Clerkship Description

The Fundamentals of Family Medicine Clerkship is a required four-week clinical rotation for second-year medical students at the University of Michigan. The purpose of this clerkship is to expose each student to ambulatory family medicine in a community-based clinical setting. In addition, students will attend didactic teaching sessions which will present core concepts of family medicine and allow them to develop a knowledge base which will be reinforced through their clinical experiences in family medicine offices.

Family medicine encompasses the spectrum of medical care during a patient's life cycle. The student will be exposed to a wide range of clinical experiences, including but not limited to routine health maintenance exams for children and adults, evidence-based preventive medicine, acute care visits, prenatal care, office-based procedures, and chronic medical conditions within the paradigm of population management. Most importantly, the student will be exposed to the concept of primary care and the unique relationship that exists between the patients and their family physician in the patient-centered medical home model.

Clerkship Faculty and Staff

Clerkship Directors
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General Information
The family medicine clerkship provides an opportunity for students to learn about the comprehensive diagnosis and management of patients with common undifferentiated problems. In addition they will experience the key features of family medicine such as diagnosis and management in the ambulatory setting, continuity of care, caring for the whole patient, appreciation of the effect of family and social factors, preventive medicine and the team approach including involvement with community agencies. The clerkship experience should also provide opportunities for the students to improve their basic skills in doctor-patient communication, history-taking and physical examination, differential diagnosis formation, stepwise decision-making to yield a cogent therapeutic plan, and office-based procedures.

Family Medicine Clerkship Goals
At the end of the family medicine clerkship, each student should be able to:

- Discuss the principles of family medicine.
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.
- Manage follow-up visits with patients having one or more common chronic disease.
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
- Discuss the critical role of family physicians within any health care system.

Site Assignment
All students will be assigned to a family medicine site for their patient care activities. Students will be notified of their site assignment prior to starting the clerkship and will be provided with the following information: primary preceptor’s name, phone number, address, and map. Some students will be assigned to sites outside the Ann Arbor/Washtenaw County area. Students may request “outstate” sites such as Holland, Kalamazoo, Marshall, and Petoskey but will not be placed at these sites unless specifically requested. Living accommodations for “outstate” areas are the responsibility of the student.

Orientation Session
All students report to the Family Medicine conference room, N15E18 North Ingalls Building on the first day of the clerkship period. During the orientation session the clerkship schedule, goals and requirements are presented. Didactic sessions are also conducted during this session.
**Textbook**
Each student receives the following textbook to use during the clerkship. Core clerkship topics and teaching sessions are addressed by chapters in this text and by chapters from a web-based resource described later. Students must turn in the textbook at the completion of the clerkship.

2) **See Handouts and Readings**

**Aquifer Family Medicine Cases**
The Aquifer Family Medicine Cases are part of a comprehensive Internet-based learning program designed for use by second-year medical students during their family medicine clerkship. 40 cases are available through the Aquifer system.

**Handouts and Readings**
In addition to the textbook, each student receives a set of handouts and readings. These include chapters from other textbooks, articles, and faculty developed materials.

The U.S. Preventive Services Task Force **Guide to Preventive Services** is available as a web-based resource. The URL is provided in the Handouts and Readings Section.

**Clerkship Schedule/Didactic Sessions**
Students will learn the fundamentals of family medicine through a combination of clinical and classroom experiences. In general, students will spend 60% of the clerkship in patient care, 20% in clerkship sessions, 10% on clerkship assignments, and 10% in department conferences and the Friday seminars. Clerkship sessions include a series of presentations on core topics in family medicine as well as case discussions based on patients seen by the students during the clerkship. All clerkship sessions are held in the Family Medicine conference room, NI5E18 North Ingalls Building.

**Clinical Experience**
The majority of the clerkship will be spent in patient care at the family medicine office to which you have been assigned. Students will see patients who have appointments at the site. The number of patients that the student will see is determined by his/her level of experience as well as by the office schedule and other constraints of the individual preceptors.

The expectation is that by the end of the clerkship you should be seeing four to five patients per half-day. This means that you do the initial history and physical as appropriate before the preceptor comes to see the patient and review your findings. In progressing to the point where you are seeing four to five (and perhaps even more) patients in a half-day you will need to spend some time observing the preceptor and other office staff working with patients so you can learn how to fit into the busy office schedule. By the end of the first week you should be

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Clerkship Description
9/2019
seeing three patients per half-day on your own as you develop the knowledge and skills required to see five or more patients per half-day by the end of the clerkship.

Students review and discuss each patient with the supervising attending physician or resident. They are required to document each visit with a progress note in the medical chart and/or electronic medical record. Chart documentation will vary between the different sites, however, there is one basic rule to follow:

1. Each office has a set of documentation standards which should be followed. Sometimes special forms are used, such as for health maintenance exams, well child visits and prenatal visits. If this does not apply to your patient encounter, you should use the standard S.O.A.P. format to document your visit (see medical records documentation).

Other activities and opportunities are available to students on an elective basis. Students are strongly encouraged to accompany faculty or resident preceptors on hospital rounds, nursing home rounds, home visits, deliveries, and other "after hours" activities. There may also be opportunities for students to observe and assist during minor surgeries and procedures.

**Documentation of Patient Encounters/Core Conditions**
Each student will be required to document a minimum of 60 patient encounters during the clerkship. Students should document 15-20 encounters per week using the documentation system provided by the medical school. Students must also document six core conditions as described during the orientation session.

**Attendance**
Participation in all clerkship activities is essential to meeting the requirements for this clerkship. You should recognize that unlike other clerkships, you cannot simply make up lost time by taking extra call or working over the weekend. You may have to work evening or Saturday clinics to make up missed patient care time. The schedule is arranged to maximize your clinical and educational experience. If you do have to miss any time, for whatever reason, you should contact the Education Office in Ann Arbor (734-998-7138) and your preceptor's office to let them know where you are. If you miss required activities, you will have to make these up. In short, there is a little flexibility in the attendance policy. Do not abuse the policy and it will remain flexible.

**Core Topics**
Listed below are the core topics which will be covered during the clerkship. Some of these will be addressed during the didactic teaching sessions but others will be sufficiently common as to be inevitably encountered by the students during your clinical activities. There handouts related to some of these topics. There are suggested readings for many of these topics.

- Abdominal and pelvic pain
- Approach to children
Clerkship Description

9/2019

Approach to the elderly
Asthma
Chest pain
Common skin problems
Communication skills
Community agencies and resources
Contraception
COPD (chronic obstructive pulmonary disease)
Depression and anxiety
Diabetes
Doctor-patient relationship
Family life cycle and genogram
Headache
Health maintenance exam
Hypertension
Information Mastery
Lifestyle issues/ modification
Low back pain
Men’s Health
Musculoskeletal problems
Prenatal care
Prevention and screening
Substance abuse
Upper respiratory infections
Vertigo/dizziness

Document your clinical experience using the school’s documentation system. We suggest that you regularly review the patients that you document in the school’s documentation system with the preceptor to try to ensure that you are exposed to a broad range of conditions.

Grading Policy and Evaluation
Clerkship grading is based on an assessment of the student’s performance during the rotation. The following are used to determine the final grade:

1. Clinical performance 70%
2. Online written examination 30%
3. Miscellaneous requirements
   a. Participation in educational sessions
   b. Mid-Clerkship Feedback Form/Direct Observation Checklist
   c. Documentation of patient encounters/core conditions
   d. Case discussions
   e. Community agency report
**Clinical Performance:** This component of the grade will be determined by the student's preceptor(s) at the clinical site to which the student has been assigned. When the student has worked with more than one preceptor, this portion of the grade will be based on the evaluations of all of his/her preceptors who had significant contact with the student.

