UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF MEDICINE

POLICIES AND GUIDELINES FOR THE
ACADEMIC EVALUATION AND ADVANCEMENT
OF MEDICAL STUDENTS

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POLICIES AND GUIDELINES FOR THE ACADEMIC EVALUATION AND ADVANCEMENT OF MEDICAL STUDENTS

PREAMBLE

This document presents the principles and policies regarding to the evaluation and advancement of medical students at the University of Puerto Rico. Once approved, it supersedes "GENERAL POLICIES AND PROCEDURES FOR THE COMMITTEES ON ADVANCEMENT, SCHOOL OF MEDICINE, MEDICAL SCIENCES CAMPUS," approved by the faculty of the School of Medicine on June 30, 1995, and by the Academic Senate of the Medical Sciences Campus on June 5, 1997. Amendments to these policies and procedures will be informed to the Registrar's Office for appropriate action.

Important Considerations

The curriculum of the University of Puerto Rico School of Medicine (UPR-SOM) is intended to be completed in the four (4) academic years for which it was designed. Some students may qualify for an extension of these 4 years for up to a maximum of six (6) total years (please see Glossary for Delayed Academic Program). Students who extend their studies beyond the four years, will have up to a maximum of six years in which to complete all MD requirements and may only do so after evaluation of their respective Advancement Committee.

The academic/curricular policies and procedures described in this Manual are subject to review and change annually and at any given time during the academic year as necessary, following the University of Puerto Rico School of Medicine’s protocols. For this reason, the policies and processes may change in the course of any given academic year. The UPR-SOM strongly encourages students and faculty to check this Manual periodically to confirm policies and requirements in effect at any given time. This Manual will be posted in the SOM Web Page. Any changes will be disseminated to the academic community, including the students.

Advancement policies are subject to review and change annually with the approval of the faculty of medicine.

Amendments to the policies will be disseminated to all students and faculty immediately.
GENERAL GOALS AND FUNCTION

The student evaluation system of the School of Medicine at the University of Puerto Rico has one ultimate goal, that is, to ensure that recipients of the M.D. degree possess the knowledge, skills, and attitudes necessary for the practice of medicine. This system is an integral part of the medical curriculum and serves six important functions:

Function 1: Provides feedback to students during the duration of each course

Each student must receive formative evaluation in every course, feedback on his/her performance at mid-course for courses lasting four (4) weeks or longer, and/or continually during the course, thus enabling students to remediate deficiencies in a timely fashion.

Function 2: Identifying and assisting students with learning and or non-cognitive academic factors difficulties

The School of Medicine carries out close monitoring of student progress, in both academic cognitive and non-cognitive academic factors criteria. When the faculty of a course identifies a student with academic cognitive factors and / or non-cognitive academic factors difficulties, the appropriate interventions must be provided while the course is in progress. If, after the intervention, the student continues with academic cognitive factors and non-cognitive academic factors difficulties, the Course Director will bring this to the attention of the corresponding Advancement Committee. The evaluation system seeks to identify, as early as possible, those students who evidence difficulty in adapting to the pace of learning required by the medical curriculum. Students experiencing difficulties will be also referred to the Associate Dean for Student Affairs for further referral to the services available at the School of Medicine and Medical Sciences Campus.

Other SOM faculty members, administrative personnel or staff who have interactions with students may raise non-cognitive academic factors concerns regarding students and will abide by the policies established in “Normas y Procedimientos para la Evaluacion de Profesionalismo de los Estudiantes de la Escuela de Medicina de la Universidad de Puerto Rico” (see attachment 1). These faculty members, administrative personnel or staff will refer their concern to the corresponding Advancement Committee and to the SOM Students Affairs Office, using the “Professionalism Concern Form” included in the above mentioned document.

Non-cognitive academic factors’ concerns, as established by the latest revised and approved edition of the “Normas y Procedimientos para la Evaluacion de Profesionalismo de los Estudiantes de la Escuela de Medicina de la Universidad de Puerto Rico” will be addressed accordingly and documented and filed in the student’s official academic record in the SOM Deanship for Student Affairs Office. Non-cognitive academic factors concerns will be documented in the Medical School Performance Evaluation letter (also known as the Dean’s Letter).
Function 3: Provides general information to the faculty on the effectiveness of the instructional process

The faculty will review student performance regularly and will assess the effectiveness of their teaching and evaluation methods in meeting the course objectives. This information will be used to improve teaching activities and the medical curriculum.

To ensure the quality of teaching, all faculty and non-faculty teachers (i.e., residents, graduate students, Teacher Assistants) must be aware of course objectives and participate in Faculty Development activities coordinated at either the Departmental level or through the School of Medicine's Faculty Development Program pertaining to their roles as teachers. (See Resident and Non Faculty Instructors Statement in Attachment 3).

Function 4: Certifies whether or not students have met the requirements of each course and establish letter grades to be recorded in permanent archives

Grading should be based on the specific requirements established by the course faculty and these must be available to students before the course starts. Evaluation methods should be consistent with the course objectives and teaching methods. Some courses are pass or fail.

Function 5: Serves as a source of information for the advancement process

The evaluation process and results shall be used by the advancement committees to consider: advancement of students, academic progress, repetition of courses, repetition of an academic year, or academic dismissal.

Function 6: Provides a mechanism for preparing students for external evaluations

The School of Medicine recognizes the importance of external evaluation of student progress and strives to provide students with the appropriate knowledge and skills needed for successful performance in external evaluations.

The medical curriculum varies in instructional strategies and in the relative proportions each course contributes to and assesses knowledge, skills and attitudes. The evaluation methods adopted in individual courses may vary accordingly. Both norm-referenced evaluation and domain/criterion-referenced evaluation are acceptable. Norm-referenced evaluation provides a performance measure that indicates an individual’s relative standing in some known group. Domain/Criterion-referenced evaluation provides a performance measure that indicates an individual standing in a clearly defined and delimited domain of learning tasks or objectives. In all cases, however, the final grade assigned to each student in a course should represent a reasonable and appropriate measure of that individual's knowledge, skills, and/or attitudes regarding the course subject matter. Therefore, even when using norm reference evaluations, a specific passing criterion can be applied. Courses, clerkships, and other educational activities which comprise the curriculum of the School of Medicine must include informed judgments of each student's progress in acquiring the attributes of a capable physician.
The evaluation of medical students is an ongoing process, which serves the six functions previously identified. As part of this ongoing process, the School of Medicine also requires the use of formative, not-for-credit, evaluation activities in addition to summative evaluation strategies.

**Article 1: STRUCTURE OF THE EVALUATION AND ADVANCEMENT SYSTEM**

The evaluation and advancement of medical students at the School of Medicine operates at different levels. These are: the course/departmental level, level of the advancement committees, and the Dean's office. At the course/departmental level, the participating faculty measures and evaluates the student’s performance and level of achievement in the course subject matter as well as the Non Cognitive Academic Factors (See *Non Cognitive Academic Factors Evaluation Form* in attachment 3). The course director is ultimately responsible for reporting student grades. (See *Course Director Duties and Responsibilities* in attachment 2)

The second step in the evaluation process is advancement, which is initiated and conducted by the School of Medicine Advancement Committees. These are advisory committees to the Dean. The committees are responsible for reviewing and analyzing student performance in all courses, and for making recommendations to the Dean regarding the progress of students through the medical curriculum. They share with the faculty and course directors the responsibility of identifying students who encounter academic and/or non-cognitive academic factors difficulties and monitor the student's efforts to overcome them. The ultimate authority for student advancement resides in the Dean of the School of Medicine.

The evaluation system provides a formal record of students’ accomplishments. A final letter grade is assigned to each student by the Course Director according to established criteria. It is then reported to the School of Medicine Evaluation Office in the official list submitted by the Registrar's Office. The Evaluation Office sends the original form to the Registrar's Office for processing.

The grade obtained by the student in each course is recorded in the student's official transcript at the Registrar's Office of the Medical Sciences Campus. In addition, the School of Medicine will keep a record of these grades, as well as any narrative evaluations which contribute to the determination of a student's performance in a course.

All courses are encouraged to provide students with narrative assessments of their performance. In compliance with the SOM’s Narrative Assessment Requirements (see attachment 3) courses in the first two years and non-clinical courses in the last two years of medicine, which have small group activities as part of the teaching methods, in which one faculty member or non-faculty instructor meets at least twice with 10 students or less, will have a narrative assessment as part of the evaluation process of such activities. Every required clinical clerkship will have a narrative assessment as part of the student’s evaluation processes. Required clerkships will use the *Non-Cognitive Academic Factor Evaluation Form* and other forms to provide a narrative assessment to each student which will include the student’s professional and non-cognitive characteristics and their achievement of the SOM competencies.
Narratives used in the evaluation of students will be sent to the Associate Dean for Student Affairs in order to be included in the student file. These narratives are also used in writing the Medical Student Performance Evaluation (MSPE) letter and include comments on academic and non-cognitive (Professionalism) performance and following the AAMC’s Guidelines for MSPE preparation (see A Guide to the Preparation of the Medical Student Performance Evaluation (MSPE) in attachment 3). For students who have undergone interventions due to non-cognitive academic factors concerns, a narrative to this effect may be included in the MSPE as per the procedures established in the latest revised and approved “Normas y Procedimientos para la Evaluación de Profesionalismo de los Estudiantes de la Escuela de Medicina de la Universidad de Puerto Rico” (see attachment 1)

Article 2: POLICIES AND GUIDELINES FOR ACADEMIC EVALUATION AND ADVANCEMENT

The goal of the School of Medicine is to promote the use of sound and scientific evaluation methodologies.

Section 1: Policies for Medical School Courses

Evaluation

1.1 The UPR School of Medicine uses the following grading system: In each course offered by the School of Medicine, a final letter grade (A, B, C or F), or Approved (P)/Not Approved (F), is assigned to each student according to the evaluation system established in the course. The minimum passing grade for courses offered in the School of Medicine is C or Approved (P). (Exceptions are described for the combined programs in the last special section of this document.)

1.2 Prior to the beginning of the course, it is the responsibility of the course director, together with the participating faculty, to determine the evaluation strategies and methods to be used. The evaluation system and the course requirements including the relative weight of the evaluation components must be approved by the corresponding Medicine Committee where evaluation experts are standing members. The evaluation strategies and methods, among others, will be included in the syllabus handed out to the students at the beginning of the course.

1.3 A syllabus following the format established and in use by the Curriculum Office (CO), must be prepared for each course.

1.4 Evaluation Activities - Student evaluation methods (cognitive and professional attitudes and behaviors) will be established by the director and participating faculty of each course and must be informed in writing at the
beginning of the course. The School of Medicine encourages the use of multiple evaluation and assessment strategies and all courses must have formative and summative evaluation strategies in place. All courses are encouraged to establish procedures to perform formative evaluations at mid-course. Courses lasting four (4) weeks or more MUST provide students with mid-course formative feedback. This will allow students to review their performance with the intent of helping them identify their academic deficiencies and offer opportunities of correcting them in a timely manner.

1.4.1 The ultimate authority to award or change grades resides in the faculty that participates in the evaluation activity of the course. If the grade change is approved, the course director is ultimately responsible for processing the appropriate documents to the Registrar's Office.

1.4.2. No faculty member involved in student evaluation may provide health services to such students. Contingencies may be:

a- If in the course of a medical emergency of a student, a faculty member is required to provide services to said student under his supervision or assigned course; the involved faculty will abstain from all future academic decisions pertaining to that particular student.

b- If a student has a medical condition (non-psychiatric) for which a faculty member is the only or most qualified specialist for such condition, he/she will provide medical services to the student if it is requested by the student. If such faculty member is the course director of a course, the decisions on evaluation and grading for such student will fall, accordingly, in the co-director, or co-coordinator, or on a designee appointed by the department's chair or SOM Associate Dean for Academic Affairs.

1.4.3 If a faculty member has been involved in the reporting of professional concerns regarding a particular student, said faculty will abstain from participating in any future evaluation or advancement decision regarding that student.

1.4.4 Any faculty member who has been involved in a process that resulted in an adverse decision toward a student will not be part of the appellate process and will abstain from participating in any future evaluation or advancement decisions regarding that student.

1.4.5 If a faculty member is part of a course committee, or part of an advancement committee, and said faculty has been involved in an adverse recommendation or evaluation, the department or the school will assign a
interim substitute to such committee meetings were the student case is
discussed. Faculty members who have family or friendship connections
with a student(s) will abstain from evaluation or discussion of his/her
performance on the committees were they are presented or discussed.

1.5 **Attendance** - each course must abide by the attendance rules of the UPR
system. The courses will establish strategies to ensure and monitor student
attendance. If the course director and committee determine that a student's
attendance record is unsatisfactory, the coordinator must inform the
student and report the matter in writing to the appropriate Committee on
Advancement, the Associate Dean for Students Affairs Office and the
Associate Dean for Academic Affairs Office.

1.5.1 **Last Day of Attendance Policy** - The Financial Aid Office requires
that students who have unauthorized absences or who have dropped
out of a course or out of the school be reported to the Registrar’s
Office immediately using the approved UPR Medical Sciences
Campus mechanism. This policy complies with federal student
financial aid program regulations. The course director informs the
Office of Students Affairs and the Curriculum Office.

1.5.2 Any student who expects to miss or misses a scheduled activity
(instructional or/and evaluation) must follow the established
procedures in “Normas para Adelantar o Posponer Exámenes y
Actividades Académicas a Estudiantes en Situaciones Especiales,”
(see attachment 4). As part of the evaluation system of the course,
a procedure must be established for handling an excused/missed
mandatory activity.

1.6 **Reporting of Grades** - Upon completion of the course and/or session (for
courses offered more than once during a given academic year), the course
director must report to the Evaluation Office (within ten working days and
five working days for graduating students) the final letter grade of A, B, C,
F or Pass/Fail for each student on the Registrar's Official List.

1.6.1 The Evaluation Office will forward the official list to the Registrar's
Office, following the specific guidelines for this purpose as
established in the Registrar’s Manual.

1.6.2 The course director must keep students informed of their
performance and final grade in the course within reasonable time,
which may never exceed 6 weeks from the end of a course,
clerkship or session (for courses offered more than once during an
academic year). This should be done following the rules of
confidentiality established in the Buckley Amendment of the
1.6.2.1 The student’s official grade will be the one reported to the Registrar’s office, by the Course Director following the UPR Registrar’s policy. In order to keep the student apprised of his/her grade in a timely manner (no later than 6 weeks after course completion), the Course Director will inform the Evaluation Office of the student’s grade on or before 4 weeks from the end of the course; and this office will then make the grade available for the students prior to the 6 week deadline.

1.6.3 The course director is also responsible for keeping the Committee on Advancement appropriately informed of the performance of students, especially those students who show evidence of academic difficulty in order to provide for remediation opportunities in a timely manner.

1.6.4 It is the responsibility of students to seek information regarding their final grades in the course as early as possible after the course ends.

1.6.5 Guidelines for reporting of grades:

a. Letter grades A, B, C, or F or Approved (P)/Not Approved (F).

b. NR- Registrar’s annotation when by the end of the academic year there is no grade reported for a registered course.

c. An F will be assigned when a student fails a course. In courses that use the Pass or Fail system, the letter F implies Fails.

d. If a student is given the opportunity to repeat a failed course and approves it, the course director will report the grade in the repeated course. The previously reported F grade will be retained in the student's academic record but, as per the Registrar’s Policy, it will not count towards final GPA.

e. The UPR-SOM does not use the Incomplete nomenclature for grade reporting. Therefore, an I (Incomplete) does not apply for the Medicine Program. (See internal procedure document in the school of medicine.(see attachment #5)

1.7 Academic Dishonesty and Fraudulent Practices - The School of Medicine has a No Tolerance Policy for dishonest behavior. The School expects medical students to adhere to the code of professional and ethical conduct and honesty stated in the UPR General Student Rules and Regulations and the Medical Sciences Campus Student Rules and Regulations. Sanctions for violations to these codes are applied as stated in those documents and students in violation of these codes will be referred to the RCM Disciplinary Committee. (visit
1.7.1 The University of Puerto Rico promotes the highest standards of academic and scientific integrity. Article 6.2 of the UPR Student Bylaws (Certification JS 13 2009–2010) states that "academic dishonesty includes but is not limited to: fraudulent actions, obtaining grades or academic degrees using false or fraudulent simulations, copying totally or partially academic work from another person, plagiarizing totally or partially the work of another person, copying totally or partially responses from another person to examination questions, making another person to take any test, oral or written examination on his/hers behalf, as well as assisting or facilitating any person to incur in the aforementioned conduct". Fraudulent conduct refers to "behavior with the intent to defraud, including but not limited to, malicious alteration or falsification of grades, records, identification cards or other official documents of the UPR or any other institution." Any of these actions shall be subject to disciplinary sanctions in accordance with the disciplinary procedure, as stated in the existing UPR Student Bylaws.

DISCLAIMER: The above statement is an English translation, prepared at the Deanship of Academic Affairs of the Medical Sciences Campus, of certain parts of Article 6.2 of the UPR Student Bylaws “Reglamento General de Estudiantes de la Universidad de Puerto Rico”, (Certificación JS 13 2009-2010). It is in no way intended to be a legal substitute for the original document, written in Spanish.

Proven charges of academic dishonesty will render the terms of the syllabus void and will result, at a minimum, in a failing grade.

Section 2: Advancement Policies and Guidelines

2.1 After evaluating the student’s academic performance, the Advancement Committees will recommend to the Dean of Medicine one of the following courses of action:

1. Advancement to the next level
2. Academic Progress (see glossary of terms)
3. Academic Probation
4. Repetition of a Failed Course
5. Repetition of a Failed Year/Level
6. Academic Dismissal

Please refer to the sections on Policies and Procedures for each individual year within this Manual.
2.2 **General Requirements for Advancement (Promotion):** Students in the School of Medicine are considered for advancement or progress at the end of each academic year/level. To qualify for a recommendation for advancement or progress to the next academic year/level, a student must complete all the requirements specified by the appropriate year/level Committee on Advancement. Each student is also expected to maintain a satisfactory record of non-cognitive academic factors and behaviors and attitudes, which includes a satisfactory record of attendance.

2.3 **United States Medical Licensure Examination Step 1, 2 C and Step 2CS**

All students are strongly encouraged to approve the USMLE Step 1, 2 CK and 2CS on their first take. Students are responsible to familiarize themselves with NBME regulations including guidelines for repeating tests and maximum number of times the USMLE Steps 2CK and CS can be taken.

2.3.1 **USMLE Step 1 Requirement:** Approval of the USMLE Step 1 examination is required for advancement to the third year/level of the MD program. Students must take the USMLE step 1 during the summer at the end of their second year, and before the deadline established by the Associate Dean for Academic Affairs. This exam must be approved prior to beginning any third and fourth level classes and electives. Please see Article 3: USMLE Step 1 Requirement of the Policies and Procedures of the Second Year Advancement Committee for further details.

2.3.2 Students from graduating class 2005 to **2011 must bring evidence of having taken** the USMLE step 1 before the first day of class according to the academic calendar, in order to begin and or be enrolled in any third year/level clerkship. If the student has not taken the exam will not begin any third year course or elective.

2.3.3 Students from graduating class 2012 and forward must **approve** the USMLE step 1 no later than five days before the first day of classes according to the corresponding Academic Calendar in order to begin or be enrolled in any third year/level clerkship. This exam must be approved prior to beginning any third and fourth level classes and electives.

2.3.3.1 Some students may be eligible for an extension of the USMLE Step 1 summer deadline for their class (Please see Article 3: USMLE Step 1 Requirement of the Policies and Procedures of the Second Year Advancement Committee for further details). These students must receive official SOM authorization via the Associate Deanship for
2.3.3.2 Students who receive authorization to delay taking the USMLE Step 1 beyond the established deadline will have until December 31 of the Academic Year corresponding to the originally established deadline to take said exam. Students who received official authorization but did not take the USMLE Step 1 on or before December 31 will be placed on Academic Probation (See section on Academic Probation below).

2.3.4 Students who fail to approve the USMLE Step 1 on three attempts will be recommended to the Dean of Medicine for dismissal from the MD program. See Section 3: Policies Related to Academic Dismissal.

2.3.4.1 Students who fail to take the USMLE Step 1 by next June 30th after their corresponding summer deadline will be recommended for Academic Dismissal, regardless of having being authorized to postpone taking said exam.

2.3.4.2 Students who take but Fail the USMLE Step 1 on or before June 30th of the academic year that follows his/her originally established deadline, must approve said exam no later than June 30th of the following academic year (2 academic years after his/her corresponding original summer deadline). Students who have not approved the USMLE Step 1 by June 30th of their fourth calendar year, counting from date of admission to the School of Medicine, will be recommended for Academic Dismissal (ie: For a student whose six maximum years to complete all graduation requirements expire on June 2017, this student MUST approve the USMLE Step 1 on or before June 30th, 2015. Failure to do so will result in a recommendation for Academic Dismissal).

2.3.5 **USMLE 2 CK Requirement:** Approval of the USMLE Step 2 CK examination is required for graduation. Students who fail the USMLE Step 2 CK will be placed in Academic Probation. See Policies and Procedures of the Graduation and Awards Committee. This requirement must be met within the 6 academic years allowed to complete the MD program.
2.3.6 **USMLE 2 CS Requirement:** beginning with the entering class in the academic year 2016-2017, this test will be a graduation requirement. Starting in the year 2019-2020 students will need to take and approve the exam to be candidates for graduation. Beginning on the Academic Year 2019-2020 students failing this test will be placed in Academic Probation. This requirement must be met within the 6 academic years allowed to complete the MD program. **Prior to the requirement implementation year, the School of Medicine strongly encourages students to take the USMLE Step 2 CS and approve it on the first take. Residency programs may require this exam for admission.**

2.4 **CSA** – approval of this exam at the end of the second year /level is a advancement requirement to the third year starting from the graduating class 2012 and forward. Students who fail the CSA will be placed in academic probation. Students who do not approve the CSA in 3 opportunities will be recommended for dismissal. The last opportunity to approve this exam will be and/or before September 15 of the next academic year, in a scheduled date determined by the Director of the Development of Clinical Skills.

2.5 **CPX:** Approval of the UPR School of Medicine CPX examination is required for graduation.

2.5.1 **Students who fail the fourth level CPX will be placed on Academic Probation and will not be eligible for graduation. They will be referred to the Graduation and Awards Committee to follow the established plan of action (see Advancement Policies of Graduations and Award Committee). Students must meet this requirement within the 6 academic years allowed to complete the MD program.**

2.6 **Academic Probation** - When a student receives an F in any required course or clerkship, is repeating a course or clerkship, fails the USMLE Step1 or USMLE 2 CK, fails the CSA, fails the fourth year CPX, and/or performs unsatisfactorily on non-cognitive academic factors, she/he will be placed in Academic Probation until all deficiencies are corrected. A student will not be advanced or considered for graduation until all deficiencies have been corrected. The student in academic probation will not be allowed to do rotations outside of the UPR School of Medicine. Students in Academic Probation will not be allowed to hold Leadership Positions. Students will be subject to a detailed review of their performance by the Committee on Advancement of the corresponding year/level. When the analysis and review is completed, the Committee on Advancement will recommend a course of action to the Dean according to the specific
guidelines established for that purpose by this Manual. (see glossary for academic probation)

2.6.1 Years/Levels 1 and 2:
2.6.1.1 Students will be recommended for Academic Probation and will remain in said status until resolution of the following scenarios:

2.6.1.1.1 Students who receive a Failed grade in any of the required courses;
2.6.1.1.2 Students who fail the second year CSA
2.6.1.1.3 Students who fail the USMLE Step 1 examination
2.6.1.1.4 These students will remain on Academic Probation until the deficiency has been corrected

2.6.1.2 Students who exhibit unsatisfactory Non-Cognitive Academic Factors will be recommended for Academic Probation.

2.6.1.3 Students who have not taken the USMLE Step 1 by the established deadline, without authorization from the Associate Deanship for Academic Affairs, will be recommended for Academic Probation.

2.6.1.4 Students who have been authorized to delay the USMLE Step I but have not taken the USMLE Step 1 by December 31 after the established summer deadline will be recommended for Academic Probation.

2.6.2 Years/Levels 3 and 4:
2.6.2.1 Students who fail a required clerkship or course will be automatically recommended for Academic Probation.

2.6.2.2 Students who exhibit unsatisfactory Non-cognitive Academic Factors will be recommended for Academic Probation.

2.6.2.3 Students who fail the USMLE Step 2 CK and/or the CPX will be placed in Academic Probation. Beginning on entering Class of 2016-2017, students failing the USMLE Step 2CS will be placed in Academic Probation.

2.6.3 Students identified by the Advancement Committee to be experiencing significant academic difficulties, such as being at risk of failing one or more courses, will be recommended for removal
from Leadership Positions within the SOM including the student representatives in the Medicines I-IV Committees. The corresponding Advancement Committee will notify the student(s) via the SOM’s Dean for Academic Affairs.

2.7. Repetition of failed courses: see specific Advancement Committee Policies and Procedures in this Manual.

2.8 Conditioned Academic Progress- Conditioned Academic Progress applies only to students who are not on academic probation and:
   a) Student has satisfactorily completed all second level courses and is pending approval of the USMLE step 1. This student is awarded Conditioned Academic Progress to the third year/level.

   Students who fail the USMLE step 1 will be placed on Academic Probation. Students on Academic Probation will not be given Academic Progress.

   The conditioned academic progress lasts a maximum of one academic year and will not be renewed.
   (see glossary for conditioned academic progress)

2.9 Delayed Academic Program- At our School of Medicine there is no Decelerated Curriculum. The curriculum of the UPR-SOM is intended to be completed in the four academic years for which it was designed. Students who, due to the nature of their individual academic circumstances, will require additional time to complete the requirements of the M.D. program beyond the established four years of studies may qualify for the design of an individualized academic program. Delayed Academic Program is used to define a student whose advancement to the next level of studies is ‘delayed’ and therefore has a high potential of not being able to graduate within the traditional four (4) years of medical studies. However, these students MUST complete all requisites within the maximum of 6 academic years allowed. All courses and clerkships MUST be completed within the allotted time available. All courses are given within the dates on the Academic Calendar established annually in the Medicine Committees. No additional time blocks are created to accommodate students who are delayed. No courses will be extended to allow for extra-time accommodation of delayed students.

   The following students may qualify for a Delayed Academic Program:
   a) Students in combined study programs (MD/JD, MD/PhD) or any other program approved by the School of Medicine.
   b) Students who have been granted a Leave of Absence
   c) Students who fail the USMLE Step 1
d) Student requiring additional preparation time for the USMLE Step 1 and have received proper authorization from the Associate Deanship for Academic Affairs to delay the test date.

e) Students who fail the USMLE Step 2 CK

f) Students who fail the CSA

g) Students who fail the CPX

h) Students repeating courses or clerkships (including during the summer)

i) Students not able to take a third year clerkship in their corresponding academic year and therefore have a mixed program combining third and fourth year courses. For these students, the Third Year Advancement Committee will design and approve their academic program.

j) Student repeating a complete year of study

Under these conditions, and in order to receive academic progress, the students must complete a course work equivalent to two thirds of the total contact hours of the year/level 1, 2 and 4, and 50% in year 3. Students will not receive academic progress if they are in academic probation. Once they complete the requirements to be advanced to the next year, they will receive advancement. All students will have a maximum of 6 academic years to complete all the MD Program requirements in order to be considered for graduation.

2.10 Academic Requirements for Graduation - In order to receive the M.D. degree, the student must fulfill the following requirements:

2.10.1. The student must have satisfactorily completed all the requirements of the MD Program Curriculum within a maximum of six (6) academic years.

2.10.2. The student must have shown such behaviors as considered acceptable by peers, instructors, and supervisors, in accordance with regulations of the UPR Medical Sciences Campus (see UPR General Student Rules and Regulations –)

2.10.3. The student must have shown such professional attitudes and behaviors in accordance with the institutional no-cognitive academic factors regulations, criteria and requirements.

2.10.4. The student must have approved the CSA, USMLE Step 1 and Step 2 CK, and the fourth year CPX. Beginning with students admitted
to the SOM from 2016-17 students must approve the USMLE Step2CK for graduation.

2.10.5. The student must have satisfactorily completed all requirements of the M.D. Curriculum within a maximum of six (6) academic years from the student’s initial registration as a first year medical student, including those students with a delayed academic program. The time granted for a leave of absence and whether this time will count toward the maximum of six academic years or not, will be determined according to the document: “PROCEDIMIENTOS, NORMAS Y REGULACIONES PARA LA CONSIDERACION Y OTORGACION DE LICENCIAS DE ESTUDIOS” (see attachment 6)

2.10.6 The Graduation and Award Committee will monitor the student's fulfillment of these requirements in order to recommend them to the Dean for graduation.

Section 3. Policies Related to Academic Dismissal

A student will be recommended for Academic Dismissal in any of the following situations:

3.1 Students who fail a repeated course will be recommended for Academic Dismissal. Students may only repeat a failed course once.

3.2 Students who fail a repeated Year/Level will be recommended for Academic Dismissal. Academic Years may be repeated only once.

3.3 Students who fail a course during the repetition of an Academic Year will be recommended for Dismissal

3.4 Year 1 and 2: Students who fail on TWO courses and have a GPA of less than 2.5 on the rest of the courses and/or has demonstrated unsatisfactory Non-cognitive academic factors, will be recommended for Academic Dismissal

3.5 Years 1 and 2: Students who fail on THREE courses will be recommended for Academic Dismissal

3.6 Year/Level 3: Students who fail the repetition of a required clinical clerkship will be recommended for Academic Dismissal. Courses may be repeated only once.

3.7 Year/Level 3: Students who fail TWO (2) required clinical clerkships, even if they have approved the repetition of one, will be recommended for Academic Dismissal.
3.8 Year/Level 4: Students who fail TWO (2) required courses OR fail ONE required course and TWO elective courses OR fail THREE elective courses will be recommended for Academic Dismissal.

3.9 Students with a GPA of less than 2.0 at the end of the Academic Year will be recommended for Academic Dismissal.

3.10 Failure in academic cognitive and/or Non-Cognitive Academic Factors as determined by the Committee on Advancement upon evaluation of the individual case. (See Glossary for Non-Cognitive Academic Factors).

3.11 Failure to meet the standards required by the courses in the curriculum or repeated courses.

3.12 Continued and duly reported unjustified absences from classes and other educational activities, such as, but not limited to: laboratory and clinical experiences.

3.13 Failure to approve USMLE Step - 1 and/or Step – 2 CK and/or 2CS (this last beginning with students admitted on 2016-17 forward): For advancement to the third year/level students must pass the USMLE Step I. For graduation, students must pass the USMLE Step 2 CK.

3.13.1 Students who do not approve the USMLE Step 1 in three (3) consecutive attempts will be recommended for dismissal.

3.13.2 Students who have not taken the USMLE Step 1 by June 30th of the Academic Year following the established deadline for his/her class, regardless of having been granted authorization to take the test beyond the established deadline, will be recommended for Academic Dismissal (ie: if the deadline is July 2015, students who have not taken the USMLE Step 1 by June 30, 2016 will be recommended for Academic Dismissal).

3.13.3 Students who take but Fail the USMLE Step 1 on or before June 30th of the academic year that follows his/her originally established deadline, must approve said exam no later than June 30th of the following academic year (2 academic years after his/her corresponding original summer deadline). Students who have not approved the USMLE Step 1 by June 30th of their fourth calendar year, counting from date of admission to the School of Medicine, will be recommended for Academic Dismissal.

3.13.4 Students who fail to approve the USMLE Step 2 CK within the maximum of 6 years allowed to complete all graduation
requirements will be recommended for Academic Dismissal (see Preamble; Article 2, Section 2.2.5)

3.13.5. Beginning with students admitted to the SOM on 2016-17, Students who fail to approve the USMLE Step 2 CS within the maximum of 6 years allowed to complete all graduation requirements will be recommended for Academic Dismissal (see Preamble; Article 2, Section 2.2.5)

3.14 Students must pass the CSA to be eligible for advancement to the third year. This applies to Class 2012 and forward. Students who do not approve the CSA in 3 opportunities will be recommended for dismissal.

3.15 Students must approve the fourth year Clinical Performance Examination (CPX). Students who fail to approve the CPX within the maximum of 6 years allowed to complete all graduation requirements will be recommended for dismissal. (see Preamble Article 2, Section 2.4, 2.4.1)

3.16 Students unable to meet all graduation requirements within the maximum of 6 academic years allowed will be automatically recommended for Academic Dismissal. At any point during the academic year, and as soon as it becomes evident that the student will not have sufficient time to complete all graduation requirements within the maximum of 6 years, the student will be recommended for Academic Dismissal.

3.17 Academic dishonesty is a reason for dismissal.

Section 4: Student Appeal Process (Due Process)

4.1 Student Appeal Process of Grading Decisions (Due Process) - A student has the right to appeal any evaluation decision which includes obtaining a failed grade or a grade different than expected in any evaluation activity or the overall course based on the following guidelines:

4.1.1 Any student wishing to contest a policy or decision concerning his/her evaluation should initially address the appeal to the Course Director. If the matter cannot be solved at that level, the student may appeal to the corresponding Department Chairman, in the case of a departmental course, or the Associate Dean for Academic Affair in the case of interdisciplinary courses. If the matter is not satisfactorily resolved, a final appeal may be made to the Dean of the School of Medicine.
4.1.2 If not satisfied with the decision, the student may appeal to the Chancellor, the University President, and the Board of Trustees, according to the procedures established in the "Ley de Procedimiento Uniforme de Puerto Rico" (Law #170, August 12, 1988 as amended on November 30, 1990). http://www.lexjuris.com/LEXLEX/Leyes2001/lex2001133.htm

4.2 Appealing Academic Dismissal Decisions

4.2.1 Students who, according to the Policies and Guidelines for the Academic Evaluation and Advancement of Medical Students, are candidates Academic Dismissal will be notified by the corresponding Advancement Committee and will be given the opportunity of an audience to discuss his/her situation. The advancement committees will then provide their final recommendation to the Dean of Medicine who is the ultimate responsible for making final academic decisions. If the student is unsatisfied with the decision, he/she has the right to appeal adhering to the following process:

4.2.2 Appeal will be made directly to the Dean of the School of Medicine within 10 calendar days of having been notified of the decision. The date of notification will be considered the starting date of the 10 days deadline:

4.2.3 The Dean of the SOM will activate a review committee. Members of the committee may not be course directors or any member of the advancement committee otherwise involved in the initial adverse recommendation. This committee will evaluate the student’s academic performance using information provided by the Advancement Committee, Associate Deanship for Student Affairs, Curriculum Office and any other source deemed necessary. This committee will recommend a course of action to the Dean for his/her consideration and final decision.

4.2.4 The Dean of Medicine will have 10 days to make a final decision.

4.2.5 If the student is unsatisfied with the Dean’s final decision, he/she may then appeal to the Chancellor, the University President, and the Board of Governors, according to the procedures established in the "Ley de Procedimiento Uniforme de Puerto Rico" (Law #170, August 12, 1988 as amended on November 30, 1990). http://www.lexjuris.com/LEXLEX/Leyes2001/lex2001133.htm
Section 5: Policies for Medical School Committees Concerned with Student Evaluations

5.1 Committees on Advancement - Each of the four years/levels of the medical curriculum is represented by a corresponding Committee on Advancement appointed by the Dean of the School of Medicine. Although students do not participate directly in these committees, they are represented in each one by a faculty member selected by the students and appointed by the Dean for this purpose. (see glossary for faculty representative in advancement committee). This student representative may not be a course director of the corresponding year or counselor, psychologist or any person involved in giving counseling or psychological support to students.

5.1.1 General Duties and Responsibilities of the Committees - Each Committee of Advancement must enforce the policies and guidelines stated in this document. It also has the responsibility of annually reviewing its rules and regulations for the proper amendments. These rules and guidelines will be available to students at the beginning and throughout the academic year. The School of Medicine will notify students regarding the policies corresponding to the year/level of the curriculum for which they have registered, and must assure that the policies and procedures of each Committee on Advancement are readily available to students.

5.1.2 Each committee is responsible for monitoring the academic performance of the medical students enrolled in the corresponding year/level, with special attention given to students showing evidence of academic difficulty. The committees also participate in the academic orientation of students, along with other administrative units such as the academic departments and the Office for Student Affairs, among others.

5.1.3 The academic progress (see glossary) of each student is reviewed by the committee members. Students, whose academic performance and progress is not satisfactory, should be identified at the earliest possible date in order to provide them with the opportunity to solve their problems.

5.1.4 At the end of the academic year, each committee will submit a recommendation to the Dean regarding a course of action concerning the advancement of each student. After due consideration of each student's academic performance, the committees may recommend actions such as: advancement or graduation, repeating course(s) failed, academic progress, repeating an academic year, academic probation, or dismissal from the School of Medicine.
5.2 Curriculum Committee and Medicine Committees (I-IV)

5.2.1 The Curriculum and Medicine I-IV committees, appointed by the Dean of the School of Medicine, are responsible for reviewing, evaluating, and recommending modifications to the curriculum of the School of Medicine and its system of evaluation.

5.2.2 The Curriculum Committee is the institutional body that oversees the medical education program as a whole and has responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum. The Curriculum Committee analyzes the curricular program and the evaluation system throughout the four years of the MD Degree program. The Curriculum Committee has the empowerment to endorse changes to the curriculum and evaluation system and its implementation in the MD Degree Program.

5.2.3 Curricular decisions made by the Curriculum Committee may be immediately effective, as per UPR guidelines. In order to ensure effective curriculum oversight and management, the Curriculum Committee is continually evaluating SOM Policies.

5.2.4 The Medicine I through Medicine IV Committees are responsible for reviewing the structure and content of the curricular offer within the academic year/level and its evaluation practices in their respective years/level.

5.2.5 If upon reviewing evaluation practices and general student performance in the courses, a Medicine Committee deems that modifications to the curriculum and its evaluation system are necessary, it will forward such recommendations to the Curriculum Committee for consideration.

5.2.6 The Medicine Committees are advisory to the Curriculum Committee. They are not empowered to change evaluation policies. They may, however, recommend changes in policies to the Curriculum Committee and to the Dean. Please refer to the Bylaws of the Faculty of the School of Medicine University of Puerto Rico (Attachment 7)

**Section 6: General Guidelines for the Dean of the School of Medicine:**

6.1 The Dean must abide by the established norms, rules and regulations stated in the Registrar's Manual (visit the following link)
6.2 Advancement, Progress, Probation, Repetition of Failed Course and/or Year, Academic Dismissal: Final decisional power regarding student advancement, progress, probation, repetition of failed courses and/or years, and dismissal resides with the Dean of the School of Medicine. The Advancement Committees are advisory to the Dean of Medicine and they forward all recommendations accordingly.

6.2.1 Due Process: If the student is unsatisfied with the decision, he/she has the right to appeal adhering to the processes described in the Policies and Guidelines for Academic Evaluation and Advancement of Medical Students, Article 2: POLICIES AND GUIDELINES FOR ACADEMIC EVALUATION AND ADVANCEMENT.

6.3 Leave of Absence - Final decisions regarding a Leave of Absence request will be made by the Dean of the School of Medicine. A student may request a leave of absence from the School of Medicine either during an academic year or after gaining advancement to the next year. All procedures and requirements pertaining to the request of a leave of absence are described in the document: “PROCEDIMIENTOS, NORMAS Y REGULACIONES PARA LA CONSIDERACION Y OTORGACION DE LICENCIAS DE ESTUDIOS”, (see attachment 6) The time granted for a leave of absence and whether this time will count toward the maximum of six academic years or not, will also be determined based on this document.

6.3.1 The Dean will refer all Leave of Absence requests to the COMMITTEE FOR THE EVALUATION OF STUDENTS’ LEAVE OF ABSENCE REQUESTS. Refer to: “PROCEDIMIENTOS, NORMAS Y REGULACIONES PARA LA CONSIDERACION Y OTORGACION DE LICENCIAS DE ESTUDIOS”, (see attachment 6). This committee is advisory to the Dean who has the final decisional power.

6.4 Total Withdrawal from the School of Medicine - A student who wishes to withdraw from the School of Medicine, regardless of his or her academic performance, either during an academic year or after gaining advancement to the next year, must submit a written request to the Dean of the School of Medicine. The petition must include the reason(s) for withdrawal. The Dean will evaluate the request in order to determine a course of action.

6.4.1 Once the petition is approved by the Dean, the student must complete the necessary steps in the protocol for withdrawal at the Office for Student Affairs, the Office of the Registrar, the
Financial Aid Office, among others (Norms and Procedures for Withdrawals from the University of Puerto Rico).


