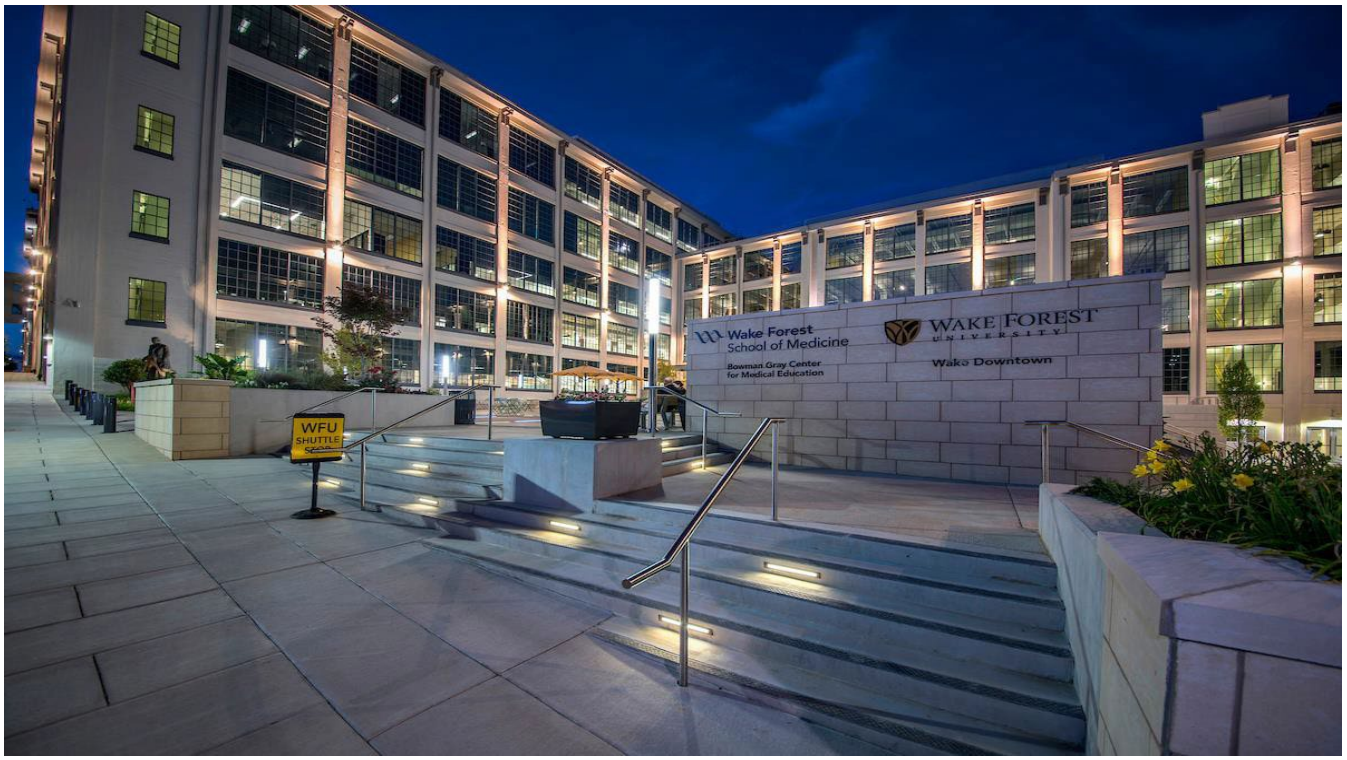
Wake Forest University
School of Medicine



Student Policy and Compliance Companion
2026-2027

Academic Nursing Programs
Doctor of Medicine Program
Graduate School of Arts and Sciences – Biomedical Sciences
Physician Assistant Studies Programs

5/2026

Wake Forest University School of Medicine Mission Statement

Wake Forest University School of Medicine prepares the next generation of healthcare leaders through cutting edge education and training programs; advances discovery and innovation through research portfolio focused on the needs of patients and communities; and provides care for patients to improve health, elevate hope, and advance healing - for all

Who We Are

Wake Forest University School of Medicine is a top-ranked medical school founded by Wake Forest University and fully integrated into the Advocate Health system. Our students, residents, and fellows have access to the finest learning environments along with the full breadth of clinical facilities in our system that draw a wide range of patients and case types from across a multi-state region. Students, residents and fellows will spend the majority of their time at our Winston-Salem locations in the **Innovation Quarter** and at Atrium Health Wake Forest Baptist Medical Center as well as our Charlotte campus locations in The Pearl and at Atrium Health Carolinas Medical Center..

Each year, approximately 2,000 medical, physician assistant studies, and Academic Nursing students, medical residents and fellows, and graduate students in basic sciences and allied health care professions attend Wake Forest University School of Medicine and learn from more than 3.000 members of the faculty. Through state-of-the-art technologies and an experiential curriculum that simulates real clinical events in inpatient and outpatient settings, students are learning the skills needed for the next generation of health care leaders.

With campuses in Boone, Charlotte and Winston-Salem researchers and faculty at Wake Forest University School of Medicine all strive to become lifelong learners and everywhere they go is an opportunity for education.

Wake Forest Innovation Quarter

Wake Forest University School of Medicine serves as a catalyst for economic development in downtown Winston -Salem through the decades-long development of real estate for use and lease as office and laboratory space and commercial communities in its mixed-use innovation district, Wake Forest Innovation Quarter.

Several major School of Medicine research and educational facilities are located within the Wake Forest Innovation Quarter, including the Bowman Gray Center for Medical Education, Wake Forest Biotech Place and the Richard Dean building, which houses the Wake Forest Institute for Regenerative Medicine.

Wake Forest University School of Medicine Charlotte

Wake Forest University School of Medicine will anchor the Howard R. Levine Center for Education in the heart of The Pearl, and will be joined by Carolinas College of Health Sciences, and connect with Wake Forest University's School of Professional Studies and School of Business and other educational opportunities. This is the first, four-year medical school in Charlotte. While third and fourth-year students have rotated in Charlotte for their clinical clerkships for years, the campus will now expand and seat its first four-year class in 2025.

Atrium Health Wake Forest Baptist

The Atrium Health Wake Forest Baptist campus is an 885-bed, tertiary care center close to downtown Winston-Salem, NC. Included within its walls are our NCI-designated cancer center; our nationally recognized center for aging and Alzheimer's; a children's hospital, centers for stroke and burn; offices of our senior leadership, faculty and house officers; and many other vital and specialized medical services.

