



# Handbook for Student Affairs Officers

2005-2006 Edition



## Handbook for Student Affairs Officers

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## Introduction

This Handbook for Student Affairs Officers is a compilation of information regarding the roles, responsibilities, and critical functions of the Student Affairs officer, “best practices” of Student Affairs offices, and resources available for Student Affairs personnel. The GSA National Committee on Student Affairs created this document as a resource guide for both the new and the experienced Student Affairs officer, as well as for members of their professional and administrative staffs.

This handbook is a reference document, and it was composed with full awareness of the variety of office structures, administrative titles, and policies and procedures that occur from institution to institution. The reader is strongly advised to be cognizant of the policies, procedures, and culture of his or her individual institution in reading this document.

## Part 1. Roles of the Student Affairs Officer

The roles and responsibilities of the Student Affairs officer in a medical school vary from institution to institution. While each medical school's administrative organization is unique, the Student Affairs officer is typically involved with student advocacy; creating, disseminating, and implementing institutional policies and procedures; representing the institution and the medical profession to students; advising and counseling students; and serving as a role model for students, among a variety of other institutional responsibilities. Not surprisingly, there is frequently some tension among these competing roles as the Student Affairs officer finds him or herself playing the role of an intermediary between institutional administrators and enrolled students and, not infrequently, between the faculty and enrolled students. In addition, there are inevitable conflicts of interest that stem from these various roles, and the Student Affairs officer should be careful to manage these conflicts of interest proactively and responsibly. Managing these conflicts will involve ensuring that students are fully aware of the specific role being played by the Student Affairs officer in any individual situation and, at other times, the Student Affairs officer's recusing him or herself from some meetings and activities to avoid even the suggestion of impropriety.

Examples of the multiple roles and duties of the Student Affairs officer are noted below. This list is not an exhaustive one, nor is it intended to represent a minimum standard. The position description at each individual medical school is the final statement of responsibilities for each administrative position holder.

**Practice Tip:** People to meet during your first month in Student Affairs (in no specific order):

- University Campus Security staff
- University General Counsel
- Other members of the Dean's Office staff
- Medical student leadership – student government and class officers and representatives of various student organizations
- Chair(s) of relevant institutional committees (e.g., Student Promotions Committee)
- Student Health Services staff
- Student Mental Health Services staff and/or other mental health providers
- Minority Affairs Office staff

- Financial Aid Office staff
- Registrar's Office staff
- Course and clerkship directors
- Academic Advising/Support Office staff
- Disabled Student Services staff

### Advocate for Students

The Student Affairs officer serves as an advocate for students' needs and interests, although, as noted above, this role may be complicated by any additional responsibilities he or she has for student assessment, evaluation, and/or discipline. Opportunities for advocacy range from informal to very formal situations. One informal advocacy role would be that of mediator of a conflict between a student and a faculty member. A formal advocacy role would involve the Student Affairs officer's representation to an institutional committee of a request by a student with a documented disability for an accommodation or modification within the medical school curriculum. Another formal advocacy role would involve the Student Affairs officer's serving as a mediator between faculty members and students on general academic issues related to individual courses and clerkships (e.g., absences related to residency interviews). The Student Affairs officer may also be expected to advocate with university or medical school administrators for special programs to serve the needs of medical students and/or to represent the special interests of individual students or groups of students (e.g., in the area of health services and medical insurance for medical students). Overall, the Student Affairs officer and his or her staff members are expected to be aware of, understand, appreciate, and, at times, validate students' perspectives on issues.

### Advisor for Individual Students and Groups of Students

The Student Affairs officer and related office staff are typically responsible, either directly or in an oversight role, for advising and counseling students. This role not infrequently starts with a "triage" situation after a student presents with a problem or a faculty member presents a student problem. In this situation, the Student Affairs officer may be responsible for initiating an action plan after collecting appropriate data and arriving at a conclusion about the appropriateness of the request and the validity of the complaint. While, in general, students with significant personal difficulties should be referred to appropriate

professional counseling services, the Student Affairs officer may provide short-term support for students with some less serious concerns. Similarly, while students in academic difficulty should be referred to appropriate academic counselors or tutors for assistance, the Student Affairs officer should be able to describe the available resources, initiate contact with relevant referral sources, offer encouragement and support, and ensure that help has been made available.

#### Practice Tip: Things to keep on hand in the Student Affairs office:

- Box of tissues
- Copy of the academic bulletin and student handbook, as well as printed copies of institutional "due process" procedures to distribute in response to questions
- Contact information – Student Health and Student Mental Health providers
- Tylenol, Motrin (for you! You'll need it!)
- Bowl of candy
- Water
- Academic advisor contact information

#### Practice Tip: Common crises facing Student Affairs officers (in no specific order):

- Financial aid/financial crisis
- Family illness or death
- Relationship issues (e.g., significant other, roommate)
- Substance abuse
- Mental health problem
- Unintended pregnancy
- Academic problems/failure
- USMLE problems
- Medical concerns/crisis
- Self-confidence issues

**Practice Tip:** Develop and use a "Student Encounter Form" when meeting with all students. Jot down notes and document conversations. Provide the student with a copy at meeting's end and keep one for your personal records. While never perfect, this type of documentation ensures that both the Student Affairs officer and the student share a record of the conversation and diminishes the chances that differing versions of the same conversation will be reported at a later time.

### **Career Counselor**

The Student Affairs officer and staff members generally have some relationship with the AAMC Careers in Medicine (CiM) Web-based career planning program, as well as with school-specific programs, as they supervise student career planning activities, beginning with matriculation into medical school and ending with specialty selection and Match preparation and implementation. Personnel in the Student Affairs office are also usually responsible for assisting students with their residency applications, their preparation for interviews, and their participation in various residency matching services.

### **Student Evaluator and Assessor**

The Student Affairs officer may also serve as staff to the school's student promotions or academic progress committee. In some instances, the Student Affairs officer has an assigned role on this committee as an advocate for students on issues pertaining to academic progress. In addition, the Student Affairs officer may compose, or coordinate the composition of, the Medical Student Performance Evaluation (MSPE) to accompany students' residency applications. The Student Affairs officer may be responsible for advising students following their violation of school policies and procedures. The Student Affairs officer may be required to confront students exhibiting problems associated with substance abuse, loss of emotional control, entitlement, and other personality-related issues when they become apparent to members of the faculty or staff or to fellow students. Various other problems may be referred to the Student Affairs officer by members of the faculty and staff, including personal hygiene issues, dress code violations, financial concerns, family matters, and professionalism-related difficulties.

### **Financial Aid Administrator**

The reporting relationships between the financial aid office and the Student Affairs office vary widely at medical schools. They range from a direct supervisory role by the Student Affairs officer over financial aid office staff to an informal supervisory or solely collegial relationship. Student Affairs offices at some institutions have oversight over the awarding of institutional scholarships and grants, particularly if their administration is assigned to a different office than the financial aid office.

**Practice Tip:** Access to a short-term Student Emergency Loan Fund is extremely helpful and has proven to be a lifesaver to many Student Affairs officers. This type of fund can provide students in a financial crisis with a small, short-term loan (e.g., between \$200 and \$500) to tide them over until other resources are identified.

### **Institutional Planning Consultant**

The Student Affairs officer frequently represents student issues and points of view at the institutional planning level, including such areas as changes in academic schedules, in curricular structures, and/or in affiliated sites for students' clinical education.

### **Institutional Representative**

The Student Affairs officer has responsibility for oversight and implementation of institutional policies and procedures as they relate to student life. In some cases, the Student Affairs officer may serve as a representative for student interests on school committees as policies and procedures are developed and codified. The Student Affairs officer generally serves as a conduit of information between the administration and the student body as policies and procedures are considered, approved, and implemented. He or she frequently is the institution administrator who informs students of the limits of institutional budgets (e.g., for student travel to professional meetings); provides support to student leaders related to budget planning for, and management of, their student organizations; monitors compliance with institutional regulations in these areas; and implements disciplinary decisions made by faculty committees.

Since building effective support networks is necessary for student success, Student Affairs officers work with students to help them achieve a sense of belonging, build a sense of community, ensure that students actively support each other, and build an allegiance to the institution.

### **Planner and Convener**

Student Affairs officers at many institutions are responsible for planning and/or convening formal and informal programs for the institution. These can include initial matriculation ceremonies, commencement ceremonies, honors convocations, white coat programs, Match Day celebrations, and other events. The time commitment necessary to complete these tasks successfully ranges from minor to major, depending on the size of the institution and the number of annual functions.

### ***Role Model***

Good Student Affairs practice provides significant opportunities for students, faculty, staff, and other educators to demonstrate their values and professional attributes. According to the American College Personnel Association, “Effective learning communities are committed to justice, honesty, equality, civility, freedom, dignity and responsible citizenship.” Student Affairs officers attempt to follow this model, knowing that the modeling of professional and ethical behavior is a powerful way to influence the development and maintenance of high professional standards in the academic community.

### ***Advisor to Student Organizations***

As an advisor to medical student organizations, the Student Affairs officer provides an administrative home for student government and other student organizations and interest groups that have received formal recognition from the institution. In this role, the Student Affairs officer is responsible for advising and supporting the elected (or selected) Organization of Student Representatives (OSR) representative(s) for the school. The Student Affairs officer may also monitor the process by which the OSR representative is selected annually. The Student Affairs officer may also work with other student groups (e.g., the Medical Student Section of the American Medical Association [AMA-MSS, [www.ama-assn.org/ama/pub/category/14.html](http://www.ama-assn.org/ama/pub/category/14.html)]; the Student National Medical Association [SNMA, [www.snma.org](http://www.snma.org)]; the American Medical Student Association [AMSA, [www.amsa.org](http://www.amsa.org)]) and community organizations affiliated with student-administered community service activities.

### ***Advisor to Organizations for Spouses and Significant Others***

The Student Affairs officer is also frequently responsible for advising and supporting, either formally or informally, various organizations that support the spouses, significant others, and other family members of enrolled medical students. Ensuring the ongoing effectiveness of such organizations can assist the Student Affairs officer in fulfilling his or her goals of supporting the students themselves.

## Part 2. Understanding the Mission of the Institution

### **Structure of Student Affairs Offices**

The fact that the structure and functions of Student Affairs offices vary significantly from school to school results from the influence of many variables, including the administrative history of the school; the requirements of the educational program; new or evolving Liaison Committee on Medical Education (LCME, [www.lcme.org](http://www.lcme.org)) accreditation standards; the relationship of the medical school administration with the administration of the parent university, if present; the number and level of training of staff members; and the extent of integration or separation of the various medical school administrative functions.

Other offices or functions may be covered under the umbrella of Student Affairs: financial aid, student records, minority affairs/diversity, academic standing and student promotions, academic counseling, admissions, clerkship and elective scheduling, visiting students, and student conduct and discipline, among others. Additionally, Student Affairs offices may have responsibility for components of the formal and informal curriculum, including professional development, career planning and advisement, and aspects of basic science and clinical education. Within the administrative structure of the medical school, the Student Affairs officer may report directly to the Dean, although, more recently, the Student Affairs officer may report instead to a vice-dean or senior associate dean for academic or educational affairs, in parallel with offices of medical education/curriculum, graduate medical education, and other offices. Depending on the institution, the administrative rank of the senior administrator in charge of Student Affairs functions may be that of senior associate dean, associate dean, assistant dean, or director.

Staffing levels and responsibilities in Student Affairs offices also show substantial variation, affected by available resources, the level of training and interests of individual staff members, and the nature of the work performed in the office. Some offices assign “generalist” staff to serve as the primary liaison for a large group or class of students, while others assign staff to one or more specific functional areas, e.g., student records, student events, and student personal and professional conduct. The significant variability among the structures and responsibilities of Student Affairs offices at individual schools makes meaningful comparisons of staff to student ratios difficult to determine and interpret.

Relationships between the Student Affairs office and other administrative offices involved in medical students' lives show similar variability. The Student Affairs office may be centrally involved in medical student education, overseeing most or all of the aspects of the students' progress through the education program. Alternatively, the Student Affairs office may have oversight of some aspects of students' lives, and work in conjunction with other medical school offices that oversee other components of the educational program. The Student Affairs structure may exist independently of the parent university's structures, be independent in some areas and integrated in others, or be fully integrated into most or all of the corresponding administrative structures in the parent university.

In June 2004, the AAMC Section on Student Affairs and Programs distributed an "Office Organization Compendium," which contained organizational charts for Student Affairs offices at those schools whose Student Affairs staff responded to the request for such information (approximately 75 percent of AAMC-member schools). Those seeking additional information about the administrative organization of Student Affairs functions are encouraged to review this compendium.

### ***Student Affairs-Related Committees***

Although there is variability among schools, a preclinical sciences student promotions committee typically considers the academic progress and problems of students enrolled in the first two years of the curriculum. The same or a different committee may consider the academic progress and problems of students enrolled in the final two years. The membership on these committees also varies greatly among schools. At some schools, student promotions committee members include course directors and faculty members who teach in each year's courses and clerkships, while, at other schools, school policies may specifically exclude course and clerkship directors from membership. At other schools, committee membership is made up of department chairs or elected faculty representatives. The Student Affairs officer can expect to play some role in the functioning of this committee, although he or she must take care to define his or her role carefully to avoid actual conflicts of interest or even the appearance of such a conflict.

These committees typically represent the faculty in decision-making about student promotion or advancement, as well as in assessment and decision-making about students with academic and other problems that have impeded their progress through medical school. There is an obligation to conduct a comprehensive review of the records of students who present to the committee with deficiencies. These committees also have an obligation to establish policies related to the appropriate use of data about students (e.g., regarding the exclusion of health and disability data from consideration in some cases). The committees may also seek input from a student's faculty advisor or any other faculty member representative designated by the student. In reaching its decision, the committee shall give due consideration to the nature, extent, and significance of the deficiencies manifested, as well as the time required for remediation of any deficiencies identified by departmental course and clerkship directors. In many cases, these committees are responsible for balancing the best interests of the student with the best interests of the school and the profession.

Generally, these committees may recommend a variety of actions including:

- Promotion of the student to the next academic year after remediation of all deficiencies identified
- Requiring the student to repeat the year, repeating only those courses in which a deficiency occurred
- Requiring the student to repeat the year, including all course work in that year
- Placing the student on a leave of absence
- Dismissing the student for failure to meet the requirements for advancement or graduation, or
- Requiring special activities of the student that are indicated in exceptional cases.

**Practice Tip:** Periodically review with relevant faculty committees and the institutional general counsel the descriptions in academic bulletins and student handbooks of the operation of faculty committees, particularly those that make decisions about student academic progress. In particular, ensure that these descriptions provide specific information about due process policies and procedures and the means by which students request a review of committee decisions within the medical school and the parent institution.

## Part 3. Relationships with Internal and External Offices

### **President's Office**

Alumni, government officials, and other individuals may attempt to influence the medical school's decisions about a student by communicating directly with the university president. A staff member in the president's or board of trustees office may contact the Student Affairs office to follow up on an inquiry, not to influence the Student Affairs officer, but to be helpful to the constituent and, often, to alert the Student Affairs officer of the contact. The Student Affairs officer should establish procedures for staff members' handling of such inquiries. If the source of influence on the president's office is so powerful or persuasive that the president exerts pressure on the medical school to make a specific decision, then the matter should be discussed with the dean.