6.4.2 The School is responsible of reporting to the Registrar the last day of attendance of the student according to the Last Day of Attendance Policy. Refer to “Manual de Normas y Procedimientos de la Oficina del Registrador”, pgs. 49-54. or visit http://estudiantes.rcm.upr.edu/Docs/Reg/manual_registrador_2010-11.pdf

6.4.3 Please refer to each Medicine Committee Policies and Procedures for policies regarding course grading (F, W, etc) following withdrawals.


6.5.1 Final decisional power regarding readmissions and withdrawals reside with the Dean of the School of Medicine. All readmissions will be notified to the corresponding Advancement Committee.

6.5.2 After Leave of Absence:
For procedures and requirements regarding the request for readmission following a leave of absence, refer to: “PROCEDIMIENTOS, NORMAS Y REGULACIONES PARA LA CONSIDERACION Y OTORGACION DE LICENCIAS DE ESTUDIOS”, (Attachment 6)

6.5.3 After withdrawal: A student who withdraws from the School may apply for readmission, as a new applicant, according to the Rules and Regulations of the Admissions Committee of the School of Medicine. The student must apply for readmission after fulfilling all requirements and this will be subject to availability of enrollment slots. Procedures for withdrawal and readmission will conform to those prevailing in the bylaws of the Medical Sciences Campus (See SOM Requirements for Admission visit http://md.rcm.upr.edu/md-program/)

6.5.4 After academic dismissal: Students who are academically dismissed may reapply as new applicants except when the dismissal has been for unsatisfactory Non-cognitive academic factors clearly defined in the student record after the required due process and/or
disciplinary reasons. Students with a disciplinary dismissal cannot reapply to the School of Medicine.

6.6 Decisions concerning creation, amendments or changes to evaluation policies must be approved by the faculty of the School of Medicine.

Article 3: COMMUNICATION RESPONSIBILITIES FOR STUDENTS:

Section 1: It is the student’s responsibility to respond and assist promptly to all scheduled meetings and appointments.

Section 2: It is the student’s responsibility to access the official communication platform approved by the UPR School of Medicine daily and read all official communications sent. The institution, the SOM, the faculty, the course directors, the departments and the committees will consider all emails through the approved platform (Blackboard) as official communications to the student. Emails will be sent to the students’ official email whose domain ends in @upr.edu.

Section 3: Students not responding to letters, telephone calls or emails demonstrate serious Professionalism deficiencies (one of the Non-cognitive academic factors). Students who fail to respond to notification will be referred immediately to the Dean’s Office.

Section 4: A non-satisfactory Non-Cognitive Factors Evaluation Form will be filled out and maintained in the student’s record if non-compliance with Preamble article 2, Section 3.0, 3.1, 3.2.

Section 5: Unsatisfactory Non-Cognitive Factors evaluations are a reason for academic dismissal.

Article 4. AMENDMENTS TO THIS DOCUMENT

The Academic Policies and Procedures described in this Manual are subject to review and change annually. Specifically, for curricular policies, they may be modified at any given time during the academic year as necessary, following the University of Puerto Rico School of Medicine’s protocols. The UPR-SOM strongly encourages students and faculty to check this Manual periodically to confirm policies and requirements in effect at any given time.

Amendments to the policies will be disseminated to all students and faculty immediately.

Article 5. DISCLAIMER

It is the School of Medicine’s intention to provide the students with all reasonable opportunities to overcome, on a timely manner, any difficulty that might interfere with good academic performance.
GLOSSARY

ACADEMIC COGNITIVE FACTORS

Refers to knowledge and skills as determined for each course.

ACADEMIC DISMISSAL

Separation from the School of Medicine for academic reasons (cognitive and/or non-cognitive academic factors).

ACADEMIC PROBATION

Academic status given to students who have failed a course, cognitive factors and/or non-cognitive factors requisites, the CSA, the USMLE step 1, USMLE step 2 CK or CPX and/or have not completed the academic requirements for advancement. Students in Academic Probation will not receive Federal Financial Aid.

NON-COGNITIVE ACADEMIC FACTORS

(CHARACTERISTICS)

Non-cognitive academic factors deemed necessary for the practice of medicine as listed in the Non-Cognitive Academic Factors as approved by the School of Medicine faculty. Students must approve all non-cognitive factors in order to be considered for advancement or graduation. These characteristics include but are not limited to: (see attachment 3 for a copy)

**Professionalism and Ethics**
- Responsibility / Accountability
- Motivation / Initiative
- Commitment / Dutifulness / Dedication / Effort
- Professional Image
- Response to Authority
- Response to Feedback and Criticism
- Recognition of Limitations
- Shows integrity, honesty and truthfulness

**Interpersonal and Communication Skills**
- Humanism (Empathy / Compassion / Advocacy)
- Consideration for Roles and Rights of Others
- Team Work
- Protectiveness towards Vulnerability of Others
- Communication and patient education
- Respect for Expectation of Confidentiality
- Respectful attitude

**Patient Care**
- Health promotion and education
- Sociocultural competence
- Respect for Autonomy
- Fairness / Justice / Tolerance and objectivity
ACADEMIC PROGRESS

Student status of satisfactory academic performance. Students in Academic Probation cannot have Academic Progress. On year/level 1, 2 and 4, two thirds of the total contact hours, and compliance with the requirements established by the Advancement Committee of the corresponding year/level must be approved satisfactorily for academic progress. On year/level 3, 50% of the total contact hours, and compliance with the requirements established by the Advancement 3 Committee must be approved satisfactorily for academic progress. It is the student’s responsibility to contact the Financial Aid Office as soon as he/she receives notification of Academic Progress to follow-up the status of any loans or other financial aid.

ADVANCEMENT

The student must have satisfactorily completed all the requirements for the corresponding academic year/level.

CONDITIONED ACADEMIC PROGRESS

Conditioned Academic Progress applies only to students who are not on academic probation and have satisfactorily completed all second level courses and is pending approval of the USMLE step 1. This student is awarded Conditioned Academic Progress to the third year/level.

Students who fail the USMLE step 1 will be placed on academic probation and will not receive conditioned academic progress.

The conditioned academic progress lasts a maximum of one academic year and will not be renewed.

Students in Conditioned Academic Progress will be responsible of contacting the Financial Aid Office regarding their financial aid status. Students on Academic Probation are not eligible for financial aid and must immediate contact the Financial Aid Office regarding their status.

ACADEMIC YEAR

For the School of Medicine, the academic year is the period defined by the Academic Calendar of the Registrar's Office, beginning with the first day of classes of the first semester, and ending with the last day of classes of the second semester. Summer courses will be considered an integral part of the academic year in the SOM.

ACADEMIC LEVEL

For the School of Medicine, the academic level is the period in which a student is completing the requirements for a particular year as defined under its curriculum requirements. Ex: Students that have not approved the USMLE step 1 will be at level 2 until they complete this year/level requisite and can be promoted to the Third Level.
CATASTROPHIC FAILURE

In courses in which the minimum passing grade is a fixed percentage, a final grade of at least 25% below the minimum percentage accepted, is considered a catastrophic failure.

In courses which use the standard deviation to determine the minimum passing grade, a final grade of at least 1.0 standard deviation below the lower limit for the passing grade, is considered a catastrophic failure.

CONCURRENT DEGREES PROGRAM REPRESENTATIVE

In each Advancement Committee there will be a faculty representative appointed by the Dean of the SOM to represent the concurrent programs. These programs include, up to this date: MD/PhD UPR Program, MD/PhD MD Anderson Cancer Center Program, MD/PhD Mayo Clinic Program, Yale School of Medicine and MD/JD UPR Program.

The main duty of this faculty member is to assure that all policies and guidelines are observed as written to both the regular MD program and the particular combined PhD program in which the student is accepted and the MD/JD program.

It will also have the responsibility to bring to the Advancement committee performance analysis evaluation and data that permit the committee as a whole to make decisions about the student, taking into consideration the rules and regulations, pertaining both the regular MD program and the combined programs. A written report of student progress must be submitted in each Advancement Committee Meeting.

The representative can meet with the students who have problems in the combined programs to orient, to deliver information, to help student and/or to orient and help student in other aspects of academic life especially pertaining the graduate program.

The representative will understand that it is also his/her responsibility to observe and obey all UPR Policies and Guidelines and that all recommendations given to the students must be in the order of the SOM policies and UPR Regulations.

It is also the faculty representative’s responsibility to know about: UPR Regulations, SOM by Laws, SOM Policies and Guidelines for Academic Advancement, General Student Regulations, Graduate program requirements and regulations especially those pertaining to the combined programs and any other by law or regulation that applies in the process of representing the combined programs.

COURSE

A required educational activity officially registered as a course at the UPR Central Administration.

COURSE DIRECTOR
The person designated by the Dean as the professor in charge of the course. This person represents the course in the Advancement I, II, III and Graduation and Award Committees respectively, and is responsible for submitting the final course grade in writing to the Registrar's Office through the Evaluation Office of the School of Medicine. (see attachment 2: Funciones, Deberes y Responsabilidades del Coordinador de Curso)

**DELAYED ACADEMIC PROGRAM**

At our School of Medicine there is no Decelerated Curriculum. The curriculum of the UPR-SOM is intended to be completed in the four academic years for which it was designed. Students who, due to the nature of their individual academic circumstances, will require additional time to complete the requirements of the M.D. program beyond the established four years of studies may qualify for the design of an individualized academic program. Delayed Academic Program is used to define a student whose advancement to the next level of studies is ‘delayed’ and therefore has a high potential of not being able to graduate within the traditional four (4) years of medical studies. However, these students MUST complete all requisites within the maximum of 6 academic years allowed. All courses and clerkships MUST be completed within the allotted time available. All courses are given within the dates on the Academic Calendar established annually in the Medicine Committees. No additional time blocks are created to accommodate students who are delayed. No courses will be extended to allow for extra-time accommodation of delayed students.

The following students may qualify for a Delayed Academic Program:

a) Students in combined study programs (MD/JD, MD/PhD) or any other program approved by the School of Medicine
b) Students who failed the USMLE Step 1
c) Student requiring additional preparation time for the USMLE Step 1 who received proper authorization to delay the test date.
d) Students who were granted a Leave of Absence
e) Students who failed the USMLE Step 2 CK
f) Students who fail the CSA
g) Students who failed the CPX;
h) Students repeating courses or clerkships (including during the summer)
i) Students not able to take a third year clerkship in their corresponding academic year and therefore have a mixed program combining third and fourth year courses. For these students, the Third Year Advancement Committee will design and approve their academic program.
j) Student repeating a complete year of study

This time extension cannot exceed the maximum of six years allotted for the completion of all requirements conducive to the M.D. degree. A number of different schedule combinations are possible, all of which yield significant curricular decompression. The student will have to complete the entire M.D. program curriculum in a maximum of 6 academic years. A decelerated academic program may be requested by the student when he has academic difficulties or may be recommended by the academic authorities. The School of Medicine does not have a decelerated curricular offer.
DEFICIENCIES

Cognitive or Non-Cognitive Academic Factors, which are below the minimum standards as specified in the academic program.

DISCIPLINARY DISMISSAL

Dismissal due to documented disciplinary causes as defined by Chapter VI of the University of Puerto Rico Student Bylaws approved as of January 2011. See Link.

Disciplinary dismissal entails permanent and irrevocable separation from the School of Medicine. (visit http://de.rcm.upr.edu/Docs/REGLAMENTO_DE_ESTUDIANTES_RECINTO_DE_CIENCIA_S_MEDICAS.pdf)

FACULTY/STUDENT REPRESENTATIVE IN THE ADVANCEMENT COMMITTEE

Each advancement committee has a faculty member selected by the corresponding year class to represent them at the Advancement committee. The representative cannot be a course or clerkship director or counselor, psychologist or any person involved in giving counseling or psychological support to students.

The main duty of this faculty member is: to assure that all policies and guidelines are observed as written, to bring any particular information the student wants the committee to hear about his/her case, to meet with the students at request of the student or at the request of the Committee, course or clerkship coordinator, Curriculum Office or Students Affairs Office and then inform the committee the results of such meeting results. Meeting with the student can be in the order of: reviewing policies, orienting the students about his or her deficiencies, bring help to the student in the student’s delivering or decision making process and/or any other aspect important in the academic life of the student. This person is an advocate for the class and the students. The advocate will understand that it is also his/her responsibility to observe and obey all UPR Policies and Guidelines and that all recommendations given to the students must be in the order of the SOM policies and UPR Regulations.

It is also the faculty representative responsibility to know about: UPR Regulations, SOM by Laws, SOM Policies and Guidelines for Academic Advancement, General Student Regulations and any other by law or regulation that applies in the process of advocacy of the class and students.

LEAVE OF ABSENCE

Leave of absence requests will be handled according to the procedures and policies described in “PROCEDIMIENTOS, NORMAS Y REGULACIONES PARA LA CONSIDERACION Y OTORGACION DE LICENCIAS DE ESTUDIOS”, (Attachment 6)

REMEDIAL WORK
Activities within a course designed to help the student comply with course requirements within a specific area. Repeating a course is not a remedial work at the SOM.

REPOSITION

Repositions are a privilege that may be granted to students. This is an opportunity given to the student to overcome a failure in an exam or series of exams and/or required activities in order to approve a course before the final grade is reported. When a reposition is offered it must be documented in the course syllabus or course manual grading system. The reposition is a privilege and is not obligatory for any course.

REPEATED COURSE

An equivalent course as defined in the School of Medicine Curriculum and as registered in the UPR Central Office. The grade of the repeated course will be the one used to calculate the GPA, but both grades, the original F and the one of the repeated course, will be permanently recorded in the student’s academic record.

SPACE AVAILABLE

Availability of resources needed to provide instruction to all students. Such resources may include, but not limited to: faculty, laboratory facilities, classrooms, or other resources essential for instruction.

TOTAL CONTACT HOURS

The total number of contact hours scheduled for required courses as approved by the Curriculum Committee and as informed to the Registrar's Office.

TOTAL WITHDRAWAL (from the School of Medicine)

Refers to the decision to terminate the study of medicine regardless of the student's academic performance.
UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF MEDICINE

POLICIES AND PROCEDURES OF THE
FIRST YEAR ADVANCEMENT COMMITTEE

Latest revision June 2015
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POLICIES AND PROCEDURES OF THE FIRST YEAR ADVANCEMENT COMMITTEE

I- LEGAL BASIS

The U.P.R. School of Medicine Policies and Guidelines for the Academic Evaluation and Advancement of Medical Students as approved by the faculty on June 30, 1995, reviewed in November, 1996 and approved by the Academic Senate on June 5, 1997. Last revision March 2015.

II- FUNCTIONS OF THE COMMITTEE

Function 1: To monitor the academic cognitive performance and Non-cognitive academic factors of the first year medical students, and identify outstanding performance as well as academic deficiencies in individual students during this process, in order to refer the latter to the Office for Student Affairs and other resources that may help them resolve their academic problems in a timely manner.

Function 2: To consider, at the end of the academic year, each first year medical student for one of the following recommendations:

2.1. Advancement to the second year of study
2.2. Repetition of failed course(s)
2.3. Repetition of the first year of study
2.4 Academic progress
2.5. Dismissal from the School of Medicine

Function 3: To recommend to the Dean of the School of Medicine one of the actions described in the previous section for each student.

Function 4: To design the academic program for each student in academic probation, while repeating courses.

Function 5: To consider other issues concerning the academic performance and non-cognitive academic factors of students during their first year of medical study.

Function 6: To consider candidates for a delayed academic program.

Function 7: To establish and maintain policies that ensure students formal due process with regard to their evaluation and advancement.
III- COMPOSITION OF THE COMMITTEE

All members are appointed by the Dean of the School of Medicine at the beginning of the academic year. The chair of the committee will be appointed by the Dean of the School of Medicine. If the appointed chair is a course director, another faculty member will be designated to represent that course on this committee.

The committee will consist of the following members:

A. Regular members with vote:
   1. Committee chair
   2. The first year course directors.
   3. The chair of the Second Year Advancement Committee of the School of Medicine.
   4. Three faculty members appointed by the Dean. These faculty members cannot be course or clerkship directors.
   4. One faculty member selected by the first year medical students to serve as their representative to the committee. The representative cannot be a second year course coordinator or counselor, psychologist or any person involved in giving counseling or psychological support to students.
   5. Concurrent- Combined Degrees Program Representative

B. Ex officio members or their representatives (without vote):
   1. Dean of the School of Medicine
   2. Associate Dean for Academic Affairs
   3. Associate Dean for Student Affairs
   4. President of the Admissions Committee
   5. Director of the Curriculum Office
   6. Director of the Evaluation and Medical Research Office

C. Invited Guest without vote

IV- DUTIES AND RESPONSIBILITIES OF MEMBERS

1- All members of the committee are expected to participate in the functions of the committee as described in Section II.

2- All regular members are expected to attend all meetings of the committee. If for any reason a member is unable to attend a meeting, that person will inform the committee
chair prior to the meeting, either verbally or in writing. Those members that do not excuse themselves will appear in record as absent.

3- Whenever a regular member cannot attend a meeting of the committee s/he will designate a substitute. This substitute will be entitled to provide information and will be entitled to vote.

V- COMMITTEE PROCEDURES

1.0 The procedures will be conducted in accordance with the latest edition of Robert's Rules of Order.
1.1. Quorum for the committee will consist of simple majority of the regular members.
1.2. Excused members will be considered as absent for purposes of establishing quorum.
1.3. Committee decisions must be approved by simple majority of the voting members present.
1.4 Meetings:

1.4.1 The committee should hold its first meeting no later than one month after the beginning of the academic year. At its first meeting of the academic year, the committee will establish a calendar for a minimum of six meetings.

1.4.2 Extraordinary meetings may be scheduled at later dates as needed.

1.4.3 The discussions will be conducted in a respectful manner.

1.4.4 Members must exhibit adequate professional conduct deemed necessary for the group productivity and for wise and objective decisions.

1.4.5 Those members who fail to comply with the established professional conduct policies will be referred to the Dean of the School of Medicine.

VI- ADVANCEMENT POLICIES AND GUIDELINES

Article 1 – Monitoring Student Performance:

The committee will meet to monitor the performance of academic cognitive and non-cognitive academic factors of first year medical students. When a Director identifies that a student is showing deficiencies in a given course:

1.1- Course Level

1.1.1 The Director will meet or contact the student to explore reasons.
1.1.2 Discuss the case at the course committee and/or departmental level.
1.1.3 The director may notify the student/faculty representative.
1.1.4 Refer the Student to the Advancement Committee.

1.2- Advancement Committee level:
1.2.1 If a student is identified by the committee to exhibit deficiencies of concern, the Committee Chair and the Course Director:
   1.2.1.1 Will notify the student of the nature of his/her deficiency, in writing and through the official communication platform (Blackboard/Intranet), a copy of which will be sent to the student record at the Office for Student Affairs.

   1.2.1.2 Will be referred to the Students Affairs Office for counseling. Students referred to the Student Affairs Office must seek and comply with the established intervention plan, if one is required to correct the deficiencies of concern. If the student declines the intervention plan, he/she must sign a waiver declining such help.

   1.2.1.3 These students may be requested to have a Psychological and/or Psychiatric evaluation. A complete evaluation report from Psychologist and/or Psychiatrist must be sent to the Dean of Students Affairs and to the Committee. Non compliance with recommendations may place students at risk of academic failure that may result in recommendation for Academic Dismissal; therefore student who refuses this recommendation must sign a waiver declining such help.

   1.2.1.4 Students that decline the help will be offered an interview with the Committee or a subcommittee.

      For a student who fails a course or any year/level requirements, the committee will notify the student in writing that he/she is in Academic Probation. Copy will be sent to the Office of Student Affairs, Dean, Associate Dean for Academic Affairs, Registrar’s Office, the student’s record and the Curriculum Office.

   1.2.1.5 Students will not be allowed to voluntarily withdraw from individual first year courses. Voluntary withdrawal requests to be considered are for the entire academic year only.

1.3 Office for Students Affairs:

   1.3.1 Will contact the student and offer its services to help correct the deficiency.

   1.3.2 Will inform the committee, in writing, of the actions taken, with special consideration to the confidentiality issues.

   1.3.3 The Office for Students Affairs will also notify the committee chair, in writing, of those students that declined or were unable to contact.
1.4 Delayed Academic Program (See Glossary): Students repeating a course during the summer or repeating the entire academic year are considered to have a Delayed Academic Program.

Article 2: Committee Procedures

2.1 Advancement, Repetition of failed courses, repetition of the first year/level or dismissal criteria.

During the Academic Year, as soon as possible after the last day of classes, and as often as necessary afterwards, the committee will meet to consider students for advancement, repetition of failed courses, repetition of the first year/level, or dismissal. These recommendations are forwarded to the Dean of the School of Medicine as the Advancement Committee are advisory committees. The committee will employ the following criteria:

2.1.1 A student who has satisfactorily completed all the requirements of the courses taught during the first year/level will be recommended for advancement to the second year/level.

2.1.2 Students who have received an F in any required course will be immediately placed in academic probation until the deficiency has been corrected. **see glossary

2.1.3 The Committee will recommend actions to be taken with students failing a course or curriculum requirement. A student, who has received an "F" in any required course or curriculum requirement, will be placed in Academic Probation until all deficiencies are properly corrected. See glossary

2.1.4 Academic Progress – see glossary

2.2 Failure of One Course

A Student who fails ONE course may have the opportunity to repeat it. The following process will be followed:

2.2.1 If a course coordinator approves an equivalent summer course outside the UPR System in an LCME accredited institution, the student may take the summer course if supported and approved by the Advancement Committee and the Dean.

2.2.2 If no equivalent summer course exists, or if the summer course is not approved by the course Faculty, the SOM course faculty may prepare a summer course equivalent to the one offered during the regular academic year. If no resources are available, the equivalent course cannot be offered
by the SOM and the student will repeat the failed course during the next academic year provided that the committee recommends it.

2.2.3 If the student passes the repeated course, s/he will be recommended for advancement to the second year/level. The initial grade of F will be maintained in the student’s official record while the grade reported in the repeated course will be the one used to calculate the GPA. ** see Registrar’s Manual visit [http://estudiantes.rcm.upr.edu/Docs/Reg/manual_registrador_2010-11.pdf](http://estudiantes.rcm.upr.edu/Docs/Reg/manual_registrador_2010-11.pdf)

2.2.4 If the student FAILS the repeated course during the summer, the First Year Advancement Committee will evaluate the case and recommend academic dismissal.

2.2.5 If there is no summer course, the student will repeat the failed course in the next academic year.

2.2.6 If the student fails the second opportunity the Committee will recommend academic dismissal.

2.2.7 A student cannot repeat a course more the once.

2.3 Failure in Two courses:
A student who fails TWO courses will be evaluated by the advancement committee.

2.3.1 If the student has a GPA in the rest of the courses of 2.5 or more and has satisfactorily demonstrated Professionalism characteristics, he/she may be allowed to enroll in a next academic year to repeat the failed courses only. Students cannot repeat any of these failed courses during the summer.

2.3.2 If the student has a GPA in the rest of the courses of less than 2.5 or if he or she has demonstrated unsatisfactory Professionalism characteristics he/she will be recommended for dismissal.

2.4. Failure in Three or more Courses:

2.4.1 A student who fails THREE or more courses will be recommended for academic dismissal.

2.5 Repeating the Entire First Year of Study:
Additional instances in which a student will be required to repeat the entire academic year may include:

2.5.1 Documented inappropriate Non-Cognitive Academic Factors on the part of the students.
A student may only repeat the First Year of Study once. If the student repeating
the first year fails any course will be immediately recommended for academic
dismissal.

A student in academic probation will not be allowed to begin a summer activity for which
credits or stipend are received or any elective.

**Article 3. Dismissal**

The committee will recommend for academic dismissal the following students:

3.1. Students who fail in the non-cognitive academic factors.
3.2. Students who’s GPA is less than 2.0 at the end of the academic year
3.3. Students who fail THREE of more courses
3.4. Students who fail TWO courses and have an average of less than 2.5 in the rest of
the courses
3.5. Students who fail the repetition of a course.
3.6 Any student who, while repeating the first year, fails any course.

**Article 4: STUDENT DUE PROCESS**

Any student being considered for dismissal from the School of Medicine will be required
to meet with the committee to discuss his or her case. After further discussion of the case
the committee will make recommendations regarding the student promotion or dismissal.
The Committee will forward final recommendations to the Dean of the School of Medicine
in writing, with all the information deemed necessary.

If the student is unsatisfied with the decision, he/she has the right to appeal adhering to the
processes described in the *Policies and Guidelines for Academic Evaluation and
Advancement of Medical Students, Article 2: POLICIES AND GUIDELINES FOR
ACADEMIC EVALUATION AND ADVANCEMENT.*

**Article 5: WITHDRAWALS**

Students who withdraw from the School of Medicine have the right to request readmission,
as new students, in accordance with the policies of the Admissions Committee of the
School of Medicine.

If, at the time the student requests a withdrawal from the entire academic year, more than
50% of the course-time has lapsed, a “W” will appear for said course on the official
transcript. Withdrawals requested when less than 6 working days are left until the end of
the course, and/or if the student has taken the course’s final exam (or final evaluation
strategy established in the course’s syllabus), a FAIL (F) will appear for said course on the
official transcript.
Article 6: AMENDMENTS TO THIS DOCUMENT

This document is subject to amendment or revision annually by the Faculty of the School of Medicine and its pertinent committees. See the Amendments section in the Preamble of this Manual.
UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF MEDICINE

POLICIES AND PROCEDURES OF THE
SECOND YEAR ADVANCEMENT COMMITTEE

Latest Revision: June 2015
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POLICIES AND PROCEDURES OF THE SECOND YEAR ADVANCEMENT COMMITTEE

I- LEGAL BASIS

The U.P.R. School of Medicine Policies and Guidelines for the Academic Evaluation and Advancement of Medical Students as approved by the faculty on June 30, 1995, reviewed in November, 1996 and approved by the Academic Senate on June 5, 1997. Last revision March 2015.

II- FUNCTIONS OF THE COMMITTEE

Function 1: To monitor the academic cognitive performance and Non-cognitive academic factors of the second year medical students, and identify outstanding performance as well as academic deficiencies in individual students during this process, in order to refer the latter to the Office for Student Affairs and other resources that may help them resolve their academic problems in a timely manner.

Function 2: To consider, at the end of the academic year, each second year medical student for one of the following recommendations:

2.1. Advancement to the third year/level of study

2.2 Repetition of failed course(s)

2.3 Repetition of the second year of study

2.4 Academic Progress

2.5 Dismissal from the School of Medicine

Function 3: To recommend to the Dean of the School of Medicine one of the actions described in the previous section for each student.

Function 4: To design the academic program for each student in academic probation, while repeating courses.

Function 5: To consider other issues concerning the academic performance and non-cognitive academic factors of students during their second year of medical study.

Function 6: To consider candidates for a delayed academic program.

Function 7: To establish and maintain policies that ensure students formal due process with regard to their evaluation and advancement.

Function 8: To update this document annually
III- COMPOSITION OF THE COMMITTEE

All members are appointed by the Dean of Medicine at the beginning of the academic year. The chair of the committee will be appointed by the Dean of Medicine. If the appointed chair is a course coordinator, another faculty member will be designated to represent that course on this committee.

The committee will consist of the following members:

A. Regular members with vote:
   1. Committee chair
   2. The second year course directors.
   3. The chair of the First and Third Year Advancement Committee of the School of Medicine.
   4. Three faculty members appointed by the Dean. These faculty members cannot be course or clerkship directors.
   4. One faculty member selected by the second year medical students to serve as their representative to the committee. The representative cannot be a second year course coordinator or counselor, psychologist or any person involved in giving counseling or psychological support to students.
   5. Concurrent- Combined Degrees Program Representative

B. Ex officio members or their representatives (without vote):
   1. Dean of the School of Medicine
   2. Associate Dean for Academic Affairs
   3. Associate Dean for Student Affairs
   4. Director of the Curriculum Office
   5. Director of the Evaluation and Medical Research Office

C. Invited Guest without vote

IV- DUTIES AND RESPONSIBILITIES OF MEMBERS

1- All members of the committee are expected to participate in the functions of the committee as described in Section II.

2- All regular members are expected to attend all meetings of the committee. If for any reason a member is unable to attend a meeting, that person will inform the committee chair prior to the meeting, either verbally or in writing. Those members that do not excuse themselves will appear in record as absent.

3- Whenever a regular member cannot attend a meeting of the committee s/he will designate a substitute. This substitute will be entitled to provide information and will be entitled to vote.

V- COMMITTEE PROCEDURES
1.0- The procedures will be conducted in accordance with the latest edition of Robert’s Rules of Order.

1.1 Quorum for the committee will consist of simple majority of the regular members.

1.2 Excused members will be considered as absent for purposes of establishing quorum.

1.3 Committee decisions must be approved by simple majority of the voting members present.

1.4 Meetings:

1.4.1 The committee should hold its first meeting no later than one month after the beginning of the academic year. At its first meeting of the academic year, the committee will establish a calendar for a minimum of six meetings.

1.4.2 Extraordinary meetings may be scheduled at later dates as needed.

1.4.3 The discussions will be conducted in a respectful manner.

1.4.4 Members must exhibit adequate professional conduct deemed necessary for the group productivity and for wise and objective decisions.

1.4.5 Those members who fail to comply with the established professional conduct policies will be referred to the Dean of the School of Medicine.

VI- ADVANCEMENT POLICIES AND GUIDELINES

ARTICLE 1 – MONITORING STUDENT PERFORMANCE:

The committee will meet to monitor the performance of academic cognitive and Professionalism characteristics of second year medical students. When a Director identifies that a student is showing deficiencies in a given course:

1.1- Course Level

1.1.1 The Director will meet or contact the student to explore reasons.

1.1.2 Discuss the case at the course committee and/or departmental level.

1.1.3 The director may notify the student-faculty representative.

1.1.4 Refer the Student to the Advancement Committee.

1.2 Advancement Committee level:

1.2.1 If a student is identified by the committee to exhibit deficiencies of concern, the Committee Chair and the Course Director:

1.2.1.1 Will notify the student of the nature of his/her deficiency, in writing and through the official platform (Blackboard/Intranet), a copy of which will be sent to the student record at the Office for Student Affairs.
1.2.1.2 Will be referred to the Students Affairs Office for counseling. Students referred to the Student Affairs Office must seek and comply with the established intervention plan, if one is required to correct the deficiencies of concern. If the student declines the intervention plan, he/she must sign a waiver declining such help.

1.2.1.3 These students may be requested to have a Psychological and/or Psychiatric evaluation. A complete evaluation report from Psychologist and/or Psychiatrist must be sent to the Dean of Students Affairs and to the Committee. Non compliance with recommendations may place students at risk of academic failure that may result in recommendation for Academic Dismissal; therefore student who refuses this recommendation must sign a waiver declining such help.

1.2.1.4 Students that decline the help will be offered an interview with the Committee or a subcommittee.

1.2.1.5 For a student who fails a course or any year/level requirements, the committee will notify the student in writing that he/she is in Academic Probation. Copy will be sent to the Office for Student Affairs, Dean, Associate Dean for Academic Affairs, Registrars Office, he student’s record and the Curriculum Office.

1.2.1.6 The committee is responsible for the approval of student requests to withdraw from individual courses. If a student wants to withdraw from a given course, the situation will be brought to the attention of the committee and a decision will be made. The committee will not allow students to withdraw from any course that is part of the integrated curriculum. For example: this means that no student will be allowed to withdraw from Pathology, Mechanisms of Diseases, Microbiology or Pharmacology alone. A student withdrawing from one of these courses will either withdraw from All or continue taking All.

1.3 Office for Student Affairs:

1.3.1 Will contact the student and offer its services to help correct the deficiency.
1.3.2 Will inform the committee, in writing, of the actions taken, with special consideration to the confidentiality issues.
1.3.3 The Office of Students Affairs will also notify the committee chair, in writing, of those students that declined or were unable to contact.

1.4 Delayed Academic Program (See Glossary):

The School of Medicine does not offer a decelerated curriculum. Delayed Academic Program is used to define a student whose advancement to the next level
of studies is ‘delayed’ and therefore has a high potential of not being able to graduate within the traditional four (4) years of medical studies. However, these students MUST complete all requisites within the maximum of 6 academic years allowed. All courses and clerkships MUST be completed within the allotted time available (no extra time is provided to complete courses and courses are not offered on alternate dates).

Students with academic difficulties that are identified early in the academic year and/or those who are identified at risk of failing the USMLE Step 1 may be referred by the committee to the Curriculum Office for the development of an individualized study program in preparation for the USMLE Step 1. This will be constrained upon space availability in the courses of the proposed delayed academic program. (Students may request participating in such a program subject to committee evaluation and recommendations).

ARTICLE 2: COMMITTEE PROCEDURES

2.1 Advancement, Repetition of failed courses, repetition of the second year/level or dismissal criteria.

During the Academic Year, as soon as possible after the last day of classes, and as often as necessary afterwards, the committee will meet to consider students for advancement, repetition of failed courses, repetition of the first year/level, or dismissal. These recommendations are forwarded to the Dean of the School of Medicine as the Advancement Committees are advisory committees. The committee will employ the following criteria:

2.1.1 A student who has satisfactorily completed all the requirements including the CSA, USMLE Step 1 and courses taught during the second year/level will be recommended for advancement to the third year/level.

2.1.2 Students who have received an F in any required course or fail in the USMLE Step 1 and/or the CSA will be immediately placed in academic probation until the deficiency has been corrected. ** see glossary

2.1.3 The Committee will recommend actions to be taken with students failing a course or curriculum requirement. A student, who has received an "F" in any required course or curriculum requirement, will be placed in Academic Probation until all deficiencies are properly corrected. See glossary

2.1.4 Academic Progress – see glossary

2.2 Failure in One Course

A Student, who fails ONE course and has satisfactorily demonstrated Professionalism characteristics, may have the opportunity to repeat it. The following process will be followed:

2.2.1 If a course coordinator approves an equivalent summer course outside the UPR System in an LCME accredited institution, the student may take the
summer course if supported and approved by the Advancement Committee and the Dean.

2.2.2 If no equivalent summer course exists, or if the summer course is not approved by the course Faculty, the SOM course faculty may prepare a summer course equivalent to the one offered during the regular academic year. If no resources are available, the equivalent course cannot be offered by the SOM and the student will repeat the failed course during the next academic year provided that the committee recommends it.

2.2.3 If the student passes the repeated course, and has approved the CSA and USMLE Step 1, s/he will be recommended for advancement to the third year/level. The initial grade of F will be maintained in the student’s official record while the grade reported in the repeated course will be the one used to calculate the GPA. ** see Registrar’s Manual (visit http://estudiantes.rcm.upr.edu/Docs/Reg/manual_registrador_2010-11.pdf)

2.2.4 If the student FAILS the repeated course during the summer, the Second Year Advancement Committee will recommend academic dismissal.

2.2.5 If there is no summer course, the student will repeat the failed course in the next academic year.

2.2.6 If the student fails the second opportunity the Committee will recommend academic dismissal.

2.2.7 A student cannot repeat a course more the once.

2.3 Failure in Two courses:
A student who fails TWO courses will be evaluated by the advancement committee.

2.3.1 If the student has a GPA in the rest of the courses of 2.5 or more and has satisfactorily demonstrated non-cognitive academic factors, he/she may be allowed to enroll in a next academic year to repeat the failed courses only. Students cannot repeat any of these failed courses during the summer.

2.3.2 If the student has a GPA in the rest of the courses of less than 2.5 or if he or she has demonstrated unsatisfactory non-cognitive academic factors characteristics he/she will be recommended for dismissal.

2.4 Failure in Three or more Courses:

2.4.1 A student who fails THREE or more courses will be recommended for academic dismissal.

2.5 Repeating the Entire Second Year of Study:
Additional instances in which a student will be required to repeat the entire academic year may include:

2.5.1. Documented inappropriate non-cognitive academic factors on the part of the students.

2.6 A student may only repeat the Second Year of Study once. If the student repeating the second year fails any course will be immediately recommended for academic dismissal.

2.7 A student in academic probation will not be allowed to begin a summer activity for which credits or stipend are received.

ARTICLE 3: USMLE STEP 1 REQUIREMENT:

3.1 Approval of the USMLE Step 1 examination is required for the advancement to the third year/level of the MD program.

3.2 At the end of the academic year students who have approved all second year/level courses will be given Condition Academic Progress pending approval of the USMLE step 1.

3.3 For students originally belonging to the graduating classes 2005-2011: Students must bring evidence to the Curriculum Office and the Students Affairs Office that they took the exam before the first day of class in order to begin the third year clerkships. Students of graduating class 2012 and forward must take and approve the exam before beginning any third year clerkship, fourth year courses, and electives.

3.4 Students who fail this test will be on academic probation. See glossary

3.5 Students must take the USMLE step 1 during the summer at the end of their second year, and before the deadline established by the Associate Dean for Academic Affairs. Students who do not take the exam on or before this date, without proper authorization, will be recommended for Academic Probation

3.5.1 Students who are experiencing academic difficulties or are identified at risk of failing the USMLE Step 1 by the Advancement Committee may be granted an extension on the deadline by the Associate Deanship of Academic Affairs and will be referred to the Curriculum Office for the development of an Individualized Study Program

3.5.2 Students who are granted an extension on the USMLE Step 1 test-taking deadline must enroll in the Independent Study Course for the USMLE Step 1 (MDAA 7006) and may not register any required or elective courses until approval of said exam.

3.5.3 The time studying for the USMLE Step 1 will count towards the maximum of 6 academic years to complete the MD Program.
For students originally belonging to the graduating classes 2005-2011: Students who fail this test should not continue in the enrolled third year clerkship. Graduating class 2012 and forward must approve the exam before beginning any third or fourth year courses or any electives.

Students who fail this test will enroll in the course MDAA 7006 until the exam is approved. Students will have a maximum of three opportunities to take and approve the USMLE Step 1.

Students who fail this test and/or are identified as being at risk of failing it, will be strongly advised to take neuropsychological evaluations.

The student has only 3 opportunities to take and approve the USMLE step 1. Students who fail to approve the USMLE Step 1 in 3 attempts will be recommended for Academic Dismissal.

Students who receive authorization to delay taking the USMLE Step 1 beyond the established deadline will have until December 31 of the Academic Year corresponding to the originally established deadline to take said exam. Students who received official authorization but did not take the USMLE Step 1 on or before December 31 will be placed on Academic Probation.

Students who fail to take the USMLE Step 1 by the next June 30th after the established deadline for their class will be automatically recommended for Academic Dismissal, regardless of having been authorized to postpone the test-taking date (ie: if the deadline is July 2015, students who have not taken the USMLE Step 1 by June 30, 2016 will be recommended for Academic Dismissal).

Students who take but Fail the USMLE Step 1 on or before June 30th of the academic year that follows his/her originally established deadline, must approve said exam no later than June 30th of the following academic year (2 academic years after his/her corresponding original summer deadline). Students who have not approved the USMLE Step 1 by June 30th of their fourth calendar year, counting from date of admission to the School of Medicine, will be recommended for Academic Dismissal (ie: For a student whose six maximum years to complete all graduation requirements expire on June 2017, this student MUST approve the USMLE Step 1 on or before June 30th, 2015. Failure to do so will result in a recommendation for Academic Dismissal).

**ARTICLE 4. DISMISSAL**

The committee will recommend for academic dismissal the following students:

4.1 Students who fail in the non-cognitive academic factors.

4.2 Students who’s GPA is less than 2.0 at the end of the academic year

4.3 Students who fail THREE of more courses
4.4 Students who fail TWO courses and have an average of less than 2.5 in the rest of the courses

4.5 Students who fail the repetition of a course.

4.6 Any student repeating the second year who fails any course.

4.7 Students who do not approve the USMLE Step 1 in 3 consecutive opportunities

4.8 Students who fail to take the USMLE Step 1 by the next June 30th after the established deadline for their class will be automatically recommended for Academic Dismissal, regardless of having been authorized to postpone the test-taking date.

4.9 Students who have not approved the USMLE Step 1 by June 30th of their fourth academic year, counting from date of admission to the School of Medicine (2 academic years after his/her corresponding original deadline) will be recommended for Academic Dismissal.

4.10 Students who do not approve the CSA in 3 opportunities. The last opportunity to approve this exam will be and/or before September 15 of the next academic, in a scheduled date determined by the director of the Development of Clinical Skills.

ARTICLE 5: STUDENT DUE PROCESS

Any student being considered for dismissal from the School of Medicine will be required to meet with the committee to discuss his or her case. After further discussion of the case the committee will make recommendations regarding the student promotion or dismissal. The Committee, will forward final recommendations to the Dean of the School of Medicine in writing, with all the information deemed necessary.

If the student is unsatisfied with the decision, he/she has the right to appeal adhering to the processes described in the Policies and Guidelines for Academic Evaluation and Advancement of Medical Students, Article 2: POLICIES AND GUIDELINES FOR ACADEMIC EVALUATION AND ADVANCEMENT.