Boone

Partnering with Appalachian State University, the PA program established a campus in Boone North Carolina in 2014 to encourage future PAs to pursue careers in underserved rural areas.

Atrium Health Wake Forest Baptist Mission, Vision, and Culture Commitments

Mission

To improve health**, elevate** hope **and advance** healing **–** for all**.**

Vision

- To be the **national leader for health, learning & community**.

Culture Commitments

- We create a space where all **BELONG**
- We **WORK AS ONE** to make great things happen
- We earn **TRUST** in all we do
- We **INNOVATE** to better the now and create the future
- We drive for **EXCELLENCE** – always

Our Patient and Family Promise

We will:

- Keep you safe.
- Care for you.
- Involve you and your family.
- Respect you and your time.

Introduction

The information in this Policy and Compliance Companion applies to the academic year 2026-2027. **Wake Forest University School of Medicine reserves the right to change policies and procedures at any time and without prior notice.** Additionally, errors and omissions in published documents (written or electronic) may be corrected at any time.

PLEASE NOTE:

- The policies included in this Handbook may not be the most current versions available. For the most recent version of policies, students should access PolicyTech the institutional policy site.
- Wake Forest University School of Medicine maintains policies that apply to all School of Medicine students, including policies on health requirements and immunizations, disability accommodations, refunds of tuition, financial aid, education records, appeal of dismissal, substance abuse, and sexual misconduct. Students are strongly urged to familiarize themselves with these policies on the institutional policy site.
- Circumstances may arise during a term that cause significant disruptions to Wake Forest University School of Medicine and/or Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences operations and result in the closing of campus or a change in course modalities. These circumstances include, without limitation, extreme weather, fire, natural disaster, war, labor disturbances, loss of utilities, riots or civil commotions, epidemic, pandemic, public health crisis, power of government, or any other circumstance like or unlike any circumstance mentioned above, which is beyond the reasonable control or authority of the School of Medicine and/or the Graduate School.
- The student Policy and Compliance Companion contains only a subset of policies for students. Additional information is posted on the Atrium Health Wake Forest Baptist PolicyTech site, as well as program specific websites, handbooks, or bulletins. Students who are uncertain about how to access program specific information should contact their applicable Program Director.

Each student is provided with an email account. School of Medicine-issued email accounts are used for official communication. All students are expected to check and respond to email in a timely manner.

Each student is provided with an identification badge. Badges must be worn at all times while on campus. Further details may be found in the Employee Identification Policy (Wake Market)).

Effective October 9, 2020, and as part of an integration with Atrium Health, an agreement was entered into by and among Wake Forest University (WFU), Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Wake Forest University Baptist Medical Center (WFUBMC) and Atrium Health, inc. (AHI), in conjunction with a separate “Enterprise Agreement” between WFUBMC and AHI, under which agreement WFUMC is contractually authorized to:

- Govern, through its board, all Medical Center operations and assets (subject to reserved powers or approval of NCBH, AHI and WFU/WFUHS on select issues).
- Operate NCBH and WFUHS (including the School of Medicine and its faculty), and their respective subsidiaries and affiliates.

Policies which apply to entities and markets that fall under Advocate Health are designated as Enterprise policies and all faculty, staff, and students are required to abide by the polices as noted in each policy.

Policies which apply to Atrium Health Wake Forest Baptist (AHWFBH) clinics, affiliates, and other locations and/or specifically to the Medical Center (WFBMC) are designated as AHWFBH policies and all faculty, staff and students are required to abide by the policies as noted in each policy.

Policies which apply to the education and learning environment and are specific to students enrolled in and/or taking courses as part of the Wake Forest University School of Medicine or Graduate School of Arts and Sciences – Biomedical Sciences are designated as "School of Medicine" policies and students are required to abide by these policies.

As required by The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, information provided in the Annual Crime and Fire Report may be found at the Wake Forest University School of Medicine Campus Safety and Security website: https://school.wakehealth.edu/campus-and-community-life/campus-safety-and-security. This report will be mailed to anyone requesting a copy. Anyone may obtain a copy at the Atrium Health Wake Forest Baptist Security Administration office located in Meads Hall, Ground Floor, Suite C.

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Campus Information

The Wake Forest School of Medicine includes campuses in Winston-Salem, Charlotte and Boone.

Winston Salem

Atrium Health Wake Forest Baptist Medical Center
Atrium Health Wake Forest Baptist, one of the nation's preeminent academic medical centers, is an integrated system that operates 1,004 acute care, rehabilitation and psychiatric care beds, outpatient services, and community health and information centers. The Winston-Salem Campus is located at Medical Center Boulevard in Winston-Salem, NC.

Services located at the Winston-Salem Campus:

- Brenner Children's Hospital
- Comprehensive Cancer Center
- Cardiovascular Sciences Center
- Emergency Department
- Pediatric Emergency Department
- Carpenter Library

Innovation Quarter
Innovation Quarter is home to many scientists and researchers from Wake Forest University School of Medicine and Wake Forest University, including:

- Biochemistry and Structural Biology
- Bioethics Graduate Program
- Biomedical Engineering
- Biomedical Research Graduate Program
- Bowman Gray Center for Medical Education
- Childress Institute for Pediatric Trauma
- Downtown Health Plaza
- Lipid Sciences Research
- Microbiology and Immunology
- Nurse Anesthesia Program
- Physician Assistant Program
- Physicians and Community
- Physiology and Pharmacology
- Public Health Sciences
- School of Medicine
- Wake Forest Innovations
- Wake Forest Innovation Quarter
- Wake Forest Institute for Regenerative Medicine

Charlotte

Wake Forest University School of Medicine – Charlotte offers a four-year Doctor of Medicine (MD) program. The campus is situated within the newly developed Pearl Innovation District in the Dilworth area of Charlotte. The centerpiece of the district is the state-of-the-art Howard R. Levine Center for Education, which serves as the home for the School of Medicine's training for first- and second-year medical students.

