**Administrators & Staff Members**  
**You Are Most Likely To Meet**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Frederick C. Morin, III, M.D.</td>
<td>Dean of the College Of Medicine</td>
</tr>
<tr>
<td>Maura L. Randall</td>
<td>Executive Assistant to the Dean</td>
</tr>
<tr>
<td>Ira Bernstein, M.D.</td>
<td>Senior Associate Dean for Research &amp; Academic Affairs</td>
</tr>
<tr>
<td>William Jeffries, Ph.D.</td>
<td>Senior Associate Dean for Medical Education</td>
</tr>
<tr>
<td>G. Scott Waterman, M.D.</td>
<td>Associate Dean for Student Affairs</td>
</tr>
<tr>
<td>Sheri Youngberg</td>
<td>Director, Office of Medical Student Education</td>
</tr>
<tr>
<td>Ann Chauncey</td>
<td>Student Services Representative, MD-PhD Program Coord.</td>
</tr>
<tr>
<td>Laurey Burris</td>
<td>Director of Student Support</td>
</tr>
<tr>
<td>Emma Faustner</td>
<td>Advanced Integration Level Coordinator</td>
</tr>
<tr>
<td>James Leahy</td>
<td>Visiting Electives Coordinator, Licensing &amp; Credentialing</td>
</tr>
<tr>
<td>Aaron Hurwitz</td>
<td>VIC Coordinator</td>
</tr>
<tr>
<td>Carrie Perkins</td>
<td>VIC Coordinator</td>
</tr>
<tr>
<td>Maranda Taylor</td>
<td>VIC Course Support</td>
</tr>
<tr>
<td>Audree Frey</td>
<td>Clerkship Level Coordinator</td>
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<tr>
<td>Elizabeth Pratt</td>
<td>VIC Course Support</td>
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<tr>
<td>Lisa Beaulieu</td>
<td>Assessment Data Specialist</td>
</tr>
<tr>
<td>Cate Nicholas, Ed.D., MA-PA</td>
<td>Director, Standardized Patient Program</td>
</tr>
<tr>
<td>Janice Gallant, M.D.</td>
<td>Associate Dean for Admissions</td>
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<tr>
<td>Tiffany J. Delaney, M.Ed.</td>
<td>Director of Admissions</td>
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<tr>
<td>Mary Keefe</td>
<td>Interview Coordinator</td>
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<tr>
<td>Cary Jewkes</td>
<td>Admissions Officer</td>
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<tr>
<td>Shona Sladyk</td>
<td>Admissions Officer</td>
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<tr>
<td>Steven Lidofsky, M.D., Ph.D.</td>
<td>MD-PhD Program Director</td>
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<tr>
<td>Patricia Forguites</td>
<td>MD-PhD Admissions Coordinator</td>
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<tr>
<td>Cynthia Forehand, Ph.D.</td>
<td>Director of Foundations</td>
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<tr>
<td>Tania Bertsch, M.D.</td>
<td>Director of Clinical Education</td>
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<tr>
<td>Karen Richardson-Nassif, Ph.D.</td>
<td>Associate Dean for Faculty &amp; Staff Development &amp; Diversity</td>
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<tr>
<td>Eileen CichoskiKelly, Ph.D.</td>
<td>Instructional Developer</td>
</tr>
<tr>
<td>Matthew Desorger</td>
<td>Financial Aid Officer</td>
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<tr>
<td>Jessica Kerchner</td>
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<tr>
<td>Lou Martinez</td>
<td>Financial Guidance Counselor</td>
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<tr>
<td>Ginger Lubkowitz</td>
<td>Medical Annual Fund Officer</td>
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<tr>
<td>Cristin Gildea</td>
<td>Director of Alumni Relations &amp; Events</td>
</tr>
<tr>
<td>Sarah Keblin</td>
<td>Director of Annual Giving</td>
</tr>
<tr>
<td>Bruce Kimball</td>
<td>Multimedia Technician</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
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</tr>
<tr>
<td>Marc Scarano</td>
<td>Multimedia Technician</td>
</tr>
<tr>
<td>Rajan Chawla</td>
<td>Medical Photography</td>
</tr>
<tr>
<td>Jill Jemison</td>
<td>COMET Manager</td>
</tr>
<tr>
<td>Gordon White</td>
<td>Information Systems Department (COMIS)</td>
</tr>
<tr>
<td>Pat Alberts</td>
<td>Given Bldg. Mail Services Supervisor</td>
</tr>
<tr>
<td>Mike Cross</td>
<td>Custodial Services</td>
</tr>
<tr>
<td>Bill Gay</td>
<td>Supervisor—Medical Section of Main Bookstore</td>
</tr>
</tbody>
</table>
VERMONT INTEGRATED CURRICULUM OVERVIEW

LEVEL ONE: FOUNDATIONS

Professionalism, Communication & Reflection fosters the development of competent, self-aware professionals, who are capable of effective collaboration and who remain committed to life-long learning and personal growth in the professional sphere. This course facilitates a sophisticated understanding of medical professionalism – and, by extension, the complex needs of patients – through weekly small group sessions that meet throughout the first year of the Foundations Level. In the context of these sessions, students are asked to practice collegial communication, support, and shared reflection, in the context of examining some of the important social and interpersonal issues that emerge in the practice of medicine. This course supports professional development through collaborative group learning activities linking personal experience, cultural awareness, leadership topics, and concurrent VIC course content. Learning activities also include periodic large group presentations and regular assignments that include reading, group projects, and written reflection.

Introduction to Clinical Decision Making introduces students to the basic vocabulary, concepts, and methods of human and population genetics, epidemiology, statistics, public health, and ethics. Knowledge from each discipline is presented in lecture and readings, with methods and integrated concepts presented through small group case discussions. (2 weeks)

Cell and Molecular Biology addresses the fundamental vocabulary, concepts, and methods of molecular genetics, cell physiology, biochemistry and metabolism including cell-cell and cell-environment communication, cell proliferation and cell death. (4 weeks)

Human Structure & Function addresses the fundamentals of the composition of the human body and how it performs in the healthy state. This is an integrated study of microscopic and gross anatomy, physiology, basic imaging principles, embryology and clinical skills. The course includes traditional pedagogical methods with innovative and unique computer based lessons and small group learning. (12 weeks)

Attacks & Defenses is the bridge course between Fundamentals and Systems Integration courses. It is designed to integrate studies in the principles of hematology, immunology, microbiology, toxicology, pathology, pharmacology, and neoplasia. Its goal is to ensure that students understand the vocabulary, principles, and pathophysiology of disciplines that are not necessarily organ based. Students will be introduced to advanced history taking skills and clinical problem solving skills. Instructional methods include lectures, weekly laboratories and small group exercises, and standardized patient exercises. (6 weeks)

Nutrition, Metabolism & the Gastrointestinal System organizes studies in nutrition, gastrointestinal systems, organ system metabolism and endocrine system through lessons that integrate cell metabolism, normal and pathologic anatomy, pharmacology, physiology, pathophysiology and the physical examination and related interviewing, diagnostic testing and imaging. Learning is facilitated through faculty lectures, computer based tutorials, assigned readings, small group case discussions and workshops for problem solving and skills development. Clinical correlations reinforce the lessons of the community preceptorships. (8 weeks)

Neural Science is designed to organize study of the nervous and behavioral system through lessons that integrate cellular and systems neurobiology, neuroanatomy, neuropharmacology, neurophysiology and pathophysiology, psychopathology, and the neurologic and mental status examinations and related interviewing, diagnostic testing and imaging. Several instructional methods support learning in this course, including lecture, online independent study modules, readings from a variety of sources, laboratory sessions, physical examination and interviewing skills sessions, and case discussions prepared by students. Case discussions contain significant unique content and focus on symptoms, differential diagnosis, pathologic anatomy and pathophysiology, genetics, ethics, pharmacology and clinical imaging. (9 weeks)

Public Health Projects occur during the second year of the Foundations Level. Student groups formed during the first year Professionalism, Communication and Reflection course apply their group leadership and professional and team skills to a public health project. Public health projects are designed to teach students about public health and the health issues that face
our communities, as they work side by side with the groups, organizations, and individuals in these settings. These projects begin to develop the background in population-based medicine and prevention a health care professional needs to fully address the range of health issues that impact people of all ages, both now and in the future. Public health projects will be carried out in Vermont communities and enable students to apply the principles and science of public health to these needs in the community.

Connections organizes the study of skin, connective tissue, and the musculoskeletal system through lessons that integrate cell metabolism, endocrinology, normal and pathologic anatomy, pharmacology, physiology, pathophysiology and the physical examination and related interviewing, diagnostic testing and imaging. It is a novel course that will introduce students to the study of the orthopedics, rheumatology and dermatology during the basic sciences. (2 weeks)

Cardiovascular, Respiratory & Renal Systems organizes studies in the cardiovascular, lymphatic, respiratory, renal, and urinary systems through lessons that integrate cell metabolism, endocrinology, normal and pathologic anatomy, pharmacology, physiology, pathophysiology and the physical examination and related interviewing, diagnostic testing and imaging. (9 weeks)

Generations organizes studies in reproduction and development including embryology, aging and death through lessons that integrate cell metabolism, endocrinology, normal and pathologic anatomy, pharmacology, physiology, pathophysiology, the physical examination and related interviewing, diagnostic testing and imaging. This course examines variations in presentation of illness, metabolism and etiology across cultures and ages. The course is organized into five Epochs that investigate relevant topic across the life cycle. In addition, four themes run longitudinally through the course, including those related to families and family dynamics, death and dying, disability, and sexuality and sexual health. (7 weeks)

Convergence uses problem-based learning to reinforce topics covered in previous courses and teaches clinical problem solving skills in preparation for the students’ transition into their clerkship rotation schedules. The course format will include the presentation of cases to be discussed and formulated within the context of small group settings. (4 weeks)

Doctoring in Vermont is a course with both a spring (March-June) and fall (September-December) session. Each session consists of 4 afternoons (total of 8 sessions for the course) spent in the office of an assigned community preceptor recruited from among the primary care physician community within a one-hour drive of Burlington. Students travel to their preceptor’s office and practice examination and interviewing skills under direct supervision. In the fall students must accomplish two “complete” history and physical examinations, one with their preceptor and one with a standardized patient at the campus Assessment Center.

### Course Directors

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Director</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism, Communication &amp; Reflection</td>
<td>Lee Rosen, Ph.D.</td>
<td>656-3750</td>
</tr>
<tr>
<td>Clinical Decision Making</td>
<td>Leah Burke, M.D.</td>
<td>658-4310</td>
</tr>
<tr>
<td>Cell &amp; Molecular Biology</td>
<td>Jerome Fiekers, Ph.D.</td>
<td>656-0404</td>
</tr>
<tr>
<td>Human Structure &amp; Function</td>
<td>Elizabeth Ezerman, Ph.D.</td>
<td>656-0499</td>
</tr>
<tr>
<td>Attacks &amp; Defenses</td>
<td>William Raszka, M.D.</td>
<td>656-2296</td>
</tr>
<tr>
<td>Nutrition, Metabolism &amp; GI</td>
<td>Paula Tracy, Ph.D.</td>
<td>656-1995</td>
</tr>
<tr>
<td>Neural Science</td>
<td>Cynthia Forehand, Ph.D.</td>
<td>656-8060</td>
</tr>
<tr>
<td>Public Health Projects</td>
<td>Jan Carney, M.D.</td>
<td>847-8268</td>
</tr>
<tr>
<td>Connections</td>
<td>Carson Cornbrooks, Ph.D.</td>
<td>656-0406</td>
</tr>
<tr>
<td>Cardiovascular, Respiratory &amp; Renal</td>
<td>William Hopkins, M.D.</td>
<td>656-5512</td>
</tr>
</tbody>
</table>
LEVEL TWO: CLERKSHIP YEAR

Clinical Clerkships
The Clerkship Year is composed of three 15-week blocks of departmentally based clinical experiences and interdisciplinary collaborative didactic programs, three 1-week blocks of the Core Bridge Clerkship, and a final clinical skills examination.

**Pediatrics** (7 weeks of both inpatient and outpatient activities), **General Internal Medicine** (3.5 weeks based in outpatient settings), and **Family Medicine** (3.5 weeks) comprise one clerkship block. They also collaborate on a program of interdisciplinary instruction in chronic disease, domestic abuse, and disease prevention.

**Psychiatry** (6 weeks), **Neurology** (3 weeks), and **Inpatient Internal Medicine** (6 weeks) comprise one clerkship block and collaborate on a program that enhances understanding of multi-system diseases.

**Surgery** (7.5 weeks) and **Obstetrics & Gynecology** (7.5 weeks) comprise one clerkship block and collaborate on a program that teaches surgical techniques and clinical decision-making.

Bridge Clerkship
The Bridge Clerkship is designed to support professional growth and extend the learning of Foundations competencies into clinical applications and decision-making. With a focus on genetics, ethics, epidemiology, nutrition and professionalism, each of the nine themes of VIC weaves throughout the Bridges. The Bridge Clerkship is dispersed throughout the Clerkship Year in a series of three Core Bridge sessions and a series of one- to two-day sessions that are integrated within each 15-week Clerkship Block (as described briefly above). Bridge sessions throughout the clerkship year total six weeks of instructional activity.

Performance in the Core Bridge week blocks is graded Pass/Fail and is evaluated by a combination of peer and faculty facilitators during discussion and skills sessions. In addition, the competencies expected to develop during the Bridge Clerkship are assessed in a comprehensive clinical performance evaluation that follows the Clerkship Year. Each Core Bridge week includes specific content areas:

**Core Bridge 1** opens the Clerkship Year with orientation activities designed to familiarize the student with the hospital, the delivery of care and the clinical clerk’s responsibilities on the wards and in the clinics.

**Core Bridge 2** is designed to give the student the opportunity to address issues in contemporary applications of science to medical practice, including genetics, addiction and prevention of medical errors.

**Core Bridge 3** is designed to address utilization of health care resources, health policy, palliative care and “complementary medicine.”

*If you are ill and need to be absent, it is your responsibility to notify both the resident with whom you are directly working and the clerkship director. If you cannot reach the clerkship director, notify the clerkship coordinator. For any illness that is extended, requiring more than two days’ absence, please notify the Office of Medical Student Education. If you encounter any difficulties in getting the medical care you need or in getting excused from clinical duties for necessary medical care, please notify the Office of Medical Student Education.*
# Clerkship Directors & Coordinators

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Course Director</th>
<th>Coordinator</th>
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<tbody>
<tr>
<td><strong>Medicine</strong></td>
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<td></td>
<td><strong>Inpatient – FAHC</strong></td>
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<tr>
<td></td>
<td>Louis Polish, M.D.</td>
<td>Gina Sears</td>
</tr>
<tr>
<td></td>
<td>ACC – EP1</td>
<td>847-4959</td>
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<td></td>
<td><strong>Outpatient – FAHC</strong></td>
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<tr>
<td></td>
<td>Roberta O’Brien, M.D.</td>
<td>Paula Borah</td>
</tr>
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<td></td>
<td>Given – Essex Jct.</td>
<td>847-3944</td>
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<tr>
<td></td>
<td><strong>Inpatient – MMC</strong></td>
<td>Melissa Norton</td>
</tr>
<tr>
<td></td>
<td>Robert Trowbridge, M.D.</td>
<td>(207) 662-2651</td>
</tr>
<tr>
<td></td>
<td>Maine Medical Center</td>
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<tr>
<td></td>
<td>22 Bramhall St.</td>
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<td></td>
<td>Portland, ME 04102</td>
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<tr>
<td></td>
<td>(207) 662-2651</td>
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<tr>
<td></td>
<td><strong>Outpatient – MMC</strong></td>
<td>Kelly Barnes</td>
</tr>
<tr>
<td></td>
<td>Catherine Cadigan, M.D.</td>
<td>(207) 662-2405</td>
</tr>
<tr>
<td></td>
<td>Mid Coast Medical Group</td>
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<tr>
<td></td>
<td>1356 A. Washington St.</td>
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<td></td>
<td>Bath, ME 04530</td>
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<td></td>
<td>(207) 442-7926</td>
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<tr>
<td><strong>Surgery</strong></td>
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<tr>
<td></td>
<td><strong>Ted James, M.D. – FAHC</strong></td>
<td>Brenda Barr</td>
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<tr>
<td></td>
<td>Fletcher 301 FAHC</td>
<td>847-5884</td>
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<tr>
<td></td>
<td><strong>Virginia Eddy, M.D. – MMC</strong></td>
<td>Karen Breton</td>
</tr>
<tr>
<td></td>
<td>MMC Surgical Associates</td>
<td>(207) 662-6395</td>
</tr>
<tr>
<td></td>
<td>887 Congress St., Suite 210</td>
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<td>Portland, ME 04102</td>
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<tr>
<td></td>
<td>(207) 774-0459 or 774-2544</td>
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<tr>
<td><strong>Obstetrics &amp; Gynecology</strong></td>
<td></td>
<td>Sara Tourville</td>
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<td><strong>Robert Hayward, M.D. – FAHC</strong></td>
<td>656-1201</td>
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<td>Shep 3 FAHC</td>
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<td></td>
<td><strong>Debra Sepulveda, M.D. – MMC</strong></td>
<td>Ann Cross</td>
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<tr>
<td></td>
<td>MMC OB/GYN Associates</td>
<td>(207) 662-2702</td>
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<td>Portland, ME 04102</td>
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<td>(207) 662-6225</td>
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<tr>
<td><strong>Pediatrics</strong></td>
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<td></td>
<td><strong>William Raszka, M.D. – FAHC</strong></td>
<td>Patty McClellan</td>
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<td>Given D-201</td>
<td>656-0026</td>
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<td></td>
<td><strong>Patricia Patterson, M.D. – MMC</strong></td>
<td>Rosemary Munson</td>
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<tr>
<td></td>
<td>Maine Medical Center</td>
<td>(207) 662-2353</td>
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<td>22 Bramhall St.</td>
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<tr>
<td><strong>Psychiatry</strong></td>
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<td></td>
<td><strong>Charlotte Ladd, M.D. – FAHC</strong></td>
<td>Kevin Robinson</td>
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<td></td>
<td>Arnold 6 FAHC</td>
<td>847-5071</td>
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LEVEL THREE: ADVANCED INTEGRATION

The Advanced Integration level comprises required activities that enhance the student’s clinical skills and knowledge of basic and clinical sciences, and elective activities that allow the student to shape his or her own professional development.