ARTICLE 6 WITHDRAWALS

Students who withdraw from the School of Medicine have the right to request readmission, as new students, in accordance with the policies of the Admissions Committee of the School of Medicine.

If, at the time the student requests a withdrawal, more than 50% of the course-time has lapsed, a “W” will appear for said course on the official transcript. Withdrawals requested when less than 6 working days are left until the end of the course, and/or if the student has taken the course’s final exam (or final evaluation strategy established in the course’s syllabus), a FAIL (F) will appear for said course on the official transcript.

ARTICLE 7:AMENDMENTS TO THIS DOCUMENT

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This document is subject to amendment or revision annually by the Faculty of the School of Medicine and its pertinent committees. See the Amendments section in the Preamble of this Manual.
POLICIES AND PROCEDURES OF THE THIRD YEAR ADVANCEMENT COMMITTEE

Latest Revision: June 2015
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POLICIES AND PROCEDURES OF THE THIRD YEAR ADVANCEMENT COMMITTEE

I - LEGAL BASIS

The U.P.R. School of Medicine Policies and Guidelines for the Academic Evaluation and Advancement of Medical Students as approved by the faculty on June 30, 1995, revised in November 1996 and approved by the Academic Senate on June 5, 1997, with the latest revision on March 2015.

II - FUNCTIONS OF THE COMMITTEE

Function 1: To monitor the academic cognitive performance and non-cognitive academic factors of the third year medical students, and identify outstanding performance as well as academic deficiencies in individual students during this process, in order to refer the latter to the Office for Student Affairs and other resources that may help them resolve their academic problems in a timely manner.

Function 2: To consider, each third year/level medical student for one of the following recommendations:

2.1 Advancement to the fourth year/level of study
2.2 Academic Progress
2.3 Repetition of a failed course
2.4 Readmission to the Third Year/level
2.5 Dismissal from the School of Medicine

Function 3: To recommend to the Dean of the School of Medicine one of the actions described in the previous section for each student

Function 4: To evaluate and approve the academic program prepared by the Curriculum Office for those students in academic probation and/or repeating courses.

Function 5: To consider candidates for a delayed academic program.

Function 6: To consider other issues concerning the academic performance and non-cognitive academic factors of students during their third year/level of medical studies.

Function 7: To establish and maintain policies that ensures students’ formal due process with regard to their evaluation and advancement.

Function 8: To update this document annually.
III- COMPOSITION OF THE COMMITTEE

All members of the committee are appointed by the Dean of the School of Medicine at the beginning of the academic year. The chair of the committee will be appointed by the Dean of the School of Medicine. If the appointed chair is a course coordinator, another faculty member will be designated to represent that course in this committee.

The committee will consist of the following members:

A. Regular members with vote:
   1. Committee Chair
   2. Third year clerkship directors.
   3. Graduation and Award Committee Chairperson
   4. Second Year Advancement Committee Chairperson
   5. Two faculty members appointed by the Dean. These faculty members cannot be course or clerkship directors.
   6. A faculty member selected by the entering third year medical students to serve as their representative to this committee for a period of two academic years. (The representative cannot be a third year course coordinator or counselor, psychologist or any person involved in giving counseling or psychological support to students see glossary).
   7. Concurrent- Combined Degrees Program Representative

B. Ex officio members (without vote)
   1. Dean of the School of Medicine
   2. Associate Dean for Academic Affairs
   3. Associate Dean for Student Affairs
   4. Director of the Curriculum Office
   5. Director of the Evaluation and Medical Education Research Office

C. Invited Guest without vote

IV- DUTIES AND RESPONSIBILITIES OF MEMBERS

1- All members of the committee are expected to participate in the functions of the committee as described in Section II.

2- All regular members are expected to attend all meetings of the committee. If for any reason a member is unable to attend a meeting, that person will inform the committee chair prior to the meeting, either verbally or in writing. Those members, who do not excuse themselves officially, will appear in record as being absent.

3- Whenever a regular member cannot attend a meeting of the committee, s/he will designate a substitute from his/her department. This substitute will be entitled to provide information, and will be entitled to vote.

V- COMMITTEE PROCEDURES

1.0 The business will be conducted in accordance with the latest edition of Robert's Rules of Order.
1.1 Quorum for the committee consists of simple majority of the regular voting members.
1.2 Excused members will be considered as absent for purposes of establishing quorum.
1.3 Committee decisions must be approved by simple majority of the voting members present.
1.4 Meetings:

1.4.1 The committee should hold its first meeting no later than one month after the beginning of the academic year. At its first meeting of the academic year, the committee will establish a calendar for a minimum of six meetings.

1.4.2 Extraordinary meetings may be scheduled at later dates as needed.

1.4.3 The discussions will be conducted in a respectful manner.

1.4.4 Members must exhibit adequate professional conduct deemed necessary for the group productivity and for wise and objective decisions.

1.4.5 Those members who fail to comply with the established professional conduct policies will be referred to the Dean of the School of Medicine.

2.0 Clerkship Director’s Responsibilities

2.1 At each meeting the clerkship directors will bring a written report with student’s academic performance and with the corresponding actions and decisions taken within the department.

2.2 The director will use the committee report format approved by the committee.

2.3 The director will meet or contact the student to explore the reasons for the deficiencies.

2.4 Discuss the case at the department or course committee.

2.5 The director will notify in writing to the student of the identified deficiencies and initial plan of action.

2.6 If the deficiencies continue, the coordinator will notify the committee in the next scheduled meeting such deficiencies.

2.7 If the director identifies problems or deficiencies of concern he/she will refer the student to one or all of the following: student’s faculty representative, Office of Curriculum, Office of Students Affairs. Use approved format (see attachment 8), “Referido a Servicios a Estudiantes”

2.8 At the next scheduled advancement meetings the director will inform the student’s problems and deficiencies in the approved format.
2.9 All students referrals to the Students Affairs Office, Medical School Psychology Service, and Curriculum Office will be done using the Students Affairs and Curriculum Office approved format. (see attachment #8, “Referido a Servicios a Estudiantes”)

3.0 Committee Responsibilities:

3.1 The Committee will receive copies and maintain an updated record of the student's performance in each course and any additional official information submitted by the clerkship coordinators.

3.2 This record will be used to follow up closely the student's performance throughout the third year/level of medical studies.

3.3 The Office of Evaluation and Medical Education Research will provide support in statistical analysis to the committee. This office will also provide information regarding student grades for the third year clerkships as well as individual student’s progress reports when requested.

3.4 The Office of the Dean for Student Affairs will maintain the official student’s record.

VI- ADVANCEMENT POLICIES AND GUIDELINES

Article 1: Monitoring Student Performance

The committee will meet to monitor the performance of academic cognitive and non-cognitive academic factors of the third year/level medical students. When a Director identifies that a student is showing deficiencies in a given course s/he will proceed as follows:

1.1 Course Level

1.1.1 The director will meet with the student to explore the reasons and discuss it at the course committee and/or department level.

1.1.2 Maintain written evidence of the interventions, actions taken and specific recommendations given to the student and of all the decisions taken at the course committee or departmental level in the departments’ student record.

1.1.3 Will notify the student in writing of his/hers academic deficiencies, non-cognitive academic factors deficiencies, actions taken and specific recommendations. Copy of this notification will be sent to the Advancement Committee, Office of Curriculum and Office of Students Affairs.

1.1.4. Will notify the Student Faculty Representative in writing of the student problem and of the actions taken at the course level. The faculty representative will write a report to the Advancement Committee of follow up of the student’s situation.

1.1.5. The director will present the student’s academic performance in the next Committee meeting. (A director may request an extraordinary Committee meeting)
1.1.6. All required clinical clerkships will have a narrative assessment as part of the student’s evaluation processes. Required clerkships will use the Non-Cognitive Academic Factors Student Evaluation Form and other forms to provide a narrative assessment to each student, which will include the student’s professional and non-cognitive characteristics and their achievement of the SOM competencies. Narratives used in the evaluation of students will be sent to the Associate Dean for Student Affairs in order to be included in the student file. These narratives are also used in writing the Medical Student Performance Evaluation (MSPE) letter. The evaluation format to be used for this purpose will be the one approved by the School of Medicine. (– see attachment #7 Bylaws of the Faculty of the School of Medicine University of Puerto Rico) All acts of student’s dishonesty will be referred to the Dean who can refer the situation to the RCM Discipline Committee. (See latest RCM Students Rules and Regulations Manual) http://de.rcm.upr.edu/Docs/REGLAMENTO_DE_ESTUDIANTES_RECINTO_DE_CIENCIAS_MEDICAS.pdf

1.1.7 It is understood that the initial early identification, notification to the student, and intervention occurs at the course committee/departmental level.

1.1.8 Students with documented written course committee or departmental notification of a deficiency will be presented to the Advancement Committee in the next scheduled meeting. Written evidence of the deficiency or problem and all the procedures taken at the course/department level will be sent to the Advancement Committee.

**Article 2.0: Committee Level**

When the Advancement Committee identifies a student who exhibit deficiencies of concern, the Chair will proceed as follows:

2.1. For a student who fails a course or clerkship or any graduation requirements, the committee will notify the Dean. The Dean will notify the student in writing that he/she is in Academic Probation. Copy will be sent to the Office of Student Affairs, Dean, Associate Dean for Academic Affairs, Registrar’s Office, the student’s record and the Curriculum Office.

2.2. Schedule the discussion of the student’s problems in the next Committee meeting.

2.3 Students who fail a course or clerkship will require a written clearance from the Curriculum Office prior to being allowed to enroll in the repeated course or clerkship. This clearance will be given only after the Advancement Committee has discussed the student’s case and made recommendations accordingly.

2.4. Notify in writing to the Assistant Dean of Students Affairs.

**Article 3: Students Affairs Office Level**
Upon receiving such a notice, the Associate Dean for Student Affairs will proceed as follows:

3.1 Contact the student and offer its counseling services to help with their non-cognitive academic factors deficiencies.

3.2. The Associate Dean for Students Affairs and/or Medical School Counseling service will write a report to the Advancement Committee of the recommendations given to the student and the actions taken.

3.3. Write a report to the Advancement Committee of those students that declined services offered or were unable to contact. In this case, the Chair will make another effort to contact the student by letter, telephone calls (as per documented in official record) or through official student’ UPR email address and through Blackboard (schools’ Intranet).

3.4 It is the student’s responsibility to respond and assist promptly to all scheduled meetings and appointments. It is the student’s responsibility to access Intranet (Blackboard) daily and read all official communications sent. The committee will consider all emails through the intranet (Blackboard) as received since they are official communications to the student.

Students not responding to the letters, telephone calls or emails demonstrate serious Professionalism deficiencies (one of the Non-Cognitive Academic Factors). Student that fails to respond to notification will be referred immediately to the Dean’s Office. The faculty, the course or clerkship coordinator, the faculty representative, The Advancement Committee, the Curriculum Office, the Students Affairs Office Dean and or the Academic Affairs Office Dean can fill out or write the professionalism format reporting such deficiencies and it will be sent to the Dean and to his/her official record and may be a cause for academic dismissal. All professionalism deficiencies will appear in the MSPE letter.

Article 4: Student Failing Courses

4.1 The Committee will recommend actions to be taken with students failing a course or curriculum requirement. A student, who has received an "F" in any required course or curriculum requirement, will be placed in Academic Probation until all deficiencies are properly corrected. See glossary

4.2 If a student fails ONE course, he/she may be recommended to repeat it provided the student complies with the following:

4.2.1 A satisfactory evaluation in non-cognitive academic factors in all the courses taken up to this moment, including the one failed. No repeated professionalism issues have been identified or reported.

4.2.2 Will be able to complete the medical studies in no more than six (6) regular academic years

4.2.3 Has shown insight, motivation, adequate planning, and potential for overcoming the difficulties that led to a course failure, including non-cognitive academic factors issues.
4.2.4 Students failing a course for the second time will be subject to dismissal. A student can only repeat any given course once.

4.3 Serious Academic Deficiencies:

4.3.1 All students who have serious academic deficiencies, including: failure of a course; failure of one or more components in more than one third year/level clerkship (non-cognitive academic factors component, OSCE, Shelf, Departmental examinations are some examples of such components).

4.3.2 All these students will be required to complete all third year/level requirements including all failures, prior to taking any fourth year/level courses, and any elective courses.

Article 5: Students with serious academic deficiencies:

5.1 All students who fail at least one (1) course and or have failed one or more components of at least two clinical clerkships are considered to be at high risk of failure. These students may be required to have a Psychological and or a Psychiatric evaluation. Those students that are required to have a Psychological and/ or Psychiatrist evaluation must bring a complete evaluation report from the Psychologist and or Psychiatrist to the Dean for Student Affairs and to the Committee. Non-compliance with recommendations may place students at risk of academic failure that may result in recommendation for Academic Dismissal; therefore, students who refuse these recommendations after being informed, do so willingly and assume responsibility of said risks. (See “Plan de Intervención Recomendado” attachment #9)

5.2 Students on Academic probation and students, who have failed one or more components of two clinical clerkships or more, must comply with the requirement of having a Psychological and/ or Psychiatrist evaluation, in order to be considered for continued studies in the School of Medicine. Non-compliance with recommendations may place students at risk of academic failure that may result in recommendation for Academic Dismissal; therefore, students who refuse these recommendations after being informed do so willingly and assume responsibility of said risks.

5.3 The Advancement Committee reserves the right to make amendments to the Academic Program of students with serious academic deficiencies. Students will abide to such recommendations. All recommendations will take into account that students have a maximum of six years to complete all graduation requirements.

Article 6: Academic Progress
The Committee will recommend Academic Progress to all students who have satisfactorily approved all the third year/level academic requirements, including the non-cognitive academic factors, of at least 50% of the total contact hours required for the third year. Academic Progress is demonstrated when, a student has satisfactorily approved 50% out of the total of all third year courses, has not fail in any other third year course and evidence of the assigned grade is registered at the Registrar’s Office. Students in Academic Probation can’t have Academic Progress. Academic progress will be considered and recommended by the Advancement Committee during the month of June of each academic year.

6.1 Students who do not qualify for academic progress may be considered for conditioned academic progress – see glossary

**Article 7: Advancement Procedures**

At the corresponding date (based on students' individual track of studies), the committee will meet to consider students for:

7.1. Advancement to the fourth year/level of study. The student will be recommended for advancement to the fourth year/level of studies when s/he approves all the third year/level course requisites (all 42 weeks of instruction).

7.2. Students with a delayed academic program, students that are readmitted after a leave of absence, and students that fail any third year/level clerkship or course, may be registered in a third year clerkship if recommended by the concerned department and provided space is available. The opportunity to repeat a clerkship in a succeeding year may be restricted by considerations of scheduling, available space and resources, or course prerequisites. A student can only repeat any given course once. This students’ academic program will be reviewed and approved by the Advancement committee.

7.3 Students that fail a third year/level clinical clerkship may be considered by the department to repeat the course if he/she has not failed a previous third year course. The repeated course will be the one described officially at the registrar’s office at the time of its repetition. Student must approve all course requisites again to approve the course. A student can only repeat any given course once. Prior to enrollment in a repeated course, students’ **must** have a clearance from the Curriculum Office for such action.

7.4. Repetition of a failed course.

The student, who has failed a course, may be recommended to repeat it provided the student complies with the following:
7.4.1 A satisfactory evaluation in non-cognitive academic factors in all the courses taken up to this moment, including the one failed.

7.4.2 Will be able to complete the medical studies in no more than six (6) regular academic years.

7.4.3 Has shown insight, motivation, adequate planning, and potential for overcoming the difficulties that led to a course failure.

7.4.4 Students failing a course for the second time will be subject to dismissal. A student can only repeat any given course once.

7.5 All students who have serious academic deficiencies will be recommended to complete all third year/level requirements including all failures, prior to taking any fourth year/level courses and electives. Serious academic deficiencies include: failure of a course; failure of one or more components in more than one third year/level clerkship (Non-cognitive academic factors, OSCE, Shelf, Departmental examinations are some examples of such components).

7.6 Readmission to the third year of study. All readmissions to the third year must be notified to the Advancement Committee by the Office of Students Affairs, by the Office of academic Affairs and by the Office of the Dean. The Committee will evaluate individually such cases in order to approve the students’ individual academic program.

7.6.1 The Curriculum Office and Students Affairs Office will notify in writing the names of students for whom more than 2 years have elapsed since the completion of the second year Physical Diagnosis Course at our School of Medicine. Student participating in Combined Program are included. These students must satisfy the following requirements prior to entry into the third year/level:

Students must complete a review experience that includes: communication skills, data gathering skills, physical examination skills, under the mentorship of an assigned faculty member. He/she will also be sent to the Standardized Patient Office to review and practice these skills. These experiences must be completed immediately prior to entry into the third year/level curriculum. No written or practical exam will be given, no credit will be given and no grade will be entered on the transcript. The student will, however, be given formative feedback.

7.7 Dismissal from the school of medicine

Article 8: Special Situations
8.1 All students that take fourth year/level courses must have approved the corresponding pre-requisites for that fourth year/level course. Only students in good academic standing and with no academic difficulties can be enrolled in these courses during their third year/level.

8.2 Students promoted to the third year/level with no academic deficiencies, and students from the MD-PhD and MD-JD programs will have first priority to be registered on third year clerkships and courses.

8.3 Students that fail in a third year/level clinical clerkship and are considered by the department to repeat the course, will register to complete the course currently being offered by the School of Medicine and described officially at the registrar’s office at the time of its repetition. Student must approve all current course requisites again to approve the course. A student can only repeat any given course once. Students who fail a course or clerkship will require a written clearance from the Curriculum Office prior to being allowed to repeat said course or clerkship. This clearance will be given only after the Advancement Committee has discussed the student’s case and made recommendations.

8.4 Students will only be able to repeat only ONE third year/level course or clerkship. Said course may be repeated only once.

Article 9: Dismissal

Reasons for academic dismissal include, but are not limited to, the following:

9.1 Documented unsatisfactory evaluations in the area of non-cognitive academic factors. The committee members will consider such student unfit to serve as physicians, irrespective of their other academic performance.

9.2 Students who show evidence of inability to master the curriculum of the third year/level of medical study, and who in the opinion of the committee would not be able to master the curriculum if given an opportunity to repeat deficiencies.

9.3 Students who fail two or more Third Year Clinical Clerkships even if they have approved a repetition of a failed course.

9.4 Students in academic probation who fail the repetition of a course. A student can only repeat any given course once.

9.5 Any student unable to complete the medical studies in the maximum of the academic years specified for the MD program (six (6) academic years). See registrars Manual.

9.6 Students with a GPA less than 2.00 at the end of the academic year (see RCM yearly academic calendar).
Article 10: STUDENTS DUE PROCESS

10.1: Any student being considered for Academic Dismissal will be required to meet with the Committee to present his/her case. Official Committee members are the only ones permitted to be at this meeting.

10.1.1 When a student appears before the Advancement Committee, he or she may be accompanied by one faculty member with academic appointment at the UPR School of Medicine. The student must notify the Advancement Committee of this petition at least 3 days prior to the hearing of his/her petition. The faculty member will be permitted to stay at the meeting only during the student’s oral presentation. Both the student and the faculty member will be excused upon the committee’s deliberations.

10.1.2 After the students’ interview, the committee will further discuss the case and submit the Committees final recommendations.

10.1.3 The Committee's written recommendation will be forwarded to the Dean of the School of Medicine, including all pertinent information, for his/her consideration and final decision.

10.2: If the student is unsatisfied with the decision, he/she has the right to appeal adhering to the processes described in the Policies and Guidelines for Academic Evaluation and Advancement of Medical Students, Article 2: POLICIES AND GUIDELINES FOR ACADEMIC EVALUATION AND ADVANCEMENT.

Article 11: WITHDRAWALS

11.1 A student who wishes to withdraw from a third year/level clerkship must receive the corresponding third year/level clerkship director’s approval and signature. All course withdrawals must comply with the School of Medicine and UPR/RCM regulations. All course withdrawal procedures will be done at the Curriculum Office and require the Course Director’s approval. It is the student’s whole responsibility to complete all the procedural steps. Withdrawals of a course can only be accepted until six (6) business days before the end of a course. For withdrawals processed before 50% of the course has lapsed, the course will be removed from the student’s Transcript. A “W” will appear in the student’s official transcript for all withdrawals processed after 50% of the course has lapsed up to six business days before the end of the course. After this time has elapsed, no withdrawals will be accepted. Students failing the course by that time will receive an F in the course.

11.2 Students who withdraw from the School of Medicine while in the third year/level, with academic deficiencies at the time of withdrawal, will be considered to have failed courses for which a grade has not been reported. An F will be reported to the Registrar’s Office.
11.3 Students who withdraw from the School of Medicine have the right to request readmission, as new student, in accordance with the policies of the Admissions Committee of the School of Medicine.

Article 12: AMENDMENTS TO THIS DOCUMENT

This document is subject to amendment or revision annually by the Faculty of the School of Medicine and its pertinent committees. At the beginning of the academic year, all new members to the committee will receive an orientation regarding this document. Please refer to the Amendments section on the Preamble of this document.
POLICIES AND PROCEDURES OF THE
GRADUATION AND AWARDS COMMITTEE

Latest Revision: June 2015
POLICIES AND PROCEDURES OF THE GRADUATION AND AWARDS COMMITTEE

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POLICIES AND PROCEDURES OF THE GRADUATION AND AWARDS COMMITTEE

I- LEGAL BASIS

The U.P.R. School of Medicine Policies and Guidelines for the Academic Evaluation and Advancement of Medical Students as approved by the Faculty on June 30, 1995, reviewed in November, 1996 and approved by the Academic Senate on June 5, 1997, with latest revision March 2015.

II- FUNCTIONS OF THE COMMITTEE

Function 1: To monitor the academic cognitive performance and non-cognitive academic factors of the fourth year medical students, and identify outstanding performance as well as academic deficiencies in individual students during this process, in order to refer the latter to the Office for Student Affairs and other resources that may help them resolve their academic problems in a timely manner.

Function 2: At the end of the academic year, to consider each fourth year/level medical student for one of the following recommendations:

2.1. Graduation
2.2. Academic Progress
2.3. Repetition of a failed course or courses
2.4. Readmission to the Fourth Year/level of Studies
2.5. Dismissal from the School of Medicine

Function 3: To recommend to the Dean of the School of Medicine one of the actions described in the preceding section for each student.

Function 4: To consider other issues concerning the academic performance and non-cognitive academic factors of students during their fourth year/level of medical study.

Function 5: To evaluate and consider students for awards and recognitions.

Function 6: To evaluate and approve the academic program prepared by the Curriculum Office for those students in academic probation and/or repeating courses.

Function 7: To evaluate and approve the academic program prepared by the Curriculum Office for those students in the combined program (MD/JD or MD/PhD)
Function 8: To consider candidates for a delayed academic program. See glossary.

Function 9: To establish and maintain formal policies to ensure students receive due process with regard to their evaluation and advancement.

Function 10: To update this document annually.

III: COMPOSITION OF THE COMMITTEE

All members of the committee are appointed by the Dean of the School of Medicine at the beginning of the academic year. The chair of the committee will be appointed by the Dean of the School of Medicine. If the appointed chair is a course director, another faculty member will be designated to represent that course in this committee.

The committee will consist of the following members:

A. Regular members with vote:

1. Committee Chair
2. A faculty member recommended by the departmental chairperson of each department who offers courses during the fourth year and appointed by the Dean (Courses Include - Internal Medicine, Pediatric, Surgery, Ob-Gyn, Psychiatry, Family Medicine, Emergency Medicine, Public Health, Radiology, Population Health, Dermatology, PMR, Clinical Neurology and Ethics III).
3. The chair of the Third Year Advancement Committee of the School of Medicine
4. One basic faculty sciences representative and two faculty members appointed by the Dean. These faculty members cannot be course or clerkship directors.
5. One faculty member selected by the entering fourth year/level medical students to serve as their representative to this committee. (The representative cannot be a fourth year course director or counselor, psychologist or any person involved in giving counseling or psychological support to students. See glossary).
6. Concurrent-Combined Degrees Program Representative

B. Ex-officio members (without vote):

1. The Dean of the School of Medicine
2. The Associate Dean for Academic Affairs
3. The Associate Dean for Student Affairs
4. The Director of the Curriculum Office or Curriculum Coordinator
5. The Director of the Evaluation and Medical Research Office
C. Invited Guest without vote.

IV: DUTIES AND RESPONSIBILITIES OF MEMBERS

1- All members of the committee are expected to participate in the functions of the committee as described in Section II.

2- All regular members are expected to attend all meetings of the committee. If for any reason a member is unable to attend a meeting, that person should inform the committee chair prior to the meeting, either verbally or in writing. Those members, who do not excuse themselves officially, will appear in record as being absent.

3- Whenever a regular member cannot attend a committee meeting s/he will designate a substitute from same department. This substitute will be entitled to provide information, and will be entitled to vote.

V: COMMITTEE PROCEDURES

1.0 The business of the committee will be conducted in accordance with the latest edition of Robert's Rules of Order.

1.1 Quorum for the committee will consist of simple majority of the regular members.

1.2 Excused members will be considered as absent for purposes of establishing quorum.

1.3 Committee decisions must be approved by simple majority of the voting members present.

1.4 Meetings:

1.4.1 The committee should hold its first meeting no later than one month after the beginning of the academic year. At its first meeting of the academic year, the committee will establish a calendar for a minimum of six meetings.

1.4.2 Extraordinary meetings may be scheduled at later dates as needed.

1.4.3 The discussions will be conducted in a respectful manner.

1.4.4 Members must exhibit adequate professional conduct deemed necessary for the group productivity and for wise and objective decisions.
1.4.5 Those members who fail to comply with the established professional conduct policies will be referred to the Dean of the School of Medicine.

2.0 Clerkship/course Director’s Responsibilities

2.1 At each meeting the clerkship or course directors will bring a written report with student’s academic performance data taking the course and with the corresponding actions and decisions taken within the department.

2.2 The directors will use the committee report format approved by the committee.

2.3 The directors will meet or contact the student to explore the reasons for the deficiencies.

2.4 Discuss the case at the department or course committee.

2.5 The directors will notify in writing to the student of the found deficiencies and initial plan of action.

2.6 If the deficiencies continue, the directors will notify in the next scheduled meeting such deficiencies.

2.7 If the directors identifies a problems or deficiencies of concern he/she will refer the student to one or all of the following: student’s faculty representative, Office of Curriculum, Office of Students Affairs. (Use approved format see attachment #8)

2.8 At the next schedule graduation and award committee meetings the coordinator will inform the student’s problems, deficiencies in the approved format.

2.9 All students’ referrals to the Students Affairs Office, Medical School Psychology Service, and Curriculum Office will be done using the Students Affairs and Curriculum Office approved format. (see attachment #8)

3.0 Committee Responsibilities:

3.1 The Committee will receive copies and maintain an updated record of the student's evaluations and any additional official information submitted by the clerkship coordinators.

3.2 This record will be used to follow up closely the student's performance throughout the fourth year/level of medical studies.

3.3 The Office of Evaluation and Medical Education Research will provide support in statistical analysis to the committee. This office will also provide information regarding student grades for the
fourth year clerkships as well as individual student’s progress reports when requested.

3.4 The Office of the Dean of Students Affairs will maintain the official student’s record.

VI- ADVANCEMENT POLICIES AND GUIDELINES

Article 1: Monitoring Student Performance

The committee will meet to monitor the performance of academic cognitive and non-cognitive academic factors of the fourth year/level medical students. When a Course Director identifies that a student is showing deficiencies in a given course s/he will proceed as follows:

1.1 Clerkship/Course Level

1.1.1 The directors will meet with the student to explore the reasons and discuss it at the course committee and/or department level.

1.1.2 Maintain written evidence of the interventions, actions taken and specific recommendations given to the student and of all the decisions taken at the course committee or departmental level in the departments’ student record.

1.1.3 Will notify the student in writing of his/hers academic deficiencies, non-cognitive academic factors deficiencies, actions taken and specific recommendations. Copy of this notification will be sent to the Advancement Committee, Office of Curriculum and Office of Students Affairs.

1.1.4. Will notify the Student Faculty Representative in writing (letter or email) of the student problem and of the actions taken at the course level. The faculty representative will write a report to the Advancement Committee of follow up of the student’s situation.

1.1.5. The directors will present the student’s academic performance in the next Committee meeting. (A director may request an extraordinary Committee meeting)

1.1.6. All fourth year clerkships will require non-cognitive factors evaluations, as part of the course requirements, to be done by the clerkship faculty members. A summative and final Non-Cognitive Academic Factors Evaluation report will be sent to the Students Affairs Office at the end of each clerkship rotation. The evaluation format to be used for this purpose will be the one approved by the School of Medicine. (SEE Student Evaluation Form- see attachment #3) All acts of student’s dishonesty will be referred to the Dean who can refer the situation to the RCM Discipline Committee. (See latest RCM Students Rules and Regulations Manual)
1.1.7 It is understood that the initial early identification, notification to the student, and intervention occurs at the course committee/departmental level.

1.1.8 Students with documented written course committee or departmental notification of a deficiency will be presented to the Graduation and award Committee in the next scheduled meeting. Written evidence of the deficiency or problem and all the procedures taken at the course/department level will be sent to the Graduation and Award Committee.

**Article 2.0: Committee Level**

When the Graduation and Award Committee identifies a student who exhibit deficiencies of concern, the Chair will proceed as follows:

2.1. For a student who fails a course or clerkship or any graduation requirements, the committee will notify the student in writing that he/she is in Academic Probation. Copy will be sent to the Office of Student Affairs, Dean, Associate Dean for Academic Affairs, Registrar’s Office, the student’s record and the Curriculum Office.

2.2. Schedule the discussion of the student’s problems in the next Committee meeting.

2.3. Notify in writing to the Assistant Dean of Students Affairs and the student.

**Article 3.0: Students Affairs Office Level**

Upon receiving such a notice, the Assistant Dean of Students Affairs will proceed as follows:

3.1 Contact the student and offer its counseling services to help with their non-cognitive academic factors deficiencies.

3.2. The Assistant Dean of Students Affairs and/or Medical School Counseling service will write a report to the Advancement Committee of the recommendations given to the student and the actions taken.

3.3. Write a report to the Graduation and Award Committee of those students that declined services offered or were unable to contact. In this case, the Chair will make another effort to contact the student by letter, telephone calls or emails through the Academic Platform of the SOM.

3.4 It is the student’s responsibility to respond and assist promptly to all scheduled meetings and appointments. It is the student’s
responsibility to access Intranet (Blackboard) daily and read all official communications sent. The committee will consider all emails through the intranet (Blackboard) as official communications to the student.

Students not responding to the letters, telephone calls or emails demonstrate serious Professionalism deficiencies (one of the Non-Cognitive Academic Factors). Student that fails to respond to notification will be referred immediately to the Dean’s Office. The faculty, the course or clerkship coordinator, the faculty representative, The Graduation and Award Committee, the Curriculum Office, the Students Affairs Office Dean and or the Academic Affairs Office Dean can fill out or write the professionalism format reporting such deficiencies and it will be sent to the Dean and to his/her official record and may be a cause for academic dismissal.

Article 4: Students Failing Courses

4.1 The Committee will recommend actions to be taken regarding students failing a course or curriculum requirement. A student, who has received an “F” in any required course or curriculum requirement, will be placed in Academic Probation until all deficiencies are properly corrected. ** see glossary

4.2 Students who fail ONE course may be recommended to repeat it provided the student complies with the following:

4.2.1 Has a satisfactory evaluation in Non-Cognitive Academic Factors in all the courses taken up to this moment, including the failed course

4.2.2 Will be able to complete the medical studies in no more than six (6) regular academic years

4.2.3 Has shown insight, motivation, adequate planning, and potential for overcoming the difficulties that led to a course failure.

4.2.4 Students failing a course for the second time will be subject to dismissal. A student can only repeat any given course once.

4.3 Students who fail TWO (2) required courses OR fail ONE required course and TWO elective courses OR fail THREE elective courses will be recommended for Academic Dismissal

4.4 Serious Academic Deficiencies:

4.4.1 All students who have serious academic deficiencies, including: failure of a course; failure of one or more
components in more than one fourth year/level clerkship or course (non-cognitive academic factors component, CPX, Departmental examinations are some examples of such components).

4.4.2 All these students will be required to complete all fourth year/level requirements to be a candidate for graduation.

**Article 5: Students with serious academic deficiencies:**

5.1 All students who fail at least one (1) course/clerkship and or have failed one or more components of at least two clinical clerkships or courses are considered to be at high risk of failure. These students may be required to have a Psychological and or a Psychiatric evaluation. Those students that are required to have a Psychological and/ or Psychiatrist evaluation must bring a complete evaluation report from the Psychologist and or Psychiatrist to the Dean of Students Affairs and to the Committee. Noncompliance with recommendations may place students at risk of academic failure that may result in recommendation for Academic Dismissal; therefore student who refuses this recommendation must sign a waiver declining such recommendation and help. (see attachment #9)

5.2 Students on Academic probation and students, who have failed one or more components of two courses/clerkships or more, must comply with the requirement of having a Psychological and/ or Psychiatrist evaluation, in order to be considered for continued studies in the School of Medicine. Noncompliance may put students at risk of failure that may result in recommendation for Academic Dismissal; therefore, students who refuse this recommendation must sign a waiver declining the help.

**Article 6 Academic Progress**

Academic progress will be considered and recommended by the Graduation and Award Committee during the month of May of each academic year to all students who by this time have not completed all graduation requirements but have completed at least 50% of these requirements and need to enroll again in order to finish them, provided they will complete and finish all the MD program requisites within the maximum 6 academic years allotted to complete the requirements of the MD degree. (See glossary)

6.1 Students who do not qualify for academic progress may be considered for conditioned academic progress (See glossary)

**Article 7: Advancement and Graduation Procedures**
Based on students’ individual program of studies, the committee will meet to consider students for:

a. graduation
b. academic progress
c. repetition of a required failed course
d. repetition or substitution of failed elective courses
e. recommendation of a delayed academic program
f. readmission to the fourth year of studies
g. dismissal

7.1 The committee will employ the following criteria in making its recommendations:

7.1.1 A student who has satisfactorily completed all required MD courses, including the non-cognitive academic factors and who also has approved: the USMLE Step 1, CSA (graduating class 2012 and forward) and Step 2 CK licensure examination tests and the Clinical Performance Exam (CPX) competency test (graduating class 2010 and forward), USMLE Step 2CS (graduating class 2020 and forward) and all those other courses in which she/he is registered, will be recommended for graduation.

7.1.2 The degree of Doctor in Medicine will be conferred at the end of the academic year in which the student completes the minimum requirements for graduation. The student will be a candidate in the graduation exercises of that academic year, as long as it does not exceed the time limit of six academic years allowed for completing medical studies.

7.1.3 Students that fail the USMLE Step 2 CK and/or the USMLE Step 2CS (graduating class 2020 and forward) will be placed on Academic Probation and must register in the course MDAA- 7006 USMLE Step 2 Independent Study in order to prepare for later approval of this test. (Registration on this course is to be done immediately at the Curriculum Office.)

7.1.4 Students must approve the USMLE Step 2 CK and the USMLE Step 2CS (graduating class 2020 and forward) within the 6 academic years required, to be a graduation candidate. Students that do not approve the USMLE Step 2 CK within the time limit of six (6) academic years will be recommended for academic dismissal.

7.1.5 All students must approve the School of Medicine CPX exam prior to graduation. Students who fail it will be placed on Academic Probation and will be required to undergo
remedial clinical skills training prior to repeating an equivalent test. (Apply to graduating class 2010 and forward).

7.1.5.1 This remedial training will be designed by the Clinical Skills Development Office and this office will issue a Certificate of Completion when the remediation work is completed satisfactorily. Copy of this Certificate will be sent to the Graduation and Award Committee and to the Office of Student Affairs.

7.1.5.2 After this step is completed the student will be a candidate to take again an equal CPX exam in the next available opportunity. Student must approve it within 6 academic years. See diagram below:

```
CPX
  NOT APPROVED
    REMEDIAL WORK
      (CERTIFICATION OF COMPLITION)
        REPEAT CPX
          APPROVED
            GRADUATION CANDIDATE
          NOT APPROVED
            WITHIN 6 ACADEMIC YEAR
              ACADEMIC DISMISSAL
```
7.1.6 Students that do not approve the CPX within the 6 academic years’ time limit will be recommended for academic dismissal. (Applies to graduating class 2010 and forward).

7.1.7 To be eligible to take either the CPX the student must be a regular student in our School of Medicine.

7.2 During the fourth year, any student who fails (F) any required Junior Internship, clinical clerkship, course or elective may be given an opportunity to repeat it before the graduation date. Such a situation will be brought to the Graduation and Award Committee for the approval of necessary changes in the students’ program.

7.2.1 Repetition of any failed course will be based upon availability of the course, clerkship or block within a given time. The opportunity to repeat such courses may be restricted by considerations of scheduling, available space and resources, or course prerequisites. A student can repeat any given course only once.

7.2.2 To be given the opportunity to repeat a course, the student must have sufficient time to do so within the maximum of six years allowed.

7.3 All students who fail one (1) course are considered to be at high risk of academic failure. Students referred to the Students Affairs Office must seek and comply with an intervention plan if such is required to correct the deficiencies of concern, or sign waiver declining such help. These students may be requested to have a Psychological and/or Psychiatric evaluation. A complete evaluation report from Psychologist and/or Psychiatrist must be sent to the Dean of Students Affairs and to the Committee. Noncompliance recommendations may place students at risk of academic failure that may result in recommendation for Academic Dismissal; therefore, student who refuses this recommendation must sign a waiver declining such help. (see attachment #9)

7.3.1 Students on Academic Probation and/or students who have not completed or failed one or more components of two fourth year/level courses must comply with these
requirements in order to continue studying in this School of Medicine.

7.4. If a student fails a Junior Internship and/or clinical elective taken in the continental United States or other countries, it can be repeated in the corresponding department in Puerto Rico. The opportunity to repeat such courses may be restricted by considerations of scheduling, available space and resources, or course prerequisites. A student can only repeat any given course once. The repetition of such course taken in the US in which he/she fails will be considered the last chance.

7.5 If a student fails in two required courses he/she will be recommended for Academic Dismissal.

7.6 If a student fails in ONE required course AND TWO elective course, he/she will be recommended for Academic Dismissal

7.7 If a student fails in THREE elective courses, he/she will be recommended for Academic Dismissal

7.8 A student who has failed any fourth year/level course will be placed on academic probation until the deficiencies are corrected. See glossary

Article 8: Special Situations

8.1 All students that take fourth year/level courses must have approved the corresponding pre-requisites for that fourth year/level course. It is the student’s responsibility to verify that he/she meets the pre-requisite prior to beginning a course. If a student begins a course for which he/she does not meet the pre-requisites he/she will receive an F in said course.

8.2 Students promoted to the fourth year/level with no academic deficiencies, and students from the MD-PhD and MD-JD programs will have first priority to be registered on fourth year clerkships and courses.

8.3 Students that fail in a fourth year/level clinical clerkship or course and are considered by the department to repeat the course, will register to complete the course currently being offered by the School of Medicine and described officially at the registrar’s office at the time of its repetition. Student must approve all current course requisites again to approve the course. A student can only repeat any given course once.
Article 9: Dismissal

Reasons for academic dismissal include, but are not limited to, the following:

9.1 If a student is unable to repeat the failed fourth year/level course(s) within the six (6) academic years.

9.2 Students, who show evidence of inability to master the curriculum of the fourth year/level and who, in the opinion of the committee, will not be able to master the curriculum if given an opportunity to repeat the year.

9.3 Any student who fails a repeated required fourth year/level course/junior clerkship and or any elective course. (Students can only repeat any given course once).

9.4 If the student fails in two required courses, he/she will be recommended for Academic Dismissal.

9.5 If a student fails ONE required course AND TWO electives he/she will be recommended for Academic Dismissal.

9.6 If a student fails THREE (3) elective courses, he/she will be recommended for Academic Dismissal.

9.7 Students whose documented evaluations in the area of Non-Cognitive Academic Factors are unsatisfactory and the committee members consider such students unfit to serve as physicians will be recommended for academic dismissal, irrespective of their other academic performance.

9.8 Any student unable to complete the medical studies in the maximum of six academic years will be recommended for Academic Dismissal.

9.9 Any student who fails the USMLE Step 2 CK and/or USMLE Step 2CS (graduating class 2020 and forward) and/or the CPX competency exam, and does not approved the repetition of it, in the maximum time limit of six (6) academic years.