### **Dean's Office**

The dean of the medical school has the ultimate responsibility for activities of the Student Affairs office through an associate or assistant dean for Student Affairs. The Student Affairs officer should have a strong, positive relationship with staff in the dean's office, and he or she should insure that there are effective and reliable means of communication, such as regular meetings and telephone consultations between the dean and the Student Affairs officer. The Student Affairs officer should also establish a procedure for immediate notification of the dean in the event of emerging problems that could become significant and/or require the intervention of dean's office staff.

### **Office of the General Counsel**

Student Affairs officers should work very closely with their institution's general counsel. It is advisable to have the legal counsel review the school's academic or educational policies and procedures as they are developed and implemented. Policies for promotion and dismissal, in particular, should be reviewed by legal counsel to ensure that they include appropriate due process, consistent with the university's related policies and procedures. It is also advisable to make your legal counsel aware of any impending student dismissals because of the risk of litigation. Since the institution's legal counsel is the person who would defend the institution if litigation ensues, it is appropriate that he or she have the opportunity to review the school's intended actions, in advance. Legal counsel should also review policies regarding the appropriate treatment of medical students because these policies must be consistent with other university policies, such as those concerning sexual harassment and discrimination.

Other areas in which Student Affairs officers may need to consult with their institution's legal office include development of policies for handling criminal background checks and drug testing, malpractice insurance and risk management education for medical students, and assurance that the medical school is in compliance with federal laws such as the Family Educational Rights and Privacy Act (FERPA), the Occupational Safety and Health Act (OSHA), the Americans with Disabilities Act (ADA), and the Health Insurance Portability and Accountability Act (HIPAA).

### Alumni Office

Most institutions depend on alumni contributions to provide financial support for the medical school and other programs of the parent institution. There is, therefore, a desire to maintain positive relationships with alumni. When an alumnus or donor, for example, requests a “review” of a son's/daughter's/neighbor's/employee's/friend's academic situation, the alumni office will naturally wish to assist the donor, and will likely contact the Student Affairs office. The Student Affairs officer should establish ground rules with alumni office personnel for these situations, and he or she should emphasize that all student records are confidential according to Federal Educational Rights and Privacy Act (FERPA) guidelines. Strong relationships between alumni office personnel and their Student Affairs office counterparts should be positive, but appropriate, for both constituencies.

### Financial Aid Office

A cooperative relationship between the Student Affairs office and the financial aid office is essential to students' financial well-being, both during medical school and after graduation. This relationship should be based on the medical school's mission, administrative structure, and institutional culture. Financial aid may be handled by personnel in a central university office or in a stand-alone medical school office. In order to establish positive and collaborative relationships:

- All students should be encouraged to use the services of this office. Although not every student in medical school receives financial aid, every student should have a financial plan and understand the implications of his or her educational financing decisions.

- A continuous exchange of information should occur between the Student Affairs and financial aid offices.
- The school should consider having an emergency financial aid/loan fund to provide students with short-term funding if problems arise with the timeliness of receipt of financial aid awards. At some schools, monies for this emergency loan fund result from alumni contributions.
- Both Student Affairs and financial aid offices should collaborate to create institutional policies and procedures that ensure the best use of scholarship and grant funds.
- Clear institutional guidelines should exist regarding the locus of decision-making for educational loans, internal scholarships and grants (e.g., named scholarships), and external scholarships and grants (e.g., those provided by a non-institutional community foundation), as well as for merit and need-based awards.

### Office of Information Systems and Technology

Emerging processes of information management and communication are profoundly transforming the nature of the medical education enterprise. Descriptions of the institution provided to prospective students; information transmitted to students by faculty members, administrative staff, and others; access to extensive knowledge and other data resources; and even simple everyday communications—all now occur through a bewildering array of (hopefully integrated) electronic media. It is essential that the Student Affairs officer have (or develop) some familiarity with the information technology (IT) resources in place at her/his institution, that he or she be well-acquainted with the individuals responsible for the development and maintenance of IT resources at the institution, and that he or she play an active role in making recommendations about the content and navigability of those information systems accessed by students. Proactive decision-making in the area of IT, such that institutional IT personnel understand up-front the desires and needs of students and Student Affairs personnel, is extremely important, as it is very difficult and expensive to revise and repair IT systems that were developed in the absence of clear expectations and on the basis of poor communication and planning.

### Marketing and Public Affairs Office

A clear and concise message is fundamental to schools' marketing and public relations strategies and activities. Most marketing and public affairs offices can help medical school departments and administrative offices to convey a unique message within the school's framework. For that reason, Student Affairs officers should consider enlisting the assistance of school marketing and public affairs office staff with event planning, design and development of publications, news releases, public service announcements, selection of program speakers, and program evaluation. The Student Affairs officer can, in turn, assist public affairs personnel by identifying potential stories of interest about students and graduates who have fulfilled the institutional mission, who have made extraordinary contributions to medicine and society, or who have compelling personal and professional stories. Such collaboration can assist both the institution as a whole and the Student Affairs office to convey messages important to their short-term and long-term goals.

### Office of Academic Affairs/Medical Education

Although the organizational structure of the academic affairs or medical education office varies among institutions, the major purpose of this office is to assure that the academic standards of the school have been established and are being maintained. Since many common areas of involvement and interest exist between the offices of academic affairs/medical education and Student Affairs, it is imperative that a collegial and cooperative relationship be sustained. The offices may work together, for example, to improve curriculum, develop technical standards for admission and graduation, create policies and procedures, and/or define and provide accommodations for students with identified disabilities. While, at times, it may appear that these offices are in opposite corners on other issues (e.g., dismissal hearings or decisions about disciplinary action), it is important that institutional administrative staff members in both offices remember that both offices have the same end goals—providing a quality medical education for all students and ensuring that all students meet institutional, societal, and professional expectations.

### Admissions Office

It is sometimes assumed that the admissions office is a solo operation that has minimal interaction with the Student Affairs office. There are, however, many ways in which admissions officers and offices can interact effectively with Student Affairs officers and offices to ensure that matriculating students experience a seamless transition into medical school. Examples of such collaborative efforts include:

- Communicating with financial aid personnel to ensure that the financial aid needs of incoming students are well understood and that resources are made available in a timely fashion
- Identifying any admitted students who may be at academic risk so that they may be referred to appropriate academic counseling, if and when necessary
- Assisting incoming students who document a disability and who request accommodations and modifications under the Americans with Disabilities Act (ADA)
- Having Student Affairs office staff participate in recruitment events to demonstrate to applicants and accepted students the existence of ongoing and effective support systems within the institution
- Having admissions office staff participate in Student Affairs-sponsored events, including orientation programs, Match Day festivities, educational programming, and graduation ceremonies.

### Minority/Multicultural Affairs/Diversity Office

It is extremely important for the Student Affairs and minority affairs offices and officers to have a close and effective working relationship if institutional diversity initiatives are to be successful. Many of the activities that the minority affairs office supports are closely related to those supported by the Student Affairs office. The minority affairs office is frequently involved in student retention activities, and these activities should be available to both students from groups underrepresented in medicine and majority students. The success of these efforts can be enhanced by the collaboration of both offices and a free exchange of information for the benefit of all students.

### Student Records/Registrar's Office

The location and role of the medical school registrar's office also vary among institutions. Nevertheless, the main purpose of the registrar's office at all institutions is the maintenance and retention of students' and graduates' medical

education records and institutional adherence to Family Educational Rights and Privacy Act (FERPA) guidelines. These offices are also generally responsible for providing training to those with access to student academic records and with responsibility for the verification of a graduate's medical education to external parties (e.g., state medical licensing boards, hospital medical staff offices, and medical specialty certification boards).

When a student matriculates into a medical school, a current student file is created and maintained in the registrar's office. Certain documents from the application file are transferred from the admissions office to the registrar's office, and sometimes also to the Student Affairs office. Documents related to the student's medical education may be maintained in the current student file of either or both offices. The student file may be in electronic format and/or consist of paper records. The student file can include:

- A copy of the Medical Student Performance Evaluation (MSPE)
- Course and clerkship grades
- Clinical rotation schedules
- Narrative evaluations of clerkship/elective performance
- Letters of commendation and/or notifications of honors
- Information about leaves of absence
- Combined degree program enrollment information
- Scholarship award letters
- Special registrations
- Score reports from USMLE Step examinations
- Records of disciplinary actions
- Documentation related to transfer to or from the medical school and of withdrawal and/or dismissal.

Maintenance of a complete student education record is essential for composition of the MSPE, as well as for future verification of completion of an undergraduate medical education and receipt of the M.D. degree. It is essential that the Student Affairs and registrar's offices maintain excellent communication. Verification of medical education for hospital privileges, licensure, loan deferment, and letters of good standing is generally the responsibility of the registrar, as is the provision of the student's official medical school transcript to appropriate parties upon the request of the student/graduate.

### Basic Science and Clinical Science Faculty

The course of instruction leading to the Doctor of Medicine degree typically extends over a four-year period. The first two years of the curriculum are generally devoted to mastery of the basic medical sciences and fundamental clinical skills; they serve as a foundation for the clinical work completed in the final two years of medical school. Although there are curricular differences among medical schools, a student typically will take Step 1 of the United States Licensing Examination (USMLE) after satisfactory completion of the second year of medical school. Students entering the fourth year of study will generally take Step 2 of the USMLE. Many schools require that a student achieve a passing score on USMLE Step 1 to be eligible for promotion to the third year of medical education, and many schools require documentation of a passing score on one or both examinations as a criterion for graduation. Additional information about school policies in this area can be found on the AAMC Curriculum Directory Web site at: <http://services.aamc.org/currdir/start.cfm>. The Student Affairs office should maintain close relationships with basic science and clinical faculty members and all course and clerkship directors to identify and assist students in need of academic remediation and personal counseling.

### Student Health and Mental Health Services Offices

Student health services personnel can assist medical students in a variety of ways: outpatient and inpatient care for episodic illnesses, emergencies, and chronic illnesses; immunizations; medications; and mental health services. The costs of these services are supported in a variety of different ways at various schools, including specific fees for student health services and medical insurance programs. Most schools require that, prior to matriculation, a student demonstrate completion of a required set of immunizations and a medical history and physical examination to ensure that the student's health is adequate for the performance of academic assignments and clinical duties and that the student would not place patients at risk. The Student Affairs office must regularly communicate with student health services offices to ensure students' adherence to the health-related policies of the institution, while also maintaining students' confidentiality as required by the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state laws and regulations.

## Part 4. Student Advising, Standing, and Promotion

### **Academic Counseling**

#### ***Academic Monitoring and Counseling***

Medical schools generally have a number of avenues available for academic counseling, and the purposes for counseling frequently overlap. The first line of academic counseling is an individual faculty member who has direct contact with students during their course work. This contact does not always involve the course director, but there may be another faculty member with whom the student feels comfortable. Some schools utilize the tutoring skills of doctoral students enrolled in one of the school's graduate programs. In most schools, course directors routinely contact students who are performing at an unsatisfactory level, either after an examination or midway through a course or clerkship, and some of these students are candidates for individual or group tutoring. The identification and management of tutors may be handled by individual course directors, faculty members, or other departmental personnel, or by the office of Student Affairs.

Most students desire a support system that allows them to seek advice that will help them to improve their performance in specific courses or on nationally standardized examinations. Ideally, these support systems will involve many levels of assistance—from graduate students to individual faculty members to course directors to department heads to the Student Affairs dean. Knowing that some students in serious academic difficulty will not seek help independently, Student Affairs officers and course directors should work collaboratively to identify and intervene with these students.

Students enrolled at medical schools that are located on the campus of the parent university may have access also to the services of other academic assessment and remedial programs (e.g., for assistance with reading speed and comprehension and other learning challenges that are not content-specific).

#### ***Dual/Joint/Combined Degree and Special Programs***

Many medical schools offer dual degree programs and other programs designed for specific categories of students. The Student Affairs dean often serves as an initial source of information about these programs.

Examples of common dual degree programs include:

**M.D./Ph.D. Programs.** Combined M.D./Ph.D. programs are established to offer interested and highly motivated students the opportunity to train in a program tailored to their individual research and career interests. Through these programs, students who have an interest in academic medicine and medical research are able to combine the medical school curriculum with a graduate studies curriculum. Over six or seven years (or more), individuals enrolled in the combined degree program meet the degree requirements of both the medical and graduate school, thus acquiring the knowledge, skills, and experience required for careers in the most exciting and challenging areas of medical research. It is expected that students graduating from these programs will develop into academic physicians capable of assuming faculty positions in either basic or clinical departments of medical schools, and, in these positions, provide leadership in academic medicine and research related to human welfare.

**M.D./M.P.H. Programs.** Many schools offer enrolled medical students an opportunity to concurrently obtain both a medical degree and a Master of Public Health degree. Schools of public health usually have a mission to prepare health professionals to improve the health of the population. These programs strive to provide all students with a foundation in the basic disciplines of public health, while allowing them to pursue individual interests and build upon existing strengths and previous experiences. Graduates acquire the intellectual and analytical skills to define, evaluate, and solve the complex problems encountered in public health and health care systems administration.

**Other Dual Degree Programs.** There are many other examples of dual degree programs offered by medical schools in conjunction with other educational programs, including college/M.D. programs, Master's degree programs in Education and Business, and J.D. programs with affiliated law schools. Information about such programs can be found in the electronic AAMC Curriculum Directory located on the AAMC Web site at:  
<http://services.aamc.org/currdir/section3/degree2.cfm>.

Examples of common special programs include:

**Primary Care/Rural Scholars Tracks.** The goal of these tracks is to identify and educate students who are likely, as physicians, to practice primary care medicine in rural or other underserved settings. Students in these tracks are trained to improve the delivery of medical care and the quality of health care systems through a combination of education, service, collaboration, and research specific to the needs of underserved areas and patient populations. These types of practices frequently demand a much broader perspective on medical care than the traditional medical school curriculum typically provides, and the curriculum in these tracks is designed to meet these educational needs. Students admitted to these tracks generally meet the same admission criteria as all other accepted applicants.

**Honors Programs.** An honors program is offered by some medical schools to supplement the regular medical curriculum and challenge the exceptional student, while also stimulating individual interests. These programs often require completion of an independent research project that encompasses the basic and clinical sciences in the pursuit of a problem of scientific interest.

### Advisory Systems

The office of Student Affairs is the frontline for a wide array of advisory services for medical students. The concerns of medical students are frequently quite diverse and sometimes quite complex, ranging from appropriate specialty and residency program choice to financial challenges to potentially serious mental health problems. Student Affairs personnel should develop systematic approaches to each type of concern, while remaining sufficiently flexible so as to be able to respond effectively to the needs of individual students.

