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Introduction

This student handbook has been compiled to acquaint students with the many resources and facilities available, and to provide information regarding the policies and procedures applicable to students in the Master of Science in Anesthesia (MSA) program. This manual is not all inclusive, but contains detailed information for students in the program. Additional direction to access supplemental or more comprehensive information when applicable is provided. Other important resources include:

MSA Program Website http://med.umkc.edu/msa/
School of Medicine Office of Student Affairs http://med.umkc.edu/sa/
UMKC Graduate Academic Regulations in the UMKC catalog http://catalog.umkc.edu/general-graduate-academic-regulations-information/
University of Missouri System Collected Rules and Regulations: Programs, Courses, and Student Affairs http://www.umsystem.edu/ums/rules/collected_rules/programs

UMKC School of Medicine Mission and Vision

The mission of the University of Missouri-Kansas City School of Medicine is to improve the health and well-being of individuals and populations through innovative educational programs in medicine and biomedical science, cutting-edge biomedical research, and leadership in academic medicine. The School strives to implement this mission with the highest professional and ethical standards, in a culture of diversity and inclusiveness, and in an environment that enables each individual to develop to his or her full potential. The vision of the UMKC School of Medicine is to aim to be the anchoring institution for a leading academic health center. http://med.umkc.edu/about_us/vision-goals/

UMKC Master of Science in Anesthesia Program Mission

To prepare and educate students with advanced specialized knowledge and skills thereby becoming compassionate, competent, and ethical patient-centered anesthesiologist assistants who work within an Anesthesia Care Team (ACT).

UMKC Master of Science in Anesthesia Program Vision

The Master of Science in Anesthesia program provides a didactic and clinical environment producing anesthesiologist assistants who are integral components of the Anesthesia Care Team. Our graduates will be driven by compassion and guided by science and sound technical skills producing highly qualified and competent patient care. The students, graduates and faculty foster the belief of lifelong learning and service through academic endeavors and professional engagement.

Program Goals (II. A.)

- To produce competent entry-level anesthesiologist assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
- To advance the anesthesiologist assistant profession

Program Accreditation (Standard V. A. 2.)

The Master of Science in Anesthesia Program at the University of Missouri-Kansas City School of Medicine is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA).

Commission on Accreditation of Allied Health Education Programs
25400 US Highway 19 North, Suite 158
Clearwater, FL 33763
727-210-2350, www.caahep.org
Master of Science in Anesthesia (MSA) Program Faculty and Staff (Standard III. A.)

Program Administration (Standard III. B.)
Program Director and Assistant Teaching Professor
Melanie Guthrie, CAA, MSA
guthriem@umkc.edu
816-235-1953

Medical Director and Assistant Professor
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jpiontek@kc.rr.com

Assistant Program Director and Assistant Teaching Professor
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816-235-1953

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School of Medicine Administrators
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Assistant Dean, Graduate Studies
Chair of the SOM Graduate Council
Investigator for professional conduct issues
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Program Coordinator
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begleyl@umkc.edu
816-235-5412

Student Support Specialist II
Maria Young
youngmari@umkc.edu
816-235-1982

Student Support Specialist I
Roz Powell
powelro@umkc.edu
816-235-1863

Education Team Coordinator
Marge Weimer, MEd and Nick Dean, MA
weimerm@umkc.edu / deantn@umkc.edu
816-235-1963/ 816-235-1966

Associate Dean of Student Affairs
Brenda Rogers, MD
rogersbr@umkc.edu
816-235-1782
Program Oversight and Committees
Several committees and councils play important roles in student admission, progression, and graduation.

Advisory Committee (Standard II. B.)
The MSA Advisory Committee is a diverse group of individuals representing the different constituency groups of the program. They collectively make recommendations in regards to the development of the program. One student from each class serves on this committee.

Admissions Committee
The purpose of this committee is to select and admit qualified applicants to the Master of Science in Anesthesia (MSA) Program. This committee is also responsible for determining admissions criteria and ensuring compliance with admissions policies and procedures. One student member per class serves on this committee.

Curriculum Committee
The curriculum committee supports the program faculty in curriculum design, course selection, and program evaluation.

Committee on Progression
The responsibility of the Committee on Progression (COP) is the development of policies and procedures for academic assessment of students in the School of Medicine graduate programs regarding student progression, probation, separation and graduation. The Committee on Progression assesses the status of individual students in order to make recommendations for progression, probation, separation and graduation to the School of Medicine Graduate Council. Students should become familiar with the policies and procedures of this committee (included in handbook).

School of Medicine Graduate Council
This council oversees the academic aspects of the Graduate Programs at the School of Medicine (SOM). The council reviews and formulates appropriate recommendations relevant to policies regarding student admissions, curriculum, and student assessment, graduation, dismissal, and discipline of each program in order to assure quality, adherence to regulations of UMKC’s School of Graduate Studies, and appropriate consistency across programs. The Council makes final determinations regarding individual student academic progress. Student appeals regarding dismissal are made to the Graduate Council. Grade appeals, following communication with the course instructor and program, may also be reviewed by this council. Students should refer to the full grade appeal process provided later in the handbook for more details.

School of Graduate Studies
The minimum criteria for admission and progression/graduation are set by the Graduate Academic Regulations and Governing Councils of the UMKC School of Graduate Studies. Specific degree programs, i.e., the MSA and MMSPA programs, may define more stringent criteria.

Honor Council
The Honor Council is concerned with incidents of alleged violations of the School of Medicine’s Standards of Professional Conduct by UMKC School of Medicine students enrolled in the MD or graduate Professional programs (MSA and MMSPA). Whether such violations occur on the Volker campus, in classes or during clinical experiences at affiliated hospitals and clinics through the School of Medicine, they are reported to, investigated and evaluated by this Council. Further information can be found in the Standards of Professional Conduct.
University and School of Medicine Resources (Standard III. A.)

SOM Office of Student Affairs
The Office of Student Affairs provides comprehensive student support and assistance from admission through graduation. Many services are available at the School of Medicine or through referral to other UMKC offices or external resources. All enrolled students may access these resources. Students participating in clinical rotations out of the Kansas City area should contact the program if they have issues accessing university resources.

Student Affairs Location: School of Medicine, 4th floor Gold Unit
http://www.med.umkc.edu/sa
816-235-1920 (central number)

*Education Coordinator*- Students are encouraged to contact the program’s designated Education Coordinators, Marge Weimer, and/or Nick Dean, through the Office of Student Affairs. The education coordinator is available to discuss personal and/or professional matters that students may have.
Marge Weimer, Med and Nick Dean, MA
Education Coordinator
M5-225 (Gold Unit) / M4-205A (Gold Unit)
816-235-1963 / 816-235-1966
weimerm@umkc.edu / deantn@umkc.edu

*Academic Support*- Learning resource specialist, study and organizational skills, supplemental needs
Stan Viebrock, MPA
Learning Resource Specialist, School of Medicine
M4-209
Career Counseling-Career advising and planning, resume/CV development
Kristen Kleffner, MEd
Manager of Career Advising
M4-205G
816-235-1811
kleffnerk@umkc.edu
http://med.umkc.edu/sa/career-services/

Wellness- Programs available that promote skills to achieve a healthy and balanced life, such as wellness planning and coaching, Fitbit checkout, sports equipment checkout, tea and wellness library, and monthly workshops and events.
Niloofar Shahmohammadi, MA
Wellness Program Coordinator
M4-205F
816-235-1862
shahmohammadin@umkc.edu
http://med.umkc.edu/sa/wellness/

Student Financial Counseling- The financial literacy counselor is available for one-on-one counseling to review your individual finances, help you learn how to successfully create and work a budget, and discuss how to keep your loan debt as low as possible. Students will receive information about scholarships, financial resources in the community, and most importantly, students will gain a solid understanding of how the financial aid process works and what life in repayment may look like.

Once students have accepted job offers, it is helpful to meet with the Financial Literacy Counselor in order to create a budget. Knowing where the first job will be, the cost of living in that area, and the salary and loan repayment amount will help to create a solid financial plan. This is also a great opportunity to go over the different student loan repayment options and what will work best during a student’s first few years out of school.

Understanding how financial aid works, how to keep borrowing to a minimum and understanding the long term effects of taking on debt are important, so schedule a meeting with the SOM Financial Counselor to help determine what plan of action is best for you and how it will affect your future.

Robin Totzke, MBA, Financial Literacy Counselor
M4-205B
816-235-1807
pattersonrd@umkc.edu
http://med.umkc.edu/sa/finance/

UMKC Office of Financial Aid and Scholarships
Hospital Hill Office: Health Sciences Building
http://finaid.umkc.edu/health-professional/school-of-medicine/

The role of UMKC’s Financial Aid and Scholarships Office is to help secure funding to assist students in paying for college. This funding can be in the form of scholarships, grants, student loans and parent loans.

Scott Guerrero, Assistant Director- Hospital Hill
guerreros@umkc.edu
Student Organizations
The School of Medicine has a wide range of student organizations under the umbrella of the Medical Student Advisory Council (MSAC). Organizations must follow MSAC guidelines in order to receive funding. All student organizations must be approved through the UMKC Student Life Office and should have a faculty and/or staff advisor. For more information about the approval process please consult the guidelines found at http://www.umkc.edu/getinvolved/.

Many resources are made available to student organizations. Student groups are encouraged to take advantage of the available resources, but also to understand the policies and procedures involved in accessing them. Start well in advance of the anticipated need and consult with Office of Student Affairs and Office of Student Involvement staff to navigate the process. In addition to the access to student activity fees, recognized student organizations have access to: use of space at the School of Medicine, inclusion of events in the Student Affairs Announcements, public relations support, bulletin board space, and leadership training.

Anesthesiologist Assistant Student Organization (AASO)
AASO is a student organization designed to represent students pursuing a career as Anesthesiologist Assistants. Values of AASO include altruistic service, importance of the Anesthesia Care Team (ACT), and promotion of the field of Anesthesiologist Assistants. Students enrolled in the MSA program are encouraged to join and participate as general members and/or elected officers. https://roogroups.collegiatelink.net/organization/AASO

University Statement on Diversity
UMKC values diversity as central to its mission as an urban-serving research university and as a driver of excellence in teaching and learning. UMKC embraces a broad spectrum of diversities, including race, ethnicity, culture, nationality, gender, gender identity, gender expression, age, sexual orientation, disability, linguistic ability, learning style, religion, socioeconomic and veteran status, life experiences, educational level and family structure.

Statement on Discrimination, Intimidation, & Sexual Harassment (Standard V. B.)
The faculty, administration, staff, and students of the University of Missouri-Kansas City are dedicated to the pursuit of knowledge and the acquisition of skills that will enable us to lead rich and full lives. We can pursue these ends only in a culture of mutual respect and civility. It is thus incumbent upon all of us to create a culture of respect everywhere on campus and at all times through our actions and speech. As a community of learners, we are committed to creating and maintaining an environment on campus that is free of all forms of harassment, intimidation, and discrimination.

Any form of discrimination or coercion based on race, ethnicity, gender, class, religion, sexual orientation, age, rank, or any other characteristic will not be tolerated. Should you, a friend, or a colleague ever experience any action or speech that feels coercive or discriminatory, you should report this immediately via the online Mistreatment Reporting website, http://med.umkc.edu/mistreatment/form/, and if you are comfortable doing so, to the course department chair or coordinator; to the Associate Dean for Diversity and Inclusion, (at 816-235-1780 in the Dean’s Office Suite); and/or the Title IX/Affirmative Action Office. The Affirmative Action Office, which is ultimately responsible for investigating all complaints of discrimination or sexual harassment, is located at 212 Administrative Center, 5115 Oak Street; the office may be contacted at 816-235-6910. https://info.umkc.edu/hr/affirmative-action/

All formal complaints will be investigated and appropriate action taken.

Title IX: Sex Discrimination, Harassment, and Assault (Standard V. B.)
Title IX of the Education Amendments of 1972 protects people from discrimination based on sex and/or gender in education programs or activities which receive federal financial assistance. Title IX states that: "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal Financial Assistance".
Sex discrimination includes sexual harassment, assault, and/or violence. Title IX is often thought of as the law that applies to athletic programs, yet Title IX is much broader than athletics and applies to many programs at UMKC. While compliance with the law is everyone’s responsibility at UMKC, you can find contact information for the Title IX Coordinator and Deputy Coordinators online who have primary responsibility for Title IX compliance. For additional information regarding emergency situations, filing a discrimination report and/or everyone’s rights and responsibilities, please contact the UMKC Title IX Office, http://info.umkc.edu/title9/.

All UMKC faculty, staff, student workers, Teaching Assistants, and Graduate Assistants are considered Title IX mandated reporters and are required to report sex discrimination to the Title IX Coordinator.

Any present during an incident of sex discrimination, harassment, and/or assault is considered a bystander. If something is telling you a situation could be dangerous, listen to that voice and intervene.


Equal Opportunity is and shall be provided for all students and applicants for admission without unlawful discrimination on the basis of their race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, or any other status protected by applicable state or federal law. The University affirms its commitment to providing equal opportunities as indicated in the Equal Employment/Educational Opportunity Policy statement.

[https://www.umsystem.edu/ums/rules/collected_rules/equal_employment_educational_opportunity/ch600](https://www.umsystem.edu/ums/rules/collected_rules/equal_employment_educational_opportunity/ch600)

The Affirmative Action office is responsible for coordinating UMKC's Affirmative Action and Equal Opportunity program, monitoring the University's compliance with federal and state laws, regulations and the investigation of discrimination and harassment complaints by students, faculty and staff against University employees. Additional information may be found on the Affirmative Action website: [http://info.umkc.edu/hr/affirmative-action/](http://info.umkc.edu/hr/affirmative-action/).

**School of Medicine Office of Diversity and Inclusion (ODI)**

E. Nathan Thomas, PhD, Associate Dean, Office of Diversity and Inclusion  
School of Medicine, 1st floor, Office of the Dean  
816-235-1780  
thomasen@umkc.edu  
[http://med.umkc.edu/odi/](http://med.umkc.edu/odi/)

The ODI serves as the School of Medicine’s primary division for diversity initiatives, including:

- Support for under-represented minority (URM) recruitment and retention efforts  
- Support and advocacy in academic, financial and personal development matters for URM and other students  
- Drawing attention to minority health issues  
- Equal access and inclusion: emerging issues  
- Shannon Lectureship addressing health disparities  
- Community engagement/partnerships  
- SOM contact for harassment/discrimination complaints and/or issues of learning environment

**Multicultural Student Affairs**

The mission of UMKC Multicultural Student Affairs is to aid in retention and the overall student experience by creating opportunities for inclusive engagement, cultivating academic success, and encouraging the value of diversity.  
[http://info.umkc.edu/multiculturalstudentaffairs/](http://info.umkc.edu/multiculturalstudentaffairs/)

**Services for Students with Disabilities**

Location: 4825 Troost, Suite 104  
816.235.5612
The Office of Services for Students with Disabilities is available to assist any UMKC student with a diagnosed disability that substantially limits the student in one or more major life areas. It is possible that a student may not have a diagnosed disability upon enrolling in a program at the SOM, but discover the disability when encountering difficulties while in our program. Because each person is unique, students are asked to contact this office for an appointment to discuss how they can best be of assistance.

Students in need of accommodations should contact the Office of Services for Students with Disabilities prior to the start of each semester to ensure there is adequate time for accommodations to be made.

UMKC LGBTQIA Programs and Services

5100 Cherry
Student Union, Suite 320
816-235-6556
http://info.umkc.edu/lgbt/

The Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Ally (LGBTQIA) Programs & Services provide the campus community with resources, support, education, and advocacy such that the University of Missouri-Kansas City and the community at large is a welcoming and inclusive environment for all people, regardless of sexual orientation, gender identity/expression, or sex. In support of this, they offer:

- Safe space and diversity trainings for individuals, departments, and organizations
- A variety of educational and social events throughout the year, most of which are free of charge
- Campus and community resources- including references for counseling services
- The Rainbow Lounge (Student Union, Suite 325) for relaxation, meetings, and studying
- Computers with free printing, television and a large selection of LGBTQIA literature in our library

Additionally, the Hospital Hill LBGTQIA Health District Alliance supports UMKC LGBTQ health professions students. https://roogroups.campuslabs.com/engage/organization/lgbt-hda.

UMKC Veterans and Military Resource Center

Virtual Resource Center
http://info.umkc.edu/saem/veteran-and-military-resources/

Provides resources for student service members and veterans including information about campus resources and GI Bill Benefits. Student veterans can also visit the At Ease Zone in Room 239, Cherry Hall (Volker Campus) for resources, referrals and a place to connect with other student veterans.

UMKC Counseling Center

Volker Campus
5100 Oak St, Student Services Suite, Suite 201
816-235-1635
http://www.umkc.edu/counselingcenter/default.asp

The Counseling Center’s mission is to foster the psychological well-being, personal development, and educational potential of our diverse student, faculty, staff, and campus community. Services include assessment, counseling crisis intervention, alcohol and substance abuse prevention, and much more. The UMKC Counseling Center is available to all students. Students are provided an introductory assessment and eight sessions as a part of student fees and sessions after the initial eight are available at a minimal cost. Session allotment renews on August 1 of each year. Students who feel they may be in need of services are encouraged to contact the Counseling Center.
WellConnect
Through a partnership between the School of Medicine and WellConnect by Student Resource Services, students have 24-hour access to help with mental health, legal, and financial issues.

The WellConnect program links students with licensed counselors for up to six, confidential in-person or telephone counseling sessions, or three sessions with a financial consultant or attorney. The services are free for students enrolled in any School of Medicine program and their household families.

Phone: 866-640-4777
www.wellconnectbysrs.com
Student Access Code: UMKCSOM

UMKC Student Health and Wellness
5110 Oak St, Brookside 51 Building, Suite 237
816-235-6133
http://info.umkc.edu/studenthealth/services/

UMKC Student Health and Wellness provides visits and assessments at no charge to UMKC students enrolled in the current semester. However, students will be charged for laboratory tests or other specialty services. Information regarding cost and hours is available online.

AA Student Wellness (Standard V. C.)
General health and wellness information specific to the practice of Anesthesiologist Assistants is provided throughout the MSA curriculum and additional materials can be found within the MSA organization site. MSA students may also access information through the School of Medicine Wellness Program Coordinator.

UMKC Police Department and Safety Information (Standard V. C.)
5005 Oak Street- Police Department
24 hours a day, 7 days a week
Dial 911 for emergencies
816-235-1515 (Save to your contacts!)
816-235-2222- Students can report suspicious or threatening behavior or concerns about fellow students via the UMKC HelpLine
https://www.umkc.edu/finadmin/police/

Police officers and security guards patrol and are positioned across campus to provide safety services 24 hours a day, 7 days a week. Emergency phones are located beneath blue lights in parking and walking areas across campus. You can use these to ask for directions or to report a crime or accident.

Other police services include: motorist assistance, including jumper cables; vehicle lockout assistance- attempt to unlock your vehicle if you lock your keys in while on campus; personal escort service to your vehicle or residence hall; bicycle registration; emergency notification- locator service; fingerprinting- charge $8 per card for UMKC student faculty or staff; and lost and found- check with information desk at 816-235-5555.

Certain buildings, including the School of Medicine, use card swipe processes to limit access. Students must have their UMKC ID to enter the SOM outside of the hours 8 am to 6 pm Monday through Friday.

Students should sign up for UMKC Alert!, which provides emergency voicemail, text and email notices, including inclement weather information. The information is also posted on the website and gives notices to radio and television news media. Students can update UMKC Alert! information via Pathway or via the UMKC Alert! website, http://www.umkc.edu/umkcalert/.
While at clinical rotation sites, students are provided the same safety services which are provided to the employees. Students should ask the preceptor for details regarding safety services.

**UMKC Violence Prevention and Response Project**
108 Haag Hall, Volker Campus  
http://info.umkc.edu/vpr/

The mission of the Violence Prevention and Response Project at the University of Missouri-Kansas City is to strengthen the University and community response to gender-based and sexual violence through victim support services, advocacy, training, education, and outreach to the campus and community.

The Violence Prevention and Response Project (VPR) is a comprehensive education and resource service for the UMKC community. With active prevention efforts, the VPR Project is committed to increasing awareness regarding interpersonal violence (IPV), sexual violence, and stalking, and decreasing the number of UMKC students whose lives are touched by these issues. Violence Prevention and Response services include basic crisis intervention and, if needed, ongoing case management and advocacy services.

**Health Sciences Library (Standard III. A.)**  
M2-101  
healthinfo@umkc.edu  
http://library.umkc.edu/hsl/

The Library has a group study room (available to reserve), as well as individual study carrels for quiet study. There are moveable tables and chairs for accommodating groups. The Library has more than 30 computers available and provides access to research materials and databases for your use. Many of our current medical journals are available online and there is remote access off-campus to most of our resources.

From the library’s website, students can:
- Learn to use Medline and CINAHL
- Borrow items from other libraries
- Renew books and reserve materials
- See Five Tips for searching PubMed
- Get assistance in finding medical articles, class links, evidence-based medicine links

**Medical Education Media Center (Standard III. A.)**  
M2-C04A  
816-235-1864  
http://med.umkc.edu/memc/

The Medical Education Media Center’s mission is to provide an instructional resource lab offering anatomical models, an audiovisual and computer-based learning collection and online test bank for a variety of levels including faculty, staff, and students. The collection of more than 3,000 items is in continual development based on the UMKC School of Medicine’s curriculum, as well as support for continuing medical education. The facility supports this activity with more than 25 computer and laser disk stations, open tables for model use, and a small group study room containing a variety of audiovisual and computer equipment.

**Clinical Training Facility (Standard III. A.)**  
2429 Charlotte St.  
Hospital Hill Parking Structure next to Health Sciences Bookstore  
816-235-1845  
http://med.umkc.edu/ctf/
The Clinical Training Facility (CTF), a unit of Medical Education Support Services, provides skills and simulation experience for the UMKC School of Medicine and its affiliated programs. The CTF not only provides the facility and equipment for task training and simulation, but facilitates the educational process where needed. The CTF is the home of the School of Medicine’s Standardized Patient program, BLS (CPR) and ACLS training programs, and the Emergency Medical Services Education program. Available services include access to task trainers, high fidelity simulation, and assistance with curriculum/scenario design, integration, implementation, and presentation. Course schedule and syllabi will outline dates and times when the skills lab and classrooms are utilized for program requirements.

**Graduate Student Lounge and Lockers**
M3-C29

The Graduate Student Lounge is outfitted with tables, chairs, microwave, and refrigerator, and may be used as a study/group-meeting area for all SOM graduate students. The passcode to the door will be provided to SOM graduate students only, and should not be distributed to non-UMKC SOM graduate students. It is the responsibility of students to maintain the general tidiness of the lounge, to include cleaning spills in the microwave and refrigerator should they occur.

Lockers are available to students on a first-come-first-serve basis. These lockers are located near the north and east stairwells on the third floor of the medical school. Students utilizing lockers are encouraged to bring a combination lock to maintain the safety of personal items. All lockers must be cleared and unlocked between each semester. Any locks remaining at the end of a semester will be cut off.

**Lactation Room**
M2-309

Access code made available through GME Office: 816-235-6627 or in M2-202

The lactation room for nursing mothers is available on the second floor of the School of Medicine to serve faculty, staff, residents and students. The area is approximately 68 square feet, has a comfortable chair, small refrigerator, sink and a combination access door handle. The room is also equipped with an “In Use” light.

**General Information, Policies, and Procedures**

Upon acceptance of admission, students have many responsibilities to maintain an active status in the program. These may seem overwhelming and repetitive at times, and may be associated with costs to the student; however, they are critical to a student’s ability to complete the program and become a certified professional. Students must become familiar with the university and program policies which govern student status in the program. Program policies apply to students during all phases of the program, regardless of whether the student is located on UMKC campus or at an affiliate clinical site. Students will be notified if they are assigned to a clinical site where the policies are different than, and supersede the program policies.

**Background Screens (Standard V. C.)**
UMKC affiliated hospitals and clinics where students complete clinical rotation requirements require that background screens be conducted before placement. All students who accept an offer of admission must complete a background screen before matriculation into the program. Additionally, students are required to complete an annual background screen. The cost of background screens are paid by the student. The results of background screens are forwarded to the Associate Dean of Student Affairs.