9.10 Any student with GPA less than 2.00 at the end of the academic year.

Article 10: STUDENT DUE PROCESS

10.0 Any student being considered for dismissal will be invited to the Committee to present his/her case. Official Committee members are the only ones permitted to be at this meeting.
10.1 When a student appears before the Graduation and Award Committee, he or she may be accompanied by one faculty member with academic appointment at the UPR School of Medicine. The student must notify the Graduation and Award Committee at least 3 days prior to the hearing of this petition. The faculty member will be permitted to stay at the meeting only during the student’s oral presentation. Both the student and the faculty member will be excused upon the committee’s deliberations.

10.2 After the student interview, the committee will further discuss the case and submit the Committees final recommendations.

10.3 The Committee’s written recommendation will be forwarded to the Dean of the School of Medicine, including all pertinent information, for his/her consideration and final decision.

10.4 If the student is unsatisfied with the decision, he/she has the right to appeal adhering to the processes described in the Policies and Guidelines for Academic Evaluation and Advancement of Medical Students, Article 2: POLICIES AND GUIDELINES FOR ACADEMIC EVALUATION AND ADVANCEMENT.

Article 11: WITHDRAWALS AND POSTPONEMENT OF GRADUATION

11.1 A student who wishes to withdraw from a fourth year/level clerkship or course must receive the corresponding fourth year/level clerkship, course coordinators or elective coordinators approval and signature. All course withdrawals must comply with the School of Medicine and UPR/RCM regulations. All course withdrawal procedures will be done at the Curriculum Office. It is the student’s whole responsibility to complete all the procedural steps. Withdrawals of a course can only be accepted until six (6) business days before the end of a course. For withdrawals processed before 50% of the course has lapsed, the course will be removed from the student’s Transcript. A “W” will appear in the student’s official transcript for all withdrawals processed after 50% of the course has lapsed an up to six business days before the end of the course. After this time has elapsed, no withdrawals will be accepted. Students failing the course by that time will receive an F in the course.

11.2 Students may withdraw from an individual elective course provided that the new substituted desired elective course is available and can be approved before the time established by the Registrar’s Office for graduation (refer to the academic calendar).
11.3 Students who withdraw from the School of Medicine while in the fourth year/level with academic deficiencies at the time of withdrawal will be considered to have failed courses for which a grade has not been reported. An F will be reported to the Registrar’s Office.

11.4 Students who withdraw from the School of Medicine have the right to request readmission, as a new student, in accordance with the policies of the Admissions Committee of the School of Medicine.

11.5 The curriculum of the UPR-SOM is intended to be completed in the four academic years for which it was designed. Students considering postponing graduation MUST submit their petition in writing to the Dean of Medicine. The Graduation and Awards Committee will evaluate petitions and give recommendations to the Dean of Medicine for final decisions. Students MAY NOT withdraw from fourth year courses in an attempt to postpone graduation until their petitions have been evaluated.

**Article 12: AWARDS**

Students who satisfactorily complete all requirements for graduation may be considered for the following awards: (For those students transferred from other schools of medicine, first and second year GPA registered at previous school will be considered as part of the criteria for these awards)

12.1. Outstanding Student Awards - those students who rank in the upper 10% of the class.

12.2. Honor Awards – students with an average of 3.5 or above and not included in the upper ten percent of the class may be considered for this award.

12.3. Distinguished Student Faculty Award - *Don Jaime Benítez*: this award is given to a student who has excelled in the areas of academic excellence, leadership, research, civism, and contributions to the institution. (Specific qualification criteria are documented in the Committees internal regulations)

12.4. Highest Grade Point Average Faculty Award - this award is given to the student who a 4.0 average

12.5. Leadership Awards - students considered for these awards are those who have excelled positively in leadership positions, based on honest behavior or conduct in the execution of that leadership. These students have excelled leadership in the following areas: active member of students organizations; active participation in academic activities; advancement of active participation of students...
in social, academic activities and research; and students who are recognized by the community or other professional organizations not related to the School of Medicine because of their leadership. (Specific qualification criteria are documented in the Committees internal regulations)

12.6. *Ramón Ruiz Arnau Award:* this award is given to a student that produced the best and most rigorous research work in clinical and/or basic sciences. (Specific qualification criteria are documented in the Committees internal regulations)

12.7. *Altruism Award:* this award is given to a student distinguished because of his work in benefit of a community or social wellbeing. (Specific qualification criteria are documented in the Committees internal regulations)

12.8. Other awards – the ones given by departments, professional organizations, foundations and/or community groups. (specific selections criteria are documented within this specific departments, organizations, foundations and or community groups). Each department will have their own criteria for selecting the distinguished student in their discipline. The award can be rendered vacant if no student complies with such criteria.

**Article 13: AMENDMENTS TO THIS DOCUMENT**

This document is subject to amendment or revision as deemed necessary by the Faculty of the School of Medicine and its pertinent committees. At the beginning of the academic year, all new members to the committee will receive an orientation regarding this document.
SPECIAL POLICIES AND GUIDELINES TO MONITOR PERFORMANCE OF STUDENTS IN CONCURRENT/COMBINED PROGRAMS

Latest Revision: April 2015
SPECIAL POLICIES AND GUIDELINES TO MONITOR PERFORMANCE OF STUDENTS IN CONCURRENT/COMBINED PROGRAMS

(These policies and guidelines will not supersede the ones for the regular MD program. They only clarify some aspects that are special to these combined programs as it only applies to students enrolled in these programs)

Each advancement committee and the graduation and award committee will use these special guidelines to help monitor combined program students.

SECTION I- MD/PhD UPR Program

The MD/PhD program is designed for highly qualified students strongly motivated toward a career in medical sciences with a special interest in research. It will provide them with the opportunity to obtain a graduate education in one of the bio-medical sciences while at the same time providing education in clinical medicine.

Article 1.0 Rules and regulations that apply to the program:

1.1 Students will apply to both the regular MD program and the PhD program simultaneously.

1.2 Students must comply with the admission, advancement and evaluation requirements for both programs as stated in this document and other SOM documents that apply.

1.3 Students accepted in this program are exempt from tuition payment in both the regular MD program and the PhD.

   a. Students who receive academic dismissal from the graduate program will lose this exemption and will have to pay back the tuition for the amount of time they receive it. (pay back agreement – see attachment 10)

   b. Students that decide to stay only in the regular MD program will abide by the rules in the Policies and Guidelines for Evaluation and Advancement of the SOM.

1.4 Students in this program must maintain a GPA of 3.00. Students that do not maintain this GPA will be in academic probation.

   a. Students that do not maintain the 3.0 GPA can be candidate for academic dismissal from the graduate biomedical sciences program.
b. Students that have academic dismissal from the graduate biomedical sciences program that decide to stay in the MD Regular Program must maintain a GPA of 2.00.

1.5 In core PhD program courses (even if these are taken within the regular MD program), the student can only obtain a grade of A, B or F. The grade C is not accepted as a passing grade. See UPR SOM Proposal for the MD/Ph/D Program. Certification SA del RCM # 76-22. (see attachment #10)

1.6 In other courses of the graduate program the grading system is A, B, C or F, but students must maintain the 3.0 GPA in order to maintain enrolled in the graduate program.

1.7 Once the student begins in this program, he/she will have up to 10 academic years to complete both the MD and the PhD. Petitions for extension beyond the 10 year rule will be done directly to the Dean of the School of Medicine.

1.8 Students for whom more than 2 years have elapsed since the completion of the second year Physical Diagnosis course at our School of Medicine must satisfy the following requirements prior to entry into the third year/level. See third year policies Article 7.6.1 and 7.6.2.

1.9 Students accepted in this concurrent program must take and approve the USMLE step 1 before beginning the PhD program at these institutions.

1.10 About dismissal policies and procedures: Each SOM and individual level/year advancement dismissal policies applies to these students too. Special ones for the concurrent program modify the ones in each year/level and are written in this special section.

1.11 A Concurrent-Combined Degree Program representative will be a regular member with vote in each of the SOM Advancement Committee.

SECTION II-MD/PhD program (MD Anderson and Mayo Clinic)

ARTICLE 1.0 Rules and regulations that apply to the programs:

The MD/PhD program is designed for highly qualified students strongly motivated toward a career in medical sciences with a special interest in research. It will provide them with the opportunity to obtain a graduate education in one of the bio-medical sciences while at the same time providing education in clinical
medicine. Students in these programs have the advantage of getting a graduate education in prestigious and highly competitive research centers.

1.1 Students will apply to the regular MD program and will abide by the SOM admissions and advancement requirements as stated in this document.

1.2 While in the Regular program, students highly motivated to getting a degree in biomedical sciences can apply to any of the combined programs in either the Mayo Clinic or MD Anderson Cancer Center Institutions.

1.3 Student will abide to the terms of the graduate admissions, advancement and evaluation requirements of these combined programs as stated in the affiliation agreements and the particular regulations of each institution. These include the GPA requirement and the grade letter requirement for courses in these institutions in order to maintain enrollment in them. Both the corresponding advancement committee and the graduate program committee will be responsible to oversee the GPA criteria requisite. The Graduate Program committee will render an annual report to the Advancement Committee of this students GPA and compliance with the program requisites.

1.4 Students in these programs (Mayo Clinic and MD Anderson Cancer Center Programs) must maintain a GPA of 3.00 in the UPR system and the combined program, since the time they are accepted in the combined program. Students that do not maintain this GPA will be in academic probation.

1.4.1 Students that do not maintain the 3.0 GPA can be candidates for academic dismissal for the graduate biomedical sciences program of these institutions.

1.4.2 Students that have academic dismissal from the graduate biomedical sciences program of these institutions that decide to stay in the MD Regular Program must maintain a GPA of 2.00.

1.5 In PhD program courses at these institutions the student can only obtain a grade of A, B or F. The letter C is not accepted as a passing grade.

1.6 Once the student begins in this program, he/she will have up to 10 academic years to complete both the MD and the PhD.
1.7 Students in this program must request readmission to the SOM to complete the MD regular program.

1.8 Students for whom more than 2 years have elapsed since the completion of the second year Physical Diagnosis course at our School of Medicine must satisfy the following requirements prior to entry into the third year/level. See Third year policies, Article 7.6.1 and 7.6.2.

1.9 Students accepted in this program must take and approve the USMLE step 1 before beginning the PhD program at these institutions.

1.10 About dismissal policies and procedures: Each SOM and individual level/year advancement dismissal policies applies to these students too. Special ones for the combined program modify the ones in each year/level and are written in this special section.

1.11 A Concurrent-Combined Degree Program representative will be a regular member with vote in each of the SOM Advancement Committee. This Member will be a UPR Faculty member that will represent this program and these students in each of the SOM Advancement committee. This member will be appointed by the DEAN of our SOM.

SECTION III- MD/JD Program

The MD/JD program is designed for highly qualified students strongly motivated toward a career both in Law and Medicine. It will provide them with the opportunity to obtain both degrees: JD and MD simultaneously as stated in the affiliation agreements with the UPR School of Law. Students in this program have the advantage of getting a graduate education in prestigious and highly competitive professional schools.

ARTICLE 1.0 Rules and regulations that apply to the combined program:

1.1 Students will apply to both the regular MD program and the JD program independently.

1.2 Students must comply with the admission, advancement and evaluation requirements for both programs as stated in this document and other SOM and UPR documents that apply.

1.3 Students in this program must maintain a GPA of 2.00. Students that do not maintain this GPA will be in academic probation.
1.3.1 Students that do not maintain the 2.00 GPA will be evaluated by both schools advancement policies. Rules for each school will apply.

1.3.2 Students that have an academic dismissal from the UPR Law School that decides to stay in the MD Regular Program must maintain a GPA of 2.00.

1.3.3 Students that withdraw from the UPR Law School that decide to stay in the MD Regular Program must maintain a GPA of 2.00.

1.3.4 Once the students begin at the JD program they will have up to three (3) academic years to complete the first two (2) years of the JD requirements. At this moment the student must request readmission to the MD program to begin his/her third year of study. Students that do not comply with this norm will have an immediate academic dismissal from the School of Medicine. Students in this program will have up to three (3) years to complete the last 2 years of the regular MD program and all graduation requirements of the MD regular program to be graduation candidates at the UPR SOM.

1.3.5 The SOM requires students in this concurrent program to provide a yearly written report of their academic status and progress, in the Law School to the Academic Advisor ascribed to the Curriculum Office at the SOM. A written letter will be sent to the Curriculum Office Director by the student. Non compliance will be notified to the Dean and the corresponding advancement committee.

1.3.6 Students in this concurrent program have up to 6 academic years to complete the MD regular curriculum program in order to be a graduation candidate. Refer to norm of the regular MD Program. Students that do not comply may be considered for academic dismissal.

The individual SOM advancement Committee will monitor student’s performance from the stand point of the MD Regular Program. Information on student’s performance coming from the liaison person from the Law School will be used to help student improve academically using the same parameters and resources that all regular MD program. The liaison person will render a report to the Associate Dean of Students Affair and the Associate Dean of Student Affairs will render a report to the corresponding advancement committee. SOM same evaluation, rules and regulations will apply.
3.5 Students accepted this concurrent program (MD-JD) **must take and approve the USMLE step 1 before beginning enrollment** and begin to take any first year classes in the School of Law (this applies to the track were students have already taken the first 2 years/level of the regular MD program). Students in the track were they begin first the School of Law will then continue their first and second year/level and then will take and approve the USMLE step 1 in order to be promoted to the third year/level of the MD regular program.

1.6 About dismissal policies and procedures: Each SOM and individual level/year advancement dismissal policies applies to these students too. Special ones for the combined program modify the ones in each year/level and are written in this special section.

1.7 **Student in the MD-JD program will have up to 9 academic years to finish both degrees.** If the student withdraws or has academic dismissal from the Law School, he/she will have only 6 academic years to complete the MD degree. (see Preamble, Section 2 - 2.8.5)

1.8 A Concurrent – Combined Degree Program representative will be a regular member with vote in each of the SOM Advancement Committee.

**Section IV: AMENDMENTS TO THIS DOCUMENT**

This document is subject to amendment or revision as deemed necessary by the Faculty of the School of Medicine and its pertinent committees.

At the beginning of the academic year, all new members to the committee will receive an orientation regarding this document.
Attachment 1
NORMAS Y PROCEDIMIENTOS PARA LA EVALUACIÓN DE PROFESIONALISMO DE LOS ESTUDIANTES DE LA ESCUELA DE MEDICINA DE LA UNIVERSIDAD DE PUERTO RICO

Comité Ad-Hoc de Profesionalismo
Abril/2008
UNIVERSIDAD DE PUERTO RICO
RECINTO DE CIENCIAS MÉDICAS
ESCUELA DE MEDICINA

NORMAS Y PROCEDIMIENTOS PARA LA EVALUACIÓN DE
PROFESIONALISMO DE LOS ESTUDIANTES DE LA ESCUELA DE
MEDICINA DE LA UNIVERSIDAD DE PUERTO RICO

I. Declaración de Principios de Ética y Profesionalismo de la Escuela de Medicina de la UPR

La Escuela de Medicina, en el contexto de la misión de la UPR y del RCM, está comprometida a promover y desarrollar entre sus estudiantes y la facultad aquellas actitudes, comportamientos, competencias éticas y la conciencia social implícita en la práctica médica. Este compromiso cobra sentido más apremiante en vista de que nuestros egresados ejercerán su práctica profesional en una sociedad democrática, fundada sobre el reconocimiento de la dignidad y valores humanos y en un escenario cambiante en el sector de prestación de servicios de salud.

El aprecio y prestigio que históricamente la profesión de la medicina ha disfrutado a lo largo de los siglos de su gestación como profesión de ayuda humana, requiere que se internalice el dato de que como profesión, la medicina no sólo se apoya en la evidencia científica, sino que se apoya igualmente sobre los valores éticos que la articulan.

*Profesionalismo* se define como un conjunto de obligaciones, normas y deberes que asume el practicante de una profesión y que están expresadas en un código de ética que regula el comportamiento individual y colectivo de los miembros de la profesión. En ese sentido, un profesional de la medicina es aquél(la) que domina las competencias cognoscitivas, psicomotrices y éticas que garantizan la ejecución social y que es personalmente responsable de su ciencia-arte. El profesionalismo médico es una actitud, es la disposición para actuar en función de los principios éticos de la profesión. Desde un punto de vista humanístico y bioético, el profesionalismo es la sabia combinación de la epistemología médica y la prudencia en la toma de decisiones en relación a las acciones e intervenciones que afectan el bienestar de la persona que acude al profesional en búsqueda de orientación, ayuda, alivio, curación o cuidados.

En una época como la actual, caracterizada por el escepticismo y el pluralismo en torno al fundamento valorativo del quehacer humano, el profesionalismo personal es lo que aporta la dimensión de relación fiduciaria entre la comunidad y los profesionales de la medicina. La ética sobre la que se funda el profesionalismo médico no es una ética de la culpa, del dogma, o del remordimiento. Es más bien el ejercicio excelente basado en la aplicación del conocimiento científicamente validado y las decencias éticas aceptadas por la comunidad moral de la que somos parte. El conocimiento científicamente validado y la integridad ética personalmente demostrada son aspectos que, juntos, producen en el profesional médico una íntima satisfacción y confieren un sentido de pertinencia social a

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su quehacer. Más aún, podemos afirmar que el profesionalismo es también la dimensión estética de la práctica del cuidado humano.

El proceso de formación académica del profesionalismo médico en la persona del estudiante debe concebirse como la construcción gradual de los conceptos, actitudes y comportamientos que configuren la personalidad ética a que se aspira. Todo estudiante de medicina deberá identificar temprano en ese proceso cuáles son las expectativas de profesionalismo que la Escuela de Medicina espera de él/ella en la convivencia con sus compañeros, en el cumplimiento con las diversas normas y reglamentos institucionales, en la relación con sus mentores y profesores, en el trato de los pacientes que observa, en sus hábitos de estudio responsable y en su motivación y compromiso de superación personal.

La complejidad de la práctica médica en el mundo actual requiere entender que el profesionalismo como resultado y como hábito no se desarrolla por mera osmosis institucional. Requiere el esfuerzo crítico deliberado, informado, vigilante y la práctica reflexiva de observar la propia conducta en relación con los otros para evaluar en qué medida se satisfacen las expectativas correspondientes al nivel y contexto de desarrollo profesional.

Como parte de su iniciación en la formación de su conciencia profesional, todo estudiante de medicina debe preguntarse lo siguiente:

- ¿Cuáles son mis expectativas a lo largo del periodo de formación profesional?
- ¿Qué espera la Escuela de Medicina de mí?
- ¿Qué esperan mis pacientes de mí?
- ¿Qué espera mi profesión de mí?
- ¿Qué espera mi país de mí?
- ¿Qué debo hacer para satisfacer esas expectativas?

Aclarar esas expectativas contribuirá a que el estudiante internalice la responsabilidad social y personal que implica el ejercicio de una profesión tan ilustre como la de la medicina. Profesionalismo, en última instancia, significa ser responsable ante los otros.

II. Aspectos de la Misión y Objetivos Educacionales de la Escuela de Medicina que Refuerzan la Expectativa de Profesionalismo.

En lo que respecta a la formación profesional de los estudiantes sub-graduados, graduados y de educación médica continuada, la Escuela de Medicina de la UPR tiene como misión entrenar médicos competentes y compasivos capaces de servir al desvalido. Valor la promoción de los más altos estándares en la adquisición de conocimientos, destrezas cognoscitivas y profesionalismo. Por lo tanto, aspira a que sus egresados adquieran y exhiban competencias relacionadas con profesionalismo en las áreas de conocimiento, destrezas y actitudes. Estas se recogen en los Objetivos Educacionales de la Escuela de Medicina de la UPR (anexo 1) y en el Perfil del Egresado de la Escuela de Medicina (anexo 2).
En la concesión del grado de Doctor en Medicina, la facultad de la Escuela de Medicina reconoce a cada estudiante como una persona idónea para la práctica profesional y ética de la medicina. Es entonces responsabilidad de la facultad atender cualquier preocupación seria en torno a la idoneidad del estudiante para la práctica de la medicina y su ejecutoria profesional.

III. Base Legal y Reglamentaria

La base legal y reglamentaria de estas Normas y Guías de Profesionalismo de la Escuela de Medicina de la Universidad de Puerto Rico se encuentra en el Artículo 2 de la Ley Número 1 del 1966 según enmendada, conocida como la Ley de la Universidad de Puerto Rico (18 L.P.R.A., sección 601) y está recogida en el artículo 9 del Reglamento General de la Universidad de Puerto Rico (versión diciembre 2006) citado a continuación:

Artículo 9: Cumplimiento de Objetivos y Deberes Fundamentales de la Universidad

"Cada miembro de la comunidad académica universitaria, desde la perspectiva de sus particulares funciones y responsabilidades, deberá velar por el fiel cumplimiento de la misión, objetivos y deberes fundamentales de la Universidad, según aparecen expresados en el Artículo 2 de la Ley de la Universidad de Puerto Rico, citados a continuación:

A. La Universidad, como órgano de la educación superior, por su obligación de servicio al Pueblo de Puerto Rico, y por su debida fidelidad a los ideales de una sociedad integralmente democrática, tiene como misión esencial alcanzar los siguientes objetivos, con los cuales es consustancial la más amplia libertad de cátedra y de investigación científica:

1. Transmitir e incrementar el saber por medio de las ciencias y artes, poniéndolo al servicio de la comunidad a través de la acción de sus profesores, investigadores, estudiantes y egresados.

2. Contribuir al cultivo y disfrute de los valores éticos de la cultura.

B. En el cumplimiento leal de su misión, la Universidad deberá:

1. Cultivar el amor al conocimiento como vía de libertad, a través de la búsqueda y discusión de la verdad, en actitud de respeto al diálogo creador;

2. Conservar, enriquecer y difundir los valores culturales del pueblo puertorriqueño y fortalecer la conciencia de su unidad en la común empresa de resolver democráticamente sus problemas;

3. Procurar la formación del estudiante, en vista a su responsabilidad como servidor de la comunidad;

4. Desarrollar, a plenitud, la riqueza intelectual y espiritual latente en nuestro pueblo, a fin de que los valores de la inteligencia y del espíritu de las personalidades excepcionales que surgen de todos los sectores sociales,
especialmente los menos favorecidos en recursos económicos, puedan ponerse al servicio de la sociedad puertorriqueña;
(5) Colaborar con otros organismos, dentro de las esferas de acción que le son propias, en el estudio de los problemas de Puerto Rico;
(6) Tener presente que, por su carácter de Universidad y por su identificación con los ideales de vida de Puerto Rico, ella está esencialmente vinculada a los valores e intereses de toda comunidad democrática”

Además, el Artículo 6 del Reglamento de Estudiantes del RCM establece que “los estudiantes guardarán en forma rigurosa los principios de ética de la profesión para la cual están siendo preparados en sus programas de estudio y en toda práctica”. Asimismo, el Capítulo VII de dicho reglamento establece un sistema disciplinario en respuesta a las normas de conducta y ética establecidas institucionalmente.

El uso y aplicación de estas Normas no limitan la aplicación de otros Reglamentos vigentes, ni eximen a los estudiantes de otros procesos disciplinarios existentes en la Universidad de Puerto Rico. Igualmente, el uso de otros procesos disciplinarios y los resultados de dichos procesos, no eximen al estudiante del cumplimiento con los estándares éticos y profesionales detallados a continuación, ni la aplicación de los procesos descritos más adelante, en lo que respecta a la conducta ética y profesional durante su educación y en la práctica de la medicina.

Este documento se ha redactado en español e inglés. En caso de discrepancias en su interpretación y uso, prevalecerá siempre la versión en español.

Si alguna parte de estas Normas y Procedimientos fuera declarada ilegal o inconstitucional, el resto de ellas se separará y continuará rigiendo en lo que se enmiendan las partes que sean necesarias.

IV. Normas y Procesos de la Escuela de Medicina que Inciden sobre el Profesionalismo

Esta Guía pretende validar y poner en función las Normas establecidas institucionalmente para propósitos de ética y profesionalidad.

Las normas y procedimientos relativos al progreso y promoción académica de los estudiantes incluyen actividades de formación, de detección temprana y remediaciación, y de ser necesario, la eventual acción disciplinaria con el propósito de atender la idoneidad del estudiante para la práctica de la medicina y su ejecutoria profesional.

Al ingresar a la Escuela de Medicina, cada estudiante recibe el Manual de Normas y Procedimientos para la Evaluación Académica y Promociones de la Escuela de Medicina para el primer año de medicina. Dicho Manual establece claramente la política y guías que rigen la estructura del sistema de evaluación y contiene todo lo reglamentariamente establecido relativo al elemento de profesionalismo como parte de la evaluación de
progreso y promoción académica. Luego, con cada promoción de año, el estudiante recibe el Manual de Promociones del año para el cual fue promovido conteniendo la misma información relativa a profesionalismo.

Las siguientes son las políticas y guías de progreso y promoción relativas a profesionalismo establecidas por la Escuela de Medicina (ver el Manual de Normas y Procedimientos para la Evaluación Académica y Promociones de la Escuela de Medicina según aplique):

A. Entre los requerimientos generales para cualificar para una recomendación de promoción para el siguiente nivel académico, además de cumplir con todos los requisitos establecidos por el Comité de Promociones de año, se espera que cada estudiante mantenga un expediente satisfactorio de actitudes y comportamiento profesional, incluyendo un expediente satisfactorio de asistencia.

B. Se establece que un no satisfactorio en comportamiento profesional será considerado entre los criterios para probatoria académica.

C. Los siguientes son parte de los requisitos para graduación establecidos:

1. Haber completado satisfactoriamente todos los requisitos curriculares para el Programa de Medicina.
2. Haber demostrado conductas consideradas aceptables por sus compañeros, instructores y supervisores, de acuerdo con el Reglamento de Estudiantes del RCM.
3. Haber demostrado la actitud y comportamiento profesional esperado por la Facultad de la EM-UPR.
4. Haber aprobado los exámenes de licenciatura requeridos por la EM-UPR.
5. Haber completado los requisitos del Programa de Medicina dentro del término máximo de seis (6) años académicos desde su matrícula inicial.

D. A continuación se enumeran algunas las razones para destitución académica:

1. Fracaso tanto en el conocimiento académico como en las características profesionales.
2. Fracaso en el cumplimiento de los requisitos establecidos para cada uno de los cursos del currículo.
3. Ausencias consistentes y sin la debida excusa a clases u otra actividad como laboratorios o experiencias clínicas.
4. Fracaso de los exámenes de licenciatura requeridos.
5. Deshonestidad académica.

En dicho Manual, las Características Académicas de Profesionalismo se definen como "atributos profesionales necesarios para la práctica de la Medicina y se refieren a los factores académicos no cognoscitivos, según aprobados por la Facultad de Medicina. Los estudiantes tienen que aprobar todas las características Profesionales para ser
considerados para promoción o graduación." Entre las características profesionales (factores académicos no cognoscitivos, ver anexo 3) se incluyen:

Características Personales y Profesionales: responsabilidad, motivación, iniciativa, compromiso, imagen profesional, respuesta a la autoridad y a la crítica, reconocimiento a limitaciones.

Relaciones Interpersonales: empatía, consideración de roles y derechos de otros, trabajo en equipo.

Aspectos Éticos: confidencialidad, respeto a la vulnerabilidad del paciente.

V. Proceso de Evaluación e Intervención Para Evaluar las Características Profesionales.

A. Normas Generales

1. La evaluación de las Características Profesionales en los estudiantes de Medicina es una responsabilidad indelegable de la facultad. Requiere de la participación comprometida, consecuente y proactiva de los siguientes: la facultad, la red de recursos de apoyo identificados, los presidentes de Comités de Promociones y del/de la Decano/a de Medicina.

2. Todos los cursos ofrecidos a lo largo de los cuatro años del currículo de la Escuela de Medicina integrarán la evaluación de Profesionalismo. La facultad y los Coordinadores de los cursos tendrán la responsabilidad de definir las actividades que integrarán la evaluación de Profesionalismo, de acuerdo a las particularidades de cada curso.

3. La evaluación de Profesionalismo se regirá por las Normas y Procedimientos relativos a la evaluación, progreso y promoción académica de los estudiantes, según descrito en el Manual de Evaluación y Promoción Académica de Estudiantes de la Escuela de Medicina que aplique.

a. La facultad participante medirá y evaluará el nivel de aprovechamiento académico del estudiante en la materia del curso (factores académicos cognoscitivos), así como las características profesionales (factores académicos no cognoscitivos). El Coordinador del Curso será responsable de reportar las evaluaciones finales de los estudiantes.

b. La intervención del Comité de Promociones establecido para cada año y del Decano de Medicina seguirán el debido proceso reglamentario establecido en el Manual antes mencionado.
4. El proceso requiere tanto evaluaciones formativas, como sumativas. Exige la utilización constante de varios instrumentos de evaluación y de informes para garantizar la integridad del proceso al momento de emitir juicios y tomar decisiones.

B. Procedimiento para la Evaluación de Profesionalismo


2. Dentro del sistema de evaluación de cada curso, el instrumento será utilizado tanto para la evaluación formativa como para la sumativa.

   a. El/la Coordinador/a y la facultad del curso tendrán la responsabilidad de establecer los procedimientos para realizar la evaluación formativa a mitad del curso, de modo que le permita a los estudiantes suficiente tiempo para revisar su aprovechamiento, ayudarlos a determinar sus deficiencias y cumplir con el plan de corrección de las deficiencias demostradas, si alguna.

   b. La evaluación sumativa será completada al final del curso y se entregará en la Oficina de Evaluación de la Escuela de Medicina conjuntamente con la nota final correspondiente al aprovechamiento académico.

3. La Hoja de Evaluación de Profesionalismo “Professionalism/Academic Non-Cognitive Factors (ANCF) Evaluation Form” se completará como sigue:

   a. Será llenada todas las áreas siguiendo las instrucciones y definiciones de los criterios y características profesionales provistas en el instrumento.

   b. Los estudiantes completarán el instrumento a modo de auto-evaluación cuando así lo determine la facultad del curso, tanto para la evaluación formativa como la sumativa.

   c. Al mismo tiempo, la persona a cargo de evaluar al estudiante (facultativo, residente, preceptor) completará el instrumento a modo de guía para el retro-insumo.

   d. Ambos se reunirán para el proceso de retro-insumo.

   e. Una vez discutido, el instrumento será completado y firmado por la persona que realizó la evaluación y por el estudiante.

1) La evaluación Satisfactoria requiere la aprobación de todos los criterios profesionales, según apliquen al curso en particular.
2) La evaluación *no satisfactoria* requiere un proceso de retroinsumo o de intervención, según sea el caso, además de completar por escrito la Forma de Notificación de Incidente “Professionalism Concern Form” (Anexo 4), (ver puntos C y D mas adelante).

f. La evaluación será entregada a los Coordinadores de cursos.

g. Al final del curso, los coordinadores entregarán en la Oficina de Evaluación de la Escuela de Medicina la evaluación sumativa de Profesionalismo conjuntamente con el reporte de la nota final del aprovechamiento académico del estudiante en la materia del curso, para la acción que corresponda.

C. Proceso de Retroinsumo

1. En el momento en que se identifique una actitud o comportamiento no satisfactorio, la persona que hace la evaluación se reunirá con el estudiante para ofrecer un retroinsumo verbal y establecer el plan correctivo que corresponda al comportamiento observado. El propósito del retroinsumo inicial es que el estudiante tenga la oportunidad para corregir su deficiencia de manera satisfactoria, en cumplimiento con el plan de corrección establecido, de modo que no sea necesario continuar con el proceso descrito más adelante.

2. Si luego del retroinsumo verbal el estudiante no evidencia el cambio esperado de acuerdo al plan correctivo establecido, se procederá a completar por escrito la Forma de Notificación de Incidente “Professionalism Concern Form” de la siguiente manera:

a. La persona que hizo la evaluación someterá por escrito un resumen de la situación. Al documentar el comportamiento se explicará de forma objetiva y precisa la conducta observada, se incluirá la fecha, hora y lugar del evento y la intervención realizada en el momento de la observación inicial. Según sea el caso, el informe se podrá acompañar de cualquier otro reporte de parte de la facultad, compañero u otro personal, que sustente el alegado comportamiento no satisfactorio.

b. La persona que completó la forma se reunirá nuevamente con el estudiante para dialogar en torno a la evaluación no satisfactoria. Una vez discutido, el instrumento será firmado por la persona que realizó la evaluación y por el estudiante. En caso de que el estudiante se niegue a firmar esta evaluación, se documentará esto, y se procederá a entregar la forma a los foros pertinentes.

3. La Forma de Notificación de Incidente, ya completada y firmada, será entregada y discutida con el Coordinador del curso, quien procederá a firmarla y a reunirse con el estudiante para dialogar sobre el proceso de intervención que corresponda.
D. Proceso de Intervención

1. Después de reunirse con el estudiante, el Coordinador del curso determinará el proceso de intervención a seguir e iniciará el mismo, según establecido en el Manual de Evaluación y Promoción Académica de Estudiantes de la Escuela de Medicina, según aplique.

   a. Discusión de la situación en el Comité de Promociones correspondiente.

   b. Diseño y establecimiento de un Plan de Intervención, que podría incluir un referido a alguno de los recursos de apoyo institucional provisto para los estudiantes o a recursos externos.

   c. Seguimiento al curso del plan de intervención delineado.

   d. Discusión de los resultados del plan de intervención ante el Comité de Promociones correspondiente.

      i. Si luego del proceso de intervención se corrige de manera satisfactoria el comportamiento, el Comité de Promociones correspondiente, en conjunto con el Decanato Auxiliar de Asuntos Estudiantiles y el Decanato Asociado de Asuntos Académicos, determinarán los pasos a seguir, incluyendo el manejo de la Forma de Notificación de Incidente “Professionalism Concern Form”.

      ii. De no corregirse el comportamiento de manera satisfactoria, el estudiante recibirá como evaluación final un “No Satisfactorio” en los factores académicos no cognoscitivos. El Comité de Promociones correspondiente recomendará la acción a seguir, siguiendo las normas de evaluación, promoción y graduación referentes a Profesionalismo, según establecidas en el Manual de Evaluación y Promoción Académica de Estudiantes de la Escuela de Medicina que aplique.

      iii. En caso de un “No Satisfactorio”, la Forma de Notificación de Incidente “Professionalism Concern Form” será tomada en cuenta al momento de que el facultativo complete el instrumento de Evaluación de Profesionalismo y formará parte de la evidencia que sustente dicha evaluación.

2. El Comité de Promociones notificará su recomendación al Decano de Medicina, quien tomará la decisión final sobre la evaluación y promoción académica del estudiante concernido siguiendo las normas y reglamentaciones vigentes.

3. El estudiante podrá apelar la recomendación final, según el proceso establecido en las normas y reglamentaciones vigentes.
UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF MEDICINE

PROFESSIONALISM / ACADEMIC NON-COGNITIVE FACTORS (ANCF)

Professionalism Concern Form

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<th>Student Number</th>
<th>Course / Clerkship</th>
<th>Department / Clinical Setting</th>
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(Please type or print legibly)

Course Coordinator/Clerkship Director: 
(Please type or print legibly)

Semester/Academic Year: 

Professional behavior is expected with or in front of patients, members of the health team and others in the professional environment (university campus, school, hospital, clinic, office) such as students, faculty members, standardized patients, staff and administration members.

Summary of incidents: include date/s, time frame, person/s involved. Please describe specific observed behavior and discussion of plans for remediation, if any. Narrative description is required.

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We have read and discussed this evaluation form:

Student Name and Signature ________________________________ Date ________

Faculty Name and Signature ________________________________ Date ________

Course Coordinator/Clerkship Director ________________________ Date ________

Name and Signature ________________________________ Date ________
**Funciones, Deberes y Responsabilidades del Coordinador de Curso**

A. Cursos Departamentales

El coordinador es el responsable de todos los aspectos del curso. Esto incluye: contenido académico y curricular, estrategias de enseñanza, evaluación de estudiantes, laboratorios de enseñanza, página Web del curso, anualmente revisar CurrMIT, asegurar la participación de la facultad en el curso, evaluación de estudiantes y evaluación de facultad (ofrecer retro alimentacion sobre ejecutoria de enseñanza a la facultad de su curso), entre otros.

Sus funciones, deberes y responsabilidades:

1. Mantener contacto con todos los miembros de facultad que participan en el curso. La composición del grupo de facultativos que participan en el curso debe de decidirse mediante acuerdo entre el coordinador del curso y el director del departamento.
2. Evaluar anualmente a la facultad y ofrecer retro alimentacion sobre su ejecutoria y decidir facultad a participar para el año academico subsiguiente.
3. Revisar continuamente el currículo del curso tomando en consideración las recomendaciones del Comité de Currículo de la Escuela de Medicina, Comité de Medicina 1 al 4, según corresponda, Agencias acreditadoras (LCME), Sociedades académicas (ej. AAMC), Agencias reguladoras (NBME), Asociaciones de Directores de Curso de su especialidad, Currículos Nacionales existentes para su especialidad y todo en acorde con la evicencia de la literatura académica.
4. Mantenerse al día en torno a la literatura académica correspondientes a su área de curso y en general en todo lo referente al ámbito académico.
5. Conocer, estudiar, avalar y respetar las reglas, normas y regulaciones del sistema de la UPR.
6. Conocer, estudiar, avalar y respetar las reglas, normas y regulaciones de la Escuela de Medicina, en específico: Los “Policies and Guidelines for Evaluation and Advancement for the School of Medicine”.
7. Diseñar y estructurar el currículo para el curso de su especialidad y el cual le fue asignado.
8. Asegurar la congruencia del contenido curricular del curso con los objetivos y metas del mismo.
9. Asegurar que los objetivos y metas estén alineados a los de la institución.
10. Implementar un sistema de evaluación en acorde con las normas establecidas por la escuela de medicina en su política de evaluación.
11. Dirigir e implementar el currículo del curso para que este sea cónseno con las metas y objetivos institucionales y en acorde con los estándares de acreditación LCME.
12. Reunirse con la facultad para acordar el contenido del curso, los métodos pedagógicos a utilizar y el sistema de evaluación de estudiantes.
13. Preparar el programa del curso y presentarlo ante el Comité de Año para su revisión y aprobación. El mismo tiene que aprobarse en el Comité de Año correspondiente previo a su implementación.
14. Revisar el Prontuario del curso anualmente y asegurarse que está redactado en el formato oficial de acuerdo a las normas del sistema de la UPR y del RCM.
15. Enviar el Prontuario y manual del curso, 2 meses antes del comienzo del curso, a la Oficina de Currículo y a la oficina de Evaluacion para la evaluación del mismo.
16. Enviar la metodología evaluativa a utilizar en el curso a la Oficina de Evaluación e Investigación por lo menos 2 meses antes del comienzo del curso para su aprobación.
17. Una vez aprobado el Prontuario del curso y la metodología evaluativo, publicar el Prontuario en la página de WebCT.
18. Preparar los instrumentos de evaluación del curso como quizzes, exámenes parciales, finales y/o prácticos de laboratorio.
19. Organizar la administración de exámenes y vigilar por la seguridad del mismo.
20. Estar presente, o enviar a un representante, durante conferencias y actividades de aprendizaje activo del curso.
21. Entregar las notas finales al registrador de acuerdo a las normas y reglas del RCM y de la normas y reglamentaciones de la Escuela de Medicina según estipuladas en los “Policies and Guidelines for Evaluation and Advancement for the School of Medicine”. El coordinador es la persona responsable y autorizada a firmar la hoja de registro de calificaciones del registrador para luego ser enviada a las oficinas correspondientes.
22. El coordinador es responsable de notificar a la Oficina de Asuntos Estudiantiles las ausencias recurrentes e injustificadas de los estudiantes. Refiérase al “Policies and Guidelines for Evaluation and Advancement for the School of Medicine”.
23. Dar seguimiento a la ejecutoria de todos los estudiantes incluyendo aquellos con acomodo razonable y/o problemas especiales.
24. Ofrecer retroalimentación a mitad del curso a los estudiantes matriculados en el mismo.
25. Asegurar que se atiendan las necesidades específicas de aquellos estudiantes con acomodo razonable.
26. Asistir a las reuniones citadas de los comités de años y los comités de promociones correspondientes.
27. Asistir al taller anual de revisión curricular.
29. Incorporar al curso cambios aprobados por el comité de curso, comité de Currículo, taller curricular o acreditación.
30. Incorporar nuevas tecnologías educativas al curso de acuerdo a las recomendadas por los comités de año, comité de currículo o aquellas recomendadas por agencias acreditadoras o sociedades nacionales que tengan inherencia en el área de la especialidad correspondiente.

31. Someter todo cambio significativo en el curso (como descripción del curso, cambio en metodología de evaluación) al Comité de Año pertinente y una vez aprobada, llenar la solicitud de Cambio en Cursos Registrados en Asuntos Académicos del RCM para que dichos cambios sean oficiales. Esto se hará a traves de la Oficina de Currículo.

