



Course Director's Guide

Academic Year 2019-2020

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Welcome course directors, and thank you for the time you spend leading our educational efforts at the University of Mississippi School Of Medicine.

The *Course Director's Guide* is published each year by the Office of Medical Education to provide you with the information necessary to plan, implement, and assess your course and to ensure that the institution remains in compliance with our accrediting bodies, the *Southern Association of Colleges and Schools Commission on Colleges* (SACSCOC) and the *Liaison Committee on Medical Education* (LCME).

In this guide, you will find information on the process of establishing, evaluating, and changing your course, as well as information on how your work fits into the overall School of Medicine curriculum. We have provided you with a variety of links to various resources that can assist you in your work.

We hope that you will find this guide helpful. If you require any additional information or have a suggestion for further improvements to this guide, please contact [Dr. David Norris](#) or Dr. [Loretta Jackson](#).

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APPOINTMENT AND SELECTION

Roles & Responsibilities

- The course director functions under the authority of the School of Medicine Curriculum Committee and administration, as part of the organizational locus for the management of the educational program for the MD degree, as stipulated by the Liaison Committee for Medical Education (LCME) in Section 8 of [*Functions and Structure of a Medical School*](#).

RESPONSIBILITIES

Under the supervision of the Curriculum Committee and administration, the course director:

- Organizes and supervises the course, including schedule development
- Determines, with other stakeholders, including the Office of Medical Education and the Curriculum Committee, the objectives and content for the course.
- Determines, with course faculty, the content and appropriateness of examinations and other assessments.
- Coordinates the educational schedule, with emphasis on delivery of content, fulfillment of student learning objectives, and adherence to time allotments of instructional sessions.
- Assess the quality of teaching provided by the faculty and assists individual faculty in with help in identifying resources to develop their skills. If needed, involves over members of the department or administration.
- Maintains and manages course materials and records (e.g. syllabi, schedules, faculty presentations, student assignments, etc.).
- Maintains an updated Canvas site for the course.
- Submits final grades via SAP no later than 30 days after receipt of NBME subject examination scores.
- Ensures required electronic formative and summative evaluations are completed in a timely fashion.
- Validates session learning objectives in the curriculum map to ensure they accurately reflect those provided to the students in the course and align with SOM educational program objectives.
- Provides documentation as needed by the Office of Medical Education and other UMMC administrative offices, or national agencies and accrediting bodies (e.g. the LCME)

- Reviews and responds to the end-of-course Evers Report, submitted by the Carl G. Evers Society.
- Provide a list of required and recommended textbooks to the bookstore.

SELECTION CRITERIA

A nominee for course director

- Must be a faculty member who is familiar with departmental and School of Medicine policies and procedures related to medical student education.
- Should have a demonstrated commitment to excellence in medical education and the ability to lead others toward that goal.

NOMINATION PROCESS

A nomination for course director is initiated by the chair of the sponsoring department via submission of a letter of nomination to the assistant dean for curriculum (see Procedure E-SOM-OAA-GEN-PR-00005). The letter should include:

- A brief review of the nominee's credentials and qualifications to be course director.
- A statement of resources committed to support the nominee, which should include designated educational FTE/salary support for course management, administrative assistance, and office space.
- A letter from the nominee, which should include:
 - Acknowledgement of the commitment involved and acceptance of the responsibilities expected of a course director.
 - The nominee's curriculum vitae or teaching portfolio.
- The completed nomination will be reviewed by the Curriculum Steering Committee which may elect to interview the candidate. If approved, the nomination will be forwarded to the Curriculum Committee for consideration.
- Once approved by the Curriculum Committee, the Office of Medical Education will contact the newly selected course director to schedule an orientation session.

DEPARTMENTAL RESPONSIBILITIES

The sponsoring department agrees to provide the course director with

- Adequate protected time, free from other responsibilities, including clinical duties, to effectively perform the functions of course director.

- Dedicated administrative assistance for scheduling course activities, preparation of examinations, calculation of grades, recording of student presence at required activities, and other documentation necessary for administration of the course.
- Adequate storage and security for student records in a manner consistent with the [AAMC Guidelines for Maintaining Active and Permanent Individual Student Records](#).
- A designated individual or individuals to serve as a back-up in case of illness or absence of the primary course director.

COURSE ESTABLISHMENT

ACADEMIC CALENDARS AND SCHEDULING

- The number of credit and contact hours allocated to each course and its place in the academic calendar are determined by the Curriculum Committee. This information and the official academic calendar are published in the *UMMC Bulletin*.
- The schedules for day-to-day course activities in the M1 and M2 years are collectively developed by the course directors responsible for each year of training, in collaboration with the Office of Medical Education.
- Each course is assigned a certain number of contact hours, based upon its number of credit hours, that cannot be exceeded. A contact hour is defined as any required interaction between the student and the course. In addition to lectures, lab sessions, small groups, simulations, quizzes, and examinations; this also includes self or independent study time, including time necessary to prepare for a small group, lab, or flipped classroom session, as well as any out of class assignments. Students cannot be required to be on campus while awaiting setup of labs or examinations between in-class and practical sessions without the total hours being included in contact hours.

Contact hours do not include time necessary to complete textbook readings before routine lectures, time spent studying for class, or attendance at optional review sessions before an examination.

- The preclinical course directors and Curriculum Committee have specified that, in general, no more than 6 clock hours of contact time for any one student should be scheduled in one day and no more than 30 hours in a week. Exceptions to this may be granted by the assistant dean for academic affairs, assistant dean for curriculum or vice dean of medical education in exceptional circumstances, such as rescheduling due to faculty illness or inclement weather, guest speakers with limited availability, or when there is significant free time in the days or week before or after the affected time period.