**Online Written Examination:** All students will take the National Board of Medical Examiners (NBME) Family Medicine Subject Examination. This is a standardized, nationally-administered examination. It covers topics relevant to family medicine, including knowledge, principles and concepts that are learned in other clerkships. It will be administered on the final morning of the clerkship. Exam scores are generally available within three to five days.

Failure on the online examination will result in a grade of “I/A” and remediation of the “I/A” by re-taking the examination regardless of the summary clinical grade.

**Final Grade:** Results of student performance on all of these evaluations are combined to determine a final grade. A final grade is sent to the medical school’s Registrar’s Office electronically. Other grading and feedback materials are kept on file electronically for students to review if they have questions about their grades.

To receive “Honors” you must have “Honors” on your clinical performance and “Honors” on the exam. To receive “High Pass” as a final grade, you must have at least a “High Pass” on your clinical performance and at least a “High Pass” on your exam. Failing or near failing performance on the shelf exam can result in the lowering of your final grade. Superior performance in one component does not compensate for average or below average performance in the other component.

Failure in the clinical component will result in a final grade of “Fail” regardless of exam performance.

**Concerns regarding documented unprofessional behavior will result in the lowering of your final grade.**

It is expected that 25-30% of students will receive Honors. Grades will be assigned within each period (12 periods) with a retrospective assessment at the end of the academic year. In the past, there has been a range of High Pass (30-40%) and Pass (30-40%) grades assigned.

**Grievance Policy:** If you have concerns about your final grade, please contact Dr. Sheets. If you have a grievance you will be directed to follow the grievance procedures outlined in the current version of the medical school’s “Policies and Procedures for Medical Student Evaluation, Advancement, and Promotion.”
**Miscellaneous Requirements:** Students are also required to complete other clerkship assignments.

1. Student attendance and participation in educational sessions is required.
2. Review the mid-clerkship feedback form with the preceptor and return the form to the clerkship coordinator, Andrea Murawa, by the end of the second week of the clerkship. Return the Direct Observation Checklist by the end of the clerkship.
3. Documentation of at least 60 patient encounters in the school’s documentation system is required, as is documentation of the six required clinical experiences.
4. Present at least one patient during case discussion sessions.
5. Present and submit a community agency report.

**Optional:** Each student will receive a blank Student Profile during clerkship orientation. Complete this profile and give it to your preceptor when you meet him/her. This will help provide background information the preceptor can use to get to know you better and to coordinate your clinical experience.

**Summary**
The family medicine clerkship is designed to give you an introduction to the types of patients and problems commonly encountered in family medicine and other primary care settings. The clerkship activities include clinical, classroom, and self-directed learning activities to help you accomplish the goals of the clerkship and acquire knowledge and skills which you will be able to apply as part of your general education as a medical student.

Please do not hesitate to ask questions. You will be working in busy office practices with highly experienced physicians, nurses, other health care providers, and staff who are used to working with learners. If you have questions about the schedule, assignments, or other educational aspects of the clerkships contact Dr. Sheets, Dr. Heidelbaugh or Andrea Murawa for clarification.
Family Medicine Clerkship Goals
At the end of the family medicine clerkship, each student should be able to:

- Discuss the principles of family medicine.
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.
- Manage follow-up visits with patients having one or more common chronic disease.
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
- Discuss the critical role of family physicians within any health care system.

Family Medicine Clerkship Learning Objectives

1. Biopsychosocial Model
   Patient-centered communication skills
   - Demonstrate an empathic response to patients using active listening skills.
   - Demonstrate the ability to set a collaborative agenda with the patient during any patient encounter.
   - Demonstrate the ability to elicit, prioritize, and attend to the patient’s specific concerns.
   - Review patient’s history, physical examination, and test results using terminology that the patient can understand.
   - Clarify information obtained by a patient from popular media, friends and family, or the Internet.
   - Validate a patient’s feelings by naming emotions and expressing empathy.
   - Effectively incorporate psychological issues into patient discussions and care planning.
   - Use empathy and active listening skills to improve patient adherence to medications and lifestyle changes.
   - Explain treatment plans for prevention and management of acute and chronic conditions to the patients.
   - Reflect on personal frustrations and the patient’s situation to better understand why patients do not adhere to offered recommendations or plans.
Psychosocial awareness:
- Explain why physicians have difficulty in situations such as patients’ requests for disability documentation, non-adherence, and chronic narcotic use.
- Describe the influence of psychosocial factors on a patient’s ability to provide a history and carry out a treatment plan.

Patient education:
- Describe mechanisms to improve adherence to and understanding of screening recommendations.
- Provide patient education tools that account for literacy and cultural factors (e.g., a handout on how to read nutrition labels.)
- Describe the patient education protocols for core chronic illnesses at their assigned clerkship sites.
- Identify resources in a local practice community that support positive health outcomes for diverse patients and families.
- Promote the use of support groups and other community resources to assist patients with mental health needs.
- Identify and distribute current resources for patients with substance abuse problems at their clinic sites (e.g., lists of treatment referral centers, self-help groups, substance abuse counselors, etc.)

2. Comprehensive Care

Information gathering and assessment:
- Apply critical appraisal skills to assess the validity of resources.
- Formulate clinical questions important to patient management.
- Conduct an appropriate and comprehensive literature search to effectively answer clinical questions.
- Apply evidence-based medicine (EBM) to determine a cost-effective use of diagnostic imaging in the evaluation of core, acute presentations.
- Demonstrate ability to discriminate between high and low-quality evidence when searching the medical literature.
- Utilize high-quality Internet sites as resources for use in caring for patients with core conditions.
- Curate a set of high-quality mobile apps for quick reference when delivering patient care.
Lifelong learning:
- Demonstrate an appropriate level of meta-cognitive skills to assess and remediate one’s own learning needs.
- Describe an individualized, evidence-based process on how to keep current with preventive services recommendations.
- Create an evolving set of learning goals and measures of success for those goals that address areas for improvement.

3. **Contextual Care**
   Person in context of family:
   - Conduct an encounter that includes patient and families in the development of screening and treatment plans.
   - Demonstrate caring and respect when interacting with patients and their families even when confronted with atypical or emotionally charged behaviors.
   - Demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and their families.

   Person in context of community:
   - Incorporate knowledge of local community factors that affect the health of patients into daily patient care.
   - Demonstrate awareness of local, regional, and national health disparities and their impact on patient care.
   - Practice interpersonal and communication skills that result in effective information exchange between patients of all ages and professionals from the other disciplines and other specialties.

   Person in context of their culture:
   - Communicate effectively with patients and families from diverse cultural backgrounds.
   - Identify areas where a patient’s cultural context can impact health through comprehension, cultural perspective, access and utilization of health care.
   - Describe one’s own cultural influences and biases as they impact one’s ability to effectively deliver patient care.

4. **Continuity of Care**
   Barriers to access:
   - Define social determinants of health and their role in continuity of care.
• Describe the social determinants that can affect a patient’s ability to access and utilize the health care system at multiple levels:
  o Individual patient barriers
  o Community barriers
  o Health care system barriers

5. **Coordination/Complexity of Care**

  **Team Approach:**
  • Describe the benefits of interdisciplinary health care teams in patient care (e.g., pharmacy, nursing, social work, and allied health).
  • Demonstrate skills in effective teamwork (e.g., sharing information, solving clinical problems as a team, etc.).

  **Quality and Safety:**
  • Define clinical processes established to improve performance of a clinical site.

  **Complexity of Care:**
  • Identify diagnostic uncertainty and the role of multi-systemic influence on a patient’s condition.
  • Adapt to changing patient presentation and needs
  • Utilize effective patient care management strategies in patient’s presenting with complex conditions.
  • Describe the use of health information technology to enhance care coordination.
  • Summarize the importance of linking resources with patient and population needs.