32. Tener una página de WEB CT en el servidor interno de la Escuela de Medicina y mantener al día la página WebCT del curso. En dicha pagina tiene que estar mínimo lo siguiente: manual del curso, prontuario del curso, patient log, conferencias, guías de estudio, metodología de evaluación y cualquier otro asunto pertinente o necesario para el mejor funcionamiento del curso.

33. Mantener comunicación activa a través del correo electrónico y del bulletin board de WEB CT con los estudiantes.

34. Una vez terminado el curso, actualizar el contenido ofrecido en la pagina web del AAMC sobre CurrMIT.

35. Mantener la equivalencia en todos los talleres clínicos donde se ofrece una pasantía clínica. O sea mantener comunicación activa y recurrente con los preceptores de la comunidad, con el coordinador del taller particular y con los administrativos del taller clínico. Asegurarse que todo facultativo tiene rango académico, que todo taller tiene un contrato de afiliación y que los estudiantes tienen todos los requisitos según delimitados por las normas y reglamentos de la Escuela de Medicina y de los talleres clínicos. Ej: certificado HIPPA, pruebas de dopaje, etc...

36. El coordinador deberá de reunirse con la facultad de todos los talleres clínicos y/o de su curso para determinar que el contenido que se ofrece este de acuerdo con los objetivos y metas de las actividades ofrecidas.

37. En todo curso o pasantía el coordinador será responsable de verificar que los estudiantes cumplan con los requisitos del curso.

38. Mantener los estudiantes informados de su ejecutoria en el curso y ofrecer retroinsumo formal a mitad del curso.


40. Mantener comunicación con los estudiantes> (podrá utilizar metodologías tecnológicas modernas para ello tales como pero no limitadas a: correos electrónicos. (WEB CT es la herramienta oficial delimitada en las normas para la comunicación electrónica.

41. Mantener un correo electrónico institucional.

42. Ofrecer informe escrito de la ejecutoria estudiantil en su curso al comité de promociones que corresponda.

43. De ser necesario iniciar los procedimientos de rigor y según establecidos en las normas y reglamentaciones de la escuela de
medicina para atender problemas académicos de los estudiantes que así lo requieran.

B. Cursos Multidisciplinarios

En cursos multidisciplinarios se aplican las mismas funciones que en los cursos departamentales. El coordinador del curso multidisciplinario responderá directamente al Decano Asociado de Asuntos Académicos. La coordinación y designación de la facultad de los diferentes departamentos será en acorde con las directrices del Decano de Medicina y del Decano de Asuntos Académicos.
Attachment 3
Academic & Curricular Policies
Resident and Non-Faculty Teacher Preparation Statement
Approved by the Curriculum Committee on September 11, 2015

Residents as Medical Educators:

The University of Puerto Rico School of Medicine (UPR-SoM) recognizes the important role that residents play on the professional development of our students. The UPR-SoM's Graduate Medical Education Office, in conjunction with the Curriculum Committee, acknowledges that preparing residents to become medical educators is an integral component of resident training and medical student learning. The UPR-SoM's residents are continually placed in the role of medical student supervisors in a daily basis. In addition, during all of the undergraduate’s required third year clinical clerkships and fourth year sub internships and electives, medical students identify residents as some of the most influential teachers.

Given the importance of resident educators, it is essential to provide them with formal tools for teaching and assessing medical students. Therefore, all residents interacting with UPR-SoM medical students will be required to participate in formal training sessions aimed at the development of their teaching and assessment skills.

In accordance, the UPR-SoM's Curriculum Committee and Graduate Medical Education Office have approved the following guidelines:

- All interns will be required to participate, upon admission, in the Residents as Teachers training coordinated by the GME Office.
- All Chief Residents will be required to participate in the Chief Residents as Teachers training coordinated by the GME Office.
- All residency programs, and corresponding clinical departments, will be responsible for ensuring resident continued formal training for developing their teaching and assessment skills. This may be done by requiring either or both of the following:
  - Departmentally driven “Residents as Teachers” programs
  - Resident participation in UPR-SoM’s annual Faculty Development Program's training on teaching and assessment,
- A roster evidencing resident participation in these activities will be prepared by each residency program, will be kept at each clinical department and a copy made available to clinical course directors.
• Clinical departments will send an annual report to the GME Office evidencing compliance.
• The GME Office will make an annual report to the Curriculum Committee

In the case of residents belonging to non-UPR programs (e.g. Veterans Hospital systems), the requirement of training as medical educators still applies. The Designated Institutional Officer (DIO), or a contact person designated for such purposes, will provide the school’s GME Office with an annual report on resident participation in Residents as Teachers training or equivalent. In these cases, the Associate Dean of Clinical Affairs will be the liaison person between clinical sites.

The Curriculum Office will send the school’s educational program objectives annually to the contact person in these clinical teaching sites to be distributed to residents. In addition, and responding to particular program needs, the Faculty Development Program will invite all residents of all affiliated sites to our activities. If any of the external residency programs do not provide formal training to residents on teaching strategies, the Faculty Development Office with supply it.

**Non-Faculty Instructors:**

Many of the medical school’s courses and clerkships rely on the participation of non-faculty instructors (e.g. graduate students, postdoctoral fellows, upper-level medical students) to provide guidance and instruction of medical students in certain educational activities, such as small group discussions, laboratories, etc.

The UPR-SoM expects that all persons who play a role in the teaching of medical students participate in formal training on student teaching and assessment strategies. The directors of all courses utilizing non-faculty instructors will be responsible of ensuring their participation in UPR-SoM’s Faculty Development activities on medical student teaching and assessment. The course directors will provide an annual report on non-faculty instructor preparation to the corresponding Year Committee President who will in turn inform the Curriculum Committee of compliance with this requirement.
Narrative Assessment Requirement
Approved by the Curriculum Committee on October 10, 2014

Courses in the first two years and non-clinical courses in the last two years of medicine, which have small group activities as part of the teaching methods, in which one faculty member or non-faculty instructor meets at least twice with 10 students or less, will have a narrative assessment as part of the evaluation process of such activities. To comply with this requirement, each course will use the *Academic Non-Cognitive Factors Student Evaluation Form* to provide some narrative assessments to each student in the “Comments” section at the conclusion of the activity. Course faculty will decide the specific activities that will be implemented to meet this requirement which may be summative or formative. The course may use other forms of narrative assessments in addition to using the designated form.

Every required clinical clerkship will have a narrative assessment as part of the student’s evaluation processes. Required clerkships will use the *Academic Non-Cognitive Factors Student Evaluation Form* and other forms to provide a narrative assessment to each student which will include the student’s professional and non-cognitive characteristics and their achievement of the SOM competencies. These clerkships are required to use narrative evaluations of cognitive and non-cognitive factors as part of the final, summative clerkship evaluation. Each required clerkship may also choose to use narrative assessments in formative and/or summative activities.

Other clinical courses and junior clerkships will have narrative assessments as part of the student’s evaluation processes. They will use the *Professionalism/Academic Non-Cognitive Factors Student Evaluation Form* to provide a narrative assessments to each student in the “Comments” section. Forms may be used to evaluate formative or summative activities or as part of the final evaluation. Clinical courses and junior clerkships may use other forms of narrative assessments in addition to using the designated form.
Important: An unsatisfactory evaluation in only one or more of the following criteria may result in the student failing the course or activity (grade of F), regardless of satisfactory completion of other grading requisites. Also, the unsatisfactory evaluation in any of these criteria may require that a remedial work plan be developed and agreed upon.

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<thead>
<tr>
<th>CRITERIA</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Not Observed / Does Not Apply</th>
<th>Comments</th>
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<td><strong>Professionalism and Ethics</strong></td>
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<td>Comment on any positive or extraordinary aspect of the student’s performance. Also specify in the case of any criteria that are found to be unsatisfactory.</td>
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**Narrative Evaluation**

**Criteria for Non-Cognitive Factors**

- Passed, without Incident Report
- Passed, with Incident Report
- Not Passed

**Discussion of Student Evaluation**

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<tr>
<th>Head of Department Name:</th>
<th>Signature:</th>
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<td>Course or Activity Director/Supervisor/Preceptor Name:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Student’s Position:</td>
<td>Agree</td>
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</table>
Responsibility / Accountability
Consistently prompt and prepared at scheduled conferences, laboratories work-up presentations, clinics rounds or any other academic and professional activity. Consistently late and unprepared at scheduled academic and professional activities. Needs continual reminders on the fulfillment of responsibilities.
Motivation / Initiative
Commitment / Dutifulness / Dedication / Effort
Undertakes duties enthusiastically and preserves until complete. Functions independently. Assumes responsibilities for course load and patient care. Undertakes duties without enthusiasm or interest. Rarely assumes added responsibilities for course load and patient care. Unavailable when needed.
Dresses in an appropriate professional manner. (maintains an adequate dress code and abides to the official School of Medicine Dress Code). Able to perform duties in an appropriate manner and reacts well even under stressful situations. Does not maintain an adequate dress code as described in official School of Medicine Dress Code. Compassore under extreme stress is poor, reacts badly and is abusive or critical during times of stress.
Response to Authority
Carries out instructions with responsibility. Does not follow instructions with responsibility.
Response to Feedback and Criticism
Accepts academic constructive feedback, constructive criticism and is open to new learning experiences (altruism). Incorporates feedback and criticism in order to modify performance and behavior. Does not accept constructive feedback and criticism. Reluctant to modify performance and behavior.
Recognition of Limitations
Is self-aware and has insight of own limitations. Recognizes when to seek help and seeks it from appropriate persons. Does not recognize that help is needed. Is unaware of weaknesses and does not ask or seek for help.
Tolerance and objectivity
Upholds and complies with personal and professional Codes of Conduct. Is forthcoming with information, is truthful, recognizes and admits errors, keeps own word and meets commitments. Recognizes the limits of his/her knowledge and demonstrates ability for self-education. Violates Codes of Conduct. Withholds and/or uses information for power and is not truthful. Does not admit or report mistakes or errors. Misuses resources and does not deal with information in a discreet and respectful manner. Does not recognize the limits of his/her knowledge. Demonstrates lack of ability for self-education.
Communication and patient education
Clearly communicates ideas and carries out pertinent education with patients, faculty, and other peers, faculty, and others. Does not communicate ideas and carries out pertinent education with patients, faculty, and other peers, faculty, and others.
Respect for Expectation of Confidentiality
Respects institutional rules and regulations. Protects the confidentiality of patient information trusted to him/her. (HIPAA). Omits or disregards institutional rules and regulations. Does not protect the information trusted to him/her.
Patient Care
Identifies opportunities to promote health and educate on prevention strategies. Does not identify opportunities to promote health and educate on prevention strategies.
Socio-Cultural Competence
Obtains a comprehensive socio-cultural history and integrates with disease presentation and risk factors. Does not consider or value the patient’s socio-cultural history. Does not integrate socio-cultural history with diseases and risk factors.
Fairness / Justice/Tolerance and objectivity
Treats others equitably; distributes benefits and burdens fairly; behaves in a fair and nondiscriminatory manner.

Humanism (Empathy/Compassion/Advocacy)
Empathic and sensitive toward the emotional and personal needs of others regardless of other’s beliefs, spirituality or sociocultural backgrounds. Caring, supportive, respectful, establishes rapport and trust. Demonstrates the unselfish regard for and devotion to the welfare of others above self-interest (altruism).
Consideration for Roles and Rights of Others
Confronts ideas and not people and recognizes the contribution of others. Shows respect and tolerance to others’ roles and rights.
Finance / Dedication / Effort
Contributes to the success of teamwork activities. Is willing to work effectively as a member of a group or health care team. Recognizes and respects the roles of all health-care providers, understands inter-collaborative communication, carries out effective inter-professional communications.
Protectiveness towards Vulnerability of Others
Tends to hinder the success of teamwork activities. Unwilling to work as part of a team, does not recognize or respect the roles of all health-care providers. Does not understand inter-collaborative communication. Does not carry out effective interprofessional communications.
Communication and patient education
Communication and patient education
Respect for Expectation of Confidentiality
Respect for Expectation of Confidentiality

Modified and Approved by the Curriculum Committee on: 3/11/16
**Student Evaluation Form**
(Courses / Clerk- or Traineeships / Rotations / Seminars / Other Activities)

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student Number</th>
<th>Course/Activity (code and title)</th>
<th>Acad. Year</th>
<th>Hours/Credits</th>
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<th>Level/Year: ______</th>
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**Academic Period / Date**
Location / Hospital / Research Lab
Department / Clinical / Research Setting
Student Category and Level
Type of Course:
- Med Basic Science
- Med Clinical
- Med Research
- Graduate

**Evaluation Form**
1. The evaluation form must be completed and submitted with the student.
   - Activity Director/Supervisor/Preceptor
   - Course or activity Director/Supervisor/Preceptor

**Evaluation Scale Interpretation:**
- Fairness / Justice / Tolerance and Respect for Autonomy
- Patient Care
- Respectful attitude
- Respect for Expectation of Confidentiality
- Communication and Patient Education
- Protectiveness towards Vulnerability of Others
- Interpersonal and Communication Skills
  - Humanism (Empathy / Compassion / Advocacy)
  - Consideration for Roles and Rights of Others
  - Team Work
  - Protectiveness towards Vulnerability of Others
  - Communication and Patient Education
  - Respect for Expectation of Confidentiality
- Professionalism and Ethics
  - Responsibility / Accountability
  - Motivation / Initiative
  - Commitment / Dutifulness / Dedication / Effort
  - Professional Image
  - Response to Authority
  - Response to Feedback and Criticism
  - Recognition of Limitations
  - Truthfulness / Honesty / Integrity

**Narrative Evaluation**

**Student Performance Criteria**
- A
- B
- C
- F

**Criteria for Non-Cognitive Factors**
- Passed, without Incident Report
- Passed, with Incident Report
- Not Passed

**Guidelines for the Evaluation of Non-Cognitive Academic Factors:**

- An unsatisfactory evaluation in only one or more of the following criteria may result in the student failing the course or activity (grade of F), regardless of satisfactory completion of other grading requisites. Also, the unsatisfactory evaluation in any of these criteria may require that a remedial work plan be developed and agreed upon.

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**Final Grade Percent = Mean of Average of Student Performance Criteria**

1. The evaluation form must be completed and submitted by the course or activity Director/Supervisor/Preceptor to: Evaluation and Research Office, School Of Medicine, PO Box 365067, San Juan P.R. 00936-5067
2. The course or activity Director/Supervisor/Preceptor will discuss the evaluation with the student BEFORE sending it to the Evaluation Office. Both student and preceptor must sign the form.

**Satisfactory**
- Consistently prompt and prepared at scheduled conferences, laboratories work-up presentations, clinics rounds or any other academic and professional activity.

**Unsatisfactory**
- Consistently late and unprepared at scheduled academic and professional activities. Needs continual reminders on the fulfillment of responsibilities.

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**Non-Cognitive Academic Factors**

**Evaluation Scale Interpretation:** See back page for definitions.

- Scale: (90-100=A) (80-89=B) (70-79=C) (<70=F) (Does not apply=N/A)
- ★ If N/A is used in one or more criteria, calculate the total average dividing by the actual number of criteria for which a numeric value was assigned.

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**Discussion of Student Evaluation**

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<tr>
<td>Student’s Position:</td>
<td>☐ Agree ☐ Do Not Agree</td>
</tr>
</tbody>
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**Guidelines for the Evaluation of Non-Cognitive Academic Factors:**

- An unsatisfactory evaluation must be accompanied with written documentation of events leading to it.

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**Rev./Approved by Curriculum Committee: March 11, 2016**

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**Final Grade Percent = Mean of Average of Student Performance Criteria**

A (90 - 100)
- Always exceeds reasonable expectations, performing with excellence and above the level of the majority of students.

B (80 – 89)
- Regularly, although not always, exceeds reasonable expectations, performing at an above average level.

C (70 – 79)
- Meets reasonable expectations, exhibiting an average level of performance.

F (< 70)*
- Rarely or does not meet reasonable expectations, showing poor performance. Will require repetition of the course or activity.

* An unsatisfactory evaluation must be accompanied with written documentation of events leading to it.
Guidelines for the Evaluation of Competence Criteria

Medical Knowledge: Students must demonstrate knowledge about the clinical and or basic sciences, as well as the skills and abilities necessary to use this knowledge effectively as a physician. Must demonstrate study from required textbooks in: etiology, epidemiology, pathogenesis, clinical manifestations, diagnostic studies, management. Students must read on their patient’s disease processes on a daily basis, should know well the most probable diagnosis, can make an adequate differential diagnosis according to the main problem, and must share all new knowledge with their team, attending physician, peers and health care team. Must be able to develop an adequate therapeutic and patient education plan, and must educate patients and families accordingly to obtain knowledge.

Communication and interpersonal learning: Students must demonstrate a daily basis oral and written communications skills. Must demonstrate knowledge of the principles of communication and the skills and abilities that allow effective interaction with patients, families, health care workers and others who affect the health and well-being of patients. Must demonstrate effective oral and written communications at all times and during the different assigned tasks. Must effectively communicate in a developmentally appropriate manner in order to foster a therapeutic relationship and range of sociocultural and cultural background. Must demonstrate effective communication with physicians, health care professionals, health related agencies, peers and all other professionals needed to create and sustain information exchange. Must be able to participate and work in a team oriented manner in order to provide an effective patient care. Must develop effective approaches for teaching other students, colleagues and other professionals and lay groups. Must demonstrate skills toward this learning. Must demonstrate the knowledge and skills to maintain timely and legible problem-oriented medical records of assigned patients, case presentations, as well as any other written documentation.

Health Promotion and Education: Does not identify opportunities to promote health and educate on prevention strategies

Socio-Cultural Competence: Does not consider or value the patient’s socio-cultural history. Does not integrate socio-cultural history with diseases and risk factors

Respect for Autonomy: Does not acknowledge a person’s right to make decisions, to have opinions, and to take actions based on personal values and beliefs. Does not contribute to the patient eliciting own preferences.

Fairness / Justice / Tolerance and objectivity: Treats others equitably, distributes benefits and burdens fairly; behaves in a fair and nondiscriminatory manner. Givess preference to one or some over others; distributes benefits and burdens unfairly; sometimes behaves in an unfair and discriminatory manner.

Interpersonal and Communication Skills: Empathic and sensitive toward the emotional and personal needs of others regardless of their beliefs, spirituality or sociocultural backgrounds. Caring, supportive, respectful, responsible, and acts in a way that is congruent with the interests of others. Does not lack self-awareness or self-regard for and devotion to the welfare of others above self-interest (altruism). Disowns and withholds personal and professional Codes of Conduct. Is ineffective at solving problems. Prefers to blame others, recognizes and accepts credit for others’ own work and meets commitments. Recognizes the limits of his/her knowledge and demonstrates ability for self-education. Violates Codes of Conduct. Withholds and/or uses information for personal gain. Violates patient confidentiality; does not or rarely uses current medical information and scientific evidence.

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Technical Standards for Medical School
Admission, Retention, Promotion and Graduation

Overview

Schools of Medicine face the challenge to provide their students with the necessary updated scientific knowledge available, while at the same time guide them toward the acquisition of the skills and abilities, attitudes and behaviors needed for the profession. This process of medical education markedly differs from the educational process in other fields precisely in the need to develop these attributes that are specific to the medical profession.

The responsibility to select the best and most qualified candidates for medical school, as well as the development of a curricular experience that will allow these candidates to succeed and graduate as the best possible physicians, rely in the faculty. It is for this reason that the Faculty of the School of Medicine of the University of Puerto Rico (hereafter UPR-SOM) has developed rules and regulations to guide the selection process for admission. Equally, it has developed standards as pre-requisites for admission and graduation.

The UPR-SOM has clearly defined its academic standards in documents such as the Medical Sciences Campus Registrar Manual and the Policies and Guidelines for the Academic Evaluation and Advancement of Medical Students. Key academic standards defined in these documents include: the definition of good academic standing; the policies that govern academic progress, evaluation, promotion and graduation; conditions for counseling; and the determination of the maximum time allowed for completion of the M.D. degree.

The curriculum of the UPR-SOM has been divided into required (essential) courses and electives. All required or essential courses have been designed as part of a whole set of academic experiences that will lead to the acquisition of the necessary knowledge, skills and attitudes to become an M.D. Each level of knowledge is a pre-requisite to the next level and provides the foundations for it. Successfully participating and completing all phases of the entire medical curriculum is required for all students.

Technical Standards

The M.D. degree is a broad degree attesting to the acquisition and mastery of general knowledge in all fields of medicine and the simultaneous development of specific skills, competences and abilities which are requisite for the eventual entry into the practice of the profession and postgraduate training programs. Hence, all graduates of the UPR-SOM must have the essential knowledge and skills to perform adequately in diverse settings and situations and be able to provide a wide spectrum of patient care, safely and effectively.

Technical Standards refer to criteria that go beyond academic requirements for admission (e.g. MCAT, GPA, faculty letters) and are fundamental and essential to meeting the academic requirements of the medical program. In order to fulfill the academic experiences and training at the medical school, students must be able to perform specific behavioral (mental, emotional, social), physical and cognitive/intellectual standards. These standards and expectations represent the minimum requirements for the satisfactory completion of all aspects of the curriculum and the achievement of the attributes needed for graduation. Meeting these standards is required for: entrance and matriculation, subsequent promotion, retention and graduation.
Therefore, all applicants and medical students must meet both the academic standards and the technical standards in order to progress through the medical curriculum and graduate.

The UPR-SOM acknowledges the Americans with Disabilities Act (ADA) and Section 504 of the 1973 Vocational Rehabilitation Act and at the same time affirms that technical standards and attributes must be present in all prospective candidates to the M.D. degree. Students with or without disabilities applying to Medical School will be expected to have met the same requirements and will be held to the same fundamental standards. Every reasonable attempt will be made to facilitate the progress of students where it does not compromise the Medical School standards or interfere with the rights of other students and patients. Although acceptable accommodations can be made to deal with some documented handicaps, a candidate to the M.D. degree must be able to perform in an independent manner, either with or without reasonable accommodation for any disability the individual may have. The UPR-SOM believes that a reasonable accommodation that involves the use of an intermediary that would in effect require a student to rely on someone else’s power of selection and observation implies that the student’s actions, decisions and judgment are mediated by someone else and are not a result of the student’s own abilities. The use of this intermediary constitutes cognitive support, substitutes for essential intellectual and clinical skills and supplements clinical and ethical judgment, thus, is not appropriate for the student’s achievement of the curricular goals.

The use of this type of assistance in accomplishing the curricular standards listed in the five categories below, eliminate essential program elements, fundamentally alter the nature of the School’s educational program, lower academic standards and endanger the safety of patients or others. Thus, the use of this intermediary will not be permitted. The UPR-SOM reserves the right to reject any requests for this type of accommodation.

All candidates for the M.D. degree must possess essential skills, abilities and aptitudes necessary to complete the medical school curriculum successfully in five major areas:

- Observation
- Communication
- Motor
- Intellectual-Conceptual, Integrative and Quantitative Abilities
- Behavioral, Emotional and Social Attributes

1. OBSERVATION

To carry out observation you need the functional use of the sense of vision, as well as the ability for establishing visual-spatial relations and integrating these to other sensory modalities, (smell, auditory and somatic sensations). Candidates to the M.D. program must be able to perceive and acquire, by the use of senses and mental abilities, defined levels of information as presented through demonstrations and experiences in the learning environments, both in the basic and clinical sciences. Specific examples include, but are no limited to:

- Visually recognize, understand and interpret instructional materials; efficiently read written documents, books, diagrams and illustrations; observe demonstrations including audiovisual presentations, projected slides, films, videos, overheads, case presentations and patient interviews; efficiently conduct online computer searches.
- Observe demonstrations, participate actively and conduct experiments in all laboratory exercises, such as anatomic dissection of preserved tissues and cadavers, chemical reactions and representations, physiologic and pharmacologic demonstrations in animals, microbiologic cultures, gross and microscopic studies of organisms, animal and human tissues, both in normal and pathologic states.
• Observe, assess and comprehend the condition of all patients assigned, accurately and completely, close at hand and at a reasonable distance, noting non-verbal as well as verbal signs, in order to elicit information for description, examination, diagnosis and treatment.
• Perceive with acuity and accurately discriminating findings on laboratory data, x-rays and other diagnostic and imaging studies.
• Detect and identify significant changes in colors of fluids and skin; observe and differentiate changes in body movement and anatomic structures.
• Discriminate numbers and patterns associated with diagnostic instruments and tests, such as sphygmomanometers and electrocardiograms, and use instruments competently, such as the otoscope, ophthalmoscope, microscope and stethoscope.

2. COMMUNICATION

Skillful communication implies speech, hearing and/or listening, observation, reading and writing, (speak, write, hear, see, read and use a keyboard). A candidate must be able to relate and perceive/assess verbal and non-verbal communication in a sensitive and effective manner with patients, their families, the health team and others under diverse circumstances. In our school a candidate must be able to quickly, clearly, effectively and efficiently communicate and elicit information in both English and Spanish. Communication in both languages includes oral and written, not only with patients, but also with all members of the academic and health care communities.

Medical education presents exceptional challenges in the volume and breadth of required reading and writing; the necessities to elicit, convey, clarify and impart information; create rapport; develop therapeutic relationships and demonstrate competencies. Specific examples include, but are not limited to:

• Answer oral and written exam questions; present information in oral and written form to preceptors; participate in sometimes fast-paced small-group discussions/interactions; participate in group dissections and pathology labs.
• Elicit a complete history and physical examination from a patient; detect, understand and interpret physical findings; communicate findings and record histories, physicals, diagnosis, treatment plans and observations legibly and accurately in documents such as the patient record.
• Accurate describe observed changes in mood activity and posture; recognize and promptly respond to emotional communications such as sadness, worry, agitation, and lack of comprehension of physician’s communication, including facial expression, body language and affection changes.
• Review and interpret notes prepared by other members of the health care team; complete forms according to directions in a complete and timely fashion.
• Prepare and communicate concise but complete summaries of individual encounters, including hospitalizations; participate in clinical rounds and conferences; make presentations (formal and informal); daily communications and interactions with healthcare teams; interact in a therapeutic manner with psychiatric patients; talk with patients and families about medical issues; provide educational presentations to patients, families and the community; write notes and papers.

3. MOTOR AND SENSORY

Candidates must have sufficient and adequate gross and fine motor function, coordination, equilibrium and functional use of the senses to be able to gather information from patients as well as to perform certain diagnostic maneuvers and demonstrate competencies. They must be able to elicit information with acuity, accuracy and facility when performing a complete physical
examination by observation, palpation, percussion and auscultation. Candidates must have adequate exteroceptive (smell, touch, pain and temperature) and proprioceptive senses (position, pressure, movement, stereognosis and vibratory) as well as the ability to manipulate with precision, at a fine level of movement, patients, medical instruments and equipment.

Medical education requires all candidates to perform in a reasonably independent and competent way, sometimes in chaotic clinical environments, dealing with difficult medical situations, where they must be able to perform movements required to provide general care as well as emergency treatment to patients. Specific examples include, but are not limited to:

- Transporting themselves from location to location in a timely matter in order to attend and participate in classes, groups and activities which are part of the curriculum; this includes a variety of settings, such as clinical rotations and ambulatory care, medical emergencies, inpatient rounds and overnight calls within the hospital, which require prolonged and rapid movement.
- Arrive quickly when called to initiate adequate cardiopulmonary resuscitation, intubations and the opening of obstructed airways. Cardiopulmonary resuscitation may require moving an adult patient, repeatedly applying considerable chest pressure, delivering an adequate volume of artificial respiration, and calling for help.
- Administration of intravenous, intramuscular or subcutaneous medications; application of pressure to stop bleeding; suturing wounds; performance of simple obstetrical maneuvers.
- Manipulate equipment and instruments to perform basic laboratory tests (urinalysis, complete blood count) and diagnostic and therapeutic procedures (stethoscope, ophthalmoscope, phlebotomy, arterial blood gas drawings, lumbar puncture, arthrocentesis, venipunctures, thoracenteses, paracenteses, endotracheal intubations, tube insertions).
- Measure angles and diameters of various body structures using tape measure, measure blood pressure and pulse, and interpret graphs describing biologic relationships.
- Maintain appropriate medical records; acting as assistant in the OR; Use of a computer; use of light microscopes.

4. INTELLECTUAL-CONCEPTUAL, INTEGRATIVE, QUANTITATIVE ABILITIES

Candidates must be able to demonstrate conceptual, intellectual, and integrative abilities necessary for clinical and ethical reasoning, critical thinking, problem solving, and diagnosis (critical skills demanded of physicians). Also, they must demonstrate abilities to carry out and resolve quantitative procedures quickly and accurately (recognize letters and numbers, calculation of doses, interpretation of lab results). This requires abilities for measurement, calculation, reasoning, analysis, sound judgment, integration, application, collection, organization, assimilation, conceptualization, representation, memorization and synthesis. All candidates must be able to understand and comprehend three dimensional spatial relationships of structures, such as those demonstrated in the anatomy class.

Moreover, the effective physician often must deal with several tasks or problems simultaneously (multi-tasking) and must be able to prioritize and perform these abilities quickly, especially in emergency situations, remaining awake and alert. Examples include, but are not limited to:

- Understand, synthesize and recall material presented in classes, labs, small and large groups, patient interactions and meetings with preceptors; recall and retain information in an efficient and timely manner.
Successfully pass oral, written, laboratory and computer exams; complete forms according to directions in a complete and timely fashion.

- Good judgment in patient assessment, diagnostic and therapeutic planning; identify, interpret and integrate significant findings from history, physical examination and laboratory data into differential diagnosis and treatment plans; provide a reasoned explanation for likely diagnoses, construct a reasoned and cost-effective diagnostic plan, and prescribe medications and therapy. Understand indications for various diagnostic tests, treatment modalities and methods for various procedures.

- Analyze complicated situations, such as cardiac arrest, and determine the appropriate sequence of events to effect successful treatment.

- Think through medical issues and exhibit sound judgment in a variety of clinical settings, including emergency situations.

- Make concise, cogent and thorough presentations based on various kinds of data collection, including web-based research; know how to organize information, materials and tasks in order to perform efficiently on service.

- Identify and communicate the limits of their knowledge to others when appropriate.

- Incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans.

- Understanding how to work and learn independently and how to function effectively as part of a healthcare team.

- Understand ethical issues related to the practice of medicine; getting advice when handling ethical-legal dilemmas; work through genetic problems.

- Use hospital/clinical resources responsibly.

5. BEHAVIORAL, EMOTIONAL AND SOCIAL ATTRIBUTES

Candidates must consistently demonstrate certain personal qualities during admission and during the educational process. These include empathy, compassion, caring, sensitivity to the needs of others, integrity, honesty, fairness, diligence, interest, motivation, good interpersonal skills, dedication, respect for self and others and concern for others. Candidates must be able to develop, and maintain, mature, sensitive, effective and professional relationships with patients, families, members of the medical school community and health care teams.

In addition to these qualities, and in all clinical and academic settings, they must possess the emotional health required to promptly carry out and complete all assigned tasks, to fully utilize their intellectual abilities and to exercise good judgment. At times, this requires the ability to be aware of and appropriately react to one’s own immediate emotional responses. Examples include, but are not limited to:

- Show up for required experiences on time and prepared; hand in assignments on time.

- Refrain from plagiarizing or cheating; respect Institutional Rules and Regulations.

- Maintain a professional demeanor on service, and be able to function at a high level in the face of personal fatigue, dissatisfied patients and families, tired colleagues and large workloads.

- Provide comfort and reassurance to patients and families when appropriate while protecting patient confidentiality.

- Maintain professional conduct when interacting with patients and the families of patients suffering from catastrophic illness, trauma and death; develop empathic listening skills.

- Possess adequate endurance to tolerate physically, emotionally and mentally demanding workloads; to function effectively under stress, and proactively make use of available resources to help maintain both physical and mental health.
• Be able to work for extended periods, occasionally with rotating shifts, adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients.
• Take responsibility for themselves and their behaviors.
• Develop successful working relationships with preceptors, staff and peers by accepting constructive feedback, suggestions and criticism and if necessary, with open-mindedness and the intention to improve and modify behavior, if necessary.
• Contribute to the effectiveness, efficiency and collegiality of healthcare teams.

SUMMARY

In summary, a candidate must be able to integrate information received by the different senses and demonstrate the intellectual ability to learn from it, integrate, analyze and synthesize it to be able to provide and communicate effective and adequate care of patients. The candidates must also be able to demonstrate professionalism, that is, the behaviors and attitudes pertinent to the profession, which will enable them to provide solutions to their patients’ problems.

Candidates must be able to perform all of the above skills within specific timeframes appropriate for academic and clinical settings, in a complete and timely fashion. All students must be able to perform in a reasonably independent manner, with or without recommended accommodations for documented disabilities.

All applicants will be asked to review these standards and to sign a form certifying they have read, understand and are able to meet all the Technical Standards of our School.

Any applicant who has a question whether he or she can meet these standards and expectations is strongly recommended to contact the Office for Student Affairs (Office A-873, Tel. 787-764-5740).
A Guide to the Preparation of the Medical Student Performance Evaluation (MSPE)

The format and composition for the Medical Student Performance Evaluation (MSPE) for The University of Puerto Rico School of Medicine is in compliance with the guidelines established by the AAMC Dean's Letter Advisory Committee, 2002.

The MSPE is a comprehensive assessment, composed on behalf of the medical school faculty, regarding a student's performance, as compared to his/her peers, in achieving the educational objectives of the medical school curriculum. The MSPE is neither a letter of recommendation nor the school's prediction of the student's future performance in a residency program.

Purpose

The MSPE describes, in a sequential manner, a student's performance, as compared to that of his/her peers, through three full years of medical school and, as much as possible, the fourth year. The MSPE includes an assessment of both the student's academic performance and professional attributes.

Composition

Final authority for composing the MSPE, as an institutional assessment composed on behalf of the medical school faculty, rest in a school faculty official who has access to all relevant evaluation data for all students. The MSPE is composed by the Associate Dean for Student Affairs. The process by which the MSPE is composed includes a personal meeting with each student and discussion of the current CV submitted by the students in early fall.

Content

The MSPE contains six sections:

Identifying Information

- Student's legal name.
- Name and location of the medical school.

Unique Characteristics

This section includes a brief statement about the unique characteristics of the student, as follows:

- Information about special considerations, including any distinguishing characteristics exhibited by the student in medical school (e.g., demonstrated leadership and research abilities, participation in community service activities).
- Information about any significant challenges or hardships encountered by the student during medical school.
Academic History

- The month and year of the student's initial matriculation in, and expected graduation from, medical school.
- An explanation based on school-specific policies, of any extensions, leave(s) of absence, gap(s), or break(s) in the student's educational program.
- Information about the student's prior, current, or expected enrollment in, and the month and year of the student's expected graduation from, dual, joint, or combined degree programs.
- Information, based upon school-specific policies, of coursework that the student was required to repeat or otherwise remediate during the student's medical educator.
- Information, based on school-specific policies, of any adverse action(s) imposed on the student by the medical school or its parent institution.

Academic Progress

This section includes information about the student's academic performance and professional attributes in preclinical/basic science coursework and core clinical and elective rotations, as follows:

- Narrative information regarding the student's overall (rather than course-specific) performance in the preclinical/basic science curriculum.
- Narrative information regarding the student's overall performance on each core clinical clerkship and elective rotation completed to date, with a focus on summative, rather than formative, comments by clerkship/elective directors. This information should be provided in the chronological order in which the student completed each core clinical clerkship and elective rotation. Information should be provided about the location of any "away" elective rotations.
- Narrative information about the student's level of initiative, enthusiasm, and ability to self-start in all curricular components.
- Narrative comments included in the MSPE are edited for grammar but not for content.

An assessment of the student's compatibility with faculty members, peers, other members of the health care team, and patients during all curricular components.

Summary

This section includes a summative assessment, based upon the school's evaluation system, of the student's comparative performance in medical school, relative to his/her peers, including information about any school-specific categories used in differentiating among levels of student performance.

University of Puerto Rico School of Medicine uses the following summative assessment of comparative performance relative to peers:
Based on cumulative grade point average, the class is divided in thirds and fourths. Also the top 5% and the 10% superior of the class are identified.

<table>
<thead>
<tr>
<th>Top 5% of the class</th>
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<tbody>
<tr>
<td>Top 10% of the class</td>
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<tr>
<td>Upper fourth of the class (25%)</td>
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<tr>
<td>Upper third of the class (33%)</td>
</tr>
<tr>
<td>Middle third of the class</td>
</tr>
<tr>
<td>Lower third of the class</td>
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</tbody>
</table>

**Appendices**

A graphic representation of the student's performance, relative to his/her peers, in the basic sciences and the core third-year clinical clerkship. Up to five appendixes can be optionally included in the MSPE.

**Timeline**

The MSPE is completed upon the successful completion of core clinical clerkships (Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery) in the third year.

**Length and Format**

The MSPE should be a two-to-three page, single-spaced, appropriately formatted document, with five appendixes. The MSPE should be typed, single-spaced, in New Times Roman, 12-point font with a one-inch margin on each side.

**Student review**

The MSPE, as an institutional assessment, should be considered a component of the students' academic record and, thus, be available for a student's review. The student should be permitted to correct errors in the MSPE, but not to revise evaluative statements in the MSPE.

Students have the opportunity of requesting another MSPE writer prior to its composition. This request needs to be in written form to the Associate Dean for Student Affairs. Reasons to request another writer include:

- The student feels that has disclosed to the writer personal or sensitive information.
- The student has received adverse recommendations during the medical school years by the writer.
In the event that the student's request is approved by the Associate dean for Students Affairs, the following administrative faculty members will be responsible of the MSPE composition:

Associate Dean for Academic Affairs

Curriculum Office Director

The MSPE writer will follow the established *Guide to the Preparation of the Medical Student Performance Evaluation (MSPE) in the University of Puerto Rico, School of Medicine.*

**Mode of delivery**

The MSPE will be delivered via ERAS in a computer file compatible with an Internet-based delivery system.

**Addendums**

At the discretion of the Associate Dean for Student Affairs, an addendum may be added to include an evaluation received after the MSPE was originally transmitted. Any addendum becomes a permanent part of the MSPE.

**Release date**

The earliest date for the MSPE release is October 1.

*Information modified for University of Puerto Rico School of Medicine from the AAMC’s A Guide to the Preparation of the Medical Student Performance Evaluation*

Prepared by the Office for Student Affairs

Approved in Curriculum Committee: 9111/2015
I. Workload and Duty Hour Policy

Pre-Clinical Years

The University of Puerto Rico School of Medicine will adhere to a maximum of 28 hours of formally scheduled academic activities per week. This work hour schedule may vary at times of special situations such as, but not limited to, atmospheric events, unscheduled academic recesses, strikes or other emergencies; or to meet the needs of students who require validated special accommodations. Yearly, the Medicine I and II committees will design and submit for approval of the Curriculum Committee their proposed academic calendar, detailing the scheduled class time as well as the self-directed/independent study periods.

Self-directed/ independent study periods take into account the time dedicated for preparation of active learning activities. To assure an adequate balance between academic workload and time for independent learning, the academic calendar for the pre-clinical years will have at least two blocks of time per week in the afternoons from 1 PM to 5 PM for self-directed/independent study. No review sessions, either optional or mandatory, may be scheduled during self-directed, independent study period.

Clinical Years

Duty Hours during the clinical years are defined in accordance to the Accreditation Council on Graduate Medical Education’s (ACGME’s) definition:

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty Hours do not include reading, studying and preparation time spent away from the duty or academic site.

Third and fourth year medical students enrolled in clinical courses (clerkships, sub-internships and clinical electives) will ascribe to the same ACGME’s duty hour policy applicable to a first year intern (PGY-1). In accordance to the ACGME’s policy:

- Duty hours must be limited to 80 hours per week averaged over a four week period, inclusive of all in-house call activities
Duty Hours/Supervision

- Students must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned on these free days.
- Duty periods of students must not exceed 16 hours in duration, including in-house call. The only exception to this rule will be limited to one (1) in-house 24 hour call during a Saturday in the third year Clinical Surgery Clerkship. In this case, after the 16 hour period has lapsed, students’ responsibilities will be restricted to shadowing under direct supervision of a surgery senior resident and/or faculty member.
- Students should have 10 hours, and MUST have 8 hours, free of duty between scheduled duty periods
- Students must not be scheduled for more than six consecutive nights of night-float or night-shift duties
- No in-house call activity should be scheduled on the day before the final Shelf examination for the clinical clerkships
- Duty Hour Exceptions: The Curriculum Committee may grant exceptions to the duty hour policy in exceptional, academically sound and justified circumstances. The Course Director must submit the request in writing to the corresponding Medicine Committee for evaluation. If deemed meritorious, the Medicine Committee will present the request to the Curriculum Committee for final approval.