By completing a background screen, the student authorizes UMKC to release the results of any screens in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating. If a student is identified as having
been convicted of a crime or has any other unsatisfactory finding in the background screen process, the affiliated institutions will be notified and will determine if the student will be permitted to participate in clinical activities on site. It is possible that certain background screen results may prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics.

Additional screens may be required for certain rotations or based on changes in the program's background screening requirements. Any additional screenings are the financial responsibility of the student.

Should an incident occur after the initial background screen that may prohibit the student from successfully completing any part of the program, including a required clinical rotation, it is the responsibility of the student to report the incident to program administrators. Each incident will be handled on a case-by-case basis.

**Drug Screening (Standard V. C.)**
UMKC affiliated hospitals and clinics where students complete clinical rotations require that drug screens be conducted prior to student placement. All students who accept an offer of admission must complete a drug screen prior to matriculation into the program. Drug screenings are required annually for students and deadlines will be announced by the program. The cost of screens are paid by the student. Results of screens that are not “Negative” are forwarded to the Associate Dean for Student Affairs and may result in re-testing at the student’s expense.

By completing a drug screen, the student authorizes UMKC to release the results of any drug screens in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating. If a student is identified as having a drug screen that is not a negative status, which could be consistent with substance abuse behavior, the affiliated institution will be notified and will determine if the student will be permitted to participate in clinical activities on site. It is possible that certain drug screen results may prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics and/or may require the student to get more drug screenings at the cost of the student.

Additional screens may be required for certain rotations or based on changes in the program’s drug screening requirements. Any additional screenings are the financial responsibility of the student.

**Technical Standards (Standard V. A. 2.)**
When completing the MSA application, the applicant indicated meeting certain technical standards necessary to carry out all activities required for completion of the program. If there is any change in a student’s technical standards status prior to matriculation or while completing the program of study, the student must notify the program director. Any student approved for a leave of absence must sign a new technical standards form before the leave and upon return from the leave. Technical standards a candidate for the MSA degree must possess are listed at:

http://med.umkc.edu/msa/technical-standards/.

**Physical Exam Requirements (Standard V. C.)**
Students are required to undergo an annual physical exam that assesses the ability to perform educational activities based on the program’s technical standards. By completing and submitting the annual physical exam form, the student authorizes UMKC to release the information in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating. A licensed healthcare provider (physician, physician assistant, or nurse practitioner) of no relation to the student must release the student to participate in program activities on the specified program form. Student medical information should not be submitted to the program and cannot be included as part of a student’s record. The first physical exam must be completed no sooner than six months prior to program matriculation and will be required annually. Deadlines for physical exams will be announced by the program.

**Infectious/Communicable Disease Policy and Procedures (Standard V. C.)**
Infectious/communicable diseases are common and may be a threat to students. During the performance of required clinical activities students act as healthcare workers (HCWs) and are at risk for contracting and transmitting infectious
diseases as a result of patient contact. The outlined health and immunization requirements protect both the well-being of the students and that of their patients. The immunization and health screening requirements for the program are minimally based on both current recommendations for HCWs by the Centers for Disease Control and Prevention (CDC), as well as by UMKC affiliated hospitals and clinics.

During the performance of required clinical activities, students may have contact with patients with various infections such as blood borne transmitted disease (e.g., Hepatitis B (HBV), Hepatitis C (HCV), Human immuno-deficiency virus (HIV)), airborne transmitted disease (e.g., tuberculosis (TB), measles, varicella), droplet transmitted disease (e.g., influenza, pertussis, mumps) and contact transmitted disease (e.g., methicillin-resistant Staphylococcus aureus). This contact may expose the student to infectious agents, and may result in the student transmitting an infectious disease to other students, faculty, patients, and/or family members. During pregnancy, the fetus may also be at risk depending on the infection (e.g., Varicella).

To help protect the health and safety of its students, as well as that of patients, the School of Medicine requires students to adhere to, and provide documentation of:
  • Initial and ongoing infectious disease screening and pre-exposure prophylactic immunization against specified infectious/communicable diseases,
  • Training and education regarding environmental hazards and infectious exposures, and
  • Post-exposure prophylactic follow-up/treatment following exposure to specified infectious diseases such as HBV, HIV, and tuberculosis, as necessary.

**Immunization and Health Screening Requirements (Standard V. C.)**

**Procedures**
  • Specified immunizations and health screenings are required for all students unless medically contraindicated (health care provider documentation must be provided and based on CDC contraindication guidelines).
  • By submitting immunization records, the student authorizes UMKC to release the information in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating. (A3.21)
  • Additional immunization and/or health screening requirements beyond those mandated by the program may be required by a clinical affiliate. If so, students will be made aware of additional requirements and will need to ensure compliance at their own cost, as necessary.
  • Immunization and health screening requirements will be reviewed annually by the program to ensure they minimally meet the most recent CDC recommendations and affiliate policies. Students will be notified of changes to the immunization policy and given direction on how to complete any additional requirements, as necessary.
  • Students must provide proof of certain immunizations and health screenings prior to matriculation and clinical placement. Students are required to use the program-specific Immunization Form and required attachments to confirm initial compliance with the immunization and health screening requirements. The form must be signed by a qualified health care provider (physician, physician assistant, or nurse practitioner) who is not related to the student. After initial compliance is confirmed, laboratory results and other documents may be used to prove compliance of subsequent screenings and immunizations.
  • If a student cannot meet the requirements, the student may be prevented from fulfilling the mandatory requirements for graduation if it prevents a student from rotating in affiliated hospitals or clinics.

Students must provide proof of screening, vaccination, and/or immunity for the following:

**Tuberculosis (TB)** - TB screening procedures vary based on a student’s immunization/disease history.

1. Students who do not have a history of TB infection/disease or have not had positive TB test results in the past (regardless of BCG vaccination status) are required to have an initial TB skin test (TST) within six months of matriculation (completed by student) and one within the first month of the program (provided by school). (The second TST must be placed at least seven days after the first.) Annual testing is required thereafter.

2. Students who have a **positive history of TB disease** must provide documentation of positive TB skin test (TST) results and TB treatment, and must complete the program TB symptoms form upon matriculation. Students must complete the symptoms form annually. Based on results of the symptoms form additional action may be required.
3. Students who have **tested positive for TB infection (and not had the BCG vaccination)** must provide documentation of positive TB skin test (TST) results, a negative two-view chest x-ray, and must complete the program TB symptoms form upon matriculation. Students must complete the symptoms form annually. Based on results of the symptoms form additional action may be required.

4. Students who have **tested positive for TB infection and have had the BCG vaccination** must provide documentation of positive TB skin test (TST) results and a negative two-view chest x-ray (IGRA). Students must complete the program symptoms form annually. Based on results of the symptoms form additional action may be required.

   If a student tests positive on the IGRA, a two-view chest x-ray is required and the student will complete the program symptoms form annually. Based on results of the symptoms form additional action may be required.

**Influenza (Flu)** - Annual immunization with the current season influenza vaccine is required.

**Tetanus-Diphtheria-Pertussis (Tdap/Td)** - Evidence of one dose of Tdap within 10 years of all program activities. If student has received Td only, then a one-time dose of Tdap must be received, then boost with Td every 10 years.

**Measles, Mumps, & Rubella (MMR)** - Students born after 1957 must show immunity through documentation of a series of two doses of MMR vaccine (must be administered at least one month apart) OR laboratory evidence of immunity via positive antibody titer results. Students with negative or indeterminate antibody titer results will be required to complete vaccination series.

**Varicella (chickenpox)** - Evidence of immunity is documentation of two doses of the varicella vaccine (administered at least 28 days apart with the last dose completed at least two weeks prior to clinical start date) OR laboratory evidence of immunity via positive antibody titers. Students with negative or indeterminate antibody titer results will be required to complete vaccination series.

**Hepatitis B** - Evidence of immunity is documentation of three Hepatitis B vaccines (2nd injection administered at least 28 days after 1st injection, and the 3rd injection must be administered 6 months after the 1st injection or 5 months after the 2nd injection) OR laboratory evidence of immunity via positive antibody titer (titer must be obtained at least 30 days after the 3rd injection). Students with negative or indeterminate antibody titer results will be required to complete vaccination series and an antibody titer 1-2 months after the third dose of the second series.

**Polio** - Series of four doses required.

**References**

Centers for Disease Control and Prevention (Updated February 6, 2017.) Adult Immunization Schedule.  
https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

Centers for Disease Control and Prevention (Updated April 20, 2017.) Recommended Vaccines for Healthcare Workers.  
https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html

Once matriculated, students may obtain these vaccines, tests, and exams through UMKC Student Health and Wellness or a health care provider of their choice. Annual requirements for the School of Medicine (TST screens and flu shots) will be provided at no cost when obtained through Concentra. Other services, including chest x-rays, are paid for by the student or their health insurance. To receive services covered by UMKC at Concentra, students must be approved, and follow the guidelines and instructions outlined by the program. Notification of approval to receive services from Concentra will be emailed to the student. Students in Kansas City may only receive services at the Crossroads Concentra location at 200 Southwest Blvd, Kansas City, MO 64108. Students rotating at clinical sites outside of the Greater Kansas City area may access other Concentra locations, however, when the cost is to be covered by UMKC, services need to be coordinated through the program.

**Health Insurance**

Students must maintain personal health insurance throughout the duration of the program. Proof of insurance will be verified by program administrators within the first month of the program and continuous coverage is the responsibility of the student. Health insurance is a requirement that protects the student. **Students should carefully consider the type of coverage they select, as follow-up visits/treatments for any potential injury or exposure while in the program will likely be the financial responsibility of the student.** Any student found to not have health coverage will be out of compliance with program policy and may be prohibited from completing required program components.
Student health insurance is an option available to UMKC students through Aetna Student Health. Information can be found at [http://info.umkc.edu/studenthealth/student-health-insurance/](http://info.umkc.edu/studenthealth/student-health-insurance/). Students are encouraged to research and consider other insurance options, as well. Students found to not have continuous health care coverage may be prevented from fulfilling the mandatory requirements for graduation if it prevents a student from rotating in affiliated hospitals or clinics. Students should always carry their health insurance card!

**Infectious/Communicable Disease Training and Post-Exposure Information (Standard V. C.)**

Students who follow the recommendations developed by the Centers for Disease Control (CDC Universal Blood and Body Fluid Precautions) have minimal risk of contracting any infection in the course of their clinical practice activities. Training and education regarding environmental hazards and infectious exposures is provided during the didactic phase of the program. Students must demonstrate competency in the corresponding learning outcomes before they will be able to participate in educational activities that would put them at risk. Students are expected to consistently and appropriately implement Universal Precautions and other appropriate safety measures thereafter. It is the student’s responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the student is assigned. All students will participate in the clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel. However, injuries and infectious exposures may occur during patient care activities and it is important that students understand the actions they need to take to protect themselves.

**Guidelines for Student Exposure to Infectious and Environmental Hazards (Standard V. C.)**

**Blood and body fluid exposure (HIV, Hepatitis B, Hepatitis C)**

An “exposure incident” refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a student’s clinical duties. Should a patient’s blood or body fluid come into contact with a student or if a patient comes in contact with the blood or body fluid of a student, the student should seek medical treatment IMMEDIATELY and follow the procedure outlined below:

1. Decontamination of exposed site- vigorous flushing of mucous membranes, eyes, and/or thorough hand washing.
2. Immediately report incident to appropriate clinical site personnel, including your preceptor, and follow established protocol for the site. **Site-specific exposure protocol is provided in each clinical site’s profile in Project Concert.**
3. If no established protocol, seek treatment at the nearest Emergency Department.
4. Seek medical attention to ensure appropriate medical care relating to the exposure is provided.
   a. This should occur within 2 hours for a known HIV infected source and 4-6 hours for all other exposures.
   b. The appropriate initial site to seek medical attention varies based on the clinical site where the incident occurred. It could be an Occupational Health or Emergency Department at the institution or you many need to find the nearest Emergency Department. Students should review site-specific exposure protocol, located in each site’s profile in Project Concert, with each new clinical site assignment.
   c. Management may include confidential testing of the patient and the student for Hepatitis B, Hepatitis C, HIV and other infectious agents.
   d. In the event that additional follow-up medical care is necessary, students will need to refer to site-specific protocol to discover whether this will continue to be provided by the initial site or if the student should arrange follow-up with their own health care provider.
5. Report the event to the program director within 24 hours of the event. Students are required to complete Part 1 of the Exposure or Injury Report and Clearance Form to report the event.
6. If expert advice is needed refer to the PEPline, 1-888-448-4911 or [PEP Quick Guide for Occupational Exposures](http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/)
Other Exposures, Illness, or Injury (A3.08)

For student and patient safety, students who have been exposed to a contagious disease or are ill with symptoms of contagious diseases may need to avoid contact with patients. These may include, but are not limited to:

<table>
<thead>
<tr>
<th>Exposure to:</th>
<th>Ill with symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varicella zoster (chicken pox)</td>
<td>Conjunctivitis</td>
</tr>
<tr>
<td>Herpes zoster (shingles)</td>
<td>Diarrheal disease</td>
</tr>
<tr>
<td>Measles</td>
<td>Skin infection, rash</td>
</tr>
<tr>
<td>Certain bacterial meningitis (N meningitidis, H influenza)</td>
<td>Upper respiratory illness with fever</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
</tr>
</tbody>
</table>

In such cases, or in the event of an injury, the student should be evaluated by a health care provider in order to determine need for therapy and clearance for patient care. Students must notify and work with the site preceptor to determine whether the situation requires the student to be evaluated by the site occupational health provider or their own health care provider. Students must report such instances to the program director within 24 hours of the event and are required to complete and submit Part 1 of the Exposure or Injury Report and Clearance Form.

Medical Follow-up and Clearance to Return to Clinical Activities (Standard V. C.)

Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a student’s exposure incident/illness/injury will be determined by the student’s health care provider (in collaboration with the student) and other appropriate health care professionals. Students are required to use the Exposure or Injury Report and Clearance Form to report proof of clearance to return to the patient care setting (Part 2). The recommendation for clearance to return to patient care activities must be provided via signature of a qualified medical professional (physician, physician assistant, nurse practitioner, or when applicable Occupational Health nurse), who is not related to the student on Part 2 of the Injury Report and Clearance Form. This form must be submitted to the program director before clinical activities may resume.

Student Financial Responsibility for Health-Related Expenses

Students are not employees of the hospital, clinic, or practice where they are rotating, thus they are not covered under workman’s compensation if they suffer an accident, exposure, or injury. All students are required to carry medical insurance to cover the expense of such unlikely events and provide coverage for the laboratory testing and treatments that may be required. Costs not covered by insurance are the responsibility of the student. Only a small number of clinical sites cover these costs. Detailed information about which costs the student is responsible for is provided in the site-specific exposure protocol located in each site’s profile in Project Concert.

Effects of Exposure/Illness/Injury on Student Learning Activities

Effects of infectious and environmental disease or disability from a clinical exposure may affect a student’s learning activities. The student will need to contact the program director to make arrangements regarding absences, make up of work and future action plan, as necessary. Students may not be able to return to a specific clinical affiliate and/or meet the required technical standards due to effects of infectious and environmental disease or disability. A student’s inability to complete a clinical rotation and/or program of study may delay a student’s graduation or qualify the student for separation from the program. Students should refer to the Committee on Progression policies regarding leaves of absence and criteria for separation.

Emergency Contact Information

Students are to provide the program with emergency contact information. Each student will be responsible for keeping contact information updated and current through their UMKC Pathway and Project Concert profiles. If the program determines there is reasonable justification to investigate the welfare or status of a student, they will do so with the emergency contact information provided. Examples of reasonable justification for communication with a student’s
emergency contact include, but are not limited to, absence from the program for more than a reasonable time without notice, illness, and/or injury.

**Student Employment (Standard V. A. 3.; V. C.)**

Full or part-time employment is strongly discouraged, but not prohibited. Due to the rigorous nature of the program, the demands placed on students are extremely high, particularly with respect to their clinical work schedule and associated study requirements. Non-program activities should not interfere with academic or clinical commitments of the program.

No MSA student, by position or responsibility, may be employed at any time to administer anesthesia during the program. Students may not, by position or responsibility, be employed or function as instructional faculty or substitute for clinical or administrative staff during clinical rotations. An MSA student, credentialed or licensed in other healthcare professions, cannot function in that role while in the role of an MSA student while on a clinical rotation at a facility. Students must not accept payment while on rotation for work at clinical sites. Rotation experiences are for educational purposes only.

**Appearance Policy**

Students should maintain a professional appearance and dress appropriately whenever they are representing UMKC and the AA profession in any setting. This includes the campus, clinical sites, meetings, and special events. Being neatly dressed and well-groomed exemplifies professionalism. Students should adhere to the following appearance policy:

- **Hygiene**
  - No heavily scented perfumes, colognes, and lotions
  - Clean and trimmed fingernails (no longer than $\frac{3}{4}"$)
  - Natural nails only, no false tips
  - Neat and well-groomed hair, sideburns, mustaches, and beards. Hair should be clean and arranged so as not to interfere with patient care.

- **Grooming**
  - Clothing must be clean, pressed, in good condition, and fit appropriately.
  - Clothing must not interfere with safe operation of equipment.
  - No dark glasses unless prescribed by a physician.
  - Limited jewelry and no dangling large hoop jewelry.
  - Body piercing must be limited to three per ear. Other visible body piercing is unacceptable, unless demanded by religion/culture.
  - Tattoos that are perceived as offensive, hostile or diminish the effectiveness of the student as a role model for others must not be visible.

- **Acceptable Attire**
  - MSA program monogrammed scrubs from UMKC Health Sciences Bookstore OR Business Professional dress- Examples may include: shirts/blouses, suits, dresses/skirts, sport coats, ties, casual slacks, collared knit shirts, sweaters, appropriate socks and shoes.

- **Unacceptable Attire**
  - Examples include, but are not limited to: jeans, sweat pants, sweat shirts, and t-shirts (approved only to wear under scrubs), “workout” attire, cutoffs or shorts, sheer clothing, bare midriffs, low necklines, spaghetti straps, backless attire, casual sandals or flip-flops. No emblems, slogans symbols, pins, buttons, insignias connoting illicit substances, alcohol, tobacco, obscene language, sex, violence, or discrimination.

- **ID Badge (Standard V. C.)**
  - Proper identification as an AA student is mandatory at all times. UMKC SOM ID/nametag must be worn while at clinical sites. Some sites also require wearing separate security ID badges; these badges will be arranged during orientation at the beginning of the rotation.

- **Clinical Sites**
  - MSA program policies apply along with facilities’ individual requirements.
  - No sandals or shoes with open toes.
  - Students may not wear hospital issued scrubs to and from clinical rotation sites. Only attire as listed above may be worn to and from clinical sites.
It is the program director’s responsibility to see that these policies are enforced and to report disciplinary actions to the Assistant Dean of Graduate Studies.

**Academic Information, Policies, and Procedures**

**UMKC Email and Single Sign On (SSO)**

UMKC email is the official means of communicating with students. Students are expected to check and read program related emails daily. Students must maintain their mailbox to be eligible to receive emails. Faculty will not rely on non-UMKC email addresses to communicate with students. Students must keep their single sign on and password active in order to access course-related sites and resources.

**Tuition, Fees, and Other Program Costs (Standard V. A. 2.)**

Students are responsible for managing tuition and fee payments. Students with outstanding balances may be ineligible for course enrollment. Students are responsible for knowing the conditions for refund upon course withdrawal and the impacts of drop dates and financial aid. Policies and procedures are found on the Cashiers and Collections website: [http://www.umkc.edu/adminfinance/finance/cashiers/policies3.asp](http://www.umkc.edu/adminfinance/finance/cashiers/policies3.asp)

The Board of Curators has approved flat tuition rates to be charged per semester for the MSA program. Fees are capped at 12 credit hours for fall and spring semesters and at 8 credit hours for summer semester, with the exception of technology fees which are not capped. In the event a student receives a tuition discount or assistance from the School of Medicine, the discount may be reviewed each semester and is subject to change.

Additional costs for medical equipment, books, conference registration/travel and out of town rotation travel and living expenses are the responsibility of the student. An estimate of these costs is distributed to students prior to matriculation. These costs are considered when the Financial Aid Office is assessing student financial assistance needs.

**Pathway and Course Enrollment**

Although the Student Affairs education coordinator, program administrators, and faculty will assist students with enrollment reminders and grade assessment, it is the student’s responsibility to ensure these are accurate and up to date. Students are responsible for Pathway course enrollment, withdrawals and other functions. Students must register for courses on time for access to online course management systems and to process financial aid. Late registration may affect participation in clinical activities.

**Proof of Enrollment**

If students must verify their status as a student for instances such as obtaining loans they must obtain a certificate the national clearinghouse. The program cannot provide proof of student status for these purposes. Students can obtain an enrollment certificate online at [https://www.umkc.edu/registrar/records/transcripts.asp](https://www.umkc.edu/registrar/records/transcripts.asp).

**Malpractice Coverage**

Students are provided with medical malpractice coverage by the university while enrolled in the program. Affiliate hospitals and clinics will not allow placement of students without this coverage and the program will provide clinical sites with a statement of coverage. Students are not covered for malpractice if they are not registered for coursework in Pathway or if they are on a leave of absence. In addition, students who may participate in shadowing experiences not affiliated with UMKC MSA assigned curricular components, are not covered by their student malpractice.

**Academic Advising (Standard III. B. 1. a. 3.; V. D.)**

MSA students will meet with the Program Director at the end of each semester. Record of the appointment will be kept by the Program Director and documented in the student’s program record. Notes of advising sessions are not kept in the student’s academic record. The Program Director may refer a student to the Student Affairs Education Coordinator for further referral/recommendation regarding necessary services and resources.
**Program of Study (Standards V. A. 2-3.)**

To earn the Master of Science in Anesthesia degree, students must progress through the program of study as designed, and in accordance with the requirements set by the Committee on Progression. Students must demonstrate certain competencies and academic achievement at the end of the didactic phase in order to progress to the clinical phase and to qualify for graduation. For information pertaining to the criteria for promotion, probation, separation, retained, and graduation and the policies and procedures that apply to each, please refer to the Committee on Progression policies and procedures.

The outlined Program of Study may change during a student’s progression through the program. Graduate students must submit an approved program of study form prior to completing 60% of the academic program, per the UMKC Master’s Degrees Academic Regulations. Program administrators will work with students to submit program of study forms.

**Grade Appeals for Graduate Courses**

Students are responsible for meeting the standards of academic performance established for each course in which enrolled. The establishment of the criteria for grades and the evaluation of student academic performance are the responsibilities of the instructor and should be included in the course syllabus. This grade appeal procedure is available only for the review of allegedly capricious grading, and not for review of the instructor’s evaluation of the student’s academic performance. Capricious grading, as that term is used here, comprises any of the following:

1. The assignment of a grade to a particular student on some basis other than the performance in the course.
2. The assignment of a grade to a particular graduate student according to more exacting or demanding standards than were applied to other graduate students in the course, or
3. The assignment of a grade by a substantial departure from the instructor’s standards as detailed in the course syllabus.

Students will follow these steps to pursue a grade appeal:

**Step 1**

A student who charges that they were graded capriciously must initiate the grade appeal process by notifying the Assistant Dean for Graduate Studies in writing of their intent to do so. This dated correspondence must clarify how the student’s grade was assigned capriciously (as defined in 1-3 above), and it must identify the grade the student believes he/she should receive.

**Step 2**

The student should first discuss the course grade fully with the instructor of the course. This must be done within six weeks after the beginning of the succeeding regular academic semester. If the matter is resolved at the instructor level, the recommendation to accept the grade appeal is presented to the SOM Graduate Council for review and recommendation to the Dean.

**Step 3**

If the matter cannot be resolved by consultation with the instructor, the student should appeal, in writing, to the department chair or program director within fourteen (14) consecutive calendar days after notification of the decision of the instructor. If the instructor fails to respond to the student request to discuss the course grade within 14 days of the request, the student should appeal, in writing, to the department chair or program director. If the matter is resolved, the department chair’s or program director’s recommendation to accept the grade appeal is presented to the SOM Graduate Council for review and recommendation to the Dean.