CASE DISCUSSIONS

Each student will present a brief patient case (~15 minutes) within one of the following categories. The purpose of the case presentations is for the group to discuss the relevant points of each case in detail, facilitated by a faculty preceptor. These sessions are designed to be interactive, as the majority of the information regarding each case should be obtained by the case presenter’s peers. While handouts are not needed for these discussions (and patient confidentiality should be protected), case presenters should know all pertinent details of each case to be presented. Presenters should be well acquainted with the case history, physical findings, genogram, lab and radiographic results, and treatments and outcomes (if known). If you have access to copies of EKG tracings, radiographs, photos, or other relevant materials you could bring one copy to pass around the table.

Note: Special attention will be given to the role of the family physician within the healthcare system at large, the appropriateness of specialty referral, evidence-based guidelines, and cost-effective provisions of care. The concepts of the patient-centered medical home, population management, role of accountable care organizations, and quality metrics should be discussed in each case, where applicable. Be prepared to teach your classmates. Review of pertinent diagnostic and treatment guidelines by each presenter is strongly encouraged.

ACUTE CASES

Group A
Presenters will identify one case of a patient who presents with an acute problem or complaint (not for a routine follow-up visit pertaining to a chronic problem – see below) that requires a detailed evaluation and a diagnostic workup. Prior to the presentation, you will need to make some short notes on the case. Your presentation should include the presenting history, pertinent examination findings, any laboratory or radiographic investigations, and the initial management plan for the patient. The focus of the discussion will be to solicit group questioning on the differential diagnosis and therapeutic planning strategies for each case and on how these may differ in patients seen in primary care compared with other settings.

***Do not share your case in advance with other students.

CHRONIC CASES

Group B
Presenters will identify one case of a patient who is being followed for a chronic disease (e.g. hypertension, diabetes, asthma, chronic pain, coronary artery disease, chronic obstructive pulmonary disease, GERD, etc. – there are many possibilities here…). Prior to the presentation, you will need to make some short notes on the case. Your presentation should include a summary of the history and focus predominantly on the management of the case, including note of any agencies involved in the care or support of the patient as well as arrangements for follow-up of the patient. The focus of the discussion will be on the management of the complexities of the chronic disease and its impact on the life of the patient and his/her family, within the construct of the principles of population management.

***Discuss your topic(s) with the other students within this group to prevent overlap (READ: not everyone should present a case on diabetes management).

GENERAL CASES

Group C
Presenters will identify one case that can fit into either the acute or chronic case discussion category as above. Any patient is appropriate to present during this session.
Required Clinical Experiences (RCE) and Aquifer Family Medicine (AFM) Cases

Required Clinical Experiences (RCE) and Patient Encounter Documentation
Each student needs to use the RCE system to document completion of six “required clinical experiences and to log at least 60 patient encounters during family medicine.

You will need to provide patient name, age, and gender for each patient encounter that you document in RCE. You will need to type in the diagnosis or procedure that you experience into the free text box, labeled as “Other (if not listed above)” in the documentation system (diabetes, hypertension, pelvic exam, joint injection, etc.). You need to document at least 60 patient encounters.

- What Counts as an “Encounter?”
  - Performing a History
  - Performing a Physical Exam
  - Performing a Procedure
  - Observing an Attending or Resident performing a History
  - Observing an Attending or Resident performing a Physical Exam
  - Observing an Attending or Resident performing a Procedure
  - Assisting an Attending or Resident performing a Procedure
  - You may log a patient more than once if you see the patient more than once during the clerkship.

Required Clinical Experiences (RCE)
During your family medicine clerkship you are required to see and document at least one patient encounter in each of the following six RCE categories:

Patient with:
1. Musculoskeletal or Back Pain
2. Hypertension
3. Health Maintenance Exam, including immunizations, smoking cessation counseling, cancer screening, obesity, hyperlipidemia, exercise, menopause
4. Diabetes
5. Dermatologic Symptom
6. GI Symptom

If you have not completed this requirement by the end of the second week of the clerkship, you must contact your preceptor, who will work with you to ensure that you see a patient in each of the RCE categories. If your preceptor is not able to do so by the end of the third week of the clerkship, you must complete one or more of the relevant Aquifer Family Medicine (AFM) Cases in that category before you take your shelf exam at the end of the clerkship.
### Required Clinical Experiences (RCE) and Aquifer Family Medicine (AFM) Cases

<table>
<thead>
<tr>
<th>Required Clinical Experience</th>
<th>Alternate Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Musculoskeletal or Back Pain</td>
<td>AFM Case 4, 10, 11, or 25 or Clerkship PowerPoint and handout</td>
</tr>
<tr>
<td>2 Hypertension</td>
<td>AFM Case 8</td>
</tr>
<tr>
<td>3 Health Maintenance Exam, including immunizations, smoking cessation counseling, cancer screening, obesity, hyperlipidemia, exercise, menopause</td>
<td>AFM Case 1, 2, 8 or Pediatrics Case 2, 3, 5, or 6</td>
</tr>
<tr>
<td>4 Diabetes</td>
<td>AFM Case 7</td>
</tr>
<tr>
<td>5 Dermatologic Symptom</td>
<td>AFM Case 16 or Clerkship PowerPoint</td>
</tr>
<tr>
<td>6 GI Symptom</td>
<td>AFM Case 20, or 24</td>
</tr>
</tbody>
</table>

### Accessing Aquifer

- The Family Medicine Aquifer Cases are part of a comprehensive Internet-based learning program designed for use by second-year medical students during their family medicine clerkship. 40 cases are available through the Aquifer system. Specific cases are available for use to remedy gaps in the RCE as outlined above. You may also choose to work through other cases as a way to learn more about the common conditions encountered in a family medicine setting.

- You should register TODAY! The website is [https://umich-md.medapp.com](https://umich-md.medapp.com)

- A link to Aquifer is also provided on Canvas.
  - Select “Support” along the top. Then click the Logging In/Register tab on the left margin.
  - **YOU MUST USE YOUR INSTITUTIONAL EMAIL ADDRESS.**
  - You will receive an email w/a link to confirm your registration.
  - If you have already registered in the system to use the cases on your surgery, pediatrics, or internal medicine clerkship, there is no need to register again. Use your same password to access Aquifer Family Medicine.
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
DEPARTMENT OF FAMILY MEDICINE
Family Medicine Clerkship

Summary of Student Responsibilities and Tasks

1. Review student manual and materials.
2. Attend and participate in all clerkship educational sessions.
3. Identify patients to present during the case discussions.
4. Attend at least 24 scheduled patient care sessions.
5. Write progress notes on patients you see in the office.
6. Accompany your preceptor to an “after hours” activity (i.e. home visit, delivery, hospital rounds).
7. Take the NBME examination.
8. Return your textbook at the end of the clerkship.
9. Document a minimum of 60 patient encounters using the school’s documentation system.
10. Document six required clinical experiences in the school’s documentation system.
11. Return your mid-clerkship feedback form and direct observation checklist after they are completed by your preceptor.
13. Complete clerkship classroom teaching evaluation forms and evaluate the clerkship and your preceptor using the online system.
14. Contact the Education Office, 734-998-7138, if you have questions or concerns.
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
DEPARTMENT OF FAMILY MEDICINE
Family Medicine Clerkship