All clinical course’s syllabi must include a copy of this policy. This policy is subject to changes in ACGME Duty Hours Policy.

II. Supervision and Monitoring

Clinical Supervision Policy:

All medical students must be supervised by a physician, either a faculty member or resident, during all required clinical activities. Students will NOT provide unsupervised patient care in any setting.

Monitoring of clinical supervision will be done by the Course Directors and corresponding Medicine Committees. Clinical course evaluations (and evaluations of courses that include clinical activities) will include questions regarding compliance with clinical supervision. When a Course Director detects non-compliance or possible non-compliance, he/she will address them jointly with the corresponding Department Chair.
Monitoring Policies:

Pre-Clinical Years

The Medicine I and II Committees will provide oversight annually to ensure compliance with workload policies. Student and faculty input will be evaluated and taken into account in the preparation of the academic calendar, in order to make any necessary adjustments so as to assure an adequate workload and independent learning balance.

Monitoring of student workload policy will be done by the corresponding Medicine Committees. Course evaluations will include questions regarding compliance with workload policy. When the Medicine Committee detects non-compliance, the appropriate course director will be notified by the committee and immediate action will be required.

First and Second Year Medicine Committee Presidents report the status of compliance with duty-hour policy on a monthly basis to the Curriculum Committee.

Clinical Years

Monitoring of duty hours will be done by the Course Directors and corresponding Medicine Committees. Clinical course will include questions regarding compliance with duty hours. Students may report violation in duty hours, in written form, to the Course Director, Medicine III-IV Committee presidents, or Associate Dean for Student Affairs. Violation incidents will be referred to the appropriate course director.

When a Course Director detects or is notified of non-compliance or possible non-compliance, he/she will address them jointly with the corresponding Department Chair. Yearly, each clinical course director, will discuss with the Medicine III-IV Committee the findings of duty hour monitoring.

Third and fourth year Medicine Committee Presidents report the status of compliance with duty-hour policy on a monthly basis to the Curriculum Committee.

References:

Accreditation Council on Graduate Medical Education. Common Program Requirements. ACGME. Effective July 1, 2013
I. Definiciones Actividades Académicas

Conferencia: Presentación formal en la cual el profesor expone al estudiante al material sobre un tema específico, utilizando técnicas de enseñanza variadas.

Seminario: Sesión donde se exponen, discuten y analizan temas particulares de una disciplina. Exige trabajo analítico por parte del estudiante bajo la dirección del profesor.

Discusión en Grupos Pequeños: Sesión donde se le ofrece al estudiante la oportunidad de exponer libremente ideas para la solución o exploración de un tema particular, permitiendo al estudiante auto-dirigir su aprendizaje mediante la formulación de preguntas y la búsqueda de información relevante y aplicable al respecto.

Laboratorio: Trabajo práctico del estudiante en el medio institucional correspondiente, para el desarrollo de destrezas manuales y de observación, análisis crítico, descubrimiento, demostración, y aplicación de conceptos, y otros. Requiere la atención y supervisión del profesor.

Estudio Independiente: Programa individualizado que realiza el estudiante de forma autónoma en torno a un tema específico con el asesoramiento y guía del profesor.

Investigación Supervisada: Trabajo que rinde el estudiante mediante el desarrollo y aplicación de una metodología científica, bajo la dirección, atención y supervisión del profesor.
Tesis: Proyecto de investigación independiente que realiza un estudiante, bajo la dirección de un profesor, en la que el estudiante evalúa la literatura existente de relevancia al tema, plantea una o varias preguntas y formula una o varias hipótesis al respecto, propone y diseña una estrategia de búsqueda de datos o de experimentos para poner a prueba la(s) hipótesis planteadas, lleva a cabo o implementa dicha estrategia, recopila y analiza los datos resultantes, y con estos llega a conclusiones concretas dirigidas a responder la(s) pregunta(s) inicial(es), y plasma todo el proceso en un documento escrito en un formato publicable para hacer el nuevo conocimiento disponible. Constituye un requisito en programas graduados para la obtención del grado de Maestro o Doctor en Filosofía.

Práctica Clínica: Actividad en la cual el estudiante viene en contacto con los usuarios de los servicios para los que se está capacitando en un ambiente práctico real. Su propósito es permitir al estudiante observar, asimilar, ampliar, y aplicar el conocimiento adquirido y desarrollar las destrezas y actitudes necesarias para su ejecución en los escenarios clínicos en los que realizará su práctica clínica una vez obtenga el grado y/o las licencias requeridas.

Práctica Profesional: Actividad en la cual el estudiante viene en contacto con los escenarios profesionales y/o usuarios de los servicios para los que se está capacitando en un ambiente práctico real. Su propósito es permitir al estudiante observar, asimilar, ampliar, y aplicar el conocimiento adquirido y desarrollar las destrezas y actitudes necesarias para su ejecución en los escenarios públicos o privados en los que realizará su práctica profesional una vez obtenga el grado y/o las licencias requeridas.

Práctica Docente: Actividad en la cual el estudiante viene en contacto con los escenarios académicos de enseñanza y/o con las poblaciones estudiantiles para cuya instrucción se está capacitando en un ambiente práctico real. Su propósito es permitir al estudiante observar, asimilar, ampliar, y aplicar el conocimiento adquirido y desarrollar las destrezas y actitudes necesarias para su ejecución en los diversos formatos de enseñanza que realizará en su práctica profesional una vez obtenga el grado y/o las licencias requeridas.

**TABLA HORAS POR CRÉDITO EN SEMESTRE: PROGRAMAS GRADUADOS CIENCIAS BIOMÉDICAS (MS, PHD)**

<table>
<thead>
<tr>
<th>ACTIVIDAD ACADÉMICA</th>
<th>HORAS</th>
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<tbody>
<tr>
<td>Conferencia</td>
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<tr>
<td>Seminario</td>
<td>18</td>
</tr>
<tr>
<td>Discusión en Grupos Pequeños</td>
<td>36</td>
</tr>
<tr>
<td>Laboratorios</td>
<td>36-54</td>
</tr>
<tr>
<td>Estudio Independiente</td>
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<tr>
<td>Investigación Supervisada</td>
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<tr>
<td>Tesis</td>
<td>variable, mínimo 36 (*)</td>
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</tbody>
</table>
Práctica Profesional variable, mínimo 36 (*)
Práctica Docente variable, mínimo 36 (*)
* Variable de acuerdo a la naturaleza del programa de estudio o proyecto, a ser determinado por el profesor en consulta con el Director del Programa o Departamento y el Decano, pero no menor de 36 horas

PROGRAMA DE DOCTOR EN MEDICINA
El Programa MD está conceptualizado por horas contactos, que incluyen todas las horas conceptualizadas en el calendario académico. El currículo se ofrece por año, por lo tanto la unidad de dar crédito por el trabajo completado conducente al grado de MD son las horas contactos. Por esta razón, no existe una equivalencia directa entre horas contactos y horas crédito. Los cursos de medicina tienen múltiples metodologías educativas dentro del mismo curso y a la vez, un curso puede dar componentes en bloque y componentes longitudinales. Para efectos de evaluación de transferencia de créditos, ya sea de estudiantes nuestros que toman cursos en otras instituciones y desean transferir los créditos, estudiantes nuestros que desean transferirse a otras instituciones que trabajan con el sistema de creditaje de horas/crédito, o estudiantes que están solicitando transferencia a nuestra institución, se tomará en cuenta las horas contacto totales de los cursos a transferirse y se evaluará la equivalencia utilizando la tabla de TRANSFER OF CREDITS EQUIVALENCIES (anejo 1).

Aprobado por Comité de Currículo: Marzo 13, 2015
# Transfer of Credits Equivalencies

## Medical Doctor Program

**School of Medicine**

**MD Program** - Minimum of **4,692** hours equivalent to 261 credits in credit/hours

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Recommended Hours (MD)</th>
<th>Minimum Contact Hours (MD)</th>
<th>Equivalent Credit in Credit/Hours (18)</th>
<th>Maximum Contact Hours (MD)</th>
<th>Equivalent Credit in Credit/Hours (18)</th>
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<td>Hours</td>
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**Year IV MD**

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<td>Selective Junior Internships</td>
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Electives MD (minimum 560 hours*equivalent to 31 credits in credit/hours)
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<th>Course Code</th>
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</table>

*May be taken since the summer of Year 1.

Approved by the Curriculum Committee: March 13, 2015
University of Puerto Rico School of Medicine

Policy on Oversight and Approval of Extramural Electives
University of Puerto Rico School of Medicine

I. JUSTIFICATION:

The University of Puerto Rico School of Medicine has the responsibility to screen all extramural electives to ensure student safety by assessing potential risks to the health and safety of patients, students, and the community; the availability of emergency care; the possibility of natural disasters, political instability, and exposure to disease; the need for additional preparation prior to, support during, and follow-up after the elective; the level and quality of supervision; and any potential challenges to the code of medical ethics adopted by the home institution. To this end, the following policies and procedures will guide the oversight and approval of extramural electives.

II. POLICIES AND PROCEDURES:

Students are permitted to take certain domestic and international electives at non-UPR-SOM institutions. These electives may be completed during the pre-clinical years (Research Electives) or, most commonly, during the clinical years of our curriculum. To receive credit, the school must provide oversight and final approval of these electives.

Applications for all extramural electives must be completed at the Curriculum Office or through the AAMC’s Visiting Students Applications System (VSAS). The Curriculum Office provides oversight of all VSAS applications and documentation.

DOMESTIC ELECTIVES

- Elective courses can be taken for academic credit at other LCME accredited medical schools with the approval of the Department Chair at where the comparable course is offered or the Associate Dean for Academic Affairs if there are no comparable courses at the UPR - SOM.

- Students must request permission for domestic electives at least 3 months prior to the first day of the elective. Students must provide a course description and Syllabus to the Department Chairman and/or the Associate Dean for Academic Affairs to be considered for approval.

- Students must follow the Curriculum Office procedures to complete the approval process of domestic electives at LCME accredited institutions.
The UPR-SOM will only approve electives taking place in a safe, academic or clinical environment. The UPR – SOM will not approve electives where the safety of students or patients is at risk including if the area is usually prone to natural disasters, poor availability of emergency care, political instability, exposure to disease (more than the expected at any clinical site), the level or quality of supervision is inconclusive or if there seems to be any potential challenges to the code of medical ethics. Students may decide to use their vacation time for these electives, but the UPR-SOM will not take part in the evaluation or approval process and no academic credit will be provided.

INTERNATIONAL ELECTIVES

- International electives can be taken for academic credit at one of our affiliated international programs only with the approval of the Curriculum Office and the Associate Dean for Academic Affairs.

- Elective courses can be taken for academic credit at affiliated international medical schools with the approval of the Curriculum Office Director AND the Associate Dean of Academic Affairs. Once approved by these two academic officials, if the course is for credit and there is a comparable course within the curriculum, then the Department Chair at where the comparable course is offered must also approve the course.

- Students must request permission for domestic electives at least 6 months prior to the first day of the elective. Students must provide a course description and Syllabus to the Department Chairman and/or the Associate Dean for Academic Affairs to be considered for approval.

- Students must follow the Curriculum Office procedures to complete the approval process of domestic electives at LCME accredited institutions.

- The UPR-SOM will only approve international electives taking place in a safe, academic or clinical environment. The UPR – SOM will not approve electives where the safety of students or patients is at risk including if the area is usually prone to natural disasters, poor availability of emergency care, political instability, exposure to disease (more than the expected at any clinical site), the level or quality of supervision is inconclusive or if there seems to be any potential challenges to the code of medical ethics. Students may decide to use their vacation time for these electives, but the UPR-SOM will not take part in the evaluation or approval process and no academic credit will be provided.

- The UPR - SOM will not approve international electives for which all information pertaining to risk is not provided by the international program, even if there is an affiliation letter or agreement between institutions.

STUDENT SAFETY

For international programs, the UPR-SOM requires an affiliation letter or agreement stipulating that the host institution is expected to commit to and provide evidence of:
1. Mechanisms in place to ensure student and patient safety: The elective is not in an area prone to natural disaster, political instability or on highly infectious environment.
2. System for level supervision that is adequate and appropriate.
3. Availability of emergency care. The tenets of professional ethical conduct endorsed by the host institution and its clinical sites.

The School of Medicine acknowledges that many LCME -accredited programs, by virtue of their accreditation status, have met the standards for safety. Nevertheless, the UPR-SOM may send affiliation agreement or letter requests to LCME accredited programs at which students are accepted for electives when such electives primary goal is community medicine or service – learning and/or when there are no comparable electives at the UPR- SOM.

STUDENT AND ELECTIVE ASSESSMENT

- Student evaluations by faculty must be filled out in the approved UPR-SOM Student Evaluation Form and returned, directly from the host-institution, in either hardcopy or electronic format, to the Evaluations Office. Evaluations handed in by the student will not be accepted.
- For electives taken through VSAS, the Student Evaluation Form will be made available online for all institutions.
- Students will be required to fill out an Extramural Course Evaluation at the Evaluations Office upon return. The School of Medicine uses evaluation data provided by participating students to assess elective experiences in an ongoing fashion. All extramural elective evaluations are sent to the Associate Dean for Academic Affairs and this serves to monitor and prevent future student experiences should a problem be identified at a particular site.

References:
Hofstra North Shore LIJ School of Medicine
The George Washington University

Approved by Curriculum Committee on: March 13, 2015
Approved by the Committee on Administration: March 19, 2015
Políticas y Procesos de Altas, Bajas, Ajustes de Matrícula y Reembolsos
Programa de Doctor en Medicina
Escuela de Medicina
Recinto de Ciencias Médicas

El Programa de Doctor en Medicina es un programa de matrícula anual que presupone que los estudiantes van a cumplir con todos los requisitos académicos para ser promovidos de año en año. Con la presunción de que los estudiantes van a completar todos los requisitos anualmente es que se completan los procesos de matrícula semanas antes del comienzo de las clases (a priori). Los estudiantes se registran en sus cursos, pagan matrícula y pagan por materiales educativos. A continuación se desglosan las políticas y procesos de estudiantes que de alguna manera u otra tienen que alterar este proceso.

Políticas y Procesos de Bajas y Reembolsos:

A. Políticas y Procesos de Bajas

El Manual de Normas y Procedimientos de la Oficina del Registrador (última versión aprobada) explica los pasos a seguir para tramitar una Baja Total o una Baja Parcial de uno o más cursos. Dicho manual especifica que para el primer y segundo año del Programa de Doctor en Medicina no existe Baja Parcial alguna. Para el tercer y cuarto año de este programa las Bajas parciales procederán de acuerdo con el documento Policies and Guidelines for the Academic Evaluation and Advancement of Medical Students for the School of Medicine y de las normas internas de la Oficina de Currículo de la Escuela de Medicina. Por lo tanto, antes de tramitar una Baja Parcial el estudiante tiene que pasar por la Oficina de Currículo para que dicha baja se apruebe.

Es responsabilidad absoluta del estudiante completar el proceso de Baja Total o Baja Parcial con la Oficina del Registrador independientemente de la razón para dicha baja. La Oficina de Currículo no se hace responsable de los procesos de Bajas Totales o Parciales.

B. Políticas y Procesos de Reembolso por Concepto del Pago de Matrícula

Los estudiantes que se dan de Baja Total de la Escuela de Medicina o que se dan de Baja Parcial de uno o más cursos pueden ser elegibles para reembolso del pago emitido por concepto de matrícula según las reglas establecidas en el Manual de Normas y Procedimientos de la Oficina del Registrador (última versión aprobada). De acuerdo a este manual, el Calendario Académico del Recinto de Ciencias Médicas anualmente especifica las fechas límites para solicitar reembolso.
Los estudiantes deben solicitar este reembolso mediante carta dirigida al Decano Asociado de Asuntos Académicos de la Escuela de Medicina en o antes de las fechas límites. La Escuela de Medicina solo certificará reembolsos si se cumplen con todas las normas y requisitos descritos en dicho manual.

Este reembolso se procesará en la Oficina de Currículo cuyos funcionarios harán la recomendación, basada en la evidencia de las bajas que se encuentre en el expediente del estudiante al momento de la solicitud, al Decano Asociado de Asuntos Académicos. El Decano de Asuntos Académicos informará a la Oficina de Currículo su decisión para que pueda emitir la carta de reembolso a la Oficina de Recaudaciones, con la firma del Decano Asociado de Asuntos Académicos. La carta original será entregada luego de la firma en la Oficina de Currículo para que sus funcionarios tomen los pasos pertinentes a estas situaciones incluyendo el enviar la carta y copia de la misma al Registrador y al Director de la Oficina de Recaudaciones y guardar copia en el expediente del estudiante en dicha oficina.

C. Proceso de Reembolso por Concepto de Materiales Educativos

Los estudiantes que se dan de Baja Total de la Escuela de Medicina o que se dan de Baja Parcial de uno o más cursos pueden ser elegibles para reembolso del pago por concepto de materiales educativos. Dicho reembolso debe ser solicitado mediante carta dirigida al Decano Asociado de Asuntos Académicos de la Escuela de Medicina en las mismas fechas del reembolso por efecto de matrícula que establece el Calendario Académico del Recinto de Ciencias Médicas. El porciento de reembolso sólo aplica para los costos indirectos ya que no se reembolsarán los servicios de contratos contraídos (Vital Source, USMLE Qbank, Shelves entre otros).

Este reembolso se procesará por el oficial asignado a la cuenta del Fondo de Servicios y Materiales Académicos. Dicho oficial emitirá la carta de reembolso por concepto de materiales al Registrador y al Director de la Oficina de Recaudaciones, con la aprobación y firma del Decano Asociado de Asuntos Académicos. El oficial guardará copia en el expediente de estudiantes en dicha oficina.

Este reembolso seguirá las reglas establecidas en el Manual de Normas y Procedimientos de la Oficina del Registrador (última versión aprobada). De acuerdo a este manual, el Calendario Académico del Recinto de Ciencias Médicas anualmente especifica las fechas límites para solicitar reembolso.

El único momento donde se reembolsará el 100% del pago por concepto de materiales educativos es si dicho reembolso se solicita y se aprueba por consideración por méritos extraordinarios antes del primer día de clases. Los méritos extraordinarios a considerarse son solamente los descritos en el Manual
de Normas y Procedimientos de la Oficina del Registrador (última versión aprobada).

D. Proceso de Bajas, Reembolsos y Asistencia Económica
Una vez el estudiante tramita una Baja Total o Parcial y/o un reembolso por concepto del pago de matrícula, es su responsabilidad pasar por la Oficina de Asistencia Económica para que le desglosen el monto y la fecha en la cual debe devolver el dinero recibido a las agencias prestatarias que otorgan los préstamos estudiantiles. Las agencias prestatarias usualmente comienzan a cobrar los préstamos estudiantiles entre 90 a 180 días calendario.

E. Resumen
Cada estudiante es responsable de completar todos los procesos administrativos de rigor, incluyendo el proceso completo de solicitud de Bajas en o antes de las fechas límites establecidas en la Oficina de Currículo anualmente; el proceso de solicitud de reembolso por concepto de matrícula y reembolso por concepto de materiales educativos, en o antes de las fechas límites establecidas por el Calendario Académico del Recinto de Ciencias Médicas anualmente; y solicitud de revisión de pasos para devolver el dinero recibido de los préstamos estudiantiles en la Oficina de Asistencia Económica.

Políticas y Procesos de Matrículas de Carga Académica Limitada, Altas y Ajustes de Matrícula

A. Políticas y Procesos de Matrícula Anual con Carga Académica Limitada
Los programas académicos con cargas académicas limitadas tienen que ser recomendados y aprobados por el comité de promociones de la Escuela al cual el/la estudiante pertenece y coordinado con la Oficina de Currículo. Es responsabilidad del estudiante pasar por la Oficina de Currículo a coordinar los cursos a matricular si tiene conocimiento de que su carga académica será limitada. Una vez los funcionarios de la Oficina de Currículo dan el visto bueno, el estudiante puede proceder a matricularse.

B. Políticas y Procesos de Altas
El Manual de Normas y Procedimientos de la Oficina delRegistrador (última versión aprobada) especifica que para el primer y segundo año del Programa de Doctor en Medicina no habrá Alta alguna. Para el tercer y cuarto año de este programa las Altas parciales procederán de acuerdo con el documento Policies and Guidelines for the Academic Evaluation and Advancement of Medical Students for the School of Medicine y de las normas internas de la Oficina de Currículo de la Escuela de Medicina.

Para procesar un Alta, el estudiante debe pasar por la Oficina de Currículo de la Escuela de Medicina a discutir su programa académico. Este programa será aprobado por los funcionarios de dicha Oficina con el aval del comité de
promociones al cual pertenece el estudiante de ser necesario y basado en los Policies and Guidelines for the Academic Evaluation and Advancement of Medical Students for the School of Medicine. Una vez el programa de cursos es aprobado, el estudiante debe completar todos los procesos relacionados a las Altas que se desglosan en el Manual de Normas y Procedimientos de la Oficina del Registrador (última versión aprobada).

C. Políticas y Procesos de Ajuste de Matrícula
Estudiantes que matriculan un carga académica limitada ya sea desde el comienzo del año académico o los que procesan Altas durante el año académico, pueden ser elegibles para un ajuste del pago por concepto de matrícula. El ajuste de pago por concepto de matrícula se hará basado en la siguiente fórmula:

\[
\text{Total de Horas Crédito dividido por el Total de Horas del Año Académico en el cual el estudiante se encuentra y esto multiplicado por el Total del costo de matrícula anual del año en curso.}
\]

Para los estudiantes que tienen programas académicos especiales diseñados por la Oficina de Currículo los cuales combinan cursos del tercer y cuarto año de medicina, se le cobrará la matrícula a base de los costos por concepto de matrícula del cuarto año, los cuales son menores a los del tercer año.

El estudiante es responsable de solicitar dicho ajuste a través de carta dirigida al Decano Asociado de Asuntos Académicos. Dicho ajuste se procesará en la Oficina de Currículo cuyos funcionarios harán la recomendación, basada en la evidencia que se encuentre en el expediente del estudiante al momento de la solicitud, al Decano Asociado de Asuntos Académicos. El Decano de Asuntos Académicos informará a la Oficina de Currículo su decisión para que pueda emitir la carta de ajuste de matrícula a la Oficina de Recaudaciones, con la firma del Decano Asociado de Asuntos Académicos. La carta original será entregada luego de la firma en la Oficina de Currículo para que sus funcionarios tomen los pasos pertinentes a estas situaciones incluyendo el enviar la carta y copia de la misma al Registrador y al Director de la Oficina de Recaudaciones y guardar copia en el expediente del estudiante en dicha oficina.

D. Proceso de Ajuste de Pago por Concepto de Materiales Educativos
Estudiantes que matriculan un carga académica limitada ya sea desde el comienzo del año académico o los que procesan Altas durante el año académico pueden ser elegibles para un ajuste del pago por concepto de matrícula. El estudiante es responsable de solicitar dicho ajuste a través de carta dirigida al Decano Asociado de Asuntos Académicos. Los ajustes de pago por concepto de materiales educativos seguirán las siguientes guías:

1. Los estudiantes de reingreso/repetición de año pagarán los costos en su totalidad.
2. Los estudiantes repitiendo un curso, un bloque o con carga académica limitada se le cobrará el 50% de los costos indirectos pero no se ajustarán los servicios de contratos contraídos (Vital Source, USMLE Qbank, Shelves entre otros).

3. Los estudiantes de MD/PhD están eximidos de este pago.

Dicho ajuste se procesará a través de la Oficina del Decanato Asociado de Asuntos Académicos, por el oficial asignado a la cuenta del Fondo de Servicios y Materiales Académicos. Dicho oficial emitirá la carta de reembolso por conceptos de materiales al Registrador y al Director de la Oficina de Recaudaciones, con la aprobación y firma del Decano Asociado de Asuntos Académicos. El oficial guardará copia en el expediente de estudiantes en dicha oficina.

E. Resumen

Cada estudiante es responsable de completar todos los procesos administrativos de rigor, incluyendo el proceso de discutir su programa académico con los funcionarios de la Oficina de Currículo Y completar todos los trámites requeridos por la Oficina del Registrador para los cursos que debe matricular; el proceso de solicitud de ajuste de matrícula y el proceso de solicitud de ajuste de pago por concepto de materiales educativos; y el pago de la matrícula a la Oficina de Recaudaciones. Debe completar todo esto para poder comenzar a tomar clases.

Aprobado por:
Dra. Nerian Ortiz, Decana Asociada de Asuntos Estudiantiles: 12 de febrero del 2015
Dra. María Padilla, Directora Oficina de Currículo: 12 de febrero del 2015
Dra. Débora Silva, Decana Asociada de Asuntos Académicos: 12 de febrero del 2015
Dr. Edgar Colón, Decano de Medicina: 12 de febrero del 2015
This manual has the purpose of providing information essential for testing administration. It includes arrangements and responsibilities before, during and after the examination.

Testing refers to any online or written assessment activity with summative evaluative purposes.

For examinations from the National Board of Medical Examiners (NBME), Chief Proctors will follow the NBME guidelines.

I. Glossary:
   1. Chief Proctor: The designated faculty responsible of National Board of Medical Examiners tests. Chief Proctors are all Course or Clerkship Directors of courses/clerkships that offer an NBME exam.
   2. Course or Clerkship Director is the faculty member appointed by the Associate Dean of Academic Affairs or the department directors as the faculty member responsible for the coordination and implementation of a course or clerkship.
   3. Staff member: any member of a department or office that does not have a faculty appointment.
   4. Faculty member: any member of a department or office that has a faculty appointment.
   5. Course or Clerkship Faculty: a faculty member that teaches or supervises students in that course or clerkship.

II. General Instructions:
   1. All testing activities will be the direct responsibility of the Course or Clerkship Director.
   2. Course or Clerkship Directors or a designated faculty representative must be present throughout all the testing time.
At no time will a non-faculty staff member be alone with examinees. A faculty member must be present in each examination. Of note, NBME Examinations require the Chief Proctor (which must be the Course or Clerkship Director) to be present through the complete time of the examination.

i. For online examinations: each 40-45 student require a faculty proctor present. [at least one (1) faculty per 40-45 students]

ii. For paper examination: each 20-25 students require a faculty proctor present. [at least one (1) per 20-25 students]

iii. For both online and paper examinations at least one more faculty member or non-faculty staff member has to be present during the examination. This is necessary to provide for bathroom escort to students. When testing is being done at Multidisciplinary Laboratories, one extra faculty member or non-faculty staff member can provide for all the rooms.

iv. For Departmental Courses and Clerkships, the Department will be responsible of facilitating all proctors when there are not enough course faculty to proctor the tests. The Course or Clerkship Director is responsible for requesting proctors and coordinating their assignments.

v. For Multidisciplinary Courses, the Associate Deanship of Academic Affairs will be responsible for facilitating proctors when there are not enough course faculty to proctor the tests. The course and clerkship director is responsible for requesting proctors and coordinating their assignments.

III. Course or Clerkship Director Responsibilities

1. The Course or Clerkship Director is responsible for the preparation, administration and grading of all testing at the School of Medicine (UPR-SOM).

Responsibilities include:

1- Preparation of the test, which will be as follows:

   a. Designing a blueprint for each test based on the course learning objectives (for course and clerkship tests). UPR-SoM Medical Doctor (MD) Program Educational Objectives will guide test preparation and blueprint for exams such as: Clinical Skills Assessment and the Clinical Practice Exam.

   b. Deciding the content, number of items and type of items in the test.
c. Writing the questions, preferably in the NBME style, such as case based questions. Any other course faculty or UPR-SoM faculty members may write and provide questions for the test, but the Course and Clerkship Director is the ultimate responsible for the content, number of items, type of items, as well as the appropriateness and correctness of the final set of questions. Course and Clerkship Directors will utilize proofreaders or revision teams to validate questions and minimize errors.

d. Ensuring that at least 50% of all test items are new to the test/exam, in order to minimize simple recall.

e. Arranging the logistics and official schedule (start time, time allowance, and finish time) for each examination. The students should be informed in advance (at least 1 week prior to the exam) about the number of items in the exam and the time allowed to answer the test/exam. The NMBE recommendations for this purposes can be used or serve as a guide in determination of the time allowed for answering the test/exam. This will help students to prepare themselves for external examinations such as: the United States Medical Licensure Examination (USMLE) Step 1, USMLE Step 2 Clinical Knowledge (CK) and USMLE Step 2 Clinical Skills (CS).

2- Coordination of the test:

a. Online Tests: The Course or Clerkship Director will follow the current guidelines of the Office of Faculty Support for preparation of online tests/exams. This guideline can be requested from the Office of Faculty Support staff.

b. Paper Tests: Tests in the online format should be the norm in the UPR-SoM. The Course or Clerkship Director should attempt by all means to administer the tests using the online format. Those directors who still choose to provide paper tests will be responsible for preparation, photocopying, administration and grading of the tests.

3- Reservation of testing rooms must be done following the current School of Medicine processes.

4- Administration of the test will follow the protection and safety procedures listed in this document.

IV. Office of Faculty Support Responsibilities
1. The Office of Faculty Support will be responsible of assisting Course or Clerkship Directors through the process of online testing preparation and grading.

V. Center of Informatics and Technology (CIT) Responsibilities
1. The CIT responsibilities includes:
   i. Technical support for online exams during the administration of the examination
   ii. Preparation of computers
   iii. Assistance when problems and special situations arise
2. The CIT is also responsible for the testing rooms organization, cleanliness and equipment well-functioning.
3. The CIT will appoint the technical support staff for all online exams. There will be a roster or program were the Course or Clerkship Directors will know beforehand the name of the technical staff assigned for such purposes. Technical staff will be onsite during the whole duration of the exam.

VI. Test Administration Protection and Safety Procedures
1. Each student must have his/her official UPR-SOM photo identification (ID) card available during the tests/exams in order to show it to the proctors. Any student who does not bring his/her photo ID with him/her will:
   i. First time: Receive a verbal warning. The Course Director will report the incident in writing to the Advancement Committee Chair.
   ii. Second time: Receive a written warning by the Course Director. The Course Director will report the incident in writing and provide a copy of the written warning to the Advancement Committee Chair.
   iii. Third time: Will be escorted out of the examination room and fail the test. The Course Director will report the incident in writing to the Advancement Committee Chair.
2. General instructions:
   These general instructions will be provided to students at the beginning of the semester which are applicable to all testing administration:
   i. There will be no talking during any examination/testing.
   ii. Any disruptive or dishonest behavior will be reported by the preceptor to the Course or Clerkship Director immediately for pertinent actions based on:
      1. The course syllabus.
2. The Policies and Guidelines for Academic Evaluation and Advancement of Medical Students.

3. The University of Puerto Rico processes and guidelines for dishonest behavior found in Reglamento General de Estudiantes and Codigo de Conducta Estudiantil de la Universidad de Puerto Rico.

3. Personal Belongings in the Testing Room
   i. Examinees will not be permitted to bring any personal belongings into the seating area of the testing room.
   ii. All materials, must be placed in the area designated for personal belongings.
   iii. No items are permitted in the seating area of the testing room. This include the following:
       1. Any watches, smartwatch or others.
       2. Any digital equipment.
       3. Hats or hoodies
       4. Any type of communication device
   iv. For beverages or food or medications of any type, prior permission must be requested and granted by the Course or Clerkship Directors before the beginning of the exam.
   v. Ear plugs such as wax, rubber and noise cancelling devices may be accepted with prior permissions of the Course or Clerkship Director.

4. Permitting Absence from the Testing Room during the exam or test:
   i. In examinations longer than 100-125 questions, Course or Clerkship Directors are extremely encouraged to schedule the test by dividing it into different sessions and to allow for 5- to 15-minute breaks between sessions so that the students can use the restroom or eat snacks during the tests.
   ii. Use of Restrooms. If an examinee requests to use the restroom during one of the sessions of the tests, the proctor will recommend the student to wait until the scheduled break or until the finish time of the test. If the examinee insists on using the restroom, he/she must be escorted to the restroom, one at a time. No extra time for the examination will be allowed for restroom visits.
   iii. There will be no additional testing time to make up for time lost during absence from the room.

5. Reasonable Accommodation
   i. Certain students may qualify for reasonable accommodation during online and written examinations. Students who wish
reasonable accommodation must request it using the procedures of the UPR Medical Sciences Campus for reasonable accommodation. Once the reasonable accommodation is granted by the Medical Sciences Campus, the Course or Clerkship Director must be informed that the student has been conceded reasonable accommodation and the type of accommodation by the Associate Dean of Student Affairs.

ii. Course or Clerkship Directors must implement the reasonable accommodations specifications mandated by the RCM Institutional corresponding.

iii. Faculty members who will serve as proctors during the test must be informed if there are students with reasonable accommodation requiring extra time so that their test schedule can be respected.

iv. Students granted reasonable accommodation of time will be adhered to the same rules, based on the accommodations granted.

6. Handling Irregular Incidents
   
i. The Course or Clerkship Director has the authority and responsibility to ensure that testing is conducted under standardized conditions for all examinees.

   ii. He/she is expected to handle all incidents that disturb or deviate from these conditions by following UPR – SoM policies and guidelines.

   iii. The following would be considered irregular behaviors:

   1. Tardiness: No extra time will be provided for completion of the test to any student arriving late. Students who arrive 30 minutes after the start time will not be allowed in the examination room and will not be able to take the test/exam, thus receiving 0% grade.

   2. Absence: Due to the great complexity of examinations, as a general rule, if a student misses a test, he/she will get zero (“0%”) in that test. In very special circumstances or extraordinary situations determined on individual basis, the Course or Clerkship Director may allow a student with a justified absence to take a make-up examination prior to or after the scheduled test, as decided by the Course or Clerkship Director.

      a. Students may request to postpone or take early an examination by following the official
guidelines of the Medical Sciences Campus. In summary, the student should make a written request in the official formulary at least 10 days before the exam (see the "Normas para Adelantar o Posponer Exámenes o Actividades Educativas en Situaciones Especiales Aprobadas en Reunión del Senado Académico 7 de noviembre de 2013").

b. In the case of an emergency (less than 48 hours prior to the test), the student should notify the Course or Clerkship Director as soon as possible for immediate instructions and actions. Proof of hospitalization, medical certificates and/or other kinds of documentations will be requested and must be provided to validate the absence.

3. Disruptive Behavior. If the conduct of an examinee interferes with the testing conditions of other examinees and the examinee fails to respond to a warning.

4. Dishonest Behavior, such as, but not limited to: Copying answers from another examinee, permitting answers to be copied, or in any way providing or receiving unauthorized information about the content of the examination. This includes having access to any technological devices (please see Attachment I: Curriculum Committee Statement: Use of personal technological equipment during tests). In this case the student will be immediately notified that he is incurring in dishonest behavior which will be reported to the appropriate academic authorities.

iv. When a faculty member or proctor witnesses any disruptive or dishonest behavior he or she will:
   1. Let the student know about the behavior and it will be immediately notified to the Course or Clerkship Director.
   2. Contact the course/clerkship director.
   4. For dishonest behavior, the faculty member will also write a report with a detailed description of the incident and send it to the Course or Clerkship Director. The report should include:
Test Administration

a. Time of incident.
b. Room of incident.
c. Report of incident
d. Witnesses present
e. Signatures of witnesses and the proctor writing the incident.

v. When a Course or Clerkship Director receives a notification of any disruptive or dishonest behavior he or she will:
   1. Request the preceptor fill the *Professionalism- Non-Cognitive Evaluation Form* and a written report if it was dishonest behavior.
   2. The Course or Clerkship Director will follow the *Process for Evaluating Professionalism/ Non-Cognitive Evaluations*.
   3. For dishonest behavior the Course or Clerkship Director will write a report to the Dean of Medicine requesting referral of the case to Disciplinary Committee of the Medical Sciences Campus. This report will have a copy of the proctor report of the incident attached. When the incident is witnessed first by a Course or Clerkship Director he or she will write the report following the guidelines provided above directly to the Dean of Medicine.
   4. The Dean of Medicine, will refer the case to the Chancellor.

7. Disruptions and Interruptions:
   i. External disruptions such as construction noise, fire alarm, activity in adjoining room, hallway/corridor noise and internal disruptions such as room temperature, defective lighting, and examinee noise may cause distress and distraction to examinees during the administration of the examination as well as interruption of the examination. Disruptions should be handled as quickly as possible with minimal disturbance to examinees.
   ii. Emergency Evacuation. The Course or Clerkship Director should establish a plan for evacuating the testing room in the event of an emergency following the current Medical Sciences Campus Emergency Plan. The current plan may be found in the Medical Sciences Campus Website and in each class page on Blackboard. The plan should include collecting and/or securing the test materials (if time and circumstances permit),
and providing instructions to the examinees and proctors regarding exiting from and returning to the testing room

8. Test Grading
i. Online tests will be graded using the procedure by the Office of Evaluation and Research. A report with statistics and student grades will be provided to the Course or Clerkship Director when the grading is done.
ii. For NBME shelf examinations, the SOM will follow the NBME grading calculation recommendations.

9. Test Discussion/Allegations/Challenge
i. Course or Clerkship Directors can arrange optional sessions with students so that the tests can be discussed and the students can see the correct and incorrect answers for educational purposes.
   1. During these sessions, no items are permitted in the seating area. This include the following:
      a. Any watches.
      b. Any digital equipment.
      c. Hats or hoodies
      d. Any type of communication device
ii. If the Course or Clerkship Directors decides that one or more questions should be eliminated from the examination or conceded, or if the key of the test should be amended, he/she can request a second grading to the Office of Evaluation and research.

10. Publication of Grades
i. Cumulative grades must be available to students at mid-course.
ii. Final grades must be available to students at a maximum of 6 weeks after the last day of classes or the last day the student completed the course requirements, which includes completing course and faculty evaluations.

Approved by the Curriculum Committee on: May 13, 2016
Test Administration

References:

1. *Guias Sobre Proteccion y Seguridad de Examenes, Escuela de Medicina, Universidad de Puerto Rico, 1984*
2. *Procedimiento para la Correccion de Examenes, Escuela de Medicina, Universidad de Puerto Rico, 1996*
Curriculum Committee Statement: Use of Personal Technological Equipment During Tests
University of Puerto Rico
School of Medicine

- Student may NOT have cell phones, computers, smart phones, Apple Watches or other electronic/computer technology while undergoing assessment activities.

- Any student that is found to have any of these technologies, at or around themselves, while taking any kind of assessment (during the complete time of the assessment):
  - Will have the assessment invalidated.
  - Will Fail the course due to unprofessional behavior and as such, a professionalism evaluation will be filled by the assessment preceptor/course director which will be kept at the official student record at the Student Affairs Office.
  - Will be subjected to decisions based on the Policies and Guidelines for the Academic Evaluation and Advancement of Medical Students.

Approved by the Curriculum Committee on: December 18, 2015.
Attachment 4
UNIVERSIDAD DE PUERTO RICO
RECINTO CIENCIAS MÉDICAS
SENADO ACADÉMICO

NORMAS PARA ADELANTAR O POSPONER EXÁMENES
Y ACTIVIDADES ACADÉMICAS A ESTUDIANTES
EN SITUACIONES ESPECIALES

Aprobado en Reunión Ordinaria del Senado Académico
7 de noviembre de 2013
Enmendado en Reunión Ordinaria del Senado Académico
5 de diciembre de 2013
Certificación 029 Enmendada, 2013-2014 del SA-RCM
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I. INTRODUCCIÓN

El Comité de Asuntos Estudiantiles (CAE) del Senado Académico del Recinto de Ciencias Médicas (SA del RCM) es el organismo que históricamente ha revisado los documentos que especifican los procedimientos para posponer exámenes y actividades académicas a estudiantes que se encuentren en una situación especial que le impidan cumplir cabalmente con sus responsabilidades académicas.

La Certificación 033, 1997-98 del SA del RCM hace explícita las “Normas Específicas para Posponer Exámenes a Estudiantes en Situaciones Especiales” haciendo referencia, principalmente, a situaciones de salud o a situaciones inesperadas. Por otra parte, la Certificación 040, 2004-05 del SA del RCM reconoce la importancia de la participación de los y las estudiantes de RCM en actividades extracurriculares para el enriquecimiento de la experiencia académica; tales como la participación en congresos científicos. Cada uno de estos documentos especifica el formulario que el/la estudiante tiene que completar para solicitar el permiso necesario para posponer una actividad académica; bien sea con antelación a la actividad académica o en respuesta a una situación de emergencia.

En cumplimiento con la Certificación 058, 2012-13, el CAE del SA del RCM ha revisado los documentos y los formularios en vigencia relacionados a estos temas para consolidarlos en un solo documento para beneficio de la comunidad universitaria. Es importante señalar que este documento no pretende mencionar todas las situaciones que pueden ser consideradas válidas para adelantar o posponer un examen o una actividad académica. Cada situación deberá ser ponderada por las autoridades académicas correspondientes con la mejor intención de fomentar el progreso académico de cada estudiante. Adelantar o posponer una actividad académica o examen requiere que el/la estudiante solicite y reciba permiso para adelantar o posponer el examen o la actividad en cuestión.