**Step 4**

If the matter is not resolved at the department or program level, or if the course is multidisciplinary, the student may appeal, in person and writing, to the School of Medicine Dean through the following process. The student may appeal to the Assistant Dean for Graduate Studies within fourteen (14) consecutive calendar days after notification of the decision.
of the department chair or instructor, respectively. After the student’s appeal to the Assistant Dean, an ad-hoc committee to review the record and provide advice on the matter may be appointed by the Assistant Dean. The student may have additional input at this level by submitting written correspondence expressing his/her views concerning the grade appeal or by submitting other supporting documentation. The recommendation of the Assistant Dean (or ad-hoc committee if applicable) will be forwarded to the Graduate Council for a review and recommendation to the Dean of the School of Medicine for official determination. The final decision of the Dean will be communicated to the student, the instructor, and department chair or program director.

Step 5
If the matter is not resolved within the School of Medicine, the student may appeal to the Provost. This appeal must be made within ten (10) consecutive calendar days after notification of the decision of the Dean.

Step 6
The Provost or designated representative shall review the full record of the case and appeal documents. At this level, the Provost may appoint an ad-hoc academic appeals committee to review the record and provide advice on the matter. The decision of the Provost is final and will be communicated to the student, the instructor, the department chair and the dean of the School of Medicine.

Videotaping/Recording Courses
University of Missouri System Executive Order No. 38 lays out principles regarding the sanctity of classroom discussions at the university. The policy is described fully in Section 200.015 of the Collected Rules and Regulations. Students should reference each course syllabus to obtain the faculty member’s allowance of videotaping/recording course content.

Students are videotaped in certain academic classes and clinical labs for teaching and learning purposes and will be made aware of these occurrences.

Access to Student Records (Standard V. D.)
All student educational records are protected by FERPA (Family Education Rights and Privacy Act) as described in the University Collected Rules and Regulations, Section 180.020 Student Records. If a student has questions or would like more information regarding this regulation and its implementation at UMKC, visit http://www.umkc.edu/registrar/records/ferpa_students.asp or http://www.umsystem.edu/ums/fa/ipsrc/student-information

The School of Medicine does not maintain student health records; immunization documentation, physicals ensuring compliance with technical standards, drug screen results and reports of injuries during training are not considered student health records. These documents may be released to clinical affiliates and faculty members for educational purposes. Students authorize the release of these documents by signing the program agreement form.

The School of Medicine does maintain academic and disciplinary student records. A student may request access to their own academic and/or disciplinary records which are kept secure and separate. A student may not access other individual student records. Academic records include information concerning a student’s admission status and academic status (progression, probation, separation, dismissal, and graduation). Disciplinary records are kept separate from academic records, and would include information regarding the Standards of Professional Conduct and investigations and recommendations made by the Honor Council. To gain access to records, a student must make an appointment with the Office of Evaluation, which is located on the First Floor of the School of Medicine. A student may not remove records, but may privately review them in the Office of Evaluation.

Financial records are maintained by the UMKC Cashiers and Collections and Office of Financial Aid. Transcripts are maintained by the UMKC Office of Registration and Records.
Assessment Responsibilities *(Standard III. D.)*
The completion of course, instructor and program evaluations is a professional responsibility of students. Graduates are also requested to complete a program assessment post-graduation.

Project Concert *(Standard IV. A. 2.)*
Project Concert is a web-based system designed specifically to track information for health professions training programs. UMKC graduate programs use Project Concert primarily for tracking information and evaluation of our students and faculty. Students will be issued a user name and training regarding use of the system and are required to use it for assessment, clinical experience tracking and to update their personal information, as indicated by the program. Specific policies for using Project Concert are provided to students in the Project Concert User Guide for Students and in respective syllabi, as necessary.

Student Research
While completing required coursework, including rotations, students must not substitute for individuals in the role of research staff or investigator. Research activities must not pre-empt the required student learning activities and minimum required clinical hours of clinical rotations. While on clinical rotations, assuming the preceding criteria are met, if time allows and the appropriate opportunity is present, students may observe or assist an investigator or research staff in the conduct of research; however, participation in such research opportunities must be approved in advance by the program director.

Suspected Violations of Professional Standards
All students at UMKC are expected to abide by the Standard of Conduct as described in the University of Missouri System Collected Rules and Regulations, Chapter 200 Student Conduct, section 200.010 Standard of Conduct. In addition, students must abide by the School of Medicine Standards of Professional Conduct. The conduct code is designed to ensure social responsibility, academic integrity, and the safety of our community. Students found to be in violation of the Standard of Conduct may face formal sanction, ranging from warning to expulsion. Students have the right to a formal hearing. When academic dishonesty within a course is admitted by the student or confirmed by evidence, the faculty will assign the outcome described in the course syllabus (e.g., failing grade for an assignment, grade for exam or course, as appropriate). Additionally, the faculty may also refer the incident to the Assistant Dean for Graduate Studies, who will refer the incident to the School of Medicine Honor Council for investigation and recommendation. Recommendations may include no action, warning, probation, suspension or dismissal. For more information students should read the School of Medicine Standards of Professional Conduct and the Procedures for Managing Suspected Violations of Standard Conduct and Professional Standards.

Standards of Conduct for Teacher/Learner Relationships
The SOM community is committed to maintaining academic and clinical environments in which faculty, fellows, residents, students and staff can work together to further education and research, while providing the highest quality of ethical and compassionate care for patients at affiliated hospitals and clinics. As effective learning is best fostered in an environment of mutual respect between teachers and learners, mutual respect is expected; each member within the SOM community must be accepted as an individual and treated with respect and fairness. The Standards of Conduct for Teacher/Learner Relationships Policy outlines the responsibilities of teachers and learners in facilitating a professional learning environment, as well as the process for reporting inappropriate conduct. For more information, students should read the School of Medicine Standards of Conduct for Teacher/Learner Relationships Policy.

Professional Characteristics of AA Students: Promptness and Flexibility
Promptness is a trait professional health care providers must possess. Additionally, tardiness disturbs the lecturer and other members of the class. Class location and times will be clearly outlined for students. Anyone arriving after a lecture begins will not be allowed in unless the instructor so allows or there is a break. Excessive tardiness will be reported to the program director by instructors.
Students within the program are expected to have some flexibility with their schedules. This is due in part that some instructors are also in clinical settings where time allotments are difficult to determine. Changes to schedules will be made available to students as soon as possible.

**Attendance Policies**

**Didactic Course Attendance: Daily short-term absences**

Attendance at all instructional periods is expected. Failure to meet this requirement is considered in the evaluation of the student’s academic performance and professional attitude, and may result in a failing grade for the course or other disciplinary action. Students shall provide a written report to the program and the course instructor regarding the reasons for an absence within 24 hours of the occurrence. Students requesting an absence from a didactic class will be responsible for the material presented in class and must make arrangements to complete missed assignments or tests.

**Clinical Attendance: Daily short-term absences**

See UMKC MSA program Clinical Policies for clinical rotation attendance and absence reporting policies.

**Excused absences**

Students are granted one excused clinical absence each semester during the didactic phase (semester 1-3), and 5 total throughout the clinical phase (semesters 4-7). Excused absences from clinical work do not have to be made up. The student must alert the Program Director, Program Assistant, and clinical coordinator as soon as possible, or at the latest, on return to school. All excused absences, whether short or prolonged, will be evaluated on an individual basis. Examples of excused absences may be:

- Illness
- Weather- Absences due to inclement weather, as outlined in inclement weather policy, will be considered an excused absence for clinical phase students
- Special Circumstances- Unusual circumstances resulting in an absence, e.g. bereavement leave and jury duty

**Jury Duty** - Students summoned to serve jury duty should act immediately once the summons is received. Many jurisdictions allow postponements for currently enrolled students, but the student must research and request this in a timely matter. If necessary/desired, the program can provide the student a letter detailing the nature of the program to include with the postponement request. Students registered in the Jackson County, MO jurisdiction can find out more online, [http://www.16thcircuit.org/qualifications-excuses-postponements](http://www.16thcircuit.org/qualifications-excuses-postponements).

**Unexcused Absences** - Absences not falling into the above categories are considered unexcused. The MSA program realizes that circumstances may arise on occasions leading to an unexcused absence. However, unexcused absences are neither a right nor an entitlement of the student.

Any assignment or exam missed must be made up at the convenience and discretion of the instructor. If a pattern of absences appears to surface, a student will be referred to the Committee on Progression.

**Closing of Campus (including Inclement Weather)**

The Chancellor, at his/her sole discretion, shall determine whether the condition is such a nature as to require cancelation of classes and/or closure of the University. Example events which may prompt such a decision include severe weather, natural disasters, act of terrorism, workplace violence, or significant utility outages.

**Didactic Phase and Clinical Phase Students Rotating in Kansas City Area**

Inclement weather conditions- Should the Chancellor determine that classes are to be cancelled and/or the University closed due to inclement weather, the following steps shall be implemented for courses and rotations by the MSA Program:

If UMKC Volker campus has closed, there will be no School of Medicine course activities that day. This includes regularly scheduled lectures, laboratories and learning activities.
Clinical activities will also be suspended in the following way:

1. If notification occurs by 5:30 a.m. using the UMKCAlert! System students are excused from clinical duties. Students must notify the clinical coordinator at their clinical site that according to the University Inclement Weather policy they are not to attend clinicals.

2. If notification occurs during the day or before 3:00 p.m. for evening events and classes, the UMKC SOM will communicate an announcement from the Dean’s office to UMKC faculty and staff when this has occurred. Specific information regarding the weather status at the School of Medicine will be placed on the SOM website and SOM primary telephone number (816-235-1808) to reflect the same weather closure information on the UMKC primary website. Students should be excused immediately from clinical duties in order to return home safely. The program will also make efforts to communicate to faculty and to students on their rotation by email when clinical duties are suspended. Students must notify the clinical coordinator at their clinical site that according to the University Inclement Weather policy they are not to attend clinicals.

Non-inclement weather closure of campus- Should campus be closed for a reason other than inclement weather, clinical phase students are expected to attend clinicals for the day. Should the campus closure be of such a nature that students may be negatively affected in some way (emotionally, physically, etc.), the program will alert students to not attend clinicals.

Clinical Phase Students Rotating Outside of Kansas City Area- Operating rooms do not close for weather conditions, yet students are not expected to put themselves in dangerous situations. If a student feels as though road conditions are too dangerous, then he/she should report the absence to the MSA office, as well as report it to the clinical site coordinator. If a clinical site coordinator cancels a clinic day due to inclement weather, it is considered an excused absence, but should be reported to the MSA office. Students are not required to make up excused absences due to weather, but should strive to achieve the maximum amount of hours during the clinical rotation.
Clinical Policies Version 19.1

Italicized letters and numbers next to sections reference Standards of the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA). These indications throughout the handbook identify information/policies that assist the program in being compliant with the respective Standard(s).

The following clinical policies are to be adhered to in relation to the academic work required of the following courses:
ANES 5561- Orientation to Simulation & Clinical Application
ANES 5563- Anesthesia Clinical Experience I
ANES 5565- Anesthesia Clinical Experience II
ANES 5567- Anesthesia Clinical Experience III
ANES 5569- Anesthesia Clinical Experience IV
ANES 5571- Anesthesia Clinical Experience V
ANES 5573- Anesthesia Clinical Experience VI

Due to the evolving nature of the program, these policies may require modification at any time. Students will be made aware of any changes in policies as they are made.

HIPAA COMPLIANCE
Prior to the start of clinical work, all students are trained in the Health Insurance Portability and Accountability Act (HIPAA) regarding medical privacy regulations. Students will not be permitted to begin the clinical work without HIPAA training. Students must demonstrate continuous compliance with these regulations throughout the duration of the MSA program.

OSHA GUIDELINES (V.C.)
Safety is an important objective for the student and for patients. During the didactic phase of the program, each student receives training in accordance with the requirements of the Occupational Health & Safety Administration (OSHA) on Universal Precautions and is provided information regarding the appropriate methods of handling blood, tissues and bodily fluids, as well as dealing with the management of communicable diseases. As part of professional development, each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients. It is the student’s responsibility to become familiar with the policies and procedures for employing these precautions at each of the rotation sites to which the student is assigned. All students will participate in clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel.

Students should refer to the general handbook policies regarding infectious/communicable disease training and post-exposures protocol prior to any clinical experience and should follow the outlined procedure should they be exposed or injured while on a clinical rotation.

GENERAL CLINICAL POLICIES*
1. Before the clinical preceptor arrives, the student should complete the following tasks:
   a. operating room setup,
   b. equipment checked and retrieved,
   c. drugs prepared according to the expectations of the site, and
   d. see the patient, perform a review of the preop, and perform an airway exam according to the expectations of the site
2. If working with anesthesia residents, students are expected to arrive before the residents and set up the operating room. Residents should be treated with the proper respect and always be formally addressed.
3. Before the case starts, the student should complete the following tasks:
a. complete an airway and physical assessment of the patient,
b. review patient’s coexisting diseases and be able to explain etiology, symptoms, and anesthetic considerations of each,
c. review patient’s current medications and know the drug classification and anesthetic considerations of each,
d. perform all necessary calculations, and
e. form an anesthetic plan and discuss with clinical instructor

4. It is recommended that students DO NOT eat or break in areas that are reserved for staff. Additionally, students should not leave hospital grounds for breaks or lunch.

5. Students should be prepared for down time during the day and bring anesthesia-related reading material.

6. Students should have pocket anesthesia resources available and a small journal for taking notes each day.

7. While in the operating room, students are to focus on the task at hand, which is learning the art and science of anesthesia. Personal and casual conversations with operating room staff are not allowed.

8. Students are not allowed to have cell phones or any other electronic devices in the operating room. If the site requires the use of a cell phone, students must adhere to policies set forth for use by the site.

9. MSA students will treat all operating room staff with respect and will address them in a formal manner. MSA students are required to introduce themselves to all OR staff each day. This includes the anesthesiologist, surgeon, any surgical assistants, other operating room staff, and preop and PACU nurses.

10. Students are not to leave the operating room until their instructor for the day dismisses them. Students are to inform their instructors of any didactic responsibilities they have later in the day and may leave the OR only one hour before the start of class. If the AA or anesthesiologist the student is working with has finished for the day, the student is to go with another preceptor, if available.

11. Students are not allowed to leave a clinical site for the day without approval of their preceptor.

12. At the completion of the day all students are expected to clean the assigned room.

13. MSA students are to wear program-specific scrubs or business casual attire into the hospital and the hospital-specific scrubs in the OR. At NO time shall a student wear hospital issued scrubs to and from the facility.

14. Students are required to wear UMKC-issued ID badges/facility-specific identification that identifies them as an anesthesiologist assistant student and what phase they are in the program to both patients and clinical staff. (V.C.)

15. MSA students are not to enter any clinical affiliate site as representatives of the program if they are not assigned to that clinical rotation. Permission to re-enter must come from the both the program director and the facility.

16. MSA students are only to use badges issued to them during their specified rotation at a hospital. Students are not allowed to share or borrow other student’s badges. Students caught doing this risk removal from a site.

*Expectations and responsibilities vary at specific clinical sites. It is the student’s responsibility to find out what is expected at the beginning of the rotation.

**AFFILIATE POLICIES**

Each affiliate may have different clinical policies for MSA students specific to their facility. Students are expected to comply with each. If these policies stray far from the program’s current policies, students are required to notify the program director.

**TRANSPORTATION AND HOUSING**

It is the responsibility of the student to have reliable transportation to and from clinical sites during their entire time within the program. Housing and transportation on all clinical rotations while enrolled in the program is the responsibility of the student.

**CLINICAL ATTENDANCE**

Students are expected to attend all clinical rotations as set forth by each clinical site. Some rotations may require weekend, night, or shift type work. Time for arrival and departure will be determined by each site and preceptor. While on clinical rotations, students shall report all excused/unexcused absences or delays in arrival to both the clinical site
coordinator and by email to the MSA Clinical Program Assistant. Clinical phase students should also document absences on their monthly preceptor calendar. During the clinical phase students will follow the schedule of their specific clinical site. For example, if the hospital where you are on a rotation is open and has elective cases scheduled for the day, you are expected to be in the operating room. Exceptions to this are the program’s mandatory conference attendance, winter break, and elected weeks off.

Students are not considered “7-3” or “8-hour/day” employees. They should make every attempt to gain as many clinical hours as possible. Average clinical hour work weeks should range from 40-60 hours per week with an average 10-12 hours per day. Anytime a student needs to leave prior to 3pm, unless on a unique shift (ie night shift or afternoon shift), approval must be granted by the program director and the student must notify their preceptor at the beginning of the day.

For inclement weather conditions, please see the general attendance policy. For students on clinical rotations out of town please be in communication with your clinical coordinators regarding attendance when significant weather events are forecasted to occur. A general rule to follow is if major universities similar to UMKC are closing then it is probably best to stay home.

**Didactic Phase: Semesters 1-3**

**Sick Time**

Students are given one excused sick clinical day per semester that is not required to be made up. If a student misses more than one day, the student is expected to make up the time on weekends, evenings or during their semester breaks. Students must report all absences to the clinical program assistant, program director, and to the clinical site in the manner the clinical site requests before or on the day of the absence. **All absences not reported properly will be considered unexcused and must be made up.** Clinical affiliate contact information is found under the Google Drive link on the MSA program organizational page.

**Schedule Special Requests**

Clinical assignments for first year students are given on a monthly basis. Weekend work will only be required if students are making up days. Evening work will be required of students. Students are allowed clinical requests for summer and fall semesters only. They are allowed one clinical request per semester. Summer requests must be submitted by April 15 and fall requests by July 1. Every effort will be made to accommodate these requests, but it is not guaranteed. Forms are to be submitted to the Program Director directly. All special requests require completion of the Special Request Form, as found on the MSA program organizational page. In the event multiple students request one day they will be honored in the order they were submitted. Special requests cannot be made on IV, PST, or PACU rotations.

**Clinical Switch Requests**

Switching scheduled days with another student may be requested through completion of a Clinical Switch Form. All forms for clinical coursework are available on the MSA program organizational page. All switch forms must be signed by both parties and submitted to the clinical program assistant or his/her designee at least 48 hours prior to the days being requested. The completion of a switch form does not guarantee approval. Switches may only be made among students who are rotating at the same facility, during the same month for the same type of rotation (ie. OR, IV, Pre-op).

**Clinical Phase: Semesters 4-7**

**Sick/Personal Time**

Students are given 5 excused sick/personal days to use throughout semesters 4-7 of the program. If a student misses more days, the student is expected to make every effort to make the time up while at the current facility at the discretion of the onsite clinical coordinator. Students must report all absences to the clinical program assistant, program director, and the clinical site before or on the day of the absence. **All absences not reported properly will be considered unexcused.** Clinical affiliate contact information is listed in the MSA program organizational page. The MSA Clinical
Program Assistant will contact the clinical coordinator to communicate the program’s approval of absences only if necessary.

**Vacation Time**

Students will be given one self-selected week off during the clinical phase of the program. The vacation must be taken in 5 consecutive days. The vacation week must be chosen by the student 30 days prior to the week requested for scheduling purposes and requires submission of the Vacation Request Form (available on the MSA program organizational page) to the program director and clinical program assistant. Vacation request approvals will come directly from the program director. **It is the responsibility of the student to notify the clinical site prior to the start of the rotation of the approved vacation time.**

Vacation weeks will be denied if:
1. Vacation is requested less than 30 days in advance
2. Vacation is requested at an “application-only” site
3. The rotation has been deemed a “no vacation” site based on curriculum goals or
4. The site has requested students not take vacation during their rotation

**Interview Time**

During the clinical phase students may need time to attend job interviews. These absences will be defined as “special” and must be requested by submitting an interview day request form to the program director and clinical program assistant at least one week prior to the interview, or the earliest possible date. These forms can be found on MSA program organizational page. **It is the responsibility of the student to inform the clinical coordinator at the clinical site of the pending absence.** No more than two days per interview request will be granted and a maximum of 3 (2 day) interviews will be granted per student. The program strongly encourages students to conduct interviews at sites while there on rotation or in the same city. If a student requires more than 3 interview sessions, personal days/vacation will have to be used. If the student has used their personal and vacation time the days will have to be made up prior to graduation. Interview days will not be granted after the student has formally accepted a job offer. All time away from clinical site must be communicated to the clinical coordinator at each site and the program by the student. The program does not individually contact each site to report absences.

**Travel Time**

During the clinical phase all effort will be made to have block rotations end on a Friday and resume the next Monday. Students will be expected to travel to their scheduled clinical sites during the weekend. Students will be given an extra travel day (the last Friday of the rotation) to any clinical rotation site that is greater than 400 miles from the student’s previous clinical site. Travel time will not be awarded if the weekend break is a 3-day weekend based on holidays. Students in this situation should contact the clinical program assistant for approval of a travel day. **It is the student’s responsibility to notify the clinical coordinator at the previous site that they will be leaving a day early for travel to their next site.** The Program will contact the clinical coordinator to communicate the program’s approval only if necessary.

**Clinical Schedule**

The student’s clinical rotation assignments are given at least 30 days in advance during the clinical phase; however the program reserves the right to alter assignments during the semester using the student’s schedule and available times as a reference. Clinical phase schedules are made at the discretion of the program in order for students to fulfill competency requirements. Assignments for first year students are made at least 15 days in advance, but are subject to change based on didactic requirements.
**Student Responsibilities for Clinical On-Boarding**

Students may be required to complete additional paperwork, screenings, and/or pay application fees, etc., for certain clinical rotations. Students in the clinical phase are required to comply with all special requirements of that particular facility. These requirements may include, but are not limited to, paperwork, application fees, proof of vaccinations, proof of insurance, background screenings, and drug screenings. It is the responsibility of the student to provide such information and cover any associated costs. The student must fully comply with all requirements of the specific facility before participating in any clinical activities.

**Pre-Rotation Requirements**

Students are to send the below mentioned items to all clinical coordinators and site administrators no less than 6 weeks prior to the rotation. This should be done whether or not the student has already been to the site during the didactic or clinical phase. The only exception is consecutive month rotations at the same site. Students are required to contact the program director no less than 3 weeks before a rotation begins if they have not received any correspondence from the clinical site. Failure to do so can result in loss of clinical time that will need to be made up.

- Cover letter introducing yourself
- Curriculum Vitae – this should be updated monthly with case types and number completed
  - Photo – will be sent to you from program
  - Contact information
  - Education
  - Certifications
  - Indicate case types completed and #

Pre-rotation requirements are required of first year students on the following rotations (essentially any rotation outside Liberty and St. Luke’s main OR)

- IV
- PST/ PACU
- MAHI
- Leavenworth VAMC

**IV rotation (first year students Liberty and KCVA)**

*Pre-rotation:* Requirements are listed above.

*Goals and objectives:* Provided in the program handbook and on the program organizational site.

*Site specific expectations and contacts:* Google Drive link for contacts and specialty rotation information can be found on the MSA organizational site under clinical documents.

*Case/hour tracking:* In one experience for the entire day, document the start and end time for the day and any procedures completed (use multiplier, as necessary). Do not place ASA classification. Patient and clinical hours earned are the same for entire rotation. Select “IV” for “Rotation Type”.

*Evaluation:* The IV evaluation will be completed at the end of the 2-week KCVA rotation only. Evaluations should be given in-hand to the site coordinator.

**PST/PACU rotation (first year students)**

*Pre-rotation:* Requirements are listed above.

*Goals and objectives:* Provided in the program handbook and on the program organizational site.

*Site specific expectations and contacts:* Google Drive link for contacts and specialty rotation information can be found on the MSA organizational site under clinical documents.

*Case/hour tracking:* In one experience for the entire day, document the start and end time for the day and any procedures completed (use multiplier, as necessary). Do not place ASA classification. Patient and clinical hours earned are the same for entire rotation. Select “Pre-surgical Testing or Post-Anesthesia Care Unit” for “Rotation Type”.

