

UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

F. EDWARD HÉBERT SCHOOL OF MEDICINE

Learning To Care For Those In Harm's Way

MEDICAL STUDENT HANDBOOK

2003– 2004

ACADEMIC PLANNER

PREFACE

The Medical Student Handbook and Academic Planner is one of three important publications for reference on University issues. Upon inquiry to the University, potential students receive the first of these, the School of Medicine Bulletin. The Bulletin describes the University and its medical education programs in general, introduces the faculty and curriculum, provides basic information about student benefits and obligations, and overviews the admissions process.

The second publication that applicants receive upon acceptance to the School of Medicine is called the Student Orientation Guide. It is an informal booklet published by the Office for Student Affairs, which provides useful information on the Officer Basic Orientation programs, getting settled in the Washington, D.C. area, and learning your way around the University.

The third publication, also published by the Office for Student Affairs is this Handbook. It rounds out the three by providing important policy documents and procedures to the newly matriculated medical student and medical officer candidate. Changes in policy and procedures may be changed throughout the academic year. In those cases, the changes will be republished, and you will be advised of the changes and provided with additional information.

Use this Handbook as the important reference for which it is intended. Please contact the Office for Student Affairs (Attn.: Assistant Dean for Academic Support Services) concerning information which should be added or updated.

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OATH OF HIPPOCRATES

I ... do solemnly swear

That I will be loyal to the profession of medicine and just and generous to its members, that I will lead my life and practice my art in uprightness and honor;

That into whatever home I shall enter it shall be for the good of the sick and the well to the utmost of my power and that I will hold myself aloof from wrong and from corruption and from the tempting of others to vice;

That I will exercise my art solely for the cure of my patients and the prevention of disease and will give no drugs and perform no operation for a criminal purpose and far less suggest such a thing;

That whatsoever I shall see or hear of the lives of men which is not fitting to be spoken, I will keep inviolable secret;

These things I do promise and in proportion as I am faithful to this oath, may happiness and good repute be ever mine, the opposite if I shall be forsworn.

COMMISSIONING OATHS OF ARMY, NAVY, AIR FORCE, AND PUBLIC HEALTH SERVICE OFFICERS

I ... do solemnly swear

That I will support and defend the Constitution of the United States against all enemies, foreign and domestic;

That I will bear true faith and allegiance to the same;

That I take this obligation freely, without any mental reservation or purpose of evasion;

And that I will well and faithfully discharge the duties of the office upon which I am about to enter,

So help me God.

Learning to Care for Those in Harm's Way

Those eight words really say it all! Our University, the Uniformed Services University of the Health Sciences, was created by Congress via the Health Professions Revitalization Act of 1972. The shortage of military physicians at the close of the Vietnam conflict, which heralded the beginning of the "All Volunteer Force", was responsible for engendering the 1972 legislation; nonetheless, Congressman F. Edward Hébert envisioned the University to be much more than a recruitment vehicle for physicians. Rather, his vision was the establishment of the academic health center for the military.

Posted in each of the buildings on campus you can find the Mission, Vision and Guiding Principles of our university ... our academic health center. The Mission Statement describes USU very well: "The Uniformed Services University of the Health Sciences is the Nation's federal health sciences university and is committed to excellence in military medicine and public health during peace and war. We provide the Nation with health professionals dedicated to career service in the Department of Defense and the United States Public Health Service and with scientists who serve the common good. We serve the uniformed services and the Nation as an outstanding academic health sciences center with a worldwide perspective for education, research, service and consultation; we are unique in relating these activities to military medicine, disaster medicine, and military medical readiness."

Those many words are the product of a thoughtful strategic planning process by many of our faculty, students, staff and sponsors. They are noble and meaningful words that describe our values, dedication and understanding of the purpose of USU, but they sure are difficult to remember and to recite.

The basic purpose of all academic centers is the pursuit and dissemination of knowledge. That is what your University is all about. USU is an institution for learning with a specific focus on that which is unique to the military, protecting the health of the force. No matter what your specific role here at USU, you are contributing to that objective, whether through obtaining current knowledge, pursuing new knowledge or supporting others in that quest.

Our mission statement can be said succinctly and quite well in just eight memorable words: ***Learning to Care for Those in Harm's Way!***

JAMES A. ZIMBLE, M.D.
President
Vice Admiral, United States Navy (Retired)
May 10, 2002



MISSION

The Uniformed Services University of the Health Sciences is the Nation's federal health sciences university and is committed to excellence in military medicine and public health during peace and war. We provide the Nation with health professionals dedicated to career service in the Department of Defense and the United States Public Health Service and with scientists who serve the common good. We serve the uniformed services and the Nation as an outstanding academic health sciences center with a worldwide perspective for education, research, service, and consultation; we are unique in relating these activities to military medicine, disaster medicine, and military medical readiness.

VISION

We are the Nation's federal health sciences university, recognized as an outstanding scholarly educational center. Our component schools and institutes are dedicated to excellence and innovation in education, research, and service worldwide.

We are a university that grants degrees in the health sciences at all levels, producing outstanding scientists and health care practitioners for the Nation.

We are recognized as the preeminent center for the study of military medicine, tropical diseases, disaster medicine, and adaptation to extreme environments.

We are a major coordinating center for consultation, support, and advocacy for education and operational readiness training in the health sciences, throughout the careers of uniformed medical personnel.

We have a cooperative, mutually supportive and valued interaction with DoD hospitals that enhances undergraduate education, graduate medical education, research programs and patient care.

We have a partnership with the Henry M. Jackson Foundation for the Advancement of Military Medicine that enriches our scholarship and contributes to our fiscal stability and maximum development.

We attract a diverse population of qualified individuals and encourage their personal and professional development. Our students, faculty, and staff appreciate that they are essential to the work and success of each other and the University.

We are exemplary in providing access and opportunity for career development to people traditionally under-represented in medicine, science, academia and government service.

We prepare and inspire our students, faculty, and staff for a lifetime of learning, leadership, and service.

Our programs, scholarly activities, faculty, and graduates make outstanding contributions throughout the medical and scientific communities.

GUIDING PRINCIPLES

As we strive to accomplish our mission we are committed to all of the following principles. Each one represents an essential and equally important core value.

CARING

We foster an atmosphere of caring, mutual respect, courtesy, pride in work, and personal development. Each member of the university community is important.

COMMUNICATION

We interact and share information in a timely manner with openness, candor, and sensitivity.

INTEGRITY

We conduct ourselves responsibly, ethically, and honestly.

LOYALTY

We are dedicated to each other, the University, the Department of Defense, and the Nation.

QUALITY

We strive to excel through continuous quality improvement.

SCHOLARSHIP

We are committed to academic freedom as fundamental to the advancement of knowledge and a lifetime of learning.

SERVICE

We are sensitive to the needs of those we serve and are responsive to new ideas and change.

TEAMWORK

We value the contributions of each member of our community and work to achieve an environment characterized by cooperation, collegiality and an appreciation of diversity.

STUDENT AFFAIRS

THE OFFICE FOR STUDENT AFFAIRS

Student Affairs is a broadly conceived area in the School of Medicine, touching the life of every student from application through graduation and beyond. The Office of Admissions is charged with processing applications for review by the School of Medicine's Admissions Committee and subsequently notifying applicants of their acceptance to the University. The Office for Student Affairs serves as the official liaison between the student body and the University faculty and administration, along with serving various student needs in cognitive and noncognitive areas of growth; it coordinates the School of Medicine's curriculum and educational programs, and oversees the academic performance of each medical student, and his or her preparation for graduate medical education. The Office of the Registrar maintains the medical students' academic files and provides transcripts of their degree work long after they graduate and leave the University. The Associate Dean for Student Affairs manages the administration of these diverse but related functions, thus both supervising the quality of student life and representing the student body in the administration.

RESPONSIBILITIES AND FUNCTION

The Office for Student Affairs is the official liaison between the student body and the University faculty and administration. The Student Affairs staff, together with student groups/leadership, faculty and staff, seek to foster and facilitate the University's growth by achieving balance and mutual understanding around the critical issues that impact on students. This goal places the primary office staff in the positions of counselors and interpreters for both students and administration in many significant areas determined by the experiences of working and learning together.

The Associate Dean for Student Affairs (ADSA) is responsible for supervising the quality of student life and, in an ombudsman role, is expected to understand and represent the student viewpoint whenever policy is made or needed. The ADSA serves on all standing committees that directly affect students, including the Admissions Committee (Chairman), Curriculum Committee, Student Promotions Committee, Awards Committee (Chairman), and Board of Review for Interservice Transfers. He is also the Dean's staff representative in national organizations that have student involvement, such as the Association of American Medical Colleges (AAMC) and the Association of Military Surgeons of the United States (AMSUS). The ADSA also has supervisory responsibility for the Offices of Admissions and the Registrar.

The Assistant Dean for Clinical Sciences (ADCS) coordinates the School of Medicine's curriculum and educational programs in the third and fourth years, the academic

performance of third- and fourth-year students, and the subsequent graduate medical education of our students. In addition, the ADCS is responsible for the School of Medicine's academic standard in the clinical sciences as well as the continued personal and professional growth and development of individual students throughout their third and fourth years. As a result, the office provides the official liaison between students at the School of Medicine and the University faculty and administration in matters pertaining to clinical programs, and represents the University to all organizations regarding graduate medical education. The ADCS also serves on all standing committees that directly affect students, including the Admissions Committee, Curriculum Committee, Student Promotions Committee, and the Board of Review for Interservice Transfers.

The Assistant Dean for Academic Support Services (ADASS) directs the academic support program, providing services that address specific academic needs of the students. Services under this program range from time management and study skills training to developing an organized approach to preparation for United States Medical Licensure Examinations. The ADASS also serves as a liaison between students and course directors, and in this role is responsible for monitoring the academic progress of students and understanding and voicing student issues to faculty members. In keeping with the priorities of the Office of Student Affairs, the ADASS's primary concern is the quality of student life, and as such the ADASS's duties and responsibilities reflect current student issues and needs. The ADASS also directs the student activities program and coordinates the administration of various student support programs (i.e., Host, Sponsor, Orientation, and Awards) which fall under Student Affairs.

The Office for Student Affairs keeps step with students as the many new situations, responsibilities, challenges and stresses of medical school unfold and are confronted. Students have the major responsibility for managing their personal lives and for meeting the requirements of the School of Medicine. Student Affairs has the responsibility to assist them to realize their goals, thereby maximizing their potential for excellence as a physician, officer, and human being. A visible, pragmatic concern exists for the well-being and success of students. Student Affairs will interact with individuals and groups as indicated or requested, and services are available for assistance at any time.

GUIDANCE AND ASSISTANCE

Since the primary function of a medical school and its faculty is to provide a rich and stimulating environment for learning, the major concern of the Office for Student Affairs is to ensure that students are provided with appropriate opportunities throughout their medical school education to achieve their individual potential as future physicians. Such opportunities have been designed by each department—basic science and clinical—to promote and enhance the scholarly activity of our students.

The ADSA is the general, day-to-day supervisor of the integrated academic schedule for freshmen and sophomores. Because the ADSA has a major role in the admissions process, it follows that he is best suited to oversee the first two years of medical training. In the case of third- and fourth-year students, these issues are the responsibility of the ADCS. The ADSA and ADCS work closely together so that every student has maximum opportunity to receive an outstanding medical education.

In order to help students achieve these goals, the Office supervises and reviews the overall academic performance and progress of students throughout their medical education, helps students individualize their fourth-year curriculum, and provides guidance concerning student career plans and graduate medical education. Thus, the ADSA and ADCS are also responsible for writing the “Dean’s letter” of recommendation for graduating students, and represent the University to each uniformed service’s Office of Graduate Medical Education and Training.

In addition to academics, the Office for Student Affairs is intimately familiar with the many other facets of life as experienced by students during the four years of medical school. At one time or another, nearly everyone can feel overwhelmed, unusually stressed, disorganized or troubled because of personal, social, medical, or academic problems. The office staff is available to help students develop personal strategies for coping with these situations. This can range from simple advice to referral to various other individuals as appropriate.

Each academic department offers its own unique approach for those students experiencing course and study difficulties. Instructors are happy to consult with students, and believe that the earlier a problem is made visible and shared, the faster it will be solved. The Office for Student Affairs strongly supports the initiatives of each academic department and keeps in close communication as indicated. The office staff is also interested in counseling students on various approaches to handling objective examinations and improving study skills, and periodically provides workshops on developing these skills.

The office staff wants to help students mobilize themselves quickly and sensibly in times of personal crisis. The office is designed to be a safe and dependable place for sharing and discussion whenever it is needed.

STUDENT BODY ORGANIZATION AND CLASS LEADERSHIP AND GOVERNMENT

The Office for Student Affairs is responsible for facilitating and coordinating student government in the School of Medicine. The Student Advisory Council (SAC) is the primary executive body that represents student issues to the Dean, School of Medicine. In addition, each medical school class has its own slate of elected officers who have the responsibility for management of individual class issues. The Chairman of the SAC and the individual class presidents are consulted frequently by the administration so the student viewpoint is a part of the decision-making process. Students are represented on several standing committees of the School of Medicine. A copy of the USU Medical Student Government Constitution and Bylaws is in this Handbook.

STUDENT ACTIVITIES

The Office for Student Affairs also coordinates and facilitates most student activities, such as the student newspaper, student chapters of national organizations, social events, and all other organizational/club issues related to students. As each group forms its own organization and leadership, the Student Affairs staff assists to make everything a success and a source of pride for the University.

STUDENT COMMUNICATIONS SERVICES

The Office for Student Affairs maintains a student message service to receive telephone calls for you. During class hours, telephone messages for first- and second-year students are received and posted in their personal boxes. Students should check their boxes frequently for their messages, since they will be contacted in class to take only emergency calls. Official outgoing local and military DSN calls may be placed on telephones provided in the Student Support Services Area. However, long distance toll calls will not ordinarily be authorized (except collect or billed to your personal telephone account) without permission.

AVAILABILITY

The Office for Student Affairs is committed to enhancing the University's rich and stimulating environment for individual growth, development, and learning. One way to accomplish this is by simply being available, and the staff welcomes the opportunity to have students call upon them at any time. The Deans observe an "open door" policy, and they encourage students to stop by the office for informal visits.

CAREER GUIDANCE AND PERSONAL DEVELOPMENT

Your professional and personal development as medical officer candidates is a matter of interest and responsibility for everyone at USU. Advising and supporting students throughout medical school—from the personal side to career guidance—is a multidimensional process involving the faculty, the several deans, and the military leadership. Students experience many challenges and changes during their time in medical school, beginning with the initial transition from college or previous profession, followed by study, training, development, graduation, and graduate medical education. Sensitivity to this ongoing and evolving process is a key ingredient of your medical education at USU. Students must cope with the present, and constantly look forward to their eventual identity as clinicians and uniformed officers. This section is intended to highlight information presented throughout this Handbook, so students can construct their preferred approach to professional guidance and personal support.

THE OFFICE FOR STUDENT AFFAIRS

During the first two years of medical school, there is much focus on course and lab work, along with solid exposure to classic clinical medicine and military medicine. In these years, the Office for Student Affairs will be of unique importance to you. This office is primarily designed to assist in your transition into medical school, advise you on your academic/personal development as a physician, and counsel you about your progress. As such, the Associate Dean for Student Affairs (ADSA) supervises the boundaries between the students and their many responsibilities. The office willingly makes direct referrals to individuals who may further assist you and/or offer opportunities for exposure to areas of perceived interest.

During the first half of your third year, each student will meet with either the ADSA or the Assistant Dean for Clinical Sciences (ADCS) to develop your individual career plans in clinical medicine. These discussions will continue throughout your third and fourth years and include the following topics: (1) needs and interests; (2) choosing your internship; (3) maximizing opportunities in the beginning of your fourth year to enhance your selection for the internship of your choice; and (4) choosing your subsequent specialty training.

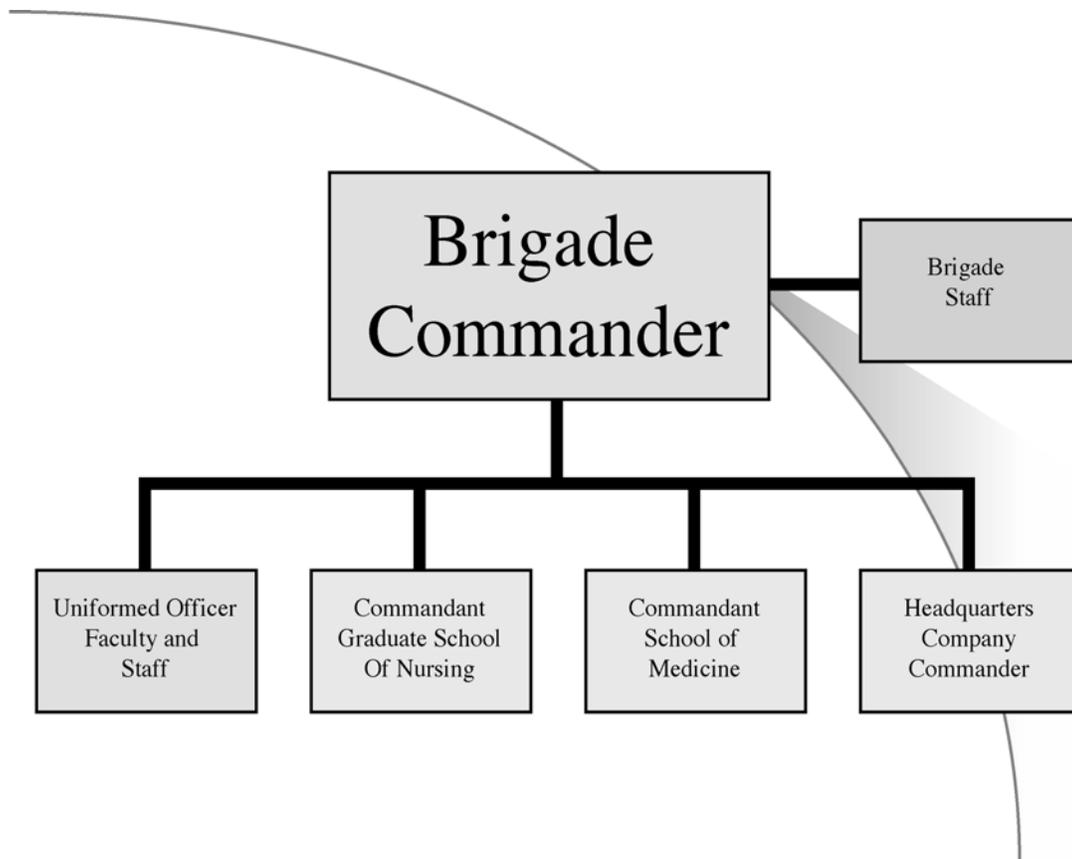
Counseling about general, everyday personal issues and the overall impact of the medical student role is also available through the Office for Student Affairs. Most matters that affect student life are well-known to the professionals in these offices, and the support of students is the centerpiece of our work. Some students may desire counseling services beyond the scope of these offices. In such situations, the offices will assist in referral to the University Health Center, where an extensive service network is available. Students may also access the Center directly. Additionally, these offices work closely with the Office for Recruitment and Diversity Affairs, which also provides numerous support services to students.

THE OFFICE OF THE COMMANDANT

MISSION

The mission of the Office of the Commandant is:

1. To exercise command and control, on behalf of the uniformed services, over the officers assigned as students to the F. Edward Hébert School of Medicine.
2. To model, stimulate, and foster the qualities and attributes of professional leadership and officership, giving particular emphasis to:
 - a. Service as a uniformed medical officer.
 - b. Character as exemplified by integrity, morality, discipline, and a strong sense of duty and responsibility.
3. To provide service-specific guidance and training essential to officer professional development.
4. To mentor and cultivate a life-long respect for the maintenance of and participation in a healthy lifestyle.
5. To support the USU unifying goal of developing medical officers who demonstrate, by exhibiting the highest principles of medical practice and officership, their dedication to service to others through service to the nation.



The Commandant serves as the F. Edward Hébert School of Medicine senior military officer in charge of assigned students and is assisted by service-specific Company/Squadron Commanders. The Commandant reports to the Brigade Commander for military issues and chain of command accountability, and is the military advisor to the Dean and the Associate Dean for Student Affairs.

The Brigade Commander is the senior military commander of all active duty service members assigned to USU. The medical student battalion is an element of the USU Brigade. USU students work within academic departments and receive their academic direction from course directors. The Commandant and subordinate commanders direct the nonworksite military command/control issues and service-specific mandated programs for the university. Physical fitness, weight control, urinalysis drug testing, officer development and equal opportunity are examples of programs under Commandant direction. The Commandant and the Company/Squadron Commanders carefully coordinate their actions, programs and requirements so they are compatible with the requirements of the Dean of the School of Medicine and each student's academic progress.

The Associate Dean for Student Affairs and the Commandant work closely together to provide students with every means possible for success in their combined role as military officers and students of medicine.

Other University elements working for the President and/or Dean to provide direct support to students are: The offices of the Vice President, Recruitment and Diversity Affairs; General Counsel; Military Personnel; and others. Since all of these USU staff elements work in close concert, any of them can, without difficulty, direct students to the office most able to provide the needed support.

Under the Commandant, the Company/Squadron Commanders are the service-specific commanders of the medical students. The Company/Squadron Commander is one resource among many at USU, available as a military career counselor, sounding board, source of information about military and school functions, and a facilitator of administrative requirements. The Company/Squadron Commanders each hold academic appointments and teach leadership and other subjects both in the classroom and during field exercises.

THE FACULTY

The faculty has major interest in and impact on your development, and they are extensively available for advice and counsel in the basic and clinical sciences. Each basic science department has an identified faculty member available and interested in directly advising students about the (1) professional nature of the discipline; (2) research opportunities in the discipline; and (3) approaches to mastering knowledge of the discipline. These faculty members, having particularly expressed an interest in developing engaging dialogues with students, and are identified at the beginning of each academic year. In addition, the basic science faculty in general and the course directors in particular, are available for consultation by direct access.