- During the preclinical years, certain course sessions may be designated as having mandatory attendance by the course director. Examples of sessions that may be designated as such include those containing active learning components, guest presenters from outside the School of Medicine, or containing critical information.
- In the event of unforeseeable circumstances (e.g. faculty illness or inclement weather) the course director may revise the course schedule, provided the changes do not conflict with other courses, required student activities, or put an undue time burden on students.
- Scheduling changes that occur within 2 days prior to any test must be approved by the assistant dean for academic affairs, assistant dean for curriculum, or the vice dean of medical education.
- Students must receive 24 hours of notice for all scheduling changes.
- During the M3 and M4 years, the day-to-day schedule is the responsibility of the individual course directors, in collaboration with the Office of Medical Education, provided that it complies with the campus academic calendar and student duty hour restrictions, which are the same as resident duty hours mandated by the ACGME.
- Course schedules must be made accessible through Canvas.

COURSE SYLLABUS

- The syllabus defines the content of the course within the curriculum of the School of Medicine. As such, it is a document of reference for accrediting body review and is actively supervised by the Curriculum Committee and Office of Medical Education. Course syllabi should conform to the template developed by the Office of Medical Education for both [clinical clerkships](#) & [preclinical courses](#).
- A variety of [resources](#) are available to assist course directors in preparing and revising syllabi.
- A syllabus must be submitted to the subcommittee for Curriculum Design & Innovation when significant modifications are made in the management, grading mechanism, or designation of mandatory sessions in an existing course.
- Syllabi will be requested by the Office of Medical Education annually and may be requests by a School of Medicine committee, or other institutional offices.

Additional, up-to-date information on curriculum management, including establishing a new course, changing a course director, and course evaluation can be found on the [Office of Medical Education website](#).

STANDARDIZED EXAMINATIONS

- An external measure of student achievement is required for all core courses. Usually this is a National Board of Medical Examiners (NBME) examination. The examination's contribution to the final course grade and the consequences of failing the NBME Subject Examination (e.g. repeating the test, repeating the course, or referral to the promotions committee) must be identified in the course syllabus.
- The Curriculum Committee recommends that a subject exam comprise no more than 25% of a student's final grade.
- In the M1 and M2 years, board scores are curved adding the difference of 83 minus the class mean to each student's equated percent correct score. In the clinical years, the raw equated percent correct score, without adjustment, is used to calculate the final grade. To be considered as passing the board, clinical students must score at or above the lower limit of the Hofstee compromise recommendation provided by the NBME.

POLICIES FOR CLINICAL CLERKSHIPS

- **Board Examination Failure Policy:** The consequences for a first failure of a clerkship board examination will be to retake the examination as scheduled by the administration and course director. The student will receive an excused absence from the current course in order to re-take the failed examination. For a second failure, the student will be required to repeat the clerkship for which the failure occurred. For a third failure, the student will be referred to the Promotions Committee for further consideration. Such referrals should be made to the assistant dean for academic affairs.

After receiving a passing score, students with more than one attempt on an examination, will have the minimum passing score for the exam (the lower limit of the Hofstee compromise) used to calculate the final grade in the course.

- **Clinical Skills Assessment (CSA) Failure Policy:** Any student that fails a CSA examination will remediate it the next time it is offered at the Clinical Skills Center. The student will be released from duties of the current clerkship to attend this remediation examination. The student will have an incomplete for the clerkship under remediation until remediation is completed. If the student fails the remediation examination as well, then he or she will be required to repeat the entire clerkship, potentially delaying promotion to the next stage of training.
- **Absence Policy for Third Year Core Clerkships:** Per the SOM policy on duty hours, each student is required to have 1 day free of clinical duties and formal educational activities per week, when averaged over 4 weeks. For example, for a 2 week clerkship, a student can

expect 2 days off; for a 4 week clerkship, 4 days; and for an 8 week clerkship, 8 days. The clerkship director may schedule these days or may allow the student to select them.

- If additional days are required for school or other professional functions, these days must be approved by the clerkship director for that rotation. In general, a total of no more than ½ day per week of the clerkship will be approved.
- Each of the above policies should be communicated to the students in the course syllabus.

SELECTION AND REVIEW OF FACULTY

- The course director is the principal interface between departmental faculty and the School of Medicine Curriculum Committee. The course director has the responsibility to evaluate faculty in the course to ensure students are receiving high quality educational experiences and that school and LCME guidelines are maintained.
- A course director is expected to provide guidance to teaching faculty in the course with respect to organization, correlation between the rigor of instruction and the level of educational development of students, and appropriateness of examination material prepared by the faculty.
- The course director should be able to provide a formal evaluation of the teaching activities of participating faculty to the SOM administration and departmental chairperson upon request.

COURSE MANAGEMENT & INSTITUTIONAL POLICIES

Student Support

- Resources are available for students who need academic advising and/or counseling services. These services include tutoring, academic consulting through the Office of Academic Support, and the Academic Success Kiosk.
 - Tutors and academic consultants for students are available through the [Office of Academic Support](#).
 - The [Academic Success Kiosk](#) is available online for self-directed academic improvement.
 - For more specific needs, the [Offices of Medical Education](#) and [Student Affairs](#) may be contacted directly by students or course directors.

ACADEMIC DISHONESTY AND DISCIPLINE

- Suspected cases of academic dishonesty must be documented by the involved faculty or staff and dealt with directly and promptly.
- Course directors should immediately report such instances to the vice dean for medical education or the associate dean for student affairs.