### Careers in Medicine Program

The office of Student Affairs is usually responsible for guiding students through the medical specialty selection and residency program selection and application processes. Careers in Medicine (CiM) is an on-line, four-year career-planning program that is provided by the AAMC and implemented by each individual medical school. Beginning early in the first year and culminating with the Match during the senior year, this four-phase process guides individual medical students through the elements of career planning. Increasing self-understanding, exploring a variety of medical

careers, choosing the specialty that best matches the individual student's values, skills, and interests, and making application to appropriate residency programs are the goals of the CiM program. Although CiM is a comprehensive program, it should not be the only career advisement activity at the medical school. CiM should instead be considered a major component of the institution's overall career advisory system.

### ***Opportunities in Academic Medicine and Medical Research***

Medical education and research are related pursuits. Academic excellence in research heightens the intellectual atmosphere, develops new knowledge, and transmits current information for the benefit of all. Medical schools provide adequate facilities for trainee and faculty research, including support areas such as the library, animal care facilities, and computer services. Long-term planning and the acquisition of research funds ensure research growth and support medical student participation in research endeavors.

In addition, the variety of research programs that exist in medical schools provide students with interesting opportunities for employment and experience during vacation periods and throughout the school year. The work is stimulating, challenging, and educational; many of these research programs offer stipends during the summer months. The Student Affairs office is often the first source of information for students who have an interest in research.

### ***Learning Disabilities: Assessment and Evaluation***

Some students enter medical school with a previously diagnosed learning disability and with a detailed request for accommodation. Other students may demonstrate early or continuing academic difficulty leading to the conclusion that assessment for a learning disability is warranted. A student may self-refer to the Student Affairs office for assistance in implementing existing recommendations for accommodations or a student may be referred by other faculty or staff members to discuss ongoing academic difficulties potentially related to a learning disability. In some institutions, the Student Affairs office serves as a central point for coordination of assessment and evaluation of a learning disability and for assistance with implementing any recommendations for accommodations or modifications. In some institutions, the

primary responsibility for assessment may be outside of the Student Affairs office (e.g., in a separate disability services office). In either case, the Student Affairs office should be knowledgeable about available resources for evaluation and be able to work closely with university staff, academic affairs/medical education office personnel, course directors, and faculty members regarding implementation of appropriate accommodations.

### ***Leaves of Absence and Withdrawals***

There are numerous reasons that medical students seek leaves of absence: health problems, family considerations, other educational opportunities, financial difficulties, study for the USMLE, career doubts, and other personal concerns. Prior to recommending approval of any request for a leave of absence, Student Affairs personnel should assist the student to explore the reason(s) for the request, then provide alternate options, if any, and, finally, advise the student regarding the impact of any leave on the student's progression through medical school. Although permanent withdrawal from medical school is a much less frequent consideration, the consequences of that decision are much greater. Advising a student who is considering permanent withdrawal from medical school should also include help in understanding the reason(s) for the request; alternate options, such as means for addressing underlying problems; the possibility of a temporary leave of absence prior to a final decision; and planning for the future if a final decision to withdraw is made. Students considering a permanent withdrawal should understand clearly that this decision would require them to re-apply to medical school as a new applicant if they were to desire to return to medical school in the future, whereas a return to school from a leave of absence does not require re-application as a new student.

### ***Student Employment***

In some institutions, the Student Affairs office is responsible for administering school policies regarding student employment. Even when this is not a primary responsibility of the office, it is important that the Student Affairs officer assist students to understand and monitor the impact of employment upon their academic performance. If possible, referring students to work situations relating to clinical medicine, health policy, or research may serve to augment the student's professional growth and skills, while simultaneously providing needed income. Summer employment opportunities should be well publicized and made available to all eligible students.

### ***Mental Health Referrals***

The Student Affairs staff may provide personal, short-term support for students with transient or time-limited problems, but a referral to a trained mental health professional should always be considered for any student with signs, symptoms, or complaints that are indicative of a more substantial problem. Students who present with issues of depression, severe or chronic anxiety, alcohol or drug dependence, eating disorders, obsessive-compulsive behavior, mood swings or mood disorders, anger management difficulties, or sociopathic behavior should be referred to professional mental health services staff. Referral to mental health services also may be appropriate for students who are dealing with difficult personal situations such as the death or serious illness of a family member or close friend, abusive relationships, custody conflicts, and marital problems, including separation and/or divorce. The Student Affairs officer should be familiar with available mental health resources and be able to make an initial assessment of the type of services that would best meet the student's needs. Considerations may include the willingness of the student to accept the referral, the student's financial situation and/or insurance coverage, the level of support from family members and friends, and the student's ability to access the service in a timely manner. The Student Affairs officer may be required to describe the service to the student, initiate contact, offer encouragement and support, and provide monitoring and follow-up, as appropriate. Finally, although the need is rare, the Student Affairs officer should also be familiar with the processes for mental health commitment in his or her jurisdiction.

### ***Mental Health Resources***

Personnel in the Student Affairs office must be thoroughly familiar, at a minimum, with all available mental health resources on the campus and in the community and the process for accessing each of them. Establishing a mutual understanding and a working relationship with the various mental health resources and providers, prior to the need arising, is advisable. Although mental health resources vary by school and community, the following list should be considered:

- Medical school-based or university-based resources for medical care (e.g., the Student Health Service)

- The Student Counseling Center
- Various campus-based support groups and services (e.g. chaplains)
- Community-based services, including community mental health centers and psychiatrists, psychologists, and other mental health personnel in private practice
- Centers/services for abused spouses
- Chemical dependency services
- Suicide prevention and crisis response lines
- Grief counseling services
- Marriage and divorce counseling services
- Various support groups related to specific disease entities and conditions (e.g., Alcoholics Anonymous, AL-Anon, and Narcotics Anonymous)

### ***Personal and Professional Conduct and Professionalism***

In many institutions, the Student Affairs officer shares with faculty members the responsibility for assisting students in the development of skills, behaviors, and attitudes related to professionalism. This responsibility may be fulfilled through role-modeling, direct teaching, advising, counseling, or other interventions. The Student Affairs officer may be called upon to work one-on-one with a student perceived to have professionalism issues or problems. If a student's breach of professionalism constitutes a serious offense (as defined by school policies), the student may face a hearing as required by the school's due process and academic progress procedures. In this situation, the Student Affairs officer may be available to advise the student, work with the student on a short-term or long-term basis, assist the student in understanding and modifying the attitude or behavior of concern, and/or monitor compliance with any requirements or conditions imposed by the faculty.

### ***Disciplinary Procedures***

#### ***Disciplinary Action***

In many institutions, the Student Affairs office plays an important role in disciplinary actions regarding students. Students who have engaged in cheating, unprofessional conduct, or other improper behavior, occurring within or outside of the confines of the educational program, may be dismissed or have other specific disciplinary action taken against them by the institution after a review of the charges has been completed, and a decision made, by an appropriate school committee or official. The specific proce-

dures for handling these issues will vary among schools. Generally, Student Affairs officials will be involved in the process in some way. This involvement could include insuring the confidentiality of the proceedings, the presence of a student representative or advisor (perhaps including legal counsel, if requested), and a follow-up plan for the student involved. Procedures could range from informal to formal hearings, with actions ranging from dismissal of the complaint to censure, suspension, a leave of absence, or dismissal.

### ***Appropriate Treatment in Medicine***

Medical schools are dedicated to providing their students, residents, faculty, staff, and patients an environment of respect, dignity, and support. The diverse backgrounds, personalities, and learning needs of individual students must be considered at all times in order to foster appropriate and effective teacher-learner relationships. Honesty, fairness, even-handed treatment, and respect for all students are the foundations of an effective learning environment. Mistreatment and abuse of medical students by faculty, residents, staff, or fellow students are antithetical to the educational objectives of the medical school. Mistreatment and abuse include, but are not limited to: berating, belittling, or humiliation; physical punishment or threats; intimidation; harassment or discrimination based on race or ethnicity, gender, sexual orientation, age, religion, or physical or learning disability; assigning a grade for reasons other than the student's level of performance; assigning tasks for punishment or non-educational purposes; requiring the performance of personal services; or failing to give students credit for work they have performed. Some complaints may be investigated as mandated by federal or state laws. Other complaints may be handled in a less formal manner. In all cases, students should have the right to seek alternatives to decisions that have been made about them and their status in the institution. Student Affairs officers should facilitate the development of appropriate institution-specific policies and procedures in these matters.

## **Transfer with Advanced Standing**

### ***Transfer***

Some medical schools have programs whereby medical students enrolled at accredited medical schools within the United States and Canada may be accepted for transfer with advanced standing. Policies related to transfer are institution-specific and can include consideration of various criteria, including:

- State of legal residency
- Current academic standing at the medical school from which the student seeks to transfer
- Number of places that have come available in the class by attrition
- A requirement that the prospective transfer student meet the same qualifications for admission as currently enrolled students
- A requirement that the prospective transfer student meet all requirements for graduation as students currently enrolled in the class the student would be joining
- Depending on the institution, provision by the prospective transfer student of appropriate documents, including:
  - A statement of good academic standing from the dean of the medical school in which the student is currently enrolled
  - A current academic transcript
  - Letters of recommendation from faculty members
  - Documentation of passing scores achieved on USMLE Step examinations

The prospective transfer student may be required to appear for a personal interview. The final decision about transfer is the responsibility of the appropriate faculty committee as determined by institutional policies and procedures.

### ***Advanced Standing and Exemption of Courses***

Students who are accepted for transfer may be exempted from required medical school courses. These decisions will generally be facilitated by the Student Affairs officer and typically involve a review of course work completed at the student's current medical school by faculty course directors at the school to which the student seeks transfer. In those instances where one school's curriculum differs substantially in content or timing from the

curriculum at the other school, the potential transfer student may be required to complete remedial course work prior to finalization of the actual transfer process. These conditions should be clearly spelled out to the transfer applicant, in writing, so that he or she is aware of all requirements prior to his or her withdrawal from the school currently attended.

The “AAMC-GSA Guidelines for the Consideration of Applications for Transfer or Advanced Standing” document can be accessed, under “Student Affairs,” on the AAMC Web site at:  
[www.aamc.org/members/gsa/resources.htm](http://www.aamc.org/members/gsa/resources.htm).

### **Academic Progress**

A student who is making satisfactory academic progress will be permitted continued enrollment in the medical school. In most institutions, student promotion committees meet, at a minimum, at the conclusion of each academic semester or year to review the academic progress of each student. A student who has not satisfactorily completed all course requirements may be permitted to remediate individual courses or may be required to repeat an entire academic semester or year of study. Most institutions have established a limit on the number of years allowed for a student to complete the entire medical curriculum.

In addition, each institution should develop policies and procedures to be enacted for students who must remediate an unsatisfactory grade. The options may be exercised at the local institution with remediation of individual or comprehensive examinations. Alternately, students may be required to enroll in and pass make-up courses taken either locally or at another institution. The Student Affairs dean should inform students about remedial options that are acceptable to the institution. The Student Affairs dean is frequently the preferred contact with the other institution, and the AAMC strongly encourages close communication between the home school and the other institution, noting that it is the prerogative of the student’s home institution to accept (or not accept) course credit in fulfillment of educational

requirements for the M.D. degree. Each year, the AAMC Section for Student Affairs and Programs publishes on the GSA Web site ([www.aamc.org/members/gsa/resources.htm](http://www.aamc.org/members/gsa/resources.htm)) a searchable database of summer make-up courses sponsored by accredited medical schools in a variety of academic subjects.

### **Extended Curriculum**

Some medical schools permit students to carry a reduced course load to allow the completion of one academic year over a period of two years. Such an “extended curriculum” is intended to provide support to students who experience personal difficulties, a difficult transition to medical studies, or temporary academic problems, or who have significant family responsibilities or a desire to participate in an ongoing research project. Academic policies differ from school to school regarding the timing and rationale for requests for an extended curriculum. Some schools allow a student to request an extended curriculum at any time, while others may recommend an extended curriculum through administrative routes or by the year-appropriate student promotions committee. Still other schools require that a student request an extended curriculum for specific reasons prior to initial matriculation. A request for an extended curriculum is typically granted by the academic affairs/medical education dean or the student promotions committee, and a deadline for extended curriculum requests is generally established. Students who are granted an extended curriculum are expected to demonstrate satisfactory academic performance in the reduced course load. Failure of courses during the extended curriculum may be considered grounds for dismissal from medical school, although this is clearly variable according to the policies of the individual institution. While a student is enrolled in an extended curriculum, he or she is responsible for all university fees, and tuition may be assessed at a rate proportional to the course load carried by the individual student.

During the period of the extended curriculum, students are often discouraged from holding leadership positions in campus organizations, and are cautioned about employment or other outside activities that may distract them from successfully meeting their educational obligations.

## Part 5. Medical Education Timeline

### Year One: Beginning of Basic Sciences

#### *Orientation Programs*

The orientation program provides incoming students with an opportunity to become acquainted with their new medical environment. Elements that should be considered for inclusion in an orientation program include:

- An opportunity to meet key faculty and staff involved in the medical education program
- Meetings with members of the dean's office staff
- Introductions to members of the teaching faculty
- Presentations by representatives from student support services offices
- Opportunities to become familiar with the physical layout of the school
- Social events with fellow students' spouses and significant others and members of other medical student classes
- Invitations from student leaders to participate in student organizations and community outreach programs
- Descriptions of available student wellness programs and activities

Many schools include a “white coat” ceremony as a capstone event for the orientation program as a formal acknowledgement of the students' transition into the medical profession. Parents and other family members and friends are frequently invited to attend these ceremonies.

**Practice Tip:** Student government officers and the officers of student organizations and community service projects can provide assistance in designing the content and format for, and in implementing, orientation programs, including opportunities for social events and other activities that can be interspersed among the other more academic components of orientation.

### **Student Enrollment**

Appropriate enrollment procedures should be in place for all entering students, including:

- Registration and payment of tuition and fees
- Completion of any required criminal background checks
- Completion of the AAMC Matriculating Student Questionnaire (MSQ)
- Completion of financial aid-related paperwork
- Verification of immunizations and/or documentation of completion of a medical history and physical examination
- Certification of workplace safety training (e.g., for exposure to blood-borne and air-borne pathogens)
- Health Insurance Portability and Accountability Act (HIPAA) certification
- FERPA-related requirements relating to access to student records
- Completion of other institution-specific requirements

Since many of these activities begin following acceptance, but prior to matriculation, close coordination between the admissions and Student Affairs offices is essential to insure that all relevant information is in place in each student's records. Student records personnel generally are responsible for establishing and maintaining an academic record for each enrolled student (see the "AAMC Guidelines for Maintaining Active and Permanent Individual Student Records" document, which can be accessed, under "Student Records," on the AAMC Web site at: [www.aamc.org/members/gsa/resources.htm](http://www.aamc.org/members/gsa/resources.htm)). Whether paper or electronic storage methods are employed, provisions must be made to ensure the security and confidentiality of student records. Particular care should be paid to the provisions of FERPA, which affords individual students the right to review their student records and determine what, if any, information may be released to the public.