*Evaluation:* The PST/PACU evaluation will be completed at the end of each specialty week. Evaluations should be given in-hand to the site coordinator or their designee.
ICU rotation (clinical phase students)

Pre-rotation: Requirements are listed above
Goals and objectives: Provided in the program handbook and on the program organizational site.
Site specific expectations and contacts: Google Drive link for contacts and specialty rotation information can be found on the MSA organizational site under clinical documents.
Case/hour tracking: In one experience for the entire day, document the start and end time for the day and any procedures completed (use multiplier, as necessary). Do not place ASA classification. Patient and clinical hours earned are the same for entire rotation. Select “ICU” for “Rotation Type”.
Evaluation: The ICU evaluation will be completed twice while on the rotation. Once after 2 weeks and at the end of the rotation. Evaluations should be given in-hand to the site coordinator. Daily calendars are not needed for this rotation, but evaluation submission will be tracked.

Pain Management / IV clinic days (clinical phase students)
These are often days arranged by your sites clinical coordinator. The below information will assist you in skills/hour tracking and evaluation of those days.
Goals and objectives (pain management): Provided in the program handbook and on the program organizational site.
Case/hour tracking: In one experience for the entire day, document the start and end time for the day and any procedures completed (use multiplier, as necessary). Do not place ASA classification. Patient and clinical hours earned are the same for entire rotation. Select “pain management or IV” for “Rotation Type”.
Evaluation: A daily evaluation should be given to your primary preceptor for the day and his/her name included on the calendar.

Emergency Contact
While on clinical rotations students MUST have available a cell phone or computer for email contact. This policy does not give students permission to carry cell phones in the operating room, it simply means that while away, the program needs a means to contact you in an emergency situation. These numbers must be readily available to the program in case contact with the student is needed. Additionally, students should make their emergency contacts aware of the physical address of where they are staying during all clinical rotations.

Preceptor Supervision (V.C.)
Students enrolled in the UMKC MSA program must have 1:1 immediately available supervision by either an Anesthesiologist, Anesthesiologist Assistant, or Senior Anesthesiology Resident. Supervision expectations have been conveyed to all clinical rotation sites through direct communication and associated affiliation agreements. If a student feels the clinical site has violated the supervision expectations of the program it is the student’s responsibility to notify the program director or coordinator immediately. Any exceptions to the supervision expectations will be communicated with the student by the program director.

Students must undertake patient care duties commensurate with their level of competency. This does not prohibit a student from entering or being a part of more complex cases or skills, yet the student’s level of involvement will be at the level of his/her competency.

Case Tracking and Hour Reporting
Students are expected to report daily hours and cases in the MSA program Project Concert case/hour tracking system. As this a professional responsibility of the student, it is incorporated as part of the grade for the courses Anesthesia Clinical Experience I-VI. Please refer to case tracking policies and the syllabus for each clinical course.

Frequently asked questions and a Project Concert user guide pertaining to case tracking and hour reporting can be found in the Project Concert module of the MSA program organizational site.
Clinical requirements for promotion and graduation are listed in the Committee on Progression policies.

**Evaluations (IV.A.1.-2.)**

For each day students participate in clinical OR activities, the clinical staff will complete a clinical evaluation form either in hard copy or online, whichever is available. **Students are responsible for providing instructors with evaluation forms and envelopes. It is also the student’s responsibility to make sure instructors return completed evaluations to the program in a timely manner.** It is expected that the students will achieve the competencies set forth for each semester. All evaluations in Clinical Experience I-VI are the same with the competency expectations tailored to the student’s level in the program. The daily evaluation form will also be used to track completion of specific procedures as a quantitative and qualitative record. Students will be provided cumulative evaluation results each semester. Students may request a summary evaluation at any time from the program director.

The data to be used from evaluations and case tracking include:

- The student’s composite evaluation score within each category with standard deviation
- Summary of student’s progression towards meeting minimum expected clinical competencies for the semester
- Quantitative list of procedures attempted and successfully completed
- Qualitative summary of attempted and completed procedures

The clinical skills evaluation data will be available in real time to facilitate and assess the student’s progress in meeting MSA program expectations for progression.

While students are in the clinical phase, they are responsible for submitting evaluations at the end of each rotation. (A minimum 60% return rate is required.) Students will be given postage-paid envelopes for rotations outside of the Greater Kansas City area. In addition, students must include a calendar/log with assigned preceptor names and dates. As this a professional responsibility of the student, it is incorporated as part of the grade for clinical experience III-VI. (See syllabus for each class for details.)

**Rotation Summary Evaluations**

A Summary Clinical evaluation will be completed by the clinical coordinator at affiliate sites to provide a cumulative evaluation of the student’s performance at the site. It is the responsibility of the program to send this evaluation to the clinical site.

**Site Evaluations**

Students are expected to complete site evaluations at the completion of each rotation in the clinical phase of the program. If you attend a site more than once you will still complete evaluation. The only exception are scheduled 2 month rotations. You will only complete one at the end of the rotation. As this a professional responsibility of the student, it is incorporated as part of the grade for clinical experience III-VI. (See syllabus for each class for details.) First year students will complete them at the end of each rotation or semester. These evaluations will be assigned to the student in Project Concert for completion in each cohort.

**Clinical Instructor Evaluations**

Students are expected to complete the clinical instructor evaluations scheduled for them in Project Concert. Clinical phase students will have them assigned at the end of select rotations. They will be tracked as part of the site end evaluation in your clinical experience grade. First year students will have KC instructors scheduled to them in the summer semester and will complete as they move throughout the didactic phase with final evaluations completed by the end of fall semester. All evaluations scheduled should be opened and completed regardless if no time was spent with the instructor. You can select 0 contact hours and N/A for evaluation questions.
Badges
Students must wear identification at all sites. Specific identification will vary based upon the clinical site. Students are not to throw away any badges away issued by a hospital or clinic. If the site does not collect them on site and the student is not returning for an additional rotation they should mail them back to the program for disposal.

Addressing Clinical Issues/Significant Events
Students should immediately notify the program director of any significant incidents that occur while on clinical rotations. Such incidents may include, but are not limited to, a situation in which you feel as though you inappropriately reacted, you were put in a situation that you were not qualified to handle, and/or you felt as though patient care was compromised. Immediate notification helps the program administrators better assist you and demonstrates your dedication to patient care.

Dismissal from a Clinical Site
In the event a student is permanently dismissed or prohibited from returning to a clinical site, the Committee on Progression will evaluate the student situation for possible probation or separation from the program. Students who do not adhere to these policies may be asked to leave the clinical setting. They will not be allowed to return until actions requested by the clinical site are fulfilled. Site coordinators will notify the program director of all actions and expectations of the student.
UMKC Master of Science in Anesthesia (MSA) Program  
Clinical Case/Skills Goals and Contact Hour Requirements for Graduation  
Updated September 2018

<table>
<thead>
<tr>
<th>Total Anesthetics Delivered (totaled through ASA classification in Project Concert)</th>
<th>700</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patient Contact Hours</td>
<td>2000</td>
</tr>
</tbody>
</table>

**Patient Population**

- Geriatric (65+ years) | 100 |
- Pediatric (0-18) | 50 |

**Patient Class/Surgical type/Anatomical Location**

- ASA Class III and IV | 150 |
- Ambulatory | 100 |
- Emergent (post-trauma surgical procedures and Class E patients) | 10 |
- Trauma cases (note some cases may qualify for trauma and class E and can be indicated as such) | 5 |
- Intraabdominal (includes all open and laparoscopic procedures) | 75 |
- Intra-Cranial | 5 |
- Spine (no total required tracked for program curriculum development) | 20 |
- ENT/Head and Neck | 10 |
- Intra-thoracic - Heart | 10 |
- Intra-thoracic - Lung | 10 |
- Obstetrical cases (includes all deliveries, C-sections, and surgical procedures on pregnant women including but not limited to D&C for missed ab, ectopic pregnancy) | 25 |
- Vascular | 15 |

**Methods of Anesthesia**

- General Anesthesia | 400 |
- Monitored Anesthesia Care (MAC) | 30 |
- Total IV anesthesia or TIVA | 10 |
- Emergence from anesthesia | 250 |
- Mask Induction | 35 |
- Mask Management (includes all mask management of greater than 5 secured breaths) | 30 |
- Supraglottic Airway Device - Adult | 25 |
- Supraglottic Airway Device – Pediatrics | 10 |
- Oral Tracheal Intubation | 250 |
- Nasal Tracheal Intubation | 5 |
- Placement of One Lung isolation device (includes Double lumen tube insertion and bronchial blockers) | 5 |
- Regional Techniques Administration and/or management (includes insertion or monitoring of a patient that received spinals, epidurals, caudals and peripheral nerve blocks including Bier blocks) | 40* |
- Spinal or Epidural Placement (no total required tracked for program curriculum development) |

**Other Anesthetic Management**

- Alternative airway management (including videoscope, fiberoptic intubation, light wand. All airway techniques other than direct laryngoscopy and supraglottic airway device) | 10 |
- Arterial Catheter Insertion | 15* |
- Intra- Arterial BP monitoring | 30 |
- Central Venous Pressure Catheter Placement (central line) | 5* |
- Central Venous Pressure monitoring | 15 |

**Other**

- IV Catheter placement – Adult and Pediatrics combined | 125* |
- Oral/Naso Gastric tube Placement | 10 |

*up to 25% of required numbers may be complete using skills trainers if necessary
Spring Semester I – Orientation to Clinical Experience
This semester focuses on orienting the student to the clinical experience and supplying the basic information necessary to attempt any tasks of an AA. Basic Life Support (BLS) will be required this semester.

Clinical Competencies
Students are expected to be competent when performing the following tasks with frequent assistance:

Patient Care
1. IV placement and initiation of fluid therapy (Students will receive a separate evaluation for their IV rotation. This competency will be placed in both spring and summer semesters based on when the student completes the rotation.)
2. Airway management – semester emphasis - (mask, OAW, NAW) and choice of airway, laryngeal mask airway insertion, laryngoscopy and endotracheal intubation
3. Development of anesthetic plans with anesthesia providers – semester emphasis - briefly interviewing patient (introductions, ID, airway exam, blood band), plan development including anesthetic choice, methods, pharmacologic choices for preoperative, intraoperative and postoperative phases of anesthetic care.

Medical Knowledge
1. Physiology – semester emphasis - cardio and pulmonary systems and how they relate to anesthetic care.
2. Patient Monitoring – semester emphasis - proper interpretation of standard monitoring data for general anesthesia including oxygenation, ventilation, circulation and temperature. Knowledge of basic anesthesia equipment including high pressure system, low pressure system, scavenging system, breathing system, manual and automatic ventilation systems, and ASA monitors.

Clinical Management
1. Multitasking skills – semester emphasis - student demonstrates initial development of this skill needed for anesthetic management. Some examples include but are not limited to charting and monitoring, answering questions and monitoring, setting up a case and listening to the surgeon.
2. Problem solving skills – semester emphasis - student demonstrates initial development of this skill needed for anesthetic management. Some examples include, but are not limited to, non-functioning IV, basic ventilator problems, and basic airway management problems.

Interpersonal /Communication Skills and Systems-Based Practice
1. Understanding of a student’s role in communicating with preceptors, OR staff and patients – semester emphasis - students understand the different styles that are needed to effectively and respectfully communicate with all patients and perioperative staff. Understanding of the UMKC MSA student’s role in the operating room.

Students should demonstrate competency with the following tasks with rare assistance:

Patient Care
1. Anesthesia machine checkout and basic equipment setup – semester emphasis - machine setup and check for healthy adult general anesthesia management; perform apparatus checkout, apply to patient and troubleshoot ASA standard monitoring, safe and effective operation of OR tables
2. Basic Drug set up – semester emphasis - set-up for induction through emergence; neuromuscular blockers, reversal agents, narcotics, benzodiazepines, demonstrate appropriate use of multi-use vials.

Medical Knowledge
1. Pharmacology - semester emphasis - drugs listed on the UMKC MSA Program anesthesia drug card and inhalational anesthetic agents used in the operating room

Professionalism
1. Self learning initiates – semester emphasis - student should understand the need for outside reading and concepts that are learned in operating room. Some examples include but are not limited to specific items discussed in the clinical setting, keeping record of things learned in the operating room, follow-ups requested
2. Conduct expected of a professional student – semester emphasis - including but not limited to honesty, reliability, flexibility, acceptance of constructive criticism, exuding appropriate self-confidence (avoiding arrogance) to instructors, OR staff and patient, functioning calmly and appropriately in all situations.
Semester II (Summer I) – Clinical Experience I

During this semester many of the competencies require an understanding of discussion points. In order to successfully pass this semester’s competencies, students will be expected to discuss all the areas listed within each competency. The student’s daily evaluation scores will reflect the student’s abilities not only to complete the task, but also to appropriately answer the discussion points on all topics including, but not limited to, techniques, indications, contraindications, complications, equipment needed, specific criteria, anatomy, physiology, troubleshooting, etc. Because of the specifics of the competency, some criteria have specific discussion points listed below.

Clinical Competencies

Students are expected to be competent when performing the following tasks with **frequent assistance:**

**Patient Care**

1. **Airway Management** - semester emphasis - rapid sequence induction and intubation
2. **Patient positioning** - semester emphasis - for designated surgical procedures  
   **Examples include but not limited to preparation, equipment needed, techniques, physiologic implications, problems related to positioning techniques, needed documentation.**
3. **Pre-operative preparation** - semester emphasis - Preoperative medical history and physical exam that must include obtaining the following information:
   - Planned surgical procedure
   - Current and past patient information from medical records and patient and family interview
   - NPO status, allergies, previous surgery and anesthesia, current medications and pertinent family history, vital signs
   - Results of physical exam
   - Review of systems
4. **Anesthesia record for the duration of surgical case** - semester emphasis -
   - importance of documentation as it relates to patient care and risk management issue
   - importance of accuracy of record in legal environment
   - importance as it relates to JCAHO standards and Medicare billing

**Medical Knowledge**

1. **Co-existing diseases** - semester emphasis - cardiac and respiratory and how they affect anesthetic plans
2. **Physiology** - semester emphasis - beginning understanding of renal, hepatic, neurological systems and how they relate to anesthetic care

**Clinical Management**

1. **Overall Case Management** - semester emphasis - induction, emergence, fluid management, smooth transitions  
   (examples include, but are not limited to, induction – mechanical ventilation, preparation for incision, transport to PACU)
2. **Problem solving skills** - semester emphasis - students will demonstrate this skill through various phases of anesthetic care examples include, but not limited to, non-functioning IV, ventilator problems, airway management problems.
3. **Specialty specific management and techniques** - semester emphasis - obstetrics, pediatrics, cardiovascular, regional anesthesia (preparation, insertion, management, and discussion points)
4. **Responds to changes in patient status** - semester emphasis - recognition of critical events i.e. hypotension, tachycardia, light anesthesia and appropriate response to status.

Students are expected to be competent when performing the following tasks with **moderate assistance:**

**Patient Care**

1. **Airway Management** - semester emphasis - bag and mask ventilation and OAW/NAW insertion, laryngoscopy and endotracheal intubation, and laryngeal mask airway insertion
2. **Patient Monitoring** - semester emphasis - neuromuscular blockade monitoring
3. **Pre-operative preparation** - semester emphasis - Development of anesthetic plan including anesthetic options and risk/benefit profile

**Clinical Management**

1. **Multitasking skills** - semester emphasis - students will demonstrate this skill through various phases of anesthetic care examples including, but not limited to, all steps required through induction (monitoring, secure ETT, taping eyes, positioning pt.), and all steps required through emergence (monitoring, preparation, watching surgeon)
Students should demonstrate competency with the following tasks with rare assistance:

**Patient Care**
1. Pre-operative preparation – *semester emphasis* - basic drug setup
2. Patient Monitoring - *semester emphasis* - machine, ASA standard monitors (including ECG, CO2, NIBP, Pulse oximetry and Temperature), and airway equipment
   - Application to patient
   - Indications
   - Troubleshooting
   - Interpretation of data

**Medical Knowledge**
1. Physiology – *semester emphasis* - cardiac and pulmonary
2. Pharmacology – *semester emphasis* - most commonly used drugs in anesthesia practice including, but not limited to, induction agents, opioids, muscle relaxants, local anesthetics, vasopressors, vasodilators, and anti-arrhythmics.
   - generic and trade names
   - dosages
   - classification
   - mechanism and duration of action
   - side effects and management of side effects
   - common contraindications for use
   - common drug interactions with other anesthetic drugs and chronic patient medications

**Professionalism**
1. Self learning initiates – *semester emphasis* - student should understand the need for outside reading and concepts that are learned in operating room. Some examples include, but are not limited to, specifics discussed in the clinical setting, keeping record of things learned in the operating room, and follow-ups requested
2. Conduct expected of a professional student – *semester emphasis* - including, but not limited to, honesty, reliability, flexibility, confidentiality issues associated with obtaining and maintaining patient data, acceptance of constructive criticism, exuding appropriate self-confidence (avoiding arrogance) to instructors, OR staff and patient, and functioning calmly and appropriately in all situations

**Interpersonal /Communication Skills and Systems-Based Practice**
1. Understanding of a student’s role in communicating with preceptors, OR staff and patients – *semester emphasis* - students understand the different styles that are needed to effectively and respectfully communicate with all patients and perioperative staff. Understanding of the UMKC MSA student’s role in the operating room.
Fall Semester I – Clinical Experience II

During this semester many of the competencies require an understanding of discussion points. In order to successfully pass this semester’s competencies, students will be expected to discuss all the areas listed within each competency. The student’s daily evaluation scores will reflect the student’s abilities not only to complete the task, but also to appropriately answer the discussion points on all topics including, but not limited to, techniques, indications, contraindications, complications, equipment needed, specific criteria, anatomy, physiology, troubleshooting, etc. Because of the specifics of the competency, some criteria have specific discussion points listed below.

Clinical Competencies
Students are expected to be competent when performing the following tasks with frequent assistance:

Patient Care
1. Airway Management – semester emphasis - fiberoptic bronchoscopy, videoscope and nasotracheal intubation
2. Patient Monitoring – semester emphasis – invasive monitoring
3. Pre-operative preparation - semester emphasis – intravenous line insertion

Medical Knowledge
1. Co-existing diseases – semester emphasis - endocrine, renal, neuro, and hepatic diseases and how they affect anesthetic plans

Clinical Management
1. Specialty specific management and techniques – semester emphasis – obstetrics, pediatrics, cardiovascular, regional anesthesia. Preparation, management, and discussion points for each, technical skills where insertion is required in this category are not an emphasis for the didactic phase.

Students are expected to be competent when performing the following tasks with moderate assistance:

Patient Care
1. Airway Management- semester emphasis- rapid sequence induction and intubation
2. Pre-operative preparation - semester emphasis - preoperative medical history and physical exam that must include obtaining the following information:
   - Planned surgical procedure
   - Current and past patient information from medical records and patient and family interview
   - NPO status, allergies, previous surgery and anesthesia, current medications, pertinent family history, and vital signs
   - Results of physical exam
   - Review of systems
3. Anesthesia record - semester emphasis-
   - importance of documentation as it relates to patient care and risk management issues
   - importance of accuracy of record in legal environment
   - importance as it relates to JCAHO standards and Medicare billing
4. Patient positioning – semester emphasis- for designated surgical procedures
   Examples include but not limited to preparation, equipment needed, techniques, physiologic implications, problems related to positioning techniques, and necessary documentation.

Medical Knowledge
1. Physiology – semester emphasis - renal, hepatic, endocrine, neurological systems and how they relate to anesthetic care
2. Pharmacology – semester emphasis - basic set up for drug infusion; setup, mix, and calculate concentration of infusion for the following medications: dobutamine, dopamine, epinephrine, insulin, lidocaine, amiodarone, nicardipine, nitroglycerin, heparin, nitroprusside, norepinephrine, and phenylephrine

Clinical Management
1. Overall Case Management – semester emphasis – Induction, Emergence, Fluid Management, Smooth transitions (examples include, but are not limited to, induction – mechanical ventilation, preparation for incision, and transport to PACU)
2. Problem solving skills- semester emphasis - students will demonstrate this skill through various phases of anesthetic care examples include, but not limited to, non-functioning IV, ventilator problems, airway management problems.
3. Response to changes in patient status – semester emphasis – recognition of critical events i.e. hypotension, tachycardia, light anesthesia and appropriate response
4. Multitasking skills -semester emphasis – students will continue to demonstrate this skill through various phases of anesthetic care examples including, but not limited to, all steps required through induction (monitoring, secure ETT, taping eyes, positioning pt.), and all steps required through emergence (monitoring, preparation, watching surgeon)

Students should demonstrate competency with the following tasks with rare assistance:

Patient care
1. Airway Management - semester emphasis - bag and mask ventilation and OAW/NAW insertion, laryngoscopy and endotracheal intubation, and laryngeal mask airway insertion
2. Patient Monitoring- semester emphasis- machine, ASA standard monitors (including ECG, CO2, NIBP, Pulse oximetry and Temperature), airway equipment, and nerve monitoring
   • Application to patient
   • Indications
   • Troubleshooting
   • Interpretation of data
3. Pre-operative preparation - semester emphasis - patient interviews and physical examination and development of anesthetic plan including anesthetic options and risk/benefit profile

Medical Knowledge
1. Co-existing diseases– semester emphasis - cardiac and respiratory and how they affect anesthetic plans
2. Physiology – semester emphasis -cardiac and pulmonary
3. Pharmacology – semester emphasis - most commonly used drugs in anesthesia practice including, but not limited to, induction agents, opioids, muscle relaxants, local anesthetics, vasopressors, vasodilators, and anti-arrhythmics.
   • generic and trade names
   • dosages
   • classification
   • mechanism and duration of action
   • side effects and management of side effects
   • common contraindications for use
   • common drug interactions with other anesthetic drugs and chronic patient medications

Professionalism
1. Self learning initiatives – semester emphasis- student should understand the need for outside reading and concepts that are learned in the operating room. Some examples include, but are not limited to, specifics discussed in the clinical setting, keeping record of things learned in the operating room, and follow-ups requested
2. Conduct expected of a professional student – semester emphasis- including, but not limited to, honesty, reliability, flexibility, confidentiality issues associated with obtaining and maintaining patient data, acceptance of constructive criticism, exuding appropriate self-confidence (avoiding arrogance) to instructors, OR staff and patient, functioning calmly and appropriately in all situations

Interpersonal / Communication Skills and Systems-Based Practice
1. Understanding of a student’s role in communicating with preceptors, OR staff and patients – semester emphasis- students understand the different styles that are needed to effectively and respectfully communicate with all patients and perioperative staff. Understanding of the UMKC MSA student’s role in the operating room.
**Spring Semester II / Summer II/Fall II– Clinical Experience III/IV/V**

These semesters mark the student’s transition into their 4-5 week clinical rotations; they are in the OR five or more days per week. Please note the rate at which some student’s progress may be varied by the specialty rotations they have completed. Students and preceptors should communicate on the hours the case types the students have experienced.

**Clinical Competencies**

Students are expected to be competent when performing the following tasks with **moderate assistance:**

**Patient Care**

1. Airway Management – semester emphasis - fiberoptic bronchoscopy, videoscope and nasotracheal intubation
2. Patient Monitoring – semester emphasis – invasive monitoring
3. Pre-operative preparation - semester emphasis – intravenous line insertion

**Clinical Management**

1. Specialty specific management and techniques -Regional Anesthesia – semester emphasis - indications and contraindications for spinal, epidural, caudal, Bier Block, axillary block and others; discuss complications, managing complications, discuss sterile technique and insertion methods
2. Specialty specific management and techniques – semester emphasis – obstetrics, pediatrics, cardiovascular

Preparation, management, and discussion points for each

Students are expected to be **competent** with the following tasks with **rare assistance:**

**Patient care**

1. Airway Management - semester emphasis - bag and mask ventilation and OAW/NAW insertion, laryngoscopy and endotracheal intubation, laryngeal mask airway insertion, rapid sequence induction and intubation
2. Patient Monitoring- semester emphasis- machine, ASA standard monitors (including ECG, CO2, NIBP, Pulse oximetry and Temperature), airway equipment, and nerve monitoring
   - Application to patient
   - Indications
   - Troubleshooting
   - Interpretation of data
3. Pre-operative preparation - semester emphasis - patient interviews and physical examination and Development of anesthetic plan including anesthetic options and risk/benefit profile
4. Anesthesia record - semester emphasis-
   - importance of documentation as it relates to patient care and risk management issues
   - importance of accuracy of record in legal environment
   - importance as it relates to JCAHO standards and Medicare billing
5. Patient positioning – semester emphasis- for designated surgical procedures
   
   Examples include but not limited to preparation, equipment needed, techniques, physiologic implications, problems related to positioning techniques, and necessary documentation.