II. ALCANCE

1. Estas normas se aplicarán a todos los programas de estudios del Recinto de Ciencias Médicas, tomando en cuenta la particularidad de cada curso.
3. Los prontuarios deberán incluir información relacionada a estas Normas, según consignado en la Certificación # 029 Enmendada, de la serie 2013-2014 del SA del RCM.
III. NORMAS Y RESPONSABILIDADES

A. Responsabilidades de los y las estudiantes:

1. El (la) estudiante deberá completar en todas las partes que corresponda el documento “Solicitud para Adelantar o Posponer Exámenes y Actividades Académicas en Situaciones Especiales” por lo menos diez (10) días laborables antes del examen o actividad académica que requiere adelantar o posponer.

2. En caso de que el (la) estudiante decida apelar por una o varias de las razones enumeradas en este documento, (Sección VI, Proceso Apelativo), deberá completar en todas las partes que corresponda el documento “Formulario para la Apelación de la Solicitud para Adelantar o Posponer Exámenes y Actividades Académicas en Situaciones Especiales”.

3. Una vez complete la solicitud que aplique, será responsabilidad del (de la) estudiante solicitar cita con el facultativo o coordinador (a) del curso correspondiente para entregarla.

4. Será responsabilidad del (de la) estudiante dar seguimiento a su solicitud y a la apelación, de este ser el caso.

5. En caso de que el (la) estudiante solicite adelantar o posponer un examen o actividad académica para asistir a un evento que complementa su desarrollo profesional, para poder asistir al mismo de manera oficial deberá tener autorización previa al evento o, en caso de apelación, haber completado el proceso con un resultado favorable.

6. El (la) estudiante que no cumpla con este proceso perderá el derecho a la reposición del examen o de la actividad académica.

B. Responsabilidades de los Facultativos:

1. Luego de recibir la solicitud de adelantar o posponer exámenes o actividades académicas, el facultativo someterá su decisión por escrito al (a la) estudiante y al Decanato Auxiliar/Asociado de Asuntos Estudiantiles de la Escuela durante los próximos dos (2) días laborables.

2. Al evaluar la evidencia escrita y presentada por el (la) estudiante, el facultativo o coordinador(a) del curso considerará cada caso en sus propios méritos.

3. Se mantendrá la intención de facilitar al (a la) estudiante el completar el requisito académico a adelantar o posponer, y no la de penalizarlo (a).

4. En caso de alguna duda, el facultativo o coordinador(a) consultará y tomará la decisión junto con otros facultativos que participen en el curso. De ser necesario, si la situación lo amerita, también podrá consultar con el Director(a) del Programa, Director (a) del Departamento y con el (la) Decano (a) Asociado de Asuntos Académicos de la Escuela.

5. Una vez la evidencia para adelantar o posponer el examen o actividad académica se considere válida y se tome una decisión favorable a la solicitud, se ofrecerá al estudiante un examen o actividad académica similar en formato, contenido y complejidad a la inicialmente ofrecida a la clase. Por ser didácticamente
inapropiado, no se contará otra actividad académica o examen de otro material por dos notas.
6. Luego de finalizado todo el proceso, el facultativo o coordinador (a) del curso será responsable de entregar la solicitud con las evidencias aceptadas en el Decanato Auxiliar/Asociado de Asuntos Estudiantiles de la Escuela, para que formen parte del expediente del (de la) estudiante. Además, entregará al (la) estudiante una copia de la solicitud con los acuerdos tomados, con firmas y fecha que correspondan.
7. De no haber respuesta del facultativo en dos (2) días laborables o el (la) estudiante no estar de acuerdo con la misma, podrá iniciar un proceso de apelación, según descrito en este documento, (Sección VI, Proceso Apelativo).

IV. SITUACIONES ESPECIALES A CONSIDERARSE

Los siguientes ejemplos se consideran válidos para solicitar adelantar o posponer exámenes y actividades académicas del día y hora previamente programadas:

A. Situaciones del (de la) estudiante
   1. Enfermedad o accidente de tal grado de severidad que requiera hospitalización, evaluación en una Sala de Emergencia o permanecer encamado(a) en el hogar.
   2. Enfermedad o accidente que no requiera hospitalización o evaluación en una Sala de Emergencia pero que sea de tal magnitud que le impida asistir a la actividad académica o examen.
   3. Embarazo con complicaciones; parto y posparto normal o con complicaciones.
   4. Paternidad, día del alumbramiento, ya sea parto natural o cesárea.
   5. Participación en cualquier función requerida por ley, (ejemplo, presentación a un tribunal).
   6. Participación oficial en congresos, foros y talleres académicos o universitarios estatales, nacionales o internacionales.
   7. Participación oficial en eventos deportivos o artísticos representando a la Institución o al país.

B. Situaciones en la familia del (de la) estudiante
   1. Muerte o sepelio de familiar cercano o persona significativa.
   2. Enfermedad súbita de familiar cercano o persona significativa que surja el mismo día de examen o la actividad académica.
      2.1 Si se documenta que un (una) estudiante con responsabilidad sobre el cuidado de un menor no puede presentarse a una actividad de evaluación debido a enfermedad o dificultad imprevista en el cuidado regular del menor, (consignado en la Certificación Núm. 25, JA RCM, 2009-10, sección 6.2, inciso 6).

C. Otras razones
   1. Catástrofe o evento significativo que cause estrés severo tales como accidentes, destrucción del hogar por fuego, eventos atmosféricos, inundaciones, derrumbes, entre otros.
V. PROCESO PARA SOLICITAR ADELANTAR O POSPONER EXAMENES Y ACTIVIDADES ACADÉMICAS

El (la) estudiante seguirá estrictamente los pasos establecidos a continuación de acuerdo a la situación, ya sea prevista o imprevista, que le requiera adelantar o posponer el examen o la actividad académica previamente programada.

A. Situaciones Previstas

En aquellas situaciones que sean previstas, el (la) estudiante deberá:


2. Someter el documento cumplimentado en todas sus partes para la aprobación del facultativo o coordinador(a) del curso con por lo menos diez (10) días laborables de anticipación al examen o actividad académica que requiera adelantar o posponer. Este documento debe venir acompañado con la evidencia oficial requerida, de acuerdo a las siguientes situaciones que se ofrecen como ejemplo:

<table>
<thead>
<tr>
<th>SITUACIONES DEL (DE LA) ESTUDIANTE</th>
<th>EVIDENCIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enfermedad o accidente</td>
<td>Certificado médico o documentos del hospital</td>
</tr>
<tr>
<td>Hospitalización</td>
<td>Certificado médico o documentos del hospital</td>
</tr>
<tr>
<td>Embarazo complicado</td>
<td>Certificado médico</td>
</tr>
<tr>
<td>Parto normal o complicado</td>
<td>Certificado médico</td>
</tr>
<tr>
<td>Postparto normal o complicado</td>
<td>Certificado de nacimiento</td>
</tr>
<tr>
<td>Paternidad</td>
<td>Certificado médico</td>
</tr>
<tr>
<td>Participación en cualquier función requerida por ley</td>
<td>Documento Oficial</td>
</tr>
<tr>
<td>Participación en foro académico o universitario</td>
<td>Copia del programa, referencia, carta de aceptación de la presentación</td>
</tr>
<tr>
<td>Evento deportivo o artístico</td>
<td>Certificación oficial</td>
</tr>
</tbody>
</table>
SITUACIONES FAMILIA DEL (DE LA) ESTUDIANTE

Muerte

Enfermedad

Dificultad/enfermedad imprevista en cuidado de menor

EVIDENCIA

Certificado de Defunción

Certificado médico

Certificado médico, Documento oficial

OTRAS SITUACIONES

Catástrofe

EVIDENCIA

Evidencia de la situación o certificado del profesional de ayuda, según sea el caso

3. El facultativo o coordinador(a) del curso evaluará la solicitud e informará su decisión al (la) estudiante en un término no mayor de dos (2) días laborables luego de haber recibido la solicitud.

4. El (la) estudiante y el facultativo o coordinador(a) del curso llegarán a un acuerdo sobre la tarea de reposición, la cual será un examen o actividad académica similar en formato, contenido y complejidad a la inicialmente ofrecida a la clase (ver Sección III.B.5). Este acuerdo debe ser indicado en el Inciso D del documento "Solicitud para Adelantar o Posponer Exámenes y Actividades Académicas en Situaciones Especiales".

5. De no haber respuesta escrita del facultativo o el coordinador (a) del curso en dos (2) días laborables luego de haber recibido la solicitud o el (la) estudiante no estar de acuerdo con el término establecido, el (la) estudiante puede iniciar un proceso de apelación (Sección VI, Proceso Apelativo).

6. El adelantar o posponer el examen o la actividad académica se considerará oficial cuando el facultativo o coordinador(a) del curso apruebe la solicitud o cuando se obtenga una respuesta favorable al proceso de apelación.

7. En las situaciones que aplique, el (la) estudiante someterá evidencia de la asistencia a la actividad por la cual solicitó la posposición del examen o actividad académica en el caso de que haya recibido el permiso para asistir a la actividad.

8. El (la) estudiante mantendrá copias de estos documentos como evidencia y referencia personal.

B. Situaciones Imprevistas

En aquellas situaciones donde la causa de la posposición de un examen o actividad académica sea imprevista, el (la) estudiante seguirá los siguientes pasos:

1. Tan pronto le sea posible, el (la) estudiante notificará al facultativo o coordinador(a) del curso la situación por la cual solicitará adelantar o posponer el
examen o actividad académica. Dicha notificación podrá hacerse por correo electrónico o llamada telefónica a través de los siguientes:
   a. Personalmente
   b. Con un familiar
   c. Persona significativa
   d. Compañero(a) de estudios

2. Tan pronto le sea posible, el (la) estudiante cumplimentará la solicitud, incluirá la evidencia necesaria y la enviará al facultativo o coordinador(a) del curso a través de una de las opciones mencionadas en el inciso 1 de esta sección.

3. El facultativo o coordinador(a) del curso firmará la solicitud como recibida, anotará la fecha y guardará copia de los documentos.

4. El primer día que el (la) estudiante se reintegre a clases, se entrevistará con el facultativo o coordinador(a) del curso para completar el proceso de solicitud antes mencionado en la sección V.A. (Situaciones Previstas).

VI. PROCESO APELATIVO

A. Inicio del Proceso Apelativo

El (la) estudiante podrá iniciar un proceso de apelación si:
   1. No recibe respuesta a su solicitud de adelantar o posponer el examen o actividad académica del facultativo o coordinador(a) del curso en los próximos dos (2) días laborables de haberla entregado.
   2. El facultativo o coordinador(a) del curso no acepta la petición como válida, (respuesta no favorable).
   3. Ambas partes no puedan llegar a un acuerdo en los próximos dos (2) días laborables.

B. Procedimiento de Apelación

El (la) estudiante seguirá los siguientes pasos:
   2. Entregará el formulario lleno en todas sus partes con copias de la evidencia en el Decanato Auxiliar/Asociado de Asuntos Estudiantiles de la Escuela, donde se realizará un análisis de la situación.
   3. La petición se considerará favorable para el (la) estudiante si no recibe una notificación escrita en los próximos dos (2) días laborables del Decanato Auxiliar/Asociado de Asuntos Estudiantiles de la Escuela correspondiente.
   4. De no estar de acuerdo con la decisión de la apelación, el (la) estudiante podrá continuar la apelación al (a la) Rector(a) del Recinto y sucesivamente a otras
autoridades académicas y universitarias, según lo establecido en el Reglamento Sobre Procedimientos Apelativos de la Universidad de Puerto Rico, Certificación Núm. 138, 1981-82.

VII. MEDIDAS DISCIPLINARLAS

Se tomarán las medidas disciplinarlas contenidas en el Reglamento General de Estudiantes de la Universidad de Puerto Rico y en el Reglamento de Estudiantes del Recinto de Ciencias Médicas contra aquellos estudiantes que presenten evidencia falsa para adelantar o posponer exámenes o actividades académicas.

VIII. VIGENCIA

Attachment 5
22 de junio de 2009

Presidentes de Comités de Medicina I-IV
Escuela de Medicina, RCM

Guido E. Santacana, PhD
Decano Asociado de Asuntos Académicos

INCOMPLETOS

Los presidentes de los Comités de Medicina I-IV deben de informar a los coordinadores de cursos lo siguiente:

Debido a la naturaleza del programa académico de la Escuela de Medicina, no se utiliza Incompleto (I) en nuestro sistema de calificaciones.

Esto evitara cualquier confusión que pueda existir con respecto a este asunto.

Muchas gracias
PROCEDIMIENTOS, NORMAS Y REGULACIONES PARA LA CONSIDERACION Y
OTORGACION DE LICENCIAS DE ESTUDIOS
ESCUELA DE MEDICINA
UNIVERSIDAD DE PUERTO RICO

Introducción

La Escuela de Medicina, en su intención de asistir a los estudiantes de medicina a lograr sus metas, permite, a modo de privilegio, que estos se separen temporeramente de sus estudios de medicina. La función principal de las licencias de estudio es dar paso a que los estudiantes realicen investigación o estudios adicionales en otras instituciones o cumplan con su labor militar. El propósito de otorgar el privilegio de una licencia de estudios no es para subsanar deficiencias académicas o para tomar y aprobar exámenes de licenciatura, llámense USMLE Step 1 y/o Step 2 CK. En casos específicos, y con la debida evidencia sometida y entregada, la Escuela le puede otorgar un permiso para que un estudiante se separe temporeramente de sus estudios de medicina por razones personales (enfermedad o situación personal/familiar grave). Para cada situación existe un proceso, que se explica a continuación.

Artículo 1 - Tipos de licencias a considerar -

1. Licencias de estudios con el propósito de realizar estudios adicionales al Programa MD, que incluyen:
   a. Programas combinado MD – PhD (todos los aprobados por la Escuela de Medicina de la Universidad de Puerto Rico)
   b. Programa Combinado MD – JD (todos los aprobados por la Escuela de Medicina de la Universidad de Puerto Rico)
   c. Estudios conducentes a maestrías en profesiones aliadas a la salud u otros estudios, según aprobadas las solicitudes de los estudiantes, por la Escuela de Medicina, para separarse y estudiar en los programas de su elección.

2. Licencias de estudios con el propósito de realizar investigación

3. Licencias de estudios por razones militares

4. Licencias de estudios por razones personales

Artículo 2 - Requisitos para cada tipo de licencia de estudios:

2.1. Licencias de estudios con el propósito de realizar estudios adicionales al Programa MD:
2.1.1 El programa de estudio (PhD, JD, Maestrías en el Área de las Ciencias Aliadas a la Salud u otros) tiene que ser uno aprobado por la Escuela de Medicina a través de un acuerdo de colaboración de programa combinado. (Al regreso de este tipo de licencia le aplicarán los requisitos de graduación vigentes al momento de su admisión original a la Escuela de Medicina- véase Manual del Registrador)

2.1.2 Para estudiantes solicitando este tipo de licencia, para estudiar en un programa para el cual no hay un acuerdo de programa combinado aprobado, el estudiante debe presentar con la carta de solicitud de licencia una carta del Decano de Medicina certificando que dicho programa ha sido aprobado por la Escuela de Medicina. (Al regreso de este tipo de licencia le aplicarán los requisitos de graduación vigentes al momento de su readmisión a la Escuela de Medicina- véase Manual del Registrador)

2.1.3 El estudiante solicitante debe mantener un promedio general (GPA) al momento de solicitud de 3.0 o más.

2.1.4 El estudiante solicitante no puede estar en Probatoria Académica al momento de la solicitud.

2.1.5 El estudiante solicitante no puede presentar deficiencias académicas al momento de la solicitud. Deficiencias académicas incluyen que el estudiante este con un promedio en uno o más cursos que lo ponen a riesgo de fracasar el (los) mismo (o sea, menos de 70%), que deba reposiciones en algún curso o tenga requisitos de curso pendiente, que no haya tomado y aprobado el USMLE Step 1 y/o que haya demostrado problemas de profesionalismo, entre otros.

2.1.6 Se solicitará un informe al Comité de Promociones del año de medicina al cual pertenece el estudiante de la ejecutoria académica y de profesionalismo del mismo, con el propósito de evaluar la situación académica al momento de la solicitud de la licencia.

2.1.7 Para que una licencia de estudios con el propósito de hacer estudios adicionales, sea concedida y aprobada, el estudiante tiene que haber aprobado todos los requisitos del primer y segundo año de medicina, incluyendo el haber aprobado el USMLE Step 1. El estudiante tiene que haber sido promovido a su tercer año de estudios para ser aprobada dicha solicitud.

2.1.8 Los estudiantes que se les apruebe una licencia de estudios con el propósito de estudios adicionales en entidades para las cuales hay un acuerdo, tendrán el máximo de tiempo en licencia que este determinado en dichos acuerdos. Hasta un máximo de 6 años de licencia en el caso de los PhD’s y un máximo de 2 años de licencias para los MD/JD, no contarán dentro de los 6 años académicos máximos para completar el grado MD.

2.1.9 Para los estudiantes que soliciten y se les apruebe una licencia con el propósito de estudios adicionales de programas sin acuerdos, tendrán hasta un máximo de 2 años de licencia y dichos años no contarán dentro de los 6 años académicos máximos para completar el grado MD.

2.2 Licencias de estudios con el propósito de realizar investigación
2.2.1 Para los programas de investigación aprobados por la Escuela de Medicina a través de un acuerdo de colaboración, el estudiante debe presentar con la carta de solicitud de licencia una carta del Decano de Medicina certificando que dicho programa ha sido aprobado por la Escuela de Medicina. (Al regreso de este tipo de licencia le aplicarán los requisitos de graduación vigentes al momento de su readmisión a la Escuela de Medicina- véase Manual del Registrador)

2.2.2 De un estudiante solicitar hacer investigación en un programa para el cual no hay un acuerdo aprobado, el estudiante debe presentar con la carta de solicitud de licencia una carta del Decano de Medicina certificando que dicho programa ha sido aprobado por la Escuela de Medicina. (Al regreso de este tipo de licencia le aplicarán los requisitos de graduación vigentes al momento de su readmisión a la Escuela de Medicina- véase Manual del Registrador)

2.2.3 El estudiante solicitante debe mantener un promedio general (GPA) al momento de solicitud de 3.0 o más.

2.2.4 El estudiante solicitante no puede estar en Probatoria Académica al momento de la solicitud.

2.2.5 El estudiante solicitante no puede presentar deficiencias académicas al momento de la solicitud. Deficiencias académicas incluyen que el estudiante este con un promedio en uno o más cursos que lo ponen a riesgo de fracasar el (los) mismo (o sea, menos de 70%), que deba reposiciones en algún curso o tenga requisitos de curso pendiente, que no haya tomado y aprobado el USMLE Step 1 y/o que haya demostrado problemas de profesionalismo, entre otros.

2.2.6 Se solicitará un informe al Comité de Promociones del año de medicina al cual pertenece el estudiante de la ejecutoria académica y de profesionalismo del mismo, con el propósito de evaluar la situación académica al momento de la solicitud de la licencia

2.2.7 Para que una licencia de estudios con el propósito de hacer investigación, sea concedida y aprobada, el estudiante tiene que haber aprobado todos los requisitos del primer y segundo año de medicina, incluyendo el haber aprobado el USMLE Step 1. Estudiantes de primero y segundo año tienen que haber sido promovidos a su tercer año de estudios para ser aprobada dicha solicitud. Estudiantes de tercer año tienen que haber sido promovidos a su cuarto año para ser aprobada dicha solicitud.

2.2.8 Para los estudiantes que soliciten y se les apruebe una licencia con el propósito de hacer investigación, tendrán hasta un máximo de 2 años de licencia y dichos años no contaran dentro de los 6 años académicos máximos para completar el grado MD.

2.3 Licencias de estudios por razones militares

2.3.1 Todo estudiante que reciba y evidencie una orden militar que requiera su presencia en el Ejército de los Estados Unidos se le concederá una licencia de estudios.
2.3.2 Estudiantes que reciban órdenes militares que requieran su presencia, someterán dicha documentación oficial al Decano de Medicina con su carta solicitando la licencia de estudios.

2.3.3 Para una licencia de estudios por razones militares, el Decano de Medicina, antes de conceder la misma solicitará al Comité de Promociones del año al cual pertenece el estudiante una evaluación de la ejecutoria académica que contenga la bitácora de cursos tomados y aprobados, situación académica actual, incluyendo evaluaciones sobre profesionalismo y año al que pertenece el estudiante.

2.3.4 Al regreso de la licencia militar el estudiante entrara al año de medicina del cual se separó. Todo curso incompleto (sin nota adjudicada) al momento de la licencia tendrá que ser dado de baja y al momento de la readmisión se matriculará y lo tomará nuevamente.

2.3.4 En la situación en que un estudiante reciba la orden militar y dicho estudiante a esa fecha haya completado y aprobado los cursos de segundo año, pero no haya aprobado o tomado el USMLE Step 1 y no haya tiempo de hacerlo previo a la concesión de su solicitud de licencia, el estudiante no será promovido a Tercer Año y a su regreso del periodo de licencia continuará siendo un estudiante clasificado de Segundo Año hasta tanto lo tome y lo apruebe. Dichos estudiantes no podrán comenzar sus estudios de tercer año hasta tanto aprueben dicho examen, lo que implica que la toma y aprobación del USMLE Step 1 será una prioridad a su regreso.

2.3.6 El tiempo de licencia militar no le será contado para sus 6 años académicos máximos de estudios de medicina.

.2.4 Licencias de estudio por razones personales

2.4.1 El estudiante solicitante debe mantener un promedio general (GPA) al momento de solicitud de 2.0 o más.

2.4.2 El estudiante solicitante no puede estar en Probatoria Académica excepto en casos de enfermedad que haya sido validada y certificada.

2.4.3 El estudiante solicitante no puede presentar deficiencias académicas al momento de la solicitud excepto en casos de enfermedad que haya sido validada y certificada. Deficiencias académicas incluyen que el estudiante este con un promedio en uno o más cursos que lo ponen a riesgo de fracasar el (los) mismo (o sea, menos de 70%), que deba reposiciones en algún curso o tenga requisitos de curso pendiente, que no haya tomado y aprobado el USMLE Step 1 y/o que haya demostrado problemas de profesionalismo, entre otros.

2.4.4 Se solicitará un informe al Comité de Promociones del año de medicina al cual pertenece el estudiante de la ejecutoria académica y de profesionalismo del mismo, con el propósito de evaluar la situación académica al momento de la solicitud de la licencia.

2.4.5 Al regreso de la licencia de estudios por razones personales, el estudiante entrará al año de medicina del cual se separó. Todo curso incompleto (sin nota adjudicada) al
momento de la licencia tendrá que ser dado de baja y al momento de la readmisión se matriculará y lo tomará nuevamente.

2.4.7 No se otorgarán licencias de estudio por razones personales para dar tiempo adicional para subsanar deficiencias académicas.

2.4.8 No se otorgarán licencias de estudio por razones personales para extender el tiempo de estudio de los exámenes de USMLE Step 1.

2.4.9 No se otorgarán licencias de estudio por razones personales para decelerar su programa de estudio para el currículo MD de cuatro años.

2.4.10 No se otorgarán licencias de estudio por razones personales por razones de problemas económicos o financieros.

2.4.11 Para los estudiantes que soliciten y se les apruebe una licencia de estudios por razones personales, tendrán hasta un máximo de 2 años de licencia. (Inicialmente solicitarán por un (1) año académico, con posibilidad de extenderlo a dos (2) años máximos). Los mismos SI contarán dentro de los 6 años académicos máximos para completar el grado MD.

2.4.12 El estudiante solicitante de una licencia de estudios por razones personales secundarias a una enfermedad, deberá someter amplia evidencia del diagnóstico y tratamiento de la enfermedad que anteceda a la solicitud de licencia. El proveedor de salud deberá completar el documento que acompaña la solicitud como evidencia y justificación de la misma. No se evaluará ninguna solicitud si dicho documento no está debidamente completado. La Escuela de Medicina se reserva el derecho de solicitar evidencia adicional de acuerdo a la condición médica del estudiante incluyendo evaluación por médicos expertos contratados por la Escuela de Medicina para tales efectos de certificar la enfermedad.

2.4.13 El estudiante que solicite una licencia de estudios por razones personales aduciendo enfermedad, tendrá como fecha límite el último día de febrero para que la misma sea considerada para el año en curso. El estudiante que solicite este tipo de licencia a partir del 1 de marzo, si el Comité de Licencia lo considera meritorio, podrá recomendar autorización de licencia por un período de 2 años académicos: el año en curso y el año siguiente. En caso de que una licencia sea autorizada, estos dos años contarán como parte del tiempo máximo de seis años con los que cuenta un estudiante en situaciones extraordinarias para completar los requisitos conducentes al grado de doctor en medicina.

**Artículo 3.0 Procedimiento para solicitar una licencia de estudios** –

3.0 Todo estudiante solicitando una licencia de estudios escribirá una carta dirigida al Decano/a de Medicina con copia al Decano(a) Asociado de Asuntos Estudiantiles.

3.1. Dicha carta especificara el tipo de licencia que se solicita: Licencias de estudios con el propósito de realizar estudios adicionales al Programa MD; Licencias de estudios con el
propósito de realizar investigación; Licencias de estudios por razones militares; o Licencias de estudios por razones personales.

3.2. Dicha carta debe especificar el tiempo por el cual se solicita la licencia de acuerdo al tipo de licencia de estudios solicitada (refiérase a los requisitos de cada tipo de licencia de estudios).

3.3. Adjunto a la carta dirigida al Decano debe estar la evidencia de lo que está solicitando: programa de estudios o de investigación; carta de activación/actividad militar; evaluaciones medicas pertinentes/certificaciones medicas con amplia explicación que indiquen la necesidad de una licencia de estudios por razones de enfermedad; documentos y declaración jurada que evidencie la necesidad de una licencia de estudios por razones personales o familiares.

3.4. Cada solicitud de licencia pasará por las siguientes etapas:

3.4.1. El Decano/de Medicina solicitará una evaluación de situación académica/ejecutoria académica del estudiante, al Comité de Promociones concerniente.

3.4.2. El Decano de Medicina solicitará asesoría con el Comité de Licencias quienes evaluará cada solicitud y hará las recomendaciones al decano de medicina teniendo en consideración la data/información sometida por el estudiante, la data/información sometida por el Comité de Promociones que le aplique, data/información de la Oficinas de Asuntos Estudiantiles, Oficina de Currículo, Oficina de Evaluación y cualquier otra que aplique.

3.4.3. El Comité de Licencias luego de la evaluación emitirá sus recomendaciones al Decano de Medicina quien tomará la decisión final. El Decano de Medicina estudiará y analizará las recomendaciones y la información anejada del informe del Comité de Licencias, y tomará la decisión final que incluyan las recomendaciones específicas, las cuales le serán presentadas al estudiante por escrito. El Decano de Medicina podrá entrevistar al estudiante, previo a su decisión final, si así lo entiende necesario.

Artículo 4.0 Proceso adicional requerido:

4.1 Una vez el estudiante solicita licencia, y hasta que la misma no sea concedida por el Decano/a de Medicina, dicho estudiante es responsable de cumplir con todos los requisitos del Programa MD. Seguirá asistiendo a clases, tomará los exámenes correspondientes y cumplirá con todo requisito que exijan los cursos matriculados. En los casos que medien una situación médica que no le permita cumplir con lo anterior el estudiante tendrá que someter el documento oficial de la Escuela de Medicina, llamado Normas para Adelantar o Posponer Exámenes y Actividades Académicas a Estudiantes en Situaciones Especiales, para excusarse de sus actividades académicas, en adición a una excusa y certificación médicas.

4.2 Habrá un máximo de hasta dos años académicos para tomar licencias de estudio con el propósito de realizar investigación y licencias de estudio por razones personales. El
máximo de tiempo para las licencias de estudio por razones militares y las licencias de estudio con el propósito de realizar estudios adicionales al Programa MD tendrán el máximo de tiempo definido por las cartas de activación, en el caso de los militares y definido en los acuerdos de colaboración de los programas combinados. De no haber acuerdo de colaboración, el máximo será de dos años académicos.

4.3 Los años en licencia de estudios por razones militares y por estudios adicionales al Programa MD no contarán para el tiempo máximo de 6 años académicos para completar el Programa MD, pero los años totales de los estudios sí contarán para el tiempo máximo de expiración de créditos. Es responsabilidad del estudiante saber el tiempo de vigencia de sus créditos del Programa MD, y para ello deberá solicitar al Decano de Asuntos Académicos del RCM la vigencia de los cursos aprobados a la concesión de su licencia.

4.4 Habrá un máximo de 2 años académicos para las licencias por estudio con el propósito de hacer investigación. Estos dos años no contarán para el máximo de 6 años académicos para completar los estudios conducentes al grado MD.

4.5 Habrá un máximo de 2 años académicos para las licencias por estudio por razones personales. Estos dos años SI contarán para el máximo de 6 años académicos para completar los estudios conducentes al grado MD.

4.6 Las licencias de estudio serán vigentes por el año académico que se solicitan, y tendrán una duración del año académico completo, independientemente del momento de la solicitud o otorgación de dicha licencia.

4.7 Si el estudiante está 2 años o más fuera de la Escuela de medicina deberá tomar los cursos de repasos clínicos según están determinados en los “Policies and Guidelines for Academic Evaluation and Advancement” de la Escuela de Medicina que estén vigentes al regreso de su licencia de estudios por razones de enfermedad. Esta cláusula aplica a todos los tipos de licencia.

**Artículo 5.0 Proceso de Apelación ante una denegación de otorgación de licencia de estudios**

El estudiante tiene el derecho de apelar la decisión del Decano de Medicina. Los pasos de apelación serán los siguientes:

5.1 Solicitar reunión con Decano de Medicina y exponer, por escrito, las razones para la apelación.

5.2 El Decano de Medicina tendrá la opción de tomar su decisión final luego de esta reunión y análisis de la carta del estudiante, o podrá nombrar un comité de apelación (Ad Hoc) cuyos integrantes serán diferentes a los miembros del comité de licencias.

5.3 De tomar la decisión final luego de la reunión y análisis de la carta del estudiante, la misma será la final.

5.4 De nombrarse un comité Ad Hoc, el mismo evaluara toda la documentación existente y emitirá su recomendación al Decano de Medicina el cual tomará la decisión final.
5.5 El Decano de Medicina le pondrá por escrito al estudiante la decisión final.

El otorgar licencias para separarse temporalmente de los estudios de Medicina es un privilegio concedido por la Escuela de Medicina por lo que la decisión final es del Decano de Medicina.

 Artículo 6.0 Procedimiento para solicitar re admisión luego de haber sido aprobado una licencia de estudios

6.1 El estudiante someterá por escrito, al Decano de Medicina, su intención de re admisión a la Escuela de Medicina, tres meses antes de la fecha establecida por el calendario académico del RCM como el primer día de clases o tres meses antes del comienzo del curso clínico en el cual desea comenzar. Del estudiante no solicitar re admisión, una vez termina el año académico de la licencia, el tiempo fuera de licencia le contará para el máximo de 6 años académicos para completar el Programa MD. De un estudiante no solicitar re admisión en un tiempo máximo de 2 meses calendario a partir del último día de su licencia, será considerado separado permanentemente de la Escuela de Medicina. Esto supondrá que de querer proseguir estudios tendrá que solicitar como estudiante nuevo.

6.2 En el caso de licencias de estudios con el propósito de estudios adicionales, licencias de estudios para investigar, licencias de estudios con el propósito militar, el estudiante someterá la evidencia en la carta al Decano que ha culminado sus estudios, investigación y/o su actividad militar, informando que ha cumplido con el propósito para el cual se le aprobó la licencia. En los casos que al término de la licencia el estudiante no haya completado sus estudios, o su investigación o su actividad militar, deberá exponer las razones para ser consideradas por el Decano de Medicina, quien evaluará la situación y emitirá su decisión de extender o no la misma.

6.3 En el caso de licencias por razones personales cuya razón fue una enfermedad, el estudiante someterá la evidencia que ha solucionado su situación médica, y someterá una certificación médica que desglose e indique si está apto o no, y competente o no, físicay mentalmente para proseguir con los estudios de medicina, cumplir con todos los requisitos del Programa MD y atender pacientes en las áreas clínicas. Solamente aquellas solicitudes de readmisión que incluyan esta información serán evaluadas para la consideración de una readmisión.

6.4 En el caso de licencias por razones personales cuya razón fue una situación personal o familiar, el estudiante someterá la evidencia por escrito de haber solucionado su situación y certificará por escrito que está preparado para proseguir con los estudios de medicina y cumplir con todos los requisitos del Programa MD. Solamente aquellas solicitudes de readmisión que incluyan esta información serán evaluadas para la consideración de una readmisión.

6.5 En adición a escribir la carta solicitando la readmisión, el estudiante solicitará una entrevista con el Decano Asociado de Asuntos Estudiantiles, quien a su vez rendirá informe del resultado de la entrevista al Decano de Medicina.

6.6 El estudiante podrá solicitar una entrevista con el Decano de Medicina para ofrecer cualquier información que entienda necesaria. Además, el Comité de Licencias y/o el Decano de Medicina se reservan el derecho de solicitar al estudiante información adicional y/o citarlo a entrevista para completar la evaluación de la solicitud de readmisión.
6.7 El Decano de Medicina enviará un informe con la información obtenida, al Comité de Promociones pertinente, quien evaluará nuevamente el expediente académico y ofrecerá recomendaciones al Decano de ubicación en la Escuela de Medicina.

6.8 Una vez el Decano de Medicina reciba las recomendaciones de la Oficina de Asuntos Estudiantiles, de los Comités de Promociones correspondientes y de la Oficina Currículo – que incluya un programa académico sugerido, tomará la decisión final de readmisión o no y le someterá por escrito su decisión final al estudiante.

6.9 El estudiante, al momento de la readmisión, y de la misma ser concedida por el Decano de Medicina, deberá demostrar evidencia de su competencia en conocimiento, destrezas y habilidades. De haber pasado 2 años o más deberá someterse a la reglamentación existente para estos propósitos en el “Policies and Guidelines for Academic Evaluation and Advancement”.

Artículo 7 - Clausulas adicionales-

Este documento procesal interno para considerar y otorgar Licencias de estudios, se revisará anualmente por el Comité de Licencias. De este documento recibir cambios sustanciales, el mismo se someterá a la aprobación del Comité de Currículo y del Comité de Administración.

Vigencia del Documento:

Este documento entrara en vigor a partir del 1 de julio de 2014 y aplicara a todos los estudiantes que soliciten una licencia de estudios a partir de esta fecha. A tales propósitos el documento “Llamado Procedimientos y Normas para Autorizar una Separación de los Estudios de Medicina y Para Re Admisión de Estudiantes de Medicina en Uso de una Autorización de Separación de Estudios” queda sin efecto a partir de esta fecha.

Aprobado por Comité de Licencias –7 de abril de 2014. Enmiendas aprobadas el 12 de mayo del 2015

Aprobado por Comité de Currículo –25 de abril del 2014. Enmiendas aprobadas el 22 de mayo del 2015

Aprobado por Comité de Administración – 24 de agosto del 2014. Enmiendas aprobadas el 18 de junio del 2015
Attachment 7
Bylaws of the Faculty of the School of Medicine

University of Puerto Rico

Revised and Approved by the Committee of Administration: May 21, 2015
Revised and Approved by the Faculty of Medicine: May 27, 2015
### BYLAWS OF THE FACULTY OF THE SCHOOL OF MEDICINE - UPR

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GENERAL PROVISIONS

The purpose of these Bylaws is to guide the Faculty in its mission of accomplishing the goals of the School of Medicine (SoM). It defines the administrative relationships within the School of Medicine and sets forth the privileges and responsibilities of the Faculty. These Bylaws establish the structures and procedures necessary for the achievement of the faculty’s functions and responsibilities in accordance with the University Law and The UPR General Rules (24.5\(^1\)). The School of Medicine reaffirms the right of the Faculty and its members to academic freedom in teaching and in research (11\(^1\)). The School of Medicine also reaffirms the students’ paramount and fundamental right to receive all of the necessary elements of each course taught by the Faculty within the frame of mutual respect and freedom of speech (11.4\(^1\)).

CHAPTER I

THE FACULTY OF THE SCHOOL OF MEDICINE

Article 1 - Faculty Responsibilities and Function

a. Provide teaching and promote learning to students and residents
b. Provide clinical service at the assigned clinical sites or settings as a way to promote teaching and learning (clinical faculty).
c. Have a Faculty Personnel Committee (24.4\(^1\)).
d. Recommend new academic programs, and extension and continuing medical education projects to the Academic Senate (24.5.1\(^1\)).
e. Raise issues to the Chancellor (24.5.2\(^1\)).
f. Participate in consulting processes (24.5.4\(^1\)).
g. Recommend candidates for MS, PhD, MD, MD/PhD (24.5.5\(^1\)).
h. Recommend to the Academic Senate or higher authorities the creation, elimination or reorganization of dependencies or departments (24.5.6\(^1\)).
i. Recommend academic and honorary distinctions (24.5.7\(^1\)).
j. Elect Academic Senators (24.5.8\(^1\)).
k. Elect faculty members to permanent and Ad-hoc committees according to committees’ bylaws.
l. Evaluate the performance, knowledge, and attitudes of students and residents.
m. Perform research and publish the results of their investigations.
n. Meet the objectives of the University of Puerto Rico (24.5.3\(^1\)).
o. Meet the objectives of the SoM.

\(^2\)Certification Number 024 1996-97 Junta de Síndicos Universidad de Puerto Rico, Profesor Adjunto
\(^3\)Certification #66 1994-95 Junta Universitaria
\(^4\)Certification 078 2010 – 2011 Deberes, Responsabilidades, y Derechos del Profesor en Relación con el Estudiante (Senado Académico).
\(^5\)Certification 151, Board of Trustees, 2000
Article 2 – Membership

The members of the Faculty will be the Dean of the School of Medicine, all the teaching and research personnel with academic rank (45.1\textsuperscript{1}), adjunct professors (Certification Number 024 1996-97 Junta de Síndicos Universidad de Puerto Rico, Profesor Adjunto) and Faculty with conditioned tenure (46.3\textsuperscript{1}, 120.25\textsuperscript{1}).

Article 3 - Right to Vote

Full time faculty members (as defined in UPR General Rules, 2006, article 64), those with the right to vote for Academic Senators as defined in articles 21.7.1.1\textsuperscript{1}, 21.7.1.2\textsuperscript{1}, 21.7.1.3\textsuperscript{1}, 21.7.1.4\textsuperscript{1}, those holding a geographical full-time appointment (Certification #66 1994-95 Junta Universitaria\textsuperscript{3}), tenured faculty on active duty, faculty with conditioned tenure and any other faculty members with any type of appointment, which have at least seventy-five percent (75\%) of assigned task and/or 28 hours weekly; and professors emeritus shall have the right to vote in Faculty Meetings (24.2.1\textsuperscript{1})

Article 4 - Duties and Privileges of Faculty Members (as specified in the General Rules of the University.)

a. Attend all Faculty Meetings punctually (24.2.5\textsuperscript{1}).
b. Perform duties and attributions of the Faculty (63\textsuperscript{1}).
c. Have teaching duties (64\textsuperscript{1}).
d. Have academic duties (65\textsuperscript{1}).
e. Bring forth issues pertaining to the Faculty, and not covered by the UPR Rules or these Bylaws, to the Faculty Affairs Committee.

Article 5 - Rights of Faculty Members

a. Faculty will be evaluated, promoted and compensated using uniform and established criteria that will guarantee an equal and fair treatment of each faculty member. (Certification 078 2010 – 2011del SA RCM\textsuperscript{4})
b. Other rights approved by the Faculty that do not infringe upon the UPR General rules.

Article 6 - Permanent and Special Committees of the Faculty

There will be the following permanent committees: Committee on Administration, Admissions Committee, Clinical Affairs Committee, Curriculum Committee, Concurrent and Combined Degrees Committee, SoM Institutional Assessment Committee, Faculty Affairs Committee, Faculty Personnel Committee, Graduate Medical Education Committee, Biomedical Sciences and Graduate Studies Committee, Strategic Planning and Development Committee, and Leave of Absence Committee. There will also be an academic committee for each year of medical studies (Medicine I, II, III - IV), an advancement committee for each year of medical studies (Advancement Committees I, II, III and Graduation and Awards Committee) and other
committees as deemed necessary for the proper functioning of the School. See Chapter III for descriptions.