Clinical faculty members appear early in the curriculum as teachers and are initial role models with whom students can identify. During the first year of medical school, students have exposure to clinicians in small and large group settings in Introduction to Clinical Medicine I; Human Context in Health Care; and Military Medicine. During the second year, students have extensive exposure to clinicians through Introduction to Clinical Medicine II AND III; Military Medicine; Clinical Concepts; and Ethics. Students are always welcome to discuss professional development with any of these faculty members. Here, too, the Deans work closely with faculty members and students to bridge your transition into the clinical years by individual meetings and a series of presentations to the entire class. This lays an initial foundation for decision making about building a clinical career pathway. Students have ample opportunities to meet the individual specialty clerkship directors, who are always available for discussion of professional matters, the clinical curricula, and graduate medical education in general.

COMMANDANT'S MENTORSHIP PROGRAM

In recognizing that all of our medical students can benefit from a mentor relationship with a military physician, the Office of the Commandant has instituted a program whereby any interested students would be assigned a same-service physician in a specialty of interest to the student to meet with on a voluntary basis. These interactions would be outside of the normal academic curriculum and would allow for the informal exchange of ideas relating to medical and military career development. Available physicians would be assigned on an annual basis and students wishing to choose their

own mentor would be encouraged to do so. This program is done in coordination with the Mentorship Program directed by the Vice President, Recruitment and Diversity Affairs.

OFFICE OF THE BRIGADE CHAPLAIN

The University chaplain and staff extend to you a warm welcome to the F. Edward Hebert School of Medicine. Our goal is to support and enhance the quality of life of military personnel and their families through spiritual development. Ways we can help include:

- Locating a place of worship – military chapel or civilian church, synagogue, or mosque
- Performing religious sacraments/ordinances, rites and ceremonies
- Providing religious education and instruction
- Providing pastoral care – visit the hospitalized and confined
- Providing pastoral counseling – moral, ethical, religious, crisis, grief, marriage, etc.

The free exercise of religion is a constitutional right of United States citizens. The Office of the Chaplain facilitates the free exercise of religion for military personnel and their families. Chaplain ministry is needs-based, performed cooperatively, and executed within a pluralistic environment.

Since the University mission revolves around our students, so does the design of our religious program. Several faith-specific student associations are currently formed as needs arise and others can form as needed. These include the Christian Medical Association, Catholic Students Association, and Latter Day Saints Student Association.

In summary, we want you to be your best so you can do your best in medical school. If something is distracting you from doing this, your chaplain is a safe and caring place to start with plenty of potential resources to help, regardless of your faith group.

The Office of the Chaplain is located near the Building C lobby, in Room C1099, phone: (301) 295-9658/3193. For more information or to email the chaplain for an appointment or with questions, our website is: www.usuhs.mil/chaplain.

YOUR PEERS

It is also important to clearly recognize that students helping other students is a valuable and healthy process. The bonding of the student body creates a supportive network that nourishes the well-being of everyone. In addition to the regular bonding that helps everyone meet the daily challenges of a medical education, USU students play an important role in helping classmates who are experiencing difficulties. The Peer Development and Consultation Committee (PDCC) is one example of a student-led organization which provides responsive support in a variety of personal and professional situations.

CONCLUSION

These are some of the ways in which USU demonstrates its important role in supporting your development, not only as medical students, but also as individuals. Each of you, in

turn, must recognize that your professional and personal development is your major responsibility. As courses and clerkships pass by, your attention to these matters—the broader concepts of a medical education—is just as important as your studies. While there are many responsibilities in the present, you must constantly prepare for the future. The staff, faculty and your peers are accessible and available for consultation and advice. Use them often!

THE HONOR SYSTEM AND YOUR PERSONAL INTEGRITY

PHILOSOPHY

As a commissioned officer of the United States, and a candidate for the degree Doctor of Medicine, USU medical students are subject to the highest possible standards of integrity and must demonstrate uncompromising personal comportment in their relationships with each other, the faculty and staff, patients, people in general and institutions. Medical officer candidates serve having sworn their pledge to the commissioning oath and the Oath of Hippocrates. In addition, general standards for conduct, academic integrity and personal behavior are clearly defined in the guidance provided in two major documents: (1) The Uniform Code of Military Justice [Appendix 2, Subchapter X], and (2) USU Instruction “Student Promotions Committee” 1201 (1996).

At USU the honor system is not an isolated program solely directed at academic matters. Honor and personal integrity are the foundational elements of commissioned officership and the study and practice of medicine, and represent a signature essential feature of personal and professional identity.

The USU Student Body has adopted the following simple code:

In my profession and in my life, I will be an honorable, sensitive and forthright person, dedicated to the highest standards of integrity and ethical behavior. I will not tolerate any form of dishonesty, unethical behavior, or corruption in myself or others.

The references cited above and the Code provide a unifying theme of guidance to give the USU Community an environment of quality and mutual respect that nourishes the study/practice of medicine and science, and the development of officership. Maintaining such an environment requires the active engagement of all students in this process; passivity—leaving it to someone else—undermines the momentum that makes our community flourish!

TERMS

The following paragraphs are designed to provide students with information about matters specific to the study of medicine in classroom, laboratory and clinical settings.

Student Promotions Committee (SPC): The SPC is the official School of Medicine body that reviews matters of serious concern for violations of personal integrity

and professional comportment. The USU Instruction 1201 (cited previously) charges the SPC with the responsibility for reviewing cognitive and non-cognitive performance.

Cognitive Performance: Those skills and behaviors that are judged by objective examination and evaluation procedures.

Non-Cognitive Performance: Those skills, behaviors, attitudes, and attributes that, while seldom susceptible to the usual objective examination and evaluation procedures, are judged by the faculty to be important for success as a physician. They include such areas as honesty, professional and academic integrity, reliability, perception, sensitivity, balanced judgement, personal insight, and the ability to relate to others.

Minimum Expectations: USU Instruction 1201 contains the following specific guidance about examinations and academic work:

“Students may not:

- 1) Use, attempt to use, or copy any unauthorized materials/aides during any examination or graded exercise.
- 2) Knowingly provide false information in any academic document or academic exercise.
- 3) Knowingly present someone else’s work as their own.
- 4) Forge or alter for advantage any academic document.
- 5) Knowingly disregard instructions for the proper performance in any examination or graded exercise.
- 6) Intentionally impede or interfere with the ability of fellow students to use academic materials or to complete academic work.
- 7) Make any attempt to compare answers from the examination of another student.
- 8) Knowingly assist a fellow student in any of the above activities.”

PROCEDURE

Students should understand that a violation of academic integrity is a matter of concern to both the military and academic communities. Consequently, violations of academic integrity will be addressed through the Uniform Code of Military Justice (UCMJ), and the University Institution governing the Student Promotions Committee (Academic Board).

The honor system at USU works through the cooperative efforts of the students—and specifically the linkages that exist between the Dean’s office (through Student Affairs), the Commandant of Students, the elected Peer Development/Honor Representatives in each medical school class, and the SPC. Students should know their honor representative and use him/her as a resource person for discussing general issues of integrity, behavior and personal/professional comportment.

When students have specific concerns about the integrity or behavior of other students, these concerns should be brought to the appropriate class Peer Development/Honor Representatives who will review the issues and convene a meeting of involved students.

In such meetings an effort must be made to develop understanding and seek resolution. If the meeting creates understanding and eliminates concern by all parties, the matter will be considered closed. If resolution cannot be achieved, any involved student and/or the student Peer Development/Honor Representatives must formally report any allegation(s) to the Associate Dean for Student Affairs (ADSA) or the Commandant using the specific format and form prescribed by the Student Promotion Committee Instruction #1201.

Faculty and staff members who observe behaviors of concern will make a report to their department chairman who will directly inform the ADSA.

The Commandant and the ADSA will conduct a review and provide a report to the Chairman, SPC, who has the authority to dismiss the issue or bring the matter before the full Committee for review and recommendations to the Dean. A review by the full committee is a very serious matter and will be conducted under the rules of due process as outlined in the Student Promotion Committee Instruction.

As discussed above, the personal integrity of commissioned officers and physicians is a signature feature of personal and professional identity. Students are encouraged to make this feature the centerpiece of their lives.

STUDENT ORGANIZATIONS

The Office for Student Affairs coordinates and facilitates most student activities at the University. The wide range of activities and organizations in which both medical students and graduate students are involved reflects the diversity of interests in the student body. Below is a list of student organizations currently registered with the Office for Student Affairs, which maintains a list of student and faculty/staff contacts for each.

ACADEMIC

ALPHA OMEGA ALPHA (AOA): AOA is the only national honor medical society, and its singular purpose is to recognize and perpetuate excellence in the medical profession. The members of USU' Gamma Chapter are active in tutoring and assisting other students as they adjust to the rigors of medical school, and sponsoring several educational events throughout the year. Students are eligible for election to the society in the Spring of their third year and Fall of their fourth year. Criteria for election include overall academic achievement, contributions to the University and the community, and a high standard of character and personal conduct. The group meets monthly. An induction fee payable to the national office is required, as are modest annual national and local chapter dues; the latter includes a subscription to Pharos, the society's publication.

ACADEMIC SUPPORT PROGRAMS: As part of the medical school class governance system, each class elects an academic representative who helps develop academic support programs. These representatives work closely with the Office for Student Affairs to assess the peculiar needs of their respective classes and implement programs which will best meet these needs. Examples of past activities by various classes are study groups, a "study buddy" program, note exchanges, and study skills presentations.

PROFESSIONAL

AMERICAN MEDICAL ASSOCIATION—MEDICAL STUDENT SECTION (AMA-MSS): The primary functions of AMA-MSS are to keep students informed on national issues concerning medical education, to provide an outlet for voicing ideas, and to aid in career planning. The organization is an affiliate of the AMA and the Medical and Liturgical Society of Maryland. Meetings are held every two months after classes. Annual dues include a subscription to The Journal of the American Medical Association (JAMA) and a copy of the Drug Evaluation Handbook.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES—ORGANIZATION OF STUDENT REPRESENTATIVES (AAMC-OSR): The OSR is the student voice of the AAMC, an organization uniting U.S. and Canadian medical schools accredited by the Liaison Committee on Medical Education. USU has two student representatives, but opportunities exist for other students to become involved within this national network advancing academic medicine.

ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES (AMSUS): The mission of AMSUS is to promote all areas of federal health care. USU students participate in the Baltimore-Washington Student Chapter, whose goals are to stimulate interest in and discussion of military medicine, to provide special opportunities for medical and military education, and to develop leadership. Meetings are monthly; annual national dues include a subscription to Military Medicine.

CHRISTIAN MEDICAL ASSOCIATION (CMA): CMA is a national organization of Christian physicians and medical students, with the purpose of motivating and equipping doctors to practice faith in Jesus Christ in their personal and professional lives. The USU chapter is dedicated to providing opportunities for students, faculty, and staff to grow spiritually, develop Christ-centered relationships, and reach out to the university community. The club offers weekly Bible study, lunchtime fellowship, monthly family gatherings, and other opportunities to serve the Lord in outreach activities. There are no local chapter dues, with national membership optional. National membership is free the first year; dues in subsequent years include a subscription to the CMA Journal and access to retreats, conferences, and literature.

MILITARY MEDICAL STUDENT ASSOCIATION (MMSA): MMSA is a national organization consisting of over 1200 members, drawn primarily from USU and the Health Professions Scholarship Program throughout the country. As the headquarters for the organization, a primary function of MMSA at USU is the publication of the Journal of Military Medical Student Association three times a year, which provides information of interest to medical students in uniform. Meetings are monthly; Annual dues include a subscription to the journal.

STUDENT NATIONAL MEDICAL ASSOCIATION (SNMA): SNMA is a forum which addresses problems associated with race relations and minority groups, with particular attention given to minority health issues. It also provides a support network for minority students in medicine and is actively involved in exploring ways to increase both minorities' admissions to and retention in medical school. Activities include lecture series, community-based programs, speaking to local high school students, and social

gatherings. SNMA is an affiliate of the national organization based in Washington, D.C. Membership is open to all. Chapter dues, optional national dues include a subscription to The Journal of the Student National Medical Association.

WOMEN IN MEDICINE AND SCIENCE (WIMS): WIMS, USU's chapter of the American Medical Women's Association (AMWA), provides a support group for women in medicine and a forum for discussion on medical topics which affect women specifically and health care providers in general. WIMS includes opportunities for service in the local community, with emphasis on preventative health and mentoring. The group meets monthly to hear speakers and share dinner. There are no chapter dues; optional national dues are one-time student fee and include a subscription to the Journal of American Medical Women's Association.

STUDENT GOVERNMENT

CLASS GOVERNANCE: Each medical school class elects officers to manage class business and activities and to represent and advocate student interests in the USU community. Class elections are conducted on an annual basis, with the following positions being filled: President, Vice President, Secretary, Treasurer, Academic Representative, Social Representatives, Peer Development/Honor Representatives, and Information Technology Representative.

STUDENT ADVISORY COUNCIL (SAC): The SAC is the executive student leadership group designed to study and manage issues across class boundaries and provide a student body consensus which may be communicated to responsible USU officials. The president and academic representative of each class are members of the SAC. The SAC is advisory to the Dean.

SERVICE/SOCIAL

AEROSPACE MEDICAL STUDENT ORGANIZATION (AMSO): AMSO is an affiliate of the Aerospace Medical Association (ASMA). The USU chapter's goal is to advance the science and art of aviation, space, and diving medicine among medical and graduate students by educating about career opportunities, disseminating knowledge through lectures, and providing experience through research and clinical clerkships. The club meets on a monthly basis and features guest speakers on a number of topics.

CADUSUHS: The CADUSUHS is the yearbook for the university, produced totally by students. The editor-in-chief is a fourth-year student responsible for the overall design and production of the yearbook, as well as its senior section. The club has a number of other positions which require volunteers; these include class section editors and co-editors, and students to do layouts, take photos, develop and print pictures—all of which more experienced students are willing to teach others to do. Members' work loads vary throughout the year, becoming a little heavier just before publication deadlines. No fees.

CLUB MED—INTERNAL MEDICINE INTEREST GROUP: Club Med exists to bring together senior faculty members and students for the purposes of learning about internal medicine careers and lifestyles, and enjoyment. The club meets every two months for short talks on what military internists do. The club also arranges for interested students

(even in their first two years of studies) to make rounds with doctors in hospitals. Information on Club Med is available on the university's computer bulletin board. No dues; everyone welcome!

THE CUTTING EDGE—SURGICAL INTEREST GROUP: The Cutting Edge seeks to provide students interested in pursuing a career in surgery with the latest and most pertinent information about residencies and sub-specialties within the field. A shadowing program is available for those wanting to see surgeons at work, and a variety of surgeons are invited to speak about their specialties, career tracks, and even family life. Meetings are held every other month.

DERMATONES: The Dermatones is an a cappella singing group, consisting of both men's and women's voices in barbershop and traditional choral arrangements. The group performs at numerous university functions throughout the year (including mess dinners, social occasions, and memorial services) and special functions (such as Christmas caroling at the Soldiers and Airmen's Home of Washington, D.C.). The Dermatones meet weekly for practice and enjoyment. No dues.

EMERGENCY MEDICINE STUDENT ASSOCIATION: This group exists to foster interest in the medical specialty of emergency medicine. The group meets every other month to discuss medical aspects of emergent care, review journal articles, and learn from emergency medicine physicians about the real world of emergency care. The group also sponsors a program whereby students may shadow an emergency medicine physician in the emergency room for an evening to see the specialty in action. No dues.

FAMILY MEDICINE INTEREST GROUP (FMIG): The goal of the FMIG is to expose students to the specialty of family medicine, a discipline which stresses the comprehensive and continuous care of patients. The club is an affiliate of the American Academy of Family Physicians (AAFP) and the Uniformed Services Academy of Family Physicians. Through community activities and department workshops, members learn about the diverse field of family medicine, its residency programs, and the challenges facing future primary care physicians. Meetings and programs occur throughout the year.

LATTER-DAY SAINT STUDENT ASSOCIATION (LDSSA): The LDSSA is an approved program of the Church of Jesus Christ of Latter-day Saints. It serves to help all Latter-day Saint students stay closely affiliated to the Church, find fellowship among those of common belief, succeed in their studies, and balance their secular education with spiritual development. The organization acts to motivate each student to become a powerful influence for good on the campus and in the University's affiliated hospitals. The LDSSA also attempts to provide students with service opportunities, as well as meaningful social activities which are consistent with the standards of the Church. All members of the Church of Jesus Christ of Latter-day Saints who are students at USU are automatically members of LDSSA at USU. Membership is also open to the entire student community.

OB/GYN INTEREST GROUP: The OB/GYN Interest Group meets periodically to learn more about the specialty and to explore women's health care issues in general. Guest speakers are invited to discuss relevant OB/GYN topics, current women's health issues, OB/GYN as a primary care specialty, and residency opportunities. MS I and MS II members have an opportunity to get hands-on clinical experiences by following an

obstetric patient through pregnancy, labor, delivery, and pediatric follow-up. Members also have the opportunity to shadow residents at several a hospitals. Anyone wishing to explore their interest in caring for the female patient is encouraged to attend. No dues.

OPERATIONAL MEDICINE INTEREST GROUP: The operational medicine interest group is a tri-service organization dedicated to the discussion of all topics that are specific to military medicine in an "operational" or deployed setting. The group conducts monthly meetings on a wide variety of topics. In the past, these meetings have included discussions with invited speakers from operational units and presentations from senior level medical staff members responsible for planning and executing military medicine in austere environments. The group places heavy emphasis on the occupational aspects of military medicine to include flight medicine, undersea medicine, and the overall practice of first world medicine in a third world setting.

THE GOUGE: The student newspaper for the School of Medicine. The newspaper provides information on current events, stimulates the exchange of ideas, and records the history of the institution from the student perspective. Students produce up to six issues each year, serving as reporters and writers. The newspaper is distributed free on campus.

STUDENT PEDIATRIC SOCIETY: The purpose of the Student Pediatric Society is to provide students with information about careers in military pediatrics and allow students to spend time with pediatricians in an office environment. The group meets several times a year and is involved in a service project at a local hospital. Students pay no dues, but receive the quarterly newsletter of the Uniformed Services Section of the American Academy of Pediatrics.

STUDENT SPOUSES' CLUB: The Student Spouses' Club exists primarily to help spouses and significant others of medical students meet others in similar situations to their own and to form friendships to help them through the medical school years. The club offers many activities throughout the year, including monthly meetings and social activities for each class. The club publishes a newsletter and requests dues to cover postage. All spouses and significant others are welcome to participate.

STUDENTS FOR AIDS EDUCATION (SFAE): SFAE is made up of students dedicated to educating youngsters in the community about the AIDS virus. USU student volunteers visit middle schools and high schools in the local area to discuss the virus, how the infection is spread, methods of prevention, and attitudes toward people with AIDS. SFAE conducts a brief training program early in the academic year for prospective members.

UNDERSEA MEDICINE INTEREST GROUP: The purpose of the Undersea Medicine Interest Group is to further members' interest in operational and recreational diving through the sponsorship of diver training, education, and related activities. Meeting on a monthly basis, the group provides information and training in the various aspects of sub-aquatic, hyperbaric, and diving medicine to all members of the USU community. No dues are required.

WILDERNESS MEDICINE INTEREST GROUP (WMIG): WMIG is unique among the student interest groups. Given that there is no formal Graduate Medical Education available in Wilderness Medicine, WMIG exposes students to clinically oriented material fundamental to the treatment of acutely injured patients in an operational or wilderness

environment. These clinical vignettes are presented through a variety of mediums including lectures, labs, and outdoor activities to include hiking, camping, and orienteering. Additionally, due to WMIG's affiliation with the Wilderness Medical Society, a wealth of additional information is available for those students interested in medical care in austere environments. Meetings and other activities occur throughout the year. Membership is free, and students as well as family involvement is encouraged.

MEDICAL STUDENT GOVERNMENT CONSTITUTION AND BYLAWS

(Revised as of 31 May 2002)

PURPOSE AND AUTHORITY

The Dean of the School of Medicine authorizes each medical school class to elect officers for the purpose of managing class business and activities, and for representing and advocating student interests in the USU community. The following positions are authorized for each class:

- President
- Vice President
- Academic Representative
- Secretary
- Treasurer
- Peer Development and Honor Representatives (2)
- Social Representatives (2)
- Information Technology Representative

Class officers of each class and the SAC exist to represent the USU student body, and are not elements of the military chain of command. Class officer positions are sanctioned by the university leadership, but are not extensions of the administration.

The Associate Dean for Student Affairs (ADSA) will serve as faculty advisor for all class officer groups. The ADSA may share this responsibility with other faculty/staff members.

PRINCIPLES OF OPERATION

The class officers of each medical school class will operate independently for all class-specific issues. These class officers have the authority to establish and manage specific medical student class funds, individual class programs and activities. Class officers are responsible for accurately representing the interests of their classmates and must ensure that communication, dialog and information sharing occurs in a timely fashion to support the well-being of the class and give the class its particular identity in the USU community. Class officer meetings should occur at least once monthly, and provide

feedback to students within one week of each meeting. Entire class meetings should be held as determined by the class officers in response to particular issues deserving attention of all students.

DUTIES OF MEDICAL STUDENT CLASS OFFICERS

President. Elected representative of the medical student class and major link between other major entities at the university. Acts as the advocate for the medical student class as a whole. Serves as voting member of the Student Advisory Council (SAC). Acts as the Commanding Officer for the student battalion during all military exercises.

Vice President. Acts as an extension of the President, replacing him/her in an official capacity during the President's absence, either temporary or permanent. Works closely with the President and class officers and is responsible for special projects as designated by the President. Serves as voting member of the Student Advisory Council (SAC). Acts as the Executive Officer for the student battalion during all military exercises.

Academic Representative. Serves as the liaison and advocate for students in academic matters. Organizes and directs class Academic Council and action officers. Serves as voting member of the Student Advisory Council (SAC).