The Pearl Innovation District will also house additional academic programs under Wake Forest University and Wake Forest University School of Medicine, as well as the first North American location of IRCAD, a global surgical training center. This multi-phase, mixed-use development will feature office space, research laboratories, retail establishments, residential units (including affordable housing), community gathering spaces, and academic facilities. Currently, third- and fourth-year medical students are based at the Atrium Health Carolinas Medical Center (AHCMC) campus in the Medical Education Building in Charlotte. The Charlotte campus offers a dynamic and highly integrated curriculum similar to that in Winston-Salem, enabling students to complete their clinical years, transition courses, examinations, LEAP weeks, and certifications. AHCMC serves as the primary academic medical center partner in Charlotte. AHCMC is an 874-bed, non-profit, tertiary, Level I trauma care facility.

The campus includes the James G. Cannon Research Center, nationally recognized Levine Children's Hospital, and the Sanger Heart & Vascular Institute. Beyond the main hospital, Atrium Health operates 14 community hospitals, serving southern North Carolina, northern South Carolina, and the greater Metrolina region. Advising services are accessible on both campuses and virtually.

Boone

The Wake Forest University School of Medicine PA-MMS Program has two campuses in North Carolina: one in Winston-Salem and one in Boone. Wake Forest University School of Medicine and Appalachian State University Beaver College of Health Sciences partnered in 2014 to expand the PA Program by creating a second campus in Boone, NC.

A primary objective of the Boone campus is to train Physician Assistants who will stay in the area to practice in the Appalachian region, thus helping to address the critical need for health care providers in western North Carolina.

Students at both campuses undergo the same training, and all students graduate with a Master of Medical Science (MMS) degree from Wake Forest University School of Medicine.

State Authorization Reciprocity Agreement – North Carolina Complaint Information

Students may contact the offices of the State Authorization Reciprocity Agreement – North Carolina (SARANC) via the North Carolina State Education Assistance Authority (NCSEAA), North Carolina's portal entity for the State Authorization Reciprocity Agreement (SARA). Upon reviewing the complaint process, students may complete the complaint form and submit it either via complaint@saranc.org or to:

SARA North Carolina Director
North Carolina State Education Assistance Authority
PO Box 41349
Raleigh, NC 27629
(855) 727-2162 – toll free
(919) 248-4667 – local
(919) 248-6667 – fax
information@saranc.org
www.saranc.org

Compliance Resources for all School of Medicine Students

The Office of Health Professions and Education Services

The Office of Health Professions and Education Services (HPES) oversees accreditation compliance, assists programs in developing outcomes, and assesses overall effectiveness of the school by regularly and systematically ensuring alignment of processes and expected outcomes with the mission statement and the strategic goals of Wake Forest University School of Medicine.

The Office of Academic Compliance oversees compliance for the School of Medicine. Our compliance team helps to draft and update policy and provides intake for Learning Environment feedback, Mistreatment concerns, and duty hour concerns through our Learning Environment Liaison.

Accreditation

Wake Forest University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award baccalaureate, masters, and doctorate degrees. Wake Forest University also may offer credentials such as certificates and diplomas at approved degree levels. Questions about the accreditation of Wake Forest University may be directed in writing to the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org [sacscoc.org]).

The **Doctor of Medicine program** is accredited by the Liaison Committee on Medical Education (LCME). The LCME determined during its February 2024 visit for the Doctor of Medicine program to continue full accreditation of the medical education program for an eight-year term. Graduates of the program are awarded the Doctor of Medicine degree. Information regarding filing a complaint with LCME may be found at: https://lcme.org/contact/complaints/

The **Physician Assistant Program** is a graduate level program that awards a Master of Medical Science (MMS) degree after 24 months of study. The Wake Forest PA Program is approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) for 64 students at our Winston-Salem campus and up to 32 students at our expanded campus at Appalachian State University in Boone, NC. Accreditation for the Boone cohort was granted in September 2013, and the first students enrolled in June 2014. The Boone campus has also been approved by SACSCOC. Information regarding filing a complaint with ARC-PA may be found at: https://www.arc-pa.org/general-arc-pa-inquiry-questions/.

The **Nurse Anesthesia Program** is a 36-month graduate-level program awarding a Doctor of Nursing Practice degree. This program is currently on a 10-year accreditation by the Council on Accreditation of Nurse Anesthesia Education Programs (10275 W. Higgins Rd., Suite 906, Rosemont, IL 60018-5603; 224-275-9130 website URL https://www.coacrna.org/) with "no progress required" in 2015. This is the maximum accreditation period possible, which is granted to few programs. This program has also been granted full accreditation by the International Federation of Nurse Anesthetists. The WFU Nurse Anesthesia program was the first program in the country, and only the second in the world to receive this level of international accreditation. Information regarding filing a complaint with COA.

The **Doctor of Nursing Practice** is a graduate-level program that awards a Doctor of Nursing Practice (DNP). The post-masters DNP program is offered in a distance format as a part-time, 2-year program with occasional in-person sessions.

The Doctor of Nursing Practice program at Wake Forest University School of Medicine is pursuing initial accreditation by the Commission on Collegiate Nursing Education. Applying for accreditation does not guarantee that accreditation will be granted.

The **Genetic Counseling Program** is a graduate-level program that awards a Master of Science degree. The Genetic Counseling Program was granted full accreditation by the Accreditation Council for Genetic Counseling (7918 Jones Branch Drive, Suite 300, McLean, VA 22102, phone: (703) 506-7667) on December 16, 2024, for a period of six years.

The **Medical Physics Program** is a graduate-level program that offers three separate pathways, a Master of Science degree, a Doctor of Philosophy degree, and a Graduate Certificate.. The Medical Physics programs were accredited in 2023 by the Commission on Accreditation of Medical Physics Education Programs (CAMPEP) which is located at 1631 Prince Street, Alexandria, VA 22314. Their phone number is 571-298-1239.

The Licensure Division of the University of North Carolina System Office serves as the official state entity to receive complaints concerning post-secondary institutions that are authorized to operate in North Carolina. Information regarding filing a complaint may be found at: https://www.northcarolina.edu/post-secondary-education-complaints/

Credit Hour Determinations

Academic Nursing, Doctor of Medicine, and PA-Master of Medical Science use guidance from their respective accrediting bodies to determine credit hours for program completion.

Academic Nursing

The Department of Academic Nursing (DAN) of the Wake Forest University School of Medicine (School of Medicine) uses a commonly accepted definition for credit hour course determination which is based on the Code of Federal Regulations (Attached) (CFR) definition for “clock hour.” For the DAN, one course credit hour corresponds to one hour of direct student classroom instructional contact per week for a 15-week semester. One might reasonably expect that on average, a student would be expected to devote at least approximately two to three hours outside of class for every one hour of instructional contact. All degree paths within the department apply this definition to theory-type instructional courses.