**Acting Internships**
Each student is required to complete two months of Acting Internships at either Fletcher Allen Health Center in Burlington or Maine Medical Center in Portland. One of these must be in Internal Medicine.

**Acting Internship in Internal Medicine**
The purpose of this Acting Internship in Internal Medicine is to consolidate and refine the medical knowledge and clinical skills at a level of competency necessary to deliver comprehensive care to medical inpatients. Through increased responsibility in the evaluation and management of patients and through closely supervised direct patient care experiences, students are expected to attain a level of competence and self confidence sufficient to be prepared for entering their first post-graduate year of residency.

**Surgical Specialties/Subspecialties**
Students complete two separate two-week surgical specialty or subspecialty rotations. This surgical requirement cannot be met – partially or completely – by taking one’s second AI in a surgical specialty. You are welcome to do such AI’s where available, but they do not “count double” toward fulfillment of both the requirement to complete two AI’s and the surgical requirement. On the other hand, doing a third AI in a surgical specialty would count toward half of this surgical requirement.

**Emergency Medicine Selective**
A one-month Emergency Medicine requirement may be completed in any approved setting throughout the country. The purpose of the rotation is to integrate the practice of medicine in situations where the student is the first clinician to see the patient, forms working differential diagnoses and treatment plans, and presents each patient to the attending physician.
Online modules developed by the University of Vermont College of Medicine supplement the clinical experience and ensure consistent development of core knowledge for all students.

**Teaching/Scholarly Project**

The purpose of the Teaching Requirement/Scholarly Project is to provide students with basic skills in teaching and evaluation in a “coached” environment, to revisit basic medical sciences by teaching or scholarly activity and to reinforce longitudinal integration in the VIC by revisiting basic sciences with clinical perspectives. Students may fulfill the practicum experience in one of two ways: the Teaching Requirement or a Scholarly Project.

The teaching requirement entails one month continuous participation as a teaching assistant in the VIC foundations courses. Duties could include small group facilitation, laboratory teaching, tutoring and leading review sessions, developing on-line teaching materials, and preparing assessment and other teaching materials. Students will attend two teaching workshops during the month, the first providing specific instruction tailored to their teaching duties, the second on assessment and feedback.

The purpose of the Scholarly Project is to encourage the development of students as physician-scholars by gaining an understanding of the processes and methods involved in scientific inquiry. A scholarly project polishes inquiry, analytical, and communication skills. It solidifies the foundation for lifelong learning by providing a background against which critical evaluation of data can be carried out. The research project may be in the basic or clinical sciences.

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**U.S. MEDICAL LICENSING EXAM**

The United States Medical Licensing Examination (USMLE) is a four-part, three-step examination for medical licensure in the United States. It is administered by the National Board of Medical Examiners (NBME). Visit their website for complete information.

**Graduation Requirements**

Graduation requirements for the University of Vermont College of Medicine include passing USMLE Steps 1 and 2 Clinical Knowledge before January of the graduation year, and taking Step 2 Clinical Skills before May of the graduation year.

**Purpose and Importance of the USMLE**

It is not possible to obtain a license to practice medicine in the United States without passing all three steps of the USMLE. Therefore, it is essential that all students take their preparation for the USMLE examinations very seriously. In addition, most residency programs require the release of USMLE scores as part of their application processes and use them in their evaluation of residency candidates.

**Step 1:** Step 1 assesses application of knowledge and understanding of key concepts of basic biomedical science, with an emphasis on principles and mechanisms of health, disease, and modes of therapy. Step 1 is a computer-based examination consisting of multiple-choice questions administered over a total examination time of about eight hours.

College of Medicine students are required to take Step 1 at the end of Foundations and before the start of the Clerkship Year.

**Step 2**: Step 2 is composed of two parts, the Clinical Knowledge portion and the Clinical Skills portion.

**Clinical Knowledge portion:** The Clinical Knowledge portion of Step 2 assesses application of medical knowledge and understanding of clinical science considered essential for the provision of patient care under supervision, including an emphasis on health promotion and disease prevention. This portion of Step 2 is a computer-based examination consisting of multiple-choice questions administered over a total examination time of about nine hours.

**Clinical Skills portion:** The Clinical Skills portion of Step 2 assesses acquisition of necessary skills for delivery of clinical care. It is composed of up to 12 stations for observation of students’ interactions with standardized patients presenting with
ambulatory medical problems. The total examination time is about eight hours. Students are well prepared for this examination by the End of Clerkship Year Clinical Skills Examination.

Neither portion of Step 2 should be taken until after the Clerkship Year. Students may not take either portion of Step 2 during Acting Internships. For the Clinical Knowledge portion of Step 2, students may be released from clinical responsibilities on elective rotations the night before the examination and during the day of the examination. For the Clinical Skills portion of Step 2, students may be released for a maximum of three days to allow for travel to and from the examination site. Students may not take both portions of Step 2 during the same elective rotation. Many students will elect to take one or both portions of Step 2 during a reading or vacation month.

Sequence of taking Step 1 and Step 2: It is not necessary to pass Step 1 before taking Step 2. Both Step 1 and Step 2 (both portions) must be passed before Step 3 may be taken.

Repeating USMLE examinations
Steps may be repeated only if they are failed. It is not possible to repeat a passed examination in order to improve a score. Some state licensure requirements limit the number of times a student may repeat a failed examination, and some set time limits within which all three steps must be completed. No step may be repeated more than twice in any given calendar year.

FAQs
Where is the examination given?
Step 1 and the Clinical Knowledge (CK) portion of Step 2 are computerized examinations administered at private secure testing facilities. The site closest to UVM is in Williston, Vermont. There are testing centers in most major cities.

The Clinical Skills (CS) portion of Step 2 is given at a very limited number of sites, including Philadelphia, Atlanta, Los Angeles, Houston and Chicago.

What does the examination cost?

<table>
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<tr>
<th>Examination</th>
<th>Fee</th>
<th>Effective Dates</th>
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<tbody>
<tr>
<td>USMLE Step 1*</td>
<td>$525</td>
<td>Three month eligibility periods beginning 11/1/10 to 1/31/11 and ending 10/1/11 to 12/31/11</td>
</tr>
<tr>
<td>USMLE Step 2 (CK)*</td>
<td>$525</td>
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<tr>
<td>USMLE Step 2 (CS)</td>
<td>$1120</td>
<td>For completed applications received starting 1/1/11</td>
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<tr>
<td>USMLE Step 3</td>
<td>$730</td>
<td>Three month eligibility periods beginning 11/1/10 to 1/31/11 and ending 10/1/11 to 12/31/11</td>
</tr>
</tbody>
</table>

* An additional regional test site fee is charged to all examinees who test outside the US and Canada

Financial aid resources may be accessed to pay for the costs of both Step 1 and Step 2.

What is the passing score?
The NBME may adjust the minimum passing level at any time. The current minimum passing score for each step is as follows:

<table>
<thead>
<tr>
<th>Examination</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>USMLE Step 1</td>
<td>188</td>
</tr>
<tr>
<td>USMLE Step 2 Clinical Knowledge</td>
<td>184</td>
</tr>
<tr>
<td>USMLE Step 2 Clinical Skills</td>
<td>reported as pass/fail only</td>
</tr>
<tr>
<td>USMLE Step 3</td>
<td>187</td>
</tr>
</tbody>
</table>
The NBME also provides a two-digit score. This score is not a percentile score. It is provided to meet the needs of some state licensing authorities. The minimum passing two-digit score is always 75.

**How do I apply?**
Applications may be completed on the NBME web site. Print the final page and sign the bottom of the form, and bring the form to the Office of Medical Student Education, Given Courtyard, Room N100. The Office of Medical Student Education will attach your photo and verify your student status and eligibility to take the examination. Students may apply for a 90-day period of eligibility. After the application is received, students will be notified by the NBME of their authorization to take the examination and will be given instructions for making an appointment at a testing center. You may pay online by credit card or attach a check to your signature page.

**OTHER EDUCATIONAL ACTIVITIES**

**SUMMER OPPORTUNITIES**

**College of Medicine Summer Research Fellowship**

**Research at UVM, FAHC, nationally or internationally:** Support is available for several Fellowships and will be awarded based on the relative merit of the proposals submitted. Research experience can be either here at UVM or elsewhere but a local mentor is required. In the late fall there will be a meeting about research opportunities in the College of Medicine. Attendance at this meeting is encouraged if applying for a College of Medicine Summer Research Fellowship. You may read the final reports submitted by students who have completed the Summer Research Fellowship program by going to the Student Affairs section of COMET (Summer Opportunities>Summer Research Fellowship). In addition to Summer Research Fellowships funded by the Dean’s office, other sources of funding include individual faculty sponsors (who may have grant monies), departmental training grants or other sources depending on the specific area of research. Information on other programs can be found on bulletin boards by department offices, as well as notices periodically e-mailed or sent to your Given mailboxes. Remember, every program has deadlines, and there are students applying to these programs from around the country.

Students who wish to apply for College of Medicine Summer Research Fellowships at UVM will receive a maximum of $3,000 for a minimum eight-week project. These funds provide a stipend intended to support student living costs over the summer and are taxable. They are not for project costs. Also, the total number of stipends will be limited, but usually around ten are available. Brief but formal proposals must be submitted in the spring with final reports due in the fall. **Three awards will be given based on the merit of the project and the final report.** Recipients of the award will receive $500 and recognition at graduation. In addition, the recipients will be asked to present a brief summary of their experience to the next year’s class. While students that obtain funding through other means are not required to submit a final report, all those who wish to be eligible for the COM Summer Research Award will be required to submit a final report.

For more information on summer research contact Ira Bernstein, M.D., Senior Associate Dean for Research and Academic Affairs & Professor of Obstetrics, Gynecology and Reproductive Sciences; Ann Chauncey in the Medical Student Education Office, or the particular department in which you are interested.

**Area Health Education Centers (AHEC) Programs**

VT AHEC is a network of academic and community partners working together to improve the distribution, diversity, supply, and quality of the healthcare workforce in Vermont. VT AHEC is a statewide infrastructure consisting of a program office at the University of Vermont College of Medicine and three regional centers (Northeastern Vermont AHEC in St. Johnsbury, Champlain Valley AHEC in St. Albans, and Southern Vermont AHEC in Springfield), each an independent
501(c)(3) non-profit organization capable of providing support for community healthcare systems. VT AHEC efforts focus on achieving a well-trained workforce so that all Vermonters have access to quality care, including those who live in VT’s most rural areas and VT’s underserved populations.

AHEC works to increase the supply, stability and education of Vermont’s healthcare workforce, and provides a link between the University of Vermont College of Medicine and Vermont’s communities. These efforts include two broad Aims:

1) To improve access to high quality healthcare by promoting an appropriate and adequate healthcare workforce in Vermont, and
2) To be engaged with, and responsive to, community health care needs throughout the state.

VT AHEC works across the healthcare workforce pipeline from middle school students to practicing health professionals (medical, nursing, dental, health sciences) on programs such as health career awareness, summer camps, job shadowing, pre-professional enhancement, clinical rotations for health professions students and medical residents, interdisciplinary and community-based projects, recruitment and retention programs, National Health Service Corps, continuing education for health professionals, and educational loan repayment programs.

VT AHEC collaborates extensively with healthcare workforce stakeholders throughout the state including schools, practices, healthcare organizations, professional societies, policymakers, government agencies, and many community organizations. AHEC is an essential healthcare workforce development infrastructure in the state working to “Connect students to careers, professionals to communities, and communities to better health.”

Examples of AHEC resources offered to students:

- Support during clinical rotations (e.g., provide housing for rural rotations)
- Support, along with the Family Medicine Interest Group and AMSA, National Primary Care Week each fall at the College of Medicine
- Provide stipends for summer community-based projects
- Sponsor community interdisciplinary projects with Medical, Social Work, Nursing, Physical Therapy, and other health professions students
- Host the annual Recruitment Days at the College of Medicine to connect students with area healthcare recruiters
- Administer the Vermont Educational Loan Repayment Program for Healthcare Professionals on behalf of the State; Serve as National Health Service Corps Ambassadors
- AHEC Freeman Physician Placement Specialist connects UVM alumni and FAHC residents with jobs

Contact Information:
Elizabeth Cote, Director
University of Vermont College of Medicine
Office of Primary Care and AHEC Program
UHC Campus, Arnold 5, 1 South Prospect St., Burlington, VT 05401
Phone: (802) 656-0030 Email: elizabeth.cote@uvm.edu  Web site: www.vtahec.org
PATHOLOGY STUDENT FELLOWSHIP

The Pathology Department offers students who have completed the Clerkship Year a unique educational experience. For one year prior to beginning Advanced Integration, student fellows are exposed to first-hand experience in pathology. The experience is a valuable opportunity to develop an appreciation of the pathogenesis and diagnosis of diseases. The final level of medical studies is deferred and the student fellows join the next graduating class. Former student fellows have found the experience very rewarding.

The required rotations are 4 months of Surgical Pathology and 2 months of Autopsy, and the remaining months are electives and research.

Contact Jane Murray at 847-0392 for a list of former and current student fellows. For consideration for next year’s class, please contact John Lunde, M.D. at 847-5135.

RESEARCH

Research can be among the most valuable experiences of formal or informal medical education. The time you devote to research during Foundations depends upon your motivation and priorities. It is possible to pursue clinical or laboratory research in a less formal fashion through the clinical and academic departments.

Each year some students choose to take part in a variety of research opportunities that are offered to medical students locally and nationwide. There are many programs available that focus on clinical and/or basic science investigations.

Program durations can vary from a few months to a few years and opportunities can be found at universities across the country and in many different countries. There are programs to suit almost any interest. Different programs have their own requirements and expectations of their participants. It helps to get this information sooner rather than later.

Programs that have gained national recognition and/or that UVM students have recently participated in include:
- Doris Duke Clinical Research Fellowship for Medical Students
- Howard Hughes Medical Institute (HHMI) Research Scholars Program
- Medical Student Neuroscience Research Fellowship (at UVM)
- NIH Clinical Research Training Program

Another helpful web site about research opportunities for medical students is:
- National Student Research Forum

Local faculty contacts are available to provide information about current research projects available for medical students at the UVM COM. Dr. Ira Bernstein, Senior Associate Dean for Research, can help provide appropriate contacts for specific areas of research interest. The Office of Medicine Student Education also maintains a small list of current research opportunities and will e-mail information about them to students over the course of each year.

WELLBEING

PRIMARY CARE AND MENTAL HEALTH

UVM Center for Health and Wellbeing (CHWB)
www.uvm.edu/health

Explore the CHWB website for more information about the wide variety of services provided, the credentials of staff members, and the resources available to you.
UVM’s Center for Health & Wellbeing is comprised of several offices which collectively provide accessible, high-quality, cost-effective, prevention-oriented care and prevention/educational outreach programs and referral services designed specifically to meet the needs of UVM students. To be eligible for services, students must pay the Health Fee, which covers basic office services. In addition, all UVM students are required to have health insurance to cover specialty care, emergency treatment, diagnostic tests not covered by the Health Fee, prescriptions and hospitalization, as well as primary care (sickness or accident/not preventive) when away from Burlington. You must sign up for the coverage offered by UVM or supply the name of your current insurance provider. This can be done by visiting www.uvm.edu/health/insurance and completing the Insurance Policy Decision/Waiver Form.

Student Health
425 Pearl Street, T: 802- 656-3350, F: 802- 656-8178
Monday-Friday, 8am – 4pm by appointment.
Saturdays during the school year, 9am-1pm for acute care.
Student Health sees students by appointment for acute and chronic medical problems and injuries, preventive care (health risk assessment, smoking cessation, allergy injections, immunizations, preparation for foreign travel, and men’s health issues).

Women’s Health
425 Pearl Street – 2nd Floor Rm. 2221, T: 802-656-0603, F: 802-656-0779
Monday-Friday, 8am – 4pm by appointment.
Women’s Health sees students by appointment for annual exams, pap tests, treatment for vaginitis, urinary tract infections, prevention and management of sexually transmitted infections, and pregnancy prevention options, including emergency contraception.

Nutrition
Several locations on campus. T: 656-3663
Monday-Friday, 8am – 4pm by appointment.
Nutrition Services is staffed by two registered dietitians who provide individual consultations, group presentations and special events to students. They also work collaboratively with other CHWB staff to help students overcome problem eating.

Mental Health
In your training to become a physician you will face many new challenges and stresses. At certain times, starting from your first year of medical school, the stresses (whether academic or personal) may become too difficult to face by yourself. You should know that these difficulties are common. And while feelings of loneliness or frustration at times are normal among medical students, severe or persistent problems with mood and anxiety are not and may be both distressing and impairing. If you find that handling both the demands of school and the changing aspects of your private life are overwhelming, you can and should seek help. Many medical students before you have done so and most have benefitted from it. You should never feel you must resolve a crisis alone.

Please do not let costs and finances stand in the way of getting relief from your concerns. Your wellbeing is more important in the long run. Services are available to you though the Center for Health and Wellbeing’s Counseling Center & Psychiatric Services, which employs an excellent group of psychiatrists. The UVM Student Health Insurance Plan offers limited coverage for outside services. In addition, the Committee on Medical Student Wellbeing can help you identify resources and options.

UVM Counseling Center & Psychiatric Services
The Jacobs House Office: 146 S. Williams Street, P: 802.656.3340, F: 802.656.8022
The Redstone Office: Christie/Wright/Patterson Complex: 436 S. Prospect Street, P: 802.656.0784
The Counseling Center is a unit of the UVM Center for Health and Wellbeing. Individual, couples and group counseling are available to all enrolled medical students. Most student concerns and psychological problems are worked with in-house, while some specialized and longer-term matters may be referred to community psychotherapists. Counseling sessions are free, confidential, and typically scheduled once per week for 45-50 minutes. The UVM Counseling Center works substantially with a short-term therapy model, meaning during your intake session (1st appointment) you and a counselor will plan for your therapy. This will include talking about the number of times you’ll likely meet, the areas you’ll focus on, and some goals for counseling. Clinicians include licensed psychologists, clinical mental health counselors, and a licensed alcohol and drug counselor.

Psychiatric evaluation and care are also available through the CHWB. A staff of 3 board-certified psychiatrists works closely with the CHWB staff and provides individual services to UVM students. Services are not covered by the Health Fee. If you have the UVM Student Insurance plan, the CHWB will bill them directly. If you do not have that insurance plan, the charges associated with your visit(s) will be applied directly to your UVM account and you are then responsible for submitting statements to your individual insurance company if you have coverage for such services. Many times, services are not covered by other insurance companies, so be sure to check your coverage prior to scheduling an appointment.