Summary of Preceptor Responsibilities and Tasks

2. Review student information packet.
3. Discuss expectations with student at beginning of clerkship.
4. Orient student to your site.
5. Observe the student frequently.
6. Give the student feedback frequently.
7. Review and critique medical records (progress notes, data recording, etc.)
8. Conduct a mid-clerkship debriefing to discuss progress, concerns, and other issues.
9. Encourage the student to accompany you or your colleagues in an “after hours” activity (i.e. home visit, nursing home rounds, delivery, hospital rounds)
10. Complete and return the mid-clerkship feedback form and direct observation checklist.
11. Help the student identify patients for their assigned case discussions. (See preceptor manual)
12. Conduct final debriefing to discuss progress, concerns, and evaluation.
13. Evaluate the student using the on-line grading system or complete and return the student grade sheets you receive in your student information packet and/or by fax or email.
14. Contact the Education Office, 734-998-7138, if you have questions or concerns.
## PATIENT CARE DOMAIN
Students will provide patient-centered care that is compassionate, culturally competent, appropriate, and effective for the treatment of health problems and the promotion of health.

| PC-hp | Gather, organize, interpret patient information about patients and their conditions through history-taking, physical examination, and other methods of information gathering |
| PC-cr | Use clinical reasoning, formulate appropriate differential diagnoses, make informed decision about diagnostic and therapeutic interventions based on patient information and preferences, data from the history, physical, laboratory findings, imaging, other diagnostic tests, and current scientific evidence |
| PC-ce | Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making to promote health |
| PC-mp | Develop and carry out management plans in collaboration with patients, families, and healthcare team |
| PC-ps | Perform procedural skills considered essential for patient care |

## MEDICAL KNOWLEDGE DOMAIN
Students will demonstrate a strong foundation in the biomedical sciences, socio-behavioral sciences, and clinical medicine, and will apply this knowledge to individuals, community, and society.

| MK-bs | Understand and apply knowledge of biomedical and socio-behavioral sciences, clinical medicine, and the social determinants of health and disease |
| MK-dm | Apply established and emerging principals in diagnostic and therapeutic decision making, clinical problem solving and other aspects of evidence-based health care |
| MK-sm | Demonstrate knowledge and application of the sciences essential for the practice of medicine |

## COMMUNICATION DOMAIN
Students will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

| C-pf | Communicate effectively with patients, families, and the public across a broad range of socioeconomic and cultural backgrounds |
| C-ch | Communicate effectively with colleagues, other health professionals and health-related agencies, including the transitions of care |
| C-mr | Maintain complete, timely and accurate medical record to contribute to effective patient care |
| C-dc | Demonstrate sensitivity, honesty, and compassion in difficult conversations including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics |
| C-ic | Demonstrate insight and understanding about their own and others' perspectives to facilitate interpersonal interactions to effectively manage interpersonal conflict |

## PROFESSIONALISM DOMAIN
Students will demonstrate and maintain the professional attributes of compassion, altruism, respect, integrity, and commitment to addressing the needs of a diverse and changing society. Students and graduates will seek excellence in professional endeavors.

| PR-ra | Demonstrate responsibility and accountability to patients, society, and the profession |
| PR-cd | Demonstrate compassion, integrity, respect, sensitivity, and responsiveness to diverse populations |
| PR-pv | Demonstrate awareness of the patient vulnerability and the inherent power differentials in organizational and interpersonal relationships and respect the boundaries that define therapeutic relationships |
| PR-ci | Navigate ethical dilemmas in medical care, including conflict of interest and competing priorities, in a way that maintains the primacy of patient interests |
| PR-sr | Participate as an important part of the healthcare team and share responsibility for patient care |
LEADERSHIP, TEAMWORK AND INTER-PROFESSIONALISM DOMAIN
Students will demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient- and population-centered care, while learning leadership skills to positively influence the world of medicine.

LTI-ln Demonstrate an understanding of how productive teams can be built, led and managed
LTI-or Demonstrate the ability to manage one's own and others' roles on teams
LTI-ic Demonstrates the ability to work effectively on interprofessional teams to coordinate care

SYSTEMS-BASED PRACTICE DOMAIN
Students will demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call effectively on other resources in the system to provide optimal health care.

SBP-es Demonstrate the ability to recognize the basic organization of healthcare systems, including the various relationships between patients, providers, and institutions
SBP-ws Work effectively in various healthcare delivery settings and systems

PRACTICE BASED LEARNING AND IMPROVEMENT
Students will demonstrate the ability to investigate and evaluate one's performance including the ability to appraise and assimilate scientific evidence and to continuously improve in areas including patient care based on constant self-evaluation and lifelong learning.

PBLI-ce Critically evaluates self and peers and provide constructive feedback
PBLI-sl Engage in self-directed learning, reflective practice, guided self-assessment, and demonstrate receptivity to feedback
PBLI-ca Locate, critically appraise, apply evidence, and weigh the uncertainty to guide decision making to achieve optimal patient outcomes
PBLI-et Demonstrate the ability to utilize current and adapt to emerging technology
PBLI-dp Demonstrate how data illustrating current performance at the individual, team, and systems levels is used to make improvements

CRITICAL THINKING AND DISCOVERY
Students will demonstrate curiosity, awareness of gaps in current knowledge, and participate actively in problem solving and the discovery of knowledge.

CTD-ct Apply creative/critical thinking to develop new information and solutions
CTD-ck Contribute to the creation, dissemination, application, and translation of health care knowledge or practice
CTD-ps Apply problem assessment and problem-solving skills

Approved by Curriculum Policy Committee on March 15, 2019

MEDICAL SCHOOL
UNIVERSITY OF MICHIGAN
Learning Environment Statement

A career in medicine demands not only the acquisition of a large fund of knowledge and a host of specific skills, but also the development of professional attributes needed to provide the highest quality patient care. The University of Michigan Medical School (UMMS) expects a shared commitment among all members of our community to respect each other’s worth and dignity. In order to ensure a positive learning environment where all learners’ professional growth and development can best take place, the faculty, house officers, and other educators of Michigan Medicine will strive to:

1. Work diligently to provide a high quality educational program for all students.
2. Serve as mentors and role models and exemplify the professional values of altruism, accountability, compassion, duty, excellence, honor, and integrity by demonstrating high professional standards in interactions with patients, colleagues, staff, and students.
3. Reaffirm our commitment to foster and uphold a learning environment that demonstrates and encourages mutual respect for all members of our community regardless of gender identity, race, age, disability, national origin, religion, sex, sexual orientation, or other status protected by the University’s Non-Discrimination policy in SPG 201.35. http://spg.umich.edu/policy/201.35
4. Provide support to students, especially those who experience difficulties in the learning environment, by being receptive to and responding appropriately to any perceived mistreatment or unprofessional behavior.
5. Fairly evaluate and provide timely feedback, including constructive criticism, to help all students achieve academic and clinical excellence, and excellence in professional conduct.
6. Demonstrate leadership, inter-professional teamwork, civility, inclusivity, and humanism in a manner that values and supports the uniqueness and individuality of all.

Medical students will in turn strive to:

1. Work diligently to acquire the knowledge, skills, and attitudes required to fulfill the educational objectives established by the faculty.
2. Exemplify the professional virtues of altruism, accountability, compassion, duty, excellence, honor, and integrity. Conduct themselves accordingly at all times, but especially in their dealings with patients.
3. Commit to foster and uphold a learning environment that demonstrates and encourages mutual respect for all members of our community regardless of gender, race, age, disability, national origin, religion, sexual orientation, or other status protected by SPG 201.35. http://spg.umich.edu/policy/201.35
4. Report any perceived unprofessionalism or mistreatment to appropriate faculty and staff.
5. Seek out and carefully evaluate constructive feedback and use this information
to improve performance.