For those programs that include clinical, direct patient care-type courses, the department uses the following definition to determine clinical course credits: Eight hours of expected or approximate clinical experience = one course credit hour in a 15-week semester. As examples:

- 3 credit clinical course = approximately 24 clinical hours per week
- 5 credit clinical course = approximately 40 clinical hours per week

For the Post-Baccalaureate (BSN) to Doctor of Nursing Practice (DNP) with nurse anesthesia specialization, the program also adheres to the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) definition on reasonable time commitments, for enrolled students when determining clinical rotation assignments.

Doctor of Medicine (MD)

The MD program is accredited by the Liaison Committee on Medical Education (LCME) which defines academic credit in terms of weeks of instruction rather than semester hours. The LCME requires a minimum of 130 weeks of instruction for the Doctor of Medicine degree. The Wake Forest University School of Medicine criteria for graduation are listed in the student handbook. This criterion outlines the number of credits earned each year, duration of courses and clinical experiences, and licensure requirements. The MD program does not have any distance learning.

Number of Scheduled Weeks per Curriculum Phase		
Curriculum Phase	Number of Scheduled Weeks	Number of Credits
Pre-clerkship phase (foundations)	69	67 credits
Clerkship phase (immersion)	48	50.5 credits
Other phase (as defined by the school) Post-clerkship phase (individualization)	41	43 credits
Total weeks of scheduled instruction	158	160.5 credits

Physician Assistant (PA) Studies

The Physician Assistant Master of Medical Science (PA-MMS) Program is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), which specifies essential attributes and requirements of PA-MMS Programs' curricula rather than mandating any numeric "semester credit hour" needs (ARC-PA Accreditation Standards for Physician Assistant Education - Section B: Curriculum and Instruction - attached). The PA-MMS program curriculum contains all essential elements required by the ARC-PA, as depicted in the curriculum summary located on the PA-MMS program webpage. The curriculum summary includes the credit hours awarded for all courses or course series. For the PA-MMS Program, credits for all coursework are earned through the School of Medicine, there are no distance learning courses in this program.

The Physician Assistant Doctor of Medical Science (PA-DMSc) Program is offered through distance education using the Carnegie definition for credit hour. During the proposal phase of this program, academically qualified faculty determine appropriate credit for each course. The PA-DMSc curriculum, which includes course approval, is overseen by the PA-DMSc faculty, who are all licensed for practice within their fields and maintain any applicable certification or other credentials. Please refer to the Distance Education Policy for more information.

Learning Environment Liaison Team

The Wake Forest University School of Medicine is committed to creating and maintaining a learning environment that supports and encourages respect for every individual and promotes the development of professionalism among medical students. All faculty, staff, medical students, residents, and fellows on our campuses and across all instructional sites share responsibility for creating a positive and supportive learning environment.

Our goal is to create a culture that enhances patient care, learning, scholarship and research, commitment to the health care needs of society, and the ability of all members of the Wake Forest University School of Medicine community to interact and carry out their responsibilities in a supportive and respectful fashion.

Mistreatment concerns and learning environment feedback (positive or negative) may be reported to the Learning Environment Liaison (LEL) team. The LEL team is not a part of any Wake Forest University School of Medicine program nor is it involved in student assessment.

Please contact the LEL team via any of the methods listed below. Additional information about the services we provide and contact information can be found by visiting our website at: https://school.wakehealth.edu/about-the-school/professionalism-and-student-mistreatment

The following relevant policies can be found in our PolicyTech System:
Mistreatment Reporting Policy (WFUSM)
Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (School of Medicine)

How to Report Mistreatment & Learning Environment Concerns

- **Email:** edcompliance@wfusm.edu
- **In person/virtual meeting**: To schedule a meeting with a member of the LEL team, please click Here
- **Online Reporting Form:** Scan the QR Code below or click Here

- **Anonymous Reporting:** Concerns may also be reported anonymously through the Compliance Hotline at 888-847-6331 or at advocatehealth.org/speakup.
- **Teammate Relations** (within Human Resources): The LEL team collaborates with Teammate Relations as needed, but students may also contact Teammate Relations directly. Teammate Relations provides guidance and support for workplace issues involving faculty members and/or teammates; advises on HR policies; receives reports and conducts fair, timely investigation and resolution processes. Concerns may be reported to the HR Service Center at 336-716-6464 or by visiting the online portal: Workday

Student Compliance Requirements:

All students are required to complete attestations as well as institutional trainings prior to orientation and annually thereafter as assigned by the Wake Forest University School of Medicine Office of Academic Compliance and the Advocate Health Enterprise.

Enterprise and School of Medicine Annual Regulatory Compliance is assigned once a year and is a requirement for all current students, regardless of in-person or remote status.

- New Students must complete assigned compliance by Program Orientation
- Modules for current Students are typically assigned in July and are due in September.
- Students taking a Leave of Absence at the time of the annual due date must complete all assigned modules within 30 calendar days of their return date.
- Students planning to take a Leave of Absence or who are planning to participate in a global experience should complete any assigned modules prior to their departure.
- Students failing to complete the assigned modules by the due date may lose badge access and/or Canvas access until the required items are completed and may also be brought before their program's appropriate disciplinary committees.

The School of Medicine assigns required trainings covering a wide range of important topics that often fulfill federal or state regulations. In addition to these modules, students may be asked to acknowledge program specific policies and/or procedures. Topics include but are not limited to:

- Confidentiality
- Disability Services
- Learning Environment and Mistreatment
- Title IX
- Drug Diversion
- Accessing Policies
- Technology
- Important School Resources
- Payment Responsibilities
- Health Insurance
- Immunizations
- Lab Safety
- Technical Standards

Students requiring assistance or who have questions may contact the Office of Academic Compliance at edcompliance@wfusm.edu.

Accessing Policies

Wake Forest University School of Medicine maintains policies that apply to all School of Medicine students, including policies on health requirements and immunizations, disability accommodations, refunds of tuition, financial aid, education records, appeal of dismissal, substance use, and sexual misconduct. Students are expected to familiarize themselves with all School of Medicine and program policies on the internal PolicyTech Site.