Secretary. Records and publishes minutes of the officer meetings and disseminates information as appropriate.

Treasurer. Manages the finances of the class. Submits an annual class budget, oversees the collection of dues, and disseminates funds as approved by the class officers.

Peer Development/Honor Representative.(2) Serves as the class representative to the Peer Development and Consultation Committee (PDCC) and oversees ethical matters relevant to the class.

Social Representative.(2) Plans and executes class social functions and participates in the planning and execution of university/school functions in which the class participates or from which it benefits (e.g., Dinings-In/Dinings-Out, Family Weekend, and Graduation).

Information Technology Representative Serves as the liaison and advocate for students in information technology matters. Organizes and directs Technology Council and the Information Technology Action Officers. Coordinates curriculum support through the Academic Representative. Ensures compliance with applicable Department of Defense and University Information Support instructions and policies.

COMMITTEES

Any class officer may establish a committee to assist him/her in the execution of his/her duties. The officer must notify the other class officers during the class officer meeting.

ELECTION OF CLASS OFFICERS

Class officers shall be elected annually by a plurality class vote. MS-I officers will be elected in the fall of their first academic year, as directed by the Office for Student Affairs (OSA). The term of the MS-I class officers will extend from the fall election until the completion of Operation Kerkesner. Elections for the MS-II officers will take place in the spring of the MSI year. MS-II officers will serve from the completion of Kerkesner until the start of the third academic (rotational) year. MS-III/IV officers will be elected in the spring of the MS-II academic year. The class election at the end of the second year will count for the final two years to maintain continuity during the clinical portion of their education. Students desiring to run for office will submit to the OSA a statement describing why they should be elected. OSA will post all election statements for several days prior to elections, conduct the elections, certify, and post the results.

RECALL OF CLASS OFFICERS

Petition by 25% of a class will authorize a recall for an officer in that class. Recall of a specific officer requires a two-thirds vote of the class.

BUDGET

A two-thirds vote of the class officers is needed to approve a class budget. The class budget will be the sum of the student dues. Dues will be used to fund class specific activities, functions, and graduation festivities. Each class will adopt a dues policy that is fitting to the personality of the class.

REPRESENTATIVE BODIES

From the slate of officers representing each class, the following additional student representative bodies are authorized:

STUDENT ADVISORY COUNCIL (SAC)

PURPOSE

The Student Advisory Council (SAC) is an organization representing the medical students of the School of Medicine (SOM). It is designed to study student issues across class boundaries and provide a student body consensus which may then be communicated to the Dean, SOM, and other responsible school officials. The SAC will also facilitate the transfer of information on matters or problems common to each student class or group.

ORGANIZATION

The SAC will be composed of the President, Vice President and Academic Representative from each of the four medical school classes. SAC members represent the consensus of their respective class at SAC meetings. The Associate Dean for Student Affairs (ADSA) will serve as the faculty advisor to the SAC.

Chairperson. The Chairperson of the SAC will be the fourth-year class President. The chairperson will supervise meetings, coordinate discussions and votes to establish a consensus representation of the entire student body. The SAC Chairperson may establish a committee to assist in the execution of duties with 2/3 consent of the SAC. Such committee assignments terminate at the end of the SAC chairperson's term.

Vice Chairperson. The Vice Chairperson of the SAC will be the fourth-year class Vice President.

Secretary. The Secretary for SAC will be the second-year class President who will provide an agenda for each SAC meeting consisting of input from the other SAC members.

The Secretary will record and publish minutes of each SAC meeting and notify SAC members of the time and location of such meetings.

Regular Business Meetings. The SAC will meet at least monthly. Approval of any issue requires a 2/3 vote by SAC members. Matters discussed and decided by vote at SAC meetings will be binding and represent the "official" student position in discussions with faculty and administrative officials.

Emergency Meetings. The SAC Chairperson can, at any time, call an emergency meeting to discuss problems requiring immediate attention.

Meetings with the Dean, SOM. The SAC will meet with the Dean, SOM, and ADSA twice a year to discuss issues concerning or confronting the council or students at large.

AMENDMENTS

Any student may propose an amendment to the Constitution at the annual Policy Review Meeting to be held by the SAC each February. In emergency situations the SAC may review and vote on amendments requiring immediate attention. To become effective, an amendment must be passed by both a two-thirds majority of the SAC membership and a two-thirds majority of the elected officers from each medical school class, followed by approval of the ADSA and Dean, SOM.

AMENDMENT 1

If any elected officer is unable to complete his/her term, he/she must make a formal declaration of their resignation in writing to the Office of Student Affairs. Once this statement has been accepted, the resignation is final.

All vacant positions, with the exception of the office of president, will be filled by class election. It is the responsibility of the class president to coordinate and supervise the election of new officers to vacant positions with the assistance of the Office of Student Affairs. This election will follow the standard election format and will be conducted at the soonest feasible and reasonable time as determined by the class president.

If a class president officially resigns or is removed from office, the class vice-president automatically assumes the title, role, and responsibility of the class president, in accordance with the job description of the vice-president. It is the responsibility of the new president to supervise the filling of the vacant vice-president position. If, for any reason, the vice-president is unable to fulfill the new role of president, they should submit their resignation in writing. If they wish to remain vice-president, they may compete for the position in the new election. If this occurs and the office of president is vacant, the elections will be supervised by the next filled class officer position in the following order of precedence: Academic Officer, Secretary, Treasurer, Honor Representatives, Social Representatives, or Information Technology officer. Upon election of the new President and Vice President, the supervising class representative will resume his or her original class officer position.

If a class officer wishes to run for a class office position that has become vacant, they must first officially resign their current position. This will create another vacant position to be filled during the election. An individual may only run for one office during any election.

All resignations are final and individuals will not revert back to their original positions if they fail to get elected in the new office. Individuals may only hold one class office at any one time.

QUALITY OF STUDENT LIFE

FOUNDATION FOR QUALITY OF LIFE AND WELL-BEING OF MEDICAL STUDENTS

The purpose of this section is to outline the School of Medicine philosophy and approach to maintaining quality of life and well-being for the student body, and to describe the network foundation for student support services. It applies to all medical students and those in authority to manage student programs.

PHILOSOPHY

The total experience of medical students must be viewed as a process that crosses multiple boundaries within the school, encompassing far more than the institution's responsibility to provide a well orchestrated and comprehensive educational program. Accordingly, the institution recognizes the individuality of students and their reactions to the total experience of becoming physicians and commissioned officers. Medical students are people who have chosen one of the most treasured vocations of mankind. Throughout their development as professionals and practitioners of medicine, and as commissioned officers, they will be exposed to great expectations by colleagues, superiors and society. These expectations stimulate us to serve, but may also contribute stress and hardship to our lives. A balanced understanding must be created about the satisfaction and demands of the role we have chosen for life. This process must begin in medical school. In order to help students accomplish their task, their supervisors must be encouraged to reverse roles with them and understand the complete impact of the total student experience.

STUDENT SUPPORT NETWORK

The overall program consists of several intersecting elements designed to ensure that students are understood and cared about as individuals, and not viewed in limited terms framed by their requirements to meet academic responsibilities.

At USU, this begins with the admissions program, interview process, and matriculation, where attention is given to peer relationships. Applicants invited to interview are given the opportunity for overnight hosting by a student matched to compliment the needs and interests of the applicant. On interview day, applicants spend time with students and are encouraged to meet with members of the administration who observe an "open door" just for them. Once accepted, applicants are immediately linked with a student sponsor who assists in guiding them through the several months prior to matriculation. The SOM requires summer officership training for 4 to 6 weeks prior to matriculation; this training serves to unify the class prior to on-campus life. By the first day of school, students know each other well, have had substantial exposure to more experienced students, and have embraced a very simple message: working together and caring about each other helps everyone succeed, and reminds everyone about our obligations to each other, our program, and those we serve.

Students are required to prepare brief biographies following a general format provided by the Office for Student Affairs. These biographies, along with individual pictures, are then sent to faculty, staff and classmates. This simple process immediately gives each student an individual identity in the first week of school and follows them for four years.

Students receive all benefits of commissioned officers including full salary, complete—24 hour/day—medical and psychological services for themselves and their families, and a tuition-free medical education that is paid for by service to populations all over the world. There is, therefore, a direct linkage between their acceptance of extensive benefits as students and their providing considerable service to others in the future.

Student leadership in the school follows traditional lines and is elected separately for each class. The Student Advisory Council is an executive body of students from all four

classes and has the responsibility to advise the Dean on all issues of importance to students. Medical students are fully informed about institutional issues and activities and are involved in the process; they participate on numerous standing committees. Therefore, students are folded into the administrative life of their institution in all critical areas including admissions, promotion and academic review, curricular development, activity programs, military programs, and personal care and management.

Students are both commissioned officers and physician candidates. The Offices for Student Affairs and the Brigade administer numerous programs designed to support students' personal growth, professional development, and academic responsibilities. The Office for Student Affairs conducts the annual orientation to medical school and periodic class meetings throughout each academic year to insure that students are exposed to issues of importance that extend beyond—or enhance—the basic elements of the curriculum. Examples of such issues include quality of life, officer development, leadership in various systems, academic management and enhancement, licensure examination preparation, mistreatment and impairment, stress management, integrity, transition issues from one level of training to another, human relations, and numerous others.

The Office for Student Affairs manages extensive aspects of the academic, professional and personal lives of students in a highly visible, interactive, open network that includes a particularly personal one-on-one relationship for every student throughout the four years of medical school. The Service Commanders are fully available to all students and provide continuous advice and consultation about development as commissioned officers. This dialog is open, informal, non-intrusive, and interactive on a daily basis. The Office for Recruitment and Diversity Affairs addresses issues for minority and majority students. Student Affairs, the Brigade, and Recruitment and Diversity Affairs unify to manage the professional development and career guidance for all students. Openness and constant availability of the 10 professionals who staff these functional areas provide the students with a dependable leadership group and advisory system that is linked directly to the faculty and staff, so problems or difficulties can be addressed with dispatch and authority.

In the area of academic management, the interactive nature of the Office for Student Affairs, academic departments, and student leadership offers opportunity for each group to view and learn from each other. The Deans meet regularly in small group settings with current course and clerkship directors. Students also meet with departmental course directors and faculty throughout the year in a sharing and open dialog. This network provides several forums for discussion about each other's roles and work across boundaries. As a result, this system keeps everyone well informed about each other's perspective.

The student body has developed a program known as the Peer Development and Consultation Committee (PDCC). This elected body of peers provides a system for addressing quality of life issues in the student body, with a particular focus on mistreatment and impairment of medical students. A protocol exists for the philosophy and work of this group, adding a further positive support program for students. Similarly, a mirror-image group, the Student Support Services Group (SSSG), exists within the

administration and consists of the Associate Dean for Student Affairs, the Assistant Dean for Clinical Sciences, the Commandant of Students, the Vice President for Recruitment and Diversity Affairs, the Chair of the Department of Family Medicine, and the Director of Student Mental Health. While students may use many avenues to make concerns about mistreatment or impairment visible—including the PDCC—the SSSG regularly addresses all reported instances of mistreatment or impairment to insure that students receive personal attention immediately. More routine matters related to academic, personal, or emotional issues are addressed through a wide variety of highly visible service systems. Some situations are particularly complex and require discussion by the SSSG so that a sensible student support plan can be effectively developed. In such instances, involved students will be consulted prior to SSSG discussion. Also, many students find their personal relationship with their physician in the University Health Center a good source of support. A social worker and chaplain also serve students.

Additionally, the environment at USU provides many other elements designed to enhance teamwork and bonding and to prevent isolation, stress, personal distress, ignorance or failure. These include activity programs, spouse programs, faculty resource advisors, total unit events, community programs and national organizations. The openness of leadership in the administration, faculty and student body is a strong feature of the School of Medicine that benefits students, prevents problems, and identifies problems early enough so that non-intrusive, supportive plans can be developed.

At USU, the Oath of Hippocrates is provisionally administered to our new students and again at graduation because we believe that everything in this oath applies to students of medicine, along with physicians. Such a philosophy obligates the administration and faculty to know our students as our colleagues, now and for the future. They are a part of us, and we are a part of them. Together we must serve each other well, setting the high standards of service to others.

AAMC STATEMENT: MEDICAL STUDENT RESPONSIBILITIES

As a rule, rights and responsibilities go hand in hand in all facets of life. The AAMC believes if we are to effectively address the preservation of student rights, then student responsibilities must be clarified. The AAMC adapted the following from the American College of Physicians' Ethic Manual (1989 edition) and has granted permission to reprint here.

RESPONSIBILITIES:

A student shall be dedicated to providing competent medical service with compassion and respect for human dignity. In all instances, the student must maintain the dignity of the person, including respect for the patient's modesty and privacy.

1. NON DISCRIMINATION

It is unethical for a student to refuse to participate in the care of a person based on race, religion, ethnicity, socioeconomic status, gender, age or sexual preference. It is also unethical to refuse to participate in the care of a patient solely because of medical risk, or

perceived risk, to the student. It is not, however, unethical for the pregnant student to refuse to participate in activities that pose a significant risk to her fetus.

2. CONFIDENTIALITY

The patient's right to the confidentiality of his or her medical record is a fundamental tenet of medical care. The discussion of problems or diagnoses of a patient by professional staff/medical students in public violates patient confidentiality and is unethical. Under no circumstances can any medical record be removed from the institution, nor is photocopying of the record permitted. For presentations or rounds, students are permitted to extract information but not copy wholesale parts of the chart.

3. PROFESSIONAL DEMEANOR

The student should be thoughtful and professional when interacting with patients and their families. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones.

Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional by the patient population served.

Under pressure of fatigue, professional stress, or personal problems, students should strive to maintain composure. The student should seek supportive services when appropriate.

4. MISREPRESENTATION

A student should accurately represent herself or himself to patients and others on the medical team. Students should never introduce themselves as "Doctor" as this is clearly a misrepresentation of the student's position, knowledge, and authority.

5. HONESTY

Students are expected to demonstrate honesty and integrity in all aspects of their education and in their interactions with patients, staff, faculty, and colleagues. They may not cheat, plagiarize, or assist others in the commission of these acts. The student must assure the accuracy and completeness of his or her part of the medical record and must make a good-faith effort to provide the best possible patient care. Students must be willing to admit errors and not knowingly mislead others or promote himself or herself at a patient's expense. The student is bound to know, understand, and preserve professional ethics and has a duty to report any breach of these ethics by other students or health care providers through the appropriate channels. The student should understand the protocol of these channels.

6. CONSULTATION

Students should seek consultation and supervision whenever their care of a patient may be inadequate because of lack of knowledge and/or experience.

7. CONFLICT OF INTERESTS

When a conflict of interest arises, the welfare of the patient must at all times be paramount. A student may challenge or refuse to comply with a directive if its implementation would be antithetical to his or her own ethical principles, when such action does not compromise patient welfare.

Gifts, hospitality, or subsidies offered by medical equipment, pharmaceutical or other manufacturers or distributors should not be accepted if acceptance would influence the objectivity of clinical judgment. Student interactions with commercial interests should conform to the American Medical Association (AMA) guidelines.

8. SEXUAL MISCONDUCT

The student will not engage in romantic, sexual, or other nonprofessional relationships with a patient, even at the apparent request of a patient, while the student is involved with the patient's care. The student is not expected to tolerate inappropriate sexual behavior on the part of other medical personnel or patients.

9. IMPAIRMENT

The student will not use alcohol or drugs in a manner that could compromise patient care. It is the responsibility of every student to protect the public from an impaired colleague and to assist a colleague whose capability is impaired because of ill health. The student is obligated to report persons of the health care team whose behavior exhibits impairment or lack of professional conduct or competence, or who engage in fraud or deception. Such reports must conform to established institutional policies.

10. CRITICISM OF COLLEAGUES

It is unethical and harmful for a student to disparage without good evidence the professional competence, knowledge, qualifications, or services of a colleague to a review (judicial) body, staff, students, or a patient. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a colleague without tangible evidence.

Professional relations among all members of the medical community should be marked with civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts should be avoided, and each person should recognize and facilitate the contributions of others to the community.

The medical student will deal with professional, staff, and peer members of the health team in a cooperative and considerate manner.

11. RESEARCH

The basic principal underlying all research is honesty. Scientists have a responsibility to provide research results of high quality; to gather facts meticulously, to keep impeccable

records of work done; to interpret results realistically, not forcing them into preconceived molds or models; and to report new knowledge through appropriate channels. Coauthors of research reports must be well enough acquainted with the work of their coworkers that they can personally vouch for the integrity of the study and validity of the findings, and must have been active in the research itself.

Plagiarism is unethical. To consciously incorporate the words of others, either verbatim or through paraphrasing, without appropriate acknowledgment is unacceptable in scientific literature.

12. EVALUATION

Students should seek feedback and actively participate in the process of evaluating their teachers (faculty as well as housestaff). Students are expected to respond to constructive criticism by appropriate modification of their behavior.

When evaluating faculty performance, students are obligated to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language, or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

13. TEACHING

The very title “Doctor” — from the Latin *docere*, “to teach” — implies a responsibility to share knowledge and information with colleagues and patients. It is incumbent upon those entering this profession to teach what they know of the science, art, and ethics of medicine. It includes communicating clearly with and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

14. DISCLOSURE

In general, full disclosure is a fundamental ethical requirement. The patient must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision making should be presented in terms the patient can understand. If the patient is unable to comprehend, for some reason, there should be full disclosure to the patient’s authorized representative.

15. INFORMED CONSENT

Students are to understand the importance of the obligation to obtain informed consent from patients, but are not responsible for obtaining such consent. It is the physician’s responsibility to ensure that the patient or his/her surrogate be appropriately informed as to the nature of the patient’s medical condition, the objectives of proposed treatments, treatment alternatives, and risks involved. The physician’s presentation should be understandable and unbiased. The patient’s or surrogate’s concurrence must be obtained without coercion.

GUIDELINES FOR ADDRESSING AND MANAGING STUDENT MISTREATMENT

Extensive programs are in place at USU to support the well-being of students and their families. The entire undergraduate educational experience brings students into contact with hundreds of professional and technical personnel whose roles and authority influence student training, affect the educational environment and its processes, and contribute to one's sense of professional/personal image. Exposure to such a wide variety of personnel usually enhances the educational process. Occasionally, some personnel may undermine the educational program through behavior patterns that are clearly perceived as abusive by students. Examples of such student mistreatment include sexual harassment, psychological provocation, punitive assessment, humiliation, excessive time demands, and any form of discrimination. Students are particularly vulnerable in these situations because their authority is limited, and they may fear consequences from those they accuse and those to whom they may appeal.

The Association of American Medical Colleges has asked that each medical school appoint an individual as a contact person for students who perceive they are being mistreated. At USU, the Associate Dean for Student Affairs (ADSA) has been appointed contact person. The ADSA responsibilities include availability, willingness to listen, willingness to investigate, and follow-through by advising students and faculty about action which is responsive to the issue. Students are also advised that they may bring such matters to the attention of any individual with whom they are particularly comfortable, including the student-managed Peer Development and Consultation Committee (PDCC). The matter may subsequently be brought to the attention of the ADSA. Following discussion, review and the consent of the student, the ADSA will convene the USU Student Support Services Group (SSSG) for development of an action plan directed at resolving the issue. The SSSG consists of the following faculty members:

- Associate Dean for Student Affairs
(Professor, Psychiatry)
- Assistant Dean for Clinical Sciences
(Associate Professor, Medicine)
- Chair of the Department of Family Medicine
(Associate Professor, Family Medicine)
- Director, Student Mental Health Services
(Associate Professor, Psychiatry)
- Vice President for Recruitment and Diversity Affairs
(Assistant Professor, Obstetrics and Gynecology)
- Commandant of Students
(Assistant Professor, Emergency Medicine)

This group will make every effort to fully understand the complete situation, follow all appropriate DoD/Federal regulatory guidance, and create an action plan that is responsive to the issue.

Students, faculty, and house staff making reports of mistreatment can expect their concerns to be addressed in a timely and sensitive fashion that includes:

- Protection of the rights of all parties involved

- Evaluation and resolution within 60 days of report

- Sensitivity to the role and responsibilities of each person involved, with particular sensitivity to the role of medical officer candidate

- Protection from retribution

- Personal support

- Frequent information feedback

Students are reminded that multiple avenues exist for discussion of any personal matter that affects quality of life. These include the associate and assistant deans, the military chain-of-command, physicians in the university health center, faculty members, house staff, the university chaplains, the social work officer, and fellow classmates, including the PDCC. The Dean, School of Medicine, has final responsibility for making decisions about action plans that address the well-being of students. In some situations this responsibility may involve the authority of the military services, the public health service, and/or military command structure.

IMPAIRMENT OF MEDICAL STUDENTS

The purpose of this section is to provide students, faculty, house staff and administrative staff with guidelines for supporting students whose personal and professional comportment have become an object of concern by colleagues and friends.

BACKGROUND

Students and practitioners of medicine work and study in a demanding profession that expects much from its members. In the last decade, the medical profession has been much more sensitive to the impact of professional responsibilities on the quality of a physician's life. In particular the AMA, State licensing boards, hospital and community professional credentialing committees, and the AAMC have developed an open dialog about physical, mental and behavioral impairment in physicians, giving particular attention to job stress, alcoholism, drug abuse, depression, suicide, divorce, and inappropriate relationships between a physician and his or her patients. Medical school itself can be a contributing factor to student impairment. Therefore, schools must be sensitive to these issues, and organized to promote healthy lifestyles while students meet their many requirements. Programs and services must be in place to decrease those situations that foster development of impairment. If problems develop, mechanisms must exist to assist in ways that protect students, the medical profession, and patients.