COURSE EVALUATION

- **Evaluation by Curriculum Committee**
 - Each course will be evaluated by the Curriculum Committee on a 4-year cycle. The evaluation is conducted through the Evaluation Subcommittee. Each course director will receive complete instructions prior to the evaluation date.
- **Evaluation by Students**
 - The Carl G. Evers, MD, Society is an independent, student-run organization with the primary function of development, administration, and analysis of questionnaires aimed at evaluating the quality of course organization and content. To obtain student perceptions of the course, end-of-course surveys are completed annually, and a summary report is provided to the course director, department chair, and dean.
 - Course directors are required to provide a written response addressing the issues or suggestions contained in the report. The response should be sent to the student representative who submitted the report, the Office of Medical Education, and the chair of the Evaluation Subcommittee.

CANVAS

- Canvas is the SOM learning management software and all course materials, including the syllabus, should be published there.
 - The E-learning administrator, can provide support in using this resource.
 - SOM courses are added to Canvas through the [myU/SAP portal](#). A [training document](#) is available for more specific information.
 - Training in the use of Canvas is available online and in person through [Technology Learning Central](#).
 - Students are required to register a Turning Technology Audience Response Device and retain it for use throughout medical training. Software and video tutorials are available

on the [Turning Technologies website](#) and [eCampus resources](#). Local support is available through the e-learning administrator.

- Materials to be posted in Canvas:
 - The course syllabus should be posted in the syllabus tab. It is recommended that syllabus is posted directly as text and not as a word or PDF file. Course schedules entered into the Canvas calendar will automatically populate the schedule at the end of the syllabus.
 - Course materials for student access (e.g., seating charts, small group assignments lists, and presentations) should be posted in modules. Information should be available at least 24 hours before it is needed.
 - Presentations and documents for course activities pertaining to a single examination should be gathered together under one module. Course materials should be available to students for at least 14 days after final grades are submitted.

QUIZZES AND EXAMINATIONS

- Online quizzes and high stakes exams (whether in Canvas or ExamSoft) must be scheduled so that students can complete the planned activity during the normal work week. Courses may choose to include weekends or holidays in the due dates. Advance notice of required quizzes/tests and their periods of availability should be provided to the students at least 48 hours in advance of the scheduled examination period.
- Canvas quizzes are “open book” unless given with faculty oversight or using the Respondus Lock-Down Browser.
- Canvas quizzes are automatically posted to the Canvas gradebook, which can also be updated by uploading and downloading comma-delimited spreadsheet files enabling posting of grades from other testing methods (ExamSoft) or by manually entering grades.
- The testing capabilities of Canvas can be supplemented through use of Respondus, which can import questions typed in the required format using Microsoft Word. UMMC has a site license for Respondus and the Respondus Lock-Down Browser. The program files and installation codes are available in the [E-Learning Documents Center](#). Contact area support or the Help Desk for installation.
- Computer-based testing using ExamSoft is the preferred method for high stakes proctored examinations. ExamSoft allows students to download exams and take them in a technologically secure environment using their own laptop. Faculty training in the use of ExamSoft can be arranged by the E-learning administrator.

- Examination proctors should be mature, confident, and assertive. Individuals who are involved in or planning to be involved in examination review courses, publications or similar programs for which a fee is charged are not permitted to serve as proctors for NBME tests. Depending upon the total number of examinees and the number of testing rooms that are used, the number of proctors required can vary. Major duties of proctors can be found in [Arranging for and Administering an NBME Web-Based Examination](#), published by the National Board of Medical Examiners.
- The course director and faculty have the discretion whether or not to allow students to request changes in the answer key for difficult examination questions. When doing so, it is recommended that courses follow the algorithm described by Dory et al. and provided at the end of this guide.

GRADING AND STUDENT EVALUATIONS

- The course director is responsible for preparation and supervision of all examinations, including maintaining security of test materials before, during, and after each examination.
- Formative assessments should be provided to all students during the course to allow time for corrections to be made. Additionally, a narrative assessment should be provided to each student in each required course whenever teacher-student interactions permits. The narrative is a description of a student's performance, including her or his non-cognitive achievement (e.g., professionalism or communication skills).
- The design of multiple choice examination questions should follow the United States Medical Licensing Examination format. More information on this format may be found in [Constructive Written Test Questions for the Basic & Clinical Sciences](#).
- Course directors are responsible for ensuring that summative evaluations, with narrative comments, are completed in a timely manner.
- Submission of grades and record keeping:
 - Formal arrangements should be made for the storage of records in a secure environment which can be accessed by appropriate members of the department other than the course director if she or he should become unavailable.
 - In the M1 and M2 years, each course should submit a summary of the grades following each major examination to the Office of Medical Education as soon as they are finalized.
 - Course directors should consult with any student who receives a failing grade on any examination.

- Test scores must be provided to students as soon as reasonably possible through ExamSoft or Canvas. Any score sheet returned to a student should be scanned and posted in the secure Canvas environment. Secure e-mail (Outlook), one-on-one personal communication, or identity-verified departmental office release are also viable options.
- Final grades are submitted to SAP. All grades should be thoroughly proofed by at least two individuals, one of whom should be the course director, before being submitted.
- For most courses, final grades are to be posted within 30 days of the end of the course or receipt of national test (NBME) scores. For courses ending during April and May of the academic year, final course grades are to be posted within 10 days of the end of the course or receipt of external exam scores.
- All materials on which grades are based should be retained for at least 6 months following completion of the course/academic unit. Some materials may need to be maintained for longer periods. More information can be found in the [AAMC Guidelines for Maintaining Active and Permanent Individual Student Records.](#)
- Materials stored in Canvas are automatically archived and do not have to be duplicated.
- Clinical Skills Assessment Grades
 - A score of pass must be received for students to pass each clerkship
 - 65% of the score is determined by the standardized patient evaluations, and 35% is determined by the student's progress notes. Students must obtain at least 70% of available points to receive a passing score.
- Release of grades
 - Official grades are released through SAP.
 - It is prohibited to post a publicly accessible list of grades in any form, either on a board or a web page, regardless of the type of identifier utilized.
 - Grades become final 30 days after release to the students.
 - Medical students may appeal grades within 14 days of their posting to the registrar's office. After that time, grades will stand as recorded.