All students must also receive instruction, as required by the Occupational Safety and Health Administration (OSHA, [www.osha.gov](http://www.osha.gov)) on "universal precautions" and the safe handling of blood or bodily fluids prior to their initial entry into the patient care environment, as well as on appropriate actions to be taken in the event of exposure to blood-borne or air-borne pathogens. It may be useful for the Student Affairs office to maintain a database containing relevant information pertaining to students' preparation for safe par-

ticipation in patient care activities. This database might include immunization and tuberculosis skin test (PPD) status, certification of OSHA-mandated training, documentation of completion of HIPAA training, and cardiopulmonary resuscitation (CPR) certification.

### **Dissemination of Information to Students**

The Student Affairs office generally has responsibility for assuring that students are aware of, and have access to, key institutional policies pertaining to their medical education and associated procedures. Many schools find it most convenient to disseminate such information in a written, or on-line, student handbook. At a minimum, this handbook should include:

- Information about the medical school governance and administration
- Student academic standing and grading policies and procedures
- Disciplinary and dismissal policies and procedures
- Grievance and due process policies and procedures
- Leave of absence and withdrawal policies and procedures
- Remediation, course make-up, and decelerated curriculum policies and procedures
- Policies and procedures pertaining to student employment during periods of active enrollment
- Policies and procedures relating to discrimination, sexual harassment, and student mistreatment
- Substance abuse policies
- Technical standards for admission and graduation
- Policies and procedures for students with disabilities, including information about requests for accommodations and modifications
- Student privacy policies and procedures

Many schools include additional information relating to the curriculum, student life, and student support services in the student handbook or academic bulletin, whether in a hard-copy or electronic format.

### **Monitoring Student Performance**

The monitoring of student academic performance is generally a key responsibility of the office of Student Affairs. This process involves close interaction between Student Affairs staff and course and clerkship directors, students, and student promotions and/or advancement committees. Student Affairs personnel should play a primary role in identifying and

assisting students who are experiencing academic difficulty. The Student Affairs office may provide some direct academic counseling services to students, or, in institutions where this is a faculty responsibility, the office of Student Affairs should play a significant coordinating role and support function in these activities. At the same time, the office of Student Affairs is frequently responsible for communicating about students with academic difficulties with appropriate faculty committees, and Student Affairs staff members also serve as the executive agency in implementing and following through on faculty committees' decisions and recommendations.

Students who are having academic difficulty may have disabilities. Institutional policies vary with respect to how disability issues are handled. All students presenting with a potential learning-related disability should undergo an assessment, at the student's expense, of the suspected disability, including a determination of any recommended accommodations or modifications. The process of obtaining this assessment differs from institution to institution, as does the process of determining the institution's ability to implement the requested accommodation or modification. Student Affairs officers should be familiar with the procedures in place at their institutions.

The AAMC will publish and distribute, in June 2005, a new document entitled, "Medical Students with Disabilities: A Generation of Practice," to assist medical schools with the development and implementation of policies and procedures relevant to students with disabilities.

### ***Student Support Services***

Entering medical school represents a major life transition for the student and his or her spouse or significant other. Matriculating students have completed their undergraduate requirements and may face a wide variety of life changes such as relationship transitions, geographic separation from family members and friends, marriage (and sometimes divorce), and financial emancipation. Students may bring with them to medical school a variety of concerns, including financial issues, health issues, issues of self-confidence, and substance abuse-related problems. The stresses of medical school can uncover learning difficulties, health problems, and/or emotional concerns. At most institutions, the office of Student Affairs is responsible for insuring that effective support

services are in place for students and that students are able to easily access these services. At a minimum, students should have access to confidential medical and mental health services; personal, financial, academic, and career counseling services; and learning resources and academic and other student support services. In many institutions, the office of Student Affairs also plays a lead role in planning and providing student "wellness" programs (e.g., nutrition, stress management, time management, and exercise programs) and in assisting students to develop a wide variety of student interest groups, community service programs, governance opportunities, and other formal and informal activities.

### **Year Two: Completion Of Basic Sciences And The Transition To Clinical Clerkships**

#### ***Preparation for USMLE Step 1***

Students preparing to take USMLE Step 1 should review the USMLE Web site at [www.usmle.org/step1/default.htm](http://www.usmle.org/step1/default.htm) for a content outline and a description of test policies and procedures. Depending on individual school policies, students will typically register in the late fall or early winter of their second year to take the Step 1 examination at the end of the second year. If needed, requests for disability accommodation should be prepared well in advance of the deadline date for their submission to the National Board of Medical Examiners (NBME, [www.nbme.org](http://www.nbme.org)) to allow for the collection of required documentation, expert review, and meeting requests by the NBME for clarification or additional information.

Students frequently seek advice about how best to prepare for USMLE Step 1. The following points may prove useful in advising students:

- Prepare review materials during the course of routine study. As students undertake courses during the first and second years of medical school, encourage them to prepare simultaneously study materials (notes, index cards, etc.) that will help them pass the course and that can be used later to prepare for the Step 1 examination.
- Organize content around organ systems, not basic science disciplines, to parallel USMLE organization and philosophy.
- Develop a schedule. Depending upon the school's academic calendar and the individual student's needs and study style, most students find four to six weeks of intense study and review to be sufficient. Include time for

studying, reviewing practice questions, and relaxation. Some students use the months immediately preceding USMLE Step 1 to organize previous course notes and otherwise prepare materials that will subsequently be used for studying, although intensive review several months prior to the actual examination date is of questionable value.

Virtually all medical school faculties believe (and rightly so!) that their formal curriculum is the best preparation for USMLE Step 1 available. Nevertheless, regardless of the quality of their medical school preparation, students frequently feel the need to engage in additional extracurricular preparation. Students who feel they must pursue a commercial preparation course should understand that these courses have not been shown to be superior to diligent self-study. Commercial courses also represent a substantial expense, often several thousand dollars. However, some students will select a commercial test preparation course because they value the convenience of a pre-packaged study program, or because their friends have succeeded using this strategy, or because they seek the security associated with a commercial preparation course. Students who have previously failed the Step 1 examination may also desire to pursue a structured course.

Students (and their advisors) wishing detailed information about all aspects of the USMLE Step examinations should consult the USMLE Bulletin of Information ([www.usmle.org](http://www.usmle.org)). The Bulletin includes information on eligibility requirements, test dates, test scheduling, the test day, and score reporting.

### Year Three: Clinical Curriculum

#### **Transition from Basic Science to Clinical Curriculum**

The third year typically begins with the transition from a more traditional classroom, laboratory, and small-group style of education to education in the clinical setting – either inpatient or outpatient. Most schools provide students with a formal transition program as they progress from one stage of their medical education to the other. The role of the Student Affairs officer and his or her staff may change dramatically as they begin to relate to students in the clinical education setting, if only because easy and frequent access to these students is

limited by geographic distance and significantly different schedules. There are differences among institutions relating to the role and responsibilities of the Student Affairs officer in this regard. Generally, however, the Student Affairs officer has responsibility for anticipating and responding to issues relating to student personal and professional conduct and misconduct in both the basic science and clinical arenas.

**Practice Tip:** Invite a group of rising fourth-year medical students to play a role in planning and implementing an orientation program to assist rising third-year students to make a successful transition to the clinical environment. These experienced students can provide extremely valuable peer advice regarding departmental expectations, call schedules, parking, safety precautions, professionalism, and other topics – information that might not be readily available to the Student Affairs officer or members of his or her staff.

#### **Professionalism Issues**

Professionalism issues that become apparent during the basic science component of the curriculum may become even more relevant during the first clinical year, as the locus of medical student education changes to the clinical setting. The Student Affairs officer may be responsible for responding to issues of professional misconduct on the part of students who are completing clinical clerkships and electives.

#### **Scheduling of Clinical Clerkships**

Scheduling of third-year clinical clerkships typically occurs during the middle to latter part of the **second** year. While both the process of scheduling and the options available to students vary substantially from school to school, some common themes do arise:

**Timing of the "Chosen Specialty" Clerkship.** Students are often told (by other students, residents, or faculty members) that the timing of their third-year clerkships is critical to their career planning. This presupposes that the student has identified with certainty his or her ultimate specialty field. There is clearly no “right” choice in this regard. Data indicate that residency selection committees do not place much value upon the timing of third-year clerkships.

**Timing of Research.** Many students participate in research during their medical educations. In addition to their pursuit of knowledge and the joy of discovery, students generally wish to garner publications and letters of

recommendation to be used during residency application. Student Affairs officers may advise students about this fact, and they should be aware that there are many complex issues involved. The time delay between the initiation of a research project and a resulting publication may influence the timing of a student's research effort, particularly if a student applies in a specialty where authorship of published research is deemed especially valuable.

**Timing of Interruptions to Medical Education.** Students wishing to pursue another degree program during the course of their medical education, to take time off for parenting or other "elective" family demands, or to pursue research requiring more time than would be available during the normal four-year curriculum may schedule an interruption in their medical education. Students who have experienced academic difficulty during the preclinical curriculum may also need to delay the start of clerkships in order to make up deficient coursework or to devote time for extra study prior to attempting (or reattempting) USMLE Step 1. While these situations arise regularly at each medical school, the options available and the means to address each situation will be determined by the policies and experiences of the individual medical school and, where applicable, its parent university.

### ***Residency Interview Preparation***

The Student Affairs office is often responsible for helping students to prepare for their residency interviews. This process begins by helping students to identify appropriate months for the scheduling of residency interviews during their fourth year. Because interviewing is such a time-intensive process, some schools allow students to take a month or two off during the fourth year curriculum so that they will have sufficient time to complete their interviews without disrupting their clerkship or elective schedules.

The interview is an important component of the residency application process, and students should be advised to prepare carefully for these interviews. In order to be fully prepared for the interview, students should be knowledgeable about the program, and they may find it helpful to speak beforehand with faculty, residents, and mentors about their interview experiences. Students should be familiar with their applications and willing to discuss straightforwardly any problems or flaws in

their academic records. Some Student Affairs offices hold "mock interview" sessions to help students in their interview preparation. There are also Web sites where students can read about the interview experiences at selected programs. The Student Affairs officer should advise students about interview etiquette, such as calling to cancel appointments as early as possible in advance if they will not be able to keep an interview appointment and writing thank-you notes following the interview.

Attending multiple interviews can be an expensive proposition, and many students will need financial help to pay for their interview visits. One program available for the funding of residency-related travel expenses and for relocation to a residency program is the MEDLOANS MEDEX Loan program. The MEDEX loan is a private, credit-based loan that can cover expenses incurred during the final year of medical school that cannot be funded under federal student loan programs.

## **Year Four: Electives, Residency Application, Graduation, and the Transition to Residency**

### ***Electives***

Students typically schedule elective opportunities during the fourth year, both at the home institution and at "away" locations. One of the major challenges currently facing undergraduate medical education is the issue of liability insurance coverage for medical students planning to complete "away" elective rotations when the liability insurance coverage at their home institution does not meet the minimum requirements of the host institution. This is a complex problem for which a satisfactory resolution remains elusive, but discussion will continue within the GSA and with the AAMC Council of Deans to determine a solution that is satisfactory to both the home and host schools.

### ***Specialty Choice***

The Student Affairs officer is responsible for establishing a process to help students select a medical specialty. This process should extend throughout the four years of medical school and may utilize resources such as the Careers in Medicine (CiM) program. For most students, this process will culminate late in the third year or early in the fourth year in their selection of a medical specialty compatible with their skills and abilities and with their future professional needs and goals. The Student Affairs officer should understand that

some students will be quite anxious about selecting a specialty and participating in the residency application process. Many Student Affairs offices find it useful to hold workshops for students, either late in the third year or early in the fourth year, to give them information about specialty selection, application to residency training programs, and residency interviews.

The Student Affairs officer should also be aware of current trends in the competitiveness of individual specialties and programs so that they can advise students appropriately. The Student Affairs officer should be able to advise students on the role that research, additional graduate degrees, extracurricular activities, leadership positions held, membership in Alpha Omega Alpha Honor Medical Society, prior academic difficulty, and USMLE scores may have on their ability to match in a desired specialty. Because it is difficult for any one official to have expertise regarding every medical specialty, the Student Affairs officer must develop a cadre of physician advisors in each medical specialty or, at a minimum, the most popular medical specialties, in order to advise students well.

The Student Affairs officer should be able to advise students about the role of their fourth year in the residency application process. Electives and course work taken early during the fourth year may be useful to students in terms of helping them to either rule in or rule out a given specialty. Students who have performed poorly on the USMLE Step 1 examination may be advised to take USMLE Step 2 early in their fourth year in the hope that an improved Step 2 score could make them a more competitive applicant for the Match. Because, for some competitive specialties, students may need to do “audition” electives to improve their chances of matching, they will need to plan their fourth-year schedule accordingly. Students will also need to take time away from their medical studies to interview during their fourth year.

### **Residency Choice**

Deciding on the appropriate medical specialty is the senior medical student’s first major decision. Implementing the CiM program early in the medical education process and carrying it through the medical school years, assisting the student in identifying an appropriate mentor/advisor, and encouraging early fourth-year electives in the specialty of choice will help the student reach a realistic and comfortable career decision.

In addition, the student may need help in understanding the application process. Writing a personal statement, developing a curriculum vitae (CV), identifying letter-writers and obtaining appropriate letters of recommendation, and completing the application all can be puzzling to students. Students also often need assistance in deciding on the type of residency program to which to apply and on the number of applications to submit, as well as where and when and how to interview successfully. At times, they will seek guidance in evaluating programs of interest to them for the purpose of rank-ordering them. Finally, questions about the process of ranking programs, the couples match, and the methods employed by the National Resident Matching Program (NRMP, [www.nrmp.org](http://www.nrmp.org)) in applying the Match algorithm require well-informed answers. If an applicant goes unmatched, information about procedures and resources for “the Scramble” become critical.

Working with senior medical students as they prepare to make the transition to graduate medical education (GME) is one of the most rewarding roles of the Student Affairs professional. Facilitating a smooth transition is a win-win situation for all involved.

### **Preparation for USMLE Step 2 CK and CS**

Many medical schools require senior students to document a passing score on USMLE Step 2 CK (Clinical Knowledge) and CS (Clinical Skills) for graduation. Given the seriousness of this task (i.e., not passing Step 2 CS or CK can result in a student’s being unable to graduate and proceed to residency training on July 1), it is essential that each medical school develop, implement, and publish policies and procedures regarding the required timing of registration and scheduling for these examinations through the National Board of Medical Examiners. In addition, it is important that Student Affairs office staff monitor the USMLE Web site ([www.usmle.org](http://www.usmle.org)) to ensure that senior students have fulfilled institutional expectations regarding the taking of these licensing examinations. Ensuring that examinees have sufficient time to reschedule a second (or even third) attempt at these examinations such that a score report will be forthcoming in time for graduation should be an important component of an institution’s policy and procedure.

