professional liability coverage provided by state statute to UConn Health students is intended to cover only formal experiential training activities that are part of the curriculum and/or volunteer activities that are organized and conducted under the supervision of the School of Medicine to meet degree requirements (Connecticut General Statutes, Section 10-235). Students and personnel should not assume that the same professional liability insurance provides coverage for all volunteer or community outreach activities.

**Clinical activities:** Students are covered by professional liability insurance 1) any time they are enrolled in a clinical course for credit, 2) volunteering in the provision of care under the supervision of UConn Health or affiliated faculty and approved by the School of Medicine, or 3) under the supervision of faculty at other institutions as part of their UConn Health educational program. At all times, students must be under supervision of faculty in performing clinical service, and the performance of such services must be within the scope of the supervisor's training and certification. Students who provide clinical services outside the scope of the School of Medicine curriculum or with non-UConn Health faculty physicians are **not** covered by the statute. Students are advised not to engage in such activities unless other liability coverage is provided for them.

The School of Medicine may determine that a specific clinical volunteer opportunity qualifies for professional liability coverage. However, such a determination must be made in advance and any requests must be reviewed and approved before the activity may qualify for coverage. To request malpractice coverage for a new clinical volunteer opportunity or event, please email Dr. Kirsten Ek ([ek@uchc.edu](mailto:ek@uchc.edu)).

**Non-clinical activities:** While students are encouraged to participate in non-clinical volunteer opportunities in order to meet their volunteer and community service requirements, professional liability coverage does not extend to these opportunities. Medical students should recognize that there are potential risks involved in volunteering, including the chance that the student volunteer could be injured or contract a disease that may adversely impact the student. Students have the right to end volunteer activities at any time and choose a different opportunity. For volunteer opportunities independent of School of Medicine sponsored programs or events, the School of Medicine is not responsible for any medical costs incurred by a student volunteer that are not covered by a student's health insurance.

## 5.e. Policy for Grading and Grade Appeals in Courses and Clerkships

### Grading

#### Standardization of Grading Procedures Across the Curriculum

- Course Grading Committees will determine final grades in Stage 1.
- Clerkship Directors determine and post final grades in each clerkship based on defined rubrics. A Departmental Grading Committee is convened in any situation where decision making input is needed for an individual student.
- Each course/clerkship must define and publish what each type of grade represents with identification of any thresholds and parameters.
- Once determined, grades are posted in OASIS. Submission of grades are expected within 14 calendar days but are required no later than 35 calendar days after the end of the course/clerkship.
- If students have a concern regarding their grade they must discuss with the course/clerkship director within 2 weeks of grade posting in OASIS.
- After discussion with the clerkship director, the grade may next be reviewed by the departmental grading committee.
- Students have the right to a first and second level grade appeal (see below).
- The AAC will be notified of all grades other than a Pass or Honors and of any remediation plans.

### Appeals

#### Appeals Process for Grades

- Appealing C grade for P
- Appealing P grade for H\*
- Appealing F grade

\*Criteria for appealing P grade for H will be to present new information or to contest compliance with published processes and procedures only.

**After the Stage 1 Course Grading Committee (CGC) designates a grade, the first level of appeal would be the Standing Course and Clerkship Appeals Committee (SCCAC) see below.**

**After the Stage 2 Departmental Grading Committee (DGC) designates a grade, the first level of appeal would be SCCAC. Stage 2 Departmental Grading Committee Membership**

- Ad hoc group within the department of the clerkship with clerkship director and at least 3 other faculty members with experience in medical education and teaching/assessment of medical students plus one of the following non-voting medical education leaders:
  - Associate Dean for Medical Education and Assessment
  - Assistant Dean for Clinical Education
  - Clinical Principal, or
  - Senior Associate Dean for Medical Student Education