Even in the presence of a supportive environment, the requirements of medical school and the responsibilities of adult life may lead to the development of problematic behavior, attitudes and practices among medical students, which may become an object of concern for friends, peers and professional colleagues. Most people can recognize overt alcohol abuse, severe depression, and outright substance abuse, and see the

relationship of such behavior to impairment and the need for treatment. However, the earlier signs of impending difficulties may be much more difficult to identify and confront. The stress of medical school often causes students to experience frustration, anxiety, tension, and anger. For some students these emotions may intrude upon relationships with other people, diminish sensitivity for the views and needs of others, provoke isolation and unexplained absences, or create clearly recognized changes in the tempo of daily life. When such behaviors become visible in the community, they are frequently misunderstood by the students experiencing them, or not addressed by those who notice them. Sometimes a 'denial shield' will be erected by students experiencing these early signs of impairment; this makes a worthy effort to assist very difficult.

Students are strongly encouraged to support the well-being of each other and to offer assistance in times of difficulty, including possible referral to an appropriate health care professional. Indeed, it is their responsibility as both officers and future physicians to do so. Faculty, staff and house staff are also encouraged to recognize and address those issues that may represent early or overt signs of impairment.

The following flow diagram is intended to provide a pathway for providing assistance:

STEP ONE: Individuals in a position to observe (students, spouses, friends, faculty, deans, commandants, members of the staff) notice behaviors of concern.

STEP TWO: The observing individuals establish dialog with the student. Consultation about making such a dialog constructive and helpful may be obtained in advance from fellow student members of the PDCC and/or members of the Student Support Services Group (SSSG).

STEP THREE: Dialog occurs.

- (a) Individuals conclude observed behavior is not of concern. No action is taken.
- (b) Individuals conclude observed behavior is of concern, and encourage student to seek assistance. Student agrees, and personally brings issue to the attention of an SSSG member. Alternatively, a student may first choose to discuss the issue with the PDCC, and then bring it to the attention of the above.
- (c) Individuals conclude behavior is of concern, but student flatly rejects these concerns. Individuals should seek further consultation with the PDCC or a member of the SSSG, and then meet with the student again. (1) If the student then agrees to seek assistance, no further direct action takes place. (2) If the student still refuses to seek assistance, then individuals should report their concerns directly to any dean or commandant, or the PDCC, and request that an action plan be developed; out of concern for the well-being of the student, observing individuals may bring the matter in confidence directly to the Associate Dean for Student Affairs or the Assistant Dean for Clinical Sciences.

NOTE: If observing individuals are faculty, staff or house staff, behaviors of concern should be reported to the Associate Dean for Student Affairs or the Assistant Dean for Clinical Sciences.

This flow diagram is intended to describe several means by which students and faculty can address impairment in a constructive fashion that protects the dignity of everyone concerned. At the same time, it provides for initiation of a response designed to protect the health and well-being of the student while promoting his or her personal and professional growth. Signs of impairment represent a serious problem requiring an individualized plan, cooperatively developed between the individual, peers, and the SSSG. In addition, the uniformed services' regulations provide specific guidance in certain areas, such as alcohol and drug abuse.

AMA-MEDICAL STUDENT SECTION PRIMER ON MEDICAL STUDENT IMPAIRMENT

(Published by the American Medical Association)

RED FLAG WARNING SIGNS OF IMPAIRMENT IN MEDICAL STUDENTS

The impaired student is one who is in danger of harming him/herself because of personal difficulties. The key to detection is a significant change in a given behavior or behaviors. The items listed below do not automatically indicate impairment in the student, but should be used as indicators of the potential for impairment.

PHYSICAL

- Sleep disorders
- Deterioration in personal hygiene or appearance
- Multiple physical complaints
- Accidents
- Eating disorders

FAMILY

- Fights
- Disturbed spouse
- Sexual problems - impotence, extramarital affairs
- Separation or divorce proceedings
- Withdrawal from family members

SOCIAL

- Withdrawal from outside activities
- Isolation from peers
- Embarrassing or inappropriate behavior at parties
- Interaction with police
- Driving while intoxicated
- Unreliability and unpredictability
- Excessive behavior; zealotry

DEPRESSION, DRUG AND ALCOHOL USE

Mention of death wish/suicide
Slowed behavior and attention
Chronic exhaustion off and on work
Risk-taking behavior
Tearfulness
Flat or sad affect
Excessive agitation, edginess
Dilated or pinpoint pupils
Wide swings in behavior or mood
Self-medication with psychotropic drugs
Stereotypic behaviors
Alcohol on breath at work
Uncontrolled drinking at social events
Blackout drinking
Complaints/nervousness of spouse, re: social drinking

HOSPITAL

Unexplained absences
Spending excessive time at hospital
Coming in late inappropriate to caseload or needs of peers
Decreasing quality of or interest in work
Inappropriate orders given student's knowledge
Inappropriate responses to telephone calls
Marked behavioral changes
Moroseness and increasing difficulties with other staff

Ideally, identification should come from the student realizing that he/she has a problem and voluntarily seeks help. This requires education and insight on the part of the student, classmates, family, and the medical school.

ACADEMIC ISSUES

ACADEMIC OVERVIEW

EDUCATION IN THE BASIC SCIENCES

The first two years of medical school are highly structured and the curriculum focuses on the basic sciences. Courses vary greatly in length, some lasting only several weeks to others lasting most of the academic year. Courses during the first year include Anatomy (micro, gross, histology and neuro) and Physiology, Biochemistry, Epidemiology and Biometrics, Human Context in Health Care, Introduction to Clinical Medicine-I, Medical History, Medical Psychology, Military Studies-I, Parasitology and Medical Zoology, and Medical Physiology. Between the first and second years is the Military Medical Field

Studies (which includes a field training exercise and an individual summer experience) and several weeks of leave. Second year courses include Clinical Concepts, Ethical-Legal-Social Aspects of Medical Care, Human Behavior, Introduction to Clinical Medicine-II and III, Microbiology and Immunology, Military Studies-II, Pathology, Pharmacology, Preventive Medicine, and Radiology. Once these courses conclude, you will have up to 5 weeks of independent study time prior to taking Step 1 of the licensing exam. The second year concludes with several weeks of leave.

EDUCATION IN THE CLINICAL SCIENCES

Your education in the clinical sciences begins during the first two years with multiple courses including Human Context in Health Care, Introduction to Clinical Medicine-I and -II, Clinical Concepts, Ethics, and Human Behavior. The subsequent curriculum in the last two years of medical school provides a very broad and rich experience in the clinical sciences, including ample opportunity for unique and individualized courses of elective study during the fourth year.

The third year lasts 48 weeks and is comprised of six clinical clerkships through which all students rotate in various sequences including 6 weeks each in Family Medicine, Obstetrics and Gynecology, Pediatrics, and Psychiatry, and 12 weeks each in Internal Medicine and Surgery. The Surgery clerkship is further subdivided into 6 weeks of General Surgery and 6 weeks of Surgical Specialties that include 2 weeks each of Anesthesiology, Orthopedics, and Urology. Students will have most of their clerkships scheduled at one of the primary “in-town” teaching hospitals. However, many students will have the opportunity to schedule one or more clerkships at one of the out-of-town teaching hospitals listed in Appendix A to the section on Student Travel. Student selection of the sequence and site of their clerkship assignments is accomplished through a student-run lottery that takes place between January and March of the second year; the latter is preceded by two detailed briefings from the Associate Dean for Student Affairs and the Assistant Dean for Clinical Sciences, individual department Clerkship Coordinators, and a panel of third-year students.

During each third-year clerkship, students become integral members of a team of physicians assigned primarily to either an inpatient hospital ward or to an outpatient clinic. Collectively, these physicians are referred to as “staff” and “housestaff”; the former include “attending physicians” and “preceptors”, while the latter include junior physicians in various stages of their post graduate training and are referred to as “interns” and “residents”. “Attending Physicians” are members of the hospital staff who are board-certified in a particular specialty, who are legally responsible for all patient care delivery, and who supervise interns, residents, and medical students. “Preceptors” are also board-certified staff physicians who direct their teaching and supervision exclusively to the medical students. The period of post-graduate training leading to board certification in a particular specialty as known as a “residency” and may last 3-7 years depending on the specialty. Therefore, an “intern” is a resident in his or her first year of post-graduate training (designated “PGY-1” or “R-1”); analogously, an “R-2” (or PGY-2) or “R-3” (or PGY-3) is a resident in his or her second or third year, respectively, of post-graduate training, etc. A typical clerkship team consists of two to four medical students, an intern, a PGY-2 or PGY-3 resident, one or more attending physicians, and a

preceptor.

The fourth year is 43 weeks long, follows a one-week course in Military Preventive Medicine at the end of third year and a two week summer break, and is comprised of multiple clerkships lasting 4 to 8 weeks each. Students plan their own fourth-year schedules based upon individual discussions with the Associate Dean for Student Affairs and the Assistant Dean for Clinical Sciences. The latter are directed at meeting the student's own educational needs and goals for post-graduate training, take place throughout third year, but are generally held from October through March. However, all students must submit an approved schedule for the first half of their fourth year by the end of March of their third year.

The fourth year curriculum combines a broad range of required, selective and elective clerkships in the clinical and/or basic sciences including multiple opportunities for highly individualized experiences and research. The latter include clerkships, courses or operational experiences at military and civilian hospitals throughout the country and around the world such as OB/GYN electives at USPHS hospitals in Gallup, NM, and Anchorage, AK; the Infectious Disease elective in Africa providing care for adult and pediatric patients with AIDS; the Diving Medicine elective with the Royal Australian Navy; the Tropical Medicine elective in Belize; and a Family Practice elective with the Mexican Military Medical School providing care to underserved individuals in that country. All required, selective, and elective clerkships for the fourth year are listed in the School of Medicine's Fourth Year Catalogue and are updated periodically. The procedures to be followed for registering for all such courses are also detailed in the catalogue, and copies of the latter may be found in the Library, the Registrar's and Student Affairs Offices, and the Medical Education Office at each of the primary teaching hospitals.

The required courses in the fourth year include four-week clerkships in Neurology or Neurosurgery, Military Contingency Medicine, and Military Emergency Medicine. In addition, all students are required to complete an eight-week sub-internship during which the student assumes all the responsibilities of an intern, but for a somewhat smaller number of patients. The setting for the latter must be a single, continuous, eight-week, in-patient ward experience, providing continuity of care for hospitalized patients throughout that time. Sub-internships are offered by the Departments of Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery, as well as the Departments of Neurology, Neurosurgery, and Family Medicine.

Students must also fulfill a requirement to complete a four-week clerkship in a Behavioral Science, eight weeks of "Medical" experiences, and eight weeks of "Surgical" experiences. "Medical" experiences typically include Dermatology; Family Medicine; Internal Medicine or one of its sub-specialties such as Cardiology and Nephrology; Pediatrics or one of its sub-specialties such as Endocrinology and Hematology/Oncology; and Radiology. Similarly, "Surgical" experiences typically include General Surgery or one of the Surgical Specialties such as Ophthalmology, Orthopedics, or Urology. Anesthesiology and Obstetrics and Gynecology or one of its specialties, such as Maternal/Fetal Medicine and Reproductive Endocrinology, are also considered "Surgical" experiences.

Since a sub-internship simultaneously satisfies both the curricular requirements for eight weeks of “Medical” experiences or eight weeks of “Surgical” experiences, all students in good academic standing have at least two true electives that typically include clerkships in Flight Medicine, some other operational experience, Pathology, Preventive Medicine, and research or specialized study in a basic or clinical science.

The formal part of the fourth-year curriculum concludes with the 10th and final rotation at the end of April. After a nine day break, the graduating seniors return for “Transition to Residency Week”, followed by a week of pre-graduation activities and culminating in graduation on the third Saturday in May.

GUIDELINES FOR THIRD AND FOURTH YEAR CLINICAL TRAINING

Medical students, regardless of their individual level of competence, are not licensed or credentialed for the independent practice of medicine. Whatever medical practice is done as part of their training and experience is the responsibility of those physicians under whose authority they are practicing. In most instances, these physicians include interns and/or residents as well as attending staff physicians. The following guidelines for the LIMITED AND SUPERVISED PRACTICE of medicine by third and fourth year medical students reflect the current policy of the Walter Reed Army Medical Center, Washington, DC, as set forth in WRAMC Regulation No. 40-90 of 7 October 1983.

Although these guidelines are also representative of the general policies at our other primary teaching hospitals, specific policies vary among the services, individual hospitals, and individual departments within the same hospital. Therefore, please note that it is your responsibility to obtain clarification from your supervising resident, your attending staff physician, or from the department to which you are assigned should any uncertainty exist.

a) History and Physical. Histories and physicals done by third-year students are generally done on the standard hospital forms, but do not become the “official” admission histories and physicals. If, on review by the responsible physician, the student’s history and physical is considered to be of high quality and is accurate, it may be countersigned by the physician and added to the patient’s chart as part of the permanent record. Admission histories and physicals performed by fourth-year students may become the “official” admission records. In this case, the student’s work-up must be countersigned by a physician.

b) Progress Notes. Progress notes may be written and signed by students. They supplement, but do not replace, the progress notes of the supervising physician and must be co-signed by the latter.

c) Performance of Procedures. Minor procedures may be done by students under direct supervision of the responsible physician until that physician has documented the student’s competence to perform such procedures. However, it is the responsibility of the physician who is to perform or supervise the procedure to counsel the patient and/or the consenting individual as to the nature and expected results of the proposed procedure. Consent forms will clearly indicate who will perform the procedure. STUDENTS ARE

NOT AUTHORIZED TO OBTAIN INFORMED CONSENT OR TO FORMALLY COUNSEL PATIENTS OR LEGAL GUARDIANS FOR SUCH A PURPOSE.

Third-year students may perform unsupervised superficial venipuncture on adults when the responsible physician is satisfied as to their competence. Venipuncture will be performed on children only under direct supervision of a physician. After appropriate instruction, third-year students may perform other minor procedures, such as lumbar punctures, under supervision.

Fourth-year students may perform superficial venipuncture on adults and children independently when the responsible physician is satisfied as to their competence.

d) Record of Procedures. Record of procedures may be prepared and signed by students, but must indicate who performed and who supervised the procedure. The record will be countersigned by a physician.

e) Order for Diagnostic Procedures, X-Rays and Laboratory Requests, and Consultations. Orders for these will not be written in the chart by third-year students. Based on a valid order in the chart by a physician, request slips may be filled out by the student but will be signed by the responsible physician. Fourth-year students acting as sub-interns may order diagnostic tests but these orders must be countersigned by a physician.

EXAMINATIONS AND PROMOTIONS

Examination procedures vary with the academic departments of the school. All coursework in the School of Medicine, to include structured elective study, is graded. Individual class standings are not published; however, a ranking by thirds is done for the purpose of academic awards and letters of recommendation. A grade point average (GPA) and a cumulative GPA for all years after the first are computed yearly for each student.

To be eligible for promotion to the next year level, students must pass all courses taken in the preceding academic year as well as achieve a satisfactory GPA. Students who fail to meet these standards will be considered for academic dismissal at the recommendation of the Student Promotions Committee to the Dean, School of Medicine, who will make the decision. Academic performance requiring review by the Student Promotions Committee includes:

a) Receiving a grade of F or U in any basic science course or a D or lower in any clerkship during the most recent grading period

b) Receiving a single grade of D in the first academic year and subsequently receiving a single grade of D in the second academic year

c) Receiving a grade of D in two or more basic science courses in a single academic year

d. Receiving less than a 2.00 grade point average (GPA) for any academic year or less than a 2.00 cumulative GPA

For a complete list of conditions requiring review by the Student Promotions Committee, reference USUHS Instruction 1201, Student Promotions Committee, Enclosure 3.

Advancement and retention in the School of Medicine are also contingent upon non-cognitive academic performance. Honesty, integrity, reliability, compassion, balanced judgment, and the ability to relate to others are examples of behavior required to be a successful physician. Students are expected to conduct themselves at all times in a manner which reflects credit upon the medical profession and their positions as commissioned officers. Students failing to meet the required standards of non-cognitive academic performance will be brought before the Student Promotions Committee and may be recommended for dismissal, even though they may have achieved passing grades in all the cognitive aspects of their academic work. Students whose military behavior does not meet the standards of conduct may also be dismissed even though their academic records are acceptable.

EXEMPTION FROM COURSE REQUIREMENTS

A department chairperson may exempt a student from fulfilling a course requirement based upon proved expertise, "testing out," or academic degree(s) at the masters and/or doctoral level.

WITHDRAWAL FROM THE SCHOOL OF MEDICINE

You may withdraw from the School of Medicine at any time. You must submit a letter of resignation through the Associate Dean for Student Affairs to the Dean stating the reason for requesting withdrawal. If your resignation is accepted, you will be released from the School of Medicine but will be required to serve on active duty in an appropriate military capacity, as prescribed by the Secretary of Defense, or his/her designee, for a period equal to the amount of time spent in the School but in no case less than one year. Students may be required to serve on active duty immediately, in a reserve status, and/or be obligated to reimburse the government for educational costs.

GRADES AND GRADING POLICIES AND PROCEDURES (EXCERPTED FROM USUHS-I 1105, 23 DEC 97)

This Instruction establishes policies and procedures for grades and the grading system of the F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences.

GRADES

The awarding of a final grade for academic performance will be the responsibility of the department chairperson(s)/ course director(s). Grading of academic performance will include evaluation of both cognitive and noncognitive performance. For each required course, written grading criteria will be prepared by the responsible academic department, reviewed periodically by the Curriculum Committee, and distributed to students at the beginning of the course.

Cognitive performance will be evaluated in all basic sciences courses. Noncognitive

performance may also be evaluated in basic sciences courses in activities such as laboratories, seminars, or discussion groups. In those activities for which noncognitive performance constitutes a portion of the grade, such will be published with other grading criteria.

Both cognitive and noncognitive performance will be evaluated in all clinical sciences courses. Failure to demonstrate characteristics such as dependability, punctuality, professional and academic integrity or ability to get along with patients and other members of the health care team, may lead to a failing grade or the grade of D or F, even with adequate mastery of cognitive factors.

The academic content of several basic sciences and clinical sciences courses includes participation in laboratory experiences which may involve the use of laboratory animals. The decision of what laboratory experiences are mandatory rests with each department. Department chairpersons will decide if attendance at any exercise is mandatory to complete academic requirements successfully. Failure to participate in these laboratories will result in sufficient grounds for course failure and review by the Student Promotions Committee (SPC) and potential disenrollment. Department chairpersons or interdepartmental course directors will specify in writing on the beginning day of each course/clerkship the specific educational sessions at which attendance is mandatory, and the consequences of a student's failure to attend mandatory sessions.

Attendance in laboratory experiences, field trips, individual or small group assignments and discussions, conferences, seminars, or clerkship assignments is required unless otherwise specified by department chairpersons.

Examination grades are made available to the student by the respective departments or course directors.

Official final course grades are reported to the student by the Registrar. Records (transcripts) of all course grades are maintained by the Registrar.

The following grading system will be used by the School of Medicine:

- “A” (exceptional mastery of the material)
- “B” (very good performance)
- “C” (satisfactory grade)
- “D” (low pass signifies that the faculty has serious reservations about the student's performance)
- “F” (failing grade and must be remediated)
- “I” (indicates incomplete, i.e., the student has not completed the course requirements) The grade of “I” will be assigned only with the approval of both the chairperson of the involved department, and either the Associate Dean for Student Affairs (ADSA), or the Assistant Dean for Clinical Sciences (ADCS). The department chairperson must make a recommendation in writing to the ADSA or the ADCS, and the Registrar, as to how and by what date the temporary “I” grade is to be converted to a permanent grade. Failure to fulfill the stipulated requirements by the specified date, unless an extension is granted by the involved department chairperson and approved by the ADSA or ADCS, as appropriate, will result in conversion of the “I” grade to a grade of “F”.

- “P” (passing used only in courses/clerkships that are designated Pass/Fail, and does not contribute to the calculation of the GPA)
- “U” (unsatisfactory performance, which must be remediated; used only in courses/clerkships that are designated Pass/Fail, and does not contribute to the calculation of the GPA)
- “AU” (audit) The student may audit a course with the approval of the department chairperson and the ADSA or ADCS.
- “W” (withdrawal) It is used when a student withdraws before completion of a course, and retaking of the entire course is anticipated. The grade of “W” will be assigned only with approval of the chairperson of the involved department and the ADSA. The grade “W” will be removed from the transcript after the course has been repeated.
- “EX” (exempt) A department chairperson may exempt a student from fulfilling a course requirement based upon proven expertise, “testing out,” or academic degree(s), i.e., masters and/or doctoral.
- “INV” (invalidated) The decision to invalidate a previously awarded grade or to assign the “INV” grade in lieu of an alternative grade generally would be based on a documented violation of academic integrity on the part of the student. Assignment of the “INV” grade is an administration action taken by the Dean, School of Medicine, based on the recommendations of the SPC. When the grade of “INV” is assigned, the student will be required to retake the course/clerkship or complete other remedial work stipulated by the Dean to establish a permanent grade for the course/clerkship.

COURSE EXEMPTIONS

A student who is exempted from a basic sciences course must present a proposal to the ADSA for an alternative scholarly activity in the sciences, arts, or humanities to be pursued in lieu of the exempted course. The ADSA will give broad authority to approve or disapprove such a proposal and to establish procedures for evaluation of academic performance of a student who is pursuing an alternative scholarly activity. Except in the case of enrollment of a USU medical student in a USU graduate course for credit, no grade for the alternative scholarly activity will be recorded on the student’s transcript.

An outstanding third-year student who is interested in alternative scholarly activities in the fourth year may submit to the ADSA a proposal for laboratory research or independent study to be performed under the supervision of a USU faculty member. For such a student, some or all selective requirements may be waived; however, the student will have to complete Military Contingency Medicine, Military Emergency Medicine, Neurology, and the sub-internship requirements. The ADSA, with the concurrence of the respective clinical department chairperson having responsibility for the subject areas of the selectives to be waived, may approve such a proposal.