**Danbury Hospital, Danbury, CT**
Information on primary care and mental health services can be found on COMET.

**St. Mary's Health Center, West Palm Beach, FL**
Information on primary care and mental health services can be found on here.

**Maine Medical Center, Portland, ME**
Information on primary care and mental health services can be found here.

**Eastern Maine Medical Center, Bangor, ME**
Information on primary care and mental health services can be found here.

### HEALTH INSURANCE

All UVM students are required to have health insurance to cover specialty care, emergency treatment, diagnostic tests not covered by UVM’s Health Fee, prescriptions and hospitalization, as well as primary care (sickness or accident/not preventive) when away from Burlington. You must sign up for the coverage offered by UVM or supply the name of your current insurance provider. This can be done by visiting www.uvm.edu/health/insurance and completing the Insurance Policy Decision/Waiver Form.

### DISABILITY INSURANCE

All students are automatically enrolled in the UVM College of Medicine long-term disability insurance plan issued by Guardian Insurance Company. For all medical students the annual fee is $93. For complete information refer to the Disability Insurance brochure which will be available in your orientation packet. Additional brochures will be available in the Student Affairs Office. **You will need to complete a beneficiary form by the time you matriculate.**

### MISTREATMENT OF MEDICAL STUDENTS & SEXUAL HARASSMENT

Mistreatment of medical students should not occur! If it happens to you, it can be very troubling. The worst thing that you can do is to keep it to yourself. By talking about it with someone whom you trust, you can put the events into perspective and
decide what action, if any, you wish to take. While the faculty and administration in no way condone mistreatment of medical students, we recognize that it may occur. If you feel that you have been mistreated, there are several things you can do.

- Talk to your peers about what happened. Get their feedback.
- Speak directly to the person whom you feel has mistreated you; tell them what they have done and how it makes you feel.
- Speak to the supervisor of the person whom you feel has mistreated you and describe the situation.
- Meet with Dean Waterman to describe the mistreatment and seek his advice and/or intervention. Refer to the formal policy statement located on line at: http://www.uvm.edu/~uvmppg/ppg/student/studentharas.pdf

**LEARNING SUPPORT**

**TUTORING**

Some students may require greater assistance than is routinely provided by faculty members. For those students, the Office of Student Affairs will provide financial support for tutorial assistance to students experiencing academic difficulty in Foundations. A maximum of two hours per week per student will be reimbursed by the College of Medicine. If there is a shortage of tutors, a department may limit the extent of tutoring to one hour per week.

Course directors will decide whether or not they wish to offer tutorial assistance in their courses. Course directors are responsible for recruiting appropriate tutors. Sources for such recruitment include faculty members, graduate students, and medical students who have previously excelled or are currently excelling in the course. No financial payments will be provided for faculty members providing tutorial assistance. For other tutors, payment will be authorized at a rate of $20 per hour of face to face time with one or more students. Tutors’ preparation time will be reimbursed in addition, at the maximum of 30 minutes preparation for one hour of face to face tutoring. There is no increment in reimbursement when the tutor works with more than one student.

Course directors are responsible for submitting the appropriate information to the Dean’s Office in order to secure payment for the tutors. This information includes the tutor’s name, home address, social security number, and hours of service provided.

While individual departments may elect to supplement tutorial payments from their own resources, there is no expectation for this to be done. Our rate of $20 per hour compares favorably to rates paid at other medical schools. The Associate Dean for Student Affairs will identify students who are eligible for tutorial assistance and will inform both the course directors and the students. Students who are in jeopardy of failing a course are eligible for tutoring. When a student’s performance improves on subsequent examinations, the course director and the student should evaluate together whether or not continued tutoring is indicated. If there is a shortage of tutors, they should be assigned preferentially to those students with the greatest continuing academic difficulty.

Any student who fails a course will be eligible for tutoring in the subsequent course. Marginal pass grades do not generally cause a student to be eligible for tutorial assistance.

To retain eligibility for tutorial assistance, students must:

- attend all classes and laboratories
- attend all structured review sessions
- prepare in advance for tutorial sessions
- keep scheduled appointments with tutors
If a student is not meeting these requirements, the course director should notify the Associate Dean for Student Affairs, who will inform the student of his or her loss of eligibility for funded tutorial assistance. Course directors are encouraged to provide training and guidance for tutors.

The learning process will often be enhanced by assigning two students to work together with a single tutor. Students who are not eligible for tutorial assistance reimbursed by the Dean’s Office may engage tutors at their own expense.

THE STERN CENTER FOR LANGUAGE AND LEARNING

The Stern Center is a nonprofit educational facility in Williston that partners with the UVM College of Medicine to help you succeed. Dedicated to helping learners reach their full potential, The Stern Center serves students through evaluations, diagnostic teaching and direct instruction.

Stern Center Instructors can:
- Communicate with students online
- Meet with Students on campus
- See students at the Stern Center

If you are experiencing difficulties reading, writing, studying or taking tests; you may want to consider contacting The Stern Center. Scholarships may be available to eligible students – contact: Dr. Waterman or Ann Chauncey

The Stern Center for Language and Learning
(802) 878-2332

Policy Regarding Reimbursement of Testing for Learning Disabilities

To the extent that funds are available, the College of Medicine will provide limited reimbursement for initial diagnostic testing through The Stern Center for Language and Learning for students with academic difficulty, defined as a failing grade in any course or USMLE examination, or “marginal pass” grades in two or more courses, who wish to ascertain whether or not they have identifiable and treatable learning disabilities. Such students should meet with the Associate Dean for Student Affairs prior to scheduling such testing to secure approval for reimbursement. Students are responsible for scheduling their testing with The Stern Center.

The College of Medicine will not provide reimbursement for re-testing of students who have previously been diagnosed as having learning disorders. The National Board of Medical Examiners may require such re-testing for students seeking accommodations when taking the USMLE exams.

UVM ACCESS OFFICE

Contact Jean Haverstick at 656-7753 (A170 Living/Learning Center)

The following is a letter about learning differences sent by a student to her class:

“You mean there are students in our class with learning disabilities?”, I overheard an incredulous classmate ask on one of the first days of medical school. Yes, there are medical students here who have various learning differences…and, in my case, I found out about mine DURING my first year of medical school. Here’s a list of things I figured out about learning differences:

This LD stuff can be lonely, scary, and frustrating – and, although it’s one of the hardest things to do, you need to ask for help. Student Affairs is wonderfully supportive, and will be glad to assist in finding you the help you need. Also, ask student services to help you. Contact other LD students. You don’t have to do this alone!

The staff at ACCESS (A170 Living/Learning Center; 656-7753) is a great resource. They’re experts at helping with learning strategies and they are knowledgeable about area resources.
About the Board exams: Please apply for accommodations early, and be prepared to show exhaustive and current (within three years) documentation of your diagnosis and accommodations. You won’t be able to register for your test date until your accommodations are set up – a process that is both lengthy and infuriating, because the Boards folks are notorious for not granting accommodations. For more information, contact Jean Haverstick. The board accommodation guidelines can be found at www.nbme.org or you may call Disability Services at (215) 590-9214. Check out AMSA information on medical students with disabilities http://www.amsa.org/advocacy/cod/accommodations.cfm

**COLLEGE OF MEDICINE COMMITTEES**

**STUDENT COUNCIL**

Each class has four representatives who serve on Student Council. The representatives are nominated and elected each fall shortly after classes begin. Each class should elect individuals who are best qualified to take the initiative to organize academic and social activities such as schedule changes, class parties, class purchases, and skits for the Osler Banquet. Additionally, the first-year class representatives oversee the COM student host program. The representatives are each class’s liaison with the Dean’s Office and the Alumni Association. They also voice opinions through the Council on more controversial issues, such as study space and library hours.

The Activity Fee is $60 each year or $30 each semester. You pay this amount as part of the Comprehensive Fee listed on your tuition bill. A portion ($10±/student/year) is assigned to The Pulse, the College of Medicine’s annual yearbook. (The Pulse is available to all students in early May and there is no additional charge.) The remaining amount, $50/student, is deposited into two budget accounts: $45/student will remain in the Council budget and $5/student is allocated to each class for its own use. Student Council funds purchase the coffee mugs for the first-year class, contribute to student organizations and support appropriate social functions.

Please feel free to contact the following Student Council class representatives:

<table>
<thead>
<tr>
<th>Class of 2011</th>
<th>Class of 2012</th>
<th>Class of 2013</th>
<th>Class of 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Johnston</td>
<td>Tristram Arscott</td>
<td>Katherine Clark</td>
<td>Michael Mollo</td>
</tr>
<tr>
<td>Caroline Moats</td>
<td>Martha Choate</td>
<td>Shane Diamond</td>
<td>Patrick Ng</td>
</tr>
<tr>
<td>Yangseon Park</td>
<td>Andrew Erb</td>
<td>Shetal Patel</td>
<td>Vanessa Patten</td>
</tr>
<tr>
<td>Susan Varga</td>
<td>Auna Otts</td>
<td>Lynsey Rangel</td>
<td>Benjamin Ware</td>
</tr>
</tbody>
</table>

**COMMITTEE ON ADVANCEMENT**

The Committee on Advancement comprises a representative of each of the Basic Science and Clinical departments of the College of Medicine, as well as one representative from each class of the medical school. It is chaired by the Associate Dean of Student Affairs. The committee is charged with evaluating the total performance, of each medical student. This occurs at least twice in each of the three major curricular segments. A major responsibility of the members of the Advancement Committee is to protect the community from those who, as indicated by their actions in medical school, would likely be poor practitioners of medicine. Each committee member balances this responsibility by keeping the student’s interests high, seeking reasons for poor performance, and making every effort to facilitate the student’s efforts to improve his or her performance. There are times when the committee decides, by majority vote, that a student is not qualified to continue his or her medical education at this institution. Your class representative will share in these responsibilities. Consequently, you must decide what qualities are required of this person, although empathy and maturity are two that are frequently cited. You will be asked to vote for your nominee in the spring when you will have had a chance to get to know your classmates. The committee members, including student members, are appointed by the Dean.
For more information about this committee, you should speak to the Associate Dean for Student Affairs or one of the Committee members. The current class members are: Megan Gossling, ’11, James Dunlop, ’12, and Laura Sturgill, ’13.

**COMMITTEE ON INSTRUCTIONAL IMPROVEMENT**

This committee is made up of three Foundations faculty and three Clinical faculty, the chair of the committee, and three students who are appointed by the dean through the Student Education Group. The students are in the second, third, and fourth year classes and serve until graduation unless they are away for an extended period. The students poll their classmates’ opinions in class meetings, surveys, or individual conversations and provide the committee with a student viewpoint.

The committee continuously reviews and evaluates the educational programs of the medical college. The committee investigates evaluations and talks to course directors to identify and solve problems. The committee also reviews Advanced Integration evaluations. The committee’s ultimate goal is to increase the efficacy of teaching. For example, they founded a resident teaching award for excellence in teaching by the house staff, which is voted on by Clinical Clerkship students. The committee recommends actions to the Dean’s Advisory Council, the Dean, and the faculty. The committee is reappointed each year. Students interested in serving on this committee are interviewed and selected by the committee members. Contact Dino Barhoum, Daniel Kim, and Jonathan Jolin.

**COMMITTEE ON MEDICAL STUDENT WELL-BEING**

The Wellness Committee is a group of students comprised of four elected members from each College of Medicine class who are available for confidential support, a listening ear and help with navigating the support resources that are available to you. Adjusting to med school can be quite a challenge. As the academic pace ramps up, it can sometimes feel overwhelming to balance school work, relationships, time for yourself, etc. We are here to make this transition less anxiety-producing, so flag us down in the hall, e-mail us, call us—any way you choose!! We want to emphasize that anything you discuss with us is held in the strictest of confidence.

Counseling Center: 802-656-3340

Class of ’11: Nick Aunchman, Ben Briggs, Larry Dagrosa, Marisa Hori
Class of ’12: Meghan Beucher, Brandon Chapman, Megan Malgeri, Louisa Salisbury
Class of ’13: Idil Atkan, Elisabeth Anson, Krista Buckley, Mark Dammann

**STUDENT MEDICAL ASSOCIATIONS**

**AMERICAN MEDICAL ASSOCIATION & THE AMA MEDICAL STUDENT SECTION**

The AMA is the largest and politically the most powerful medical organization in America. Its publications provide an educational forum for scientific, ethical and political issues in medicine. Benefits include:

- Journal of the American Medical Association (JAMA) weekly;
- AMA News, a weekly newspaper;
- Pulse, the monthly newsletter of AMA-MSS;
- AMA specialty journal monthly;
- AMA Drug Evaluations to second-year students (useful in Pharmacology);
- Pulse monograph on residency training;
- AMA Directory of Residency Training Programs and Role of Students in Accreditation of U.S. Medical Education Programs;
In the Marketplace, a resource document on female physicians;
Membership in the Vermont Medical Society
Numerous other benefits, including excellent discounts on insurance and car rentals, books and medical equipment.

The AMA-MSS is the medical student section of the AMA. It is a service-oriented organization geared toward improving the health of the immediate community. Projects range from food drives and blood pressure clinics to health education. Funding from the national organization is available to those who want to start a specific project. The AMA-MSS is the vehicle through which students can voice their opinions and views through representation at conferences at the local and national levels. As members of the AMA-MSS, students are automatically granted membership to the Vermont Medical Society (VMS) and may attend the VMS meetings, which will be advertised to members. VMS is a vehicle by which students may voice their opinions and concerns to physicians in the state of Vermont.

The AMA will send information to all first-years. You may contact them, however, in a few ways:
Call (312) 464-5000 x4783;
Contact the president of the AMA-MSS chapter here at The College of Medicine; Louisa Salisbury, ’12.

AMERICAN MEDICAL STUDENT ASSOCIATION

AMSA is committed to improving health care and healthcare delivery to all people; promoting active improvement in medical education; involving its members in the social, moral and ethical obligations of the profession of medicine; assisting in the improvement and understanding of world health problems; contributing to the welfare of medical students, interns, residents and post-MD/DO trainees; and advancing the profession of medicine.

AMSA is the oldest and largest independent association of physicians-in-training in the United States. Founded in 1950 to provide medical students a chance to participate in organized medicine, AMSA began under the auspices of the American Medical Association. Starting in 1960, the association refocused its energies on the problems of the medically underserved, inequities in our health-care system and related issues in medical education. Since 1968, AMSA has been a fully independent student organization. Today, AMSA is a student-governed, national organization committed to representing the concerns of physicians-in-training. With a membership of over 30,000 medical students, pre-medical students, interns and residents from across the country, AMSA continues its commitment to improving medical training and the nation’s health. On the local level, AMSA develops “National Primary Care Week” at UVM, participates in community outreach programs, and sponsors “Brown Bag Lunches” on a variety of topics. These include: AIDS; Bioethics; Child & Adolescent Health; Community Health; Death & Dying; Disabilities; Geriatric Health; Health Through Peace; Humanistic Medicine; International Health; Legislative Action; Lesbian, Gay, and Bisexual People in Medicine; Medical Education; Minority Affairs; Nutrition and Preventative Medicine; Occupational and Learning Environmental Health; Premedical Education; and Women in Medicine. Membership includes a FREE Netter’s Atlas of Human Anatomy (valued at ~$65), and many other great services and benefits. See the following for more details: http://www.amsa.org/member/benefits.cfm.

Membership is $65 for five years, or until you graduate medical school.
If you want to join or become involved in any AMSA activities, please contact one of the AMSA officers at the UVM College of Medicine: Mariah Stump ’12, Katie Casas ’12, Angus Beal ’11.

AMERICAN MEDICAL WOMEN’S ASSOCIATION

The UVM chapter of AMWA is an organization of medical students, faculty, and practicing physicians committed to the advancement of women in medicine. The national AMWA mission states, “AMWA is an organization that functions at the local, national, and international levels to advance women in medicine and improve women’s health. We advocate this mission by providing and developing leadership, advocacy, education, expertise, mentoring, and strategic alliances.” As medical students here at UVM, we achieve this mission by offering an environment that nurtures the growth and development of future female physicians. This translates into educating us and our colleagues about women’s health and the
role of women in medicine, and by actively promoting gender equity by monitoring our medical curriculum and training for inclusion of women and women’s health issues. AMWA members may also engage in political and social advocacy on a state and national level.

UVM’s AMWA Chapter holds many events throughout the year. The two largest are Girls Science Discovery Day, and the presentation of the Gender Equity Award. Girls Science Discovery Day is an open house for seventh- and eighth-grade girls, with the purpose of exposing them to and encouraging their interest in the health sciences and other scientific disciplines. The Gender Equity Award, established nationally in 1994 and at UVM in 1997, is sponsored by Pharmacia & Upjohn, Inc., and honors those faculty members, men or women, who promote a gender-fair environment for the education and training of physicians. In addition to these two events, AMWA sponsors a number of “Brown-Bag Lectures” by community health care professionals. Past topics include motherhood and medicine, nurse-midwifery, abortion, and domestic violence. All students are welcome. There are abundant leadership opportunities, and ideas for new programs and events are encouraged!

National membership is $50 for the duration of medical school education. Membership includes a newsletter, scholarship and loan information, a bed & breakfast program, and national and local conferences and workshops. For further information on the UVM chapter, please contact Martha Choate, ’12. You may also contact the national organization at:

**AMWA**

801 N. Fairfax St., Suite 400
Alexandria, VA 22314
(703)838-0500
[info@amwa-doc.org](mailto:info@amwa-doc.org)

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**AAMC ORGANIZATION OF STUDENT REPRESENTATIVES**

The OSR was created by the American Association of Medical Colleges (AAMC) in 1971. Each medical school may have two OSR representatives, one official rep and one alternate. The OSR reps’ responsibilities are multiple. We act as liaisons between UVM medical students and the AAMC; we participate in the exchange of ideas between OSR reps at medical schools across the country; and we facilitate UVM students’ actions on health care issues. The OSR reps will periodically coordinate “Brown-Bag Lunches” on topics of interest to students and maintain a bulletin board in the student lounge with current information about national changes that affect us as medical students (i.e., financial aid, loan repayment, health care reform, minority students, women in medicine). Back issues of informative newsletters can be found on reserve at the Dana Library in the OSR folder.