- Appeals Process
 - Student performance at UMMC is evaluated according to academic criteria, not on the basis of opinions or conduct in matters unrelated to academic standards. A course director has authority over all matters affecting the assignment of grades.
 - The course director shall be presumed to have assigned the proper grade until proven otherwise. The burden of proof to the contrary rests with the student.
 - Students shall have protection against prejudiced or capricious academic evaluation. The method of grading should be made clear to students in the syllabus, and course directors may be required to provide the rationale for scoring or information to justify the grading rubric.
 - Appeals must be filed in writing with the course director's chair within 14 working days of posting of the grade. The department chair will have 14 working days to respond to the student's dispute. It is recommended that the student notify the Office of Medical Education when placing an appeal.
 - If the student feels the matter has not been appropriately resolved, a written appeal may be made to the Executive Faculty through the Office for Medical Education. Failure to file an appeal within 14 days constitutes a waiver of the right to appeal. The details for an appeal are outlined in the [UMMC Bulletin](#) and the [Student Handbook](#).
 - Students have the right to appeal, on procedural grounds only, to the associate vice chancellor of academic affairs within 5 days of the decision being appealed.

POLICIES AFFECTING COURSE DIRECTORS

The following are important policies that come from UMMC as a whole and apply to course directors, faculty, and staff within the SOM.

ATTENDANCE POLICY

Participation in the educational program of the School of Medicine is limited to highly qualified and motivated individuals who seek the knowledge, skills, attitudes and behaviors required for physicians to provide competent and compassionate care to a culturally diverse patient population. Students are expected to attend and participate in medical education opportunities. Student evaluation may be partially based upon participation if so stated in the course syllabus and approved by the Curriculum Committee. All excused absences for medical treatment are coordinated through the Student Employee Health Clinic (R136, 601-984-1145). The school makes every effort to provide reasonable accommodations in order to access health services. Students with three unexcused absences from mandatory classes or activities will be

viewed as demonstrating unprofessional behavior, triggering the School of Medicine's Policy on Professional Behavior. Approved by SOM Executive Faculty September 23, 2004.

Policy on Supervision of Medical Students

The University of Mississippi Medical Center is dedicated to medical education and to providing excellent care for our patients. To fulfill this mission, it is recognized that students must participate in rendering services to patients. Students will be supervised at all times to protect the students and the safety of the patients. This document outlines the guidelines whereby the attending staff or their designee will provide supervision of students in the various settings of this institution.

Types of Supervision:

Supervision will consist of two specific levels: Direct Supervision and Indirect Supervision.

Direct supervision is defined as the supervising physician being physically present with the student and the patient during the encounter or procedure.

Indirect supervision with direct supervision immediately available occurs when the supervising physician and/or his designee is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision if needed.

Faculty Responsibility

Medical students are learners and are not licensed to provide independent patient care. At all times, the supervising attending physician retains medical and legal responsibility for the patient's care and is ultimately responsible for the evaluation and management of the patient.

It is the responsibility of the supervising faculty to ensure all their designees, residents, fellows, and other licensed practitioners are appropriately prepared for their roles for teaching and supervision of medical students within their scope of practice. Some of the day-to-day supervision of medical students may be delegated to the appropriately-prepared designee at the discretion of the supervising faculty. However, the supervising attending physician retains full responsibility for the supervision of the medical students assigned to them during their clinical rotation.

Clinical Supervision

Students will be supervised at all times by qualified faculty members or their designees.

Students must be provided with easily accessible, reliable, effective systems of communication with faculty and/or their designee at all times.

Student supervision will foster progressive responsibility and autonomy as appropriate throughout medical school education. Levels of responsibility will be determined by a student's level of training and clinical skills.

Supervision will include formative constructive feedback at the midpoint and summative feedback at the end of a rotation/assignment.

Students may take histories, perform physical exams, and synthesize data. They must clearly identify themselves to patients as medical students. They are allowed access to the medical record. Senior M4 students can document in the medical record of patients in designated settings. All documentation will be clearly labeled as a medical student note. Student documentation must be reviewed by an attending physician or their designee. The students must then be provided with feedback.

Clinical decisions and orders can never be formulated or enacted by a medical student without an attending or their designees' input.

All on call experiences are subject to the above rules.

Procedural Supervision

Medical students may participate in the care and management of a patient including invasive and noninvasive procedures under the supervision of an attending physician or their designee. The degree of supervision should take into account the complexity of the procedure, the potential for adverse effects, and the competency of the student to ensure the safety and comfort of the patient.

The physician and or their designee must have privileges to perform the procedure being supervised.

Approved by the Curriculum Committee on February 22, 2018.

Policy on Student Mistreatment

Mistreatment Policy

All mistreatment is of serious concern at this institution and is strictly prohibited. It is the policy of the Medical Center and the School of Medicine to maintain an educational environment and workplace free from any type of mistreatment. The School of Medicine recognizes that in some instances, the perception of the individual who believes he or she was mistreated and the intent of the other person(s) involved are conflicting. Whatever the circumstance, the students who believe they were mistreated are strongly encouraged to bring it to the attention of appropriate institutional officials (see below). Categories of mistreatment include general mistreatment, discrimination and sexual harassment.