There are four ways to navigate to PolicyTech:

1. **Via the Intranet Home Page (Charlotte Campus)**
   - Access People Connect or Intranet Home Page via Chrome or Edge
   - Click 'Policies' and select 'All Policies' tab.
   - Click 'Access PolicyTech' and PolicyTech will open.

2. **Via any Intranet page (Winston-Salem campus)**
   - Select 'Policies' from the bottom banner of any Wake Market Intranet page.
   - Click 'View All Policies' and PolicyTech will open.

3. **Via the Citrix Portal (all campuses)**
   - Locate Citrix Workspace on your desktop and scroll down to the 'Policies' button.
   - Log in with your credentials.
   - Click the star to easily locate it in your Citrix Favorites.

4. **Via the PolicyTech website (all campuses)**
   - Visit: https://atrium.policytech.com/
   - Log in with your credentials when prompted.

Students who would like additional training or assistance accessing policies should contact edcompliance@wfusm.edu.

Favoriting important policies is a great way to make sure that applicable policies are easy to find in the future. Students are strongly encouraged to add applicable policies to their PolicyTech 'Favorites' for quick access.

There are two ways to favorite policies:

1. When viewing the policy title on the 'Browse' page, click the 3 dots to the right of the policy name and select "Add to Favorites." OR
2. When viewing the policy, click the star at the top left of the page.

Students may reach out to edcompliance@wfusm.edu to obtain a quick reference list of applicable policies for their program.

Please Note: While School of Medicine policies are contained within the Wake Forest University School of Medicine Policy and Compliance Companion, students should always refer to PolicyTech for the most updated version of any policy.

Compliance Policies For All School of Medicine Students

Academic Nursing, Doctor of Medicine, Graduate School of Arts and Sciences-Biomedical Sciences, and Physician Assistant Studies

The Wake Forest University School of Medicine, inclusive of the Academic Nursing, Physician Assistant (PA), and Undergraduate Medical Educational (MD) programs, and the Wake Forest University Graduate School of Arts and Sciences - Biomedical Sciences Programs (hereinafter jointly referred to as "School") are committed to diversity, inclusion, and the spirit of Pro Humanitate. In adherence with applicable laws and as provided by School policies, the School prohibits discrimination in its educational programs, admissions, and activities on the basis of race, color, religion, national origin, sex, age, sexual orientation, gender identity and expression, genetic information, disability, and veteran status.

Inquiries regarding nondiscrimination policies should be directed to:

Aishah Casseus
Executive Director, Office of Institutional Equity, Title IX Coordinator
titleixcoordinator@wfu.edu
Reynolda Hall, Suite 22
Winston-Salem, NC 27106
336-758-7258

Rebecca Patton
Learning Environment Liaison
edcompliance@wfusm.edu
336-716-8945

For information regarding the nondiscrimination policies in employment practices for Atrium Health Wake Forest Baptist, see the ***Equal Employment Opportunity Policy***. Information about employment practices may also be obtained by contacting:

Employee Relations:
PeopleLink_UMAHWFB@Advocatehealth.org

336-716-6464

Inquiries concerning the application of anti-discrimination laws may be referred to the individuals listed above or to the Office for Civil Rights, United States Department of Education. For further information on notice of nondiscrimination, visit https://www.ed.gov/contact-us for the address and phone number of the U.S. Department of Education office that services your area or call 1-800-421-3481.

Code of Conduct

The Advocate Health Code of Conduct establishes standards of integrity critical to our commitment to operational excellence and exceptional patient care.

Code of conduct

At Advocate Health, we are driven by our mission, values and culture commitments to uphold our ethical – and legal – responsibility to act in ways that protect the best interests of our patients, including following health care laws, rules and regulations. Adhering to our Code of Conduct is critical to our commitment to operational excellence and exceptional patient care.

This Code of Conduct ("Code") establishes standards of integrity for all board members, teammates, physicians, APCs, medical staff, residents and faculty, students, learners, leaders, volunteers, contractors, vendors, consultants and others who do business with us (collectively referred to throughout as "Stakeholders"). The Code is meant to be used in conjunction with and complement Advocate Health policies, procedures, and guidelines. Its purpose is to provide our Stakeholders with clear expectations and the resources needed to build an ethical culture of compliance and integrity at Advocate Health.

Learning institutions

We are proud to be an academic learning health system where we train both our own students and learners as well as those who come to do clinical rotations with our excellent faculty, providers and preceptors in a variety of disciplines and specialties. To do so, we maintain a professional environment that supports the skills development and success of our trainees, students and learners. We will be fair and impartial in grading, evaluations, promotions and grievances, and follow our policies and procedures for addressing concerns. We will support all students and learners by demonstrating respect, inclusion and professionalism in interactions we have with learners. In addition to this Code of Conduct, students and learners are held to the specific policies, guidelines and resources of their respective learning institutions and programs.

Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures

Please review this policy in its entirety in our PolicyTech System as well as the Appendix section of this Policy and Compliance Companion. Information about Title IX can also be found at: https://school.wakehealth.edu/ education-and-training/student-affairs/title-ix

Our Belief

Atrium Health Wake Forest Baptist Medical Center (hereinafter AHWFBMC or the University) is committed to providing programs, activities, and a safe academic and working environment that is free from sex discrimination (including discrimination on the basis of sex, sexual orientation, gender identity, and gender express ion) and sexual misconduct (including sexual harassment, sexual assault, domestic violence, dating violence, and stalking).

When students or employees experience acts of sexual misconduct (i.e., sexual assault, stalking, dating violence, domestic violence), their sense of safety and trust is violated and this can significantly interfere with their success at the University. Our community expects that all interpersonal relationships and interactions – especially those of an intimate nature – are based upon values of mutual respect, dignity, responsibility, open communication, and clear consent.

Sexual misconduct is a violation of the institution's values and policies and presents a barrier to fulfilling the University 's missions. Sexual misconduct will now be tolerated at the University and is expressly prohibited.

Responding to incidents of sexual misconduct can be challenging, whether you are the person harmed or someone trying to help. All of us play a vital role in making our campus a respectful and safe place to learn, work, and live. The University provides assistance and intervention to survivors of sexual misconduct to support their continued progress at the University. The University offers a coordinated response that include police and Title IX investigations, student conduct process, victim and respondent assistance, and counseling.

The Title IX Office; Counseling & Well-Being Services; School of Medicine, Office of Student Affairs; and the Department of Physician Assistant Studies are the primary units that coordinate support services, victim assistance, and referrals for student victims and/or student respondents of sexual misconduct. We recognize that not all victims will want to pursue complaints and therefore the campus provides confidential places for students to receive support.