**Medical Knowledge**

1. Co-existing diseases– semester emphasis - how they affect anesthetic plans
2. Physiology – semester emphasis –cardiac, pulmonary, renal, hepatic, endocrine, neurological systems and how they relate to anesthetic care
3. Pharmacology – semester emphasis - most commonly used drugs in anesthesia practice, including but not limited to, induction agents, opioids, muscle relaxants, local anesthetics, vasopressors, vasodilators, anti-arrhythmics.
   - generic and trade names
   - dosages
   - classification
   - mechanism and duration of action
   - side effects and management of side effects
   - common contraindications for use
   - common drug interactions with other anesthetic drugs and chronic patient medications
Clinical Management
1. Multi-Tasking – semester emphasis – student is able prioritize and understands all duties of a practicing anesthesiologist assistant
2. Problem solving skills- semester emphasis - students will demonstrate this skill through various phases of anesthetic care examples including, but not limited to, non-functioning IV, ventilator problems, and airway management problems.
3. Responds to changes in patient status – semester emphasis – recognition of critical events, i.e. hypotension, tachycardia, light anesthesia and responding appropriately
4. Overall Case Management – semester emphasis – Induction, Emergence, Fluid Management, Smooth transitions (examples include, but are not limited to, induction – mechanical ventilation, preparation for incision, and transport to PACU)

Professionalism
1. Self learning initiates – semester emphasis- student should understand the need for outside reading and concepts that are learned in operating room. Some examples include, but are not limited to, specific discussed in the clinical setting, keeping record of things learned in the operating room, and follow-ups requested
2. Conduct expected of a professional student – semester emphasis- including, but not limited to, honesty, reliability, flexibility, confidentiality issues associated with obtaining and maintaining patient data, receptive of constructive criticism, exuding appropriate self-confidence (avoiding arrogance) to instructors, OR staff and patient, and functions calmly and appropriately in all situations

Interpersonal/Communication Skills and Systems-Based Practice
1. Understanding of a student’s role in communicating with preceptors, OR staff and patients – semester emphasis- students understand the different styles that are needed to effectively and respectfully communicate with all patients and perioperative staff. Understanding of the UMKC MSA student’s role in the operating room.

Spring Semester III – Clinical Experience VI
Clinical Competencies
Having completed the entire program of study, the MSA graduate candidates are expected to be successful when performing all of the previously mentioned tasks in addition to the following tasks with rare assistance.

Case management for the following
- Monitored anesthesia care (MAC)
- Outpatient surgery
- Cardiac surgery
- Thoracic surgery
- Neurosurgery
- Trauma/Emergency Surgery
- Vascular surgery
- Obstetric surgery
- Pediatric surgery
- Geriatric surgery
Part I: Introduction

Preface
The Committee on Progression guidelines and policies apply to all School of Medicine students enrolled in graduate education programs. This manual describes policies and procedures for determining a graduate student's status in the University of Missouri-Kansas City (UMKC) School of Medicine. Graduate students are defined as students enrolled in one of the UMKC School of Medicine graduate education programs. Students should become thoroughly familiar with this information and assume responsibility for knowing and complying with these guidelines. All statements in these guidelines concerning policies, procedures, and regulations by the University of Missouri-Kansas City School of Medicine are subject to change. They are not offers to contract. The UMKC Catalog is an additional source of information regarding overall University policies. However, in several instances detailed in this manual, the School of Medicine policies may be more stringent than university policies.

Students are responsible for knowing their academic status by referring to their official permanent academic record on file at the School of Medicine and with the UMKC Registration and Records Office, and through official transcripts. Additional unofficial information, such as scheduling and evaluations are also accessible through Pathway and program tracking systems.

Purpose
The responsibilities of the Committee on Progression (COP) are the development and application of policies and procedures regarding student progression towards graduation. This committee makes decisions, which are reported to the School of Medicine (SOM) Graduate Council. COP policies are designed to ensure the progression of students who clearly demonstrate growth in knowledge, skills, and abilities resulting in evidence-based competencies consistent with the student’s level of training and professional scope of practice expectations.

The COP meets at least every semester and as needed to evaluate student progression and to determine eligibility for graduation and promotion. The committee may meet by email to conduct business when deemed appropriate by the committee chair. The meeting may be cancelled when there is no business to conduct.

The Office of the Council on Evaluation manages the business of the Committee on Progression. The Office is located in MG-200 and office hours are Monday through Friday 8:00 am to 5:00 pm. Connor Fender is the Committee on Progression (COP) Coordinator and may be contacted at:
Phone: 816-235-2171
Email: fenderco@umkc.edu

Committee on Progression Membership includes:
  Committee Chairperson
  MS Anesthesia Program Director or designee
  MMS Physician Assistant Program Director or designee
  Health Professions Education Program Director or designee
  Department of Biomedical and Health Informatics faculty member
Statement of Human Rights
The Board of Curators and UMKC are committed to the policy of equal opportunity, regardless of race, color, religion, sex, sexual orientation, national origin, age, disability and status as a Vietnam era veteran. The Equal Opportunity and Affirmative Action Office, 223 Administrative Center, 5115 Oak St., is responsible for all relevant programs. Call 816-235-1323 for information. People with speech or hearing impairments may contact the university by using Relay Missouri, 1-800-735-2966 (TT).

Statement on Discrimination, Intimidation, and Sexual Harassment
The faculty, administration, staff, and students of the University of Missouri-Kansas City are dedicated to the pursuit of knowledge and the acquisition of skills that will enable us to lead rich and full lives. We can pursue these ends only in a culture of mutual respect and civility. It is thus incumbent upon all of us to create a culture of respect everywhere on campus and at all times through our actions and speech. As a community of learners, we are committed to creating and maintaining an environment on campus that is free of all forms of harassment, intimidation, and discrimination. Any form of discrimination or coercion based on race, ethnicity, gender, class, religion, sexual orientation, age, rank, or any other characteristic will not be tolerated.

Should you, a friend, or a colleague ever experience any action or speech that feels coercive or discriminatory, you should report this immediately to the course director, department chair, Associate Dean for Diversity and Inclusion (office M1-109 of the office of the Dean of the School of Medicine), and/or the Office Affirmative Action. The Office Affirmative Action, which is ultimately responsible for investigating all complaints of discrimination or sexual harassment, is located at 218A Administrative Center, 5115 Oak Street; the office may be contacted at 816-235-1323. All formal complaints will be investigated and appropriate action taken.

Student Records
Official student records in the School of Medicine are permanently kept in the Office of Council on Evaluation. Students with proper photo identification are encouraged to review their student files any time during regular office hours. All records are strictly confidential. Access to a student file, other than to the student, is limited to authorized personnel. Unofficial information, such as scheduling, grades, and evaluations are also accessible through Pathway and specific program tracking systems (e.g., Project Concert).

The School of Medicine follows and adheres to the Policy on Student Records as adopted by the Board of Curators. The purpose of this policy is to set forth the guidelines governing the protection of the privacy of student records and to implement The Family Education Rights and Privacy Act of 1974, also known as FERPA.

If a student wishes to have any person other than authorized personnel review their official record, a FERPA Release of Confidential Information form authorizing release of information to that person must be submitted and maintained in the student's file. Each FERPA Release form is valid for 90 days.

Part II: Enrollment Policies
Enrollment Requirements
Graduate students must be enrolled in UMKC graduate courses each semester to maintain active status. A leave of absence may be required for an interruption in enrollment (see Leave of Absence Section). Graduate students are required
to either re-apply to UMKC or submit a request to re-enroll if they do not enroll for a fall or spring semester. Students who do not enroll in summer do not have to do anything additional.

Part III: Criteria for Promotion, Probation, Separation, Retention, and Graduation:

Anesthesiologist Assistant Program:
The COP’s decision for promotion, probation, separation, retention, and graduation for the MSA program are governed by the following criteria:

1. **Promotion**- progression from didactic phase (semesters 1-3) to clinical phase (semesters 4-7).
   MSA students meet criteria for promotion if the following are achieved:
   a. Cumulative program GPA of 2.700 or higher and
   b. No individual course grade of C- or below and
   c. Student achieved no more than one grade of a B- or below in clinical coursework (ANES 5561, 5563, and 5565)
   d. All first year or didactic phase students must complete a minimum of 300 clinical hours for promotion to the clinical phase. Students are responsible for documenting these hours via the UMKC MSA program clinical tracking system.

2. **Probation**- a period of “academic warning”. Students who meet criteria for probation are immediately subject to the customary probation stipulations listed below, regardless of “official” notification from an Education or Program Coordinator, or other School of Medicine program official(s).
   MSA students meet criteria for placement on probation for any one of the following reasons:
   a. Cumulative program GPA falls below a 3.000
      i. While on probation the student must achieve a 3.000 term GPA, and
      ii. Student must raise cumulative program GPA to a 3.000 or higher by the end of the second successive semester following the term in which the student qualified for probation.
      iii. The graduate student on probation will be restored to good standing when the cumulative program GPA of at least 3.000 is achieved.
   b. Clinical course grade (ANES 5561, 5563, 5565, 5567, 5569, and 5571) of a B- or lower
      i. While on probation the student must achieve a 3.000 term GPA
      ii. Student will return to good standing if the clinical grade in the subsequent semester clinical course (ANES 5563, 5565, 5567, 5569, 5571 or 5573), based on the student’s Program of Study, is a grade of B or higher.
   c. Achieving two or more grades of C+ and/or C in any combination in any one semester
      i. While on probation the student must achieve a 3.000 term GPA
      ii. Student will return to good standing if a 3.000 term GPA is achieved in the semester following the term in which the student qualified for probation.
   d. Any student retained (avoiding separation) in the program regardless of current GPA.
      i. While on probation the student must achieve a 3.000 term GPA
      ii. Duration of probation and return to good standing will be outlined by COP.

3. **Separation**- dismissal from program. A student may meet criteria for separation without having previously demonstrated academic difficulty or professional misconduct. A student who meets criteria for separation is invited to appear before the COP to present reasons why they should be retained within the program.
   MSA Students meet criteria for separation if any of the following occur:
   a. Failure to successfully complete the courses outlined in the Program of Study for semesters 1-3 in consecutive order
b. Failure to meet requirements for promotion

c. Failure to meet probationary stipulations or violation of probationary stipulations

d. Achieving course grade of C- or lower for any MSA course

e. Achieving two or more course grades of B- or lower in clinical coursework (ANES 5561, 5563, 5565, 5567, 5569, 5571, 5573)

f. Unable to fulfill the mandatory program requirements for graduation due to an incident that prevents a student from doing so in a hospital or other clinical affiliate institutions

\[ \text{g. Falsification of patient or clinical contact hours/experiences required for promotion or graduation} \]

h. Non-adherence to MSA program, School of Medicine, and/or university policies

i. Failure to return to the program from an extended program absence or leave of absence

4. **Retained**- A student who has met criteria for separation, but has been retained in the program may be placed in the category of retention.

   a. Any student placed in the retention category during their first year in the program must repeat the didactic phase (semesters 1-3) of the program and
      i. At minimum, students must repeat all didactic phase clinical and simulation coursework (ANES 5561, 5563, 5585, 5565, and 5586) for the new matriculation year program of study

   b. Students in the clinical phase (semester 4-7) not promoted may be recommended for the following actions by the COP:
      i. Repetition of the academic program
      ii. Deceleration of the academic program
      iii. Other actions as deemed appropriate by the COP

   c. Repeat coursework deemed necessary by the COP may not exceed 20% of the total hours for the program of study, unless a petition is approved by the UMKC Dean of Graduate Studies, and

   d. Coursework deemed necessary by the COP must be completed at the student’s expense, and

   e. Any student placed in “retention” status will automatically be placed on probation

5. **Graduation**- A student who has completed the recommended course of study and is compliant with program, School of Medicine, and university policies.

   **MSA students meet criteria for graduation if the following are achieved:**

   a. Cumulative program GPA of 3.000 or higher, and

   b. 80% of program of study hours completed with a 3.0 (B) or higher, and

   c. No individual course grade of C- or lower, and

   d. Completion of the required program of study, and

   e. Completion of a minimum of 2000 patient contact hours. Students are responsible for documenting clinical hours via the MSA program clinical tracking system, and

   f. Completion of skill and goals requirements as described in the applicable student handbook. Students are responsible for documenting required cases and skills via the MSA Program clinical tracking system.

Completing MSA degree recommendations does not automatically result in conferral of the degree. Please refer to UMKC Catalog for further graduation requirements.

**Physician Assistant Program**

The COP’s decision for promotion, probation, separation, retention, and graduation for the MMSPA program are governed by the following criteria:
1. **Promotion** - progression from didactic phase (semester 1 through semester 4 didactic courses) to the clinical phase (Supervised Clinical Practice Experiences). Didactic courses include MEDPA 5501, 5502, 5503, 5504, 5505, 5511, 5512, 5513, 5514, 5521, 5522, 5523, 5524, 5531, 5532, 5533, 5534.

   MMSPA students meet criteria for promotion if the following are achieved:
   a. Cumulative program GPA of 2.700 or higher in the didactic phase
   b. No individual course grade of C- or below and
   c. Passing score/grade on clinical promotion OSCE

2. **Probation** - a period of “academic warning”. Students who meet criteria for probation are immediately subject to the customary probation stipulations listed below, regardless of “official” notification from an Education or Program Coordinator, or other School of Medicine program official(s).

   MMSPA students meet criteria for placement on probation for any one of the following reasons:
   a. Cumulative program GPA falls below a 3.000
      i. While on probation the student must achieve a 3.000 term GPA, and
      ii. Student must raise **cumulative program** GPA to a 3.000 or higher by the end of the second successive semester following the term in which the student qualified for probation.
      iii. The graduate student on probation will be restored to good standing when the **cumulative program** GPA of at least 3.000 is achieved.
   b. Individual course grade of C+ or below
      i. While on probation the student must achieve a 3.000 term GPA
      ii. Student will return to good standing if a 3.000 term GPA is achieved in the semester following the term in which the student qualified for probation.
   c. Any student retained (avoiding separation) in the program regardless of current GPA.
      i. While on probation the student must achieve a 3.000 term GPA
      ii. Duration of probation and return to good standing will be outlined by COP
   d. Failure of two end of rotation exams (first attempt)
      i. While on probation the student must achieve a 3.000 term GPA
      ii. Duration of probation and return to good standing will be outlined by COP

3. **Separation** - dismissal from program. A student may meet criteria for separation without having previously demonstrated academic deficiencies. A student who meets criteria for separation will be invited to appear before the COP to present reasons why they should be retained within the program.

   MMSPA students meet criteria for separation if any of the following occur:
   a. Failure to successfully complete the courses outlined in the Program of Study for semesters 1-4 in consecutive order
   b. Failure to meet requirements for promotion
   c. Achieving a grade of C- or less in any course
   d. Achieving two or more grades of C+ or C in clinical rotations
   e. Failure to meet probationary stipulations or violation of probationary stipulations. Non-adherence to MMSPA program, School of Medicine, and/or university policies
   f. Failure to pass the Summative Exam
   g. Failure to return to the program from an extended program leave or leave of absence
   h. Failure of three end of rotation exams (first attempt)
   i. Unable to fulfill the mandatory program requirements for graduation due to an incident that prevents a student from doing so in a hospital or other clinical affiliate institutions
4. **Retained** - A student who has met criteria for separation, but has been retained in the program may be placed in the category of ‘‘retained’’.
   a. Students not promoted may be recommended for the following actions by the COP:
      i. Repetition of the academic program
      ii. Deceleration of the academic program
      iii. Other actions as deemed appropriate by the COP
   b. Coursework deemed necessary by the COP may not exceed 20% of the total hours for the program of study, unless approved by the UMKC Dean of Graduate Studies, and
   c. Coursework deemed necessary by the COP must be completed at the student’s expense
   d. Any student placed in ‘‘retained’’ will automatically be placed on probation

5. **Graduation** - A student who has completed the recommended course of study and is compliant with program, School of Medicine, and university policies.

   MMSPA students meet the criteria for graduation if the following are achieved:
   a. Cumulative program GPA of 3.00 or higher, and
   b. 80% of program of study hours completed with a 3.0 (B) or higher, and
   c. No individual course grade of C- or lower, and
   d. Completion of the required program of study, and
   e. Satisfactorily pass the summative examination

Completing MMSPA degree recommendations does not automatically result in conferral of the degree. Please refer to UMKC Catalog for further graduation requirements.

Biomedical and Health Informatics/Health Professions Education Programs:
The COP’s decision for promotion, probation, separation, retention, and graduation for the Bioinformatics and Health Education programs are governed by the following criteria:

1. **Promotion** – students must maintain a 3.0 (B) grade-point average in all coursework taken for graduate credit at UMKC and must meet any additional academic requirements imposed by the department or Interdisciplinary Ph.D. discipline.

2. **Probation** – students who meet criteria for probation are immediately subject to the customary probation stipulations listed below, regardless of “official” notification from an Education or Program Coordinator, or other School of Medicine program official(s).
   a. Whenever the **cumulative** GPA for UMKC courses taken for graduate credit by a graduate student of any classification falls below 3.0, the student's status for the next term becomes: "On Probation - See principal graduate advisor." (Interdisciplinary Ph.D. students will be directed to consult their interim advisor or research advisor.) The principal graduate advisor, interim advisor or research advisor will review the student's progress and provide counsel, and the following conditions apply:
      i. While on probation, a graduate student must achieve a 3.0 **term** GPA in order to enroll for the following term.
      ii. A graduate student on probation who is not restored to good academic standing by the end of two successive regular semesters following the term in which the **cumulative** GPA fell below 3.0 will be declared ineligible to re-enroll (eligible for separation).
      iii. A graduate student on probation will not be restored to good standing until a **cumulative** graduate-credit GPA of at least 3.0 is achieved.
b. Any student retained (avoiding separation) in the program regardless of current GPA is on probation.
   i. While on probation the student must achieve a 3.000 \textbf{term} GPA
   ii. Duration of probation and return to good standing will be outlined by COP.

3. **Separation**—dismissal from program. A student who meets criteria for separation is invited to appear before the COP to present reasons why they should be retained within the program. Students meet criteria for separation if any of the following occur:
   a. Failure to meet requirements for retention
   b. Failure to meet probationary stipulations
   c. When the department or school or Interdisciplinary Ph.D. supervisory committee, irrespective of a student's grade-point average, considers a graduate student's performance to be unsatisfactory
   d. Non-adherence to program, school, and/or university policies
   e. Failure to return to the program from an approved leave of absence or failure to enroll in coursework for 2 consecutive semesters (fall & spring) without an approved leave of absence.

4. **Graduation**—A student who has completed the recommended program of study and is compliant with the program, school, and university policies. Students may elect to fulfill either the degree requirements in effect at the time of their original admission (provided there has not been a lapse in attendance at UMKC of more than two consecutive terms) or the degree requirements in effect at the time of advisement into a planned graduate program of study.
   a. Students meet criteria for graduation if the following are achieved:
      i. Completion of the required program of study, and
      ii. Final GPA at the time the degree is conferred (graduate certificates, masters and PhD degrees) must be 3.0 or higher for courses completed on the plan of study, and
      iii. 80\% of program of study hours completed with a 3.0 (B) or higher, and
      iv. No 5000 level or higher graduate course grade of C- or lower may count toward the degree, and
      v. No course at the 300- or 400-level taken on a credit/no credit basis and no 300- or 400-level course with a grade below B- (2.7) may count toward the degree
      vi. Exceptions to the above policies require a petition signed by the student's advisor and the Dean of the School of Graduate Studies.
   b. Thesis and dissertation students must also meet the following requirements:
      i. Must follow the established format regulations for theses and dissertations (T/Ds) at UMKC, set by the School of Graduate Studies, guided by the Graduate Officers Committee.  
         \texttt{http://sgs.umkc.edu/current-students/thesis-dissertation-guidelines}
      ii. Approval of the T/D by the degree candidate's supervisory committee, which may include completing a Master’s Pre-Oral Defense or Doctoral Dissertation Pre-Oral Defense and a final T/D defense of the work. These steps require specific forms to be submitted to School of Graduate Studies.
      iii. Submission of final appropriately formatted T/D to School of Graduate Studies and notice of SGS Review and Certification of Acceptance of T/D provided to department.
   c. Completing the degree recommendations does not automatically result in conferral of the degree. Please refer to UMKC Catalog for further graduation requirements.
      i. Students must be enrolled in at least 1 credit hour during the semester degree is awarded.

Students must request that the University review their academic record and certify that degree requirements have been met. To make this request, students must file applications for graduation with the registrar no later
than the end of the fourth week of the semester in which the degrees will be completed. Students must complete graduation application during semester degree is awarded

Part IV: Process and Procedure

Academic Separation (Dismissal) Process
When a graduate student meets criteria for separation (dismissal), including students who have not been in previous academic difficulty, they:
1. Shall be notified that they met criteria for separation from the program. This notification will come from the Committee on Progression by email or in written form (letter) as necessary. Notification will be sent to the Education Coordinator, Program Director, Faculty Advisor, Associate Dean for Student Affairs, and Assistant Dean for Graduate Health Professions.
2. Will be invited to attend the Committee on Progression meeting to show cause for retention in the program.
3. May have additional input into the Committee on Progression discussion by:
   a. Submitting a personal statement to the Committee on Progression expressing their views. Acceptable personal statements are no more than two single-spaced typed pages with standard 1-inch margins, 12 point font and original signature.
   b. Submitting supporting documents from others, e.g., the student’s Education Coordinator, Faculty Advisor and/or peers. Original supporting documentation on official letterhead from outside sources (i.e. treating physician) should be mailed or faxed directly to the Committee on Progression via the Office of the Council on Evaluation.

The Committee on Progression reviews the student's performance and the additional input when applicable, and after thorough discussion and careful consideration, makes its decision for either retention or dismissal. If the decision of the Committee on Progression is for retention, the decision is forwarded to the Graduate Council. If the decision of the Committee on Progression is for dismissal, the student is notified that the decision will be reported at the next scheduled Graduate Council meeting and should the CoP decision for dismissal be upheld, the student’s opportunity to appeal the decision would occur at that same meeting. The student will need to inform the Graduate Council whether or not they wish to appeal the decision. The student is informed an appeal should include new information or mitigating circumstances to cause the Graduate Council to overturn the Committee on Progression decision.

At the first scheduled Graduate Council meeting following the Committee on Progression meeting the Graduate Council reviews the decision from the Committee on Progression and determines whether to overturn or sustain CoP’s decision. If the Graduate Council makes a determination to overturn CoP’s decision for dismissal, the student is retained on probation with stipulations specified by the Graduate Council or remanded back to the Committee on Progression. No personal appearance by either the student or any of the witnesses is necessary. If the Graduate Council makes a determination to sustain CoP’s decision for dismissal, the student may:

1. Choose to forfeit their right to appeal, or
2. Immediately exercise their right to appeal to the determination to the Graduate Council

If the student chooses to forfeit their right to appeal, the Committee on Progression decision for dismissal remains upheld by the Graduate Council and is final.
If the student chooses to appeal, then they have the right to:
1. Submit a written statement of appeal to the Graduate Council in lieu of appearing personally.
2. Appear personally before the Graduate Council at the same meeting.
3. Request more time for appeals preparation and a postponement of personal appearance.
   a. Such request must be submitted to the Graduate Council no later than twenty-four hours before the next meeting of the Graduate Council (when time permits).
   b. The student may postpone their appearance before the Graduate Council only until the meeting following the immediate next meeting of the Graduate Council.
4. Bring witnesses with him/her to testify on their behalf. Such witnesses might include other students, faculty members, family members, friends or legal counsel. At such a hearing, the student is permitted to present their statement and supporting witnesses are also permitted to present statements in support of why the student should be retained in the program. Acceptable personal statements are no more than two single-spaced typed pages with standard 1-inch margins, 12 point font and original signature. Proceedings of these appeals hearings are digitally recorded, and a copy of the recording is provided to the student upon request.
5. Neither the student nor any witnesses who accompany the student, including any legal counsel, are permitted to cross examine members of the Graduate Council or other witnesses who testify. The advisor/counselor may only be present to advise the student during the proceedings.