Mistreatment Procedure

General Mistreatment

The individual considering making a report of general mistreatment should first, if at all possible, attempt to resolve the matter directly with the alleged offender. Students may consult the Associate Dean for Student Affairs and/or Associate Dean for Multicultural Affairs at any time for assistance. Such informal consultation will always be confidential, unless precluded by safety of the student or institutional policy. Students have the right to report such incidents without fear of retribution or retaliation. General mistreatment comes in many forms, including but not limited to: verbal abuse, public humiliation, intentional neglect, assignment of tasks in retaliation, belittlement, and unreasonable/intentional exclusion from an educational opportunity. For conduct to violate this policy and be considered general mistreatment, it must be more than merely offensive; it must be so objectively offensive and/or repeated, pervasive or severe that it effectively denies the victim access to UMMC's resources and opportunities, unreasonably interferes with the victim's environment, or deprives the victim of some other protected right. Formal complaints of general mistreatment regarding faculty, residents and staff are made through the Associate Dean for Student Affairs and/or the Associate Dean for Multicultural Affairs to the chief human resources officer or the assistant director for equal employment opportunity.

Formal complaints of general mistreatment regarding other students are handled through the School of Medicine's Policy on Professional Behavior and made through the Associate Dean for Student Affairs and/or the Associate Dean for Multicultural Affairs. All formal complaints must be in writing and will be investigated. The institution investigates and responds to all reported incidents in a timely fashion.

Discrimination

Under Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act and their implementing regulations, no individual may be discriminated against solely on the basis of age, race, gender, religion, national or ethnic origin, disability, or veteran status. Allegations of discrimination (in any category) against a student must be reported immediately through the Associate Dean for Student Affairs to the chief human resources officer or the assistant director for equal employment opportunity. All formal complaint must be in writing and will be investigated. The institution investigates and responds to all reported incidents in a timely fashion.

Sexual Harassment

Sexual harassment includes unwelcome sexual advances; educational or job advancement or lack thereof based on sexual favors; verbal or physical conduct of a sexually harassing nature; physical aggression creating a hostile educational or work environment; inappropriate non-verbal conduct, such as displaying sexually suggestive objects, pictures, or obscene gestures; failure to cease any such act upon request from any other person; etc. Any employee, faculty member, or student who engages in such conduct is subject to discipline, up to and including immediate discharge or dismissal. This policy applies equally to men and women. Any complaint by a medical student against a Medical Center employee, faculty member, visitor, vendor, contractor, or other person (except another student- see next paragraph) of sexual

harassment on campus must be reported immediately through the Associate Dean for Student Affairs to the Chief human resources officer or the Assistant Director for Equal Employment Opportunity. All complaints must be in writing and will be investigated by Campus Police.

Under Title IX of the Education Amendments of 1972 and its implementing regulations, no individual may be discriminated against on the basis of sex in education programs receiving federal financial assistance. Peer sexual harassment (student-to-student) is a form of prohibited sex discrimination when such conduct creates a hostile environment. Thus, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when the conduct is sufficiently severe, persistent, or pervasive to limit a student's ability to participate in or benefit from the education program, or to create a hostile or abusive educational environment. A medical student with a complaint of sexual harassment by another student on campus should report the incident(s) to the Associate Dean for Student Affairs. The student may also report this to the Associate Dean for Multicultural Affairs or to a faculty member; if the student discusses an incident(s) of sexual harassment with a faculty member, the faculty member will refer the student to the Associate Dean for Student Affairs.

The Associate Dean, with the assistance of the appropriate Medical Center officials, will investigate the incident(s) including statements by witnesses to the alleged incidents(s) and evidence about the relative credibility of the allegedly harassed student and the alleged harasser. If it is determined that there is sufficient cause to believe that incident(s) of peer sexual harassment have occurred, a written report will be given to the Dean with recommendations for appropriate steps to be taken to end the harassment, the Associate Dean for Student Affairs will take steps to ensure that there are no negative consequences to either the student making the report or the student alleged to have been harassing the former. UMMC will not tolerate retaliation in the investigation of a complaint. A person bringing a frivolous allegation of sexual harassment may be subject to disciplinary action, up to and including termination.

Additionally, the UMMC Office of Student Affairs provides a web-based version of a student comment box, <http://studentservices.umc.edu/comments/html>. This email account is used to collect and track student issues and concerns. Students are promised a response within 48 hours.

Policy Regarding the Accuracy of Educational Records

The Family Educational Rights and Privacy Act of 1974 allows students to challenge the contents of their educational records on the basis of accuracy. Students who request that information be amended or deleted from their records on the basis of incorrect information should first file their request with the official primarily responsible for the information. If the matter is not resolved to their satisfaction, students may request a formal hearing before an appropriate institutional body or consult Section 99.36 of the law's regulations for additional grievance procedures. The registrar will furnish a copy of the Family Educational Rights and Privacy Act of 1974 upon request. Notification of rights guaranteed under PL 93380 and policies and

procedures pertaining to educational records is provided to all students through this catalog section, by a memorandum distributed at the time of registration and in the orientation sessions for the school year.

Procedure on Grade Appeals (from the Procedure on Academic Status)

Student performance at UMMC is evaluated according to academic criteria, not on the basis of opinions or conduct in matters unrelated to academic standards. An instructor (defined as one who has responsibility for a class of directed individual study) is given the authority over all matters affecting the academic conduct of that instructional unit, including assignment of grades. The instructor shall be presumed to have assigned the proper grade until it is proven otherwise. The burden of proof to the contrary rests with the student. Students shall have protection against prejudiced or capricious academic evaluation. It is expected that the method of grading by instructors be made clear to students and that instructors be required to justify disputed grades. All records on which grades are based are expected to be retained on file for a minimum of six months following scheduled completion of any instructional unit. Disputes associated with the assignment of grades must be filed with the instructor's chair/department head and the School of Medicine in writing within 14 working days to respond to the student's dispute. If the student still feels the matter has not been resolved appropriately, a written appeal shall be made to the dean.