The OSR publishes the OSR Resource Manual with information about student-initiated projects and events that have been successful at other medical schools. The OSR Housing Exchange is another publication that can be useful for fourth year medical students traveling on residency interviews. Your current OSR representatives are: Chase Petersen, ’11, Jessica Chao, ‘12, and Vicash Dindwall, ’13. The OSR reps need your input and suggestions to be successful. If you have questions, concerns or ideas, please contact Chase, Jess or Vicash, or contact the national headquarters:

**Donna Yudkin**

AAMC
2450 N Street, NW
Washington, DC 20037-1126
(202) 828-0682

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**CHRISTIAN MEDICAL & DENTAL SOCIETY**

CMDS is a national organization composed of Christian professionals and students in medicine, dentistry and allied health fields. The purpose of CMDS is to motivate and equip clinicians to practice faith in Jesus Christ in their personal and professional lives. Nationally, CMDS also promotes short-term mission trips that serve more than 120,000 patients annually. These include “eye projects” that fit glasses to 85,000 people each year. As a local chapter we hope to continue assisting this
effort by collecting used glasses through the “Recycling Joy” program. UVM has an active CMDS chapter of practicing physicians, residents, and students. We meet to encourage each other to continually seek truth, wisdom, inner peace and joy in our personal lives.

CMDS activities are open to anyone and include:
- Weekly bible study/fellowship meetings;
- Monthly potluck dinners with speakers addressing such issues as overseas medical care, opportunities for ministry, ethical bases for decisions in medicine, death and dying and enhancing relationships;
- Development of service projects to help meet the needs of people in the local community;
- Regional and national conferences.

For more information please contact: Shayna Rivard, ’11.

COLLEGE OF MEDICINE VOLUNTEER ACTIVITIES AND INTEREST GROUPS

Students take part in a wide range of activities outside of the classroom and clinical settings. A full list of student interest groups, committees and volunteer activities is available here.

DEVELOPMENT AND ALUMNI RELATIONS OFFICE

AND MEDICAL ALUMNI ASSOCIATION

The Development and Alumni Relations office, currently located in the Given Courtyard, is the on-campus link between the College’s nearly 4,000 alumni and the greater College of Medicine community, including current students. We offer many opportunities for students to take advantage of the College’s strong alumni network and are responsible for raising money to support the College and its students, which last year totaled over $11 million in contributions from alumni and friends.

The College’s alumni provide financial support primarily through the UVM College of Medicine Fund—the College’s greatest-need fund which largely supports student scholarship and activities as well as student and alumni programming. To learn more about this fund and other funds supported by alumni go to www.med.uvm.edu/giving. Each year, UVM College of Medicine alumni participate in giving at one of the highest rates among alumni of all nation’s medical schools – public or private.

As students, you are already members of the Medical Alumni Association (MAA). The MAA is represented by the Alumni Executive Committee (AEC), a committee of medical alumni from every decade who meet twice a year with the Dean and our office to discuss current happenings and future plans for the College as well as fundraising operations and opportunities. The Student Council holds one voting position on the committee and students are invited to participate in these meetings regularly.

Please stop by the Development and Alumni Relations office to learn more about what we do, what we can offer you, and the College’s generous alumni and donors who support your success - or just to say hello!

Among other things, Alumni Association funds support:
- Student scholarships
- Student interest groups
- The Wellness Committee
- Student events such as White Coat Ceremony and the 4th year dinner
- Vermont Medicine, the College’s award-winning magazine
• Facilities and curriculum

Contact the Development & Alumni Relations Office to get information about:

- The donor of your scholarship and how to contact that donor to say “thank-you”
- Alumni in a specific residency program or specialty about which you’d like to learn more.
- Alumni in a location where you’ll be traveling for a summer internship or residency interview.
- Alumni at a specific institution where you’ll be interviewing to help you prepare for that interview.

**Medical Alumni Association Alumni Executive Committee--Fiscal Year 2011**

**Alumni Officers**

James C. Hebert, M.D.’77 – President (2011 -2013)
Mark Pasanen, M.D.’92 – President-Elect (2011-2013)
H. James Wallace, III, M.D.’88 – Secretary (2011-2013)
Paul B. Stanilonis, M.D.’65 – Treasurer (2011-2013)

**Alumni Members-at-Large**

Mark Allegretta, Ph.D.’90
Naomi R. Leeds, M.D., ’00 M.P.H.
Leslie S. Kerzner, M.D.’95
H. James Wallace, III, M.D.’88
Betsy L. Sussman, M.D.’81
Don P. Chan, M.D.’76
Suzanne R. Parker, M.D.’73
Ellen Andrews, M.D.’75
Frederick Mandell, M.D.’64
Jacqueline A. Noonan, M.D. ’54
Carleton R. Haines, M.D. ’43

**FINANCIAL AID**

In addition to the federal Stafford and Graduate PLUS loan programs which are the primary sources of financial assistance for the majority of our medical students, the generous donations of friends and alumni of the College of Medicine support a limited number of need-based scholarships and low-interest loan programs.

The Free Application for Federal Student Aid (FAFSA) is the only financial aid application required by the University of Vermont College of Medicine. To ensure consideration for all available sources of financial aid, submit your FAFSA online at [www.fafsa.gov](http://www.fafsa.gov) before the March 1st for the following school year and report parental financial information on your FAFSA. Although parental information is not required by the federal government, it is required if you wish to be considered for all available University scholarship programs.

For detailed information about financial aid eligibility, the applications process, your financial aid budget, and the terms and conditions of your financial aid award, visit [www.uvm.edu/sfs](http://www.uvm.edu/sfs) or contact the Office of Student Financial Services.

UVM Student Financial Services
221 Waterman Building
85 South Prospect Street
Burlington, VT 05405
Tel. (802) 656-5700
Fax (802) 656-4076

Student Financial Services
College of Medicine Satellite Office
Courtyard at Given N-113
Staffed: Tuesdays 8 – 11 AM and 12 – 4 PM
E-mail: comfao@uvm.edu


**HOUSING**

While the UVM doesn’t provide on-campus housing for medical students, there are helpful resources available to assist you with your housing search. Please visit UVM’s Off-Campus Housing site ([http://offcampushousing.uvm.edu/](http://offcampushousing.uvm.edu/)) and take a look at the helpful links and information below.

**Prioritizing Your Housing Needs**
Before you begin looking for a place to live, set priorities. Since this is going to be your home during a stressful time in your life; know yourself and know what you need to thrive.

Some Thoughts:
- Pay attention to your budget and be thoughtful about what you can afford.
- Do you have a cat or dog? If so, be aware that with housing often in short supply in Burlington, many landlords will refuse to allow pets, while others will require an extra security deposit.
- Is being geographically close to other students critical? Do you want to live near other families?
- Do you want a room or an apartment? Are you willing to live with roommates, or do you prefer to live alone? Do you want to live with non-medical school people? This should help narrow your apartment search. If you are willing to live with roommates, think about whether your different lifestyles will conflict.
- Is it necessary to be within walking distance to school? To town? If so, get a map of the Burlington area and circle a radius within which you are willing to walk.
- Keep in mind that when you live farther away from campus, what you save in rent you may lose in commuting expenses. Your preferred walking distance may change in mid-winter. Check a map, because an apartment in Winooski may be closer to school than one in Burlington.
- Try to get a place with off-street parking (there are frequent winter snow parking bans in the Burlington area).

**Knowing what you want first may prevent you from looking at places that are unsuitable.**

**Finding Housing**
- Check the bulletin boards in the Given Building and in the Waterman Building for available places and roommates.
- Tell people you meet that you are looking for a place to live; they may have some good leads for you.
- Search through Classified Ads:
  - The [Burlington Free Press](http://burlingtonfreepress.com) provides a comprehensive source for learning rental rates in and out of the city.
  - [Seven Days](http://sevendaysvt.com) is a local newspaper with another comprehensive classifieds list.
  - [Craig’s List](http://craigslist.org) is another useful resource for housing listings.
  - Visit [www.burlingtonapartments.com](http://www.burlingtonapartments.com) for listings in the Burlington area.
  - Realtors may be able to help you find specifically what you want. Here are a few local realty companies:
    - Hickok and Boardman
    - Lang Associates Realtors
    - RE/MAX North Professionals

**Before You Rent**
When inquiring about a rental, ask for specifics about services provided, such as heat, hot water, appliances, laundry facilities, parking space, and responsibility for repairs. Electric heat will cost you a fortune in Burlington’s cold winter season; look for gas heat, or heat included with the rent. Look for such items as storm windows, heavy curtains, fireplace, and maybe a wood stove. Budget payment plans for utilities are available. Be sure you ask about heating costs, if they are not included in the rent and then add 10-20% to that estimate. For information on what the previous tenant has paid for electricity, call the local power company. This is an unbiased way to get a fair estimate.

Electricity and Gas Providers in the Burlington Area:
- [Burlington Electric](http://burlingtonelectric.com): (802) 865-7300 or (802) 658-0300 (when you call, ask about “off-peak” electricity)
• Green Mountain Power: (888) 835-4672
• Vermont Gas: (802) 863-4511

Be sure to ask your prospective landlord for the names of the utility providers for the property you are considering renting.

Renter Know-How
As with any apartment, it is always important to get a copy of the rental agreement, signed by both you and the landlord. In addition to a month’s rent payment up front, most landlords will require a security deposit. Be sure to get a receipt for any cash paid. It is also advisable to thoroughly inspect the apartment with your landlord before you move in and document any pre-existing damages. If you foresee any problems, taking dated photographs of any damage is also a good idea.

Although seeing a place first is always a good idea before renting it, sometimes it’s simply not possible because of distance, money, and/or time. If you find yourself needing to make housing arrangements from out-of-town, here are some thoughts:

- An apartment complex (such as Woolen Mill, Little Eagle Bay, Stonehedge, Centennial Court, Apartments and Family Housing, etc.) is unlikely to falsify the conditions of the apartment. These places also tend to have stricter check-in and checkout policies and overall better quality control.
- Unless a medical school student is personally recommending it, be wary about renting anything sight-unseen.

Renter’s Insurance
Although most landlords carry insurance, it will not cover your personal belongings. To cover theft, fire, and water damage, renter’s insurance is relatively cheap and a good investment. It may be difficult to obtain renter’s insurance if you are living with a group of people. Insurance companies such as Geico, Allstate and State Farm are just a few of the many renter’s insurance providers. You may also find that you can receive a discount by going through your car insurance provider.

Renter’s Rights
If you find the need to break your lease before the term is up, be aware that you may be held accountable for the remainder of the rent. However, the landlord is required to re-rent the apartment as soon as possible. When a new renter is found, your obligations have ended.

It is a good idea to be aware of the laws and renter’s rights. You can access a handbook of Renter’s Rights, also known as: Renting in Vermont, a Handbook for Tenants and Landlords

For information on these topics, call:

<table>
<thead>
<tr>
<th>VT State Housing Authority</th>
<th>Vermont Tenants, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 397</td>
<td>294 North Winooski Avenue</td>
</tr>
<tr>
<td>Montpelier, VT 05601-0397</td>
<td>Burlington, VT 05401</td>
</tr>
<tr>
<td>Phone: (802) 828-3295</td>
<td>Phone: (802) 864-0099</td>
</tr>
</tbody>
</table>

Prices
Housing in the Burlington area is not cheap and tends to get more expensive the closer you get to campus. The following monthly rents are averages of what places charge in the area:

<table>
<thead>
<tr>
<th>Housing</th>
<th>Rent Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studio</td>
<td>$400-$700</td>
</tr>
<tr>
<td>Room for Rent</td>
<td>$300-$600 (may or may not incl. a share of utilities)</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>$600-$900</td>
</tr>
<tr>
<td>2 Bedroom</td>
<td>$850-$1400</td>
</tr>
<tr>
<td>3-5 Bedroom</td>
<td>$1200-$3000</td>
</tr>
<tr>
<td>Condo</td>
<td>$1300-$2500</td>
</tr>
</tbody>
</table>
Life at Apartments and Family Housing

Fort Ethan Allen housing for student families (Apartments and Family Housing) is heaven on earth for those of you who are hitched/parent-like, etc. This little silver lining at the end of your housing woes is found one exit up from the Burlington exits off I-89 between Winooski and Essex Junction. Most of the residents are married and many have children. However, single graduate students can also be found in AFH’s population. It is estimated that approximately 25% of the community is made up of medical students. One pet is allowed at AFH.

These apartments are offered on a first-come, first-served basis and usually become available between May and September. The housing office will try to offer an apartment four weeks before it is available. Rents and security deposits are lower than average. AFH has the advantage of being on the bus line to downtown Burlington and UVM. Buses run from 6 a.m. to 10:30 p.m., generally twice hourly, and the trip to/from campus takes 15 minutes; no service on Sunday; free with I.D.   Bus schedules are available at [http://cctaride.org/bus-information/routes-schedules.html](http://cctaride.org/bus-information/routes-schedules.html).

Here are the costs for housing through AFH:

<table>
<thead>
<tr>
<th><strong>County Apartments</strong></th>
<th><strong>Ethan Allen Apartments</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Bedroom Garden</td>
<td>2 Bedroom Flat, heat incl.</td>
</tr>
<tr>
<td>$770 per month</td>
<td>$1,050 per month</td>
</tr>
<tr>
<td>2 Bedroom Garden</td>
<td>2 Bedroom Townhouse</td>
</tr>
<tr>
<td>$850 per month</td>
<td>$1,020 per month</td>
</tr>
<tr>
<td>2 Bedroom Townhouse</td>
<td>3 Bedroom Townhouse</td>
</tr>
<tr>
<td>$960 per month</td>
<td>$1,085 - $1300 per month</td>
</tr>
</tbody>
</table>

If you have any questions about this housing, or wish to receive an application and brochure, please contact:

**Apartments and Family Housing**
36 Catamount Lane
Colchester, Vermont 05446
Phone: (802) 654-1735  Fax: (802) 654-1737

Applications for housing can also be found online at: [http://www.uvm.edu/~rlweb/graduate_students/](http://www.uvm.edu/~rlweb/graduate_students/)

Purchasing a Condominium or House

Another option for finding housing is buying. A few students (and/or their families) have opted to purchase condominiums or houses in the Burlington area. There are more than 200 condominium complexes (large and small) in Chittenden County. Popular complexes among students are Grandview, Horizon Heights, Tree Top and Twin Oaks. These condominiums start at around $125,000. When purchasing property, include association fees, heating costs, condition of the unit, repairs, taxes, closing costs, location, reliability of the association, and the possibility of a roommate. Heating costs of previous occupants can be obtained by calling the power company — because units vary even within the same complex you must be able to tell them a specific unit. Also, if you are from out of state and are planning on buying in this area, you should take into consideration the resale potential of the home, unless you are planning on staying after your education. Speak to other students who have bought here with respect to how easy/difficult it will be to eventually sell your Vermont real estate. It is advantageous to ask around about housing. Check the newspapers and have a reliable Realtor working for you. As with any investment, shop wisely and get opinions from different sources.

Call the Vermont Housing Finance Agency (VHFA) at (800) 339-5866 for information about first-time buyer/student, finance and mortgage rates. From outside the Burlington Area, visit the National Association of Realtors. You can search for local realtor, and there are plenty of home listings available, as well.
APPENDIX

RULES AND REGULATIONS OF THE FACULTY
OF THE COLLEGE OF MEDICINE
OF THE UNIVERSITY OF VERMONT

Section 1: Objectives of the College of Medicine

1. To provide undergraduate medical students with a sound foundation for careers in any branch of medicine and to prepare them for further training for the many different fields of endeavor.

2. To prepare medical and graduate students for careers as teachers and investigators in medicine and its various disciplines.

3. To provide students in nonmedical disciplines with a background in the sciences basic to medicine.

4. To contribute to the knowledge of medicine through research and to encourage curiosity and critical judgment among students and staff.

5. To review the college's program continually in the light of recent and anticipated advances in the health sciences.

6. To provide opportunities for the continuing education of practicing physicians.

7. To be of service through education.

Section 2: Requirements for Admission

1. Applicants to the University of Vermont College of Medicine are expected to complete the required courses of study by July 1 preceding the matriculation date in a college or university accredited by the National Committee of Regional Accrediting Agencies of the United States.

2. One year each of the following college level courses is required:

   a. Biology (including laboratory)
   b. Physics (including laboratory)
   c. General or inorganic chemistry (including laboratory)
   d. Organic chemistry (including laboratory)

   A laboratory requirement may be waived under unusual circumstances at the discretion of the chairperson of the Committee on Admissions.

3. In addition, because a physician requires a broad and balanced cultural background as well as a technical education, the college recommends as appropriate to an adequate premedical program:

   a. English--at least one and preferably two years of composition and/or literature.
   b. Mathematics--dependent upon secondary school preparation but should include at least an introduction to calculus.
   c. Behavioral sciences--one or two years in the areas of psychology, sociology or anthropology.
   d. The humanities--at least two years of course work in history, philosophy, religion or the arts.

4. The College of Medicine encourages its prospective students to concentrate while in college in a field of knowledge of their choice, whether in the sciences or humanities, and to pursue their interests in depth.

5. Since communication, written and verbal, is essential in scientific and clinical medicine, the faculty of the College of Medicine fully expects applicants to have mastered basic skills in the use of the English language, i.e., proficiency in grammar, spelling, organization, etc.
6. Eligibility of an applicant for admission is determined by the Committee on Admission of the College of Medicine on the basis of the following criteria:
   a. The prior scholastic record of the applicant.
   b. Aptitude and motivation for the study and practice of medicine as determined from the applicant’s autobiographical statements, letters of evaluation and by personal interview with members of the committee.
   c. Behavioral qualities deemed essential for a career in medicine. These include, but are not limited to, judgment, personal insight and perception, personal integrity, personal accountability, responsibility and sensitivity.
   d. The applicant’s scores on the Medical College Admissions Test.

7. Preference for admission is according to the following priorities:
   a. Residents of Vermont.
   b. Residents of states having contractual arrangements with the College of Medicine.
   c. Residents of other states.
   d. Sons and daughters of alumni of the College of Medicine will be given special consideration within the framework of the above policy.

8. Applicants must meet technical standards for admission. A physician must possess the ability, knowledge, and skill to function in a variety of clinical situations and to render a broad spectrum of patient care. All candidates for admission must be able to perform the essential clinical as well as academic requirements of the program. These requirements include the capacity to observe and communicate, sufficient motor ability to perform physical examinations and basic laboratory and diagnostic procedures, emotional stability to exercise good judgment and work effectively in stressful situations, and intellectual ability to synthesize data and solve problems. Applicants with disabilities must be able to meet the above noted requirements either with or without reasonable accommodation.