CHAPTER II

THE DEANSHP OF THE SCHOOL OF MEDICINE

Article 1 - The Dean

Appointment - The Dean shall be appointed by the Board of Governors upon recommendation by the Chancellor of the Medical Sciences Campus to the President of the University of Puerto Rico. The Chancellor will notify the faculty of the School of Medicine of the initiation of the consultation process. Within 30 days after the notification, the faculty will elect, by secret ballot, six tenured faculty members to be part of the Search Committee. The students will elect one representative to be a member of this Committee. The Committee will have a total of seven members. The Committee will recommend candidates to the Chancellor. A written report will contain a summary of the Committee proceedings and final recommendations (20.1, 20.1.1)

The Dean will be the Chairperson of the Faculty (24.2.4) and the administrative head of the School of Medicine. The Dean represents the School at commencement exercises and at all other public academic activities. The Dean is the Chief Academic Officer (CAO) and the ultimate responsible administrator for the educational program. CAO responsibilities may be delegated to the Associate Dean of Academic Affairs. The Dean will make all final decisions regarding student advancement. The Dean shall be responsible to the Chancellor for the teaching, research, service, accreditation, and administrative functions of the School of Medicine. The Dean will supervise the work of, and be ultimately responsible for all actions taken by the Associate Deans, Assistant Deans, Department Chairpersons, and all members of the Faculty. The Dean shall not be simultaneously Dean and head of any department, section or subdivision within the School of Medicine. The Dean shall be a full time member of the Faculty.

The Dean shall have, but is not limited to, the following functions and prerogatives:

a. Recommend to the Chancellor: appointments, promotions, resignations, leaves, and dismissals from the faculty with written notification to the faculty member concerned.

b. Formulate and submit to the Chancellor the budget proposal for the School of Medicine.

c. Select and appoint the Associate and Assistant Deans after confirmation by the Chancellor.

d. Will abide to the internal rules and regulations of all permanent and Ad-hoc committees including the selection of committee members by the faculty.

e. Appoint permanent and special committees of the School of Medicine.

f. Be an ex-officio member of all permanent committees except for the Admissions and Personnel committees.

g. Recommend appointments for Department Chair to the Chancellor following UPR Rules and Regulations (25.3.1, 25.3.2).
h. Appoint Chief of Sections recommended by Department Chair.

i. Appoint Program Directors by recommendation of Department Chairs upon approval by the Associate Dean for Graduate Medical Education and the Graduate Medical Education Committee (GMEC).

j. Call for and preside over Faculty meetings.

k. Submit to the Chancellor an annual report of the work performed by the Faculty, including the Faculty Practice Plan, and present it to the Faculty on its scheduled annual meeting.

l. Make available to all members of the Faculty and all new appointees a copy of these Bylaws and all applicable rules, regulations, and documents.

m. Submit to the Chancellor the Strategic Plan of the School of Medicine.

n. Maintain close supervision of the operation of the Faculty Practice Plan assuring a balance between the times dedicated to clinical practice and that required for teaching and research.

o. Be the Chairperson of the Committee on Administration of the School of Medicine.

p. Participate as a member of the Academic Senate and the Administrative Board.

q. Promote and assure student participation in the proceedings and decisions of the academic community to guarantee the students’ academic and personal welfare.

r. Carry out any other work related to the position or, any other duty that the Chancellor may assign as long as it does not infringe upon the rights and duties of the Faculty and its members as delineated in the UPR General Rules and in these Bylaws, or any other rights previously acquired by the Faculty.

Article 2 - Associate Deans

Article 2.1 – **Associate Deans** - There shall be Associate Deans - an Associate Dean for Academic Affairs, an Associate Dean for Biomedical Sciences and Graduate Programs, an Associate Dean for Clinical Affairs, an Associate Dean for Graduate Medical Education, an Associate Dean for Students Affairs, and an Associate Dean for Administration, to assist the Dean in the School's administrative functions. The Dean shall recommend to the Chancellor the nominees for appointments to Associate Deanships positions. The Associate Deans **shall not** be simultaneously Chair of any department. The Associate Deans shall be full time members of the Faculty.

The **Associate Dean for Academic Affairs** shall have the following functions:

a. Be the Chairperson of the Curriculum Committee.

b. Establish and direct the administrative structure needed for the oversight and coordination of the educational program for the M.D., concurrent and combined degree programs.

c. Direct and oversight the curricular revisions and changes as decided by the Curriculum Committee.

d. Direct and oversight the planning and development of new courses in the curriculum when such are approved by the Curriculum Committee.
BYLAWS OF THE FACULTY OF THE SCHOOL OF MEDICINE - UPR

e. Supervise the continued curriculum management and evaluation done by the Curriculum Committee and Medicine Committees.
f. Supervise the preparation and revision of the academic programs, and coordinate the availability and use of all the necessary teaching resources to be employed in the academic programs.
g. Recommend appointment of faculty members to standing and special committees.
h. Submit to the Dean an annual report on the work performed in the Associate Deanship. The report shall contain the outcome and performance analysis of the MD Curriculum effectiveness, among others. It shall supplement, but not duplicate departmental reports. This report will be shared with the faculty at the end of year faculty meeting.
i. Formulate and submit to the Dean the proposed budget for the Associate Dean’s Office.
j. Carry out any other duties assigned by the Dean.

The **Associate Dean for Biomedical Sciences and Graduate Programs** shall have the following functions:

a. This person shall be the Director of the Graduate Program. In this function the Associate Dean shall call and preside over the meetings of the Biomedical Sciences Graduate Studies Committee.
b. Supervise the preparation and revision of the academic programs, and coordinate the availability and use of all the necessary teaching resources to be employed in the academic programs.
c. Coordinate with the Associate Dean for Academic Affairs the academic programs leading to the graduate and combined degree programs.
d. Coordinate the support and development of research programs and activities, within the Biomedical Sciences and Graduate Programs.
e. Formulate and submit to the Dean the proposed budget for the Associate Dean’s Office.
f. Recommend appointment of faculty members to standing and special committees.
g. Submit to the Dean an annual report on the work performed in the Associate Deanship. This report shall supplement, but not duplicate departmental reports. This report will be shared with the faculty at the end of year faculty meeting.
h. Carry out any other work assigned by the Dean.

The **Associate Dean for Clinical Affairs** shall have the following functions:

a. The Associate Dean for Clinical Affairs is the liaison between the School of Medicine and clinical teaching sites including hospitals and ambulatory facilities. In this function, the Associate Dean will represent the Dean of Medicine with the corresponding delegated authority in the establishment of formal agreements with clinical facilities and shall intervene in those administrative actions relative to the academic functions of the Faculty in their respective hospitals and/or ambulatory facilities.
b. Actively work in conjunction with course directors and department chairs to participate in the recruitment of faculty within the clinical teaching sites and within the community.
physicians to increase the teaching faculty within the clinical sites and clinical courses in order to support the academic MD program. Will facilitate and be responsible that all letter of agreement and or affiliation contracts with clinical faculty recruited for the MD program are up to date.

c. Represent the Dean if necessary, in faculty meetings at affiliated hospitals and/or in the Executive Committees of said hospitals.

d. Formulate and submit to the Dean the proposed budget for the Associate Dean’s Office.

e. Submit to the Dean an annual report on the work performed in the Associate Deanship. This report will be shared with the faculty at the end of year faculty meeting.

f. Carry out any other work assigned by the Dean.

The **Associate Dean for Graduate Medical Education** shall have the following functions:

a. The Associate Dean for Graduate Medical Education is the Designated Institutional Official (DIO) for Graduate Medical Education (GME). As such, the DIO is responsible for the management of the GME Office and day-to-day work related to this area including the Residency Programs.

b. Be the Chairperson of the Graduate Medical education committee (GMEC) and must demonstrate effective oversight of the Sponsoring Institution’s and residency programs accreditation. The evaluation of the Institutional GME office will be done in coordination with the Graduate Medical Education Committee.

c. Inform the Dean about particular issues related to the clinical services provided by the faculty or the resident staff.

d. Submit to the Dean an annual executive summary of the Annual Institutional Review (AIR) on the effective work performed in the Associate Deanship and quality of residency programs. This report shall supplement, but not duplicate, departmental reports. This report will be shared with the faculty at the end of year faculty meeting.

e. Formulate and submit to the Dean the proposed budget for the Associate Dean’s Office.

f. Submit recommended Program Directors by the Department Chairs to the Dean and when approved by the Dean, submit to GMEC and ACGME and ratify their approval. Once approved by GMEC and ACGME report to the Dean so he/she can appoint the Program Director.

g. Carry out any other responsibility or task assigned by the Dean.

The **Associate Dean for Administration** shall have the following functions:

a. The Associate Dean for Administration is the administrator of the School’s fiscal resources. In this function, the Associate Dean will be responsible for the general management and supervision of the General Fund, the School of Medicine Faculty Practice Plan, Contracts, Gifts and Donations, and Indirect Costs.

b. Provide general administrative support to all departments, deanships, the Development Office, Endowment Center and related units as needed. The Associate Dean will supervise the Purchasing Unit of the School.
c. Supervise the Faculty Affairs Office of the School of Medicine, including maintaining faculty personnel records, provide support to the School’s Personnel Committee, organize Faculty Meetings, and maintain and update the faculty database.

d. Submit to the Dean and the Faculty of the School, an annual budget report and other special reports on financial issues of departments, deanships and related units. The Associate Dean will be responsible for submitting the Annual Financial Questionnaire on Medical School Financing of the LCME.

e. Formulate and submit to the Dean the proposed budget for the Associate Dean’s Office

f. This Associate Dean will be an Ex-officio member of the Practice Plan Advisory Board and ex-officio member of the Deferred Compensation Plan Board.

g. Carry out any other responsibility or task assigned by the Dean.

The **Associate Dean for Students Affairs** shall have the following functions:

a. Be the Chairperson of the Admissions Committee.

b. Coordinate and supervise all services provided to students including psychological and counseling services.

c. Maintain the Dean informed of students affairs and assist the Dean with recommendations related to student issues.

d. Maintain the surveillance of student’s academic records.

e. Acts as the National Board of Medical Examiners (NBME) Chief Proctor representative at the Medical School.

f. Serve as student advocate at the School in all areas pertaining to the academic program and services provided to students.

g. Serve as liaison and advocate between the School and the Campus Deanship for Student Affairs in areas pertaining to centralized student services.

h. Submit to the Dean an annual report on the work performed in the Associate Deanship. This report will be shared with the faculty at the end of year faculty meeting.

i. Carry out any other work or task assigned by the Dean.

**Article 2.2 - Assistant Deans** - The Dean shall select and appoint Assistant Deans after confirmation by the Chancellor as needed. The Assistant Deans shall be full time Faculty members.

**Article 3 – Departments**

a. The Faculty shall be organized into departments (251).

b. The creation or reorganization of a Department requires authorization by the appropriate University Authorities (25.1).

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b. The creation or reorganization of a Department requires authorization by the appropriate University Authorities (25.1).

c. Meetings of the departments shall be at least twice per semester (25.4). Quorum will be constituted by 33% of the faculty members of the Department with regular appointments (more than 20 hours per week). In clinical departments with less than 5 regular faculty members, quorum will be established by 33% of the total members of the department including those with less than 20 hours per week. (25.4.3)
d. The Dean upon recommendation of the Department Chair shall appoint Chief of Sections or Subdivisions. They shall have the following functions:

1. To call and preside over section’s meetings.
2. Prepare and submit to the Department Chair the annual budget of the section or subdivision.
3. Prepare and submit to the Department Chair an annual report on the work performed by the section or subdivision.
4. Upon recommendation of the Department Chair to the Dean, the Dean may terminate the appointment of a Chief of Sections or Subdivisions when such action is deemed to be in the best interests of the School. The Chief of Sections or Subdivisions shall have the right to appeal a termination to the Dean and to the Adverse Decision Review Committee. In circumstances requiring immediate action, the Dean may temporarily suspend a Chief of Sections or Subdivisions appointment pending consultation with the Adverse Decision Review Committee.

Article 4 – Departments Chairs

The Chancellor with the recommendation of the Dean will appoint each Department Chair. The Dean shall consult the departmental faculty members prior to this recommendation to the Chancellor. This appointment procedure shall follow the UPR General Rules. The main criteria for selection of the departmental head shall be academic excellence and administrative experience. The appointee shall become a full time member of the Faculty. In case of involuntary termination of the appointment, the Chair shall have the right to appeal the decision to the Adverse Decision Review Committee and/or to the Chancellor. In circumstances requiring immediate action, at the Dean's request, the Chancellor may suspend a Chair's appointment pending consultation with the Adverse Decision Review Committee. The Department Chairs shall be full time members of the Faculty.

The Departments Chairs shall have the following functions and prerogatives:

a. Will be the Chief Executive and Administrative Officer of the Department.
b. Shall call and preside over departmental meetings at least twice a semester for UPR matters. The agenda to be discussed shall be sent to the faculty in writing or on-line prior to departmental meetings.
c. Represent the departmental faculty and communicate to the University authorities decisions taken by the faculty as required.
d. If a discrepancy arises between decisions taken by the departmental head and that of the faculty or any advisory committee, the head of department shall inform both positions, upon presenting the recommendations to pertinent authorities.
e. Shall be the “ex-officio” chairperson of all permanent departmental committees with the exception of the personnel committee in which will be a member of the committee.
f. Recommend candidates for appointment as Chief of Sections and Sub-divisions of the department to the Dean.

g. Recommend candidates for Program Directors to the Associate Dean for Graduate Medical Education for approval prior to appointment by the Dean of Medicine.

h. Through the appropriate departmental committees, the Head of the Department shall ensure that the faculty, residents, and students are evaluated and informed of their professional and academic performance. The evaluation shall be discussed with the concerned individual.

i. Submit to the Dean a proposal for the annual budget of the department.

j. Submit to the Dean an annual report of the work performed by the department (Teaching, Research, Service, Scholarly Productivity, and Financial). This report will be informed to the faculty at the department’s faculty meeting at the end of the academic year.

k. Upon recommendation of the Department Chair to the Dean, the Dean may terminate the appointment of a Program Director when such action is deemed to be in the best interests of the School. The Departmental Chair must consult with the Associate Dean for Graduate Medical Education / DIO & GMEC of the School of Medicine before making a recommendation of termination of a Program Director to the Dean, and shall inform the Program Director of the reasons for the action. The Program Director shall have the right to appeal a termination to the Dean and to the Adverse Decision Review Committee. In circumstances requiring immediate action, the Dean may temporarily suspend a Program Director appointment pending consultation with the Adverse Decision Review Committee.

l. Carry out any other work related to the position as long as it does not infringe upon the rights and duties of the faculty members as delineated in UPR General Rules and in these Bylaws, or any other rights approved by the Faculty.

CHAPTER III

COMMITTEES OF THE MEDICAL SCHOOL

Committees of the School of Medicine shall, in some cases, be appointed by the Dean, and in other cases shall be elected by the faculty (as listed below). Committees shall consist of no less than three (3) and no more than forty (40) members. The quorum for meetings shall consist of a simple majority. All the departments should have representation in one or more standing committees. The Dean shall submit a list of candidates for appointments at ordinary meeting of the Faculty for its information. The Dean shall be an ex-officio member of all committees of the School of Medicine except for the Admissions Committee and the Faculty Personnel Committee.

All members of the committees are expected, as well as everyone associated with the functions thereof, to openly express any actual conflict of interest or potential before participating in the discussion of any topics designated for discussion by the committee. Where there is an actual or potential conflict or a situation that could give rise to a conflict, the individual in question must also disqualify himself from participating in the vote or make recommendations that could be affected by outside interests. For this purpose each member
must sign a voluntary declaration of conflict of interest. Members will maintain confidentiality of sensitive information.

Meetings of the School of Medicine’ committees shall be conducted assisted by Robert’s “Rules of Order” for parliamentary procedure (Last edition).

Article 1 - The Committee of Administration

The Committee of Administration shall be the advisory body to the Dean and shall assist the Dean in implementing the policies of the School of Medicine. It approves resolutions, documents, and policies. The Committee of Administration members with a right to vote shall consist of the Dean of the School of Medicine who shall be its Chairperson, the Chairs of Departments, the Secretary of the Faculty, six (6) additional faculty members with the rank of assistant professor or higher elected by the Faculty, Faculty Affairs Committee chair or representative, and medical director of the Medical Practice Plan, medical director of University of Puerto Rico Hospital Dr. Federico Trilla at Carolina; the Associate Deans and the Assistant Deans of the School. Quorum of meetings will be constituted by simple majority of members with right to vote.

Permanent guests without the right to vote includes: Curriculum Office Director, Veterans Administration Hospital representative, clinical site coordinator of the “Taller Clínico del Oeste”, medical director of University Pediatric Hospital, medical director of the University Hospital. The Committee may also include guests without the right to vote such as, but not limited to, a representative from the students, a representative from the residents, the Chairperson of the Continuing Medical Education Committee, Alumni representatives, an SoM member who is part of the APPU board of directors, and the Director of the Comprehensive Cancer Center.

The Committee of Administration shall meet as often as needed, but not less than ten (10) times per year. Special meetings of the Committee of Administration may be called by the Dean or by a written petition of any five of its members. The Committee of Administration shall keep permanent records of its proceedings and actions.

Article 2 - Admissions Committee

The Admissions Committee is responsible for establishing the policy and the standards for admission to the School of Medicine, which have to be approved by the faculty of the School of Medicine. The Committee shall evaluate the applications and make final decisions on the candidates for admission. The Committee shall also review all applications of students who qualify for admission to advanced standing in the School of Medicine. The Committee Chairperson will be the Associate Dean for Student Affairs.

The Committee is composed of thirteen (11) voting members:

- Nine (9) faculty members:
a. Two (2) selected by the Dean, at least one must be from an affiliated clinical site appointed for a 2-year term.
b. The Associate Dean of Student Affairs
c. The Diversity and Inclusion Council Official or its representative.
d. Five (5) chosen by the Faculty appointed for a 2-year term and may be reelected twice. The first year will be staggered.

- Two (2) student representatives selected by peers one from third or one from fourth year of medicine, appointed by the Associate Dean of Academic Affairs for a one-year term.

Quorum of meetings will be constituted by simple majority of members with right to vote. The Committee will meet as needed. The Committee shall make an annual report to the Dean on the work performed.

Article 3- **Committees on Advancement of Medical Students**

There will be four (4) Committees on Advancement; one committee for each year of the M.D. degree program. The fourth year Advancement Committee will also serve as the Graduation and Award Committee. Committee members shall include the directors of the corresponding courses and/or teaching blocks for that year, the Committee Chair from the previous and the subsequent year’s advancement committee, a representative from the Combined and Concurrent Degrees Committee, up to three (3) Faculty members appointed by the Dean and faculty members who will serve as the student’s representative in these committees. This member is selected by and within the students of the particular year. The Dean will appoint all members yearly.

The Associate Dean for Academic Affairs, the Associate Dean for Student Affairs, the Director of the Curriculum Office, the Director of the Evaluation and Research in Medical Education Office, and the Dean of the Medical School are all ex-officio, non-voting members of these committees. These committees throughout the year shall review the performance of each student, with a final recommendation to the Dean at the end of each academic year. The committee will make advancement recommendations to the Dean of Medicine based on the Policies and Guidelines for Academic Evaluation and Advancement of Medical Students. All advancement decisions regarding an individual (i.e. advancement to the next level, repetition of a course/courses or dismissal from the School), will be made by the Dean of Medicine following the guidelines in the Policies and Guidelines for Academic Evaluation and Advancement of Medical Students.

Article 4 - **Curriculum Committee**

The Curriculum Committee shall study the trends in medical education, the medical needs of the community, and the aims of the School of Medicine. These decisions are also shared with the Committee on Administration and the Faculty of the School of Medicine. The Committee shall be responsible and empowered for directing, coordinating, controlling and
evaluating the curriculum. The Committee shall also oversee the medical education program
as a whole and be responsible for the overall design, management, integration, evaluation,
and enhancement of a coherent and coordinated medical curriculum. The committee will
maintain evidence of its proceedings and recommendations through minutes and reports that
must evidence: evaluation of the program effectiveness, monitoring the content and workload
in each discipline, course and clerkship reviews as well as methods of pedagogy and
student’s evaluation methodology according to LCME education standards.

The committee shall consist of twenty-one (21) regular members, the Associate Dean for
Academic Affairs, who shall serve as its Chairperson, the Curriculum Office Director, the four
(4) Chairpersons of the Medicine Committees, three (3) Department Chairs (one from the
Basic Sciences, two from the Clinical Sciences) selected by the Dean, seven (7) members
elected by the Faculty of Medicine for a three-year term each, which may be re-elected once;
one (1) member selected by the Dean from an affiliated clinical institution, and four (4) student
representatives (one from each year of medicine, selected by and within the students for a
one-year term). There shall be six (6) ex-officio, non-voting members: The Dean of the School
of Medicine, the Associate Dean of Clinical Affairs, the Associate Dean of Graduate
Medical Education, the Associate Dean for Student Affairs, the Associate Dean for Biomedical
Sciences, the Director of the Office of Evaluation and Research in Education, and the Director
of the Center for Informatics.

It shall submit an annual report to the Dean and the faculty on the MD program effectiveness
based on outcome analysis. This Committee shall meet on a monthly basis. Quorum of
meetings will be constituted by simple majority of members with right to vote.

Article 5 - Faculty Affairs Committee

The Faculty Affairs Committee addresses issues concerning the general welfare and
effectiveness of the Faculty. The Committee evaluates the needs of the faculty for graduate
and postgraduate education, research, sabbatical leaves, and the participation of faculty in
local, national and international scientific meetings, as well as in External Advisory
Committees. To promote scholarly productivity by the faculty, the Committee evaluates the
教学 load and the distribution of time between teaching, research, service, and
administration. Other issues that are considered include public relations and faculty
organization.

The committee consists of nine (9) members elected by secret ballot at the Annual Faculty
Meetings. Eligible faculty members must be at the rank of assistant professor or higher. On
the first election, three (3) members each will be voted on for one (1), two (2) and three-year
terms, respectively. In subsequent years, three (3) members at a time will be elected for a
three-year term and may be re-elected once. The Associate Deans shall be ex-officio
members of this Committee.

This Committee shall meet at least three times each academic year and shall report to the
Faculty and make recommendations to the Committee on Administration through the Dean.
Quorum of meetings will be constituted by simple majority of members with right to vote.
The chairperson of the Committee on Faculty Affairs, appointed among its members, shall appoint the following two subcommittees from among its members:

**Subcommittee on Salary Scale** for the Faculty of the Medical School:

The subcommittee shall review the salary scale of the University System and that of the School of Medicine to recommend necessary adjustments on the Medical School scale. Reports of its advancements will be included in the end of the year committee report shared with the faculty at the faculty meeting.

**Subcommittee on Professional Ethics, Academic Freedom and Tenure**:

This subcommittee will be concerned with standards of professional ethics to be observed by the Faculty, and the privileges and duties of the Faculty pertaining to academic freedom. It will also make recommendations with regard to policy on tenure. Reports of its advancements will be included in the end of the year committee report shared with the faculty at the faculty meeting.

**Article 6 - Faculty Personnel Committee**

This Committee is advisory to the Dean on the following matters: appointments, academic ranks, consideration for tenure, promotions, licenses, compensations, transfers, and any other faculty personnel actions as defined by the UPR General Rules, based on the evaluation and recommendations of the departments personnel committees. (*24.4.2*)

This Committee is constituted by a representative from the Personnel Committee of each Department, and three (3) faculty members with tenure at the rank of Associate Professor or higher, is selected by the Dean (*24.4.1*). The departmental members from amongst themselves shall elect the representatives of the Departmental Personnel Committees. The committee members, from amongst themselves, elect the Chairperson of the Faculty Personnel Committee for a three-year term, non-renewable for six years as committee chair with a maximum amount of two terms as chair. This committee shall meet on a monthly basis. Quorum of meetings will be constituted by simple majority of members with right to vote.

**Article 7 - Committee on Graduate Medical Education**

The Graduate Medical Education Committee (GMEC) advises the Dean on Graduate Medical Education issues. It also provides supervision and guidance to sponsor educational programs to maintain accreditation status from the Accreditation Council on Graduate Medical Education (ACGME).
The Chair of GMEC is the Designated Institutional Official (DIO) / Associate Dean for Graduate Medical Education. The committee is composed of thirty-two (32) voting members: seven (7) residents; fourteen (14) Program Directors; three (3) Designated Institutional Officials (DIO’s) from affiliated institutions with established Graduate Medical Education Offices, the Coordinator of Graduate Medical Education and counseling services; the Graduate Medical Education administrator; the Quality Improvement/Safety Officer of one participating institution; and five (5) Ex-Officio Members (the Dean, and the Medical Directors from the four main teaching institutions).

This Committee shall meet every two months. Quorum of meetings will be constituted by simple majority of members with right to vote.

Article 8 – Clinical Affairs Committee

The Clinical Affairs Committee is responsible of overseeing; evaluating and assuring that all of the clinical sites meet the requirements of the University of Puerto Rico School of Medicine (SoM). The Committee is in charge of recommending to the Dean any changes in affiliation with clinical sites, it assures that there are written agreements with all of the clinical sites, and that there is a shared responsibility in maintaining a positive learning environment. This committee assures that there is adequate number and qualified faculty in all clinical sites to support all clinical clerkships, courses and electives. It is also charged to promote and recruit new qualified faculty to support the MD program especially in the clinical years. The Committee assures that there are up to date written letters of agreements with all community and clinical sites and faculty private offices.

The Chairperson of the committee is the Associate Dean of Clinical Affairs. The committee is composed of twelve (12) members, including the Chairperson and representation from: Curriculum Office, Associate Deanship of Students Affairs Office, Associate Deanship of Administrative Affairs Office, and Associate Deanship for Graduate Medical Education, the Medical Director of the Intramural Practice Plan (PPMI), four (4) Faculty members from major clinical clerkship/rotations designated by the Dean of Medicine, one (1) third year medical student and one (1) fourth year medical student designated by the Associate Dean for Academic Affairs on an annual basis. Theses members will have the right to vote.

This committee shall meet quarterly. Quorum of meetings will be constituted by simple majority of members with right to vote.

Article 9 - Biomedical Sciences and Graduate Studies Committee

The Committee will advise the Dean of Medicine concerning the Graduate Studies Program leading to masters and doctoral degrees, will review regulations and manage and make decisions on all matters pertaining to the Graduate Program (including, but not limited to, admissions, student progress, certification of compliance with graduation requirements, evaluation and granting of student licenses, supervision of mentor-student relationship in the
context of student’s training program and research projects, evaluation and approval of appointment of student’s Thesis/Dissertation committees, course creation and curricular revisions, registration, grades, course and faculty evaluations, etc.), and will be a forum for students to present their concerns and suggestions, and appeal decisions taken at the level of the Department or Thesis / Dissertation Committees.

The Chairperson of the Biomedical Sciences and Graduate Studies Committee is the Associate Dean for Biomedical Sciences. The members of the committee include: the Graduate Studies Coordinator, the Directors of the Biomedical Science Departments (Anatomy and Neurobiology, Biochemistry, Microbiology, Pharmacology and Toxicology, and Physiology), one member (1) elected by the faculty for a 2-year term; the individual departmental Graduate Coordinators, and two graduate student representatives, one for all Masters’ students and one for all Ph.D. students.

This Committee shall meets at least twice per semester and once in summer. Quorum of meetings will be constituted by simple majority of members with right to vote.

Article 10 - Strategic Planning and Development Committee

This committee is advisory to the Dean. The main function of this committee includes the promotion of continuous assessment strategic planning efforts in the School of Medicine. The Committee also seeks to establish the needs and priorities of the School to recommend the necessary changes in structure in accordance with strategic planning objectives.

The Committee is constituted by nineteen (19) members, include the Dean who will serve as Chairperson, the Associate and Assistant Deans, two (2) chairs from the Basic Science Departments selected by the Dean, four (4) chairs of the Clinical Sciences Departments selected by the Dean, one (1) representative from the Curriculum Committee selected by the Associate Dean for Academic Affairs, the Director of the Informatics and Technology Center, the Director of the Curriculum Office, a representative from the Development Office, the Chair of the Institutional Assessment Committee of the School of Medicine, the Executive Director of the School of Medicine Faculty Practice Plan all with a right to vote. Permanent invited guests includes, a student representative from each year of the medicine program selected by themselves, a resident selected amongst themselves, and a doctoral student representative from the Graduate Program in Biomedical Sciences selected amongst themselves.

The faculty will approve the strategic Plan of the School Of Medicine.

Article 11 - Medicine Committees I, II, III – IV

The Medicine I-IV committees, appointed by the Dean of the School of Medicine, are responsible for reviewing, evaluating, and recommending modifications to the curriculum of the School of Medicine and the system of evaluation. Its members include the course directors of all courses within a curricular year, the Chairperson of the previous and subsequent curricular year, and a student representative from the particular curricular year (selected by
and within themselves). Clinical site coordinators from each of the main clinical sites will be members of the Medicine III and IV Committee. Curricular changes, modifications and recommendations are forwarded to the Curriculum Committee for its consideration and approval. The Medicine III and IV Committee is also responsible for the evaluation and recommendation of new elective courses to the Curriculum Committee. Each Committee is responsible for reviewing the structure and content of evaluation practices in their respective years. If upon reviewing evaluation practices and general student performance in the courses, a Medicine Committee deems that modifications to the evaluation system are necessary, it will forward such recommendations to the Curriculum Committee for its consideration.

Ex-officio, non-voting members include: Associate Dean of Academic Affairs, Associate Dean of Clinical Affairs (for Medicine III-IV committee), Associate Dean of Students Affairs, Associate Dean of Biomedical Sciences, Director of Evaluation Office and the Director of the Curriculum Office.

Article 12 - **Committee for the Evaluation of Students’ Leave of Absence Request**

The main function of this committee is to advice the Dean of Medicine on student’s requests for leave of absence. The Committee establishes and maintains internal procedures toward the consideration for evaluation and/or approval for a leave of absence.

The Chairperson of the committee is the School of Medicine’s Associate Dean for Students Affair. The committee is composed of five (5) faculty members, including the Associate Dean for Students Affairs. The Dean of the School of Medicine must appoint members at the beginning of the academic year for a one-year term. All members will have right to vote.

To prevent conflicts of interest in the evaluation of student’s requests, the Committee shall not include the following members: Associate Dean for Academic Affairs, Curriculum Office Director, Evaluation and Medical Research Office Director, Chairpersons of the Advancement Committees I, II, III and IV / Graduations and Award Committee, School of Medicine counselors and psychologists and course directors.

Article 13 – **Educational Resources Committee**

The Educational Resources Committee promotes excellence in educational resources and learning opportunities for students, residents and faculty of the School of Medicine.

The Chairperson of the committee will be Director of the Center for Informatics and Technology. The committee shall be composed of twelve (12) members. The Dean of the School of Medicine appoints all members at the beginning of the academic year for a one-year term. Other members include the Director of the Institutional Library or representative, three (3) faculty Members, one (1) biomedical graduate student, one (1) medical student (1) and one (1) resident. Ex-officio members include: the Dean of the School of Medicine, the Associate Dean for Academic Affairs, the Associate Dean for Biomedical Sciences and the Associate Dean for Graduate Medical Education.
This committee shall meet quarterly. Quorum of meetings will be constituted by simple majority of members with right to vote.

Article 14 – **Adverse Decision Review Committee**

The charge of the committee is to review any adverse decision made by the Dean as part of the appellate process of students, residents or faculty members. The Committee meets any time a student, resident or faculty member appeals a Dean’s adverse decision.

The Committee will follow the applicable institutional policies to review the decision and make recommendations. Adverse decisions refer to decisions regarding denial of a leave of absence, dismissal, disciplinary actions or destitution from a non-trust position, among others. The Dean of Medicine will make the final decision. The Chairperson will be selected within and by the committee members. The committee is composed of five (5) faculty members: three (3) clinical and two (2) basic science departments appointed by the Dean for a one-year term.

To prevent conflicts of interest in the appellate due process of students, residents or faculty, the Committee shall not include the following members: Any associate or assistant deans, course directors, program directors, department chairs, section chiefs, office directors, committee chairs, counselors or psychologists.

Article 15 – **School of Medicine Institutional Assessment Committee**

The Assessment Committee advises the School's academic leadership for the development, implementation, and support of an assessment plan for the continuous monitoring of institutional effectiveness with regard to its mission, vision, and objectives. The Committee is responsible for developing the assessment plan and for facilitating its implementation in alignment with the campus-wide assessment plan and university wide assessment plan.

Nine (9) members constitute the Committee. The Chairperson of the Committee is the Director of the Office of Evaluation and Research in Medical Education. Other members include: one (1) member from the Associate Deanship from Graduate Medical Education, one (1) member from the Associate Deanship of Administration, two (2) members from the Curriculum Office, two (2) faculty members from basic sciences departments, and two (2) faculty members from clinical sciences departments. The Dean appoints committee members for a five-year term. The Committee meets as deemed necessary. Quorum of meetings will be constituted by simple majority of members with right to vote.

Article 16 – **Concurrent - Combined Degrees Committee**
The Concurrent - Combined Degrees Committee oversees the students admitted to the different combined/concurrent degree programs available that can result in graduating with two or more degrees; evaluates any request made by schools interested in entering an affiliation agreement with the SoM with the purpose of providing a combined/concurrent degree program and make recommendations to the Dean of Medicine; and evaluates and approves any degree granting academic program submitted by students as part of a request to obtain a leave of absence with the purpose of studying when such studies will be undergone in a school without an affiliation agreement with the SoM.

The Dean of Medicine will appoint all members for a two-year term. The Dean appoints the Chairperson. Voting Members will include the Chairperson, Academic Programs Coordinator, the Graduate Programs Coordinator, the coordinator of each combined/concurrent degree program, one faculty member from a basic science department and one faculty member from a clinical science department. Ex officio, non-voting members include the Dean of Medicine, the Associate Dean of Academic Affairs, Associate Dean of Biomedical Sciences and the Associate Dean of Student Affairs.

This Committee shall meet every two (2) months. Quorum of meetings will be constituted by simple majority of members with right to vote.

Article 17 - **Special and Ad-Hoc Committees**

The Dean or the Faculty may appoint any other working group such as committees, ad-hoc committees, special committees, and task forces as needed.

**CHAPTER IV**

**MEETINGS OF THE FACULTY**

Article 1 – **Faculty Meetings**

A regular meeting of the Faculty of the School of Medicine shall be held during the last month of every academic semester (24.2).

Article 2 – **Reports to the Faculty**

At the last ordinary meeting of the Faculty of each academic year, the written reports of Standing and Special Committees and the list of appointments by the Dean to the Standing Committees will be distributed to the Faculty for its information. These documents will be distributed to each department in written form and made available to all faculty members by posting on the School of Medicine website. At the meeting, the faculty will have the opportunity to discuss these reports as deemed necessary. At this meeting, the Faculty will elect the Secretary of the Faculty, and committee members as required.
Article 3 – Extraordinary Meetings

Extraordinary meetings may be called by the Dean, or by a written petition signed from at least forty (40) voting members of the Faculty.

Article 4 – Quorum for Faculty Meetings

Twenty five (25) percent of the faculty members with the right to vote shall constitute a quorum for the transaction of business. (24.2.3¹) (Certification 151, Board of Trustees - 2000-2001²). The Dean may hold an informal meeting when quorum is not met within 30 minutes of the scheduled starting time.

The agenda of a regular meeting of the Faculty shall include, in the following order:

a. Consideration of minutes of the preceding faculty meeting.
b. Announcements by the President of the University of Puerto Rico (if any).
c. Announcements by the Chancellor of the Medical Sciences Campus (if any).
d. Report of the Dean of the School of Medicine.
e. Reports by the Associate Deans of Students Affairs, Graduate Medical Education, Clinical Affairs, Basic Biomedical Sciences and Academic Affairs (when required by the Dean)
f. Reports of Standing Committees.
g. Written Academic Senate report (if any) (24.2.6)
h. Reports of Special Committees.
i. Pending and unfinished business.
j. New business.

Article 5 - Parliamentary Procedures

All meetings of the Faculty shall be conducted assisted by Robert’s “Rules of Order” for parliamentary procedure (Last edition).

Article 6 – Minutes

The minutes of the meetings of the Faculty shall be kept by the Secretary of the Faculty, endorsed by the Dean, and approved by the Faculty.

Article 7 – Elections

Secretary of the Faculty: The Secretary of the Faculty shall be a faculty member. The Secretary serves as an additional elected member of the Faculty to the Committee on Administration, is elected by the Faculty through secret ballot by simple majority, and serves a one year-term. The Secretary may be reelected once.
The Faculty members to the Committee on Administration: These members' represent the Faculty of the School of Medicine and are elected by secret ballot. They serve for a one-year term, and may be reelected twice. After three terms in the Committee on Administration, they must wait at least one term to be eligible to serve once again. Simple majority will choose the Committee Members elected by the Faculty through secret ballots.

The faculty members elected to other committees will be through secret ballots. Members may be re-elected as specified in the committees and must wait at least one term after this to be eligible to serve again.

**Academic Senators:** The Academic Senators shall be elected according to UPR General Rules (21.6-101).

**CHAPTER V**

**AMENDMENTS TO THESE BYLAWS**

**Article 1 - Amendments**

A proposed amendment to these bylaws shall be submitted to the Secretary of the Faculty in a written petition signed by not less than seven (7) voting faculty members, each from a different department. The Secretary of the Faculty shall notify the Dean, who shall include it in the agenda at the next ordinary meeting, unless the signatures required for an extraordinary meeting accompany the amendment.

**Article 2 – Approval**

A majority of those faculty members with the right to vote attending at the meeting, is required for approval of any amendment.

**Article 3 – Effective Date**

An amendment becomes a part of these bylaws immediately upon approval by the Faculty, as long as the amendment does not infringe upon the UPR General rules (24.31).
Attachment 8
Universidad de Puerto Rico
Recinto de Ciencias Médicas
Escuela de Medicina
Asuntos Estudiantiles

REFERIDO A SERVICIOS A ESTUDIANTES

NOMBRE DE ESTUDIANTE: __________________ FECHA: ____________

MS I II III IV

REFERIDO A:

☐ Coordinador de Curso

☐ Facultad que representa la clase

☐ Oficina de Carrículo

☐ Decana de Asuntos Estudiantiles

☐ Consejeras

☐ Psicóloga

NOMBRE DE QUIÉN REFIERE: ____________ TEL: ____________

RAZÓN DEL REFERIDO:

☐ Problemas académicos

☐ Problemas personales/familiar

☐ Problemas de salud

☐ Asuntos de profesionalismo (describa) ____________________________

☐ Estado anímico

☐ Otro: especifique ____________________________

FRACASO: ☐ Step I ☐ Step II ☐ shelf ______ ☐ Otro

Observaciones o comentarios: ____________________________________
Attachment 9
Universidad de Puerto Rico
Recinto de Ciencias Médicas
Escuela de Medicina

Plan de Intervención Recomendado

Nombre del estudiante: _____________________   Numero de Estudiante: _____________________
Año académico en que se encuentra: _____ I   _____ II   _____ III   _____ IV
Fecha: _______________________

El siguiente es el plan de intervención que los comités de promociones y/o, la oficina de Curriculo, y/o la Oficina de
Asuntos Estudiantiles, y/o la Oficina de Asuntos Académicos y/o el Decano de Medicina le está recomendando para tratar
de subsanar sus deficiencias académicas: cognitivas y/o no cognitivas (profesionales). Los mismos son el insumo de estos
cuerpos deliberativos y asesores al Decano de Medicina. Están diseñados luego de haber analizado su ejecutoria académica
en esta Escuela de Medicina.

Este plan de intervención en su totalidad ha sido diseñado exclusivamente para usted. El propósito del mismo es
ayudarlo(a) a tratar de subsanar sus deficiencias y mejorar su ejecutoria académica. Usted puede decidir aceptarlo o no,
pero debe recordar que el mismo en su totalidad es para su beneficio y con la intención de no exponerlo a riesgo de
fracaso académico y/o destitución académica. De usted escoger el plan parcialmente, puede entrar en los riesgos
mencionados anteriormente y por ende entrar en fracaso académico y/o destitución académica. Si usted lo acepta
parcialmente deberá explicar las razones por escrito en carta dirigida al comité de promociones correspondiente. (Referirse
al manual: “Policies and Guidelines for Academic Advancement and Evaluation” de la Escuela de Medicina de la UPR)

Plan de Intervención recomendado:

Áreas cognitivas
____ 1-
____ 2-
____ 3-

Áreas no cognitivas
____ 1-
____ 2-
____ 3-

____ Acepto el plan de intervención propuesto
____ No acepto el plan de intervención propuesto
____ Solo acepto de las recomendaciones de este plan de intervención marcadas por mí

Comentarios:________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Firma Estudiante: ______________________