By the end of the third year, students who have demonstrated a sufficiently high level of competence in specific clinical disciplines may be exempted from some selective requirements in the fourth year and may substitute elective courses/clerkships for the exempted selective requirements. The following guidelines will govern such exemptions:

- A student in good academic standing (i.e., not on academic probation) who

- achieves a grade of not less than “B” in each of the Medicine, Pediatrics, and Family Practice third- year clerkships, may have one month of the fourth-year Medicine selective requirement waived.
- A student in good academic standing who achieves a grade of not less than “B” in both the Surgery and Obstetrics/Gynecology third-year clerkships, may have one month of the fourth-year Surgery selective requirement waived.
 - A student in good academic standing who achieves a grade of “B” in the Psychiatry third-year clerkship, may have the one-month fourth-year Behavioral Sciences selective waived.

REMEDIATION

The SPC will recommend to the Dean that a given course(s)/clerkship(s) be remediated. The grade “D” (low pass) in the basic sciences may require remediation; in the clinical sciences, a “D” grade must be remediated. The grades “F” and “U” are failing grades and must be remediated. The responsible department must define the format, content, duration, and grading criteria for remediation in writing to the student with copies sent to the ADSA and to the Registrar. Grades of A, B, C, D, or F will be assigned for remediation of courses that were originally graded on that scale, and grades of P or U will be assigned for remediation of Pass/Fail courses. The remedial grade will be designated by an asterisk on the academic transcript; and the original grade will remain on the transcript. After remediation of any course/clerkship that is not designated Pass/Fail the GPA will be recomputed using the average value of the original grade and the remedial grade.

SUBMISSION OF GRADES

Final grades for medical school courses will be reported by the department chairperson(s) /course director(s) to the registrar as follows:

- Basic Sciences Courses. Final grades are due one calendar week after the end of the course. As an exception, if the final examination for a course is a National Board of Medical Examiners (NBME) subject test, the final grades must be reported within one calendar week of receipt of examination scores from the NBME.
- Clinical Sciences Courses. Evaluation of a student’s performance must be submitted within six weeks after the completion of the rotation. All third-year clerkships as well as required fourth-year sub-internships and courses/clerkships in Military Preventive Medicine, Military Contingency Medicine, Military Emergency Medicine, and Neurology are graded A, B, C, D, or F. Other fourth-year electives and selectives are graded Pass/Fail.

CHANGE OF GRADE(S)

The department chairperson(s) and/or course director(s) is the only person authorized to report a grade change. A request for change of grade must be initiated by the department chairperson(s) and /or course director(s) and forwarded to the Registrar. After posting of the new grade, distribution of the forms, indicating action taken, will be made by the Registrar.

REQUEST FOR REVIEW OF ASSIGNED GRADE

A student may ask that his/her grade be reviewed by the department chair(s) and/or course director(s) if the student feels there is an academic reason for the grade to be changed. The student's request will be set forth in writing, and must be submitted within a 14-day period following receipt of the grade by the student. The Student Promotions Committee will take no action on a failing grade for which a request for grade change action has been initiated by the student within the 14 day time frame. The decision of a department chair or course director, with or without consultation with a department committee, will be final. The department chair or course director will reply to the student in writing. A copy of the request and reply will be maintained by the department chair or course director.

REQUEST FOR TRANSCRIPTS

Requests for transcripts are directed to the Registrar. All requests must be in writing. Transcripts are to be requested on the USU Website (www.usuhs.mil/reg/service.html) whenever possible. All students are entitled to a "student copy" of their transcript. This is not an official School of Medicine transcript. Official school transcripts may be provided to others in accordance with the Privacy Act. Records of such requests will be maintained in accordance with the Privacy Act. Transcripts may be a part of an officer's official military file, based on the service's procedures.

GRADE REPORTS

Students will be given individual grade reports by the registrar as each course is completed and the grades are forwarded to the registrar. A complete grade report will be forwarded to each student at the end of each academic year. This report will also include a computed GPA.

ACCESS TO STUDENTS' RECORDS AND CORRECTION OF RECORDS

The Privacy Act and implementing regulations apply to students' records. In brief, students may:

- Request access to their record or to any information pertaining to themselves which is retained by the Registrar.
- Authorize in writing a designated person(s) to review the record and have a copy made of all or any portion thereof. The registrar may require students to furnish written statements authorizing discussion of their record in the accompanying person's presence.
- Request, in writing, amendment of records pertaining to themselves. After obtaining necessary verification and not later than ten working days after receipt of such request, the Registrar will acknowledge the request, in writing, and make any justified correction(s) of any portion of the record. The student will be notified of any refusal to amend the record in accordance with the request and the reason for the refusal.

REQUIRED ATTENDANCE, ACADEMIC ACTIVITIES

(Excerpted from Dean's Policy Memorandum 002-00,
14 November 2000)

This memorandum establishes policy and procedures concerning required attendance at academic activities of the School of Medicine.

The faculty is dedicated to excellence in medical education and to inspiring the desire for lifelong learning in students. The entire faculty shares jointly in the responsibility for the development of the curriculum and ensuring its integration into a coherent educational program. This is an ongoing process in which the Curriculum Committee, department chairmen, course and clerkship directors, and teaching faculty all participate under the leadership of the Dean. Students have an equally important role in the educational process. They have primary responsibility to manage their educational activities, to master the curriculum, and to actively contribute to their educational program in ways that promote and enrich its academic excellence.

The USU program in medical education spans four years. It is organized by discipline and administered by the basic and clinical sciences departments and the Dean's office. In addition students receive training that is unique to their future roles as uniformed medical officers and that extends beyond the educational experience offered by other U.S. medical schools. The curriculum consists of diverse educational experiences including lectures, laboratories, small group learning, clinical clerkships, seminars, and field exercises, accompanied by opportunities to conduct basic research and participate in community health programs. Attendance is required if the activity represents a unique educational experience or participation of all students is essential for its success. Required activities include most laboratory exercises, small group experiences, clinical experiences, and lectures presented by honored guest speakers.

Attendance at laboratory exercises, small group experiences and learning experiences conducted in clinical settings is required unless otherwise stated by the department responsible for the course.

In addition, required attendance at other educational experiences may be requested by the course director or departmental chairman under the following circumstances: (1) The session includes participation of a guest lecturer from outside of USUHS, whose presence is an honor to the group. (2) The content of the session is essential for accomplishing the work of a subsequent small group experience or laboratory exercise and cannot be acquired by students through independent study.

In cases where required attendance must be requested, requests should be made, in writing, by the course director or department chairman. The justification for the request, the process to be used to verify attendance, and the academic penalties for failure to attend must be clearly stated. Requests must be submitted to the Dean, through the Associate Dean for Medical Education (MEE). The Associate Dean for MEE reviews requests for concurrence with SOM policy, and then forwards requests to the Dean for final action.

All required sessions should be identified for the students at the beginning of the course. Academic consequences for infraction should be clearly set out. Attendance must be monitored by the course director/department chairman and penalties must be consistently administered.

SUPPORT OF THE ACADEMIC ENVIRONMENT

LEARNING RESOURCE CENTER

The Learning Resource Center (LRC) is a university resource serving the health sciences related information needs of students, faculty, adjunct faculty at various sites, alumni and other affiliated groups defined in the University Mission.

To use the LRC, you first establish an LRC user account by visiting the circulation desk during matriculation. You are also encouraged to establish a Remote Computer Services (RCS) account so that you can access electronic books, journals, indexes, and databases; and so that you can submit interlibrary-loan (ILL) requests, request in-depth searches of biomedical literature, and make purchase recommendations. Stop by the RCS applied medical informatics support desk to find out in detail how to apply for an RCS account. If you're already comfortable with web use, visit the RCS registration page (<http://www.lrc.usuhs.mil/register/>).

The common bond for all LRC users is the LRC World Wide Web Home Page (<http://www.lrc.usuhs.mil>). Through it you can connect to the online catalog (<http://pac.lcr.usuhs.mil>), take a guided tour of the LRC, connect to RCS, get help on research with reference guide, or download electronic versions of some historical documents pertaining to military medicine. You can also find out about the LRC's hours during upcoming holidays and about other LRC-related news.

The dynamic nature of information is forever changing and the array of resources available in the LRC includes books, journals, manuscripts, audiovisual items, CD-ROMs, microfiche, microfilm, a unique collection of military medicine, and electronic material on the World Wide Web.

Often resources not available within the LRC, and you'll have to request them from another library through a cooperative exchange known as interlibrary loan. This service takes on average 2 weeks to complete, so allow ample time in advance in case it takes longer. Historical material generally must be used on site at the owning library. You may have to visit the National Library of Medicine, the Library of Congress, or the National Agricultural Library to use historical documents that are needed for various papers you'll write during your course of study at USU.

Materials related to classroom instruction are placed on class reserve by individual faculty members. They are listed in the LRC on-line catalog, and you get them from the circulation/information desk near the entrance to the LRC.

The LRC is designed to be user-friendly. It provides about seventy-five Windows-based PC's and twenty-four Apple Macintoshes. Plus, there is a computer classroom where

classes on various computer concepts and biomedical applications are taught.

Detailed information about the LRC can be found in the *LRC User Guide*, copies of which are available at the circulation/information desk. Whenever you need help, please don't hesitate to ask the LRC staff. They're there to help you!

CENTER FOR MULTIDISCIPLINARY SERVICES

The Multidisciplinary Laboratories (MDL), established for the support of teaching and dedicated to the assistance of students, provides a home base of operations for study and scheduled laboratory exercises. They are an activity within the Teaching and Research Support Directorate and are managed by the Director, MDL.

The MDL rooms are designed for maximum flexibility so that all laboratory teaching activities may be conducted regardless of their discipline. A direct telephone to the Director's office is available from the MDL common area, each lecture room, and the ATL for use when emergencies arise.

The MDL provides support in the following areas:

Examination Support. Examinations are designed and administered at the departmental level. The MDL provides the University with a computer-based grading system. The MDL utilizes an optical mark reader (OMR) to grade student examination sheets. This requires proper marking of the answer forms with a No. 2 pencil. Stray marks, "light" responses, and/or incomplete erasures may result in a lower grade. Students should familiarize themselves with examination instructions to avoid such errors.

Classroom Support. The MDL supports all lectures by providing requested audiovisual equipment and supplies. Centralized room scheduling for five lecture halls, eight conference rooms, and the auditorium is provided through the MDL office (Room A2030).

Student Laboratory Support. The MDL supports student laboratory exercises by providing pre-laboratory coordination of logistical support, complete staging of equipment, technical assistance during the lab exercise, and documentation/cost analysis following the lab.

Also under the supervision of the Director, MDL, is the Anatomical Teaching Laboratory (ATL). The ATL conducts laboratory teaching support of the anatomical sciences. The lab provides cadavers for dissection, anatomical materials, models, and audiovisual materials along with the necessary specimens for all anatomically-related laboratory teaching.

The ATL is off limits to all personnel unless they have specific business in the facility. "Drop in" tours of the ATL for family and friends are specifically prohibited. Any tour of the ATL requires prior approval from the Vice President, Teaching and Research Support; the Director, MDL; the Assistant Director, Anatomical Support Services; the Gross Anatomy course director; and the Neuroanatomy Course Director. The date and time of the visit must always be coordinated with the Assistant Director, Anatomical Support Services.

The following guidelines apply to all students in conjunction with use of the MDL.

1. The MDL is open for student use 24 hours a day. The ATL is open 24 hours a day during the Anatomy courses and at scheduled times during the remainder of the year.
2. While maintenance personnel will perform housekeeping tasks each day, we require your cooperation to allow USU to be professionally maintained. Please clean-up of your laboratory station when you complete a lab exercise. Clean all equipment and properly dispose of trash. Discard trash in available trash cans. Dispose of needles, scalpel blades, and other “sharps” in special “sharps” containers. Place blood, blood products, and other items which contain blood in biohazard bags. Leave remaining equipment in the condition in which it was received or as instructed by lab personnel).
3. Smoking is prohibited in all MDL rooms, the ATL, and lecture rooms. Eating or drinking is also prohibited in the ATL. Eating or drinking is prohibited in the MDL during labs involving anatomical tissue, animals, blood, or blood products. Eating is prohibited in the lecture rooms. Clean up by individuals eating or drinking where authorized is essential.
4. Audiovisual equipment is available for your use and may be checked out at scheduled times. Return it to the condition in which you found it (if centrally located) and report any malfunction to the MDL Office.
5. Do not leave microscopes, texts, notebooks, papers, recorders, or calculators unattended in any teaching areas.
6. Lab station assignments will be made at the beginning of each year. Changes are to be made only with the approval of the departmental course director.
7. The taking of photographs or video recordings is prohibited at all times in the MDL/ATL or during laboratory exercises which involve the utilization of animals or cadavers.
8. Do not add or remove furniture or equipment from any of the MDL areas without the permission of the Director, MDL.

MDL issues textbooks to you at the beginning of each school year and physician diagnostic equipment during the second year. You are required to sign for these as a matter of record, but they remain your property. None of these issued items, however, may be sold or otherwise exchanged for profit. The School of Medicine will not replace any lost items. Since insurance companies often distinguish between “medical equipment” and other “personal possessions,” we suggest that students acquire sufficient insurance to cover the loss of the physician’s diagnostic equipment.

Certain textbooks, microscopes, 35mm slide sets, bone sets, surgical sets, and microscope slide-sets are loaned to each student. You will be required to sign for these items and are expected to return them at the end of the course or when requested. When receiving a loan item, you will be issued a receipt which you should keep in the unlikely event the MDL files are in error. Receipt of the following year’s textbooks is contingent upon the return of previously loaned books. Loaned materials which are lost or damaged must be either replaced or reimbursed, at the discretion of the Director, MDL.

Two laboratory jackets will be issued to you. Maintenance of and replacements for laboratory jackets are your responsibility.

Each student is to provide a lock for his/her assigned locker (keys are issued for some lockers). Lockers may be searched (since USU is on a military installation). Lockers must be cleaned out at the end of each academic year.

Issue, loan, and turn-in dates and times will be coordinated through class officers to ensure that a agreeable time is selected for the majority of the class. Students may request alternate dates and times by contacting the MDL Office.

MDL personnel are available to assist you in the use of your equipment. Do not hesitate to ask for assistance. If your equipment is not functioning properly, it will be replaced or corrective action will be taken to ensure a successful laboratory experience.

LABORATORY ANIMAL MEDICINE

USU uses animals in a number of teaching and research programs. To support these efforts, there is a stringent animal care program and an extensive modern animal housing facility. USU Instruction No. 3204 explains in detail the policies relative to the animal care program under Laboratory Animal Medicine (LAM).

The animal facility is OFF LIMITS to all personnel unless they have specific business in the facility. "Drop In" tours of the animal facility for family and friends are specifically prohibited. Any tour of the facility requires prior approval by one of the following: the Dean, School of Medicine; the Associate Dean for Academic Affairs; the Vice-President for Teaching and Research Support; or the Director, LAM. In addition, LAM offers guided tours of the central animal facility. The tours are open to any interested University student, faculty, or staff member. Those desiring tours should contact the Director, LAM, to schedule an appointment.

LAM does not support a private pet clinic. There is a military private pet clinic at the Forest Glen Annex of Walter Reed Army Medical Center, Veterinary Activities (telephone (301)295-7643), as well as at several other local bases. Questions relative to the animal care program should be referred to the Director, LAM (295-3315). Private pets are prohibited within the USU complex unless prior approval has been obtained from the Dean, School of Medicine; the Vice-President, Teaching and Research Support; or the Director, LAM.

ENVIRONMENTAL HEALTH AND OCCUPATIONAL SAFETY

The mission of the Center for Environmental and Occupational Safety (EHS) is to provide the students and staff of USUHS with the optimal healthful work environment by controlling health hazards, promoting safety, providing occupational health support, and protecting the environment through compliance with military, federal, state and local regulations. To accomplish this mission EHS has four divisions including Radiation Safety (295-3390), Industrial Hygiene, Safety and Bioenvironmental Engineering (295-9441), Occupational Medicine (295-9444), and the Pharmacy Supply Center (295-9444). These four divisions, plus every USU employee, comprise the USU Safety team.

Each division is dedicated to optimizing safety and preventing occupational injury and

illness. Additional parts of our program include employee immunization, biological safety, controlled substances surveillance, hazardous waste, laboratory safety and the provision of many types of general and focused training programs.

EHS's main office is located in Room A-2020 (295-9443). We encourage you to direct questions concerning environmental health and occupational safety to our main office. An EHS representative will answer your query promptly. Urgent safety issues should be brought to the immediate attention of your supervisor or Principle Investigator. It is only with the assistance of these experienced supervisors, and each of you, that the USU Safety team can most effectively reduce the prevalence of occupational injury and disease.

UNITED STATES MEDICAL LICENSING EXAMINATION

Physicians within the military health care system must be licensed to practice medicine as a prerequisite for obtaining full credentialing and hospital privileges. Therefore, as a service physician, you will be required to obtain a license to practice medicine in any one of the fifty states, the District of Columbia, Guam, the Virgin Islands, or Puerto Rico within one year of becoming eligible. To be licensed, physicians must (among other requirements) pass the United States Medical Licensing Examination (USMLE), a series of three standardized exams.

You will take Step 1 (which covers the material taught during the first two years) at the end of your second year; passing it is required for advancement into your third year. Students who fail Step 1 will have their entire academic record reviewed immediately by the Associate Dean for Student Affairs and the Assistant Dean for Clinical Sciences; the records will also be reviewed subsequently by the Student Promotions Committee. Several options exist for the student at this point.

For a small number of students, the Deans may recommend deceleration into a five-year program, to commence immediately if the student agrees. Remediation of the Step 1 for a decelerated student will occur the following year.

The majority of students who fail will retake Step 1 in the Fall of their third year. These students may be withdrawn from a clerkship to prepare for this re-examination. They will then complete their fourth rotation, continue with their third-year curriculum as previously scheduled, and re-schedule the missed clerkship at the beginning of their fourth year.

After receiving the results of the repeat examination, the Associate and Assistant Deans will again review the records of students who fail. Future plans for these students will be made on an individual basis following discussions between the students, the Associate and Assistant Deans, the Student Promotions Committee, and the Dean of the School of Medicine. Potential options for these students include deceleration into a five-year program or disenrollment.

You will take Step 2 (which covers material learned during the clinical clerkships) the fall of your fourth year. After receiving the M.D. degree and upon completion of at least

six months of internship, you will take Step 3. Once you have passed all three parts of the exam you will receive certificates from the NBME.

MILITARY ISSUES

USU BRIGADE

The USU Brigade (BDE) is the military command of all uniformed service members, including faculty, staff, and students, assigned to the University. Numbering over 1000 Navy, Marine, Army, Air Force and Public Health Service members, the Brigade is a dynamic organization that plays an integral role in the University and its tenant activities in the preparation of health care professionals for military readiness and national disasters. Its missions include:

- Support worldwide military medical operations and contingencies.
- Ensure the health, welfare, morale and spiritual support of BDE members.
- Support University military field exercises and events.
- Provide professional career development for assigned officers and enlisted personnel that enhance competitiveness for promotion, future assignments and retention in the uniformed services.

BRIGADE COMMANDER

The Brigade Commander is ultimately responsible for the accomplishment of the Brigade mission. The Brigade Commander is recognized as the “senior active duty military officer” of the University. He/She implements the Uniformed Code of Military Justice within the USU Brigade.

It is the responsibility of the Brigade Commander to ensure the uniformed personnel assigned to the University adhere to the appropriate service specific standards set by their parent services. In addition, the Brigade Commander makes certain that the interests of the military members assigned to the University are addressed. Under the leadership of the Brigade Commander, the uniformed students, faculty and staff assigned and reporting to the School of Medicine, the School of Nursing, or other University programs and divisions must participate in activities and events as they would in any other command of the Uniformed Services. Regular formations are held; physical fitness exercises, standards, and testing are adhered to; performance evaluations are completed and rated; and, uniformed personnel are trained in the appropriate uniformed programs and customs.

The Brigade Commander is assisted in his duties by the Brigade Staff, including the Executive Officer, the Senior Enlisted Advisor, the Brigade Equal Opportunity Officer, the Director of the Military Personnel Office, the Brigade Surgeons, the Operations Officer, the Brigade Legal Officer, the Protocol Officer, and the Chaplain. There are also three subordinate commanders who report directly to the Brigade Commander: the Commandant of the School of Medicine, the Commandant of the Graduate School of Nursing, and the Headquarters Company Commander.

COMMANDANT OF THE SCHOOL OF MEDICINE

With the support of the Army, Navy, and Air Force Company/Squadron Commanders, the Commandant of the School of Medicine commands the medical students assigned to the University. In order to better assist the service-specific company commanders, a structure was put in place within the student companies to clearly delineate the chain of command. Additionally, the restructuring effort recognized the need for three service-specific Non-Commissioned Officers/Chief Petty Officers to act as Senior Enlisted Advisors and to assist the Company Commanders in the proper training of the medical students.

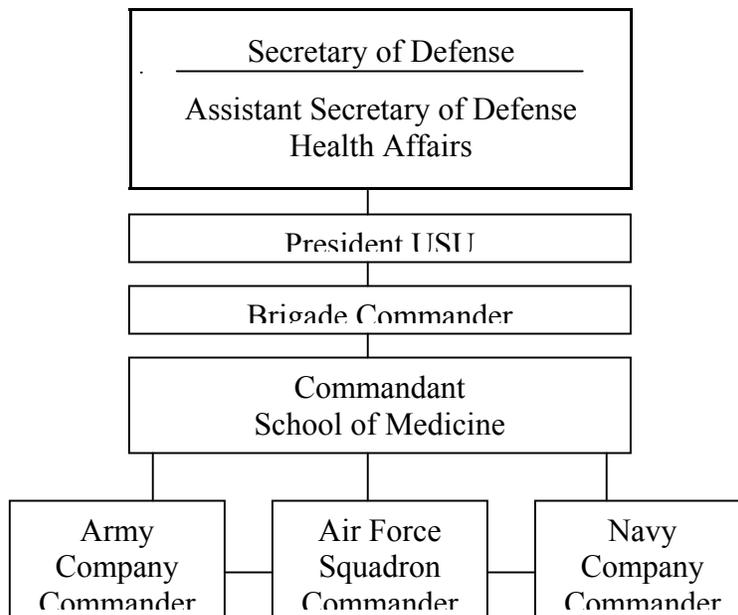
HEADQUARTERS COMPANY COMMANDER

The Headquarters Company includes all enlisted members assigned to the University. The company was created with the Brigade Executive Officer designated as the Headquarters Company Commander. The leadership positions of Army Platoon, Air Force Flight, and Navy Division were created to more effectively and efficiently ensure the proficiency, health, welfare, and morale of the enlisted personnel assigned to the University. Through the Headquarters Company, the enlisted community now has a recognized structure with leadership opportunities similar to those offered during assignments with their parent services.