Section 3: Evaluation of Student Performance and Rules and Procedures Governing the Advancement and Fitness Committees

1. Students will be evaluated by faculty on the basis of their total performance. Such an evaluation will take into consideration not only intellectual abilities, but, when feasible, personal and professional qualities deemed essential for a career in medicine. These include, among others, judgment, personal insight, integrity, personal accountability, and responsibility and sensitivity to others. Performance will be evaluated within the context of the objectives of a course or clinical rotation that will be defined by each course or rotation director and made known to students at the outset. Also, at the beginning of any course or clinical rotation required of all students, students will be informed of the basis for evaluating their performance.

2. Final examinations may or may not be held, at the option of the course or rotation director.

3. Students who fail to present themselves at the appointed hour for any examination at which they are due to appear will be treated as having taken the examination and failed to pass it, unless they are excused from such an examination by the course or rotation director.

4. Student performance will be graded in courses and clinical rotations taught or supervised by the faculty of the University of Vermont College of Medicine on the basis of honors, pass, marginal pass, or fail; other courses or clinical rotations will be graded on the basis of pass or fail. The use of the marginal pass grade indicates concern about a student’s performance but is used only by the Committee on Advancement to identify a problem. On the student’s medical school transcript, marginal pass is recorded as pass. Narrative comments submitted by course and rotation directors shall be recorded in the student’s file and may be referred to in preparation of the Medical Student Performance Evaluation prior to graduation.

5. Because the College of Medicine sets high performance standards as a goal, it is the policy of the College that an official academic standing of pass does not by itself insure that a student will advance in the curriculum (see below).
6. Clinical rotation directors will be responsible for submitting to the dean’s office narrative records of a student’s work at the completion of each clinical rotation. Course directors teaching within Foundations may submit narrative comments when considered appropriate for assessing a particular student’s performance. Copies of all narrative comments submitted shall be included in the student’s file in the dean’s office. Students will have the right to review their files in accordance with general University policy at any time. Students will be apprised of their overall performance and final academic status at the end of each course or clinical rotation.

7. The Committee on Advancement will review the total performance of each student at least twice within each curricular segment (Foundations, Clerkship Year and Advanced Integration) on the basis of grades and narrative comments by the course and rotation directors. Specific procedures under which the committee will operate are as follows:

A. Foundations
   a. Students who have satisfactorily completed the work of Foundations will be advanced to the Clerkship Year by the Committee on Advancement.
   b. Students failing subjects in any of the first year of Foundations may, by vote of the Committee on Advancement, be permitted to remove these deficiencies by satisfying the requirements of the course director(s) concerned prior to commencement of the second academic year. Such requirements will be met, as a rule, during the summer vacation period between the first and second years.
      i. Any student failing to meet the above requirements of the first year of Foundations will be dismissed from the College of Medicine for unsatisfactory performance.
      ii. Under extraordinary circumstances, the above rule (Section 3. [7 A.b.i]) may be waived by vote of the Committee on Advancement, thus permitting a student to carry into the second academic year a single, but not more than one, course deficiency. However, the requirements of the pertinent course director must be satisfied before the end of the December holiday vacation. Any student failing to meet this requirement will be dismissed from the College of Medicine for unsatisfactory performance.
   c. Students failing any of the work of the second year of Foundations, may, by vote of the Committee on Advancement, be permitted to remove these deficiency(ies):
      i. By satisfying the requirements of the course director(s) concerned prior to entrance into the Clerkship Year,
         a. before the start of the Clerkship Year,
         or
         b. by delayed entry into the Clerkship Year. The service omitted will be completed as soon as possible in Advanced Integration.
      ii. Any student failing to meet the above requirements of Foundations will be dismissed from the College of Medicine for unsatisfactory performance.
   d. In addition to the above, the Committee on Advancement may determine that a student has not satisfactorily completed the work of Foundations even if there are no failures in individual courses. Such a determination may reflect consistent or collective marginally acceptable performance. In such cases the Committee on Advancement may require a student to take certain remedial actions including, but not limited to, repeating one or more courses, repeating an entire curricular segment, or the committee may dismiss the student from the College of Medicine.
   e. No student is permitted to repeat the work of Foundations except upon vote of the Committee on Advancement.
   f. A student may withdraw from a course following a written request for good reason to the associate dean for student affairs and approval of that request by the associate dean and the course director at any time prior to the onset of the final examination in the course. The transcript grade for such a course will be recorded as WITHDRAWN unless the student's grade in the course is such that even a perfect score on the remaining examination(s) would not make it possible for the student to earn a passing grade. In that event, the grade will be recorded as FAIL. A student who has a passing performance at the time of the withdrawal may make the course up in a manner acceptable to the concerned course director. A student who has a failing performance at the time of the withdrawal, regardless of whether remaining in the course might make it possible for them to pass the course, must receive permission from the Committee on Advancement to make up the course. The concerned course director will determine the manner of the make-up, provided the permission of the Committee on Advancement is obtained. A student may not progress to the Clerkship Year until all course withdrawals have been made up.
g. Students must fulfill all requirements of Foundations. The nature of such requirements will be clearly communicated in writing at the beginning of Foundations.

B. Clerkship Year

a. Students who have satisfactorily completed the work of the Clerkship Year will be advanced to Advanced Integration by the Committee on Advancement.

b. A student failing one of the Clerkship Year rotations may, on a vote of the Committee on Advancement, be permitted to continue with his/her class, delaying entry into Advanced Integration for a period of time to be specified by the Committee on Advancement until he/she has met the requirements of the department concerned. Failure to meet these requirements will result in dismissal from the College of Medicine for unsatisfactory performance.

c. A student failing two or more Clerkship Year rotations will be dismissed from the College of Medicine for unsatisfactory performance.

d. In addition to the above, the Committee on Advancement may determine that a student has not satisfactorily completed the work of the Clerkship Year even if there are no failures in individual rotations. Such a determination may reflect consistent or collective marginally acceptable performance. In such cases the Committee on Advancement may require a student to take certain remedial actions including, but not limited to, repeating one or more rotations, repeating an entire curricular segment, or the committee may dismiss the student from the College of Medicine.

e. No student is permitted to repeat work of the Clerkship Year except upon vote of the Committee on Advancement.

f. A student may withdraw from a rotation following a written request for good reason to the associate dean for student affairs and approval of that request by the associate dean and the director of the Clerkship Year rotation at any time prior to the onset of the final day of the rotation. The transcript grade for such a rotation will be recorded as WITHDRAWN. A narrative evaluation of the student’s performance prior to the withdrawal will be submitted for incorporation in the student’s permanent record. A student whose work at the time of withdrawing from the rotation is of fully passing quality may make up the rotation in a manner acceptable to the concerned department. A student whose work in the incomplete rotation is of failing or marginally acceptable quality, in the judgment of the director of the rotation, must receive permission from the Committee on Advancement to make up the rotation. The concerned clerkship rotation director will determine the manner of the make-up, provided the student receives permission from the Committee on Advancement to make up the rotation. The Committee on Advancement may authorize a student to take a maximum of three months in Advanced Integration before completing Clerkship Year rotations.

g. A student who fails to attend a scheduled Clerkship Year rotation without having been excused from the rotation by the rotation director and the associate dean for student affairs will be assigned a grade of fail for that rotation.

h. Students must fulfill all requirements of the Clerkship Year. The nature of such requirements will be clearly communicated in writing at the beginning of the Clerkship Year.

i. Students must pass the End of Clerkship Level Clinical Skills Examination (CSE) in order to graduate. To be eligible to take the CSE, all required work of the Clerkship Year must be completed successfully. A student failing the CSE after one attempt must retake the exam. A student failing on the second attempt may, on a vote of the Committee on Advancement, be allowed to remediate his/her performance.

C. Advanced Integration

a. The degree of Doctor of Medicine is granted by the Board of Trustees of the University of Vermont to candidates only upon recommendation of the Committee on Advancement and faculty of the College of Medicine to the University Senate. The Committee on Advancement will initiate these recommendations for all students who satisfactorily complete Advanced Integration.

b. A student failing an Advanced Integration rotation may, on vote of the Committee on Advancement, be permitted to make up the failure in a manner to be determined by the Committee on Advancement in consultation with the department sponsoring the rotation in which the failure was incurred. This requirement shall apply equally to rotations taken at the University of Vermont and to rotations taken at other institutions. In addition, the Committee on Advancement may require modifications in the student’s subsequent plan of study for Advanced Integration. Failure to make up the deficiency to the satisfaction of the Committee on Advancement will result in dismissal from the College of Medicine for unsatisfactory performance.
c. A student failing two or more Advanced Integration rotations will be dismissed from the College of Medicine for unsatisfactory performance, even if the first of the two failures has already been made up.

d. In addition to the above, the Committee on Advancement may determine that a student has not satisfactorily completed the work of Advanced Integration even if there are no failures in individual rotations. Such a determination may reflect consistent or collective marginally acceptable performance. In such cases the Committee on Advancement may require a student to take certain remedial actions including, but not limited to repeating one or more rotations, repeating an entire curricular segment, or the committee may dismiss the student from the College of Medicine.

e. A student may withdraw from a rotation following a written request for good reason to the associate dean for student affairs and approval of that request by the associate dean and the faculty member in charge of the rotation prior to the onset of the final day of the rotation. The transcript grade for such a course will be recorded as WITHDRAWN. A narrative evaluation of the student's performance prior to the withdrawal will be submitted for incorporation in the student's permanent record. A student whose work at the time of withdrawing from the rotation is of fully passing quality may make up the rotation in a manner acceptable to the concerned department. Required rotations must be made up, while elective rotations need not be. A student whose work in the incomplete rotation is, in the judgment of the faculty member in charge of the rotation, of failing or marginally acceptable quality must receive permission from the Committee on Advancement to make up the rotation. The concerned department will determine the manner of the make-up, provided the student receives permission from the Committee on Advancement to make up the rotation. The Committee on Advancement will have the final authority to decide whether the student has met the requirements for graduation.

f. A student who fails to attend a scheduled Advanced Integration rotation, whether required or elective, and whether intramural or extramural, without having completed the appropriate withdrawal procedures and without having been excused by the student's advisor and the associate dean for student affairs will be assigned a grade of fail for that rotation.

g. Students must fulfill all requirements of Advanced Integration. The nature of such requirements will be clearly communicated in writing at the beginning of Advanced Integration.

8. A student who is in danger of dismissal by reason of unsatisfactory performance will be so informed in writing by the chairperson of the Committee on Advancement. This notification shall state the specific reasons for the student's performance being questioned and advise the student of his/her right to appear before the Committee on Advancement and to be accompanied by a faculty or student advisor of his/her choice. The advisor must be a member of the University community and shall not be an attorney or a family member. The student will be informed of the membership of the Committee. If the student objects to the participation of any member of the Committee, the student must provide a written statement of the objection, including the factual basis for the objection, to the chairperson of the Committee at least twenty-four hours before the meeting of the Committee. If the objection is deemed reasonable by the chairperson, the member(s) challenged shall be replaced by an alternate member representing the same department as the challenged member(s). Generally, a member of the Committee will only be removed for actual demonstrated bias. The alternate member will be appointed by the dean in consultation with the chairperson of the concerned department and the chairperson of the Committee. If the student challenges the Committee's chairperson, the dean shall consider the objection and if deemed reasonable shall appoint a substitute chairperson from the faculty membership of the Committee on Advancement or the Committee on Fitness or the faculty-at-large. The appointed alternate member will have full voting rights in the deliberations of the Committee. The student shall have the right to review his/her file before any hearing by the Committee. At the hearing, the student shall have the right to hear the evidence upon which the proceedings are based and attempt to clarify or correct it. The student may present additional data of his/her own to the committee. A record of the hearing will be made and preserved. A student may call witnesses to give evidence in his/her behalf. Decisions made by the Committee during such proceedings will be based upon a simple majority vote by the voting members present while in executive session. The chairperson will vote only in cases of tie. The Committee's sanctions are limited to the provisions of Section 3 (7) et seq. of these rules and regulations. The Committee shall notify the subject student, in writing, of its decision. Sanctions voted by the Committee other than dismissal are final and there shall be no appeal.

9. A student who is dismissed from the College of Medicine shall be notified in writing by the chairperson of the Committee on Advancement of such action and also informed that an appeal may be directed to the dean of the College of Medicine. The written appeal must be based solely upon issues of procedural error(s), or clear abuse of discretion during the proceedings before the Committee on Advancement (or Committee on Fitness), or new evidence which was not available during any hearing before
the Committee on Advancement (or Committee on Fitness). This appeal must be forwarded to the dean within eight (8) business days of the date of the letter indicating the dismissal. The decision of the dean shall be final. Unless a written appeal is received by the office of the dean of the College on or before the 8th business day after the date of the letter indicating dismissal, dismissal will be effective as of the following day. If an appeal is timely filed but the dean’s decision is to affirm the dismissal, dismissal shall be effective on the date of the dean’s decision.

In addition to dismissal on the basis of evaluation processes described in the foregoing paragraphs, a student whose behavior is considered to render him/her unfit for a career in medicine may be dismissed at any time from the College of Medicine. Such negative behavior includes, but is not limited to, demonstrated poor judgment, lack of personal integrity, lack of personal accountability, or the conviction of any criminal act when such an act is found to adversely affect the student’s ability to practice medicine. Students of the College of Medicine are expected to meet, at a minimum, the behavioral expectations found in the University’s Code of Student Rights and Responsibilities and Code of Academic Integrity. Violation of University policy may result in sanctions up to and including dismissal from the College of Medicine. A student’s fitness for a career in medicine may be called into question at any time by a member of the faculty of the College of Medicine. In such an event, the faculty member will prepare in writing the specific allegations giving rise to the question and submit such a statement to the chairperson of the Committee on Fitness. On receipt of the statement of allegation, the chairperson shall convene the Committee to investigate the matter.

The chairperson of the Committee on Fitness shall also inform the student in writing of the Committee’s pending investigation, the membership of the Committee and the specific allegations giving rise to the question of the student’s fitness. The student may object to the participation in the investigation by one or more members of the Committee. If the objection is deemed reasonable by the chairperson, the member(s) challenged shall be replaced by one or more alternate members of the Committee as designated by the dean. If the pool of alternate members is insufficient to meet this process of challenge, the dean shall appoint the necessary remaining members of the committee by drawing from the faculty-at-large. If the student challenges the Committee’s chairperson, the dean shall consider the objection and if deemed reasonable shall appoint a substitute chairperson from the faculty membership of the Committee on Advancement or the Committee on Fitness or the faculty-at-large.

The student shall have the right to appear before the Committee on Fitness and to be accompanied by a faculty or student advisor of his/her choice. The advisor must be a member of the University community and shall not be an attorney or a family member. The student shall have the right to review his/her file before any hearing by the Committee. At the hearing, the student shall have the right to hear the evidence upon which the proceedings are based and attempt to clarify or correct. The student may present additional data of his/her own to the Committee. The student may present additional information to the Committee. The student may call witnesses to give evidence. A record of the hearing will be made and preserved.

Following its investigation, the Committee in executive session will determine by majority vote of the members present and voting whether or not the student will be dismissed from the College of Medicine. In matters coming under this section, the Committee, as an alternate sanction may warn the subject student that continuation of the negative behavioral qualities that resulted in the matter coming before the Committee may result in future dismissal. Also, the Committee on Fitness may require continued monitoring by the Committee or by an agent designated by the Committee. The Committee may also determine appropriate corrective sanctions, which may include, but are not limited to, restitution, specific training, limitations on placements, etc.

If a student fails to comply with any sanction imposed by a decision of the Committee on Fitness, no further action can be taken by the Committee without another hearing by the Committee following the process called for in Section 3 (10) above. The student’s failure to take corrective measures may be brought to the attention of the Committee by a member of the faculty of the College of Medicine or during the course of monitoring of the student by the Committee or by an agent designated by the
Committee. The student will be furnished a copy of the Committee’s final report. A dismissal action can be appealed under the provisions set forth in Section 3 (9) (see above).

11. A student who disagrees with a final grade or evaluation may appeal it via discussion of the matter with the course or rotation director. The director will have the final ruling on grading in a given course or rotation unless the student alleges that there has been a violation of stated procedures. In this case the student may appeal the grade to the department chairperson in the department responsible for the course, who will have the final decision on the validity of the grade under challenge. In the case where the course director is also the chairperson, or when the course is an interdisciplinary course, the student may appeal the grade to the associate dean for medical education, who will have the final decision on the validity of the grade under challenge. The initial appeal must be initiated within fourteen calendar days of the receipt of the grade or evaluation.

12. Medical students must meet technical standards for advancement and for graduation. A physician must possess the ability, knowledge, and skill to function in a variety of clinical situations and to render a broad spectrum of patient care. All medical students must be able to perform the essential clinical as well as academic requirements of the program. These requirements include the capacity to observe and communicate, sufficient motor ability to perform physical examinations and basic laboratory and diagnostic procedures, emotional stability to exercise good judgment and work effectively in stressful situations, and intellectual ability to synthesize data and solve problems. Medical students with disabilities must be able to meet the above noted requirements either with or without reasonable accommodation.

13. Beginning with the Class of 2005, passage of Step 1 and Step 2 Clinical Knowledge of the United States Medical Licensing Examination (USMLE) will be a requirement for graduation from the University of Vermont College of Medicine. This requirement must be met by sitting for the examination before January 1 of the graduation year. Students who do not meet this requirement will be reviewed by the Committee on Advancement and will be subject to dismissal unless the Committee on Advancement should elect to authorize extended time to meet this graduation requirement. In addition, students are required to take Step 2 Clinical Skills of the United States Medical Licensing Examination (USMLE) prior to May 1 of the graduation year.