### First Level of Appeal: Standing Course and Clerkship Appeals Committee (SCCAC)

#### Membership

- Voting (5 of the following 8 will be used for each appeal, the remaining 3 are alternates)
  - 5 Clinical Faculty (without prominent roles in required clerkships)
  - 3 Basic Science Faculty (without prominent roles in required courses)
  - 1 ad-hoc Dental Faculty (if dental student appealing)
- Non-Voting
  - Assistant Dean for Medical Student Affairs
  - 1 UME curricular Dean (Associate Dean for Medical Education and Assessment, Assistant Dean for Pre-Clerkship Education, or Assistant Dean for Clinical Medical Education)
  - Associate Dean for the Health Career Opportunity Programs

#### Process

Before appealing a grade, students must have first discussed the grade with the Course/Clerkship Director (CD) **within 2 weeks** of grade posting to review the grading process and accuracy of the grade. After discussion with the clerkship director, the grade may next be reviewed by the departmental grading committee. All students will then have the right to first level of appeal of the grade to a five person Standing Course and Clerkship Appeals Committee (SCCAC). The request for an appeal must be submitted in writing to the Associate Dean for Medical Education and Assessment within 7 calendar days of the decision by the CD and/or Departmental Grading Committee or notification of AAC (Academic Advancement Committee) of the grade (C, F). The scope of the appeal is limited to the grade alone.

Grade appeals by the SCCAC will be held after each 12 week POD.

Any meeting of the SCCAC will have five members invited. A quorum is 3 members, simple majority needed for a passing vote. There must be appropriate distribution for any given appeal as determined by the Associate Dean for Medical Education and Assessment and/or the Assistant Dean for Medical Student Affairs.

This committee will have the authority to grant or deny the appeal. The remediation plan will not be considered by the SCCAC. See policy 5.g for appeals of remediation and/or repeating courses or year.

### **Second Level of Appeal: Academic Advancement Committee (AAC)**

If the SCCAC denies the appeal, the student has a second and last level of appeal to the AAC. Criteria for this second and last level of appeal will be to present new information or to contest compliance with published processes and procedures. In this context the AAC will make a decision regarding the grade alone. This appeal request must be submitted to the Senior Associate Dean for Medical Student Education within 7 calendar days of notification of the SCCAC's decision.



### **Grade Documentation Pending Appeals**

Grades may be recorded on the transcript even as the appeals period may be pending.

## 5.g. Rules Concerning Appeals to AAC or to SEARC

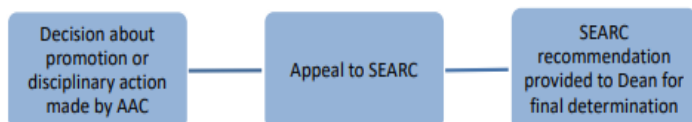
As discussed in 5.d. (Academic Advancement Committee), students receive written notification of AAC decisions and actions. Within seven days after receipt of written notification of an AAC decision/action, the student may submit an appeal of the decision/action to Student Evaluation and Appeals Review Committee (SEARC) for decisions regarding promotion and disciplinary action.

### **Appealable to the AAC:**

- Appealing remediations
- Appealing repeat of course/clerkship

### **Decisions Regarding Adverse Action Appealable to the SEARC:**

- Appealing repeat of the year
- Appealing non-certification for the match
- Appealing disciplinary action: dismissal, suspension, notification of future program director or notation on the MSPE of professionalism concern



The Senior Associate Dean for Medical Student Education will coordinate the appeal to SEARC and facilitate arrangements for appeal meeting(s). (see 5.e. Policy for Grading and Grade Appeals in Courses and Clerkships and 5.f. SEARC).

The Assistant Dean for Medical Student Affairs will provide the student with information regarding the appeals process.

If the student feels that it would be beneficial to them to have persons besides themselves provide information to the Committee, it is the student's responsibility to select and coordinate the appearance of individuals who will provide information on their behalf. The names of said individuals will be provided in advance to the Senior Associate Dean for Medical Student Education. The student is permitted to bring letters or statements written by individuals that speak to either their character and/or the specifics of the situation. Legal counsel may be present at the appeal meeting(s) but will not be permitted to speak or participate. The student must notify the Senior Associate Dean for Medical Student Education at least 24 hours prior to the appeal meeting if legal representation will be present.