### **Medical Student Performance Evaluation (MSPE)**

Prior to 2002, the Medical Student Performance Evaluation (MSPE) was known as the “Dean’s Letter.” The current recommended MSPE format and content result from the work of the Dean’s Letter Advisory Committee appointed by AAMC President Jordan Cohen in 2000. In 2002, the AAMC published, “A Guide to the Preparation of the Medical Student Performance Evaluation,” a template for use in composing the MSPE. This guide can be accessed on the GSA Web site at: [www.aamc.org/members/gsa/resources.htm](http://www.aamc.org/members/gsa/resources.htm). Currently, the MSPE Advisory Committee continues to study the issue of the assessment of medical student performance, relative to their peers, in the areas of professionalism and personal attributes. A final set of recommendations and a reliable and valid form for the assessment and the reporting of professional behavior are expected by fall 2006.

The MSPE is an evaluation that is sent to the directors of all residency training programs to which the student has applied. November 1 has been designated as the earliest date for release of the MSPE to residency programs for currently enrolled senior medical students. For prior year graduates making application to the second or subsequent years of a residency program, the MSPE may be immediately released at the time of the graduate’s request.

While the Student Affairs dean usually prepares the MSPE and has final responsibility for its content, other medical school administrators and faculty may participate in the composition process.

**Practice Tip:** Meeting with each student individually prior to beginning to compose the MSPE provides the opportunity to discuss the student’s progress through medical school, review the student’s career goals and career questions, assess assets and liabilities, and provide guidance in relation to the residency application and interview processes.

### **Residency Application, Matching Processes, Match Week, and the “Scramble”**

The AAMC is in the process of developing a comprehensive publication to guide residency applicants through the various aspects of these sometimes complex residency application and matching processes. This resource will be available in summer 2005; it will be distributed to all Student Affairs officers and will be accessible on the GSA Web site ([www.aamc.org/members/gsa/resources.htm](http://www.aamc.org/members/gsa/resources.htm)). It will serve as a supplement to this handbook.

### **Transition to Residency**

A major function of the office of Student Affairs is to facilitate the process of transition to postgraduate residency training for senior medical students. The Student Affairs officer and his or her office staff make a major commitment to this effort over the course of each year, beginning in late spring of the third year and culminating on Match Day in mid-March of the senior year. Once completed for the graduating class, the specialty and residency selection processes soon begin again for the rising senior class.

The Medical Student Performance Evaluation (MSPE), the Electronic Residency Application Service (ERAS, [www.eras.org](http://www.eras.org)), and the National Resident Matching Program (NRMP, [www.nrmp.org](http://www.nrmp.org)) are key elements in this process for a broad variety of specialties, as are the San Francisco Matching Program and the Common Application Service for a smaller number of specialties. These processes will also be addressed in the new AAMC publication to be published in summer 2005, as will the Urology Residency Match Program and the Joint Service Graduate Medical Education Selection Board Matches (the “Military Match”).

### **Exit Interviews and Debt Management Counseling**

Students who receive financial aid from the federal Stafford loan program are required to participate in an exit interview prior to graduation. This interview can be held in either a group meeting or an individual session format. Issues of importance to students that can be discussed during the exit interview include educational debt management, loan consolidation programs, repayment options, financial planning, credit reports, and resources and strategies for obtaining a mortgage.

## Part 6. Policies

### **Confidentiality**

Protecting the sanctity and confidentiality of patient information has been a cornerstone of medical practice for centuries. The Hippocratic Oath admonishes new physicians to swear that, “What I may see or hear in the course of the treatment . . . I will keep to myself.” Students embarking upon the exciting challenge and privilege of providing daily care to patients often need to be reminded of the pitfalls associated with hallway, dining room, and elevator conversations about patients and of their ethical and legal obligations to maintain patient confidentiality. Requirements may vary by state and by practice location, and requirements for some diseases or health conditions (e.g., HIV/AIDS, substance abuse, sexually transmitted diseases, etc.) may differ from the requirements for general health information. In addition to local requirements, federal law contains provisions that constitute minimum requirements to protect patient confidentiality.

### **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, “HIPAA”) was signed into law in August 1996. One of the most substantial benefits arising from this law is the ability to maintain health insurance coverage for individuals who are changing employers. The law was also designed to improve the efficiency and effectiveness of the health care system by standardizing the electronic exchange of administrative and financial data. Implementation has proceeded over several years, with those aspects of the law that most directly affect medical education arising in 2003 with the “Privacy Rule.”

Recognizing that the health information exchange requirements of HIPAA could potentially compromise patient confidentiality, HIPAA incorporates specific and detailed privacy protections. The Privacy Rule implements the first comprehensive federal privacy protections for health information, creating a federal “floor” of privacy protections. For states with more stringent protections, those stronger state-mandated protections remain in force.

The Privacy Rule is complex and detailed; readers are encouraged to seek additional information at the federal government HIPAA Web site at: [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa) and at the AAMC HIPAA Web site at:

[www.aamc.org/advocacy/hipaa/start.htm](http://www.aamc.org/advocacy/hipaa/start.htm). The following discussion of key components and implications of the Privacy Rule for medical education should not be considered a definitive explication of this subject. Furthermore, this discussion considers only the ramifications for medical education and does not consider implications for patient care, research, and the other vital activities occurring within an academic health center.

The Privacy Rule incorporates several key concepts. "Individually Identifiable Health Information" is: 1) information, including demographic data, that relates to: a) the individual's past, present, or future physical or mental health or condition; b) the provision of health care to the individual; or c) the past, present, or future payment for the provision of health care to the individual; and information that 2) identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. This defines the information of interest and typically includes the patient's name, address, identifying numbers (e.g., Social Security number, medical record number), birthdate, and other information that could be used to identify the patient.

HIPAA also requires that the minimum information necessary be shared in order to perform an activity or accomplish a given task. In the course of clinical training, the "minimum necessary" information may be the entire medical record and will most likely include personally identifiable health information. On the other hand, non-clinical training (e.g., in a classroom setting) would typically not require personally identifiable health information. In the non-clinical setting, de-identified information would likely be sufficient.

De-identification requires that identifiers of an individual or relatives and employers or household members be removed, including: 1) demographic information, 2) locating information, and 3) elements of dates such as birthdate, admission date, discharge date, date of death, etc. If health information is de-identified, the information can be used without authorization from the patient.

HIPAA permits information exchange as a consequence of several different activities. Obviously, the multiple members of the health care team need to communicate information in the course of the patient's treatment. HIPAA defines "treatment" as the provision, coordination,

or management of health care by one or more health care providers, including consultation between health care providers or patient referrals. However, patient information discussed in the context of medical education typically falls under HIPAA's provision for information exchange as a part of "health care operations." Health care operations include quality assessment and improvement activities, *training*, accreditation, certification, credentialing, licensing, *reviewing competency*, and *evaluating performance* (emphasis added), and fraud and abuse detection.

HIPAA affects operations at clinical sites in many ways. Patients must receive notification of the facility's privacy policies. Sign-in sheets and wallboards, if used, must be HIPAA-compliant. All staff – from receptionists to students to physicians to medical assistants – are affected, and access to protected health information must be restricted consistent with the individual's job responsibilities.

Individual health care institutions are responsible for certifying that all individuals with access to health information have received training in HIPAA compliance. Some institutions have implemented classroom or Web-based programs requiring several hours of instruction and examination, while others have less extensive requirements and may simply administer a brief examination assessing an individual's knowledge. Students leaving their home medical school to complete away visiting clerkships typically must demonstrate some evidence of HIPAA training for the host institution, and they may be required to complete the host institution's training module. This is a subject of continued discourse within the GSA community at the time this brochure was written.

HIPAA contains provisions for both civil and criminal penalties. Civil monetary penalties can be imposed by the Office for Civil Rights, at \$100 per violation, with an annual cap of \$25,000 for each calendar year for each identical requirement or prohibition that is violated. Criminal penalties for wrongful disclosures arise from knowingly obtaining or disclosing identifiable health information relating to an individual in violation of the Privacy Rule. These penalties can be up to \$50,000 and one year imprisonment; or up to \$100,000 and five years imprisonment if done under false pretenses; or up to \$250,000 and 10 years in prison if the violator demonstrates intent to sell, transfer, or use the information for commercial advantage, personal gain, or malicious harm.

### Background Screening, Drug Testing, and National and State Laws Governing Licensure

The issue of background screening of medical school applicants and students has recently assumed heightened importance. At the time that this handbook was written, widely recognized guidelines had not been established to assist schools wishing to implement or modify screening procedures. While some medical schools have independently chosen to institute background screening, others are responding to requests or pressure from clinical training sites that wish to reduce their liability for students' actions. Institutions considering a program of background screening must consider:

- Who will be checked (all applicants, accepted applicants, or matriculants, as well as staff and/or faculty)
- The depth of detail and type of information desired in a criminal background check
- Thresholds for action (e.g., what types of information that might potentially be discovered that would constitute grounds for institutional action)
- The significance of any documented rehabilitation or restitution following the offense
- Decision-making and appeal processes resulting from the information discovered
- The timing and frequency of checks (upon application, upon acceptance, prior to matriculation, following matriculation, prior to initiation of clinical clerkships, annually, etc.)
- Sources of funding for checks
- Vendor selection and management of in-house processes
- Storage of, and access rights to, information generated by a criminal background check

The multiple complex issues associated with criminal background checks and other types of background screening were under discussion at the level of the AAMC governance at the time this handbook was written. The decisions made by the AAMC governance on these topics will be transmitted to Student Affairs officers and other GSA representatives as they are made.

Clinical training sites may have personnel policies and other requirements that differ from medical schools' requirements for acceptance, matriculation, and/or graduation. Some clinical sites already conduct criminal background checks for faculty and staff independent of medical school policies. Additional issues that arise when considering training at a non-medical school clinical site include:

- The types of information that may be shared between schools and clinical sites
- The locus of responsibility for determining actions to be taken in response to information of concern revealed in a criminal background check
- Policies and procedures for resolving the educational needs of students when schools and clinical sites differ in their policies and practices

One topic related to criminal background checks is that of drug testing of medical students. Again, standard guidelines or policies do not exist in this area. Issues to be considered when establishing, reviewing, or modifying drug screening policies include:

- Indications for testing (routine, at faculty discretion, with evidence of academic difficulty, upon reports of suspected substance abuse, etc.)
- Type of screening and agents covered
- Storage and use of, and access to, information collected
- Compliance with FERPA and HIPAA regulations
- Sources of funding for testing
- Availability of remediation and recovery programs for affected students
- The reporting of drug screening results in the MSPE

Finally, as medical schools strive to ensure a safe workplace for all participants and to protect the rights of patients, the protection of the privacy rights of students is also a concern. Schools hope to balance what may, at times, be competing interests so that they can provide reasonable assurances of students' trustworthiness and integrity to the individuals with whom our students interact in the clinical environment, while simultaneously protecting students against unreasonable intrusions into their personal privacy.

### Impairment and Disability

Policies regarding students affected by the abuse of alcohol or other drugs are typically included in a student handbook provided, either in a hard copy or online, to medical students upon their matriculation in school. Multiple mechanisms for identification, evaluation, treatment, and supervision exist. Each institution should have policies and practices specific to the requirements of the university and/or the state in which the school is located. Examples include:

- AIMS (Assistance for Impaired Medical Students): A student-sponsored peer support program that assists students who are experiencing problems with the abuse of alcohol or other drugs.
- Faculty observation and referral: Faculty directly observing a student who exhibits signs of impairment from suspected substance abuse may refer the student to the university or medical school mental health or counseling service for evaluation, treatment, or referral, as well as to the Student Affairs office if this observation takes place in the medical school environment.
- Faculty observation and reporting: Faculty directly observing a student who exhibits signs of impairment from suspected substance abuse may refer the student for consideration to the student promotions/academic progress committee. The committee may mandate that the student participate in evaluation, treatment, and/or ongoing monitoring and supervision.
- State medical board or medical association-sponsored Impaired Physicians Programs: Individual medical schools may have policies that mandate the reporting and referral of impaired students to the state medical board or state medical association for evaluation, ongoing monitoring and supervision, and participation in ongoing treatment and recovery programs.

### Mental Health

Individual students in need of mental health assessment and/or treatment should have access to confidential mental health services through one of the following sources:

- University Student Health Services
- University Mental Health Services or Counseling Center
- A community mental health provider who has contracted with the medical school to provide evaluation and triage services to medical students

### State Medical Boards

Student Affairs officers are being increasingly required by state medical boards to provide letters of explanation that address any gaps or delays in a student's progress through medical school. When a delay or gap in progress is the result of a course failure or the failure of a USMLE Step examination, the explanation is fairly straightforward. When a delay or gap is the result of a personal, family, or medical/mental health concerns, the explanation may be more complex. Some states also specifically inquire about prior mental health or substance abuse issues on the part of the student/graduate. In each instance, consent to release information should be received from the student/graduate prior to the completion of a form or letter of explanation for the state medical board.

### Handling of Exposures to Air/Blood-Borne Pathogens

Medical schools provide education and training to students to reduce the risks posed by infectious agents encountered in the clinical setting. These agents include HIV, tuberculosis, viral hepatitis, and other respiratory and blood-borne pathogens. Training may be provided during the initial orientation to the medical school, during the orientation to clinical clerkships, and/or as part of the preclinical curriculum in anticipation of clinical duties. Training may also occur during clinical training to reinforce lessons previously learned. Additional information about infection prevention can be found on the Occupational Safety and Health Administration's Web site at: [www.osha.gov/SLTC/bloodbornepathogens/index.html](http://www.osha.gov/SLTC/bloodbornepathogens/index.html).

In addition to providing training to reduce the likelihood of exposure and infection, medical schools should provide mechanisms for the timely management of accidental exposures experienced by students. The Centers for Disease Control and Prevention (CDC) has published "US Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis." These guidelines are available on the CDC Web site at: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm).

Because the efficacy of post-exposure medications declines precipitously with increasing time between exposure and treatment, it is imperative that students know exactly where they should go in the event of an exposure and know to act as quickly as possible. Similarly, the Student Health Service or other individual(s) responsible for assessing and treating the

exposed student must be familiar with current protocols for post-exposure evaluation and treatment. In addition to online resources, health care providers caring for an exposed student may seek consultation with experienced clinicians 24 hours daily, 7 days a week, via the National Clinicians' Post-Exposure Prophylaxis Hotline at 1-888-448-4911. Additional information about this service is available at: [www.ucsf.edu/hivcntr/PEPLine/](http://www.ucsf.edu/hivcntr/PEPLine/).

One component of protection against infection is pre-exposure vaccination. Consideration should be given to requiring hepatitis B vaccination for non-immune students prior to their beginning clinical contact with patients.

### Standards of Conduct

Students should be provided with written documentation of the university's and medical school's standards of conduct. This document is typically included in a student handbook or academic bulletin and is often presented during orientation activities. These standards typically address the parameters of relationships between faculty members and students, including both limits on those relationships and expectations about the development and maintenance of a learning environment based on mutual trust and understanding.

### Students' Rights and Responsibilities and Disciplinary Procedures

Students must be informed, in writing, of their rights to "due process" and their responsibilities in any institutional action involving academic progress, disciplinary procedures, or potential dismissal from the medical school. Student rights and responsibility policies and procedures should be provided in an academic bulletin or student handbook made available upon initial matriculation at the school.