The full procedure is available in the Document Center.

Requirements for Promotion & Graduation

To Promote to M2 Year a medical student must obtain:

- A grade ≥ 70.0 in all courses
- A weighted average of ≥ 75.0

To Promote to M3 Year, on a contingency basis, a student must obtain:

- A grade ≥ 70.0 in all courses
- Weighted average of ≥ 75.0
- Take USMLE Step 1

To be removed from provision M3 status, a student must obtain:

- A passing score on USMLE Step I

Students with a failing grade in 1 course will be placed on academic probation and, if not dismissed, will be required to remove probationary status by reexamination, by repeating a course, or by repeating the year as required by the Promotions Committee, Executive Faculty, and Dean.

To Promote to M4 Year a student must:

- Pass all M3 courses and have a weighted average ≥ 75.0

- Document participation in the care of a breadth of different conditions, sufficient to ensure success in future practice, regardless of specialty. At least 75% of mandated diagnoses in each required clerkship and at least 75% of all mandated diagnoses across all clerkships must be logged.
- Complete and document of all required technical skills/procedures
- Logging of all clinical duty hours with at >50% compliance
- Passing the comprehensive M3 Clinical Skills Assessment, regardless of the score on Step 2 CS Students actively participating in a remediation program may continue their studies on a provisional basis, provided the institutional examination is successfully passed by December. Active participation will be determined by Clinical Skills Faculty.

To graduate a student must:

- Pass All required courses (20 weeks) plus an additional 14 weeks of elective experiences
- Pass both Step 2 CK and Step 2 CS
- Log all clinical duty hours with > 50% compliance

Policy on Professional Behavior

Students enrolled in the School of Medicine must develop the professional behaviors expected of a physician. Students will be evaluated in the areas of attentiveness, maturity, cooperation, responsibility, personal appearance, respect (for authority, peers, patients and other members of the health care team), communication, judgment, ethics, honesty, morality, as well as other characteristics of professionalism important for a career in medicine.

Medical students will encounter a number of people who will note their behaviors. These observers may report compliments or concerns related to the professional behavior of a student through verbal, written, or other reporting mechanisms. Examples of report sources include: faculty members, residents, nurses, other health care providers, other medical center employees, medical school peers, patients, or patient's family members. Reports of exemplary professional or unprofessional behaviors or concerns should be made to the Associate Dean for Student Affairs or the Assistant Dean for Academic Affairs and can be completed using the electronic student evaluation system.

Student/Preceptor Pairings on Community Rotations

A medical student may request an alternative preceptor assignment by emailing the course director or course coordinator for the family medicine clerkship. The requests are approved on a case-by-case basis. Changes are granted when the medical student and preceptor are mismatched or if the student's housing options are inadequate. Medical students are made aware of this process during the orientation for the family medicine clerkship.

Non-Involvement of Providers of Student Health Services in Student Assessment

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services.

Diversity and Inclusion Statement

The University of Mississippi Medical Center (UMMC) School of Medicine (SOM), part of Mississippi's only academic health science campus, is committed to the education and training of compassionate, considerate, and competent physicians who provide quality health care aimed at achieving health equity within the state. We believe that the inclusivity of different dimensions of diversity is integral to our missions and we remain committed to fostering a climate of respect, belonging, and excellence in the academic learning environment.

To become culturally responsive to our patients and create a diverse workforce reflective of our state's population, we concentrate recruitment and retention efforts on groups traditionally underrepresented in medicine which include: Black/African American, Hispanic/Latino, rural, educationally and/or economically disadvantaged students. We utilize pipeline and outreach recruitment programming that provides pre-application counseling, academic preparation, pre-matriculation, and professional development. These efforts are sustained through long-standing partnerships and engagement with school districts and higher education institutions throughout the state and region.

Holistic admissions offers accepted and matriculating students a rich educational experience and brings forth new ideals and diverse perspectives in the learning environment. Academic support and counseling services are strong contributors of student retention. Students are also afforded opportunities to: receive generous scholarship awards; participate in service-learning and community engagement activities; hold leadership positions within their class and the University's student governing body; be inducted into honor societies; become members of local chapters of national professional organizations; and attend national meetings. Student-elected diversity representatives are tasked with ensuring the interests of all groups within the class are represented, promoting multi-cultural programs and opportunities, and addressing incidences of discrimination or complaints about cultural sensitivity or inclusion.

The School of Medicine recognizes the educational benefits of diversity among students as well as basic science and clinical faculty, staff, and senior administrators. As has been demonstrated in the literature, a diverse faculty is better equipped to promote an academic learning environment that prepares culturally-competent physicians who are aware of and committed to addressing health disparities and care for patients who are from different backgrounds. As such, the SOM targets the recruitment, retention, and promotion of African Americans and women among faculty and senior administrators. These efforts include support for early and mid-career faculty in professional development.

Our comprehensive academic program is designed to create a physician workforce to address health disparities, develop lifelong learners, contribute to biomedical research, and utilize technology to improve patient care and health outcomes. These goals support our mission of creating a healthier Mississippi.