More information about the Brigade is available on the USU web site: (www.usuhs.mil) under the heading of “Administrative Listing”.

UNIFORMED SERVICES UNIVERSITY

Military Chain of Command



STUDENT MILITARY CHAIN OF COMMAND

As active duty officers, students are assigned to a military organization (the USU Brigade), with a formal military chain of command. The chain of command provides a clear and concise route for information flow and decision making authority for those activities that relate to a student's duties as a uniformed officer.

Within USU, the chain of command proceeds from the Brigade Commander, to the Commandant (Deputy Brigade Commander), to the Company/Squadron Commanders and then to the student chain of command.

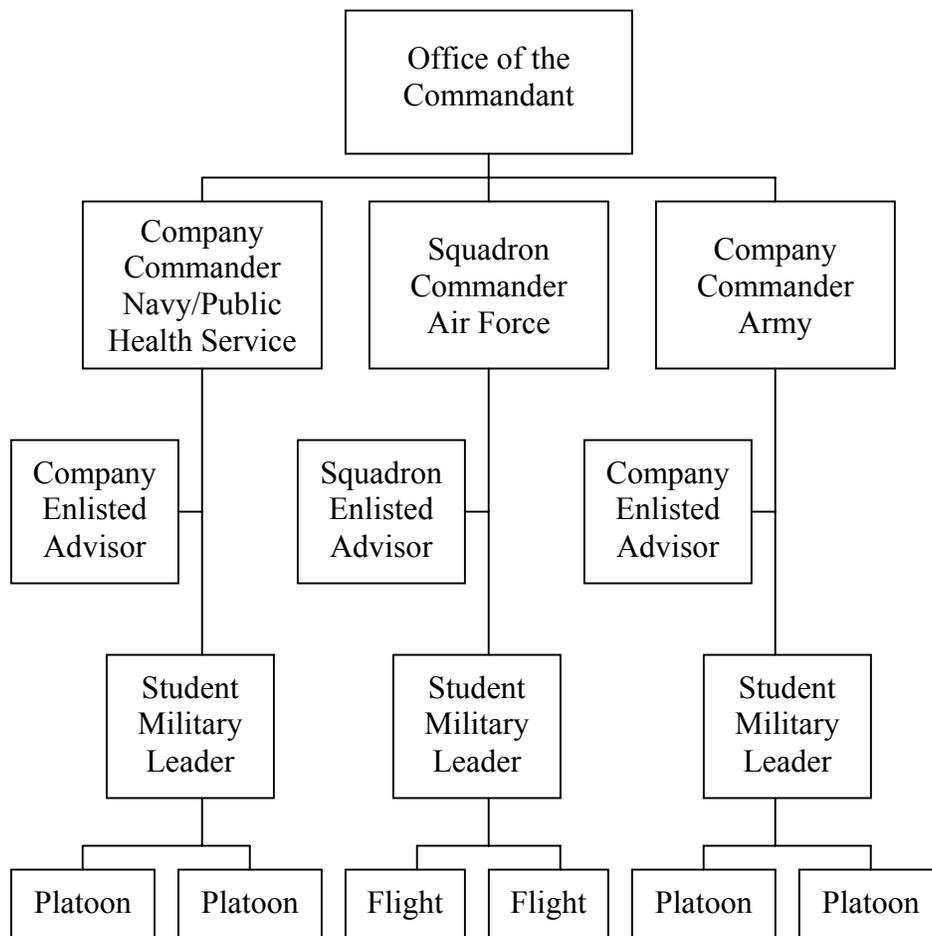
The student chain of command serves two purposes: (1) to familiarize students with the structure of the military organizations, and (2) to provide assignments that promote and teach basic military leadership and officership skills in a practical setting. The student chain of command is appointed by the Company/Squadron Commanders under authority of the Commandant, and acts with her authority when carrying out assigned tasks. It is set up in an organizational pyramid that allows for both a workable span of control for each leader, and provides multiple opportunities for students to gain leadership experience in these jobs during their first and second years. These positions will rotate periodically during the academic year.

Some of the activities that the chain of command may be called upon to plan and organize include: uniform inspections; physical fitness testing; field gear issue; unit recall; Commandant's call; and Company/Squadron formations. There are activities that overlap with regard to a student's military and academic duties (e.g., required uniforms for certain classes, scheduling mandatory military activities with minimal impact on student activities, etc.). The Student Battalion Commander (who is the elected class president) and other elected academic representatives are responsible for coordinating with each other on all matters that impact upon both military and academic responsibilities ensuring that the Commandant, Company/Squadron Commanders and Associate Dean for Student Affairs (ADSA) are fully informed in advance.

STUDENT BATTALION COMMANDER (elected class president) This student is the class leader for all matters pertaining to military issues for the entire class. The Student Battalion commander communicates with the Commandant, or in her absence the Brigade Commander, to receive assignments, guidance, information, and policies, and disseminates official information through the student chain of command only when an activity includes the entire class (e.g. FTX Kerkesner, Antietam Road March, Commandant's call, school activities require student support, etc.). Day-to-day and service-specific issues will be handled between the Company/Squadron Commanders and student Company/Squadron Commanders. In conjunction with subordinate leaders, the Student Battalion Commander plans, organizes and conducts military activities as directed by the Commandant or her designated representatives as directed by the Commandant or in her absence, the Brigade Commander. Accordingly, the Commandant is the Student Battalion Commander's direct chain of command and should be the Battalion Commander's primary point of contact for any military matters relating to the entire class.

STUDENT BATTALION EXECUTIVE OFFICER (elected class vice president) This student is the second in command to the Student Battalion Commander and acts as his/her right hand person. He/She works with the Student Battalion Commander to coordinate military related activities and information flow between the Office of the Commandant and the class as a whole.

STUDENT COMPANY COMMANDERS AND SQUADRON COMMANDER The Student Company Commanders (USA/USN) and the Student Squadron Commander (USAF) are the military leaders for all students of a given service within a class. These four students must maintain a close working relationship with the Student Battalion Commander and when appropriate the elected class representatives. They will receive most assignments and information directly from the Student Battalion Commander or the Staff Company/Squadron Commanders. They are responsible for keeping the Student Battalion Commander and Staff Company/Squadron Commanders informed of relevant service-specific issues. They assist in the planning, organizing and conducting service-specific military activities, and disseminate official information through their subordinate leaders.



STUDENT PLATOON LEADER AND FLIGHT LEADER Each military service is divided into platoons (USA/USN)/flights (USAF). The leaders report to the student company/squadron commanders to receive assignments and military information for dissemination. These leaders will assist the student company/squadron commander with the planning, organization and conduct of military activities.

STUDENT SQUAD LEADER AND ELEMENT LEADER The squad (USA/USN)/element (USAF) leaders are primarily responsible for timely and accurate dissemination of information, the accountability of their squad or element at military formations, and providing leadership for tasks designated by those senior in the chain of command.

THE USU SUPPORT NETWORK

USU provides multiple support services for students and their families. There is no “right” way to use these services. There are absolutely no academic or military penalties associated with using these support services; USU provides them intending that they be used. To avoid availing oneself of support which might help because one feels shame or fear of military or academic reprisal would be a terrible error.

DEAN’S TIME

The official duty day is Monday through Friday, 0730-1600. Dean’s time is that part of the official school day that “belongs” to the Dean. Other staff or faculty may use this time for student activities only with the Dean’s consent. Most often, the Dean leaves these time periods unscheduled to allow time for students to accomplish essential tasks outside of the USU campus (e.g., vehicle registration, banking, and other matters restricted by business hours), for additional study times, or for recreation. The Commandant, with the concurrence of the Dean, will schedule military training activities during this time (e.g., formations, inspections, physical fitness tests, weigh-ins, or special training). The Dean may approve other USU elements’ requests for scheduling Dean’s Time in support of specific requirements.

LEAVE, PASS/LIBERTY AND ACCOUNTABILITY

ACCOUNTABILITY SYSTEM

To ensure the safety and welfare of all students an efficient and effective system of accountability is essential.

1. All students must provide any changes in telephone numbers or address to the Company/Squadron Commander’s Office and the Office for Student Affairs within 7 days of the change. The information is used to update the recall roster.
2. All students must log onto their computer at least 3 times weekly. Each student is responsible for knowing and acting in accordance with the information on their class bulletin board and in his/her personal E-mail account.
3. Students must participate in all required academic activities unless officially excused by the appropriate course director(s). The Company/Squadron Commanders must approve passes (absences) and/or leaves. If the Company/Squadron Commander cannot be contacted, the Commandant will authorize the leave or pass. The ADSA or delegated staff are the university

officials who grant final clearance for missing academic requirements prior to signature by the Company/Squadron Commanders.

4. A Roster Sign-In Process is used during basic science years and during breaks to ensure that all students are accounted for within the Standards of Military Service Requirements.

LEAVE AND PASS/LIBERTY POLICY

General: Medical school is emotionally, mentally, and often physically stressful. It is in the student's best interest to periodically disengage from this environment to regain the perspective that it is largely a healthy world we live in. You are strongly encouraged to take advantage of the leave you accrue each year.

Leave: You earn 2.5 days of leave each month. USU policy permits ordinary leave when classes are not in session during the fall, winter, and spring breaks, and at the end of the academic year. Specific procedures for requesting leave are provided by either your Company/Squadron Commander or the Military Personnel Office.

1. Plan ahead for leave; submit requests at least 14 days in advance of the leave.
2. Leave is not approved until you have an authorization number control number on your leave form.
3. You must have a copy of your leave approval on your person at all times when on leave.
4. You must sign in the next day when you return from leave (check service specific policies)
5. Use of leave (advance leave) not yet earned is not automatic; you need to check with your Company/Squadron commander for service specific policies.
6. Emergency leave can be granted at any time if the leave meets the service specific definition of emergency leave. Your commanders will provide you with a contact number you can use any time of the day or night to receive assistance. At a minimum you must provide the nature of the emergency, when you want to leave, the complete address of where you will be going, name of person(s) with whom you will be staying, phone number, mode of transportation, and how many days you will be gone. It is your responsibility to notify your commander; this is not something you can delegate. Leaving the area without permission is considered failure to report or absent without leave (AWOL) and is a serious offense.
7. Any request for leave which would cause a student to miss scheduled class or clinical rotation time must have the approval of the ADSA or ADCS before Company/Squadron Commander processing. In addition, the ADSA or ADCS require verbal permission from the relevant department chair/course director before they will recommend leave.

Pass/Liberty: A pass/liberty is granted during non-duty hours (after 1600), weekends, and holidays. It does not count against normal leave. Pass/liberty cannot occur concurrently with leave. Passes are requested by submitting a pass form to the appropriate Company/Squadron Commander. Requests are submitted 7 days in advance, and are usually from 1-3 days in duration. Four-day passes may be approved by the commanders under special circumstances. If you are unable to return from pass/liberty, for any reason, you must notify either your Company/Squadron Commander or the Commandant.

Extension of a pass/liberty will necessitate the entire absence be converted to leave. You will not overstay a pass/liberty without approval. If you do, you are AWOL and subject to disciplinary action.

STANDARDS OF CONDUCT AND THE UCMJ

STANDARDS OF CONDUCT

Public confidence in the integrity of the Department of Defense is essential to the performance of its mission. For this reason, all military personnel are held to the standards of conduct requiring them to:

1. Avoid any action, whether or not specifically prohibited, which might result in or responsibly be expected to create the appearance of:
 - a. Using public office for private gain;
 - b. Giving preferential treatment to any person or entity;
 - c. Impeding government efficiency or economy;
 - d. Losing complete independence or impartiality;
 - e. Making a government decision outside official sanctions;
 - f. Adversely affecting the confidence of the public in the integrity of the government.
2. Not engage in any activity or acquire or retain any financial interest which results in a conflict between their private interest and the public interest of the United States related to their duties.
3. Not engage in any activity that might result in or reasonably be expected to create the appearance of a conflict of interest.
4. Not accept gratuities from defense contractors.
5. Not use their official position to influence any person to provide any private benefit.
6. Not use inside information to further private gain.
7. Not use their rank, title, or position for commercial purposes.
8. Avoid outside employment or activity that is incompatible with your duties or may bring discredit to the service.

9. Never take or use government property or services for other than officially approved purposes.
10. Not give gifts to their superiors or accept them from their subordinates.
11. Conduct no official business with a person whose participation in the transaction would be in violation of the law.
12. Seek ways to promote efficiency and economy in government operation and public confidence in its integrity.

UNIFORM CODE OF MILITARY JUSTICE (UCMJ)

The military justice system is one tool used to correct breaches of discipline; it protects the rights of both the institution and the individual service member. As a uniformed officer, it is your responsibility to provide full support to the UCMJ when a breach in discipline occurs. The following are some specific responsibilities that come under this general responsibility:

1. Support your Commander in the application of the military justice system for maintaining order and discipline.
2. Become involved when breaches of discipline occur in your presence and report all such violations to the proper authorities.

Officers should do everything within their power to prevent breaches of discipline from occurring. If all efforts at prevention fail, the next most reasonable step is correction through expressions of disapproval, verbal reprimands, or remedial training.

These corrective methods often bring more desirable results than more punitive methods; however, if these minor corrective methods prove unsuccessful, punitive action may be taken. Punitive methods are used as a last resort to punish those who repeatedly or seriously violate the standards of conduct required of military service members. Punishment may be rendered through nonjudicial punishment (Article 15) or judicial punishment (court-martial). Military service members do not lie, cheat, steal, or engage in activities that bring discredit upon their service, nor do they tolerate those who do.

Issues involving breaches in military conduct will be dealt with by the USU Brigade chain of command. Adjudication will be directed through the member's branch of service. After adjudication, the Student Promotion Committee (SPC) will be briefed on actions taken. The SPC will determine the need for further action as it relates to medical student status at the university. Depending on the offense, local law enforcement may also be brought in at the discretion of the Command.

GENERAL MILITARY EVENTS/ISSUES

UNIFORM AND GROOMING STANDARDS

Unless otherwise directed all USU students will wear their service's prescribed uniform of the day between 0730-1600, Monday through Friday. Exceptions will be granted only if approved by the Commandant. Academic exercises requiring the wearing of the utility

uniforms (BDUs) will be so annotated on the course schedule prepared and distributed by the Office of the Medical Education or as updated on the official class bulletin boards. During the rotations in the military treatment facilities during the clinical years, the normal duty uniform will be that prescribed by the local commander. During clinical rotations in other than military treatment facilities, the duty uniform will be prescribed by the Assistant Dean for Clinical Services.

All students are required to maintain proper grooming standards in accordance with their service-specific regulations. Students should be neat and clean at all times with their uniforms in good repair. Exercise clothing may be worn only while going directly between the place of exercise and the changing room at USU.

DINING-IN AND DINING-OUT

The University holds a Dining-In during the fall of each academic year. A Dining-Out is held every other year during the spring. The Offices of the Commandants of the SOM (School of Medicine) and GSN (Graduate School of Nursing) sponsor both events under the auspices of the Brigade Commander. The planning and execution of these events are accomplished through a committee with representatives from the School of Medicine and Graduate School of Nursing.

The Dining-In serves to familiarize students with the formal military customs, to continue old traditions, and to foster an “esprit de corps” at USU. The Dining-In is an enjoyable evening of companionship with fellow students, staff, and faculty.

The Dining-Out is an opportunity to have family and friends join in the uniformed tradition of fine formal dining and fellowship among officers. In addition to the custom and ceremony of the event, entertainment and dancing usually follow the formal portion of the evening.

These evenings are formal activities of this uniformed command. Attendance during the first two years provides important opportunities for officership growth and development; attending is an officer’s professional obligation, as is the ownership and proper wear of the service-specific dress uniform.

PHYSICAL FITNESS AND WEIGHT CONTROL

Students are required to pass the physical fitness test and meet height/weight and body fat standards administered in accordance with their service regulations. Failure at either test can result in administrative actions, including entry into a supervised exercise program, entry into a weight management program, restriction of clinical rotations and potential removal from active duty. Failure to meet either standard will result in notification of the parent service. Continued failure will result in suspension of favorable actions by the Command.

All students will maintain a personal exercise program to ensure physical fitness and weight control. The University has master fitness instructors who, upon request, will tailor programs to meet individual needs.

POLICY DIRECTIVE ON MEDICAL STUDENT OUTSIDE ACTIVITIES

Unlike other medical schools students at this University are fortunate enough to receive full military pay and allowances while attending school. One example of the importance placed by the Services on the training that occurs here is that students, even those with previously established military specialties, will not be temporarily reassigned outside of the institution while they are students except in the gravest of national emergencies. For these and other reasons the parent Service of each student expects that a student's primary emphasis and full attention will be focused on their studies at USU. Accordingly the following policy is established regarding outside activities.

For purposes of this Directive outside activity is defined as any non-federal government activity that involves compensation (employment), relates to the service member's military duty (to include attendance in a regular course of study at other educational institutions) or significantly impacts on the student's time. The general definition of employment may be found in DoD Directive 5500.7-R, the Joint Ethics Regulation. Any questions as to whether a particular activity falls within this Directive should be addressed to the Brigade Legal Officer. Courses which are completed in a relatively short time are exempt from this Directive. (An example of this would be a short computer course taken over a weekend or during a couple of evenings at a local computer training center.) While the University encourages students to volunteer and be active in the local community, we expect students to know their limits and not let this interfere with their studies.

Any activity deemed to be an outside activity for the purpose of this Directive must be approved before the student is authorized to engage in the activity. While each request will be evaluated on its own merits, as a general rule activities which involve compensation will not be approved.

The process for seeking approval of outside activities is as follows:

The student will obtain a USUHS Form 1004 from the Service Commander's Office. The completed form will be staffed through the Service Commander and the Commandant. Should they recommend approval, the request will be reviewed by the Brigade Legal Officer to ensure compliance with the Joint Ethics Regulation. Final action will be taken by the Brigade Commander.

SPECIFIC LOCAL POLICIES

1. Saluting. The area within the walls and central courtyard of the USU complex is a no-hat/no-salute area; outside the walls (i.e., off the bricks in front of the USU building on the university grounds), officers in uniform will be covered and render/return salutes.
2. Book Bags. USU regulations prohibit carrying backpacks/book bags/suitcases over the shoulder while in uniform. You must carry book bags/back packs in your left hand as this allows you to be prepared to render/return salutes at the appropriate time.

3. Name/Address/Telephone Changes. Students must notify the Company/Squadron Commander's Office and the Office for Student Affairs of any change in name, address, or telephone number within seven days of the change.
4. Eating/Drinking in Lecture Halls. USU does not allow beverages or food in laboratories, in the main auditorium, or during lecture presentations by general/flag officers or senior federal governmental officials. Students may normally bring beverages, but not food, into Lecture Rooms D and E during scheduled activities. Course Directors may prohibit beverages during specific presentations involving outside guests who in the Course Directors' judgment, might be disturbed or offended by such "audience behavior". Such individual prescriptions will be listed in the Course Schedule published by the Office of Medical Education or as updated on the Commandant's bulletin board.
5. Rendering of Courtesies to Senior Military or Governmental Guests. All students will come to attention when a general/flag officer or service government official first enters the lecture room. When asking questions of visiting general/flag officers or senior governmental officials in a lecture setting, USU students will stand at attention by the seat, greet the speaker by title, introduce themselves (i.e., Lt or ENS XXX), and ask their question.

DRUG ABUSE PREVENTION

As do all military personnel, students will periodically undergo random, unannounced urinalysis drug testing while attending USU. It is the University's intent that no positive results occur. Testing demonstrates to the American public that we are drug free, and may act as a final deterrent for someone contemplating use. Soon after your arrival at USU, you will hear a full discussion of the University's (and DoD's) extensive program to non-punitively assist uniformed members who self-report with concerns about use of alcohol or illicit drugs.

Urinalysis drug testing is considered a mandatory formation and must be completed within the specified time set up for the test.

MEANING OF THE TERMS "MANDATORY" AND "ACADEMICALLY REQUIRED"

When, with the concurrence of the Dean, the Commandant describes attendance at a military event as "mandatory", each student has a military duty to attend in the appropriate uniform on time (example: ready to begin and seated, not entering, a lecture hall at 1300 hours for a mandatory 1300 hour event). The Commandant or Company/Squadron Commanders will announce each mandatory military event through your Student Chain of Command. Attendance will be noted and appropriate actions taken for failure to attend. Students who feel they have a legitimate reason for being absent from a mandatory military event must coordinate an excused absence from the Company/Squadron Commander prior to the event. A word to the wise: do not wait until the last minute to talk with your Commander.

When, with the concurrence of the Dean, an academic department describes attendance at a scheduled event as “academically required”, each student has an academic duty to attend. Consequences of failure to attend such an academically required function will be in accordance with the published policies of the department involved. Academically required events will be so designated in the course material provided each student.

TRAINING REPORTS (Academic Evaluation Reports or AERs)

The Company/Squadron Commander reports on your academic and military progress to your service as required. This report is a brief narrative noting your academic progress, military performance, and essential identifying information (rank, SSN, etc.). In addition, the Commandant’s Office will forward personnel documents received to the Military Personnel Office (MPO), and to the Registrar’s Office for inclusion in your official records as appropriate. Prior to completion of the AER, your Company/Squadron Commander will require you to submit an “input sheet” with information concerning your military activities; this information is used in the “Professional Qualities” (bearing, appearance, conduct, fitness) portion of your academic report.