Students appealing a Committee on Progression decision will be required to submit to the Graduate Council Coordinator, 1 day prior to the hearing date, a complete and final list of all persons who have agreed to be present at the hearing on their behalf. The Graduate Council may accept late student submissions when lateness is necessitated by the close proximity of the scheduled meetings. This list must provide the names, professions (e.g., physician, attorney, etc.) and the specific purpose for their attendance (e.g., as witness, advisor, etc.) at the hearing. A signed FERPA release by the students will be required at the time of the hearing.

After hearing the student and accompanying witnesses, the Graduate Council excuses these individuals from its meeting, holds deliberations on the appeal, and subsequently determines anew whether to overturn or sustain the decision from the Committee on Progression. If the Graduate Council makes a determination to overturn the decision for dismissal from the Committee on Progression and its own earlier determination to sustain said decision, the student is retained on probation with stipulations specified by the Graduate Council or remanded back to the Committee on Progression. If the Graduate Council makes a determination to sustain the decision for dismissal from the Committee on Progression and its own earlier determination to sustain said decision, then the Graduate Council decision is final. No further appeals will be accepted. The student will be referred to the University Counseling and Testing Center for support and career guidance.

The Graduate Council will notify the student of the final decision by email or in written form (letter) as necessary. Notification will be sent to the Education Coordinator, Program Director, Faculty Advisor, and Associate Dean for Student Affairs and UMKC Registrar.

**Non-Academic/Disciplinary Separation (Dismissal) Process**
The procedures to be followed with regard to actions taken against students based upon non-academic/disciplinary grounds are set forth in the Standards of Professional Conduct.

**Appeal Process For Non-Dismissal/Retained (Non-Status Review) Cases and Petitions**
Students are permitted to appeal non-status review cases and petitions that have been denied by the Committee on Progression to the Graduate Council in writing. This will be the final appeal and the appeal process ends with the final action by the Graduate Council.
Program Absences
Students are responsible for all content, assignments, exams, and other course requirements missed during any type of absence. Extended program absences and/or leaves of absence should not be undertaken without considerable thought, planning and communication with school and university staff and advisors, as they may affect financial aid and may extend a student’s program of study.

Daily Short-Term Absence (*Anesthesiologist/Physician Assistant Programs*)
A short-term absence is considered an absence from the program of five consecutive weekdays or less. Short-term absences are defined as excused and non-excused based on the policy of the Anesthesiologist and Physician Assistant programs. Refer to the respective program handbook regarding daily short-term absences from the program. Should a student need to take more time away from the program after being approved for a daily short-term absence, they may need to complete the process for an extended program absence.

Extended Program Absence (*Anesthesiologist/Physician Assistant Programs*)
**Didactic Phase:** An extended program absence in the didactic phase is defined as an absence for at least 6 consecutive weekdays, but no more than 14 consecutive weekdays.

**Clinical Phase:**
- MSA: An extended program absence in the clinical phase is defined as an absence for at least 6 consecutive weekdays, but no more than 21 consecutive days.
- MMSPA: An extended program absence in the clinical phase is defined as an absence from the current enrolled course (clinical rotation) for 6 or more consecutive weekdays, but not extending past the completion of the rotation. Students will be required to complete the rotation at a later date, which will result in an extension of the their program of study.

Permission for any program absence should be obtained before the leave if at all possible. It is understood that the nature of an emergency leave may not allow the student time to request leave before taking it. It is incumbent upon the student, however, to notify the Program Director or their designee of the emergency at the earliest possible time. Should a student need to take more time away from the program after being approved for an extended program absence, they may need to complete the process for a Leave of Absence.

The Committee on Progression allows for extended program absences for the following reasons:
1. Personal
2. Medical

Dependent on the reason for the absence, different paperwork may be required to request an extended program absence.

*Extended Program Absence Process*
A student requesting an extended program absence must complete the Extended Program Absence Form and the student’s program-specific Technical Standards form. If the absence is for medical reasons, a Provider Certification for Medical Leave must also be submitted. Extended program absences must be approved by a student’s respective Program Director. Extended program absences will only be granted if the leave does not necessitate an extension of the program of study. The student’s program director may only approve one extended program absence per student per academic year. Subsequent requests for an extended program absence by a student within an academic year must be reviewed and approved by the Committee on
Progression. Should a request for an extended program absence not be approved by the program director, it will be forwarded for recommendation to the Committee on Progression.

Retroactive extended program absences are granted only in emergency situations. Any student who does not return to a graduate program when an extended program absence has expired will meet criteria for separation from the program. A student who leaves a graduate Health Professions program without following the procedures outlined in this policy will meet criteria for separation from the program.

The Committee on Progression allows for extended program absences for the following reasons:
1. Personal
2. Medical

Dependent on the reason for the absence, different paperwork may be required.

**Procedure for Requesting an Extended Program Absence**
1. The student completes the Request for Extended Program Absence and obtains signatures and approval from current faculty/course directors and the program director.
2. The student reads and completes the program-specific Technical Standards form.
3. The student submits the completed Request for Extended Program Absence and program-specific Technical Standards form to the Program Director.
4. If the absence is for medical purposes, the student must also complete the top of the Provider Certification for Medical Leave form and submit it to the treating physician/therapist, along with the program-specific Technical Standards document. *Note that family members/relatives, Emergency Room physicians and/or urgent care facility physicians are not accepted as providers able to certify a student’s need for medical absence.*
5. Upon receipt of all required documents by the program director, a decision for approval or denial of the extended program absence will be rendered. If the student has already been granted at least one extended program absence during the same academic year, the decision for approval or denial will be made by the Committee on Progression.
6. Any denials of extended program absence will be forwarded to the Committee on Progression for recommendation.
7. Any student who does not return to the program when the extended program leave has expired will meet criteria for separation from the program.
8. A student who leaves the Anesthesiologist or Physician Assistant programs without following the procedures outlined in this policy will meet criteria for separation from the program.

**Procedure for Returning from an Extended Program Absence**
1. The student completes the COP Request for Return from Leave form.
2. The student reads and completes the program-specific Technical Standards form.
3. The student submits the completed Request for Return from Leave and program-specific Technical Standards form to the Program Director.
4. If the absence is for medical purposes, the student must also complete the top of the Provider Certification for Return from Medical Leave form and submit it to the treating physician/therapist, along with the program-specific Technical Standards document. *Note that family members/relatives, Emergency Room physicians and/or urgent care facility physicians are not accepted as providers able to certify a student’s need for medical absence.* The provider then submits the completed form to the Program Director.
5. Once the program director receives the required documents and any necessary supporting documentation, the program director will review the paperwork and render a decision upon the request. If the student has
already been granted at least one extended program absence during the same academic year, the decision for approval or denial will be made by the Committee on Progression.

6. If the request for return from leave is approved, the program director will alert the student to the decision.

7. If the request for return from leave is not approved, the request will be forwarded to the Committee on Progression for recommendation. No student is permitted to return to the program or coursework without permission from the school.

Leave of Absence (All Graduate Health Professions Programs)

A leave of absence is a period of time that is not eligible for or approved as a daily short or extended program absence. During a leave of absence, a student is not participating in the requirements of their program. A student might request a leave due to an emergency, because of medical or psychiatric illness or due to personal reasons. The school might also place a student on leave in accordance with specific academic policies. Any leave will have academic and/or financial repercussions, and should therefore not be undertaken without considerable thought, planning and communication with school and university staff and advisors.

It is inappropriate to request a leave of absence for any of the following reasons:

- The request is made in an attempt to avoid receiving undesirable grades in one or more courses
- The request is made in an attempt to gain additional time to prepare for coursework or examinations
- The request is made in an attempt to avoid meeting criteria for separation

Didactic Phase (Anesthesiologist/Physician Assistant Students)

All students must complete the didactic phase in a consecutive manner, as outlined in the Program of Study. If a leave of absence is requested during the didactic phase, granting leave will be done with the following stipulations based on the student’s current status within the program:

1. Student will not continue with requirements of the program and has approval to join the next matriculating class or
2. Student will not continue with requirements of the program and has approval to re-apply to the program and compete for a class seat with other applicants in accordance with the program’s admissions policies and procedures.

Clinical Phase (Anesthesiologist/Physician Assistant Students)

Any leave of absence will require the student to make up all course and program requirements and will be granted with one the following stipulations:

1. Student returns to their program of study which may require extended time to complete at the student’s expense.
2. Student will not continue with requirements of the program has approval to join the next matriculating class or
3. Student will not continue with requirements of the program and has approval to re-apply to the program and compete for a class seat with other applicants in accordance with the program’s admissions policies and procedures.

Retroactive leaves of absence are granted only in emergency situations. Any student who does not return to their program when a leave of absence has expired will meet criteria for separation from the program. A student who leaves an graduate health professions program without following the procedures outlined in this policy will meet criteria for separation from the program.

The Committee on Progression allows for the following types of leave:

a. Personal
b. Medical
c. Emergency
d. Administrative

**Personal Leave (All Graduate Health Professions Programs)**
A personal leave of absence is defined as a period of time during which a student is granted permission to be away from the program in order to attend to familial or personal obligations which interfere with the student’s ability to adhere to the program’s Technical Standards. Personal leave is granted by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.

Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation. A student requesting personal leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system. Once granted, personal leave may extend a student in the program an equivalent amount of time to the leave or more. A student in the clinical phase may request an extension of personal leave by submitting updated required forms and supporting documentation for review by the Committee Chair. In accordance with university policy, any request for extension will not be granted beyond one year from the original leave date. Retroactive requests for personal leave are not permitted. Students on personal leave are ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students have the option to petition the Committee on Progression for permission to take readiness assessments while on personal leave. Upon return from leave, the student must adhere to the schedule outlined by either their respective curriculum committee, program director or the Committee on Progression to complete outstanding exams and readiness assessment examinations.

A student must return from personal leave when they are prepared to adhere to the School of Medicine Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from personal leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

**Procedure for Requesting Personal Leave**
1. The student completes the COP Request for Leave of Absence form and obtains signatures from their Student Affairs Education Coordinator and Program Director.
2. The student reads and completes their respective program’s Technical Standards document.
3. The student completes the UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Leave of Absence, Program Technical Standards document and UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 30 days prior to the anticipated leave start date.
5. The Committee on Progression Chair will review the paperwork and render a decision upon the request.
6. If the request for personal leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student’s university email account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.
7. If the request for personal leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary.
8. During any approved leave, a student is required to monitor their UMKC email address and keep in contact with their Education Coordinator and Program Director.
1. The student completes the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.
2. The student reads and completes a new program-specific Technical Standards document.
3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
4. The student submits the completed COP Request for Return from Personal Leave, program-specific Technical Standards document and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 30 days prior, or as soon as possible to the anticipated leave return date.
5. The Committee on Progression Chair will review the paperwork and render a decision upon the request.
6. If the request for return from personal leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student’s university account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
7. If the request for return from personal leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. No student is permitted to return to the program or coursework without permission from the school.

**Medical Leave (Anesthesiologist/Physician Assistant Students)**

A medical leave of absence is defined as a period of time during which a student is medically unable, as certified by a treating physician or therapist who is not a family member or relative of the student, to fully participate in the program as required by the student’s program-specific Technical Standards. Medical leave is granted by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.

Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation. A student requesting medical leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system. Once granted, medical leave may extend a student in the program an equivalent amount of time to the leave or more. A student in the clinical phase may request an extension of medical leave by submitting updated required forms and supporting documentation for review by the Committee Chair. In accordance with university policy, any request for extension will not be granted beyond one year from the original leave date. Retroactive requests for medical leave are not permitted. Students on medical leave are ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students have the option to petition the Committee on Progression for permission to take readiness assessment while on personal leave. Upon return from leave, the student must adhere to the schedule outlined by either their respective curriculum committee or the Committee on Progression to complete outstanding exams and readiness assessment examinations.

A student must return from medical leave when the physician or therapist that has provided ongoing care through the leave of absence certifies that the student is ready to enter with full-time participation in the program as required by the program-specific Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from medical leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

**Conditions for a Medical Leave of Absence**

A medical leave of absence may be granted when a student has a verified medical condition, including psychiatric illness, which prohibits full participation in the program as defined by the student’s program-specific Technical Standards.
**Procedure for Requesting Medical Leave**

1. The student completes the top of the COP Provider Certification for Medical Leave of Absence form and reads and completes the program-specific Technical Standards form and submits both to the treating physician/therapist. *Note that family members/relatives, Emergency Room physicians and/or urgent care facility physicians are not accepted as providers able to certify a student’s need for medical leave.*

2. The student completes the COP Request for Leave of Absence form and obtains the Student Affairs Education Coordinator and Program Director signatures.

3. The student completes the campus UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.

4. The student submits the completed COP Request for Leave of Absence and UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 30 days prior to the anticipated start of the leave.

5. Once the COP Provider Certification for Medical Leave of Absence form, program-specific Technical Standards document and supporting documentation is submitted to the Council on Evaluation office by the care provider, the Committee Chair will review the paperwork and render a decision upon the request.

6. If the request for medical leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.

7. If the request for medical leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary.

8. During any approved leave, a student is required to monitor their UMKC email address and keep in contact with their Student Affairs Education Coordinator and Program Director.

**Procedure for Returning from Medical Leave**

1. To prepare for returning from leave, the student must complete the top of the COP Provider Certification for Return from Medical Leave of Absence form and read and complete the program-specific Technical Standards Document and submits both to the same treating physician/therapist who originally certified the leave.

2. The student completes the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.

3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.

4. The student submits the completed COP Request for Return from Leave and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 30 days prior to the anticipated return from leave.

5. Once the COP Provider Certification for Return from Medical Leave of Absence form, program-specific Technical Standards document and any supporting documentation is submitted to the Council on Evaluation office by the care provider, the Committee Chair will review the paperwork and render a decision upon the request.

6. If the request for return from medical leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
7. If the request for return from medical leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. No student is permitted to return to the program or coursework without permission from the school.

**Emergency Leave (Anesthesiologist/Physician Assistant Students)**

An emergency leave of absence is defined as a period of time during which a student is medically unable to fully participate in the program as required by the student’s program-specific Technical Standards as the result of an emergent or potentially life-threatening medical or psychiatric illness. An emergency leave of absence may be granted when a student or immediate family member has an emergent or life-threatening medical condition, including psychiatric illness, which prohibits the student’s full participation in the program as defined by the student’s program-specific Technical Standards. Emergency Leave is determined by the Associate Dean for Student Affairs or Assistant Dean for Graduate Studies, working in conjunction with the Committee on Progression.

A student seeking emergency leave must, when able, follow the procedure outlined in this policy. School of Medicine staff will assist in the completion of any required paperwork for Emergency Leave in the event a student is unable to participate in the process. Any student failing to fully participate in the program without a documented leave risks meeting criteria for separation.

Any student seeking emergency leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system when able. Emergency leave should coincide with the start of the acute illness and is granted for a period not to exceed 30 days. Emergency leave may be counted as an entire month away from the program, dependent on the curriculum requirements of the student. A student may not request an extension of emergency leave but can, if necessary, request medical leave by submitting all required forms and supporting documentation for Medical Leave to the Committee on Progression. Retroactive requests for emergency leave are not permitted. Enrollment in any coursework, at any institution, while on emergency leave is strictly prohibited. Students on emergency leave are also ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations.

A student must return from emergency leave when a treating physician or therapist who is not a family member or relative of the student certifies that the student is ready to fully participate in the program as required by the program-specific Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from emergency leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

**Procedure for Obtaining Emergency Leave**

1. The student, if able, completes the COP Request for Leave of Absence form and submits it to their respective Program Director. The Program Directors will provide the information to the Associate Dean for Student Affairs or Assistant Dean for Graduate Studies, who will render a decision regarding the request and forward it on to the Council on Evaluation office.

2. The student, if physically able, completes the program-specific Technical Standards document and campus UMKC Request for Leave of Absence form and obtains all necessary Step 2 signatures.

3. The student submits the completed UMKC Request for Leave of Absence form and program-specific Technical Standards document to the Council on Evaluation office no later than 48 hours following the submission of the COP Request for Leave of Absence form.

4. Once the COP Request for Leave of Absence, the program-specific Technical Standards document and the UMKC Request for Leave of Absence forms are submitted to the Council on Evaluation office, the
Committee staff will review the paperwork for completeness and note the decision of the Associate Dean for Student Affairs or Assistant Dean for Graduate Studies.

5. If the request for emergency leave is approved by the Associate Dean or Assistant Dean, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student. The student, if physically able, must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.

6. If the request for emergency leave is denied by the Associate Dean or Assistant Dean, Council on Evaluation staff will notify the student and/or request any additional information necessary.

7. During emergency leave, students who are physically able must monitor their UMKC email address and keep in contact with their Student Affairs Education Coordinator and Program Director.

Procedure for Returning from Emergency Leave

1. To prepare for returning from an emergency medical leave, the student must complete the top of the COP Provider Certification for Return from Emergency Medical Leave of Absence form and submit it to the treating physician/therapist who treated the student during the leave, along with the program-specific Technical Standards document. The student must also complete the forms listed below. Students granted emergency leave for non-medical reasons need to complete steps 2 – 7 below only.

2. The student completes the program-specific Technical Standards document and COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.

3. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary Step 2 signatures.

4. The student submits the completed COP Request for Return from Emergency Leave, program-specific Technical Standards and UMKC Request for Return from Leave forms to the Council on Evaluation office no later than 7 days prior to the anticipated return from leave.

5. Once the COP Provider Certification for Return from Leave of Absence form (where applicable) and all other non-medical emergency leave return forms are submitted to the Council on Evaluation office, the COP Chair will review the paperwork and render a decision upon the request.

6. If the request for return from emergency leave is approved by the Chair, Council on Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.

7. If the request for return from emergency leave is denied by the Chair, Council on Evaluation staff will notify the student and/or request any additional information necessary. No student is permitted to return to the program or coursework without permission from the school.

Administrative Leave (Anesthesiologist/Physician Assistant Students)

An administrative leave of absence is defined as a period of time during which a student is not permitted to participate in the program due to academic performance, eligibility for separation based on COP policies or as the result of an appeal for retention. Administrative leave is determined by the Chair of the Committee on Progression and is subject to the approval of the Graduate Council.

Any student placed on administrative leave is personally responsible for ensuring the timely completion and submission of all required forms and supporting documentation, and for maintaining accurate course enrollment in the Pathway system. Administrative leave coincides either with the start of the month or academic term or with the date of a School of Medicine Graduate Council meeting. Administrative leaves conclude at the end of a month or academic term. Administrative leave is counted in whole months away from the program and may extend a student in the program an equivalent amount of time to the leave. A student may not request an extension of administrative leave but can, if appropriate, request personal leave by submitting all required forms and supporting documentation for Personal Leave to the Committee on Progression. Students on administrative
leave are ineligible to take any examinations or readiness assessment (i.e. PBA, End of Rotation Exams, PACKRAT, and ITE) examinations. Students have the option to petition the Committee on Progression for permission to take readiness assessment while on administrative leave.

A student must return from administrative leave when they are prepared to adhere to the program-specific Technical Standards and the pre-approved period of time for the leave expires. Students request permission to return from administrative leave by submitting required forms and supporting documentation identified in this policy. In order to satisfy enrollment requirements, students must return to the program and register for coursework following an expired leave.

**Procedure for Placement on Administrative Leave**

1. The student receives notification from the Committee on Progression that they meet criteria for placement on Administrative Leave.
2. The student completes the UMKC Request for Leave of Absence form and obtains all necessary signatures from Step 2 of that form.
3. The student submits the completed UMKC Request for Leave of Absence forms to the Council on Evaluation office no later than 3 days following the original notification from the Committee on Progression.
4. Office of Evaluation staff will forward the leave information to the Registrar’s Office for final processing and send an email notification to the student’s university email account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the leave.
5. During administrative leave, the student is required to monitor their UMKC email address and keep in contact with their Student Affairs Education Coordinator and Program Director.

**Procedure for Returning from Administrative Leave**

1. The student completes the program-specific Technical Standards document and the COP Request for Return from Leave form and obtains the Student Affairs Education Coordinator and Program Director signatures.
2. The student completes the campus UMKC Request for Return from Leave form and obtains all necessary signatures from Step 2 of that form.
3. The student submits the completed program-specific Technical Standards document, the COP Request for Return from Leave and the UMKC Request for Return from Leave forms to the Office of Evaluation no later than 10 days prior to the anticipated leave return date.
4. The Committee Chair will review the paperwork and render a decision upon the request.
5. If the request for return from personal leave is approved by the Chair, Office of Evaluation staff will forward the information to the Registrar’s Office for final processing and send an email notification to the student’s university account. The student must then facilitate any necessary change in enrollment in the Pathway system as a result of the return.
6. If the request for return from personal leave is denied by the Chair, Office of Evaluation staff will notify the student and/or request any additional information necessary. *No student is permitted to return to the program or coursework without permission from the school.*

**Withdrawal From Graduate Health Professions Programs/School of Medicine**

A student withdrawing from an Graduate Health Professions Program within the School of Medicine must:

1. Submit a letter of withdrawal (with rationale influencing the decision) to the COP, meet with the respective Program Director, and will have an opportunity to meet with the Assistant Dean of Graduate Health Professions or their designee.
2. Complete and submit the School of Medicine Program Withdrawal Form. Students who fail to submit the form within 30 days after receipt of a letter of request from the School of Medicine will be considered separated from the program. Students who notify the School of Medicine of their intent to withdraw in
another format (e.g., verbal, email, note) from the program and fail to submit the Withdrawal Form within 30 days after receipt of a letter of request from the School of Medicine will be separated from the program.

3. Meet with the education coordinator to initiate official steps to withdraw from all current course work and from the University. A student is not considered withdrawn from a program until all the withdrawal procedures for the University have been completed. The date the University finalizes a student’s withdrawal is the date that the Cashier’s office will use for tuition reimbursement.

Once the University has finalized a student’s withdrawal it may not be rescinded.

Graduation

Graduation Process
1. The process for graduation begins with the student, who is responsible for completing an application for graduation.
2. Each semester the student’s academic progress is monitored, programs of study are updated, and eligibility for graduation is checked.
3. To participate in the graduation ceremony a student must meet the graduation criteria.

Graduation Procedure
1. The Program Director, Program Coordinator, and Coordinator in the Office of Evaluation will monitor the students’ programs of study and eligibility for graduation.
2. At the beginning of the student’s final semester, the program coordinator and education coordinator will prompt eligible students to complete the graduation application. Graduation applications are due by the 4th week of the semester the student is graduating in.
3. The completed application and updated plan of study will be forwarded to the Registrar by the Program Coordinator.
4. The UMKC Office of Registration and Records will audit the students’ program of study forms for the degree requirements and graduate academic regulations.
5. Students must resolve any administrative holds, which may prevent release of their diploma.
6. Upon completion of the final semester, there will be a final confirmation that the student met all graduation criteria and the Chair of Graduate Council will provide a list of student names who met graduation requirements to the UMKC Office of Registration and Records.
7. The Office of Registration and Records will release diplomas accordingly.
8. Students who do not meet all of the graduation criteria, but want to participate in the graduation ceremony, may submit a request for exception. Only students who are near completion of the program (e.g., will achieve required clinical hours within the following month, have just one clinical rotation to complete) make such a request. The request for permission to participate in the graduation ceremony must be submitted to the Chair of Graduate Council at the same time graduation applications are due. The request should be written (email counts) and include the following details:
   a. Student name
   b. Program
   c. graduation criteria met and criteria pending
   d. anticipated completion date
   e. student’s rationale and justification for the request

Appendices

Appendix 1 – Student Resources
Appendix 1

STUDENT RESOURCES

Office of Student Affairs
- Dr. Brenda Rogers, Associate Dean: (816) 235-1782
- Ms. Cary Chelladurai, Manager: (816) 235-1951
- Ms. Kristen Kleffner, Career Advisor: (816) 235-1811
- Academic Counseling/Referral Services (816) 235 1344

University Counseling and Testing Center: (816) 235-1635
- Professional counseling, individual or small group
- Vocational and career testing, planning and counseling
- Marital and family counseling
- Adult student development
- Student Disabilities Services: (816) 235-5696

Office of Diversity and Inclusion
- Dr. Nate Thomas, Associate Dean (816) 235-1780
  Serves as the school’s central division for diversity initiatives, including community engagement, recruitment, facilitation of entry, inclusion, and retention. Provides support in academic, administrative, financial and personal matters for underrepresented minorities in the medical school. Is a resource for assisting students with concerns regarding harassment and functions as the confidential referral for students with personal issues that could impede academic success.