- Approved by the Executive Faculty, January 24, 2011; Updated by the Executive Faculty, January 4, 2019; Updated by the Executive Faculty, September 16, 2019

RESOURCES AND CONTACTS

ACADEMIC SUPPORT

- **Academic Achievement Program**
Assistant Dean for Academic Affairs: Dr. David Norris
- **Academic Support**
Director: Dr. Natalie Gaughf

CAMPUS RESOURCES

- **E-learning Administrator:** Elizabeth Jacobs
- **Bookstore:** Angelia McGee
- **DIS E-Learning Administrator:** Teresa Walter
- **Exam Scoring and Analysis:** Dorothy Singleton
- **Registrar:** Emily Cole
- **Student Union:** Leigh A. Massey

CLASSROOMS AND FACILITIES

- **School of Medicine Room Reservations**
 - Scheduling of rooms for M1 and M2 years is coordinated by the Office of Medical Education in conjunction with the individual course directors or administrators.
 - Scheduling of rooms for M3 and M4 years, when necessary for exams or small group discussions, is the responsibility of the course director.
 - Reservations for rooms located within the School of Medicine Education Building, as well as reservations for the Classroom Wing, amphitheaters, and the “A” classrooms should be made using the [Event Management System \(EMS\)](#), located on the UMMC Intranet.
- **Troubleshooting**
 - **DIS Academic Support Hotline:** 815-5555

- **Housekeeping** – 984-2685 (need for unscheduled clean up)
- **Physical Plant** – 984-1420 (classroom environmental problems)
- **Associate Dean for Student Affairs** – Dr. Jerry Clark (984-5012, cell (601)955-2943)
- **Office of Medical Education**—601-984-5006

CURRICULUM COMMITTEE AND SUBCOMMITTEES

- **Curriculum Committee**
 - Chair: Dr. Loretta Jackson-Williams
 - Steering Committee Chair: Dr. Jeni Tipnis
- ❖ **Subcommittees**
 - ❖ Preclinical & Clinical Curriculum Coordination Subcommittees
 - Preclinical Chair: Dr. Michael Hebert
 - Clinical Chair: Dr. Michelle Horn
 - ❖ Evaluation Chair: Dr. Jeni Tipnis
 - ❖ Curriculum Development & Innovation: Dr. Stephen Stray
 - ❖ Professionalism Chair: Dr. Sharon Douglas
 - ❖ Population Health Chair: Dr. Caroline Compretta

SCHOOL OF MEDICINE ADMINISTRATIVE OFFICES

- **Office of the Vice Chancellor and Dean of the School of Medicine**
 - ❖ Vice Chancellor and Dean of the School of Medicine: Dr. LouAnn Woodward
 - ❖ Chief of Staff: Dr. Brian Rutledge
 - ❖ Associate Vice Chancellor for Academic Affairs: Dr. Ralph Didlake
- **Office for Medical Education**
 - ❖ Vice Dean for Medical Education: Dr. Loretta Jackson
 - ❖ Assistant Dean for Curriculum: Dr. Sajani Tipnis
 - ❖ Assistant Dean for Academic Affairs: Dr. David Norris
 - ❖ Director of Educational Quality Improvement: Dr. Lecretia Buckley
 - ❖ Director of Operations: Robyn Herring
 - ❖ Project Manager: Lucy Varela-Quintero
 - ❖ Project Manager: Joshua Gilliard
 - ❖ Education Administrator: Tanya Reed
 - ❖ Executive Assistant: Roderick Aikens

- [Office of Admissions](#)
 - ❖ Associate Dean for Admissions: Dr. Demondes Haynes
 - ❖ Director: Lesley Edwards
 - ❖ Student Admissions Officer: Euracia Thompson
- [Office of Student Affairs](#)
 - ❖ Associate Dean for Student Affairs: Dr. Jerry Clark
 - ❖ Assistant Dean for Student Affairs: Dr. Lyssa Weatherly
 - ❖ Project Manager II: Virginia Covington
 - ❖ Project Manager: Jan Simpson

USEFUL LINKS

- [School of Medicine Student Handbook](#)
- [Technology Learning Central](#)
- [Copyright Issues for the Classroom](#)
- [Development of Objectives for Courses and Sessions](#)
- [Constructing Test Questions for the Basic & Clinical Sciences](#)
- [Institutional Research \(Surveys and Test Scoring/Analysis\)](#)
- [Faculty Development Resources](#)
- [Alliance for Clinical Education Resources](#)

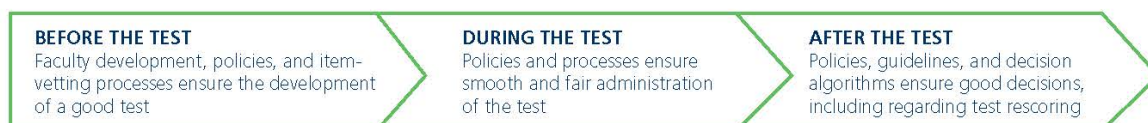
TO-DO LIST FOR THE ACADEMIC YEAR

1. Submit the course syllabus for the upcoming academic year to the Office of Medical Education by May 31.
2. Develop the course schedule and assign presenters for all sessions. For preclinical courses, this will be a collaborative process facilitated by the Office of Medical Education beginning in January.
3. Submit the required book list to the UMMC Bookstore 6-8 weeks in advance of the course start date. Specific dates are given each year by the bookstore.
4. Set up a Canvas site and post the syllabus at least 2 weeks in advance of the course start date. Provide all course faculty with a copy of the course objectives and the school's educational program objectives that demonstrates how the course are informed by the educational program objectives.
5. Verify room reservations for class sessions.
6. Enroll course faculty into your Canvas site; in most cases, students are enrolled automatically.
7. Provide the Office of Medical Education with grades after each exam or major assignment.
8. Submit final grades via SAP within 30 days of receipt of the final examination.
9. Make a formal, written response to the Evers Report for the course within 2 weeks of receipt.
10. Each spring and summer, as directed by the Office of Medical Education, verify the student learning objectives and their alignment with School of Medicine educational program objectives in the course curriculum map.