STUDENT TRAVEL

Much of your education during your third and fourth years of medical school will be at local hospitals and other sites away from the University. The Registrar will provide the necessary information at the proper time to allow you to meet all travel requirements; this section explains the basic policies and procedures regarding your arranging these trips and traveling to them. Detailed instructions are provided in Enclosure 7 of USU Instruction No. 4502, Subject: USU Travel Instruction, dated 18 November 1985, which is available for your review in the Offices for Student Affairs, and on the Registrar’s Office website.

TRAVEL POLICY

The policy regarding official travel by students is promulgated by the Brigade and applies to all medical students on permissive or funded TDY/TAD.

You are responsible for coordinating all your travel with the Student Travel Coordinator, (Mrs. Smith, at 301-295-9348). For some programs, all or part of a class will travel as a group. The USU Administrative Support Division will arrange such group travel. If you are permitted to travel separate from the group, you will be paid only what it would have cost the USU to send you with the group. Your extra travel time will be charged as leave. Consideration will be given to certain travel requests at no cost to the USU, but require approvals by your Company/Squadron Commanders and the person responsible for the program.

If you are traveling by commercial air, you are responsible to make your own plane reservations utilizing the USU travel office. If you travel by using your own vehicle (a privately owned vehicle or POV), you are provided 36 cents per mile round trip or the cost if travel had been by commercial air, whichever is the lesser amount. In most cases you may not claim mileage at the site. If you have a passenger with you, only the POV owner/operator is provided 36 cents per mile round trip; the passenger receives no funds

for travel. You will not be paid more for POV mileage than what it would have cost for government contracted airfare. Reimbursement for rental cars is not authorized at clerkship sites unless approved on your TDY/TAD orders. All airline tickets will be charged to the individual's government charge card, except for Bushmaster travel. The airfare may be claimed on the first partial payment, when supported by a copy of either the ticket invoice or airline ticket coupon.

Appendix A of this section is a list of most out-of-town clerkship sites and the one-way mileage. If the site is not listed in the table, mileage will be computed on an individual basis. Official travel time allowed is one day going to the site and one day returning from the site. You must adhere to travel and leave times as stated in the TDY/TAD orders. Early reporting is not normally authorized at TDY points. The arrival date must be one day prior to the date of the first class. Arrival at subsequent TDY sites, when traveling on orders with multiple funded rotations, will be determined on a case by case basis, dependent upon if leave was scheduled between rotations.

Travel outside the continental limits of the United States (OCONUS) is authorized, but generally is not funded. If funds are available, your per diem (meals and quarters) will be at reduced rates. Request for OCONUS travel must be initiated and submitted at least 70 days prior to the start of travel and must be coordinated with your Company/Squadron Commander. You are responsible for securing your passport and any required visas; Administrative Support Division can assist you with this.

LEAVE AND PASS/LIBERTY POLICY

The policy regarding leave and pass/liberty rules for students as promulgated by your Company/Squadron commander and applies to all medical students on either permissive or funded TDY/TAD.

PREPARING TO TRAVEL

Third-year clerkships are of six-weeks' duration and are fully funded by the University. Fourth-year clerkships are four weeks long and sub-internships are eight weeks long; with several exceptions discussed under "Special Fourth-Year Travel Funding" in this section, these rotations are unfunded.

You will participate in the scheduling of your third-year program through a student-run lottery, which will be explained to you in detail during your second year. Only the Associate Dean for Student Affairs or the Assistant Dean for Clinical Sciences can approve your request to change a schedule after it becomes final.

You are responsible for all scheduling and cancelling fourth-year clerkships using the instructions published in the USU fourth-year course catalog.

Temporary Duty/Temporary Assigned Duty (TDY/TAD) orders will be issued to you for traveling away from the local area. Use USU Form 115 (available from Registrar's Office) to request TDY/TAD travel orders. You will submit this form four to six weeks prior to the start of travel. All site choices, modes of travel, leave en route plans, etc., must be made by that time. You may take leave in conjunction with TDY/TAD, and this must be reflected on your orders. Once you receive your travel orders, they will not be

changed except for compassionate reasons. Proofread your orders to ensure all information is accurate (e.g., reporting date, number of days, mode of travel, etc.).

RENTAL CARS (leased government/commercial rental)

The cost for third and fourth-year travel is of major concern to the School of Medicine, and costs continue to increase with each academic year. To that end, efforts are always on-going to maximize the best efforts that can be implemented in order to control or reduce travel costs. One such effort has been to enter into an agreement with the authorities at various clerkship sites, whereby government-owned vehicles (motor pool vehicles) or vehicles leased from commercial rental agencies are made available for use by our students. By using government-owned or leased vehicles, it is a savings of \$10,984 per year for USUHS. And with such accommodations comes responsibilities. Government-owned or commercially leased vehicles are for Official Use Only, which means:

- You can use the vehicle to go to and from a place of duty to a place of residence (BOQ).
- You can obtain/maintain subsistence on/off base, or go to the commissary, base exchange, base laundry facilities, base recreational facilities (such as the gym), or any other appropriate base facility.
- You must return the vehicle to the Vehicle Dispatch Office in a clean state. Any trash, debris, etc., should be removed prior to turning in the vehicle.
- Specifically, you cannot use the vehicle for personal trips such as sightseeing, weekend trips off base, visiting family or friends located outside/off the military base.
- Prior to departing the Vehicle Dispatch Office, ensure you obtain a point of contact (names and numbers) in order to request assistance for mechanical difficulties; to report a traffic accident; or to report a traffic ticket for a moving violation. Additionally, you must also report the incident to the Registrar's Office (Student Travel Officer, 301-295-9348).

During your rotations, you will not be paid travel or per diem for duty at Walter Reed Army Medical Center (AMC), National Naval Medical Center, Malcolm Grow USAF Medical Center (Andrews AFB), Kimbrough Army Community Hospital (ACH) (Ft. Meade), or DeWitt ACH (Ft. Belvoir), all of which are considered local duty stations. VOQ rooms are available for a fee at Andrews AFB.

Pick up your orders from your mailbox on the ground floor in building A area (prior to leave or departure for your clerkship). You must use the Government travel card for travel pay advances; lodging, rental cars, and airline tickets. The card is issued to you for use in conjunction with official travel.

If you have further questions or need assistance with other issues during the year, the

Registrar's Office is open Monday-Friday, 0730-1600 hours; the phone numbers are DSN 295-3198, commercial (301) 295-3198, and FAX (301) 295-3545.

ARRIVING ON CLERKSHIP

You must call your Company/Squadron commander when you arrive at your temporary duty station to report your safe arrival and a local address and telephone number. This notification is a part of the accountability requirements.

Students participating in clerkships at Malcolm Grow USAF Medical Center must report to the Medical Education Office before reporting to scheduled rotations. Failure to report results in the preceptor not receiving USU Form 650, Clerkship Evaluation Form, for the rotation. The Medical Education Office at Malcolm Grow is located in the Annex, Building 1075, Room 110, located directly across from the Officer's Club and parallel to the Medical Center.

Students participating in clerkships at the 646th Medical Group, Eglin AFB FL, must report by 1800 hours on Sunday evening. If you will be arriving after 1800, you must call the BOQ and guarantee your room for late arrival with a credit card. Failure to do so will result in the cancellation of the reservation.

BILLETING

Bachelor Officers Quarters (BOQ) reservations are prearranged for you by the Registrar's Office at all out-of-town third-year clerkship sites. You must confirm these arrangements approximately two weeks prior to your arrival. BOQ telephone numbers are listed in Appendix B to this section.

You may pay for your BOQ with your Government travel card. If you receive nonavailability from a BOQ, you will be reimbursed for lodging costs. Keep all lodging receipts. It is your responsibility to obtain a certificate of "BOQ Non-Availability" for the entire time BOQ accommodations are unavailable. If you choose to leave the BOQ or not accept BOQ billeting for any reason, you are responsible for housing arrangements and expenses, and you may be reimbursed up to the amount of the lowest BOQ room, if commercial lodging is used.

You are responsible to make your own housing/BOQ reservations for out-of-town fourth-year clerkships, except Military Emergency Medicine (MEM) and Military Contingency Medicine (MCM). Housing reservations for MEM only will be made for you by the Registrar's Office.

RETURNING FROM CLERKSHIP

Upon completion of TDY/TAD, you must submit your travel claim form to USU Travel Branch (Room A1040B), within five working days of your completion of travel. You must maintain logs of your travel dates and times, mileage, and extraordinary expenses (taxi, tips, etc.). Lodging receipts and receipts for fares or incidental expenses of \$75 or more must be turned in along with any rental car receipts (if authorized and approved). Travel vouchers must be certified by the orders Approving Official (block 18 on the travel order identifies the Approving Official.) Personnel at that office will answer any

questions regarding your trip and provide assistance on completing the voucher, if necessary.

PARTIAL PER DIEM PAYMENT. Travel regulations require that individuals who perform funded TDY in excess of 30 days must file claims for partial payment. This is an essential part in providing funds so that the charges on the individual's government charge card may be paid in a timely manner. The claims may be sent by FAX directly to the Student Travel Coordinator (301-295-3545). The partial payments must be indicated on the travel settlement claim.

ELECTRONIC FUND TRANSFER OF TRAVEL PAYMENT. All payments must be paid directly to the traveler's financial institution. It is the students responsibility to provide the necessary information before the first TDY is taken and whenever new accounts are open.

ACCURACY OF TRAVEL VOUCHERS. Travel vouchers must be complete showing accurate information. It is the travelers responsibility to assure all dates on the travel itinerary agree with the attached documents (lodging receipts, etc.).

SPECIAL FOURTH-YEAR TRAVEL FUNDING

Funding is provided for certain fourth-year programs. The Bushmaster field training exercise portion of MCM will be organized through the Department of Military Medicine. BOQ reservations at military MEM sites are made for you by the Registrar's Office; contracted quarters (also arranged by the Registrar's Office) or authorized quarters allowance are provided at civilian MEM sites. Parking fees are authorized during a MEM rotation at the University of Maryland Shock-Trauma Center, Baltimore, MD, ONLY.

Additionally, funding may be provided for one out-of-town clerkship in support of your application for your internship program following graduation (known as GME-1) as follows:

1. Funding will not be provided for an experience that you choose to schedule out-of-town but is not in direct support of your GME-1 application, even if it is a required clerkship.
2. The funded experience must be scheduled within the first three rotations.
3. Funding is authorized only at service-specific hospitals, except for USPHS students or if an interservice transfer is anticipated.
4. Per diem will be paid for both food and lodging, not to exceed 10 days.

In all of these programs, regardless of the mode of transportation you use, travel reimbursement is limited to the cost of contracted airfare. If you travel by POV with a passenger, only the POV owner/operator is reimbursed for travel. Funding for rental of or air freight for bicycles is not authorized.

BANK OF AMERICA GOVERNMENT CHARGE CARD

This card is authorized for use in conjunction with official travel only. It must be used for all travel related expenses. All transportation must be purchased through Carlson Travel Network at USU or reimbursement will not be authorized.

All payments must be paid by the due date of the statement. Delaying payment while awaiting TDY/TAD settlement payments is NOT authorized. Delinquencies reflect adversely on your military career and civilian credit record.

APPENDIX A

Official One-Way Mileage from USU

Site	Mileage
Brooke AMC, San Antonio, TX.....	1,600
Beaumont AMC, Ft. Bliss, El Paso, TX.....	1,980
Darnall ACH, Ft Hood, TX.....	1,500
Eisenhower AMC, Ft Gordon, GA.....	578
Madigan AMC, Ft. Lewis, Tacoma, WA.....	2,793
Martin ACH, Ft Benning, GA.....	768
Womack AMC, Ft Bragg, NC.....	345
Naval Aerospace Medical Institute, Pensacola, FL.....	975
Naval Hospital, Bremerton, WA.....	2,814
Naval Hospital, Camp Pendleton, CA.....	2,706
Naval Hospital, Jacksonville, FL.....	728
Naval Hospital, Oakland, CA.....	2,810
Naval Hospital, Pensacola, FL.....	974
Naval Hospital, Portsmouth, VA.....	204
Naval Hospital, San Diego, CA.....	2,706
Wilford Hall USAF Medical Center, San Antonio, TX.....	1,614
David Grant USAF Medical Center, Travis AFB, CA.....	2,766
Keesler USAF Medical Center, Keesler AFB, MS.....	1,038
Scott USAF Medical Center, Scott AFB, IL.....	822
Wright-Patterson USAF Medical Center, Dayton, OH.....	460
646 Medical Group, Eglin AFB, FL.....	960
Bergquist Strategic Hospital, Offutt AFB, NE.....	1150
USAF School of Aerospace Medicine, Brooks AFB, TX.....	1,607
Ben Taub Hospital, Houston, TX.....	1,409
Phoenix Indian Health Center, Phoenix, AZ.....	2,350
Charity Hospital, New Orleans, LA.....	1,090
Jackson Memorial Hospital, Miami, FL.....	1,090

APPENDIX B BOQ TELEPHONE NUMBERS

Site	Commercial Number	DSN Number
Beaumont AMC, TX	(915) 565-7777	NO DSN
Brooke AMC, TX	(210) 536-1844	DSN 240-1844
Darnall ACH, TX	(254) 532-8233 ext. 4004	DSN 737-2700
Eisenhower AMC, GA	(706) 791-2277	DSN 780-2277
Madigan AMC, WA	(253) 967-6754	DSN 357-5051/ 2915
Martin ACH, GA	(706) 689-0067	DSN 835-3147
Tripler AMC, HI	(808) 839-2336	No DSN
Womack AMC, NC	(910) 396-7700	DSN 236-7700
NAMI, Pensacola, FL	(850) 452-2755	DSN 922-2755
NH, Bremerton, WA	(360) 475-1000	DSN 439-7660
NH, Camp Pendleton, CA	(760) 430-4703/4721	DSN 365-2305
NH, Jacksonville, FL	(904) 542-3138	DSN 942-5002
NH, Pensacola, FL	(850) 452-2755	DSN 922-3625
NH, Portsmouth, VA	(757) 402-7002	DSN 564-4151
Holiday Inn (Portsmouth)	(757) 393-2573	
NH, San Diego, CA (NAB)	(619) 437-3860	DSN 577-3860
Wilford Hall USAFMC, TX	(210) 675-0798	DSN 473-3622
David Grant USAFMC, CA	(707) 437-0700	DSN 837-2987/88
Keesler USAFMC, MS	(228) 377-4900	DSN 597-3309
Scott USAFMC, IL	(618) 256-1844	DSN 576-1844
Wright-Patt USAFMC, OH	(937) 879-5921	DSN 787-3451
646th Med Gp, FL	(850) 882-8214	DSN 872-4535
Bergquist SH, NE	(402) 294-3671	DSN 271-3671

SECURITY ISSUES

BUILDING SECURITY AND PARKING

BUILDING ACCESS/EXIT

USU buildings are open from 0600 to 1900 hours, Monday thru Friday. USU buildings are secured from 1900 to 0600 hours Monday thru Friday, and all day on Saturday, Sunday and holidays.

USU Identification badges are required at USU, and must be worn and prominently displayed at all times. Sign-in and sign-out is not required for USU ID holders. All visitors must sign-in and sign-out and wear a visitor badge during secure hours.

Building access and exit during secure hours is only permitted at the Security Guard Office, Room G-192, on the Ground level of Building “B”.

PARKING PERMITS AND DECALS

All USU members must register passenger vehicles and motorcycles in the Security Office, Room UP001. A valid registration and current proof of insurance is required. DoD decals with an expiration date (4 yrs.) will be issued with decals. The DoD decal must be permanently affixed to the upper center of the windshield, in front of the rear view mirror. Temporary parking permits will be issued for vehicles with temporary plates and DoD decals will be issued when permanent plates and registration are received.

PARKING

All USU members must park in designated parking locations within the garage or designated areas behind USU Building “C”. Parking is not permitted on Palmer Road or the garage entrance.

USU members are not permitted to park at the Naval Hospital. Tickets will be issued by NNMC police. Exception: USU military and family members who require medical assistance or have medical appointments are permitted to use the NNMC patient garage, but must explain circumstances to the officer on duty.

There is a height restriction of six (6) feet for vehicles entering lower garage parking locations. Trucks and vans that are less than six (6) feet in height are permitted to park in all lower parking areas. Large trucks and vans (less than six (6) feet, seven (7) inches are required to park in the designated truck and van area on the Ground Floor level of the garage. Oversized vehicles (over six (6) feet seven (7) inches must park in the tunnel area or the designated areas located outside the garage.

TRAFFIC

The NNMC base speed limit is 20 MPH. the speed limit in the USU garage is 5 MPH, and headlights must be turned on when entering and exiting the garage.

OVERNIGHT PARKING

All vehicles parked overnight must have authorization and an overnight parking permit issued by the USU Security Office, Room UP001. The only allowance for parking overnight is as follows: weekends, holidays, Thanksgiving break, Christmas break, Spring break, and family emergencies. Although vehicles are permitted overnight parking during these periods, authorization and overnight parking permits are required.

Overnight parking is not permitted during rotation assignments or during periods of official travel. The only exception is for special training at Quantico, VA (KERKESHNER) and Ft. Sam Houston, TX (BUSHMASTER). The Department of Military and Emergency Medicine will provide special overnight parking permits for these training exercises.

GENERAL SECURITY ISSUES

CAR POOLS

There are a limited number of car pool spaces available. You may sign up for the waiting list in the Security Office, UP001. Spaces will be available on a first come, first serve basis.

PHYSICAL SECURITY

All personal items of value must be secured. Maintain sensible security precautions, and do not allow personal items to remain unattended.

SECURITY OFFICE HOURS

The USU Security Office, Room UP001, 301-295-3033, is open from 0730 to 1600 hours, Monday thru Friday.

The Contract Security Guard Office, Room G192, Ground Floor, Building "B", 301-295-3038, is open seven (7) days a week, twenty-four (24) hours per day.

For emergencies contact the Security Office during their regular work hours, and the contract Security Guards at all other times.

INCLEMENT WEATHER POLICY

The mission of the Uniformed Services University of the Health Sciences promotes professionalism in our daily activities.

As professionals, we recognize that we have responsibilities to those who depend upon us to fulfill our task. As professionals, we recognize that a primary responsibility is not to place ourselves or others in peril so as to render ourselves useless for the tasks we must accomplish.

Inclement weather announcements are provided to students through the Brigade Chain of Command and also may be found by accessing the Inclement Weather Message Board on the USHUS Home Page or by calling 301-295-3039 during periods of inclement weather.

STUDENT HEALTH ISSUES

UNIVERSITY HEALTH CENTER

The University Health Center (UHC) is dedicated to providing comprehensive personal and family centered care to active duty students, faculty, their families and other DoD beneficiaries assigned to the USU. The UHC is a TRICARE PRIME clinic. All medical students are to be enrolled to the UHC as their primary care manager site. Family members need to enroll in Tricare Prime and may be assigned a UHC family physician as their primary care manager if they choose to. All members of the family must change their Tricare enrollment to this region if you are enrolled in another region. DoD eligible patients NOT enrolled to Tricare Prime or who are enrolled to another Tricare Prime site will be seen on a same-day space available basis only.

The UHC is located on the first floor in building A in room A1034. The clinic is open from 0715 to 1600 Monday through Friday. On Tuesday afternoon (after 1200) the clinic is open for administrative issues only. Patients are seen by appointment only, except in the event of an emergency. Patients needing appointments, either routine or same day for acute problems should call (301) 295-3630. Active duty members may request a “sick-call” appointment by calling the clinic. Students who are at home and are sick may call the clinic to request 24 hr quarters. This needs to be done before 0800 to ensure that the Office for Student Affairs can be notified in a timely fashion. After-hours medical advice can be obtained by contacting the TRICARE Advice Nurse at 1-800-308-3518 or the After-Hours Answering Service at 1-800-747-3661.

Parking for the UHC is available in the general parking areas of the USU parking deck. If the parking deck is full, you may park in the reserved spaces near the ground floor security offices. Check with the security officer for authorization to park in these spaces.

SERVICES

The UHC is staffed and operated by the Department of Family Medicine with board-certified family physicians and is supported by a professional staff nurse, medical technicians, and administrative support staff. The medical experts at the clinic can manage the majority of your health care. If further expertise is required to diagnose or manage a condition, consultation with other specialists can be obtained at the National Naval Medical Center (NNMC) or other health care facilities in the National Capital Region.

The University Health Center offers full spectrum Family Medicine. Typical services provided by the UHC include:

- General physical examinations and immunizations
- Wellness screening
- Military, retirement and insurance exams
- Well-child exams and childhood immunizations
- Newborn and infant care
- School and camp physicals
- Child behavioral problems
- Women’s health care services
- Prenatal care and routine delivery
- Gynecological care (annual exams and Pap Smears)
- Colposcopy
- Infertility evaluation
- Military specific health care services
- Quarters evaluation and authorization
- Physical profiles
- Weight evaluations
- Special service exams (flight and chamber exams)
- Minor surgical procedures
- Vasectomy
- Dermatology evaluations
- Allergy evaluations

- Acute infectious diseases
- Chronic medical problems
- Coordination of consults with other specialty clinics

In addition, the clinic can obtain blood and urine laboratory specimens and supports a small pharmacy of commonly prescribed medications. We also offer, on a limited basis, some commonly used over-the-counter medications.

STUDENT COUNSELING SERVICES

Co-located with the University Health Center is the Student Counseling Service. This is clinic supported by the Office for Student Affairs and is staffed by the Department of Family Medicine. Board-certified psychiatrists, psychologists and doctors of social work provide mental health counseling services to students, staff and family members.