Health Science Library
- General Information: (816) 235-1880
- Medical Education Media Center: (816) 235-1832/1864

Also, in addition to personal consultation with Program and Medical Directors Program and Education Coordinators, students are invited to talk with Assistant and Associate Deans in the following offices:

- Dr. Paul Cuddy, Vice Dean, Chair for the Coordinating Committee (816) 235-1803
- Dr. Julie Banderas, Assistant Dean of Graduate Health Professions (816) 235-5249
University of Missouri-Kansas City School of Medicine
Standards of Professional Conduct and Honor Council Procedures

STANDARDS OF PROFESSIONAL CONDUCT
Approved by the University of Missouri Board of Curators: December 1994, Revised January 31, 2013

I. Preamble
Patient care professionals are characterized by 1) a prolonged specialized training in a body of knowledge and skills; 2) ethical principles; 3) a service orientation; and 4) judgment. These professions determine their own standards of education, training, licensure, and practice and have long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a potential future member of these professions, a student must recognize responsibility and an obligation not only to patients, but also to society, other health professionals, and self to behave in a manner compatible with the medical profession's standards of conduct.

One of the goals of a medical school is to educate a student during the transition to a professional life. The University of Missouri-Kansas City School of Medicine has an obligation to evaluate our students pursuing the M.D. and other patient care related degrees administered by the School of Medicine as thoroughly as possible for their cognitive abilities, their academic and professional knowledge and skills, their integrity, and their suitability for the practice of medicine. Accordingly, the Standards of Professional Conduct detailed in this document have been developed to guide the pre-professional behavior of students in patient care degree programs of the University of Missouri-Kansas City School of Medicine and to prepare the students to meet the ethical standards of these medical professions.

II. Standards of Professional Conduct
A. Professional Integrity
   1. Honesty
      A student shall deal honestly with people including, but not limited to, colleagues, instructors, representatives of the University, patients, attending physicians, and other members of the health care team. Students are expected to demonstrate honesty and integrity in all aspects of their interaction with patients and staff — particularly in assuring accuracy and completeness of their part of the medical record. The student shall be willing to admit errors and must not mislead others or promote himself/herself at the patient’s expense. The student shall strive to report, by utilizing the Honor Council Procedures for Violations of the Standards of Professional Conduct, those students deficient in character or competence, or who engage in fraud or deception.

      The basic principle underlying all research is honesty. Scientists and students who participate in research have a responsibility to provide research results of the highest 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. Co-authors of research reports must be sufficiently acquainted with the work of their co-workers 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.

      In all cases of academic dishonesty, the instructor shall make an academic judgment about the student's grade on that work and in that course. The instructor shall report the alleged academic dishonesty to the Chair of the Honor Council.

      Examples of academic dishonesty include, but are not limited to, the following:

      Cheating — 1) use of any unauthorized assistance in taking quizzes, tests, or examinations; 2) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; or 3) acquisition or possession without permission of tests or other academic material belonging to a member of the University faculty or staff; 4) in any way giving assistance to others who are participating in any of the three preceding types of behavior; or, 5) falsifying attendance records or other official documents.

      Plagiarism — 1) use by paraphrase or direct quotation of the published or unpublished work of another person without fully and properly crediting the author with footnotes, citations or bibliographical reference; 2) unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials; or 3) unacknowledged use of original work/material that has been produced through collaboration with others without release in writing from collaborators.
The detection may involve the use of commercially available software.

**Sabotage** — unauthorized interference with, modification of, or destruction of the work or intellectual property of another member of the University community.

Examples of dishonesty related to clinical practice include, but are not limited to, the following:

**Falsification of Patient's Medical Record** — writing progress notes regarding the patient's status, including, but not limited to, clinical observations or results in the patient’s chart when the student has not seen or evaluated the patient, or using incorrect times of data entry.

**Falsification of Patient's Medical Information** — reporting medical information such as physical examination findings, lab values, test results, and any other relevant patient information to other students, residents, attending physicians, the patient, the patient’s family, or other relevant medical personnel that has been fabricated by the student.

2. **Responsibility**

A student must acquire competencies with the appropriate concepts, knowledge, and skills which the faculty determine to be essential. These competencies shall be utilized to care for the sick and to promote the health and welfare of society. A student shall recognize a responsibility to participate in activities contributing to an improved community.

Students in the care of patients must not be harmful, dangerous, or negligent to the mental or physical health of a patient or the public. Negligent means the failure to use that degree of skill and learning ordinarily used under the same or similar circumstances by other students.

Students must pay tuition and other University fees, such as the medical equipment or disability fees, on time. Students must complete required forms of evaluation, degree forms, examination applications, etc. on time.

Students must be familiar with and follow the rules and regulations of the School of Medicine, the University, and related professional organizations.

B. **Medical Professional Behavior**

1. **Nondiscrimination**

A student shall be dedicated to providing supervised competent medical service with compassion, respect for human dignity, and without discrimination.

It is against University regulations to discriminate on the race, color, religion, sex, sexual orientation, national origin, age, disability and status as a Vietnam era veteran. The University has an AIDS policy statement consistent with state law that prohibits discrimination against persons with AIDS or who are HIV positive.

2. **Representation**

A student shall accurately represent himself/herself to others including, but not limited to, colleagues, instructors, representatives of the University, patients, attending physicians, and other members of the health care team.

Examples of misrepresentation include, but are not limited to, the following:

(a) A student shall never use the title of “Doctor” or M.D., as this clearly misrepresents the student’s position, knowledge, and authority.

(b) Use of fraud, deception, lies, or bribery in securing any certificate of registration or authority, diploma, permit or license issued, or in obtaining permission to take any examinations.

(c) Impersonation of any person holding a certificate of registration or authority, permit, license or allowing any person to use his/her certificate of registration or authority, permit, license, or diploma from any school.

(d) Forgery, alteration, or misuse of a patient's medical records or knowingly furnishing false information to the medical team and/or professional organizations.

3. **Confidentiality**

A student shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences within the constraints of the law. The patient’s right to confidentiality in regard to his/her medical record, which includes confidentiality of personal and social history, is a fundamental tenet to medical care. The discussion in public of the problems of an identified patient, without the patient's permission, by professional staff (including students) violates patient confidentiality and is unethical. Under no circumstances can any medical record be removed from the institution. Photocopying of the entire record is never permitted for presentations or rounds; students are permitted to extract information, but not copy “wholesale” parts of the chart. Names of patients should be omitted from any documents used for these presentations.
4. **Disclosure**
While the student is a member of the medical team and under faculty supervision, a student shall continue to study, apply, and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

Sharing of medical information appropriately with a patient and colleagues involved in the care of the patient 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 shall be presented in terms the patient can understand. If, for some reason, the patient is unable to comprehend, there shall be disclosure to the patient’s authorized representative.

Failure of a student to share medical information relevant to a patient with the patient and colleagues involved in the care of the patient is unethical. Providing inaccurate information with these individuals is also unacceptable.

5. **Assessment of Personal Competence (Self-Evaluation)**
Students shall seek consultation and supervision whenever their ability to play their role in the care for a patient is inadequate because of lack of knowledge or experience.

Students are expected to respond to constructive criticism by appropriate modification of behavior.

It is unacceptable for a student to attempt procedures or to prescribe therapies without supervision.

6. **Professional Demeanor**
The student is expected to be thoughtful and professional when interacting with patients and their families, attending physicians, supervising residents, and other students, and whenever his/her behavior may influence adversely the judgments of others about the professional school or University.

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

Inappropriate behavior includes, but is not limited to, the use of offensive language, gestures, or remarks. Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation is not appropriate.

7. **Informed Consent**
Students are to understand the physician’s obligation to obtain informed consent from patients, but are not responsible for obtaining it for a physician. Simply, 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 patient’s or surrogate’s concurrence must be obtained without coercion.

8. **Conflict of Interests**
If a conflict of interest arises, the moral principle is clear — the welfare of the patient must be, at all times, paramount. For example, gifts, hospitality, or subsidies offered by manufacturers and distributors of medical and pharmaceutical equipment/goods shall not be accepted if acceptance would influence the objectivity of clinical judgment.

9. **Misconduct with Patients**
The student will not engage in romantic, sexual, or other non-professional behaviors with a patient — even upon the apparent request of a patient — while the student is involved with the patient’s care.

10. **Impairment**
The student will not use alcohol or drugs in ways that impair his/her ability to perform the work of the profession or results in compromised patient care. It is the responsibility of every student to strive to protect the public from an impaired colleague and to assist that colleague whose capability is impaired because of alcohol or drug use.

11. **Criticism of Colleagues**
Professional relations among all members of the medical community shall be marked by civility. Scholarly contributions shall be acknowledged and each person shall recognize and facilitate the contributions of others to this community; slanderous comments and acts are not acceptable. Students shall deal with professional, staff, and peer members of the health team in a considerate manner and with a spirit of cooperation.
It is unethical and harmful for a student to disparage, without sufficient evidence, the professional competence, knowledge, qualifications, or services of a colleague to anyone. It is also unethical to imply without reliable evidence — by word, gesture, or deed — that a patient has been poorly managed or mistreated by a colleague.

12. Teaching
The word “doctor” (for 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 and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

III. The University of Missouri Student Conduct Code
In addition to the conduct detailed in the preceding sections, a student is subject to the University of Missouri Student Conduct Code, as administered by the Office of the Vice Chancellor for Student Affairs, except for provisions dealing with academic dishonesty, in Section 200.010 B.1. of the Collected Rules and Regulations of the University (http://www.umsystem.edu/ums/rules/collected_rules/programs/ch200/200.010_standard_of_conduct).

As of the date of this document, such conduct falls into the following categories, and is provided for the convenience of patient care professional students at the University of Missouri School of Medicine:

1. **Forgery, alteration, or misuse** of University documents, records or identification, or knowingly furnishing false information to the University.
2. **Obstruction or disruption** of teaching, research, administration, conduct proceedings, or other University activities, including its public service functions on or off campus.
3. **Physical abuse, threats of violence**, or other conduct which threatens or endangers the health or safety of any person.
4. **Nonconsensual sexual behavior** including but not limited to rape; sexual assault; nonconsensual sexual touching of the genitals, breast or anus of another person or the touching of another with one’s own genitals whether directly or through the clothing; or exposing one’s genitals to another under circumstances in which he or she should reasonably know that his or her conduct is likely to cause affront or alarm, or sexual harassment.
5. **Stalking** another by following or engaging in a course of conduct with no legitimate purpose that puts another person reasonably in fear for his or her safety or would cause a reasonable person under the circumstances to be frightened, intimidated or emotionally distressed.
6. **Harassment** by engaging in a course of conduct directed at a specific person that serves no legitimate purpose that would cause a reasonable person under the circumstances to be frightened, intimidated, or emotionally distressed.
7. **Invasion of privacy** by photographing or recording (using electronic or other means) another person in a state of full or partial nudity in a place where one would have a reasonable expectation of privacy without that person’s consent, and distributing or transmitting that image without that person’s consent.
8. **Participating in attempted or actual theft** of, damage to, or possession without permission of property of the University or of a member of the University community or of a campus visitor.
9. **Unauthorized possession**, duplication or use of keys to any University facilities or unauthorized entry to or use of University facilities.
10. **Violation of University policies**, rules or regulations of or campus regulations including, but not limited to, those governing residence in University-provided housing, or the use of University facilities, or the time, place and manner of public expression.
11. **Manufacture, use, possession, sale or distribution of alcoholic beverages** or any controlled substance without proper prescription or required license or as expressly permitted by law or University regulations, including operating a vehicle on University property, or on streets or roadways adjacent to and abutting a campus, under the influence of alcohol or a controlled substance as prohibited by law of the state of Missouri.
12. **Disruptive or disorderly conduct** or lewd, indecent, or obscene conduct or expression.
13. **Failure to comply** with directions of University officials acting in the performance of their duties.
14. **The illegal or unauthorized possession or use of firearms**, explosives, other weapons, or hazardous chemicals.
15. **Misuse in accordance with University policy of computing resources**, including but not limited to:
   a. Actual or attempted theft or other abuse.
   b. Unauthorized entry into a file to use, read, or change the contents, or for any other purpose.
   c. Unauthorized transfer of a file.
   d. Unauthorized use of another individual's identification and password.
   e. Use of computing facilities to interfere with the work of another student, faculty member, or University official.
   f. Use of computing facilities to interfere with normal operation of the University computing system.
   g. Knowingly causing a computer virus to become installed in a computer system or file.
I. Jurisdiction of the Honor Council

The Honor Council shall be concerned with incidents of alleged violations by University of Missouri-Kansas City School of Medicine students enrolled in either the M.D. or graduate Professional programs involving direct patient care at the UMKC School of Medicine of the School's Standards of Professional Conduct, Sections II.A and II.B., whether such violations occur on the Volker campus or in classes or clinical experiences at affiliated hospitals and clinics through the UMKC Medical School. Violations of Section III will be referred to the Office of the Vice Chancellor for Student Affairs. The standards identify areas of conduct which are judged unacceptable for individuals either who are in or aspire to the profession of medicine. The Standards of Professional Conduct and Honor Council Procedures is a published document of the School of Medicine. It is distributed to all newly accepted students during orientation. When a student has been charged with one or more acts of misconduct according to these standards, the Honor Council shall adhere to the following procedures detailed herein. The Honor Council shall have the authority to recommend sanctions upon any student appearing before the Council. The disciplinary proceedings described are not to be construed as judicial trials. Care shall be taken, however, to comply as fully as possible with the spirit and intent of these procedural safeguards.

II. Organization of the Honor Council

A. Composition

The Honor Council voting members shall consist of the Chair representing the Dean's Office, six faculty/staff members (1 Docent, 1 Basic Scientist, 2 Clinical Scientists, 1 Humanities/Social Sciences representative, and 1 Graduate faculty member), and two student members (1 Years 3-6 and 1 graduate student). Four members constitute a quorum. Two nonvoting Honor Council staff, the Council Coordinator and the Administrative Assistant, assist the Chair in investigations and generation of reports and are present at the hearings to take minutes.

B. Eligibility and Appointment

The Chair, faculty/staff, and student members shall be appointed to the Honor Council by the Dean of the School of Medicine.

C. Chair

The Chair shall count as one member of the Honor Council and shall be entitled to vote on all matters before the Council.

D. Time of Appointment and Term of Office

The Chair and faculty/staff members of the Honor Council shall serve for the duration of their appointments by the Dean. The student members of the Honor Council shall serve for one year.

A student is ineligible to continue as a member of the Honor Council if he/she is placed on academic or disciplinary probation, or if for any other reason his/her continued membership on the Council may not be in the best interest of the School of Medicine as determined by the Dean.

III. Procedures for Report of Violation, Investigation, Informal Disposition, and Notice

A. Report of Violation

An alleged violation of the Standards of Professional Conduct should be reported to the Chair or his/her designee of the Honor Council as soon as possible after discovery of the incident.

B. Preliminary Procedures and Investigation

The Chair of the Honor Council or his/her designee shall investigate any reported student misconduct before initiating formal conduct procedures. The reporter will be requested to meet with the Chair or his/her designee to discuss the alleged violation.

The Chair is responsible for notifying, in writing, the accused student of the charge brought against him/her prior to the commencement of the investigation. In addition, the student charged with misconduct shall receive a copy of these Procedures for Violations of the Standards of Professional Conduct along with the written notice. The Chair shall meet with the accused student to give the student the opportunity to present a personal version of the incident or occurrence.

C. Informal Disposition

After conducting an investigation, the Chair or his/her designee shall provide a written report to the Dean, the accused student, and the Honor Council members.

The Chair shall have the authority to dismiss a charge that is determined unfounded or to impose appropriate sanctions and shall fix a reasonable time within which the student shall accept or reject a proposed informal disposition.

A failure of the student either to accept or reject within the time fixed shall be deemed to be an acceptance and, in such event, the proposed disposition shall become final upon expiration of such time.
If the student rejects informal disposition, it must be in writing and shall be forwarded to the Honor Council.

The Chair may refer cases to the Honor Council for formal investigation and hearing without first offering informal disposition.

The Dean or his/her designee may at any time temporarily suspend or deny readmission to a student from the School of Medicine pending formal procedures when the Dean or his/her designee finds and believes from available information that the presence of a student on campus would seriously disrupt the School of Medicine or constitute a danger to the health, safety, or welfare of members of the School of Medicine community. The appropriate procedure to determine the future status of the student will be initiated within seven calendar days.

D. Notice of Hearing

Upon completion of the investigation, when a student rejects informal disposition or the charge justifies a formal hearing, in the judgment of the Honor Council Chair, the Chair will schedule a formal hearing as soon as possible.

The reporter, witnesses, and accused student will be given written notice of the hearing by email or personal delivery. The notice shall set forth the date, time, and place of the alleged violation, the conduct for inquiry, the date, time, and place of the hearing before the Council, request for attendance of the parties involved, and a reference for the accused student to the Rights of the Accused Student Upon Hearing which are outlined in these Procedures.

Notice by certified mail may be addressed to the mailing address currently on record with the university Failure by the accused student to have a current correct local address on record with the School of Medicine shall not be construed to invalidate such notice.

The notice shall be given at least seven (7) consecutive calendar days prior to the hearing, unless a shorter time be fixed by the Chair for good cause.

Any request for continuance shall be made in writing to the Chair who shall have the authority at his/her discretion to postpone the hearing if he/she determines the request is timely and made for good cause. The Chair shall notify the Honor Council members, the accused student, the reporter, the witnesses, and any other relevant individuals of the new date for the hearing.

If the accused student fails to appear at the scheduled time, the Honor Council may hear and determine the matter in the student's absence.

IV. Procedure for Honor Council Hearing

A. Rights of the Honor Council

The Honor Council shall have the right to:

1. hear together cases involving more than one student which arise out of the same act of misconduct, but in that event shall make separate findings and determinations for each student;
2. permit a stipulation of facts by the Honor Council member who performed the investigation and the student involved;
3. permit the incorporation in the record by a reference of any document, affidavit, or other material produced and desired in the record by the School of Medicine or the student charged;
4. question witnesses or challenge other evidence introduced by either the School of Medicine or the student at any time;
5. hear from the Council Chair about dispositions made in similar cases and any dispositions offered to the student appearing before the Council;
6. call additional witnesses or require additional investigation;
7. dismiss any action at any time or permit informal disposition as otherwise provided;
8. permit or require at any time, within a reasonable time as determined by the Council, amendment of the Notice of Hearing to include new or additional matters which may come to the attention of the Council before final determination of the case; provided, however, that in such event the Council shall grant to the student or the School such time as the Council may determine reasonable under the circumstances to answer or explain such additional matters; and,
9. dismiss any person from the hearing who interferes with or obstructs the hearing or fails to abide by the rulings of the Council Chair on any procedural question or request of the Chair for order.

B. Rights of the Accused Student

A student scheduled to appear before the Honor Council pursuant to formal notice of charges and disciplinary hearing shall have the right to:

1. submit a written response to the charge outlined in the Notice before the scheduled hearing is to commence;
2. request in advance of the scheduled hearing a review of any materials contained in his/her hearing file.
3. submit a written request for the identities of witnesses to be called to testify before the Council;
4. be present at the hearing;
5. have an adviser or counselor appear with him/her and to consult with such an adviser or counselor during the hearing; however, the adviser/counselor will not be allowed to question witnesses and/or members of the Council;
6. hear or examine evidence presented to the Honor Council against him/her;
7. question witnesses present who are testifying against him/her at the hearing;
8. present evidence by witness, affidavit, written report, other memoranda, photographs, drawings, and any other relevant evidence of any defense the student desires;
9. make any statement to the Honor Council in mitigation or explanation of the conduct in question;
10. remain silent to avoid self-incrimination;
11. be informed in writing of the findings and any decisions imposed by the Honor Council, Coordinating Committee, and the Dean; and,
12. appeal the decision and/or disposition to the Chancellor, as herein provided.

C. Rights of Witnesses
Witnesses shall be notified of the scheduled time, date, and location of the hearing. Witnesses shall bring with them whatever documentation is requested. Failure of a student witness to appear, without good cause, is a violation of the Standards of Professional Conduct.

D. Record of Hearing
All proceedings of the Honor Council are to be held in the strictest confidence by the members and all other persons involved. The hearings shall be audio taped, and written minutes are also recorded. The notice, exhibits, hearing record, verdict, and disposition of the Honor Council shall become the “Record of the Case”. This official document shall be filed under strictest security in the permanent records. The record shall be accessible at reasonable times and places to both the University and the student for the purposes of review or appeal.

E. Conduct of the Hearing
The Honor Council Chair shall preside at the hearing, call the hearing to order, call the roll of the Honor Council members in attendance, ascertain the presence or absence of the student charged with misconduct, read the Notice of Hearing and charge and verify the receipt of notice of charge by the student, report any continuances requested or granted, establish the presence of any adviser or counselor of the student, call to the attention of the student charged and the adviser any special or extraordinary procedures to be employed during the hearing, and permit the student to make suggestions of or objections to any procedures for the Honor Council to consider.

All requests to address the Council shall be addressed to the Chair. The Chair will rule on all requests and points of order and may consult with Council's legal adviser prior to any ruling. The Chair's ruling shall be final, and all participants shall abide thereby, unless the Chair shall present the question to the Council at the request of a member of the Council, in which event the ruling of the Council by majority vote shall be final.

Rules of common courtesy and decency shall be observed at all times. An adviser or counselor may be permitted to address the Council at the discretion of the Chair. An adviser or counselor may request clarification of a procedural matter or object on the basis of procedure at any time by addressing the Chair after recognition.

Opening Statements: 1) The Honor Council Chair or his/her designee shall make opening remarks outlining the general nature of the case and testify to any facts the investigation has revealed. 2) The accused student may make an opening statement to the Council about the charge at this time or at the conclusion of the School of Medicine's presentation.
School of Medicine Evidence: 1) School of Medicine witnesses are to be called by the Chair of the Honor Council and identified or written reports of evidence are introduced as appropriate. 2) The Council may question witnesses at any time.
3) The student may question witnesses or examine evidence at the conclusion of the School of Medicine's presentation.
Student Evidence: 1) The student shall have the opportunity to make a statement to the Honor Council about the charge. 2) The student may present evidence through witnesses or written memoranda. 3) The Council may question the student or witnesses at any time.
Rebuttal Evidence: The Honor Council may permit the School of Medicine or the student to offer a rebuttal of the other's presentation.

If it appears that essential testimony is unavailable, or that for other good cause the hearing should be deferred, the Council may continue, recess, or discontinue the hearing without prejudice.

V. Determination of the Honor Council
Following the hearing, the Council shall promptly deliberate in closed session out of the presence of the student charged. Determination is to be made regarding both the validity of the misconduct charge and on the discipline, if any, to be imposed.
A. **Violation of the Standards of Professional Conduct**

The Honor Council shall determine if the evidence presented in the hearing supports the charge of violation of the Standards of Professional Conduct. The Council shall render a decision, by simple majority vote, of whether a violation has been committed by the accused. Each charge of misconduct, if there are more than one, shall be considered individually and/or collectively at the discretion of the Council.