The conduct of any meeting(s) to consider an appeal shall be determined by the chair of the committee. The staff who support the Academic Advancement Committee shall prepare minutes of the meeting(s), and issue all correspondence related to the appeal.

In general, meeting(s) for consideration of an appeal shall proceed as follows:

- The committee shall review the case, and related background material which will be provided to the committee members by the AAC support staff ahead of the appeal meeting(s). The committee may meet with and seek additional information from individuals with specific knowledge of the case (e.g., Section Leader, Assistant Dean for Medical Student Affairs, etc.) at any time during the appeals process.
- The student will be invited to present their appeal to the committee. The student may provide additional relevant information and/or ask individuals to speak on their behalf. The student may be asked to answer questions from committee members.

### **Information Available to the Committees**

The AAC and the SEARC shall have access to all material included in a student's file.

### **Committee Decisions**

Quorum is required for a committee vote regarding an appeal. Decisions of the committee are based on a simple majority of the voting members present at the meeting. Decisions are upheld or rescinded based on the following *criteria*:

- (1) whether appropriate process was followed by the Academic Advancement Committee in rendering their decision(s);  
or
- (2) was there new information not available at the time the decision was made.

*Related to LCME element 9.9 Student Advancement and Appeal Process*



## Section 7: Curriculum Governance

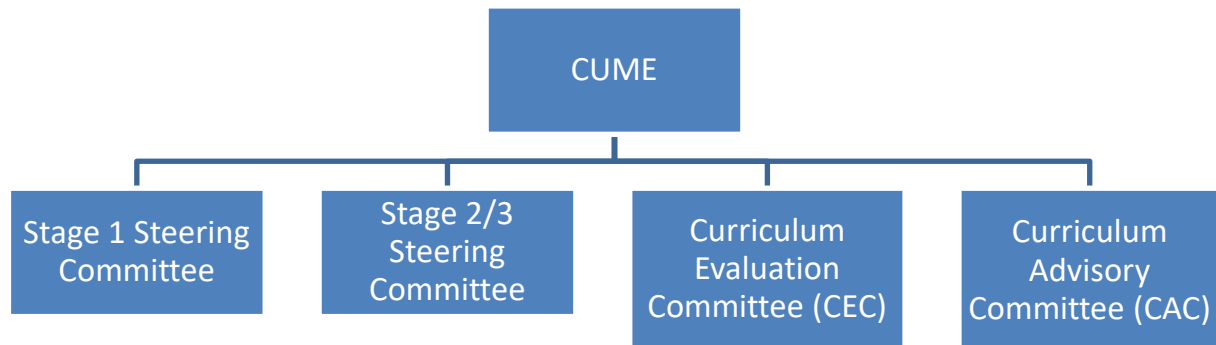
The committees and councils of the University of Connecticut School of Medicine (SOM) that pertain to governance in the SOM:

- Dean's Council
- Education Council (EC)
- Committee on Undergraduate Medical Education (CUME)
  - Curriculum Evaluation Committee (CEC)
  - Curriculum Advisory Committee (CAC)

Each committee is detailed in the following section including authority, membership, and duties.

*Policies included in this section:*

*7.a. Organizational Structure*



The Committee on Undergraduate Medical Education (CUME) has the ultimate authority over all UME curricular decisions.

# Attestation & Resources

- Access full manual and support contacts.
  - [Academic-Policies-and-Procedures-Manual APP.pdf](#)
  - For any questions, please contact Dr. Melissa Held ([held@uchc.edu](mailto:held@uchc.edu)) or Jessica Crispino ([crispino@uchc.edu](mailto:crispino@uchc.edu))
- Complete attestation form after training.
- Please note that many of the policies will be transitioning into Policy Manager during the next academic year

# Attestation

- I have received and reviewed the Academic Policies and Procedures manual for 2025-26