The University takes all complaints and accusations of sexual misconduct seriously. We welcome your involvement in our mission to foster a campus environment that strives to prevent sexual misconduct and promotes the reporting of sexual misconduct, compassionate responses to survivors of sexual violence, and equitable treatment of complainants and respondents.

The University imposes strict sanctions against those found responsible for sexual misconduct and assists survivors in the pursuit of campus, civil and legal remedies. Retaliation is strictly prohibited in connection with any reports of possible sexual misconduct.

Sexual Offense Prevention and Response Resources

We are here to support you. We want you to know that whatever may have happened it is not your fault. The University has a number of offices that respond to students who have experienced sexual assault, dating/domestic violence and stalking and works closely with community advocacy services. The most important concern is that you get safe, get help and get medical attention.

Medical Attention

Getting medical attention is important for addressing the physical consequences of any type of assault, even if you do not wish to press charges or collect evidence.

If you can, seeking medical attention within 24 hours of a sexual assault is the ideal for medical and preventative treatment. Survivors of sexual or physical assault can have health issues that include

bruising, cuts abrasions, internal injuries not readily apparent or broken bones. Sexual assault survivors can also have additional health concerns such as: tearing or bruising of the labia, vaginal or anal wall, or urethra; sexually transmitted infections such as chlamydia, gonorrhea, and herpes; pregnancy; and HIV.

To seek medical assistance, you can go to a hospital emergency room, clinic or your primary care physician.

IMPORTANT INFORMATION FOR INDIVIDUALS WHO MAY BE VICTIMS OF SEXUAL HARASSMENT, SEXUAL MISCONDUCT, SEXUAL ASSAULT, DATING VIOLENCE, DOMESTIC VIOLENCE, OR STALKING:

If you or someone you know may have been a victim of the behaviors listed above or any other type of violence, you are strongly encouraged to seek immediate assistance.

ASSISTANCE CAN BE OBTAINED 24 HOURS A DAY, 7 DAYS A WEEK, FROM:

The Winston-Salem Police Department
101 N. Main Street Winston Salem NC, 27101
Emergency: 911 Non- Emergency: 336-773-7700

Wake Forest Baptist Medical Center Security Services
Medical Center BLVD., Winston-Salem, NC 27157
Emergency: 336-716-9111 Non- Emergency: 336-716-3305

Appalachian Police Department
461 Rivers Street Boone NC, 28608
Emergencies: 911 Non-Emergencies: 828-262-2150

Charlotte-Mecklenburg Police Department
601 E. Trade Street Charlotte NC 28202
Emergencies: 911 Non-Emergencies: 704-336-7600

During business hours (8:30 a.m. to 5:00 p.m., Monday through Friday), you are also strongly encouraged to contact one of the following individuals:

Aishah Casseus, Director Title IX
336 - 758 - 7258;
casseua@wfu.edu
Reynolda Hall, Suite 307

Jessica Telligman, Assistant Director Title IX
336 758 4997;
telligjr@wfu.edu
Reynolda Hall, Suite 307

Sarah Riney, Deputy Title IX Coordinator/ Director of Academic Compliance/
edcompliance@wfusm.edu

Rebecca Patton, Learning Environment Liaison, Deputy Title IX Coordinator
336-716-8945 | edcompliance@wfusm.edu

Kim Caprio, Director of Human Resources/Title IX, Human Resources/Teammate Relations
Kimberly.Caprio@advocatehealth.org

Counseling & Well-Being Services
Bowman Gray Center for Medical Education ("BGCME") 1st Floor, Behind Medical Grounds
counselingservices@wfusm.edu

Employee Assistance Program
336-716-5493

Wake Forest School of Medicine Faculty Ombuds Office
Jeff Weiner, PhD, Faculty Ombuds
FacultyOmbudsAHWFB@Advocatehealth.org

Financial Aid

The Office of Financial Aid at Wake Forest University School of Medicine helps students obtain the resources needed to finance their graduate medical education. We also serve as an educational resource for financial planning and debt management. We know that deciding how to manage funding for education requires careful consideration of your options, and we're here to help.

We encourage:

- Prospective students begin the financial planning process early.
- Current students to stay abreast of their financial situation and knowledgeable of all options.
- Alumni to understand available repayment options for their field of residency, helping them make wise financial decisions to balance student loan debt with financial wellness.

For more information, please visit the financial aid website at https://school.wakehealth.edu/education-and-training/financial-aid

Fees and Expenses

Tuition is payable at the beginning of each semester. As a requirement for graduation, all students are required to pay full annual tuition for each academic year enrolled in Wake Forest University School of Medicine. Students who do not make tuition payments or satisfactory arrangements with the Student Financials office will not be eligible to continue classes or receive credit for course work.

Breakage deposits are not required but students will be held financially responsible for loss or damage to School of Medicine property.

Cost of attendance includes only those expenses associated with the student. Living expenses for the spouse and/or other dependents are not recognized as part of the student's standard cost of attendance. The cost of attendance, as defined by the school, represents the maximum amount of student financial aid a student can receive.

Statements in the Policy and Compliance Companion and Student Handbooks concerning expenses and courses cannot be considered an irrevocable contract between the student and the School of Medicine. The School of Medicine reserves the right to change requirements for graduation, schedules, and costs of instruction at any time during the student's enrollment.

Tuition changes authorized by the Board of Trustees will become effective at the opening of the next session after adoption.

Tuition Payments

Wake Forest University School of Medicine will maintain records of student charges including tuition, insurance, and any other miscellaneous items charged to the student account. Students may view their student accounts and make electronic payments from their checking or savings account online via PeopleSoft Campus Solutions Self-Service. Also, the Student Financials Office accepts paper checks or money orders for payment on your student account. If payment is not received by the due date, the School of Medicine will charge a $100 late fee. An additional $100 late fee will be charged every 30 calendar days until the balance is paid in full. Students may not be eligible to advance in the curriculum until the outstanding balance is paid in full. After 90 days, outstanding account balances will be turned over to Program Directors for administrative action. Before registration opens for the next term, the Bursar will report students with unpaid balances to Program Directors for administrative action. Students will not be eligible to advance in the curriculum until the outstanding balance and late fees are paid in full. Students who are on a Leave of Absence and have an outstanding balance should refer to the Leave of Absence Policy (School of Medicine). Upon matriculation and once each academic year that follows, students will be required to sign a Payment Responsibilities Agreement.