### Student Mistreatment

Student mistreatment policies and procedures outline the means for reporting, investigating, and following up on identified incidents of actual or perceived student mistreatment. An example of one university policy is provided below. Each institution should have school-specific policies and procedures in place for the investigation and adjudication of complaints of student mistreatment.

"It is the policy of Typical Medical School that student mistreatment, harassment, or abuse will not be tolerated. Student abuse may be verbal, psychological, or physical. It includes, but is not limited to, sexual harassment and discrimination based on age, racial or ethnic background, religion, national origin, or disability. It is understood that all personnel will treat students in a collegial and professional manner.

"Student abuse and sexual harassment are best defined functionally. Student abuse includes, but is not limited to, treating students in a harmful, injurious or offensive way; attacking in words; speaking insultingly, harshly, or unjustly to or about a student; reviling or demeaning a student; and/or undermining the self-esteem or confidence of a student. Sexual harassment includes, but is not limited to, offensive comments to or about the student; unwanted attention or unwelcome verbal advances; unwanted, persistent invitations; unwelcome explicit propositions; offensive displays; offensive body language; unwanted physical advances; and/or sexual bribery. Abuse and harassment create a hostile environment in which to learn. It is understood that incidents of abuse or harassment may cover a spectrum from flagrant to ambiguous and subjective. The abuser may be a member of the faculty, a resident, a nurse, another student, a member of administration, a hospital employee, or even a patient.

"The mechanism of reporting and investigating incidents of suspected student abuse is described below. An algorithm outlining the steps is included. The system and the plan for its implementation are designed to protect students from retaliation and to protect those charged with abuse from unfair accusations. The names of the student, the reporting individual, and the alleged abuser will be held in strict confidence on a need-to-know basis.

"An incident of abuse may be reported by the student or by an individual who witnessed the incident of abuse. An incident can be reported directly to the Dean's Office or to the Associate Dean for Student Affairs. An incident reported to a trusted faculty member, a class officer, a member of the academic administration, or a close friend may be reported to the school's Early Response Group or to the Associate Dean for Student Affairs.

“The Student Affairs dean will notify the University Legal Counsel of the incident, receive advice, if necessary, and gather information on the incident from the student, from any known witnesses to the incident, and from the accused offender. The communication and interaction involved in this process may lead to resolution of the incident. If the incident is resolved, no further action need be taken. The Associate Dean for Student Affairs will file a report describing any documented incident with a committee comprised of members of the faculty, student body, and administration (the Faculty/Student Relations Committee). The report of a resolved incident will contain no names. The Associate Dean for Student Affairs will follow up on the incident six to eight weeks after the report to assure that there has been no retribution.

“If the incident is not resolved, the Associate Dean for Student Affairs will consult with the Legal Department again, gather more information, if needed, and present the case to the Faculty/Student Relations Committee. The Faculty/Student Relations Committee will review the information and make a recommendation to the Dean for further action. Actions may include reprimand, loss of hospital privileges, suspension, dismissal, and/or possible criminal prosecution. In the strictest confidence, all reported incidents of abuse would be documented by the Early Response Group, including information regarding verification and resolution. During a follow-up assessment six to eight weeks after the process, the Early Response Group will determine if there has been any retribution to the student. Documentation will be forwarded to the Faculty/Student Relations Committee, which will compile an annual report on all incidents of student abuse for the Dean of the Typical Medical School.”

### **Standards and Procedures for the Evaluation, Advancement, and Graduation of Students**

Formal standards and procedures for individual evaluations and academic advancement should exist for each medical school and be provided to students upon initial matriculation. Policies describing the manner in which students' unsatisfactory academic performance will be addressed by a student promotions or academic progress committee should also be specified in a student handbook or academic bulletin provided to students upon matriculation. Similarly, the process of appeal should be specified to students. Each institution should have a formal route of appeal of student promotions or academic progress committee decisions. Students should have a clear understanding of the process, including a timeline for decision-making.

Furthermore, institutional policies describing the process by which unprofessional behavior will be addressed should be outlined in a student handbook or academic bulletin that is provided to students upon matriculation. Policies regarding the payment for remediation or repeated course work should also be provided to students upon matriculation.

## Part 7. Association of American Medical Colleges (AAMC)

### **The AAMC**

The Association of American Medical Colleges (AAMC, [www.aamc.org](http://www.aamc.org)) represents the 125 accredited U.S. medical degree (M.D.) granting allopathic medical schools and the 17 accredited Canadian medical schools. The AAMC is a non-profit association founded in 1876 to promote reform in medical education. Originally representing only medical schools, the AAMC currently represents the nation's 125 accredited allopathic medical schools, nearly 400 major teaching hospitals, more than 105,000 faculty members in 98 academic and scientific societies, and the nation's 66,000 medical students and 97,000 residents. Additionally, the administrative leadership of medical schools and teaching hospitals is served by a variety of professional development groups housed within the AAMC.

The AAMC is a comprehensive and complex organization. It impacts every facet of most U.S. medical schools and their teaching hospitals. A brief introduction to AAMC divisions and to AAMC-sponsored professional development groups that affect the functioning of a Student Affairs office follows. Much of this information can also be found in publications or on the AAMC Web site.

### **Division of Medical School Affairs (DMSA)**

The Division of Medical School Affairs is under the leadership of Joseph A. Keyes, Jr., J.D., senior vice president and general counsel. Among the sections housed in this division is the Section for Student Affairs and Programs.

### **Section for Student Affairs and Programs (SSAP)**

This section is responsible for the Group on Student Affairs and the national GSA committees, Careers in Medicine, Student Financial Services, and the Organization of Student Representatives. Many of the programs, policies, and topics related to medical school admissions, student affairs, student financial assistance, and student records can be found in this section, which is under the leadership of Robert F. Sabalis, Ph.D., associate vice president. Dr. Sabalis also serves as the executive secretary of the GSA.

### **Careers in Medicine (CiM)**

Careers in Medicine (formerly MedCAREERS) is a Web-based career planning program designed to help medical students choose a medical specialty and select and apply to residency programs. This four-phase process guides students through the elements of career planning, including self-understanding; exploring a variety of medical careers; choosing a specialty to meet the student's career objectives; and making application to residency programs of interest. Students whose choice of career matches their values, skills, and interests tend to be more satisfied and successful in their working lives. This is also true of selecting a specialty.

The program includes a password-protected Web site, hard-copy student manuals, school-sponsored workshops, and assistance for campus-based career advisors. While developed and sponsored by the AAMC, the program is a partnership with the medical school's central administrative offices, usually housed in or affiliated with the Student Affairs office.

### **Group on Student Affairs (GSA)**

The purpose of the Group on Student Affairs (GSA) is to advance medical education and, specifically, to represent the interests of medical schools and medical students in the areas of admissions, student affairs, financial aid, minority affairs, and student records.

The function of the GSA is to provide a means of communication among, and to facilitate interaction of the AAMC with, institutional representatives with responsibilities in these areas. The GSA advises AAMC on matters of policy relating to the GSA's areas of interest and expertise and may recommend such policy to the AAMC governance for consideration. GSA activities involve project analysis, program development, and data-gathering about emerging trends to assist the GSA and the AAMC to anticipate and respond effectively to environmental changes as they affect medical education, medical schools, and medical students in the areas of the GSA's interest and expertise.

**Membership.** Each year the dean of each medical school appoints an institutional GSA representative to represent each of the five GSA roles. The dean may also choose to appoint a sixth GSA institutional representative, a member-at-large, when appropriate to the institutional administrative structure. The member-at-large shall be an administrator in one of five areas of the GSA's interest and expertise. There may also be individual (self-appointed) members of the GSA, as well as affiliate members (who are representatives from AAMC-affiliated institutions, including the Canadian medical schools). For additional information about the organization of the GSA, visit the GSA Web site at: [www.aamc.org/members/gsa/](http://www.aamc.org/members/gsa/).

**GSA Steering Committee.** The GSA Steering Committee comprises the leadership of the GSA. The members of the Steering Committee include the:

- National GSA Officers (Chair, Chair-Elect, Vice Chair, and Immediate Past Chair)
- Chairs of each of the four regions (Northeastern, Southern, Central, and Western)
- National Chair of the GSA-Minority Affairs Section (GSA-MAS)
- Chairs of the GSA National Committees:
  - Committee on Admissions (COA)
  - Committee on Student Affairs (COSA)
  - Committee on Student Financial Assistance (COSFA)
  - Committee on Student Records (COSR)
- Liaison representatives from the AAMC Council of Deans (COD), the AAMC Organization on Student Representatives (OSR), and the National Association of Advisors for the Health Professions (NAAHP)

Members of the GSA Steering Committee are listed on the GSA Web site at: [www.aamc.org/members/gsa/rosters/steering.htm](http://www.aamc.org/members/gsa/rosters/steering.htm).

*Note: The OSR is a separate organizational component of the AAMC governance that has seats on the AAMC Executive Council; it is not a component of the GSA. It identifies liaisons between its membership and a number of AAMC committees and professional development groups, including the GSA. Each medical school can appoint a primary and alternate OSR representative to the AAMC; those representatives serve as the point of con-*

*tact between the AAMC and enrolled medical students regarding matters of interest to medical students. Members of the OSR Administrative Board are elected annually by OSR primary representatives in attendance at the OSR component of the AAMC Annual Meeting in the fall.*

**National Committee on Student Affairs (GSA-COSA).** The Committee on Student Affairs (COSA) provides guidance on non-curricular issues related to medical students, including counseling (personal and career), student health, the ethical and professional development of students, and preparation of students for the transition to residency. COSA receives regular reports from the AAMC on programs related to students, including National Resident Matching Program (NRMP) data regarding residency selection. The Committee discusses issues of national interest and importance that are brought to its attention by GSA constituents or AAMC staff. COSA develops plans for sessions for the AAMC Annual Meeting for consideration by the GSA Steering Committee. COSA may identify projects, such as a health services survey or an infectious disease resource manual for Student Affairs officers, where an issue is of national importance and interest. In that COSA is advisory to the GSA Steering Committee, it makes regular reports to the Steering Committee and seeks approval of the Steering Committee for special projects. COSA members are listed on the GSA Web site at: [www.aamc.org/members/gsa/rosters/cosa.htm](http://www.aamc.org/members/gsa/rosters/cosa.htm); they are happy to provide information or to relay concerns and suggestions from GSA representatives for discussion at COSA meetings in January, July, and November.

**GSA-Minority Affairs Section (GSA-MAS).** The GSA-MAS was established in recognition of the essential role minority issues play within academic medical centers. The purpose of the GSA-MAS is to serve in an advisory and resource capacity, to all facets of the AAMC, on issues of minority concern at both national and regional levels. The GSA-MAS accomplishes its purpose by:

- Providing a means by which minority constituents' views on matters of interest to the AAMC may find expression
- Assisting and facilitating in the development and implementation of methodologies that will enhance the recruitment, enrollment, retention, and postgraduate education of minority medical students
- Providing a means of interchange of ideas and perceptions between minority educators and administrators and others concerned with medical education
- Identifying and advising the AAMC on matters of importance relating to minority affairs for consideration by the AAMC governance
- Creating and distributing guidelines, position statements, and documents on a variety of relevant and important topics for use by Minority Affairs administrators in their positions at their individual medical schools
- Planning and implementing professional development conferences
- Collecting data and disseminating information on issues of importance to GSA-MAS representatives and their institutions

There are unique aspects to the GSA-MAS organization. Although it is a part of the GSA, the AAMC support staff for GSA-MAS resides in the AAMC Division of Diversity Policy and Programs. From its inception, it was felt that the goals and objectives of the GSA-MAS — the recruitment, admission, retention, and graduation of minority students — were best incorporated within the ideals of the Group on Student Affairs. However, the goals of GSA-MAS were also broader in scope and encompassed faculty, residency, practice, and general medical education concerns. The business of the GSA-MAS is conducted through a national coordinating committee, which has regional representation and other liaison representatives. Members of the GSA-MAS Coordinating Committee are listed on the GSA Web site at: [www.aamc.org/members/gsa/rosters/mas.htm](http://www.aamc.org/members/gsa/rosters/mas.htm).

### **Division of Diversity Policy and Programs (DDPP)**

The Division of Diversity Policy and Programs (DDPP) focuses primarily on making the case for, and building, diversity in academic medicine. The division works to create opportunities in medicine for students, faculty members, and physicians from groups with limited access to educational opportunities and health care. In this context, the division has an interest in addressing breaks in the educational pipeline and disparities in health

status and medical care. DDPP also supports the GSA-Minority Affairs Section (GSA-MAS), which is part of the AAMC Group on Student Affairs (GSA). Charles Terrell, Ed.D., serves as DDPP vice president; Lily May Johnson is the DDPP staff member responsible for the GSA-MAS.

### Division of Medical School Services and Studies (DMSSS)

The Electronic Residency Application Service (ERAS), FindAResident (FAR), and the National Resident Matching Program (NRMP) are administrative components of DMSSS, which operates under the direction of Vice President Robert F. Jones, Ph.D. Also administratively housed in this division are the Section for Medical School Application Services (the American Medical College Application Service [AMCAS]) and the Section for Applicant Assessment Services (the Medical College Admissions Test [MCAT]), as well as other AAMC data resources.

### AAMC Meetings

There are several different types of meetings planned and implemented by the GSA:

**AAMC Annual Meeting.** The AAMC Annual Meeting is held annually in the fall (usually in late October or early November). It provides programming for all AAMC constituents. The meeting provides an opportunity to hear nationally and internationally known speakers make presentations on topics that relate to medicine and medical education. The meeting is also an opportunity to meet, and share information with, medical school colleagues from the United States and Canada. Information about the AAMC Annual Meeting, including locations of future meetings and forms for registration and lodging can be found on the AAMC Web site at: [www.aamc.org/meetings/start.htm](http://www.aamc.org/meetings/start.htm).

**GSA Regional Meetings.** GSA regional meetings are held annually in the spring, usually during the month of April. These meetings are planned by the planning committee chairs for each of the four GSA regions and include programming for all GSA representatives to share issues, discuss solutions, and interact with their regional medical school colleagues. Information about GSA regional meetings can be found in late winter and early spring on the GSA Web site, under Regional GSA, at: [www.aamc.org/members/gsa/](http://www.aamc.org/members/gsa/).

**GSA National Spring Meeting.** A GSA national spring meeting is held in the spring approximately every four years in lieu of the four separate GSA regional spring meetings. This meeting provides an opportunity for all five GSA components to come together to work on national issues that affect all GSA representatives.

**Professional Development Conferences (PDCs).** PDCs typically present opportunities for the professional and career development of members of one area of GSA expertise. In recent years, however, joint PDCs have focused on two or three areas of GSA expertise. PDCs are held periodically, usually every three to four years.

### AAMC Publications, Databases, Electronic Applications, GSA Resources, and Web Links

**Publications.** For an extensive directory of the numerous publications available through the AAMC, visit the AAMC Web site: <https://services.aamc.org/Publications>. Special reading lists have been established for Student Affairs officers.