Section 4: Vacation Policy

Foundations

1. All University Administrative holidays will be observed, with no classes or other activities scheduled (refer to UVM calendar for specific dates):
   a. Independence Day
   b. Labor Day
   c. Thanksgiving
   d. Christmas Holiday
   e. New Year’s Holiday
   f. Martin Luther King, Jr. Day
   g. President’s Day
   h. Memorial Day

2. Vacation periods will be scheduled in advance and announced in writing for the entire curricular period. In general, vacations will be observed as follows:
   a. Noon the Wednesday before Thanksgiving until the following Monday morning
   b. Two weeks including the Christmas and New Year’s Holidays
   c. One week in March and/or April
   d. Eight weeks following the first year of medical school

Clerkship Year

1. Fully observed holidays will be observed for all students on all clerkships.

2. Fully observed holidays include:
   - Thanksgiving (begins 6 p.m. the preceding Wednesday until Monday morning following Thanksgiving Day)
   - Christmas Holiday (will fall during vacation)
   - New Year’s Holiday (will fall during vacation)
3. Partially observed holidays will be observed in accordance with the practice of the service and team to which the clerkship student is assigned. Clerkship directors must make expectations regarding attendance and on call duties explicit on or prior to the first day of the clerkship. Clerkship directors may elect full observation of partially observed holidays if they wish. Partially observed holidays include:

- Memorial Day (begins 6pm the preceding Friday through Tuesday morning following Memorial Day)
- Independence Day (will generally fall during vacation - begins 6 p.m. July 3 until the morning of July 5)
- Labor Day

During fully observed holidays no formal teaching sessions will be scheduled, and students will not be expected to be “on call.” Students will be excused for religious holidays. They are expected to arrange their call schedules by advance planning and trading with colleagues to accommodate these needs.

Vacation periods will be scheduled in advance and announced in writing for the entire curricular period. In general, vacations will be observed as follows:

a. 6:00 p.m. on the Wednesday before Thanksgiving until the following Monday morning
b. A minimum of two weeks including the Christmas and New Year’s Holidays
c. A minimum of two weeks in June and/or July

Advanced Integration

1. Holidays are observed in accordance with the standard practice of the clinical service on which the student is assigned. Students are expected to take call on holidays if they are on acting internships or on electives with active call schedules.
2. Students will be excused for religious holidays. They are expected to arrange their call schedules by advance planning and trading with colleagues to accommodate these needs.
3. Students may schedule a total of two months of vacation during Advanced Integration. Generally one month of vacation is required for residency interviewing.
4. A month scheduled for review for Step 2 CK of the USMLE is not considered vacation. Students generally schedule a maximum of one reading month to prepare for USMLE examinations.
5. Advanced Integration rotations generally begin of the first day of the calendar month and end on the last day of the calendar month. Any variations must be approved by the faculty and staff responsible for the given rotation.

Note: Medical leave, family leave, maternity leave, and paternity leave are not covered by this policy statement. Students seeking such leave are advised to consult with the Associate Dean for Student Affairs. Generally, one month of such leave may be accommodated without delay of a student’s graduation date, while more than one month of leave may require a one-year delay of graduation.

Revised August 21, 2009 by G. Scott Waterman, M.D.

Section 5: Leave of Absence

Upon application, a student may be granted a leave of absence by that member of the office of the dean responsible for student affairs under the following provisions:

1. A leave of absence must be granted for a finite period of time.
2. A leave of absence normally may not exceed twelve (12) calendar months.
3. A leave of absence will be requested in writing by the student, with reasons therefore and approved or disapproved in writing by the appropriate college official. Approval will specify under what conditions re-entry into the College of Medicine will be granted.

Section 6: Administrative Leave of Absence

The associate dean for student affairs may place a student on administrative leave of absence for a specified period of time in the following circumstances:

1. The student is charged with a felony that brings into question the student's fitness to practice medicine. A hearing of the Committee on Fitness will be convened as soon as reasonably possible. At the hearing of the student may be accompanied by
legal counsel, although his/her role will be advisory only. Upon the student's written request, the Committee on Fitness may delay their hearing until after completion of criminal proceedings. However, if the student requests a delay in the hearing, the administrative leave of absence will remain in effect until the hearing and any determination by the Committee on Fitness is concluded.

2. The student is suffering from an illness that poses a direct threat to the health or safety of the student, patients, or colleagues (faculty, staff, residents, and fellow students), as determined by the associate dean for student affairs or his/her designee, in consultation with appropriate professionals and supervisors. A hearing of the Committee on Fitness is to be convened as soon as practical and appropriate under the circumstances of the situation.

3. The student demonstrates impaired judgment or behaviors which pose a direct threat to the health or safety of the student, patients, or colleagues (faculty, staff, residents, and fellow students), as determined by the associate dean for student affairs or his/her designee, in consultation with appropriate professionals and supervisors. A hearing by the Committee on Fitness will be convened as soon as practical and appropriate under the circumstances of the situation.

Prior to placing a student on administrative leave the associate dean for student affairs will provide written notification to the student of the proposed administrative leave and the reasons therefore and shall provide the student with an opportunity to respond to that notification.

However, when a student poses a direct threat to health or safety, the associate dean for student affairs may immediately place a student on administrative leave with verbal notice. The associate dean for student affairs will provide written notification as soon thereafter as practical and will provide the student with an opportunity to respond. A student on administrative leave retains their student status but may not participate in clinical or academic activities. The student may appeal a decision for administrative leave to the dean. Such an appeal must be made within eight (8) business days of the written notification of administrative leave. The student must provide written notification of intent to appeal an administrative leave assignment within twenty-four hours of receipt of written notification of the leave.

Section 7: University Reservation of Right to Make Changes

The University of Vermont reserves the right to make changes in the course offerings, degree requirements, charges, and regulations and procedures contained herein as educational and financial considerations require, subject to and consistent with established procedures and authorizations for making such changes. Students at the University of Vermont are responsible for knowing and complying with all requirements for their respective degrees.

*Changes approved by vote of the Faculty of the College of Medicine on September 3, 2008.*

**COLLEGE OF MEDICINE POLICIES**

**UNIFORM EXAMINATION AND GRADING POLICY FOR FOUNDATIONS in the Vermont Integrated Curriculum (VIC)**

**General Requirements Applicable to All Examinations**

1. Students are honor bound not to give, seek, or receive information to or from other students taking an examination.
2. A faculty or staff proctor will be present in the examination room at all times.
3. No food or beverages other than one drink in a covered container may be brought into the examination room.
4. No cell phones or beepers may be brought into the examination room. These items may be stored in student lockers during the examination. (Students who require emergency contact availability for reasons of childcare or other special circumstances may leave beepers with staff in the Office of Medical Student Education.)
5. No backpacks, book bags, briefcases, ipods, itouches, personal data assistants, purses, tape recorders, CD players, or headsets may be brought into the examination room. These items may be stored in student lockers.
6. Students are expected to report to examinations on time. A student who is late to an examination may be permitted to take it at the discretion of the course director. Generally no additional time will be allowed.
7. Once the proctor announces that the examination is to begin, students will cease all communication with one another, both inside and outside the examination room, for the duration of the examination.

8. During an examination students may leave the room only to use the restroom, for reasons of ill health, or for some other identified emergency. Students should exit and re-enter the room quietly. Students who leave the room during an examination may not communicate with other students and may not consult reference sources of any kind. Students who leave the room during an exam to use the restroom must go to the nearest restroom and no other locations (for example, students may not go to their lockers, the cafeteria, the library, etc. while temporarily out of the exam room).

9. Students who finish an examination early and wish to leave and not return may do so. Such students may not communicate with other students on the medical school campus until the examination has ended.

10. Students must finish an exam at the time designated by the electronic timer; in the event that extra time has been allowed by the proctor, they must finish at the time indicated by the faculty or proctor. Failure to finish the exam at the designated time will result in a grade of zero for that exam.

11. Students must turn in all examination materials to the proctor when they finish the examination.

12. Students are expected to take all examinations at the scheduled times. These times are published in the Academic Calendar and may be subject to revision by the course director. Such revisions will generally be announced at least 2 months in advance.

13. A student who misses an examination without an adequate and approved explanation will fail the examination and earn a grade of zero.

14. A student who is unable to take an examination at the scheduled time because of serious illness or family emergency must notify the Associate Dean for Student Affairs or his/her designated staff member in the Office of Medical Student Education in advance of the start of the examination. Such notification may be in person, in writing, or via telephone or e-mail. The Associate Dean for Student Affairs or his/her designee will decide whether or not the student may be excused from taking the examination at the scheduled time.

15. The Office of Medical Student Education will notify the course director and the course coordinator when a student has been excused from taking an examination.

16. If a student is authorized by the Associate Dean for Student Affairs to take an examination at a time other than the scheduled time, the student must consult with the Office of Medical Student Education course coordinator to determine the time and the place of the rescheduled examination. The course coordinator will work with the Course Director to re-schedule the examination. Re-scheduled examinations may not take place during any other scheduled course activity and will be scheduled between the hours of 8 am and 4:30 pm.

On-line Examinations

1. In addition to the faculty or staff proctor, a technical proctor who is a member of the College of Medicine Information Services (COMIS) staff or a COMIS trained designee will be present during all on-line examinations.

2. Students must bring four items, namely their laptop computer, their power supply, their mouse, and their network connection cable to the examination.

3. Students must use a wired connection to take the examination. If a student uses a wireless connection, no support will be given for connection or submission issues and a student will receive a zero for the examination if the submission fails.

4. Students may not bring their computer case, backpacks, coats, etc. to the examination. These items may be stored in the student lockers (not in the room or entry foyer).

5. On arrival at the examination room a privacy screen will be supplied to each student. This screen must remain in place on the laptop screen throughout the examination. It must be returned at the end of the examination.

6. Pencil, paper and a privacy screen will be supplied at the examination. Students must return these items at the end of the examination. Students may not write on the paper until they have entered the online examination. Doing so will result in a grade of zero for that exam.

7. A unique examination code and password will be communicated to the students at the start of the examination.

8. Access to external information sources will be “locked” during on-line examinations. The technical proctor will monitor student computer use activity during on-line examinations.

9. Students must report any computer problems or malfunctions to the faculty or staff proctor, who must give permission for the student to consult with the technical proctor.
10. Students who need to leave the examination room during the examination must lock their computers by using the “control, alt, delete” function.

11. Students who complete the examination and submit the examination results may not re-open the examination.

12. Each student’s exam will have an electronic timer indicating time remaining. The class will be warned by the proctor within 10 minutes of finish time. Submission of the exam for individual students will be monitored electronically. If a student submits an exam more than 60 seconds after his/her clock indicates the finish time, the exam grade will be entered as a zero.

13. Students who have completed the on-line portion of an examination may not communicate with students who have not yet taken it.

14. Upon completion of the examination, students must submit the examination, turn off their computer and leave the room. Students may not use their computer for email, web surfing or other activities following submission of the exam prior to turning the computer off and leaving the room. Failure to comply with this requirement will result in a grade of zero for that exam.

15. The Office of Medical Student Education is charged with ensuring compliance with all procedures. Students are expected to treat the Office of Medical Student Education staff with respect.

Written Examinations
1. Written examinations must be held in a room large enough to enable students to be seated one behind another, with an empty space or an aisle on either side.

2. Only writing implements may be brought to the examination seat.

3. If allowed by the course director, students may ask proctors questions of clarification about examination questions.

4. Students who have completed the written portion of an examination may not communicate with students who have not yet taken it.

Practical Examinations
1. Courses that give laboratory practical examinations must develop appropriate policy to insure that examinations are conducted in a professional and secure manner.

2. Students who have completed the practical portion of an examination may not communicate with students who have not yet taken it.

3. If allowed by the course director, students may ask proctors questions of clarification about examination questions.

Clinical Skills Examinations
1. Students must report on time to scheduled clinical skills assessment examinations.

2. Students may not exchange assigned days or times with another student without permission of the Director of Clinical Skills Education.

3. Students may not bring any study materials into assessment center prior to CSE.

4. Students may not begin to write any reminders or notes until the signal is given to begin.

5. Students may not discuss the content of clinical skills assessment cases or tasks with other students.

6. Students are expected to exhibit professional behavior during the entire Clinical Skills Examination, including both the assessment sessions and the breaks and transitions between assessment sessions.

Review of On-line Examinations
1. Students may be given the opportunity to review an online examination in a secure format. Guidelines for the review are set by the Foundations Course Directors and will be provided by the Office of Medical Student Education in an email prior to the review. It is the responsibility of the student to read the email from the OMSE regarding the procedures for the review. Students must follow all specified guidelines; failure to do so will result in the student’s grade for the examination being converted to a zero.

2. A faculty or staff proctor will be present in the examination review room at all times.

3. Students may not bring any items to the examination review other than their score reports if instructed by staff to generate their own copy. Their score report must be handed in at the end of the review.

4. Students must review the examination in the room designated by the course director. Failure to follow this rule will result in the student’s grade for the examination being converted to a zero.

5. Students will be given paper and a pencil upon entering the examination review room and must return these to the proctor as they exit the room. Failure to do so will result in the student’s grade for the examination being converted to a zero.
6. Students are honor bound not to copy the examination material in any format and not to share information from the review with students who have not taken the examination or with students in subsequent classes.

7. The Office of Medical Student Education is charged with ensuring compliance with all procedures. Students are expected to treat the Office of Medical Student Education staff with respect.

Accommodations
Students who wish to request accommodation of a disability must make the request for such accommodation either to the Associate Dean for Student Affairs or to the ACCESS Coordinator at least four weeks in advance of the examination date. The advance notification requirement may be modified in special circumstances, such as a new diagnosis of a disability and during the first four weeks of the first academic year. The ACCESS Coordinator will review documentation of the disability and will communicate any indicated accommodations to the Associate Dean for Student Affairs, who will inform the relevant course directors and course coordinators of any indicated accommodations.

Exam Delay Procedure
1. There will be no exams given earlier than the scheduled times.
2. Permission to delay an exam must be obtained from the Associate Dean for Student Affairs (or his/her designee) and generally will be given only in the case of illness, significant illness in a family member, and death of a family member. Permission for a delay may also be given when the examination conflicts with a major holiday for the religion you practice.
3. Notification of the need for a late exam must be communicated to the Associate Dean for Student Affairs (or his/her designee) before the exam.

Grading Policy
1. Most courses in Foundations will use the grades of honors, pass, marginal pass, and fail. The marginal pass grade is an internal grade that does not appear on the transcript, but which is recorded in the student’s College of Medicine record and is reviewed by the Committee on Advancement in its evaluation of student progress.
2. Some courses in Foundations may use only the grades of pass and fail.
3. Course directors will communicate explicitly in the course syllabus online to students regarding the various components of the course and how each component contributes to the final grade.
4. Some course components will include mandatory attendance. Course directors will communicate clearly in the course syllabus online to students regarding attendance policies and consequences of absence from required course activities.
5. Course directors will communicate clearly and explicitly in the course syllabus online to students their policies regarding completion of course assignments, including the matter of whether or not collaborating and communicating with classmates in the completion of an assignment is expected, recommended, optional, or forbidden.
6. Grades in all Foundations courses will be assigned based on the following numerical scale:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Honors</td>
<td>93.00 or above</td>
</tr>
<tr>
<td>Pass</td>
<td>75.00 to 92.99</td>
</tr>
</tbody>
</table>
Marginal Pass  70.00 to 74.99  
Fail    below 70.00  

*Should less than 10% of the students attain a numerical score of 93.00%, Honors will be assigned to the top 10%.

7. The process for appealing a grade is specified in Section 3 (11) of the Rules and Regulations of the College of Medicine.
8. Section 3 of the Rules and Regulations of the College of Medicine relates to Advancement, Grading, and Rules Regarding Failure. Section 3 (7) A. is specific to Foundations.

Revised March 25, 2008

Addendum to the Uniform Grading Policy
A student who does not pass a written examination at the end of a clerkship will receive the grade of “Incomplete”. The Clerkship Director will notify the Associate Dean for Student Affairs and, if it is confirmed that this is the first failure of a clerkship exam, the student will be given permission to remediate the exam as outlined in the Clerkship Exam Remediation Policy, and the Advancement Committee will be made aware of the failure.
If a student does not pass a written examination on a second attempt, a grade of “Fail” will be entered on the transcript. If a student has failed a prior exam, the Associate Dean for Student Affairs will refer the request for remediation to the Advancement Committee, which will determine what course of subsequent action is to be taken.

Approved by the Clerkship Directors on October 6, 2006
Amended by the Instructional Improvement Committee on October 17, 2006
Retroactive to the start of the current Clerkship Year
Amended by the Instructional Improvement Committee on November 17, 2009

CLERKSHIP EXAM REMEDIATION POLICY

A student shall not remediate a failed clerkship examination during a subsequent clerkship. A student who has failed a clerkship exam shall be given 3 options for when s/he may remediate that exam:

1) In July, following the end of the first Clerkship Block.
2) In December, on the last day before the University closes for the holidays.
3) In March, following the end of the Clerkship Year.

If the failed exam is a National Board of Medical Examiners Subject Examination, the student must give the Clerkship Director a minimum of 4 weeks notice prior to his or her intended date of remediation. The only exception to this policy is that remediation of a non-Subject Exam may be taken prior to the start of the subsequent clerkship, at the discretion of the Clerkship Director.

Approved at the joint Clerkship Directors meeting on November 10, 2009.
Amended by the Medical Education Leadership Team on November 12, 2009

POLICY ON STANDARDS FOR THE TEACHER-LEARNER RELATIONSHIP

The University of Vermont College of Medicine is committed to maintaining an environment in which faculty, fellows, residents, students, nurses, other health care professionals and staff can work together freely to further education and research and to provide the highest level of patient care, whether in the classroom, the laboratory or the clinical setting. Our goal is to train physicians to meet high standards of professionalism and practice in an environment where effective, humane, and compassionate patient care is demanded and expected. We affirm our commitment to creating and maintaining a community which supports and encourages respect for every individual.

The College of Medicine equally recognizes that each member of the medical school community should be accepted as an autonomous individual and treated civilly, without regard to their race, color, religion, sex, sexual orientation, national or ethnic origin, age, disability or any other factor irrelevant to participation in the activities of the College. Diversity in background, outlook, and interest among faculty,
fellows, residents, nurses, other health care professionals, and staff, students and patients is inherent in the practice of medicine; appreciation and understanding of such diversity is an important aspect of medical training. As part of that training, the College strives to impart values of professional and collegial attitudes and behaviors in interactions among members of the College community and between these members, patients and their families.

Accordingly, the College of Medicine is committed to providing an educational environment that supports rational discourse, diversity of views and free inquiry and expression between teachers and students.

Abusive treatment of students or of any other member of the College of Medicine community is damaging to educational relationships. Abusive behavior toward students may include, but is not limited to, public berating and humiliation; intellectual bullying, deliberately and repeatedly excluding students from reasonable learning opportunities and asking students to carry out personal chores or tasks to cull favor or to avoid explicit or implicit criticism. Abusive behaviors may also include inappropriate sexualized comments or advances or intimidation or discrimination on the basis of unlawful criteria.

Frank feedback and constructive criticism are necessary. Feedback to students that is critical is not abusive, Uper seU. Conflicts between freedom of expression and the right to be free of abuse will be given careful consideration to protect the rights of all parties involved.