6. Demonstrate leadership, inter-professional teamwork, civility, inclusivity, and humanism in a manner that values and supports the uniqueness and individuality of all.
University of Michigan Medical School  
Medical Student Clinical and Education Activity Hours Policy

I. Purpose

The Medical school is committed to and responsible for promoting patient safety and student well-being and to providing a supportive educational environment. This policy is to clarify the requirements and protection to medical students regarding the hours they are required to work during their Clinical Trunk and Branches clinical experiences at the University of Michigan and affiliated clinical sites.

II. Policy

All required and elective clinical experiences must adhere to this policy. Clinical and Education Activity Hours (hereinafter referred to as working hours) are defined as clinical activities related to their experience, which includes clinical care, in-house call, short call, and night float. Working hours specifically excludes time spent at home reading, preparing for the following day’s cases, EHR documentation, studying for exams, and research done from home.

III. Procedures

1. Workload Limits

   1. Working hours must be limited to no more than 80 hours per week, averaged over the length of the rotation, inclusive of all in-house clinical and educational activities.

   2. Students are required to have one 24-hour period off in seven, averaged over the length of the rotation.

   3. On-call requirements for clinical rotations

      a. Clinical Trunk clerkships rarely have formal overnight call responsibilities. Many clerkships have individual overnight shifts or evening call. In Branches experiences, students will take call with the team, and the on-call time will count toward the total work hours.

2. Compliance

   1. This policy will be monitored for compliance by the following:

      a. Required and Elective Clerkship Directors via direct reports and questions on end of clerkship evaluations

      b. Clinical Trunk Operations Committee (CTOC) and Branches Operations
Committee (BOC)
c. Associate and Assistant Deans for Medical Student Education

2. Course Evaluation Outcome

If it is found that students have been compelled to work beyond the allowable time frame as described above during the monitoring process via the course evaluations or direct reports, an Associate or Assistant Dean for Medical Student Education will meet with the specific clerkship director to assure compliance to the policy.

3. Non-Retaliation

Students may report, anonymously, work hour violations to the clerkship director or any Associate or Assistant Dean for Medical Student Education. Retaliatory action against students who report infractions of this policy is prohibited. Persons, including attending physicians and residents, found responsible for retaliatory actions will be subject to disciplinary action.

IV. References

LCME Element 8.8 Monitoring Student Time
University of Michigan Medical School  
Medical Student Mistreatment Policy

I. Purpose

The purposes of this policy are to outline expectations of behaviors that promote a positive learning environment for medical students (UMMS and visiting) and to identify grievance procedures to address alleged violations. This policy offers a definition of these expectations through its Learning Environment Statement, provides examples of unacceptable treatment of medical students, and describes the procedures available to report incidents of mistreatment and/or unprofessionalism in a safe and effective manner.

II. Policy

The University of Michigan Medical School is committed to assuring a safe and supportive learning environment that reflects the Institution’s values: professionalism, respect for individual rights, appreciation of diversity and differences, altruism, compassion, and integrity.

Unprofessional behavior and mistreatment of medical students is unacceptable and will not be tolerated. Expectations of teachers and learners are described more fully in the Learning Environment Statement as endorsed by the Medical School Executive Committee.

III. Procedures

A. Distribution by the Office of Medical Student Education

Expectations as outlined by this policy are to be shared with all students (new, continuing, and visiting), all new residents and faculty teachers, and on an annual basis with all current teachers (e.g. residents, faculty, adjunct faculty, allied health professionals, administrators).

B. Examples of Mistreatment

Students should use this Mistreatment Policy to address discriminatory, disrespectful, unprofessional, or unethical treatment by faculty, residents, or staff.

The University of Michigan Medical School defines mistreatment as behavior that is inconsistent with the values in the University’s Nondiscrimination Policy Statement noted below (referenced in III.C.) and which unreasonably interferes with the learning process. When assessing behavior that might represent mistreatment, students are expected to consider the conditions, circumstances, and environment surrounding such behavior. Examples of discriminatory, disrespectful, unprofessional, or unethical treatment include, but are not limited to:
• Verbally abusing or belittling a student.
• Intentionally humiliating a student.
• Unwarranted exclusion from reasonable learning opportunities.
• Assignment of duties with minimal education value (e.g. personal errands) or for punishment,
• Directing students to perform an unreasonable number of “routine hospital procedures,” i.e. “scut” on patients not assigned to them or where performing them interferes with a student’s attendance at educational activities, e.g. rounds, classes.
• Pressuring students to exceed established restrictions on work hours.
• Pressuring a student into a role that compromises the care of patients, e.g. performing medical procedures for which the student is insufficiently trained.
• Threatening a lower or failing grade/evaluation to a student for inappropriate reasons.
• Committing an act of physical abuse or violence of any kind, e.g. throwing objects, aggressive violation of personal space.
• Making unwelcome comments, jokes, or taunting remarks about a person’s protected status (SPG 201.35) as defined in the University’s Nondiscrimination Policy Statement. (Referenced in III.C.)
• Engaging in a romantic or sexual relationship with any undergraduate, graduate or professional student in the same discipline or academic program as the faculty member, or over whom the faculty had, has, or might reasonably be expected to have “academic or supervisory authority” through instruction, supervision, evaluation or grading (SPG 601.22) as defined in the University’s Faculty-Student Relationship Policy.
• Engaging in sexual harassment behavior as defined in SPG 201.89

University confidential and non-confidential reporting resources:
https://studentsexualmisconductpolicy.umich.edu/content/confidential-resources
https://studentsexualmisconductpolicy.umich.edu/content/b-non-confidential-resources

C. Reporting Concerns of Possible Mistreatment

Medical students who themselves experience or observe other students experiencing possible mistreatment are encouraged to discuss it with someone in a position to understand the context and address necessary action. The individual considering making a report of mistreatment should first, if possible, attempt to resolve the matter directly with the alleged offender. If the student is unsatisfied with the attempted resolution, it is still appropriate for this student to report using one of the mechanism described below. Suggested options for medical students include:

1. **DISCUSS** it with their House Counselor, the Assistant Dean for Student Services, the clerkship/course/sequence director, student representatives of the Learning
Environment Task Force, or the Office of the Ombuds on main campus
http://www.umich.edu/~ombuds/

2. REPORT it (utilizing one of three options below)ii:

   a. File a formal report directly with the Senior Associate Dean for Education and Global Initiatives.

   b. File a confidential or self-identified report via the Learning Environment Reporting System website. This mechanism includes options for prompt attention OR withholding the report until a future date (e.g., the student’s graduation date).
      https://sites.google.com/a/umich.edu/umms-letf/report-here

   c. File an anonymous report on the University of Michigan Compliance hotline at (866) 990-0111 (http://compliancehotline.umich.edu/) or via the University of Michigan Health System Compliance website:
      http://www.med.umich.edu/u/compliance/index.htm

Medical Students requesting complete anonymity should be made aware that doing so may interfere with the University’s ability to investigate the concern and their ability to receive information about the follow-up investigation.

Medical Students may also choose to pursue claims of unlawful discrimination or harassment in compliance with the University’s Nondiscrimination Policy Statement (https://oscr.umich.edu/NondiscriminationPolicy effective April 16, 2014):

“The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity, and Title IX/Section 504/ADA Coordinator, Office for Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388, institutional.equity@umich.edu. For other University of Michigan information call 734-764-1817.”

D. Responding to Concerns of Unprofessionalism and Mistreatment

   Every effort is made to respond to concerns of unprofessionalism in a responsible and respectful manner to minimize the risk of retaliation.
The Senior Associate Dean for Education and Global Initiatives will be provided with written notice of reported instances of unprofessional behavior and will conduct an initial inquiry into the circumstances. Consistent with the UMHS Policy 04-06-047 Disruptive or Inappropriate Behavior by UMHS Personnel, and depending on the identity of the alleged offending party, the Senior Associate Dean for Education and Global Initiatives will engage the appropriate process channels for implementing notice to the offending party, and for investigation and implementation of potential corrective action.