**Databases, Applications, and Resources.** The GSA Resources and Publications Web page on the GSA Web site located at: [www.aamc.org/members/gsa/resources.htm](http://www.aamc.org/members/gsa/resources.htm) provides information on a variety of GSA-related publications, guides, “best practices” recommendations, searchable databases, electronic applications, and other resources. In addition, consult the “Resources” section of this handbook for additional information.

**Web Links.** For the exact location of Web page links noted in the handbook, as well as links to other medical education and Student Affairs-related sites, please consult the Bibliography section of this handbook.

## Part 8. Related Organizations

### **American Association of Collegiate Registrars and Admissions Officers (AACRAO)**

AACRAO ([www.aacrao.org](http://www.aacrao.org)) is a non-profit, voluntary higher education association of more than 9,000 admissions and registrar professionals representing approximately 2,300 institutions in more than 35 countries.

AACRAO's goal is to foster the professional development of its individual members by providing guidelines and voluntary standards for best practices in records management, admissions enrollment management, administrative information technology, and student services. It also provides a forum for discussion on policy initiation, development, interpretation, and implementation—at the institution level and within the global education community.

### **American Board of Medical Specialties (ABMS)**

The American Board of Medical Specialties (ABMS, [www.abms.org](http://www.abms.org)) is an organization of 24 approved medical specialty boards. The intent of the certification of physicians is to provide assurance to the public that those certified by an ABMS member board have successfully completed an approved training program and an evaluation process assessing their ability to provide quality patient care in the specialty. The ABMS serves to coordinate the activities of its member boards and to provide information to others concerning issues involving specialization and certification of medical specialists.

### **Accreditation Council for Graduate Medical Education (ACGME)**

The Accreditation Council for Graduate Medical Education (ACGME, [www.acgme.org](http://www.acgme.org)) is a private professional organization responsible for the accreditation of nearly 7,800 residency education programs. Residency education is the period of clinical education in a medical specialty that follows graduation from medical school; residency training prepares physicians for the independent practice of medicine. The ACGME's volume of accredited programs makes it one of the largest private accrediting agencies in the country, if not the world. The mission of the ACGME is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education experiences for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs

under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to improve evaluation methods and processes that are valid, fair, open, and ethical.

### **Educational Commission for Foreign Medical Graduates (ECFMG)**

Through its program of certification, the Educational Commission for Foreign Medical Graduates (ECFMG, [www.ecfm.org](http://www.ecfm.org)) assesses the readiness of international medical graduates to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). ECFMG offers a variety of other programs and services to physicians educated abroad and other members of the international medical community.

### **Federation of State Medical Boards (FSMB)**

From the beginning, the Federation of State Medical Boards (FSMB, [www.fsmb.org](http://www.fsmb.org)) has encouraged unifying courses of study in medical schools, encouraged a standard medical curriculum, and urged minimum equipment for all medical college departments. It pointed out the need for improved “methods of determining fitness for licensure and the practice of medicine as distinguished from those required for graduation from an approved school or college of medicine.” The Federation has addressed that need throughout the years and continues to improve those methods. The Federation, in cooperation with the NBME, established the United States Medical Licensing Examination (USMLE), the single, uniform examination for medical licensure; the Post-Licensure Assessment System, a multidimensional assessment service for use in profiling physician clinical performance; and the Federation Physician Data Center, a nationally recognized system for collecting, recording, and distributing to state medical boards and other appropriate agencies data on disciplinary actions taken against licensees by the boards and other governmental authorities. Continual improvement in the quality, safety, and integrity of health care through the development and promotion of high standards for physician licensure and practice remains the mission of the FSMB.

### **Liaison Committee on Medical Education (LCME)**

The LCME ([www.lcme.org](http://www.lcme.org)) is the joint accrediting body of the Association of American Medical Colleges and the American Medical Association; it accredits medical schools in the United States and Canada. Student Affairs officers should be familiar with LCME accreditation standards and the various LCME publications, which can be found on the LCME Web site at: [www.lcme.org/pubs.htm](http://www.lcme.org/pubs.htm).

### **National Board of Medical Examiners (NBME)**

The NBME ([www.nbme.org](http://www.nbme.org)) is an independent, not-for-profit organization that provides high quality licensure examinations for the profession of medicine. Protection of the health of the public through state-of-the-art assessment is part of the mission of the NBME, along with a major commitment to research and development in evaluation and measurement. The NBME was founded in 1915 because of the need for a voluntary, nationwide examination that medical licensing authorities could accept as the standard by which to judge candidates for medical licensure. Since that time, it has continued without interruption to provide high quality examinations for this purpose, and has become a model and a resource of international stature in testing methodologies and evaluation in medicine.

### **Organization of Program Director Associations (OPDA)**

The purpose of the Organization of Program Director Associations (OPDA, [www.cmss.org](http://www.cmss.org)) is to promote the role of the residency director and residency program director societies in achieving excellence in graduate medical education. Created in 2000, OPDA is a leadership consortium of residency program director (or chair) societies in each of the 27 medical and surgical specialties that correspond to the 27 ACGME Residency Review Committees (RRCs). Consisting of one liaison representative from each program director society, OPDA meets regularly to provide peer interaction, information sharing, and collaborative problem-solving. In addition, OPDA sponsors periodic symposia and meetings on timely GME issues, provides a forum for communication with leaders in graduate medical education, and monitors and promotes GME excellence in the activities of AAMC, ACGME, NRMP, NBME, ECFMG, and other organizations that regulate and impact graduate medical education. Recently, OPDA was invited to appoint representatives to two key organizations in medical education (i.e., NRMP and ACGME) to represent OPDA and program directors' interests in matters of relevance to graduate medical education.

### State Medical Licensing Boards

Each state's government is responsible for maintaining the public welfare and safety of its citizens. The state medical board is one means of carrying out this duty. Created by state statute, the primary purposes of the state medical board are to license medical practitioners and to regulate the practice of medicine, assuring that the practitioners are qualified and competent and that they practice in an ethical, responsible, and professional manner. Members of the state medical board, an executive agency of state government, are appointed by the governor for terms specified by state law. The state medical board licenses a physician to practice medicine in the jurisdiction following a review of the physician's qualifications. In addition, the state medical board is authorized to take disciplinary action against a licensed physician based on grounds specified in the state statute. The state medical board also educates physicians regarding the legalities of medical practice and makes recommendations for changes in the state law in relation to either qualifications for practice or grounds for disciplinary action.

Student Affairs officers should have some familiarity with the medical practice act in their state. They should participate in the process of ensuring that students are aware of the qualifications for licensure and practice in the state, as well as the grounds for disciplinary action. Most Student Affairs offices also complete licensure forms for state medical boards across the country, certifying satisfactory completion of the medical education program as part of the process for licensure. Finally, the Student Affairs officer, on occasion, may communicate directly with the state medical board or its staff in relation to the state's review of the qualifications for licensure of a specific student or graduate or in relation to proposed changes in the state law and/or the administrative regulations that are created to implement the law. It is important to maintain an on-going two-way relationship with personnel at the state medical board to facilitate these conversations.

### Student Health Services at Academic Medical Centers (SHSAMc)

SHSAMc is an organization of directors of student health services at academic medical centers who meet regularly to address a wide variety of issues related to health services for medical students and other health professions students, including issues related to immunization recommendations and requirements, assessment and treatment for students exposed to air-borne and blood-borne pathogens, and mental health services for students.

## Part 9. GSA Resources

These “GSA Resources for GSA Members” can also be accessed on the GSA Web site at: [www.aamc.org/members/gsa/resources.htm](http://www.aamc.org/members/gsa/resources.htm). This Web site is updated periodically to reflect new publications, electronic applications, and other resources of interest to GSA representatives.

### **General**

*Executive Summary of ADA Booklet:* This handbook (published in 1993) provides an overview of the ADA and the previous Rehabilitation Act of 1973.

*GSA Meeting Types:* The "GSA Meeting Types" document outlining the purpose, audience, format, and content of various AAMC/GSA meetings was approved at the January 31, 2002, GSA Steering Committee meeting.

*Careers in Medicine:* This AAMC-sponsored, four-phase career-planning program is designed to assist students in choosing a specialty.

*Chemical Impairment Guidelines:* These guidelines are intended to assist medical schools in the development of policies and programs to insure appropriate care for any medical students who are impaired due to chemical abuse.

*Extramural Electives Compendium: Elective Program Coordinator Login (Password Required)*

*Extramural Electives Compendium - Public Search Page*

The Extramural Electives Compendium (EEC) contains essential information for medical students about elective opportunities at Liaison Committee on Medical Education (LCME)-accredited medical schools in the United States and Canada. Contact Danielle Gregory ([dgregory@aamc.org](mailto:dgregory@aamc.org)) to request a password or for more information.

*Infectious Disease Handbook for Medical School Student Affairs Officers:* This handbook is intended as a resource for those who are concerned about the transmission of infectious diseases in the health care setting. It contains information about common hospital-acquired agents, methods of transmission, risks of infectivity, and control/prevention procedures.

*Appropriate Treatment in Medicine (ATM): A Compendium on Medical Student Mistreatment:* This compendium provides information to support and enrich program and policy development at each medical school regarding methods of preventing student mistreatment and responding promptly to complaints.

### **Admissions**

*AAMC Recommendations for Medical School Admission Officers:* The recommended procedures to be followed by medical school admission officers in the application and admission processes at AAMC-member medical schools.

*AAMC Recommendations for Medical School Applicants:* The recommended procedures to be followed by medical school applicants in the application and admission processes at AAMC-member medical schools.

*Postbaccalaureate Premedical Programs (Password Required)*

*Postbaccalaureate Premedical Programs - Searchable Database*

A number of schools now offer postbaccalaureate premedical programs designed to assist individuals in preparing for medical school. A database search may be done by either state, school/institution name, undergraduate or graduate program, degree type, or special program focus.

*Transfer Policies for Applicants (Password Required)*

*Transfer Policies for Applicants - Public Search Page*

This application has been designed to allow administrators access to add new transfer policy records or update their existing records. The public search page gives students access to an online database of medical school transfer policy records.

### **Financial Aid**

*Financial Education and Wellness:* This AAMC COSFA-developed curriculum helps medical students gain the practical knowledge and tools necessary to make effective financial decisions. PowerPoint slide shows explain five key financial competencies for financial management.

*(MD)<sup>2</sup>—Monetary Decisions for Medical Doctors:* An electronic resource manual for financial planning throughout a medical career.

*Financial Aid Forms Required by Medical Schools - Financial Aid Personnel Login (Password Required)*

*Financial Aid Forms Required by Medical Schools - Public Search Page*

This application has been designed to allow financial aid personnel to add their school's financial aid filing requirements to the AAMC online database. The online search tool is available to the public. Contact Denine Hales (dhales@aamc.org) to request a password or for more information.

*Satisfactory Academic Progress:* This document presents the essentials for compliance at medical schools for satisfactory academic progress.

*State Loan and Other Loan Repayment/Forgiveness and Scholarship Programs:*

This searchable database contains a compilation of federal and state programs that offer financial assistance, in the form of loan repayments, in return for a commitment to service.

### **Minority Affairs**

*GSA-MAS Guidelines for the Structure and Functions of Minority Affairs Offices at U.S. Medical Schools:*

Helpful information for minority affairs offices in developing plans for a new office or reviewing the functions of an existing office.

*Minorities in Medicine:* This Web page presents resources for persons from groups underrepresented in medicine who are considering a career in medicine.

*Summer Medical Education Program (SMEP):* This Web page contains information about a summer educational enhancement program designed to help promising students interested in promoting diversity within medicine to gain admission to medical school.

*Minority Faculty Career Development Seminar:* The Minority Faculty Career Development Seminar program is designed for junior faculty (senior fellows, instructors, and assistant professors) who are members of groups underrepresented in medicine and who aspire to positions of leadership in academic medicine.

*DHHS Secretary's Award for Innovations in Health Promotion and Disease Prevention:* The U.S. Department of Health and Human Services, in collaboration with the Federation of Associations of Schools of the Health Professions, competition for student papers for the Secretary's Award for Innovations in Health Promotion and Disease Prevention.

### **Student Affairs**

*A Guide to the Preparation of the Medical Student Performance Evaluation:* This guide introduces the Medical Student Performance Evaluation, which replaces the former "Dean's Letter." Initiated in 2002, the MSPE is the means by which medical schools provide an assessment of students' academic performance and professional attributes in medical school to graduate medical education program directors as a component of the residency application process.

*Student Health Services Guidelines (1992):* A listing of health service guidelines, approved in 1992, for general topics, insurance, mental health, chemical dependency, immunization, and occupational exposure.

*Student Healthcare and Insurance Program Recommendations (2005):* Eighteen additional recommendations, approved in 2005, that address medical student healthcare and health, liability, evacuation, and disability insurance.

*Student Mistreatment Guidelines:* A discussion about the medical learning environments expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective, caring, and compassionate health care.

*Summer Make-up Courses Compendium:* This searchable database of summer medical school coursework is available for search during the spring semester of each academic year.

*Guidelines for the Consideration of Applications for Transfer or Advanced Standing:* These guidelines, adopted by the Group on Student Affairs Steering Committee, were established to assist medical schools in the handling of applications for transfer and advanced standing.

*Transfer Policies for Applicants - Public Search Page*  
This searchable database permits searches of medical school transfer policies.

*GSA Crisis Response and Intervention Education Resource (GSA-CRIER):* The GSA-CRIER is a resource document on crisis management that was developed for the GSA community by the GSA Committee on Student Affairs (COSA).

### **Student Records**

*Guidelines for Maintaining Active and Permanent Individual Student Records:* These guidelines (approved by the AAMC Executive Council in February 2005) were developed by the GSA National Committee on Student Records to assist medical school student records officers in developing and implementing medical school policies relating to the maintenance of academic records for currently enrolled students, former students, and graduates.

*Guidelines for Academic Transcripts:* These document presents guidelines for medical schools regarding the content of academic transcripts.

*GME Track:* This resident database and tracking system assists GME administrators and program directors in the collection and management of GME data.

*Student Records System (SRS) (Password Required):* This centralized, online enrollment information enables all medical school student records administrators to track all individual students during their progress from matriculation through graduation. The SRS also supports the LCME in reporting enrollment measures. An extensive introduction to the SRS is available.

*Student Records Administrators Handbook:* This document is available from the Section for Student Affairs and Programs. Contact Danielle Gregory (dgregory@aamc.org) to request a copy.

*Visiting Student Guidelines:* These documents contain a Guideline Statement and a suggested Application Form and Health Statement for consideration by schools.