To assure the implementation of the principles described above, the following Code of Conduct for Teachers and Learners sets forth the standards that all members of the College of Medicine Community must adhere to.

**Code of Conduct for Teachers and Learners**

1. Honesty and integrity must be practiced by both teachers and students during all aspects of the educational process. Teachers must foster an environment that supports open and honest communication as well as constructive criticism.

2. Teachers must fulfill the commitments made at the beginning of a course, rotation, or any other learning activity. Syllabi, assignments, grading principles, and class and office hour schedules involve promises that are made to students and must be adhered to under normal circumstances.

3. Students are responsible for regular attendance and participation, for completion of assignments and for thorough preparation for examinations.

4. Teachers and students must foster an atmosphere of mutual respect. In particular, respect for racial differences, religious differences, different sexual orientation, disability, gender differences, age differences, marital status, cultural differences, and political convictions should be supported and encouraged in all aspects of the educational process. Additionally, teachers and students are expected to show common courtesy for students during interpersonal interactions. Teachers are expected to respond promptly to students’ need for guidance and feedback. An environment free from harassment and discrimination, verbal abuse, physical violence, and intimidation in any form must be provided for all learning activities.

5. Teachers should ensure that their grading practices are as objective as possible by creating and adhering to clear and specific criteria. Teachers are responsible for ensuring that the assessment of a student’s performance is valid, open, fair, and congruent with the course or rotation objectives.

6. Teachers must maintain a high level of subject matter knowledge and assure that the content of the educational experience is current, accurate, representative and appropriate to the position of the learning within the students’ program of study. The teacher must approach each student with a commitment to meeting his or her educational needs.

7. A pedagogically competent teacher communicates the objectives of the educational experience to students, is aware of alternative instructional methods or strategies, and selects methods of instruction that are effective in helping students to achieve course or rotation objectives.

8. Student grades, letters of evaluation, attendance records and private communications are treated as confidential materials in accordance with the requirements of the federal students records law known as FERPA which provides that a student’s educational records will normally be released only with the written consent of the student, subject to certain limited exceptions, (e.g., disclosures to medical or law enforcement personnel in emergencies or for health and safety reasons).
9. Teachers respect the dignity of their colleagues, including those in other medical specialties and other disciplines, and work cooperatively with colleagues in the interest of fostering student development.

10. Teachers must recognize the unique and changing role of medical and graduate students as they progress through the various stages of the curriculum.

11. Teachers and students must recognize that demeaning comments and public humiliations are unacceptable and are not conducive to a productive learning environment.

12. Teachers and students must be familiar with and compliant with the University of Vermont policies on sexual harassment which is available on the UVM website and in the faculty and student handbooks.

13. Teachers and students must be familiar with and compliant with the University of Vermont Policy Statement on Equal Opportunity in Educational Programs which is available on the UVM website and in the faculty and student handbooks.

14. Teachers and students must be familiar with and compliant with the University of Vermont Policy on Amorous Relationships with Students which is available on the UVM website and in the faculty and student handbooks.

15. Sexual harassment, as well as gender-based discrimination, as those terms are defined in University policies, is prohibited. Activities which may give rise to charges of sexual harassment, or gender-based discrimination, and which in any event are considered inappropriate, include the following:
   a. Denying the opportunity for training or rewards because of gender
   b. Requesting sexual favors in exchange for grades or other awards
   c. Making unwanted sexual advances toward a student
   d. Displaying sexually suggestive or pornographic materials in view of a student
   e. Grading or evaluating based on gender rather than performance or merit

16. Other behaviors which may give rise to charges of discrimination or harassment under University Policies, and which in any event are considered inappropriate, include the following:
   a. Denying the opportunity for training or rewards because of age, race, religious affiliation or any attribute other than merit or performance
   b. Any conduct directly intended to insult or stigmatize
   c. Exclusion from any reasonable educational opportunity for any reason other than performance or merit
   d. Requiring personal services such as babysitting or shopping
   e. Showing favoritism based upon any attribute other than performance and/or merit and thereby reducing educational opportunities available
   f. Grading or evaluating based upon any attribute other than performance and/or merit
   g. Any inappropriate physical treatment, such as hitting, slapping, kicking or threatening such treatment
   h. Requiring performance of menial tasks with the intent to humiliate

17. Other behavior toward students that is considered inappropriate, includes:
   a. Public belittling
   b. A consistent pattern of neglect or lack of communication
   c. Taking credit for another individual’s work

Implementation

1. Mechanisms for the reporting of violations of these standards:

   A. Violations of University Policies Under Sections 12, 13 or 15. Violations of standards described in Sections 12, 13 or 15 must be reported to the Office of Affirmative Action and Equal Opportunity at the University of Vermont, (802) 656-3368. All College of Medicine faculty and staff are required to report in this manner. If an incident occurs at an affiliated clinical institution such as Fletcher Allen Health Care or Maine Medical Center, the violation must ALSO be reported to the chief medical officer and vice president of Human Resources at the affiliated institution if it involves an employee of such
institution. Violations should also be reported to the College of Medicine associate dean for Student Affairs. Medical and graduate students who wish to discuss such violations without report to the Office of Affirmative Action and Equal Opportunity may make use of the University of Vermont Counseling Center where the counselors will keep their discussions confidential in accordance with the University of Vermont Counseling Center confidentiality policies.

B. All Other Violations of This Policy. Violations of all other standards will be reported to the dean of the College of Medicine and the associate dean for student affairs. The associate dean for student affairs may refer the alleged violation to Designated Faculty Contacts who are faculty members outside the dean’s office charged with responsibility for speaking with the complainant and the alleged offender and generally obtaining information pertaining to the complaint.

2. Mechanisms for the prompt handling of complaints:

A. Complaints Alleging Violations of University Policies under Sections 12, 13 and 15

Complaints filed with the Office of Affirmative Action and Equal Opportunity or with the Department of Human Resources at affiliated clinical institutions will be handled according to the standard procedures of those offices. It is expected that final decisions of the Office of Affirmative Action and Equal Opportunity or of the affiliated clinical institutions or officials considering appeals from such decisions will be referred back to the dean of the College of Medicine, the associate dean of student affairs and, if appropriate, the relevant department chair.

B. Complaints Alleging Other Violations of this Policy

i. Initial informal complaints may be made verbally. Those who wish to make a formal complaint, or advance an informal verbal complaint into a formal one, shall report the complaint in writing. On receipt of the written complaint, the dean or the dean’s designee will within 10 business days appoint an appropriate ad hoc committee to investigate the complaint. The committee will conduct a prompt, thorough, and fair review.

ii. For a complaint against a resident or fellow, the committee will generally include the associate dean for graduate medical education, the relevant residency or fellowship program director, the relevant chief medical officer and vice president of human resources at Fletcher Allen Health Care or Other Affiliate or their designees, a faculty member from the Committee on Medical Student Well Being, and any Designated Faculty Contact assigned to communicate with the complaining student.

For a complaint against a faculty member the committee will generally include the senior associate dean for research and academic affairs, the relevant department chairperson, a faculty member from the Committee on Medical Student Well Being, and any Designated Faculty Contact assigned to communicate with the complaining student.

For a complaint against a medical student the committee will generally include the associate dean for student affairs, a faculty member from the Committee on Medical Student Well Being, and any Designated Faculty Contact assigned to communicate with the complaining person.

For a complaint against a graduate student the committee will generally include the Senior Associate Dean for Research and Academic Affairs, the relevant department chairperson and any designated faculty contact assigned to communicate with the complaining person.

For a complaint against a College of Medicine staff member the committee will generally include, the senior associate dean for business and finance or his/her designee, the appropriate staff supervisor, a faculty member from the Committee on Medical Student Well Being, and any Designated Faculty Contact assigned to communicate with the complaining student.

For a complaint against a Fletcher Allen Health Care or Maine Medical Center staff member, or a staff member of an Other Affiliate, the committee will include the appropriate staff supervisor, the chief medical officer and vice president of human resources (or their equivalents) at the Affiliate, or their designees, a faculty member from the Committee on Medical Student Well Being, and any Designated Faculty Contact assigned to communicate with the complaining student.
iii. In all cases the person against whom the complaint is made will have the opportunity to hear the evidence presented to the ad hoc committee, to address the committee, to present witnesses to the committee, and to present new information to the committee.

iv. The investigative committee will make a recommendation to the dean for an appropriate action. Such actions may range from dismissal of the complaint as one not supported by evidence or requiring no further action to immediate suspension, or even termination, of employment or enrollment of the offending party, depending on the gravity of the violation of standards. Any disciplinary proceedings must be conducted, and any suspension, termination or other discipline must be imposed, in accordance with the existing personnel policies and procedures of the University of Vermont or the affiliated institution, as appropriate. Recommendations from the dean regarding a resident or fellow, or staff member at Fletcher Allen Health Care, Maine Medical Center, or other affiliated clinical institutions (each referred to here as an "Affiliate") shall be seriously considered by the Affiliate and should result in appropriate disciplinary or other action by the Affiliate. In the context of their own policies, procedures and precedent and should result in appropriate disciplinary or other action by the Affiliate. In the case of students, suspensions, dismissals or other discipline will be imposed in accordance with the Rules and Regulations of the Faculty of the College of Medicine, with convening of the Committee of Fitness if a student’s fitness for a career in medicine is called into question. Intermediate actions might include a formal verbal or written reprimand and/or requirement of completion of an educational or therapeutic activity addressing the behavior that led to the complaint.

v. Retaliatory action of any sort during or following the investigation will be specifically prohibited, and written warning to this effect will be promptly provided to the parties under investigation.

C. Cooperation and Contractual Commitments for Policy Compliance from Affiliates

UVM shall use its best efforts to ensure that Fletcher Allen Health Care, Maine Medical Center and Other Affiliates (collectively “Affiliates”) at which UVM medical students receive professional training and education shall agree:

i. to review and seriously consider these standards and maintain their own roughly equivalent standards, i.e., roughly similar policies and procedures (“Similar Affiliate Standards”) applicable to their physicians, residents, fellows and other employees who are involved in medical education and training of UVM students;

ii. to notify such employees that they are bound by the Similar Affiliate Standards, expected to abide by them, and subject to discipline for violations of them, in accordance with their Similar Affiliate Standards and other relevant and applicable Affiliate policies and procedures;

iii. to reasonably participate in the complaint, investigation and adjudication procedures set forth in the standards; and

iv. to seriously consider the reasonable disciplinary recommendations relating to them which are issued hereunder by the COM Dean or some similar (i.e. roughly equivalent) disciplinary action.

3. Mechanisms for supporting educational activities aimed at preventing inappropriate behavior

A. For initial implementation, the dean and other appropriate personnel, such as the senior associate dean for medical education, the associate dean for student affairs, the senior associate dean for research and academic affairs, and the affirmative action officer of the university, will meet with the department chairpersons and departments to present the document and to entertain questions and discussion.

B. Also for initial implementation, the Standards for the Teacher-Learner relationship will be disseminated via e-mail to all faculty, medical and graduate students, staff members, and residents.

C. For ongoing implementation, the Standards for the Teacher-Learner Relationship will be presented as part of the standard orientation process for all new faculty, medical students, staff members, and residents.
D. Also for ongoing implementation, a computer based training module with an evaluation component will be developed and required to be completed by all faculty, medical and graduate students, staff members, and residents. This module will be comparable to the current system used for HIPAA training at Fletcher Allen Health Care.

CLASSROOM CODE OF CONDUCT

Faculty and students will at all times conduct themselves in a manner that serves to maintain, promote and enhance the high quality academic environment befitting the University of Vermont. To this end, it is expected that all members of the learning community will adhere to the following guidelines:

1. Faculty and students will attend all regularly scheduled classes except for those occasions warranting an excused absence under the policy detailed in the catalogue (e.g., religious, athletic and medical).
2. Students and faculty will arrive prepared for class and on time and they will remain in class until the class is dismissed.
3. Faculty and students will treat all members of the learning community with respect. Toward this end, they will promote academic discourse and the free exchange of ideas by listening with civil attention to comments made by all individuals.
4. Students and faculty will maintain an appropriate academic climate by refraining from all actions which disrupt the learning environment (e.g., making noise, ostentatiously not paying attention, and leaving and reentering the classroom inappropriately.

TUITION POLICY

Tuition is set annually by the UVM Board of Trustees and different tuition rates are assigned to each class. Visit www.uvm.edu/sfs to view tuition and fees. Note that students who decelerate will be billed tuition for the class they join.

All UVM bills are issued electronically to the student’s UVM assigned e-mail address. Generally your fall semester bill will be due in mid-August and your spring semester bill in early January. Visit www.uvm.edu/sfs to view all billing dates and due dates. Bills not settled by the due date are subject to a late fee and a hold on your student records (preventing registration and access to grades and transcripts).

Please visit www.uvm.edu/sfs to find detailed information on UVM’s billing policies and procedures including information about the University’s tuition refund policy. For additional details contact:

UVM Student Financial Services
221 Waterman Building
85 South Prospect Street
Burlington, VT 05405
Tel. (802) 656-5700
Fax (802) 656-4076

Student Financial Services
College of Medicine Satellite Office
Courtyard at Given N-113
Staffed: Tuesdays 8 – 11 AM and 12 – 4 PM
E-mail: comfa@uvm.edu

GENERAL GUIDELINES FOR MEDICAL STUDENT
Demeanor and Appearance

Policy Statement
As students move through the medical school curriculum, they are learning many aspects of what it means to be a doctor. The UVM College of Medicine believe that professional demeanor and appearance are an important part of that process, and we believe that it is key in promoting trust, comfort, and confidence while providing care to patients.

In order to provide students with clear guidelines for professional dress and demeanor, UVM College of Medicine has adapted Fletcher Allen Health Care guidelines for appearance. All medical students are expected to follow these guidelines when:

- working in the outpatient setting
- working in the in-patient setting
- during any teaching or assessment activities involving Standardized Patients
Each course and or clerkship may publish additional guidelines and will make those clear at the start of each course and or clerkship.

**General Guidelines for Appearance**  
(adapted from Fletcher Allen Health Care Policy F-05)

1. Students are to be clean and well-groomed at all times. Effort should be taken to avoid bad breath or body odors.
2. Clothes, white coats or scrubs are to be clean and in good condition (not frayed, ripped or with holes).
3. Discretion should be used in the selection of clothing to ensure that safety and professional appearance are not compromised when *standing, sitting, bending or stretching*:
   - Clothing must cover torso (chest, back and abdomen).
   - Shirts and dresses must have wide shoulder straps (no spaghetti straps). Bras straps should not be visible from front or back.
   - Blue Denim is not allowed.
   - Clothing should not be tight fitting and should be appropriate to perform work and in a length not shorter than 4” above the knee.
   - Hosiery to cover exposed feet and legs should be worn at all times in patient care areas. Ornamental hosiery is not appropriate (i.e. Lace, rhinestones, bows etc.).
   - Shorts, skorts, tank tops, T-shirts, tube tops, sweatshirts/pants, running suits, and shirts with commercial slogans or pictures are not acceptable attire. (Unobtrusive small logos such as those found on dresses and shirts, and other logos of this nature are acceptable).

4. Shoes:
   - Soft-soled shoes are preferred.
   - Open-toed shoes and sandals are not permitted.

5. Name badges (preferably with picture ID) are part of each student’s required attire and should be visible and worn above the waist. Name badges are not to be compromised in a manner that prevents clear display of name or picture ID.

6. Hair:
   - Should be clean and neat with styles that are appropriate to business attire.
   - Be of a color which occurs naturally in humans. For example, hair colors such as pink, purple, blue, green are not allowed.
   - Hair that can fall into face when bending over should be pulled back and secured when providing direct patient care.
   - Moustaches and beards must be neat and trimmed and not interfere with personal protective equipment (PPE) when in the patient setting.

7. Fingernails:
   - Should be clean,
   - Conservative in length- because of infection risk and risk to comfort of patients, short, natural fingernails
   - Neatly manicured. No artificial nails/gels, nail jewelry, sparkling ornaments or chipped nail polish are allowed.

8. Jewelry:
   - Should be simple and appropriate to business attire.
   - Must meet safety standards. Avoid long necklaces and dangling earrings. Easy for children or others to grasp.
   - Because performing adequate hand hygiene is difficult if jewelry is worn, a limited number of rings should be worn when providing patient care.
   - Visible body piercing is not permitted except for in the ears only and this is limited to 2 earrings per ear.

9. Colognes and perfumes should not be used in patient care areas due to patients’ allergies and reactions.

10. Tattoos must be covered where possible.
11. Other guidelines:

- Sunglasses are to be worn indoors only if prescribed by a physician or required for the job.
- Hats may be worn only as part of a uniform, or for safety or religious purposes.
- Eating food, drinking or chewing gum is prohibited during SP or patient contact.

Policy Administration

Students who do not follow these guidelines will be given feedback on areas that require improvement by the course director, clerkship director or director of standardized patients. Students who do not make appropriate corrections and arrive for work in the in or outpatient setting may be asked to go home and change. Students who do not make appropriate corrections and come to a Standardized Patient Teaching or Assessment Activity may be asked to change by the Director of the Standardized Patient Program.

If course work or clinical activities are missed, the students will need to make up time missed at the discretion of the course or clerkship director. Repeat failure to meet this standard is to be reported to the Associate Dean of Student Affairs.

POLICY ON DEAN’S OFFICE REIMBURSEMENT FOR MEDICAL STUDENT TRAVEL

The following forms of student travel are eligible for reimbursement by the Dean’s Office:

1. Mileage reimbursement for student representatives to the Committee on Advancement and the Committee on Instructional Improvement when travel from a distant clinical site is required for participation in a meeting of the committee.
2. Travel and per diem expenses for one student representative selected by the Student Council to attend the annual national meeting of the AAMC Organization of Student Representatives (OSR) and for one student similarly selected to attend the annual regional meeting of the OSR.
3. Partial travel and per diem expenses for students who are presenting findings of research done during their tenure at University of Vermont College of Medicine at regional or national meetings. It is expected that the department sponsoring the student’s research will also share in the expenses for the student’s presentation.
4. Travel and per diem expenses for students participating in regional conferences targeted to recruitment of students for the College.
5. Student members of the Committee on Medical Student Wellbeing may seek reimbursement for travel expenses from distant clinical sites to meetings of the committee via the established budget of that committee, part of which is funded directly by the Dean’s Office.