Aggregate and de-identified data on reports of medical student mistreatment will be shared with the Curriculum Policy Committee and the Medical School Executive Committee at least quarterly.

IV. No Retaliation

Retaliation is governed by the University of Michigan Retaliation Statementiii, which strictly prohibits retaliation against persons who in good faith report, complain of, or provide information in a mistreatment investigation or proceeding. Individuals who believe they are experiencing retaliation are strongly encouraged to contact the Associate Dean for Medical Student Education, the Assistant Dean for Student Services, their House Counselor, the Compliance Hotline at 866-990-0111 (http://compliancehotline.umich.edu/), or the University of Michigan Health System Compliance website: http://www.med.umich.edu/u/compliance/index.htm. Alleged retaliation will be subject to investigation and may result in disciplinary action up to and including termination or expulsion.

V. Reference

UMHS Policy 04-06-047 Disruptive or Inappropriate Behavior by UMHS Personnel
http://www.med.umich.edu/i/policies/umh/04-06-047.htm
UMHS Policy 01-04-001 UMHS Compliance Program & Code of Conduct:
http://med.umich.edu/u/compliance/code.htm
http://www.med.umich.edu/i/policies/umh/01-04-001.html

Author: Office of Medical Student Education

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i Allegations of “research misconduct” (fabrication, falsification, plagiarism) will be addressed consistent with University Standard Practice Guide (“SPG”) 303.3, which is available here: https://spg.umich.edu/policy/303.03

ii As members of the UMHS workforce, Medical Students execute the University of Michigan Health System Code of Conduct Attestation and are expected to fulfill their responsibilities as outlined in that document, which is available here: http://med.umich.edu/u/compliance/doc/ConductStatement.pdf

iii The University of Michigan Prohibition of Retaliation Statement is available here: https://hr.umich.edu/working-u-m/workplace-improvement/campus-commitment/retaliation
I. Purpose

A candidate for the M.D. degree at the University of Michigan Medical School must be capable of completing core educational requirements and achieving the UMMS competencies in the basic and clinical sciences. The goal is to develop a deep and robust medical knowledge base and outstanding clinical skills, with the ability to appropriately apply them, effectively interpret information, and contribute to decisions across a broad spectrum of medical situation in all settings. Critical skills needed for the successful navigation of core experiences are outlined below, and include the ability to observe, communicate, perform motor functions, as well as to understand, integrate core knowledge and skills, and to behave appropriately in varied educational and professional situations.

On occasion, reasonable accommodations may be required by otherwise-qualified individual candidates to meet the technical standards specified below. Requests for University-provided accommodations (see below) will be granted if the requests are reasonable, do not cause a fundamental alteration of the medical education program, do not cause an undue hardship on the University, are consistent with the standards of the medical profession, and are recommended by the University’s Services for Students with Disabilities (SSD) office.

II. Policy

Fulfillment of the technical standards for graduation from medical school does not mean a graduate will be able to fulfill the technical requirements of any specific residency program.

A. Observational Skills

A candidate must acquire required information as presented through demonstrations and experiences in the basic sciences. In addition, a candidate must be able to:

- Observe a patient accurately and acquire relevant health and medical information, including written documents, images from the medical literature, slides and/or video.
- Interpret x-ray and other graphic images, and digital or analog representations of physiologic data (e.g. EKGs).

The required observation and information acquisition and analysis necessitate the functional use of visual, auditory, and somatic sensation. In any case where a candidate's ability to observe or acquire information through these sensory modalities is compromised, the candidate must demonstrate alternative means and/or abilities to
acquire essential observational information.

B. Communication Skills

A candidate must be able to demonstrate proficiency in the English language such that they can communicate effectively in oral and written form with all members of the health care team. A candidate must be able to communicate with patients in order to elicit information. They must have the capacity for comfortable verbal and non-verbal communication and interpersonal skills, to enable effective caregiving of patients and collaboration within a multidisciplinary team. In any case where a candidate’s ability to communicate is compromised, the candidate must demonstrate alternative means and/or abilities to communicate with patients and teams.

C. Motor Skills

It is required that candidates possess the motor skills necessary to complete and interpret the physical findings of patients. Such actions may require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch. In any case where a candidate’s ability to complete and interpret physical findings because of motor skills is compromised, the candidate must demonstrate alternative means and/or abilities to retrieve these physical findings.

D. Intellectual-Conceptual Skills

A candidate must exhibit the requisite intellectual and conceptual skills to effectively interpret, assimilate and understand the complex information required to function within our medical school curriculum. Effective participation in learning modalities such as individual, small group, and lecture formats, in both the classroom and the clinical setting, will be required. A candidate must be able to effectively learn, participate, collaborate and contribute as a part of a team. A candidate will need to synthesize information effectively both in person and via remote technology. A candidate must be able to interpret causal connections, and make accurate, fact-based conclusions based on available data and information. A candidate must be able to formulate a hypothesis, investigate the potential answers and outcomes and formulate appropriate and accurate conclusions.

E. Cognitive Skills

A candidate must be able to measure, calculate, reason, analyze, integrate and synthesize. In addition, the candidate must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Problem solving, a critical skill demanded of physicians, requires all of these intellectual abilities. A candidate must be able to perform these problem-solving skills in a timely fashion.

F. Behavioral Attributes, Social Skills and Professional Expectations
A candidate must be able to fully utilize their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. A candidate must be able to effectively handle and manage heavy workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of patients. A candidate must care for all individuals in a respectful and effective manner regardless of gender, age, race, sexual orientation, religion, or any other protected status identified in the University’s Non-Discrimination Policy. Professionalism, compassion, integrity, concern for others, interpersonal skills, interest and motivation are all qualities that are expected throughout the educational processes.

Any applicant will be considered for admission to the Medical School who demonstrates the ability to acquire the knowledge, attitudes and skills necessary to complete the core UMMS educational requirements, achieve the UMMS competencies, and be able to graduate as a skilled and effective practitioner of medicine.

III. Procedure

A. Evaluation and Implementation of Reasonable Accommodations

Matriculating students and students enrolled in our medical school curricular program must comply with the following process for requesting and receiving appropriate reasonable accommodations, in a timely manner, to enable them to have the opportunity to meet the UMMS requirements for completion of the medical school curriculum.

Any request, design and implementation of accommodations for an individual student to participate and complete the medical school curriculum must include full evaluation and recommendations from SSD, and review by the UMMS Accommodations Committee for Technical Standards (ACTS, see below).

The SSD office provides evaluation for accommodations and consultative services free of charge for all students who register with them. Depending on the type and severity of the disability, the SSD office will make every effort to recommend the appropriate accommodation for academic success. Requests for University-provided accommodations will be granted if the requests are reasonable, do not cause a fundamental alteration of the medical education program, do not cause an undue hardship on the University, are consistent with the standards of the medical profession, and are recommended by the SSD office.

B. The ACTS serves as a subcommittee of the UMMS Competency Committees, which
reports directly to the UMMS Executive Committee. The ACTS’ primary functions are to:

i. Review requests for accommodations for matriculating and enrolled UMMS medical students;

ii. Review and modify recommendations for these accommodations; and

iii. coordinate the implementation of approved accommodations within the medical school curriculum.

C. Ad hoc consultants to the ACTS may include the SSD office or other qualified university-based or external units. Decisions made by the ACTS are appealable to the UMMS Competency Committee. The decision of the UMMS Competency Committees is final.