Ensuring the Quality of Multiple-Choice Tests: An Algorithm to Facilitate Decision Making for Difficult Questions

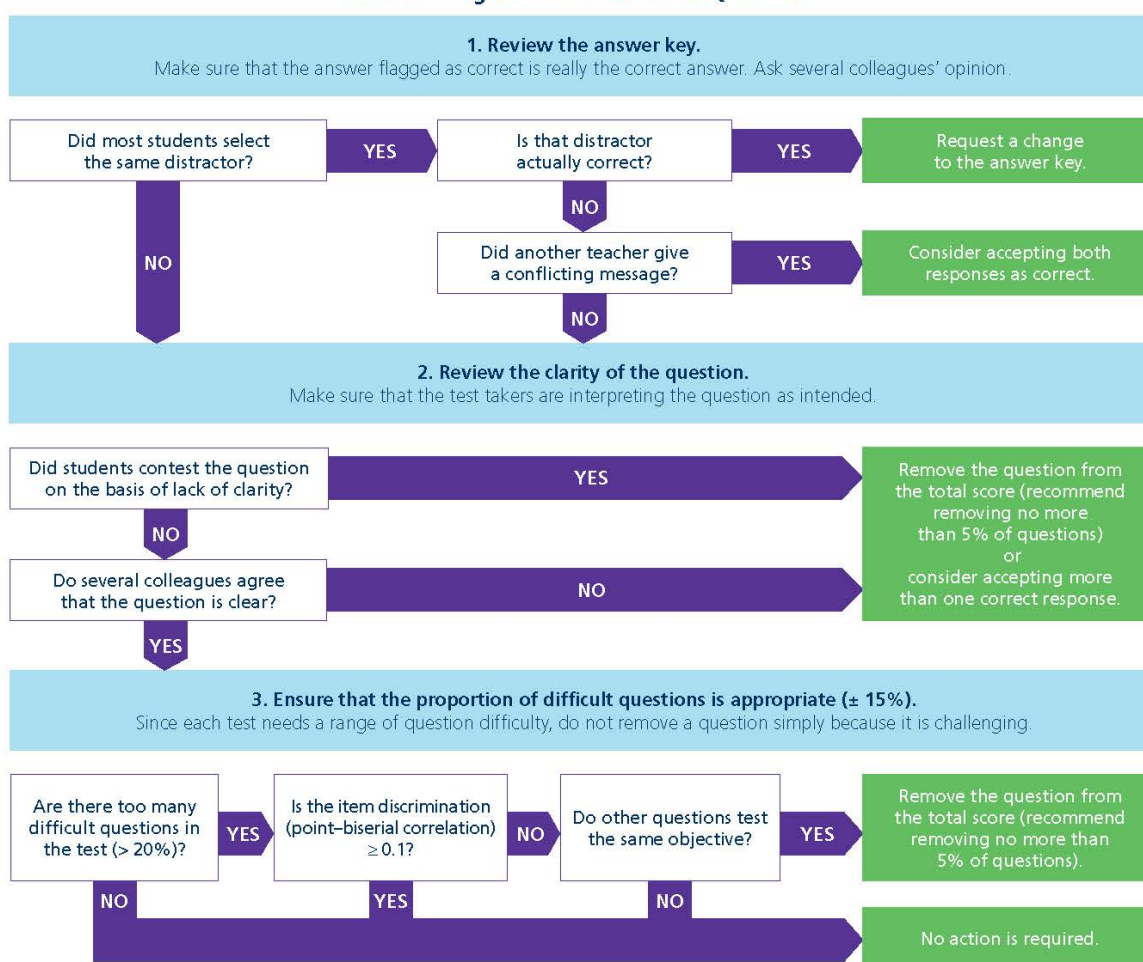
Valérie Dory, MD, MMedEd, PhD, assistant professor, Department of Medicine and Centre for Medical Education, Kate Allan, assessment administrator, Undergraduate Medical Education, Leora Birnbaum, MD, MHPE, assistant professor, Department of Medicine, Stuart Lubarsky, MD, MHPE, assistant professor, Department of Neurology & Neurosurgery and Centre for Medical Education, Joyce Pickering, MD, MSc, associate professor, Department of Medicine and Centre for Medical Education, and Meredith Young, PhD, associate professor, Department of Medicine and Centre for Medical Education, McGill University—All authors are members of the Student Assessment Subcommittee, Undergraduate Medical Education, McGill University

Processes for ensuring the quality of multiple-choice question (MCQ)-based tests occur before, during, and after test administration.



Despite the existence of guidelines, posttest analysis requires judgment and can be particularly challenging.¹⁻⁴ The Student Assessment Subcommittee (Undergraduate Medical Education, McGill University) developed user-friendly decision algorithms to support instructors in interpreting item difficulty and discrimination indices. Here we present our approach for what to do with **difficult questions** (i.e., items that less than 30% of students have answered correctly). In our experience these flowcharts—which can be adapted according to local needs and procedures—empower instructors to use item analysis reports judiciously to reach transparent and defensible decisions regarding examination scoring.

Decision Algorithm for Difficult Questions



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- Schmeiser CB, Welch CJ. Test development. In: Brennan RL, ed. Educational Measurement. 4th ed. Westport, CT: Praeger Publishers; 2006:307-353.
- Tavakol M, Dennick R. Postexamination analysis: A means of improving the exam cycle. *Acad Med*. 2016;91:1324.
- Tavakol M, Dennick R. Post-examination analysis of objective tests. *Med Teach*. 2011;33:447-458.
- Schwirth LW, van der Vleuten CP. A plea for new psychometric models in educational assessment. *Med Educ*. 2006;40:296-300.

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