B. **Discipline Imposed**

The Honor Council shall determine the discipline to be imposed, if any, based upon its deliberations. One of the following forms of discipline is to be recommended by means of simple majority vote of the Council members. Where there are multiple violations, there can be separate sanctions for each violation. The sanctions include, but are not limited to, the following:

- **No Disciplinary Action.** Given when the student is not found in violation of the Standards of Professional Conduct.
- **Warning.** A written reprimand to the student that the student has violated the Standards of Professional Conduct. A copy is to be placed in the student's file.
- **Probation.** A written reprimand to the student for violation of the Standards of Academic Conduct that includes a designated period of time, the probability of more severe sanctions if the student violates any institutional regulation(s) during the probationary period, and subject to any appropriate terms or conditions, such as loss of privileges, restitution, and discretionary assignments.
- **Suspension.** An involuntary separation of the student from the School of Medicine for a specified period of time or until a special conditions have been met, with a statement whether suspension should relate back to the date of the offense, begin at the time imposed, or begin at a date specified in the future. At the conclusion of the period of suspension, the suspended student is automatically returned to student status. Conditions for readmission may be specified.
- **Dismissal.** An involuntary separation from the School of Medicine for an indefinite period of time. The order of dismissal may specify a date before which the faculty will not consider a petition for readmission from the dismissed student.
- **Expulsion.** Permanent separation of the student from the School of Medicine.

The above sanctions apply to the status of the accused student in the School of Medicine. Any sanction impacting a student's enrollment status and/or privileges will be forwarded to the Vice Chancellor for Student Affairs or designee for information purposes.

An oral presentation of the Council's findings and recommendations is permitted following the hearing, but a written document including findings of fact, verdict, and recommended disposition shall be completed as soon as possible after the hearing. This Final Report of the Council shall be submitted to the Coordinating Committee, the Dean, and the Office of the Vice Chancellor for Student Affairs.

VI. **Decision of the Coordinating Committee**

The findings and determination of the Honor Council serve as recommendations to the Coordinating Committee and to the Dean of the School of Medicine. The Coordinating Committee, chaired by the Associate Dean for Academic Affairs and composed of members detailed in *The Academic Plan for the School of Medicine*, reviews the charge of misconduct, the findings of fact, the decision of the Council, and the recommended discipline to be imposed from the Honor Council.

After deliberation and careful consideration, the Coordinating Committee approves, by simple majority vote, one of the following actions: 1) to sustain the recommendations of the Honor Council; 2) to amend the recommendations of the Honor Council to another type of sanction; 3) to remand the Honor Council's recommendations; or, 4) to reverse the Honor Council's recommendations.

The findings and determinations of the Honor Council and the Coordinating Committee shall be transmitted to the Dean in writing within seven (7) consecutive calendar days following the Coordinating Committee meeting. A copy of this recommendation shall also be transmitted to the accused student by email or personal delivery in the indicated time frame.

VII. **Decision of the Dean**

Upon receipt of the documents from the Honor Council and the Coordinating Committee, the Dean shall review the entire record that includes the following: 1) formal notice of the charges; 2) minutes of the Honor Council hearing; 3) written findings of the Honor Council and its recommendations to the Coordinating Committee; and 4) written decision of the Coordinating Committee concerning the sanction passed.

The Dean will, within a reasonable amount of time, make a decision to either affirm, amend, or reverse the Coordinating Committee's sentence, or remand the Coordinating Committee for further proceedings.

The Dean shall notify the student in writing by certified mail or personal delivery of his/her final decision. Copies of the letter will be sent to the Honor Council Chair and the Coordinating Committee Chair, and will be placed in the student's file and in the official hearing file.
VIII. Right of Appeal
When a recommendation from the Honor Council and the Coordinating Committee is made for some form of disciplinary action other than "none", and this is upheld by the Dean, or if a recommendation of "no disciplinary action" is revised to one of greater severity by the Dean, the student may appeal such decision to the Chancellor or his/her designated representative by filing written notice of appeal with the Chancellor within ten (10) consecutive calendar days after notification of the decision of the Dean. A copy of the Notice of Appeal will also be given by the student to the Dean of the School of Medicine at the time of filing. The student may file a written memorandum for consideration by the Chancellor with the Notice of Appeal.

The Chancellor or his/her designated representative shall review the full record of the case and the appeal documents and may affirm, reverse, or remand the case for further proceedings and shall notify the Dean and the student in writing of the decision on the appeal. The action of the Chancellor shall be final unless it be to remand the matter for further proceedings.

Status during Appeal: In cases of suspension, dismissal, or expulsion where a Notice of Appeal is filed within the required time, a student may petition the Chancellor in writing for permission to attend classes pending final determination of appeal. The Chancellor may permit a student to continue in school under such conditions as may be designated pending completion of appellate procedures, provided such continuance will not disrupt the University or constitute a danger to the health, safety, or welfare of the University community. In such event, however, any final disciplinary action imposed shall be effective from the date of the action of the Dean.

IX. Status of the Standards of Professional Conduct
Amendments to the Standards of Professional Conduct and/or Honor Council Procedures for Violations may be proposed by petition of any twenty-five members of the student body, the Honor Council on its own motion, or the faculty.

A proposed amendment in the Standards of Professional Conduct and/or Honor Council Procedures for Violations must be approved by the Honor Council, the Coordinating Committee, the Dean, the Chancellor, and the Board of Curators.

The Standards of Professional Conduct and/or Honor Council Procedures for Violations may be terminated at any time by action under the general amending procedure.

All students in the School of Medicine, including students enrolled in either the M.D. or graduate Professional programs involving direct patient care at the UMKC School of Medicine are subject to the jurisdiction of the Standards of Professional Conduct and Honor Council Procedures for Violations upon enrollment. To insure their knowledge of the Standards of Professional Conduct and Honor Council Procedures for Violations, the presentation of these documents shall be an integral part of the orientation of newly accepted students in these programs to the School of Medicine.
School of Medicine Graduate Programs

Procedures for Managing Suspected Violations of Standard Conduct and Professional Standards version 2013.1

All students at the University of Missouri--Kansas City are expected to abide by the Standard of Conduct as described in the University of Missouri System Collected Rules and Regulations, Chapter 200 Student Conduct, section 200.010 Standard of Conduct. In addition, students in the M.S Anesthesia and M.M.S. Physician Assistant Programs must abide by the School of Medicine Standards of Professional Conduct. The conduct code is designed to ensure social responsibility, academic integrity, and the safety of our community. Students found to be in violation of the Standard of Conduct may face formal sanction, ranging from warning to expulsion. Students have the right to a formal hearing.

The following outlines the procedures for instructors to follow when confronting alleged academic dishonesty issues. It is important to emphasize that when any form of academic dishonesty is suspected, the instructor should approach the situation from the perspective of “due process” rather than “punishment”.

1. The instructor should first meet with the student to explain how the student’s conduct or scholarly work has raised the suspicion of cheating, plagiarism or sabotage or violation of the Standards of Professional Conduct (Honor Code). At this point, evidence from both parties will be discussed and this may lead to various outcomes including, but not limited to: dismissal of the allegation based on evidence provided by the student; receipt of a failing grade for an assignment, exam or course, as appropriate; an opportunity for other learning opportunities or assignments to be levied to benefit the student’s understanding or mastery of content; or, moving the process forward in the informal discovery process.

2. If academic dishonesty is either admitted or confirmed by evidence, the faculty should employ an independent 3rd party “investigator” (the Assistant Dean for Graduate Studies) to meet with the faculty member and student to review issues and make recommendations regarding sanctions as indicated. The next steps depend on the student program of study.

A. MS Anesthesia or MMS Physician Assistant students

1. The investigator will refer the alleged incident to the School of Medicine Honor Council for investigation and recommendation.

2. The Honor Council will undertake a review of the alleged incident and associated evidence, as appropriate. This will include meeting with the involved faculty, students, witnesses and others deemed appropriate. The following sanctions may be recommended:
   a. Warning (Note: the warning will be forwarded to the student and goes into web-based records so that other faculty can be alerted to previous misconduct.)
   b. Probation (Note: probation may be rendered for any length of time deemed to be appropriate for the given academic dishonesty infringement.)
3. Recommendations will be made to the SOM Dean via Coordinating Committee.
4. The Dean will make the final determination.
5. A letter will be sent to the student indicating that the review has occurred and the student can either accept the sanctions or appeal to the Chancellor.

B. All other School of Medicine graduate and doctoral students

1. If sanctions are indicated, the “investigator” will notify the Dean of the School of Graduate Studies in writing of the allegations and make recommendations regarding sanctions. The following sanctions may be recommended:
   a. Warning (Note: the warning will be forwarded to the student and goes into web-based records so that other faculty can be alerted to previous misconduct.)
   b. Probation (Note: probation may be rendered for any length of time deemed to be appropriate for the given academic dishonesty infringement.
   c. Suspension
   d. Dismissal

2. The Dean of School of Graduate Studies will undertake a review of the alleged incident and associated evidence. If he/she feels that the sanctions are indicated a letter will be sent to the student indicating that the review has occurred and the student can either accept the sanctions or appeal. If the student appeals, then a formal process will be initiated through the Vice Provost for Academic Affairs Office to convene an honor council review of the alleged incident.
POLICY ON STANDARDS OF CONDUCT FOR TEACHER/LEARNER RELATIONSHIPS

UMKC School of Medicine (SOM) is a community of professionals dedicated to education, patient care, and research. The SOM holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. The SOM community is committed to maintaining academic and clinical environments in which faculty, fellows, residents, students and staff can work together to further education and research, while providing the highest quality of ethical and compassionate care for patients at affiliated hospitals and clinics. As effective learning is best fostered in an environment of mutual respect between teachers and learners, mutual respect is expected; each member within the SOM community must be accepted as an individual and treated with respect and fairness. Diversity in background, outlook and interest is inherent, necessary and important in medical education and the practice of medicine. Although both teachers and learners bear responsibility for creating and maintaining these academic and clinical environments, teachers take on particular responsibility with respect to their evaluative roles relative to student work and with respect to demonstrating appropriate professional behaviors.

The term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses, and ancillary support staff, as well as others from whom students learn. Resident physicians, of special note, are also “students” at the UMKC SOM.

GUIDING PRINCIPLES:

**Duty**: Medical educators/teachers have a duty to convey the knowledge and skills required for delivering the Medical profession’s standard of care and also to instill the values and attitudes required for preserving the medical profession’s social contract with its patients.

**Integrity**: Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

**Respect**: Respect for every individual is fundamental to the ethics of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure students and residents are always treated respectfully.

RESPONSIBILITIES AND CONDUCT OF TEACHERS AND LEARNERS:

Teachers should:

- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant information in a timely fashion
- Provide explicit learning and behavioral expectations early in a course or clerkship
- Provide timely, focused, accurate and constructive formative feedback on a regular basis and thoughtful and timely evaluations at the end of a course or clerkship
- Display honesty, integrity and compassion
- Practice insightful (Socratic) questioning, which stimulates learning and self-discovery, and avoid
overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive

- Solicit feedback from students regarding their perception of their educational experiences
- Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

Students should:

- Treat fellow students and faculty fairly and respectfully
- Demonstrate professional behavior in all settings
- Be prepared and on time
- Demonstrate honesty, integrity and compassion
- Be active, enthusiastic, curious learners
- Recognize learning stems beyond formal and structured activities and requires responsibility and commitment
- Recognize their responsibility to learn established learning objectives and to participate as an active learner
- Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine
- Recognize personal limitations and seek help as needed
- Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings
- Recognize the duty to place patient welfare above their own concerns
- Recognize and respect patients’ rights to privacy
- Solicit feedback on their performance and recognize criticism is not synonymous with “abuse”

Relationships between Teachers and Students

Students and teachers should recognize the special nature of the teacher-learner relationship, which is in part defined by professional role modeling, mentorship, and supervision. Because of the special nature of this relationship, students and teachers should strive to develop their relationship as one characterized by mutual trust, acceptance, and confidence and limited to that of education and mentoring. They should both recognize the potential for conflict of interest and respect appropriate boundaries.

Conduct/Responsibilities of Teachers and Learners:

- Treat each other with respect at all times
- Treat each other equally, without regard for age, sex, gender, race, color, ethnicity, national origin, ancestry, religion, disability, sexual orientation, gender identity, military or veteran status
- Act fairly in all dealings with each other
- Communicate with each other in a respectful and professional manner at all times
- Be prompt to appointments, classes and lectures

Inappropriate Conduct:

- Unwanted physical contact or the threat of such contact
• Sexual harassment (including voluntary romantic relationships between teachers and learners in which the teacher has authority over the learner’s academic status and progress)

• Harassment based on age, sex, gender, race, color, ethnicity, national origin, ancestry, religion, disability, sexual orientation, gender identity, military or veteran status

• Discrimination in any form based on age, sex, gender, race, color, ethnicity, national origin, ancestry, religion, disability, sexual orientation, gender identity, military or veteran status

• Loss of civility or professionalism, including displays of temper, demeaning or humiliating behavior to another, the use of personal threats, attacks or insults, or any other conduct that is disruptive to patient care and/or learning

• Asking others to perform personal errands unrelated to education, research or patient care activities

• Providing health and/or psychiatric or psychological services to any student for which a teacher has involvement in the academic assessment or in decisions about the promotion of that student, except in an emergency situation.

Process for Reporting Inappropriate Conduct:

• The general process and procedures for learners and teachers is outlined below. This policy provides guidelines for the learner and teacher to address the issue, including some initial resources to consider. The underlying concern is for the comfort of the individual raising the concern. The SOM will not tolerate any form of retaliatory conduct by or toward teachers or learners who report inappropriate conduct in good faith. Individuals who believe that retaliatory action has been taken against them as a result of reporting or raising concerns regarding inappropriate conduct, may report such action through the procedures set forth herein.

• In addition to the SOM process for reporting, learners and teachers may report concerns within the University. This includes contacting the Title IX Coordinator at the Office of Affirmative Action and Title IX at (816) 235-6910 and/or to the University’s Ethics and Compliance Reporting Line either online at https://www.compliance-helpline.com/UM.jsp or by calling 1-866-447-9821 (reports to the Ethics and Compliance Reporting Line may be made anonymously). Additionally, UMKC Human Resources or University administrators could be contacted to raise a concern.

• Learners and teachers are directed that they may report their concern to the Associate Dean for Diversity and Inclusion who is directly responsible for hearing and addressing concerns raised regarding the teacher/learner relationship. Confidentiality of the reporter will be maintained to the extent possible based on the situation. The Associate Dean for Diversity and Inclusion will notify additional SOM leadership based on the situation:

1. Associate Dean for Student Affairs for BA/MD and MD student related issues
2. Assistant Dean for Graduate Studies for graduate student related issues
3. Council on Evaluation Chair for academic and professionalism issues of students
4. Honor Council Chair for issues in violation of Student Honor Code
5. Associate Dean for Graduate Medical Education for resident related concerns. (The Human Resources Department of the residents employer may need to be involved based on the situation.)
6. Associate Dean for the Clinical Affiliates for patient and work environment related concerns. (The hospital's Human Resources department may need to be involved based on the situation.)

7. Academic Department Chair and Vice Dean for faculty related concerns

- The Associate Dean for Diversity and Inclusion will work with the reporter of the concern in association with other SOM leadership to investigate and resolve the matter. The ability to provide feedback to the reporter regarding the resolution of the matter may be limited due to the confidentiality of the person about whom the concern is raised.

- The Associate Dean for Diversity and Inclusion will keep a confidential record of all reports, including resolution status. This record will include the date, reporter, category of issue (student, resident, teacher, environment), status (resolved/how, ongoing). Information from this record will only be shared in a de-identified manner, except that such information may be shared with University administrators and officers with a need to know such information, or as may be required by University policy, law or court order.

- An annual report of teacher/learner relationship concerns including suggestions and actions to further enhance the teacher/learner relationship will be provided by the Associate Dean for Diversity and Inclusion to the SOM Coordinating Committee and reviewed by the Dean. This report would include the number of reports, category of the issue, status of the issue, and overall recommendations to enhance the student teacher relationship.

- Title IX concerns must be reported to Title IX Coordinator at the University of Missouri-Kansas City for investigation. Reports may be made to the Office of Affirmative Action and Title IX at (816) 235-6910.

- Reports may be made to the University’s Ethics and Compliance Reporting Line either online at https://www.compliance-helpline.com/UM.jsp or by calling 1-866-447-9821; reports to the Ethics and Compliance Reporting Line may be made anonymously.

For Learners (Students):

- Learners may report the inappropriate conduct of another through a variety of mechanisms. First and foremost, learners (only if comfortable doing so) may address the situation immediately and non-confrontationally with the person engaging in such conduct. If the learner is not comfortable raising the matter with the person engaging in the conduct, or the conduct continues, the learner may discuss the issue with course directors, program directors, department chairs, the student’s education team coordinator (ETC), the student’s docent or the Associate Dean of Student Affairs, Assistant Dean for Graduate Studies, or the Associate Dean for the Clinical Affiliate.

- If the issue cannot be addressed/resolved in this manner and/or if the issue is deemed to represent a significant violation of the responsibilities/conduct described in this policy, the student and/or the individual the student confided in should report the incident to the Associate Dean for Diversity and Inclusion. Confidentiality of the student will be maintained to the extent possible according to the situation.

For Learners (Residents/Fellows):

- Each UMKC graduate medical education program sponsored by the SOM has a working and learning environment policy that should be followed.
• Additionally, the Graduate Medical Education Resident/Fellow Working and Learning Environment Policy describes the methods and procedures for residents/fellows to report concerns at: http://med.umkc.edu/docs/gme/policy_pdfs/GME_Working_Environment.pdf

If the issue cannot be addressed/resolved in this manner and/or if the issue is deemed to represent a significant violation of the responsibilities/conduct described in this policy, the resident/fellow and/or the individual that the student confided in should report the incident to the Associate Dean for Diversity and Inclusion. Confidentiality of the resident/fellow will be maintained to the extent possible by the situation.

For Teachers:

• Teachers who feel that a learner or teacher has engaged in inappropriate behavior may address the situation immediately with that learner or teacher. Additionally, for student concerns, the teacher can report the concern to the course/clerkship director, Associate Dean for Student Affairs, Assistant Dean for Graduate Studies, or the Council on Evaluation Chair for investigation. For resident concerns, the teacher can report to the program director or Associate Dean for Graduate Medical Education for investigation. For teacher concerns, the faculty member can report to the Academic Department Chair and/or the Associate Dean for the Clinical Affiliates for investigation.

• If the issue cannot be addressed/resolved in this manner and/or if the issue is deemed to represent a significant violation of the responsibilities/conduct described in this policy, the teacher and/or the authority the teacher reports contact the Associate Dean for Diversity and Inclusion. Confidentiality of the teacher will be maintained to the extent possible based on the situation.

Education:

The University and hospital affiliates require education of students and teachers, including training about:

• Title IX;
• Sexual harassment and discrimination;
• Hospital compliance; and
• Cultural sensitivity

Monitoring:

The SOM regularly reviews internal surveys completed by learners, as well as course evaluations, and one of several objectives in this process is to identify possible problems with regard to inappropriate conduct by or between teachers and learners, and if necessary, to take appropriate action with regard to such conduct. The Associate Dean for Diversity and Inclusion is charged with reviewing this data annually and reporting to the Coordinating Committee and Dean a summary and recommendations.

Reports made to the Associate Dean for Diversity and Inclusion are investigated, tracked, and reported to the SOM Coordinating Committee and Dean.

Reports made to the Assistant Dean for Graduate Studies are investigated, tracked and reported to the Dean.
Reports made to the Associate Dean for Graduate Medical Education are investigated, tracked, and reported to the Dean.

Reports made to the Associate Deans for the Clinical Affiliates are investigated, tracked, and reported to the Dean.

Reports made to the Honor Council Chair are investigated, tracked, and reported to the Dean.

Reports made to the Office of Affirmative Action and Title IX are investigated, tracked, and reported to the Dean.

**Miscellaneous:**

1. If the reported conduct involves unlawful discrimination or harassment, including sexual harassment, the matter will be referred to the Office of Affirmative Action and Title IX, and will be handled through University policies established for such reports.

2. The SOM will not tolerate any form of retaliatory conduct by or toward teachers or learners who report inappropriate conduct in good faith. Individuals, who believe that retaliatory action has been taken against them as a result of reporting or raising concerns regarding inappropriate conduct, may report such action through the procedures set forth herein.

3. If it is determined that a report of inappropriate conduct has not been made in good faith, the reporting individual may be referred for disciplinary action in accordance with appropriate University procedures identified elsewhere.

4. If it has been found that the standards of conduct have been violated, the individual and their supervisor will be notified. Violations deemed less serious may be addressed by education, mentoring, and monitoring of the individual. More serious and/or repetitive violations will be addressed through policies in place for students, graduate and graduate medical education learners, faculty, clinical affiliates, employment contracts, and/or UMKC according to the situation and the individual involved in the violation.

*Adapted from the AAMC LCME Standard, the Johns Hopkins School of Medicine Code of Professional Conduct and the AAMC Uniform Clinical Training Affiliation Agreement*
Because of our obligation to ensure that patients receive the best medical care possible, certain abilities are required of our students. To undertake and successfully complete the Master of Science in Anesthesia program, an individual must possess those intellectual, emotional and physical capabilities which are necessary to participate fully in the curriculum and which are essential to achieve the levels of competence required for graduation from the program. The requisite technical skills that candidates for the Master of Science in Anesthesia degree must demonstrate include, but are not limited to the following:

- Effectively communicating verbally with patients and their family members and with other healthcare professionals. Must demonstrate the ability to work as an effective member of the health care team.
- Interacting with patients, including obtaining a preoperative history and performing perioperative anesthesia related physical examinations.
- Effectively communicating in writing, and by record keeping, those data and information essential to the practice of anesthesia and the care of patients.
- Having the ability to multitask, which includes; hearing, processing, and interpreting multiple conversations, monitor signals, alarms, instructions, operating the anesthesia delivery system, and providing direct patient care simultaneously in fast-paced patient care settings (e.g., operating room, intensive care unit, emergency room).
- Reading and comprehending written parts of the medical record and other patient care documents in order to safely and effectively participate in the delivery of anesthesia care.
- Having sufficient motor skills and coordination to perform diagnostic and therapeutic tasks, including invasive procedures, on patients in a timely manner so as to ensure the safety and well-being of the patients. These tasks include but are not limited to peripheral and central venous catheterization, arterial puncture and cannulation, breathing bag-and-mask ventilation, placement of oral and nasal airways, laryngeal mask airway insertion and management, and endotracheal intubation.
- Having sufficient strength, motor skill, and coordination to lift, move, and position patients as required for administration of anesthesia and performance of cardiopulmonary resuscitation.
- Having sufficient speed and coordination to quickly and safely react to emergent conditions in the operating room as well as throughout the hospital in order to comply with standards for patient safety.
- Recognizing and differentiating colors of signals displayed on monitors; being able to work in both light and dark conditions as exist in patient care areas (e.g., operating room, radiology suite, endoscopy suite); being able to recognize details of objects both near and far.
- Having the abilities to make measurements, calculations, reason, analyze and synthesize patient data and solve problems. Be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.
- Having the emotional health required for full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patients, and the development of mature, sensitive and effective relationship with patients.
- Having the ability to tolerate physically taxing workloads, effectively carry out responsibilities and to function effectively under stress. Students and practitioners must possess sufficient emotional stability to withstand stress, display flexibility and to learn to function in the face of uncertainty inherent in the clinical problems of many patients.
- Having the ability to maintain attendance, especially in clinical coursework, in order to earn the required clinical practice hours and experience for graduation.
Having no impairment that would preclude continuous performance of all of the above activities or any and all of the other activities that are an integral part of an anesthesiologist assistant’s participation in the anesthesia care team.

Because of the above essential functions, the School of Medicine strongly discourages the use of surrogates to perform these functions as a reasonable accommodation for persons with disabilities. While each application is reviewed individually, it is necessary that each degree candidate himself or herself be able to observe and perform each task required by the curriculum of the school. Similarly, the school does not consider the waiver of required examinations a reasonable accommodation for individuals with learning disabilities. Learning-disabled students, when appropriate,* may be granted additional time on required examinations, be examined in separate testing facilities or accommodated in other reasonable ways, but they will not be exempted from the requirement to take and pass such examinations.

The University of Missouri-Kansas City School of Medicine Admissions Committee for the MSA program will review qualified applicants who are unable to meet the technical standards for admission as stated above. The entire application file will be formally reviewed by the committee in consultation with the UMKC Office of Services for Students with Disabilities.

*Contact the UMKC Office of Services for Students with Disabilities for information regarding definition and documentation of learning disabilities.

I have read and understand the above technical standards, and I hereby certify that I believe I am able to meet these standards if I become an anesthesiologist assistant student at the UMKC School of Medicine.