IV. Statement of Understanding and Agreement

I understand that fulfillment of the technical standards for graduation from the University of Michigan Medical School does not mean that the graduate will be able to fulfill the technical requirements of any specific residency program.

This document applies to all years of my medical school training at the University of Michigan Medical School.

I have read and understood the above policy. I agree to adhere to the stated procedures.

Signature

Printed Name

Date

V. SPG Reference – N/A
Standard Practice Guide Policies

Prohibitions Regarding Sexual, Romantic, Amorous, and/or Dating Relationships Between Teachers and Learners

Applies to: Regular Instructional Faculty, Supplemental Instructional Faculty, Research Faculty, Graduate Student Instructors, and Undergraduate Students Responsible for the Delivery of Course Content

I. POLICY BACKGROUND

This policy applies to “Covered Relationships.” A Covered Relationship includes any relationship which may reasonably be described as sexual, romantic, amorous, and/or dating. Physical contact is not a required element of such relationships. A Covered Relationship may exist on the basis of a single interaction.

The University of Michigan strives to create and maintain a community that enables each person to reach their full potential. To do so requires an environment of trust, openness, civility, and respect. The University is firmly committed to a policy of prohibiting behaviors that adversely impact a person’s ability to fully participate in the scholarly, research, educational, patient care, and service missions of the University.

The teacher-student relationship lies at the foundation of the educational process. As a matter of sound judgment and professional ethics, faculty members have a responsibility to avoid any apparent or actual conflict between their professional responsibilities and personal relationships with students.

Faculty have a collective responsibility to the student experience as members and representatives of the University community, and with each class of incoming students who are bound together in space and time.

The faculty at the University fulfill their essential role with students in learning, research, and service environments, and do so with a commitment to honoring the highest professional and ethical standards. An overarching goal for the context of the faculty-student relationship is to create a professional, productive, and equitable environment for independent learning and academic growth. Student well-being and the pursuit of academic
excellence are central to any faculty-student relationship. At its best, the faculty-student relationship nurtures the advancement and pursuit of knowledge and can lead to life-long professional mentorships and connections. At its worst, the inherent imbalance in the power dynamic between faculty and students can lead to real or perceived exploitation of the power differential.

The University is committed to putting students’ interests first in addressing the challenges and competing interests that arise when defining limitations on certain types of teacher-student relationships. The limitations set forth in this SPG are based on roles and responsibilities, group affiliations, and community norms, as well as the University’s diversity, scope, scale, and geographic and virtual reach. The University similarly recognizes the importance of its members’ interests in academic freedom, freedom of expression, and intellectual inquiry, and believes these are best protected by common understandings and avoidance of unprofessional relationships.

In all cases, a Covered Teacher (defined below) is prohibited from having a Covered Relationship (defined below) with any Learner (defined below) in a class, lab, field, or other setting in which the Covered Teacher has Academic or Supervisory Authority (defined below) over the Learner. If a Covered Teacher has such authority, and has in the past had a Covered Relationship with any Learner who subsequently is in the Covered Teacher’s class, lab, field, or other such setting, the Covered Teacher must disclose the prior relationship immediately to the Dean or designee in the Dean’s Office, so that the situation may be promptly and properly managed (e.g., re-assigning grading responsibilities).

As defined more specifically below, Faculty Members are subject to broader prohibitions than other Covered Teachers. Among other things, Faculty Members are prohibited from having Covered Relationships with undergraduate students.

II. POLICY DEFINITIONS

For purposes of this SPG, the following definitions apply:

A. Covered Relationship: “Covered Relationship” includes any relationship which may reasonably be described as sexual, romantic, amorous, and/or dating. Physical contact is not a required element of such relationships. A Covered Relationship may exist on the basis of a single interaction.

B. Covered Teacher: “Covered Teacher” means any Faculty Member, Graduate Student Instructor, and Undergraduate Student Responsible for the Delivery of Course Content.

C. Faculty or Faculty Member: “Faculty” or “Faculty Member” means all regular instructional Faculty and all supplemental instructional Faculty as defined by SPG 201.34-1 (https://spg.umich.edu/policy/201.34-1). It also includes research
D. Graduate Student Instructor: "Graduate Student Instructor" ("GSI") means any graduate student appointed as a Graduate Student Instructor as defined in the UM/Graduate Employees’ Organization collective bargaining agreement.7

E. Postdoctoral Research Fellow: “Postdoctoral Research Fellow” means any individual appointed or employed under SPG 201.19 (https://spg.umich.edu/policy/201.19) 8.

F. Undergraduate Student Responsible for the Delivery of Course Content: “Undergraduate Student Responsible for the Delivery of Course Content” means any undergraduate student who is assigned by an academic unit to provide course content including instruction, grading, formal mentoring, tutoring, or similar activities.

G. Academic or Supervisory Authority: “Academic or Supervisory Authority” includes, but is not limited to, teaching, research, academic advising, coaching, service on evaluation or thesis committees, grading, evaluation, and/or recommending in an institutional capacity for employment, fellowships, and awards.

H. Learner: “Learner” means all undergraduate, graduate, professional, non-degree, and visiting students, as well as Postdoctoral Research Fellows.

III. Policy Regulations

A. Faculty Members and Learners

1. Prohibited Faculty and Student Relationships
The provisions apply regardless of delivery mechanism for the instructional content, or the form of communication (e.g., in person, online, mobile, and hybrid methods).

   a. Faculty and Undergraduate Students – Covered Relationships
   between a Faculty Member and an undergraduate student at any of the three U-M campuses (Ann Arbor, Dearborn, and Flint) are prohibited.

   b. Faculty and Graduate and Professional Students
       (1) Covered Relationships between a Faculty Member and a graduate or professional student over whom the Faculty Member currently has, has had, or might reasonably be expected to have direct or indirect
Academic or Supervisory Authority are prohibited.

(2) Additionally, Covered Relationships between a Faculty Member and a graduate or professional student who is in the same discipline or academic program in which the Faculty Member is appointed or teaches, regardless of Academic or Supervisory Authority, are prohibited.

e. Faculty and Non-Degree Students – The prohibitions described above apply in accordance with a non-degree student’s status as undergraduate, graduate, or professional.

f. Faculty and Visiting Students – The prohibitions described above apply in accordance with a visiting student’s status as undergraduate, graduate, or professional.

B. Prohibited Faculty and Postdoctoral Research Fellows Relationships

1. Covered Relationships between a Faculty Member and a Postdoctoral Research Fellow over whom the Faculty Member currently has, has had, or might reasonably be expected to have Academic or Supervisory Authority are prohibited.

C. Faculty Requests for Exceptions from Prohibitions

1. Exceptions from the prohibitions outlined in this SPG will be granted only in rare circumstances. A Faculty Member may request an exception, and each will be considered on a case-by-case basis. As a starting premise, and as the broadest prohibition in this SPG applies to undergraduate students, an exception permitting a Covered Relationship with an undergraduate student would require an extraordinary set of circumstances.

2. Examples of situations in which an exception might be appropriate include:

   a. The Faculty Member’s Covered Relationship with a Learner precedes the individual’s status as a Learner subject to these prohibitions (e.g., a Faculty Member and Learner have been in an established relationship [e.g., marriage], and the Learner subsequently enrolls as an undergraduate student at the University);

   b. A Faculty Member and a Learner had a Covered Relationship under the prior version of this SPG that either did not require disclosure or was appropriately disclosed and managed, but upon the effective date of the revised SPG, the Covered Relationship is prohibited.  

3. A Faculty Member’s request for an exception must be made in writing to the Faculty Member’s Dean or designee in the Dean’s
Office. The Dean or designee in the Dean’s Office, after consultation with Academic Human Resources, will determine whether an exception is appropriate. If an exception is appropriate, a management plan will be implemented as described below.