Typical services provided by the Student Counseling Service include:

- Mental health counseling
- Couples therapy
- Family therapy
- Stress management
- Test anxiety counseling

MEDICAL RECORDS

Your health record is a valuable document that is the property of the United States Government. Patients who are seen at the UHC must have their record maintained at the clinic in order to ensure quality care and to ensure the confidentiality and safety of the record. Because your medical record is confidential it may not be released to anyone, including a spouse, without specific written instructions. If you have a consultation at another clinic you must check your record out of the clinic and return it as soon as possible after the appointment. If you receive care at another military or civilian facility, please forward any treatment related information to the clinic for insertion into your medical treatment record. Active duty members placed on limited duty must confirm their status through the UHC.

Dental care is available for active duty members at the National Naval Dental Clinic (NNDC), building 2, 2nd Floor, NNMC. Dental records are maintained at the NNDC. Call 295-4059 or 295-5411 for information.

ACCESS TO CARE

The UHC is open Monday through Friday from 0715-1600, except for Tuesday afternoons when the clinic is closed for appointments. During the summer recess the clinic operates on a limited schedule. The clinic is closed on federal holidays and in weather emergencies when the school is closed.

Please tell the appointment clerk if you need more time than the routine 15-minute appointment. The UHC maintains several appointments every day for those with acute illness that need to be seen on a same day basis. Call early in the day for a same day appointment.

After hours advice is available from the family physician on call by contacting the TRICARE Advice Nurse at 1-800-308-3518 or the After-Hours Answering Service at 1-800-747-3661. If you have an emergency go directly to the nearest civilian or military emergency room. If you are seen at a civilian facility, call Sierra within 24 hours to report this and obtain approval. If not life or limb threatening, call for approval first to avoid incurring the cost of the visit yourself.

HINTS FOR A SUCCESSFUL VISIT

- The UHC is not an emergency room. If you have a life or limb threatening emergency you should proceed immediately to the nearest civilian or military emergency room or call 911.
- Always call for an appointment. Letting us know that you need to be seen allows us to schedule an appropriate time for your visit while avoiding an excessive wait in the clinic. Patients who walk-in without calling will be given the next available appointment time which can result in a delay of several hours.
- When you arrive for your appointment, check in with the receptionist.
- To allow for check in, arrive 15 minutes before your scheduled doctor's appointment. It takes time to check vital signs and move patients to exam rooms. Being late only takes away from the valuable time you have with the doctor and inconvenience other patients. Patients are given a screening appointment 15 minutes before the doctor's appointment. Plan ahead for traffic and parking delays prior to your appointment.
- Patients who arrive more than 10 minutes late for the screening time may be seen at a later time or asked to reschedule.
- Make separate appointments for each family member who needs to be seen. It's not fair to you, your family members, or other patients for the doctor to try and see more than one patient per appointment.
- Bring only children who have scheduled appointments. Healthy children can be exposed to those that have infectious diseases. If you cannot make arrangements for your other children, they can be left at the Well Child Waiting Center at NNMC. Call (301) 295-0014 for information.
- Be patient. Sometimes patients require more time than the appointment given. Please know that you would be afforded the same time if you needed it. If you haven't seen the doctor within 30 minutes of your appointment time, please let the front desk personnel know.

OTHER IMPORTANT INFORMATION:

- Phone messages: if you have a question or need to speak with a physician, you may call to leave a phone message. The clinic nurse, your doctor or the physician on call will typically return your call the same day. Non-acute messages may not be returned until the next day. If you need a more urgent reply, please inform the clerk when you call the UHC at 295-3630. This is the only number available for leaving a message for your doctor. Do not call the Family Medicine Department.
- Medication refills: medication refills can be provided by the UHC on a walk-in

basis during clinic hours. The drive through satellite pharmacy is also available for refills by calling 301-295-5500. The refill will be ready for pick-up in 24 hours. Renewing a prescription is done by telephone consult. The prescription will be ready for pick-up in 24 hours.

- Lab results: it is your physician’s job to contact you about abnormal results. If you are interested in test results please call during the afternoon and leave a phone message. Pregnancy tests results can be obtained on the same day if the UHC receives a first morning urine specimen by 0900.
- TRICARE: this is the DoD insurance plan for family members and retirees. Beneficiaries declare which of three plans they elect to participate in and receive all of their care through the primary care network in that plan. TRICARE PRIME is the DoD managed care organization (HMO) type plan. More information is available at the Tricare website at www.tricare.osd.mil.
- The UHC is the TRICARE PRIME site for all active duty students. Other active duty members, family members and retirees affiliated with USU may choose the UHC as their TRICARE PRIME enrollment site. DoD eligible patients not enrolled to Tricare Prime or enrolled to another Tricare Prime site may be seen on a same-day space available basis. Contact the clinic or Sierra at 1-888-5195 or 301-984-7533 for forms or questions.
- Appointments and phone messages cannot be made by calling the University’s Department of Family Medicine. All such patient related calls will be forwarded to the UHC. The UHC phone number is 295-3630.
- Suggestions: if you have concerns about something that happened while you were in the clinic or an idea that might improve care, please bring it to the attention of the clinic director or patient contact representative.

Phone numbers:

Emergency.....	911
Emergency Department NNMC.....	(301) 295-4810
Emergency Department Walter Reed.....	(202) 782-1199
Emergency Department Malcolm Grow.....	(240) 857-2158
Emergency Department Bolling AFB.....	(202) 767-5504
Emergency Department Ft. Meade.....	(410) 677-2520
Emergency Department Ft. Belvoir.....	(703) 805-0414
University Health Center (UHC).....	(301) 295-3630

HEALTH CARE POLICY BRIEFINGS

GENERAL HIV POLICY

Since all USU medical students are active duty military officers, each person should recognize their responsibility to follow the guidance of each individual military service. On a regular basis the student body will receive a briefing on the entire subject of AIDS in contemporary society. This briefing provides a full educational experience to include

medical and psychological issues, prevention, safe sex practices, employment issues and all personal health and mental health services.

All students are tested for HIV according to the instructions provided by their parent military service. This testing provides the opportunity for early identification and treatment.

Aside from the required testing process, some individuals may learn they are HIV positive by some other means. Any student placed in this situation should immediately report this finding to their personal physician in the University Health Center and to the proper military official in their military chain of command. This will ensure prompt evaluation, re-testing and treatment if necessary.

Students who are HIV positive will be required to observe restrictions in clinical settings as established by the command structure of each individual military hospital. The Office for Student Affairs and the Commandant following the professional medical position of the University Health Center will dialog with the command structure in settings where I-IV positive students may work to insure that communication, treatment, support and protection of patients are made a priority.

HIV positive status may have an important affect on the length of time a student may remain on active duty. Each student must address these issues with the Commandant.

NEEDLE STICK INJURY

Medical students, physicians, and all other health care professionals have a fundamental responsibility to provide care to all patients in a sensitive and compassionate manner without regard to the patient's diagnosis or the nature of the illness involved. At the same time, however, health care personnel must be aware of their potential exposure to certain diseases because of their occupation and take appropriate precautions to protect themselves from such exposure.

Although many diseases may be transmitted through contact with biological materials or fluids such as feces, urine, genital secretions and blood, two serious and potentially fatal viral infections must be emphasized in particular—namely those caused by Hepatitis B and HIV that causes AIDS. The Hepatitis B virus causes an inflammatory disease of the liver that may be asymptomatic or manifested by jaundice and other symptoms of acute liver injury. Approximately 25% of patients become jaundiced, but only 3-5% requires hospitalization. Although a significant number of patients go on to develop chronic liver disease, less than 1% of patients die of their disease. On the other hand, HIV typically causes an indolent disease and usually remains asymptomatic for many years during which time the patient's immune system is progressively impaired. Eventually, patients develop various symptoms of AIDS—a chronic wasting disease with many manifestations, including multiple infections not usually found in patients with a normal immune system. Unfortunately, almost all patients succumb to their disease.

Both of these infections are transmitted primarily through sexual contact or through contamination with infected blood or blood products, and neither are transmitted through simple casual contact. Therefore, Hepatitis B and HIV are transmitted in the health care setting primarily through handling infected blood or through a needlestick injury wherein

an individual drawing blood from an infected patient accidentally injects that blood into himself or herself.

The Hepatitis B virus appears to be more easily transmissible than HIV, and the relative risks of becoming infected from a single needlestick injury with infected blood are estimated to be 10-35% for hepatitis B but only 0.32% for HIV. Nevertheless, when drawing or obtaining a blood sample, it is vital that all health care personnel, including medical students, (1) recognize that any patient may be infected with Hepatitis B or HIV~ and (2) always take the appropriate precautions to avoid a needlestick injury, including wearing gloves when drawing blood. Furthermore, since the Hepatitis B vaccine is highly effective in protecting against subsequent Hepatitis B infection, it is equally vital that health care personnel avail themselves of this vaccine. Accordingly, all uniformed medical personnel are required to be vaccinated against Hepatitis B, and our University Health Center will ensure that all of our students receive a full course of immunization.

Since the University and all of the military hospitals have strict infection control procedures and a designated infection control officer, the following guidelines are reiterated here to remind you of the procedures to be followed in the event that you sustain a needlestick injury.

1. Assume that your patients may be infected with Hepatitis B, HIV or both.
2. Wash the site of injury with soap and water.
3. Become a patient instantly and immediately report your exposure to the infection control officer, or the emergency room physician if the former is unavailable, so that you may receive expert counseling and advice.
4. Your physician will take a pertinent history from you, examine you, discuss the situation with you, and make recommendations for appropriate diagnostic tests and treatment.
5. Don't panic! Talk about the situation with your physician and with others as you see fit, and continue to talk about it.

GENERAL INFORMATION

DIRECTORY

This section is quick reference of the people, offices, and telephone numbers most frequently needed by students. The USU telephone directory contains a complete listing of personnel (staff, faculty, and students) and all University offices and telephone numbers.

UNIVERSITY ADMINISTRATION

President: James A. Zimble, M.D.
Vice President, Administration
and Management: Mary A. Dix
Vice President,
Resource Management: Steven C. Rice
Vice President,
Recruitment and Diversity
Affairs: Cynthia Macri
(CAPT, MC, USN)
Brigade Commander: Charles S. Serio, Ph.D
(COL, MS, USA)
Brigade Chaplain: Kevin James Bedford
(CDR, CHC, USNR)
General Counsel: John Baker, COL, USA
Bradley S. Beall, J.D.
Brigade Judge Advocate: Vernola A. Schlegel
(Lt Col, USAF, JAG)

F. EDWARD HEBERT SCHOOL OF MEDICINE ADMINISTRATION

Dean: Larry W. Laughlin, M.D., Ph.D
Associate Dean
for Student Affairs: Richard M. MacDonald, M.D.
Assistant Dean
for Clinical Sciences: John E. McManigle, M.D.
(COL, USAF, MC)
Asst. Dean for
Academic Support Services: William T. Wittman, Ph.D.
Student Affairs Specialist: Mickie McAuliffe
Secretary: Mary Ann Burke
Program Asst: Lisa McTigue
Office Clerk: Melissa McArthur

Office of Admissions/Registrar—

Asst Dean for Admissions
and Academic Records: Peter Stavish, M.B.A.
Director, Office of Admissions: Joan C. Stearman, M.S.W.
Associate Registrar: Linda A. Porter
Registrar Assistant: Flanisha Barrett
Student Travel Coordinator: Deborah Smith

OFFICE OF THE COMMANDANT, SOM

Commandant : Linda L. Lawrence
(Lt Col, USAF, MSC)
Company Commander, USN: Marvin Jones
(LCDR, MSC, USN)
Company Commander, USA: David Crouch
(MAJ, MS, USA)
Squadron Commander, USAF: Sherry McAtee
(Maj, USAF, NC)

THE PLACES

<i>Academic Departments</i>	<i>Room</i>	<i>Phone</i>
Anatomy, Physiology, and Genetics	B2100.....	295-3200
Anesthesiology	C1092	295-3140
Biochemistry	B4058	295-3550
Dermatology	C1077.....	295-9802
Family Medicine.....	A1038	295-3632
Medical History.....	D3013	295-3168
Medical Psychology	B3056.....	295-3270
Medicine	NNMC, Bldg. 9 , Rm. 1713	295-2010
Microbiology	B4154.....	295-3400
Military Medicine.....	C1039.....	295-3720
Neurology.....	A1036	295-9684
Obstetrics/Gynecology	NNMC, Bldg. 1	295-4390
Pathology	B3154.....	295-3450
Pediatrics	C1061.....	295-3133
Pharmacology	C2007.....	295-3223
Preventive Medicine.....	A1044	295-3170
Psychiatry	B3068.....	295-9797
Radiology	C1071.....	295-3145
Surgery A3014.....	295-3155	
Administrative Services.....	G056	295-3032
Admissions (ADM)	A1041	295-3101
AMBULANCE		777
Audio Visual	G070	295-3423
Auditorium	Bldg. B	
Brigade Commander	C1024	295-9654/2690
Cafeteria	1st Floor, Bldg. B	
CARDIAC ARREST		666
Chaplain	C1098.....	295-9658 or 295-3193
Civilian Personnel	A1022	295-3412
Commandant	C1021	295-3120
Company Commanders	C1019	295-3722
Computer Center (UIS)	G007	295-9800
Dean, School of Medicine ..	A1010	295-3016
Equal Employment Office ..	A1015	295-1956
Facilities	G049	295-3045
FIRE		777

Fitness/Weight Room	G072	
General Counsel (OGC)A1013	295-3028	
Laboratory Animal Medicine (LAM)	G169	295-3315
Learning Resource Center (LRC).....	D1001	295-3350
Lecture Rooms		
A.....	Bldg. A	
B.....	Bldg. A	
C.....	Bldg. A	
D.....	Bldg. C	
E.....	Bldg. C	
Mail Room	G059A	295-3035
Medical Education	C1088	295-9436
Military Personnel (MPO) ..	C1016	295-3086
Multidiscipline Laboratories (MDL)	A2030	295-3301
Registrar (REG)	A1041	295-3197/3198
Security Office	UP001	295-3033
Guards Station.....	B Building.....	295-3038/3089
Seminar Rooms		
F	A2054	
G	A2053	
H	A2051	
I	B3004	
J	B4004	
Student Affairs (OSA)	C1020	295-3185 / (800) 381-0660
Student Store	First Floor, Building C.....	295-3686
Travel Office (Carlson-Wagonlit Travel) WRAMC 202-882-0303 or	800-756-6333 or after hours: 800-383-6732	
Travel Office (TDY/TAD) ..	A1040	295-3496
University Health Center	A1034	295-3630
Weather Recording (School Cancellations)		295-3039

**TENTATIVE MEDICAL SCHOOL CALENDAR
- CLASS OF 2006-**

New Student Orientation

Brigade 12 Aug 02 (Mon) - 16Aug 02(Fri)
Student Affairs 19 Aug 02 (Mon) - 23Aug 02(Fri)

MS-I YEAR 2002-2003

First Instructional Period: 26 Aug 02 (Mon) - 19 Dec 02 (Thur)
Winter Recess: 20 Dec 02 (Fri) - 5 Jan 03 (Sun)
Second Instructional Period: 6 Jan 03 (Mon) - 21 Mar 03 (Fri)
Spring Recess: 22 Mar 03 (Sat) - 30 Mar 03 (Sun)
Third Instructional Period: 31 Mar 03 (Mon) - 20 Jun 03 (Fri)

MS-II YEAR 2003-2004

Student Orientation 21 Aug 03 (Thur)
First Instructional Period: 25 Aug 03 (Mon) - 18 Dec 03 (Thur)
Winter Recess: 19 Dec 03 (Fri) - 4 Jan 04 (Sun)
Second Instructional Period: 5 Jan 04 (Mon) - 19 Mar 04 (Fri)
Spring Recess: 20 Mar 04 (Sat) - 28 Mar 04 (Sun)
Third Instructional Period: 29 Mar 04 (Mon) - 14 May 04 (Fri)
USMLE Step 1 and Leave Period: 15 May 04 (Sat) - 27 Jun 04 (Sun)

MS-III YEAR 2004-2005

Rotation 1: 28 Jun 04 (Mon) – 6 Aug 04 (Fri)
Rotation 2: 9 Aug 04 (Mon) - 17 Sep 04 (Fri)
Rotation 3: 20 Sep 04 (Mon) - 29 Oct 04 (Fri)
Rotation 4: 1 Nov 04 (Mon) - 10 Dec 04 (Fri)
Winter Recess: 11 Dec 04 (Sat) - 2 Jan 05 (Sun)
Rotation 5: 3 Jan 05 (Mon) - 11 Feb 05 (Fri)
Rotation 6: 14 Feb 05 (Mon) - 25 Mar 05 (Fri)
Rotation 7: 28 Mar 05 (Mon) - 6 May 05 (Fri)
Rotation 8: 9 May 05 (Mon) - 17 Jun 05 (Fri)

MS- IV YEAR 2005-2006

Preventive Medicine Course: 20-24 Jun 05 (Mon-Fri)
Summer Leave: 25 Jun 05 (Sat) - 10 Jul 05 (Sun)
Rotation 1: 11 Jul 05 (Mon) - 5 Aug 05 (Fri)
Rotation 2: 8 Aug 05 (Mon) - 2 Sep 05 (Fri)
Rotation 3: 6 Sep 05 (Tue) - 30 Sep 05 (Fri)
Rotation 4: 3 Oct 05 (Mon) - 28 Oct 05 (Fri)
Rotation 5: 31 Oct 05 (Mon) - 25 Nov 05 (Fri)
Rotation 6: 28 Nov 05 (Mon) - 23 Dec 05 (Fri)
Winter Recess: 24 Dec 05 (Sat) - 8 Jan 06 (Sun)
Rotation 7: 9 Jan 06 (Mon) - 3 Feb 06 (Fri)
Rotation 8: 6 Feb 06 (Mon) - 3 Mar 06 (Fri)
Rotation 9: 6 Mar 06 (Mon) - 31 Mar 06 (Fri)
Rotation 10: 3 Apr 06 (Mon) - 28 Apr 06 (Fri)
Spring Leave: 29 Apr 06 (Sat) - 7 May 06 (Sun)
Transition to Residency Program: 8 May 06 (Mon) - 12 May 06 (Fri)
Commandant's Time: 15 May 06 (Mon) - 19 May 06 (Fri)
Graduation: 20 May 06

**TENTATIVE MEDICAL SCHOOL CALENDAR
- CLASS OF 2007 -**

New Student Orientation

Brigade 11 Aug 03 (Mon) - 15 Aug 03 (Fri)
Student Affairs 18 Aug 03 (Mon) - 22 Aug 03 (Fri)

MS-I YEAR 2003-2004

First Instructional Period: 25 Aug 03 (Mon) - 18 Dec 03 (Thur)
Winter Recess: 19 Dec 03 (Fri) - 4 Jan 04 (Sun)
Second Instructional Period: 5 Jan 04 (Mon) - 19 Mar 04 (Fri)
Spring Recess: 20 Mar 04 (Sat) - 28 Mar 04 (Sun)
Third Instructional Period: 29 Mar 04 (Mon) - 18 Jun 04 (Fri)

MS-II YEAR 2004-2005

Student Orientation 19 Aug 04 (Thur)
First Instructional Period: 23 Aug 04 (Mon) - 16 Dec 04 (Thur)
Winter Recess: 17 Dec 04 (Fri) - 2 Jan 05 (Sun)
Second Instructional Period: 3 Jan 05 (Mon) - 18 Mar 05 (Fri)
Spring Recess: 19 Mar 05 (Sat) - 27 Mar 05 (Sun)
Third Instructional Period: 28 Mar 05 (Mon) - 13 May 05 (Fri)
USMLE Step 1 and Leave Period: 14 May 05 (Sat) - 26 Jun 05 (Sun)

MS-III YEAR 2005-2006

Rotation 1: 27 Jun 05 (Mon) - 5 Aug 05 (Fri)
Rotation 2: 8 Aug 05 (Mon) - 16 Sep 05 (Fri)
Rotation 3: 19 Sep 05 (Mon) - 28 Oct 05 (Fri)
Rotation 4: 31 Oct 05 (Mon) - 9 Dec 05 (Fri)
Winter Recess: 10 Dec 05 (Sat) - 2 Jan 06 (Mon)
Rotation 5: 3 Jan 06 (Tue) - 10 Feb 06 (Fri)
Rotation 6: 13 Feb 06 (Mon) - 24 Mar 06 (Fri)
Rotation 7: 27 Mar 06 (Mon) - 5 May 06 (Fri)
Rotation 8: 8 May 06 (Mon) - 16 Jun 06 (Fri)

MS-IV YEAR 2006-2007

Preventive Medicine Course: 19-23 Jun 06 (Mon-Fri)
Summer Leave: 24 Jun 06 (Sat) - 9 Jul 06 (Sun)
Rotation 1: 10 Jul 06 (Mon) - 4 Aug 06 (Fri)
Rotation 2: 7 Aug 06 (Mon) - 1 Sep 06 (Fri)
Rotation 3: 5 Sep 06 (Tue) - 29 Sep 06 (Fri)
Rotation 4: 2 Oct 06 (Mon) - 27 Oct 06 (Fri)
Rotation 5: 30 Oct 06 (Mon) - 24 Nov 06 (Fri)
Rotation 6: 27 Nov 06 (Mon) - 22 Dec 06 (Fri)
Winter Recess: 23 Dec 06 (Sat) - 7 Jan 07 (Sun)
Rotation 7: 8 Jan 07 (Mon) - 2 Feb 07 (Fri)
Rotation 8: 5 Feb 07 (Mon) - 2 Mar 07 (Fri)
Rotation 9: 5 Mar 07 (Mon) - 30 Mar 07 (Fri)
Rotation 10: 2 Apr 07 (Mon) - 27 Apr 07 (Fri)
Spring Leave: 28 Apr 07 (Sat) - 6 May 07 (Sun)
Transition to Residency Program: 7 May 07 (Mon) - 11 May 07 (Fri)
Commandant's Time: 14 May 07 (Mon) - 18 May 07 (Fri)
Graduation: 19 May 07