Financial Assistance and Scholarships

Financial Assistance

Assistance is available for students who, for financial reasons, could not otherwise attend medical school. Scholarships and loans are awarded in accordance with criteria governing each source of funds and on the basis of need. In all cases, parental income information is required and will be considered in determining awards from the School of Medicine's resources.

Financial Assistance to Incoming Students

Applicants are provided with general information about aid and appropriate application resources. On request, individuals and families may consult with a Financial Aid Administrator. Financial aid application materials must be completed and returned to the Financial Aid Office prior to March 15. Financial aid awards are released on April 15th or the first business day following.

Financial Assistance to Upper-class Students

In September and October of each year, the Financial Aid Office will notify current students of procedures to be followed for the next academic year. Applications must be completed and returned to the Financial Aid Office on or before March 15.

Endowed Scholarships

A list of available scholarships may be found on the Wake Forest University School of Medicine's website.

Federal Scholarships

Scholarships are available to U.S. citizens through the Armed Forces Health Service and the National Health Service Corps. Selection is competitive. Interested parties should review information from the following:

Army: http://www.goarmy.com/amedd/education/hpsp.html
Navy: https://www.navy.com/careers/healthcare.html
Air Force: https://www.airforce.com/careers/specialty-careers/healthcare/careers/doctor
National Health Service Corps (NHSC): https://nhsc.hrsa.gov/scholarships/overview

Veteran's Education Benefits

All veterans and their dependents seeking veteran educational benefits must first apply for those benefits through the Department of Veterans Affairs (VA). Veterans with questions about their eligibility for the various VA educational benefit programs should first consult the VA to determine their eligibility for specific programs. Contact Information: https://www.benef its.va.gov/gibill/

NOTE: Only degree programs are eligible for veteran's benefits at Wake Forest University School of Medicine. All approvals are subject to change.

VA Certification Contacts for School of Medicine Programs:

Doctor of Medicine Program Ms. Michelle Van Meter – Michelle.Vanmeter@Advocatehealth.org
Academic Nursing Program Ms. Michelle Van Meter – Michelle.Vanmeter@Advocatehealth.org
Physician Assistant Program Ms. Michelle Van Meter – Michelle.Vanmeter@Advocatehealth.org
Graduate School Programs Ms. Lauren Trethaway– vabenefits@wfu.edu

VA Compliance Statement

Wake Forest University School of Medicine complies with the requirements of section 3679 of Title 38, U.S. Code.

A student who has been admitted to a Wake Forest University School of Medicine program and who is entitled to educational assistance under chapter 31, Vocational Rehabilitation and Employment, or chapter 33, Post -9/11 GI Bill benefits, is permitted to attend or participate in the course of education without making payment for tuition and fee amounts to be covered by the VA education benefits. Such attendance or participation may begin on the date on which the student provides a VA Certificate of Eligibility and end on the earlier of the following dates:

- The date on which payment from the VA is made to the School of Medicine.
- Ninety (90) days after the date the School of Medicine certified tuition and fees following the receipt of the certificate of eligibility.

Students receiving VA educational benefits will be required to pay the difference between the amount owed on their student account and the amount of the VA education benefit disbursement within 10 days of the start of the term.

Wake Forest University School of Medicine will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that a student receiving Chapter 31 or 33 benefits borrow additional funds due to the delayed disbursement of funding from the VA.

Using VA Education Benefits

Questions about eligibility for benefits should be directed to the VA. Apply for benefits: https://www.va.gov/education/how-to-apply

While the application for VA benefits may begin while the student is in the process of applying to a School of Medicine program, students should be admitted to the program before submitting documents to the Office of Financial Aid.

- Admitted students must receive a Certificate of Eligibility (COE) from the VA outlining the benefits and eligibility period and submit the COE to the Office of Financial Aid. A screen shot of the eBenefits Web page, or a VAF 28-1905 form for chapter 31 authorization purposes will also be accepted.
- The COE can be submitted via email to: finaid@wfusm.edu or delivered in person or mailed to: Office of Financial Aid, 475 Vine Street, Winston Salem, NC 27101
- Shortly after receiving the COE, the Office of Financial Aid will conduct a review of documents needed for the student's VA file. Students will be notified by the Office of Financial Aid if they are responsible for providing any further documentation.

Loans

NCFELS- North Carolina Forgivable Education Loan for Service:	NC FELS (Forgivable Education Loan for Service) is a loan forgiveness program that provides monies to eligible students from North Carolina in exchange for a service obligation once the student has become a licensed practitioner. The service obligation requires recipients to return to NC to work for each year the loan was awarded.
Unsubsidized Federal Direct Stafford Lon	The Unsubsidized Federal Direct Stafford Loan program is a federal student loan program that allows eligible medical students to borrow up to $47,167; the amount is dependent upon length of academic year. Eligible graduate and physician assistant students may borrow up to $20,500. The federal government does not pay interest. The interest rate is a variable/fixed rate. Any interest that accrues during enrollment is capitalized at repayment. Aggregate loan limits are $224,000 minus subsidized loan amounts for medical students and $138,500 minus subsidized loan amounts for physician assistant students and graduate students.
Federal Direct Grad PLUS Loan	Graduate and professional students may borrow through the Federal Direct Grad PLUS loan. Students may borrow up to the cost of education minus other financial aid. A borrower's creditworthiness is a consideration for lender approval. The interest rate is a variable/fixed rate.
Alternative Loan Programs	Alternative loan programs are credit-based loans that may be used to supplement other forms of financial assistance. In general, alternative loans should be considered as a last resort. Not all alternative loan programs are alike. Always consult the Financial Aid Office before applying for an alternative loan.

Exit Interview

Any student who has received financial aid and who ceases enrollment at Wake Forest University School of Medicine for any reason—leave of absence, dismissal, withdrawal, graduation — must have an exit interview within seven business days with the Financial Aid Office. This interview covers "Borrowers Rights and Responsibilities" for all student loan programs and is required by law. Please review the Exit Policy (School of Medicine) for more information.

Forfeit of Scholarship Funds

Students who are enrolled in a special program and have received scholarships from that program will forfeit those scholarship funds upon withdrawal or dismissal from the program.