4. If an exception is denied, the Covered Relationship must be discontinued. The Faculty Member may request an exception if the circumstances leading to the denial change.

5. The affected Faculty Member may file a grievance challenging the denial of an exception request under the applicable Faculty grievance procedure.

D. Managing Approved Faculty Exceptions

1. In the event an exception is granted, a written management plan will be created. At minimum, the plan will document the rationale for the exception and outline any steps necessary to resolve actual and potential conflicts of interest and commitment.

2. The management plan will be developed by the Dean or designee in the Dean’s Office, which may include consultation with the Faculty Member and Learner.

3. To ensure consistent administration of this policy, the Dean or designee in the Dean’s Office will consult with Academic Human Resources in managing the rare cases in which an exception is granted.

4. The approved management plan must be placed in the Faculty Member’s personnel file in the Faculty Member’s home administrative unit.

E. Prohibited Relationships Between Other Covered Teachers and Learners

1. Graduate Student Instructors and Learners
   a. Covered Relationships between a GSI and any Learner over whom the GSI has Academic or Supervisory Authority are prohibited.
   b. Immediately upon learning that a student with whom the GSI currently has or previously had a Covered Relationship is or will be in the GSI’s class or otherwise under the GSI’s Academic or Supervisory Authority, the GSI will disclose the situation to the Dean or designee in the Dean’s Office of the department in which the GSI is appointed. The Dean or designee in the Dean’s Office will establish appropriate supervision of the Learner.

2. Undergraduate Students Responsible for the Delivery of Course Content and Learners
a. *Covered Relationships* between an *Undergraduate Student Responsible for the Delivery of Course content* and any *Learner* over whom they have *Academic or Supervisory Authority* are prohibited.

b. Immediately upon learning that a *Learner* with whom the *Undergraduate Student Responsible for the Delivery of Course Content* currently has or previously had a *Covered Relationship* is or will be under their *Academic or Supervisory Authority*, the *Undergraduate Student Responsible for the Delivery of Course Content* will disclose the situation to the Dean or designee in the Dean’s Office. The Dean or designee in the Dean’s Office will establish appropriate supervision of the *Learner*.

**F. Reporting**

1. Any student, faculty member, staff member or other affiliate (e.g., individuals in a position to observe or have knowledge of such a relationship) who reasonably believes a *Covered Teacher* is engaged in a prohibited *Covered Relationship*, or is otherwise in violation of this policy, is encouraged to report the concern to the *Covered Teacher’s Dean* and/or the Office of Academic Human Resources.\(^\text{13}\).

2. In addition, anonymous reporting can be made through the University’s Compliance Hotline (http://www.compliancehotline.umich.edu/) (1-866-990-0111) and/or the Office for Institutional Equity (https://hr.umich.edu/working-u-m/workplace-improvement/office-institutional-equity/discrimination-discriminatory-harassment-sexual-misconduct-reporting-form).

3. A person who knowingly and intentionally makes a false report under this policy is subject to University discipline.

**IV. Discipline**

Violations of this policy will be considered misconduct on the part of a *Covered Teacher* and will be subject to discipline up to and including separation from the University. Any such discipline will follow the applicable due process requirements, and will be subject to the applicable grievance procedure.

Prompt self-disclosure may mitigate potential violations of this policy. *Covered Relationships* that are not self-disclosed will be considered more severe violations of this policy.

**V. Related Policies**

This SPG does not preempt existing codes of student conduct.
This SPG will be implemented in coordination with related policies, such as SPG 201.65-1 (https://spg.umich.edu/policy/201.65-1), Conflicts of Interest and Conflicts of Commitment, which remain in full force and effect.

Nothing in this policy shall be deemed as supplanting or otherwise affecting the University’s sexual harassment policy, Standard Practice Guide 201.89-0 (http://spg.umich.edu/policy/201.89-0), or the policy on the appointment of relatives, Standard Practice Guide 201.23 (http://spg.umich.edu/policy/201.23).

1A Covered Teacher may have separate disclosure obligations for certain personal relationships under other University policies (see, e.g., SPG 201.65-1 (http://spg.umich.edu/policy/201.65-1) – Conflicts of Interest and Conflicts of Commitment).

2These defined terms are identified by the use of italics.

3The University engages people who are not University employees to assume educational responsibility for our Learners through internships, affiliation and cooperation agreements, and other arrangements. The University encourages units to incorporate the provisions of this SPG into formal agreements with these types of educators, their employers, etc.

4SPG 201.34-1 (http://spg.umich.edu/policy/201.34-1) defines “regular instructional faculty” to include tenure track faculty, clinical track faculty, lecturers, and bargained-for lecturers. For bargained-for lecturers, the UM/LEO agreement (https://hr.umich.edu/sites/default/files/lecturers-employee-organization-agreement-2018-2021.pdf) provides additional information.

5SPG 201.34-1 (http://spg.umich.edu/policy/201.34-1) defines “supplemental instructional faculty” to include adjunct instructional faculty (bargained-for; see UM/LEO agreement (https://hr.umich.edu/sites/default/files/lecturers-employee-organization-agreement-2018-2021.pdf)), adjunct clinical instructional faculty, and visiting instructional faculty.

6Regents’ Bylaw 5.24 (http://regents.umich.edu/bylaws/bylaws05b.html#15) defines the research track faculty as including the Research Scientist and Research Professor tracks.


8SPG 201.19 (http://spg.umich.edu/policy/201.19) provides additional information for Postdoctoral Research Fellows.

9Upon the 2019 effective date of this revised SPG, relationships that were not prohibited by prior versions of this SPG may become prohibited. In such cases, an affected Faculty Member must immediately disclose such relationship to the Faculty Member’s Dean or designee in the Dean’s Office. In the event the Faculty Member wishes to request an exception to the prohibitions in the revised SPG, the Faculty Member must submit a request in writing to the Dean or designee in the Dean’s Office, as set forth in the SPG.
In the limited number of cases in which the Dean or designee in the Dean’s Office has a conflict of interest which directly bears on the evaluation of an exception request, alternative reporting may be appropriate through Academic Human Resources.

On the Flint and Dearborn campuses, consultation with the campus Human Resources Office is also required.

Notes
This SPG was revised February 18, 2019. The revised policy is broader in scope and more restrictive than the previous policy.

File Attachments
PDF of SPG 601.22, Prohibitions Regarding Sexual, Romantic, Amorous, and/or Dating Relationships Between Teachers and Learners (https://spg.umich.edu/sites/default/files/policies/Prohibitions%20Regarding%20Sexual%2C%20Romantic%20Relat...pdf)

SPG Number: 601.22
Date Issued: April 2, 2004
Last Updated: February 18, 2019
Next Review Date: February 18, 2022

Applies To:
Regular Instructional Faculty, Supplemental Instructional Faculty, Research Faculty, Graduate Student Instructors, and Undergraduate Students Responsible for the Delivery of Course Content

Owner:
Office of the Provost and Executive Vice President for Academic Affairs

Primary Contact:
Office of the Provost and Executive Vice President for Academic Affairs
Related Policies:
Appointment of Relatives or Others with Close Personal or External Business Relationships; Procedures to assure Equal Opportunity and to Avoid the Possibility of Favoritism (Nepotism) (/policy/201.23)
Classification and Appointment of Instructional Faculty (/policy/201.34-1)
Conflicts of Interest and Conflicts of Commitment (/policy/201.65-1)
Postdoctoral Research Fellows (/policy/201.19)
Sexual Harassment (/policy/201.89-0)

Related Links:
Frequently Asked Questions (https://www.provost.umich.edu/faculty/FSRP/)

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