The College of Medicine encourages student participation in other meetings such as the American Medical Student Association (AMSA), the Vermont Medical Society (VMS), the American Medical Association (AMA), and meetings of various specialty societies. Regrettably, limited resources do not permit financial support from the Dean’s Office for these activities. Students are encouraged to seek support from the sponsoring organizations and from individual departments at the College of Medicine.

PREVENTING TRANSMISSION OF INFECTION IN CLINICAL EDUCATION SETTINGS AND INSTRUCTIONS FOR MANAGEMENT OF EXPOSURE TO BLOODBORNE PATHOGENS

Immunizations and Other Health Information

Entering medical students are required to have and provide information on the following tests prior to matriculation:

- two separate PPD skin tests administered 7 to 14 days apart; students with histories of positive TB skin tests must provide chest x-ray and physician reports
- tetanus/diphtheria/pertussis booster (U must be Tdap) if most recent regular TD booster was more than 2 years previously
• measles (rubeola), mumps, rubella, and varicella titers showing proof of immunity
• a series of 3 doses of hepatitis B vaccine and proof of a positive hepatitis B surface antibody titer
• proof of immunization against polio

Students are responsible for the cost of any necessary testing or immunizations.

Documentation of the students’ immunizations, antibody status and tuberculosis testing status will be provided to the employee health services and at the affiliated hospitals where clinical education is conducted.

On occasion, an affiliated hospital will require students to have received additional vaccines or testing prior to commencement of clinical education. Students will generally be notified of these additional requirements sufficiently in advance of the clinical experience to secure the vaccine or testing.

**Infection Control Training**
Annual participation in infection control training is required of all medical students. Participation in clinical education will be prohibited for students not documenting completion of this requirement.

**Tuberculosis Skin Testing**
All medical students will be screened for tuberculosis on an annual basis, excepting those students who have a prior history of a positive TB skin test. The College of Medicine will provide screening annually. Students who do not participate in this screening are required to be tested in another setting, generally in the office of their primary health care clinicians. Students with positive TB skin tests will be referred to pulmonary or infectious disease specialists for evaluation and advice regarding prophylaxis and follow up. Such evaluation will be required for continued activity in clinical education settings.

**Influenza Vaccine and Protection**
All medical students are encouraged to receive influenza vaccine annually in October or November. The University of Vermont will provide a flu shot clinic at an appropriate time. Students not immunized at the clinic are encouraged to seek flu vaccine from their primary health care clinicians.

All students will be scheduled, prior to clinical assignments, for training and fit-testing with N95 respirators to be used when caring for patients known or thought to be infected with novel influenza viruses (or tuberculosis).

**Blood-Borne Infections**
Students who know that they carry infections with blood-borne pathogens (e.g., HIV, hepatitis B or C) are very strongly urged to discuss their status with a physician. The following physicians are available to students for such discussions:

Christopher J. Grace, M.D.
Director, Infectious Disease Unit
Fletcher Allen Health Care
(802) 847-2264

Edward L. Krawitt, M.D.
Gastroenterology and Hepatology Unit
Fletcher Allen Health Care
(802) 656-4290

Jon Porter, M.D.
Medical Director, Center for Health and Wellbeing
University of Vermont
(802) 656-3350

G. Scott Waterman, M.D.
Associate Dean for Student Affairs
University of Vermont College of Medicine
Students should not avoid seeking clinical care for, and career advice regarding, these conditions due to financial or other concerns, and should consult one or more of the physicians named above for assistance.

**Handwashing**

Hand washing should occur before and after each patient contact, after contact with contaminated surfaces, and after glove use. Plain soap is adequate for general care. Antimicrobial soaps should be used in areas caring for patients at high risk of infection.

**Universal Precautions**

1. The possibility for transmission of bloodborne pathogens such as HIV, hepatitis B, and hepatitis C by exposure to blood, body fluids and body secretions and the inability to identify all infected patients demands that appropriate protective barrier precautions be used consistently for ALL patients, when it is likely that exposure to blood, body fluids or body secretions may occur.
2. Body secretions include feces, urine, saliva, draining wounds, vomitus, sputum, semen and any other body fluid visibly contaminated with blood.
3. Affiliated health care organizations where students have clinical experiences will have universal precautions and blood borne pathogen policies and procedures which students will be required to follow. While receiving education at the College of Medicine, students are expected to follow the guidelines stated here. Students are also expected to follow these guidelines while on clinical rotations at affiliated health care organizations, except when an affiliated health care organization’s own procedures for universal precaution and prevention of exposure to blood borne pathogens directly conflict with them. In any event, students should always take precautions to ensure their safety. Should a student feel that an affiliated hospital’s universal precautions and blood borne pathogens polices and procedures place him or her at risk, he/she should call the Associate Dean for Student Affairs at 656-2150 immediately.

**Protective Barrier Precautions**

1. Appropriate protective barrier precautions will be used routinely to prevent skin and mucous membrane exposure when contact with blood or body secretions is anticipated.
   a. Gloves are indicated when contact with blood or body fluids, mucous membranes or non-intact skin is anticipated, for vascular access procedures, and for touching contaminated articles.
   b. Gowns or plastic aprons are indicated if soiling of clothing with blood or body secretions is likely.
   c. Masks and protective eyewear are indicated if splashing is likely.
2. Hands and other skin surfaces will be washed immediately and thoroughly, if contaminated with blood or body secretions. Hands should be washed immediately following any patient contact and after gloves are removed.
3. Disposable gloves should be available in all examination rooms, patient rooms and procedure rooms.
4. Protective eyewear, masks, and impervious gowns should be available on each hospital unit.

**Care of Sharps**

1. “Sharps” containers (i.e. rigid needle disposal containers) should be in all examination rooms, patient rooms and procedure rooms for convenient and safe disposal of needles, scalpel blades and other sharp instruments immediately following use.
2. Needles and other sharp, devices must be handled with extraordinary care and concentration. The primary user is responsible for safe disposal.
3. Needles will not be recapped, purposefully bent, broken or removed from disposable syringes, but rather immediately disposed of in a “sharps” container.
4. Needles from IV tubing or from non-disposable syringes should be removed with a clamp and disposed of in a “sharps” container.

**Clean-up of Spills**
Surfaces exposed to blood, body fluids, and body secretions should be cleaned with a detergent followed by decontamination with a hospital grade disinfectant that is tuberculocidal or has a label claim of efficacy against hepatitis B. Persons performing the cleaning should wear disposable gloves.

**Definitions of Exposure**
The following constitute significant exposure to blood or other potentially infectious material (OPIM)*.

- percutaneous (through the skin) exposure by needlestick or other sharp instrument
- contamination of a fresh cut (less than 2 hours old) with blood or other body secretions
- mucous membrane exposure *via* splash in mouth or eye
- human bites that penetrate the skin
- cutaneous exposure involving large amounts of blood or prolonged contact with blood, especially when the exposed skin is chapped or abraded or afflicted with dermatitis.

*OPIM includes: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, and any other body fluid that is visibly contaminated with blood.

**Instructions for Management of Exposure to Bloodborne Pathogens**
Should a student receive a needle stick or other significant blood, body fluid, or body secretion exposure, he or she should report for evaluation immediately as follows:

**Always identify yourself as a UVM medical student either at FAHC or MMC.**

- If the exposure occurred at any part of Fletcher Allen Health Care, the student should report to Employee Health (847-1300) during weekdays (between 7:30a.m. and 4 p.m.). Please leave a message on the Employee Health voicemail before or after these times so that they have a record of this exposure.
- If this occurs on weekends or other times, you should report to the FAHC Emergency Department (847-2434).
- If the exposure occurred at Maine Medical Center, the student should report to Employee Health (662-4011) during weekdays and to the Emergency Department (662-2381) at other times. Also, please call the MMC Medical Education Office at 662-7060 to report exposure.
- If the exposure occurred at another site, the student should report to the closest appropriate affiliated employee health service or emergency department.

The affiliated health care organization should follow its blood borne pathogen exposure procedures. If no such procedures exist or if the affiliated health care organization elects, the following procedures should be used. The following procedures shall be used for any exposure which occurs while receiving education at the College of Medicine:

1. It should be determined if the student was injured with a clean or used needle.
2. Puncture injuries from needles that have not been used on patients or their blood or body secretions do not normally require any special care aside from cleansing the wound and possibly tetanus prophylaxis.
3. With injuries from used needles an effort should be made to identify the patient in whom the needle has been used.
4. If the hepatitis B antibody status of the exposed student is not known, it should be determined.
5. If the source patient is known to be hepatitis B surface antigen positive and the exposed student is a known hepatitis B vaccine non-responder, then HBIG should be given as soon as possible after exposure and repeated after one month. At Fletcher Allen Health Care HBIG will be administered by Employee Health or by the Emergency Department and billed to the student’s health insurance. Booster dose of hepatitis B vaccine in known vaccine responders are not currently recommended by the Center for Disease Control (CDC).
6. All puncture wounds and significant exposures should receive vigorous cleansing, and the exposed student should be instructed to seek medical care with his or her physician at the first sign of bacterial infection. The person’s tetanus immune status should be ascertained. If tetanus immune status is not adequate, a tetanus booster should be administered only if situation involves needle contaminated with soil.
7. For documented needle stick exposures to other potentially transmissible disease, such as acute malaria or syphilis, the need for prophylaxis should be determined on an individual basis, in consultation with an infectious disease specialist and the hospital.
epidemiologist. It is probably unnecessary to provide antibacterial prophylaxis for puncture wounds from needles used on patients with bacterial sepsis.

8. If a medical student has significant exposure to blood or other potentially infectious material at Fletcher Allen Health Care, Employee Health will inform the source patient of the incident and request consent for serologic testing for evidence of HIV, hepatitis B and hepatitis C infections. If the exposure occurs at another site, the appropriate employee health office or other responsible party will inform the source patient and request consent for testing. If the source patient has AIDS or other evidence of HIV infection, declines serologic testing, or has a positive HIV test, immediate consultation with an infectious disease specialist should be obtained to evaluate the need for antiviral prophylaxis. In addition, the medical student should be evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure and, if seronegative, retested again after six weeks, 12 weeks, and six months to determine if transmission has occurred. If the source patient is seronegative and has no other evidence of HIV infection, no further follow-up of the medical student is necessary. If the source patient cannot be identified, decisions regarding appropriate follow up should be based on the type of the exposure and the likelihood that the source patient was infected with HIV.

9. When exposure occurs at a Fletcher Allen Health Care facility, the Employee Health Service at Fletcher Allen Health Care is responsible for receiving the student’s report of exposure, for arranging for the testing of identified source patients, and for advising the student regarding appropriate care, including diagnostic tests and follow-up. The service will consult closely with the infectious disease specialists as indicated. When the exposure occurs outside of the regular hours of the Employee Health Service, the Emergency Department will advise the student regarding the appropriate care, including diagnostic tests and follow-up, and will consult with infectious disease specialists as indicated. The costs for diagnostic tests and evaluation will be billed to the student’s health insurance. Follow-up care may be provided by the student’s physician. Costs incurred will be billed to the student’s health insurance. The insurance will cover approximately 80% of bills related to an exposure. The College of Medicine Office of Student Affairs will cover any further exposure related costs. Alternatively, students may use the anonymous HIV testing services available through the Health Department of the State of Vermont (800) 882-2437. The Employee Health Service will provide the student with written recommendations regarding appropriate follow-up to be implemented in the primary care setting. The infectious disease specialists are available for consultation with students’ physicians providing follow-up care. (Please see physicians listed on page 81, under Blood-Borne Infections.) When exposure occurs at another health care facility, the student should seek similar immediate evaluative services and source patient testing through the employee health service or the emergency department, with follow-up care to be sought as directed by the employee health service or from the student’s physician.

**Reporting of Exposures**

Students are responsible for reporting all exposures to at least one of the following:

- Fletcher Allen Health Care Employee Health Service or the equivalent department at other affiliated health care organizations
- UVM College of Medicine Office of Student Affairs – Contact: (802) 656-2150
- UVM Risk Management Office

Fletcher Allen Health Care Employee Health Service, other affiliated health care organizations, and the Office of Student Affairs will keep the UVM risk management office informed of the numbers and types of exposures incurred.

**NON-SMOKING POLICY**

It is well known that second-hand smoke is a health risk. Therefore, the College of Medicine and the College of Nursing and Health Sciences have joined efforts to improve the quality of the air in their building by enlarging the smoke-free zones surrounding them. Through this effort we hope to prevent smoke from entering the buildings via outside air intakes and open windows or doorways. The buildings include Given, Rowell, Health Science Research Facility and Stafford.

In concert with the rest of the University of Vermont, these buildings are already smoke-free inside. Effective August 1, 2002, the outside areas surrounding the buildings will also be smoke-free. There will be designated smoking areas established beyond the sidewalks that surround the buildings, marked by signs and outdoor ashtrays. We ask that everyone be respectful of this new policy and help in the effort by communicating this policy to any students or visitors to our campus.
UVM Policy: “The University of Vermont, in order to maintain a safe and healthful atmosphere and to remain in compliance with fire and safety regulations, is a non-smoking institution. No smoking is allowed within University vehicles and University buildings, including residence halls. Smoking is permitted outdoors on University property, with the exception of areas where safety, health, or pedestrian traffic flow are overriding considerations.”

LEAVES OF ABSENCE

The Rules and Regulations of the College of Medicine state:

Section 4: Leave of Absence: Upon application, a student may be granted a leave of absence by that member of the Office of the Dean responsible for Student Affairs under the following provisions:

1. A leave of absence must be granted for a finite period of time.
2. A leave of absence normally may not exceed twelve (12) calendar months.
3. A leave of absence will be requested in writing by the student, with reasons therefore and approved or disapproved in writing by the appropriate college official. Approval will specify under what conditions re-entry into the College of Medicine will be granted.

Leaves of absence utilize grace periods and cancel deferments of student loans. Deferments may be reinstated on return to school. Students on leaves of absence are not eligible for financial aid.

Students planning a leave of absence MUST meet with a member of the financial aid office prior to taking the leave in order to ascertain how the leave will affect their loan deferment status. The only students excused from this requirement are those who have no current or prior loans or grants.

Students on leaves of absence are not covered by the University of Vermont general liability policy.

Students on leaves of absence must continue to be covered by the College of Medicine disability insurance policy and will be charged the standard fee for this coverage.

Students on leaves of absence will not be charged other fees.

Students on leave will have use of the athletic, transportation, and library facilities at the University of Vermont only for the remainder of the semester in which the leave of absence is initiated.

Students on leaves of absence are not eligible for health insurance under the University of Vermont student plan. However, insurance purchased prior to the onset of the leave covers through July 31st following the time the leave was taken.

Students on leaves of absence may continue to be covered by the Student Health Prepayment Plan, provided that they reside in the Burlington area, that they provide documentation of appropriate health insurance covering hospitalization, and that they pay the requisite student health fee.

POLICY ON INTERACTIONS WITH PHARMACEUTICAL & OTHER HEALTH-CARE RELATED INDUSTRIES

Pharmaceutical Policy available online at: [http://www.med.uvm.edu/TB1+BL+I+C.asp?SiteAreaID=1156](http://www.med.uvm.edu/TB1+BL+I+C.asp?SiteAreaID=1156)

HOSPITAL SCRUBS

Purpose
- To reduce transmission of bacteria
- To ensure controlled laundry methods
• To ensure clean clothes for staff in specific environments
• To reduce the shedding of fibers into the environment (lint).

There will be a defined dress code and defined process of dealing with the laundering of the uniforms of all staff, students and physicians that are involved in designated areas.

**Policy Statement**

Fletcher Allen Health Care provides a surgical environment that promotes the cleanest possible conditions for our patients.

**Procedure**

*Effective immediately,* Fletcher Allen surgical scrubs and appropriate head covers will be worn by all personnel in the following designated areas:

1. Operating Room
   a. Central Sterile Reprocessing
   b. IVF
   c. OPSS (Breast Care Center)
   d. Invasive Cardiology (Cardiac Cath/EP labs)
   e. Interventional Radiology
   f. Birthing Center
   g. Endoscopy
   h. Bronchoscopy
   i. Anatomical Pathology
   j. Residents in sleeping areas.

In all other areas the staff will follow established protocol and dress codes.

2. All personnel working in these designated areas must wear only the surgical scrubs provided to them by Fletcher Allen. All staff requiring surgical scrubs are to arrive at work in street clothes, change to surgical scrubs at their work place, then change back to street clothes before leaving Fletcher Allen. No Fletcher Allen surgical scrubs are to be worn outside of the designated areas unless covered by a closed cover gown or lab coat.

3. Appropriate head covers will be clean, changed daily, not worn outside the designated area and will cover all hair.

4. If surgical scrub dresses are worn, pantyhose are required.

5. For the above reasons, no staff will either carry or wear surgical scrubs off the premises of Fletcher Allen.

**Monitoring Plan**

Security and all Fletcher Allen managers will monitor this policy and any non-compliance to this policy will be reported immediately to the appropriate corporate officer. A letter of warning may be placed in the Housestaff’s file.

**POLICY ON NOTIFICATION OF ARREST OR LEGAL VIOLATION**

All students must immediately notify the office of the Associate Dean for Student Affairs of any criminal charges, arrest or indictments other than minor traffic violations. (DUI/DWI is NOT a minor traffic violation.)

**MATRICULATION TO THE COLLEGE OF MEDICINE**

Applicants officially become students at the College of Medicine on the first day of classes.
POLICY ON COMMUNICATION VIA E-MAIL

Email is an official means of communication of the University of Vermont College of Medicine. Students are expected to check their College of Medicine e-mail accounts daily and maintain their account so that they remains functional (e.g., not allowing their mailboxes to exceed the quota, not forwarding it to a third party account, etc.).

UNIVERSITY OF VERMONT POLICIES

The policies that follow are for Faculty, Students and Staff of the entire university.

- CODE OF STUDENT RIGHTS AND RESPONSIBILITIES
- CODE OF ACADEMIC INTEGRITY
- HARASSMENT: STUDENTS
- SEXUAL HARASSMENT: STUDENTS
- SEXUAL HARASSMENT: EMPLOYEES
- SEXUAL ASSAULT
- AMOROUS RELATIONSHIPS WITH STUDENTS
- EQUAL OPPORTUNITY IN EDUCATIONAL PROGRAMMING AND ACTIVITIES AND NON-HARASSMENT
- UVM COMPUTER AND NETWORK USE
- ELECTRONIC MAIL
- ALL UNIVERSITY OF VERMONT POLICIES