## Part 10. Weblibliography

### *Medical Education-Related Organizations and Groups*

**Accreditation Council for Continuing Medical Education**

[www.accme.org](http://www.accme.org)

**Accreditation Council for Graduate Medical Education**

[www.acgme.org](http://www.acgme.org)

**Alcohol, Drug Abuse, and Mental Health Administration**

[www.samhsa.gov](http://www.samhsa.gov)

**Alpha Omega Alpha Honor Medical Society**

[www.alphaomegaalpha.org](http://www.alphaomegaalpha.org)

**American Association of Colleges of Osteopathic Medicine**

[www.aacom.org](http://www.aacom.org)

**American Association of Colleges of Osteopathic Medicine Application Service**

<https://aacomas.aacom.org/>

**American Association of Collegiate Registrars and Admissions Officer**

[www.aacrao.org](http://www.aacrao.org)

**American Association of Higher Education**

[www.aahe.org](http://www.aahe.org)

**American Board of Medical Specialties**

[www.abms.org](http://www.abms.org)

**Association of American Medical Colleges**

[www.aamc.org](http://www.aamc.org)

**Association of Canadian Medical Colleges**

[www.afmc.ca](http://www.afmc.ca)

**American College of Physicians**

[www.acponline.org](http://www.acponline.org)

**American Educational Research Association**

[www.aera.net](http://www.aera.net)

**American Medical Association**

[www.ama-assn.org](http://www.ama-assn.org)

**American Medical Student Association**

[www.amsa.org](http://www.amsa.org)

**American Medical Women's Association**

[www.amwa-doc.org](http://www.amwa-doc.org)

**American Osteopathic Association**

[www.osteopathic.org](http://www.osteopathic.org)

**American Public Health Association**  
[www.apha.org](http://www.apha.org)  
**Association of Professors of Medicine**  
[www.im.org/APM](http://www.im.org/APM)  
**Centers for Disease Control and Prevention (CDC)**  
[www.cdc.gov](http://www.cdc.gov)  
**Council of Medical Specialty Societies**  
[www.cmss.org](http://www.cmss.org)  
**Educational Commission for Foreign Medical Graduates (ECFMG)**  
[www.ecfmg.org](http://www.ecfmg.org)  
**ERAS – The Electronic Resident Application Service**  
[www.aamc.org/students/eras.htm](http://www.aamc.org/students/eras.htm)  
**FindAResident (FAR)**  
[www.aamc.org/audiencefindaresident.htm](http://www.aamc.org/audiencefindaresident.htm)  
**Federation of American Health Systems**  
[www.fahs.com](http://www.fahs.com)  
**Federation of Associations of Schools of the Health Professions**  
[www.whpa.org](http://www.whpa.org)  
**Foundation for Biomedical Research**  
[www.fbresearch.org](http://www.fbresearch.org)  
**Federation of State Medical Boards of the U.S., Inc.**  
[www.fsmb.org](http://www.fsmb.org)  
**Group on Student Affairs**  
[www.aamc.org/members/gsa](http://www.aamc.org/members/gsa)  
**Health Care Financing Administration**  
[www.hcfa.gov](http://www.hcfa.gov)  
**HIPAA: Health Insurance Portability and Accountability Act of 1996**  
[www.cms.hhs.gov/hipaa](http://www.cms.hhs.gov/hipaa)  
[www.aamc.org/advocacy/hipaa/start.htm](http://www.aamc.org/advocacy/hipaa/start.htm)  
**Institute of Medicine of the National Academy of Sciences**  
[www.iom.edu](http://www.iom.edu)  
**Journal of American Medical Association**  
[www.jama.ama-assn.org](http://www.jama.ama-assn.org)  
**Liaison Committee on Medical Education**  
[www.lcme.org](http://www.lcme.org)  
**Medical Graduate Examination in the Medical Sciences**  
[www.ecfmg.org](http://www.ecfmg.org)  
**Medical Scientist Training Program (M.D./Ph.D.), NIH**  
[www.nigms.nih.gov](http://www.nigms.nih.gov)

**Medical Specialty Matching Services (Fellowship Matches)**  
[www.nrmp.org/fellow](http://www.nrmp.org/fellow)  
**National Board of Medical Examiners**  
[www.nbme.org](http://www.nbme.org)  
**National HIV/AIDS Clinicians' Consultation Center**  
[www.ucsf.edu/hivcntr/PEPLine](http://www.ucsf.edu/hivcntr/PEPLine)  
**National Institute of General Medical Studies, NIH**  
[www.nigms.nih.gov](http://www.nigms.nih.gov)  
**National Institutes of Health**  
[www.nih.gov](http://www.nih.gov)  
**National Institute on Alcohol Abuse and Alcoholism, NIH**  
[www.niaaa.nih.gov](http://www.niaaa.nih.gov)  
**National Institute on Drug Abuse, NIH**  
[www.nida.nih.gov](http://www.nida.nih.gov)  
**National Library of Medicine, NIH**  
[www.nlm.nih.gov](http://www.nlm.nih.gov)  
**National Medical Association**  
[www.nmanet.org](http://www.nmanet.org)  
**National Resident Matching Program**  
[www.nrmp.org](http://www.nrmp.org)  
**National Science Foundation**  
[www.nsf.gov](http://www.nsf.gov)  
**Occupational Safety and Health Administration**  
[www.osha.gov](http://www.osha.gov)  
**Organization of Program Director Associations (OPDA)**  
[www.cmss.org](http://www.cmss.org)  
**Pan-American Federation of Associations of Medical Schools**  
[www.ifmsa.org](http://www.ifmsa.org)  
**Public Health Service**  
<http://phs.os.dhhs.gov>  
**Student National Medical Association**  
[www.snma.org](http://www.snma.org)  
**United States Medical Licensing Examination**  
[www.usmle.org](http://www.usmle.org)  
**Western Interstate Commission for Higher Education**  
[www.wiche.edu](http://www.wiche.edu)  
**World Health Organization**  
[www.who.int](http://www.who.int)  
**WWAMI**  
[www.uwmedicine.org/education/wwami](http://www.uwmedicine.org/education/wwami)

## Part 11. Appendix A: Frequently Used Acronyms

**A**

AACOM	American Association of Colleges of Osteopathic Medicine
AACOMAS	American Association of Colleges of Osteopathic Medicine Application Services
AACPM	American Association of Colleges of Podiatric Medicine
AACRAO	American Association of Collegiate Registrars and Admissions Officers
AAHE	American Association of Higher Education
AAMC	Association of American Medical Colleges
AAVMC	American Association of Veterinary Medical Colleges
ABMS	American Board of Medical Specialties
ACCME	Accreditation Council for Continuing Medical Education
ACE	American Council on Education
ACGME	Accreditation Council for Graduate Medical Education
ACOG	American College of Obstetricians and Gynecologists
ACP	American College of Physicians
ACT	American College Testing Program, Inc.
ADA	American Dental Association
ADAMHA	Alcohol, Drug Abuse, and Mental Health Administration
ADEA	American Dental Education Association
AERA	American Educational Research Association
AHA	American Heart Association
AHA	American Hospital Association
AHC	Association of Academic Health Centers
AHCPR	Agency for Health Care Policy and Research
AIDS	Acquired Immune Deficiency Syndrome
ALP	Alternative Loan Program, MEDLOANS, AAMC
AMA	American Medical Association
AMCAS	American Medical College Application Service, AAMC
AMSA	American Medical Student Association
AMWA	American Medical Women's Association
AOA	Alpha Omega Alpha
AOA	American Osteopathic Association
APHA	American Public Health Association

APDIM	Association of Program Directors in Internal Medicine
APM	Association of Professors of Medicine
ASM	American Society for Microbiology
ASR	Additional Score Report (MCAT)
<b>B</b>	
BHP	Bureau of Health Professions
BRSG	Biomedical Research Support Grant, NIH
<b>C</b>	
CAS	Council of Academic Societies, AAMC
CAS	Common Application Service
CASE	Council for the Advancement and Support of Education
CDC	Centers for Disease Control and Prevention, HHS
CiM	Careers in Medicine, AAMC
CEEB	College Entrance Examination Board
CLEP	College Level Examination Program
CME	Continuing Medical Education
CME	Council on Medical Education, AMA
CMSS	Council of Medical Specialty Societies
COA	Committee on Admissions, GSA, AAMC
COD	Council of Deans, AAMC
CoGME	Council on Graduate Medical Education
COSA	Committee on Student Affairs, GSA, AAMC
COSFA	Committee on Student Financial Assistance, GSA, AAMC
COSR	Committee on Student Records, GSA, AAMC
COTH	Council of Teaching Hospitals, AAMC
CSE	Clinical Skills Examination, USMLE Step 2, NBME
<b>D</b>	
DDA	Division of Disadvantaged Assistance (formerly OHRO)
DMSA	Division of Medical School Affairs, AAMC
DRG	Diagnosis-Related Group
DRG	Division of Research Grants, NIH
DVA	Department of Veterans Affairs

<b>E</b>	
ED	Department of Education
EDP	Early Decision Program
EEOC	Equal Employment Opportunity Commission
EFN	Exceptional Financial Need Scholarship Program
ERAS	Electronic Residency Application Service, AAMC
ETS	Educational Testing Service
<b>F</b>	
FADHPS	Financial Assistance for Disadvantaged Health Professions Students Program
FAHS	Federation of American Health Systems
FAP	Fee Assistant Program, AAMC
FAR	FindAResident, AAMC
FASHP	Federation of Associations of Schools of the Health Professions
FBR	Foundation for Biomedical Research
FDA	Food and Drug Administration
FERPA	Family Educational Rights and Privacy Act
FLEX	Federation Licensing Examination
FMG	Foreign Medical Graduate
FMGEMS	Foreign Medical Graduate Examination in the Medical Sciences
FSMB	Federation of State Medical Boards of the U.S., Inc.
<b>G</b>	
GAPSFAS	Graduate and Professional School Financial Aid Service
GEA	Group on Educational Affairs, AAMC
GFP	Group on Faculty Practice, AAMC
GIA	Group on Institutional Advancement, AAMC
GIP	Group on Institutional Planning, AAMC
GIR	Group on Institutional Resources, AAMC
GME	Graduate Medical Education
GMENAC	Graduate Medical Education National Advisory Committee
GPEP	General Professional Education of the Physician and College Preparation for Medicine, AAMC
GQ	Graduation Questionnaire, AAMC
GRAND	Group on Research Advancement and Development, AAMC
GRE	Graduate Record Examination
GREAT	Graduate Research Education and Training Group, AAMC

GRR	Government Relations Representatives, AAMC
GSA	Group on Student Affairs, AAMC
GSA-MAS	Group on Student Affairs – Minority Affairs Section, AAMC
GSL	Guaranteed Student Loan (now the Federal Stafford Loan)

**H**

HCFA	Health Care Financing Administration
HCOP	Health Careers Opportunity Program
HEA	Higher Education Act
HEAL	Health Education Assistance Loan
HHS	Department of Health and Human Services
HMO	Health Maintenance Organization
HPEA	Health Professions Education Act
HPSL	Health Professions Student Loan Program
HPSP	Health Professions Scholarship Program, US Air Force, Army, Navy
HRSA	Health Resources and Services Administration

**I**

IME	Innovations in Medical Education, AAMC
IOM	Institute of Medicine of the National Academy of Sciences

**J**

JAMA	Journal of American Medical Association
JCAHO	Joint Commission on Accreditation of Healthcare Organizations

**L**

LCME	Liaison Committee on Medical Education, AAMC and AMA
LDS	Loan for Disadvantaged Students

**M**

MARC	Minority Access to Research Careers Program, NIH
MAS	Minority Affairs Section, GSA, AAMC
MBRS	Minority Biomedical Research Support Program, NIH
MCAT	Medical College Admission Test, AAMC
MEDLARS	Medical Literature Analysis and Retrieval System

MEDLINE	On-Line MEDLARS
MEDLOANS	Comprehensive Medical Student Loan Program, AAMC
Med-MAR	Medical Minority Applicant Registry, AAMC
MEP	Management Education Program, AAMC
MODVOP	Medicine, Osteopathy, Dentistry, Veterinary Medicine, Optometry and Podiatry
MSAR	Medical School Admission Requirements, AAMC
MSOP	Medical School Objectives Project, AAMC
MSOUSMS	Minority Student Opportunities in United States Medical Schools, AAMC
MSQ	Matriculating Student Questionnaire, AAMC
MSPE	Medical Student Performance Evaluation (formerly the “Dean’s Letter”)
MSTP	Medical Scientist Training Program (M.D./Ph.D.), NIH

**N**

NAAHP	National Association of Advisors for the Health Professions
NACHRO	National Association of Children’s Hospitals & Related Organizations
NAMME	National Association of Minority Medical Educators
NAPH	National Association of Public Hospitals
NASFAA	National Association of Student Financial Aid Administrators
NBME	National Board of Medical Examiners
NCCAM	National Center for Complementary and Alternative Medicine, NIH
NCI	National Cancer Institute, NIH
NCIH	National Council on International Health
NCMHD	National Center for Minority Health and Health Disparities, NIH
NEI	National Eye Institute, NIH
NFME	National Fund for Medical Education
NHBLI	National Heart, Blood, and Lung Institute, NIH
NHGRI	National Human Genome Research Institute, NIH
NHSC	National Health Service Corps
NIA	National Institute on Aging, NIH
NIAAA	National Institute on Alcohol Abuse and Alcoholism, NIH
NIDA	National Institute on Drug Abuse, NIH
NIDCD	National Institute on Deafness and Other Communication Disorders, NIH

NIGMS	National Institute of General Medical Studies, NIH
NIH	National Institutes of Health
NLM	National Library of Medicine, NIH
NMA	National Medical Association
NMF	National Medical Fellowships
NRMP	National Resident Matching Program
NSF	National Science Foundation

**O**

OMB	Office of Management and Budget
ORR	Organization of Resident Representatives, AAMC
OSHA	Occupational Safety and Health Administration
OSR	Organization of Student Representatives, AAMC

**P**

PAFAMS	Pan-American Federation of Associations of Medical Schools
PCOC	Primary Care Organizations Consortium
PDC	Professional Development Conference, AAMC
PGY 1,2...	Post-graduate Year 1,2, etc.
PharmCAS	Pharmacy College Application Service
PHS	Public Health Service
PMQ	Premedical Student Questionnaire, AAMC
PPO	Preferred Provider Organization

**R**

RIME	Research in Medical Education, AAMC
ROLIC	Rank Order List Input and Confirmation
RRC	Residency Review Committee
(R3) System	Registration, Ranking, and Results System, NRMP

**S**

SDS	Scholarships for Disadvantaged Students
SLMA	Student Loan Marketing Association (also called “Sallie Mae”)
SLS	Supplemental Loans for Students Program
SMAE	Simulated Minority Admissions Exercise
SMEP	Summer Medical Education Program, AAMC
SNMA	Student National Medical Association
SSL	Stafford Student Loan

**T**

TOEFL	Test of English as a Foreign Language
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**U**

USFMG	United States Citizen Graduate of a Foreign Medical School
USMLE	United States Medical Licensing Examination, Steps 1, 2, and 3

**V**

VHA	Voluntary Hospitals of America
VHA	Veterans Health Administration
VMCAS	Veterinary Medical College Application Service

**W**

WWAMI	A medical education partnership between the U of Washington School of Medicine and the states of Washington, Wyoming, Alaska, Montana, and Idaho
WHO	World Health Organization
WICHE	Western Interstate Commission for Higher Education