Atrium Health Wake Forest Baptist Based Policies

To view these policies in their entirely click on the title of the policy, to be taken directly to that document in our PolicyTech System.

Acceptable Use Policy (Enterprise)

This document applies to students and the purpose of this policy is to outline the acceptable use of data within the Digital Landscape. Inappropriate use exposes Advocate Health to an increased risk of cybersecurity, regulatory, legal, and reputational harm.

Advanced Practice Provider (APP) Student Documentation in the Medical Record Policy (Wake Market)

This policy applies to all APP students. It is the policy of Atrium Health Wake Forest Baptist (AHWFB) to allow Advanced Practice Provider (APP) students to document in the medical record. Any contribution and participation of a student to the performance of a billable Evaluation and Management (E&M) service must be performed in the physical presence of a teaching provider. The teaching provider must perform (or re-perform) the physical exam and/or medical decision-making activities of the E/M service being billed but may verify any student documentation in the medical record, rather than re-documenting this work.

Authorship on Scientific and Scholarly Publications Policy (Greater Charlotte Market, Navicent Health, Wake Forest)

This document applies to students and the purpose of this policy is to provide the principles and criteria used to determine appropriate authorship and the process to follow in resolving authorship disputes.

Conflicts of Interest - Individual Policy (Enterprise)

The purpose of this policy is to identify Significant Financial or Outside interests that pose a Conflict of Interest so associated risks can be mitigated. Managing the implications of a Conflict of Interest protects the Institution by ensuring decisions, transactions and arrangements align with Advocate Health's mission, values and commitment to provide the safest and highest quality outcomes for our patients; and protects the Individual by setting parameters to manage the competing interests.

Data Ownership Policy (Wake)

This document applies to students and the purpose of this policy is to describe the basis of data ownership and the standards for the collection and retention of data, in addition to requirements for data access.

Enterprise Drug Diversion Policy

This policy applies to students. Atrium Health Wake Forest Baptist (AHWFB) is committed to establishing and maintaining a safe and healthy environment for employees, patients and visitors. Drug diversion by healthcare personnel creates a significant patient and staff safety risk. The prevention, detection, and reporting of drug diversion are the responsibility of all AHWFB staff, employees, students and faculty of Wake Forest School of Medicine or Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences programs (WFSM).

HIPAA Privacy and Security Sanctions Policy (Enterprise)

This policy will provide guidance on applying consistent sanctions for a violation of HIPAA that should be used in conjunction with Human Resources Corrective Action policy. This policy applies to Advocate Health, Inc. ("Advocate Health"), any entity or facility owned or controlled by Advocate Health, their Workforce, or Business Associate. Medical staff members, faculty, residents, students, independent contractors, and vendors will be subject to corrective action in accordance with applicable Medical Staff By laws, codes of conduct, or as permitted under the contract executed. This policy also applies to persons who perform work on behalf of Advocate Health and are members of a collective bargaining agreement(s), faculty, physicians, residents, or individuals with employment agreements who may be subject to the same or consistent corrective actions, depending on the situation.

Infectious Disease Prevention Policy (SE Region)

This document applies to students and the purpose of this policy is to comply with all applicable federal, state, and local rules and regulations, and is based on guidance from the Centers of Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), the Equal Employment Opportunity Commission (EEOC), as well as that of local health authorities, as applicable.

Medical Student Documentation in the Medical Record Policy (School of Medicine)

This policy applies to students. It is the policy of Atrium Health Wake Forest Baptist to allow medical students to document in the medical record. Any contribution and participation of a student to the performance of a billable Evaluation and Management (E&M) service must be performed in the physical presence of a teaching physician or physical presence of a resident. The teaching physician must perform (or re-perform) the physical exam and/or medical decision-making activities of the E/M service being billed but may verify any student documentation in the medical record, rather than re-documenting this work.

Nepotism and Consensual Relationships Policy (Wake Market)

This document applies to students, and the purpose of this policy is to ensure that relationships in the workplace do not raise the perception of favoritism, bias, or raise a concern regarding ethics or conflicts of interest. This policy defines standards for close relatives or those in consensual relationships working for Atrium Health Wake Forest Baptist in the same or different departments. Additionally, this policy outlines guidelines for supervisory relationships (real or perceived) and research relationships.

Policy on Research Integrity (Advocate Health, Atrium Health, Wake Forest University Health Sciences)

This document applies to students and the purpose of this policy is to promote the Institution's compliance with federal regulations and best practices for dealing with research misconduct and to protect the integrity and reputation of the Institution and its scholars from false or unproven allegations of research misconduct.

Enterprise Social Media

This document applies to students and the purpose of this policy is to assist our teammates in making responsible decisions about their use of social media. AHWFB has established the following policy to protect our teammates while avoiding loss of productivity and distraction from teammates' job responsibilities. While AHWFB respects the right of its teammates to communicate through social media, the organization maintains

this social media policy to ensure that the use of such communications serves the needs of our business and avoids inappropriate communication from and about our teammates and AHWFB. Teammates are expected to use good judgment and to ask questions if they need clarification on any of these guidelines.

Travel and Business Expense Policy (Enterprise)

This policy applies to business expenses incurred by and reimbursements paid to all faculty, physicians, students, residents, clergy, fellows, officials, board members and teammates employed by an Advocate Health entity.

Advocate Health, Inc. ("Advocate Health") recognizes that teammates may be required to travel to conduct company business and to further the mission of our organization. The purpose of this policy is to ensure that travel and other business expenditures are appropriate and reported in accordance with IRS regulations and to provide clear and concise instructions for timely reimbursement of authorized expenses. This policy applies to all business-related expenses paid by Advocate Health regardless of source of funds. If, however, business related expenses are to be charged to a sponsored project, the terms of the contract or grant will take precedence if they are more restrictive than this policy.

Cybersecurity Policy (Enterprise)

Version 5

I. PURPOSE

The purpose of this policy is to establish an Information Technology (IT) cybersecurity program for Advocate Health. This program protects the confidentiality, integrity, and availability of Data and Technology Assets by aligning with industry best practices, laws, and regulations.

II. SCOPE

This policy applies to Advocate Health, Inc. entities and to all data and Technology Assets owned or controlled by Advocate Health. This policy applies to all users such as teammates, faculty, vendors/contractors, consultants, students, temporary, volunteers, and other users at Advocate Health and its subsidiaries.

III. DEFINITIONS:

Data: Any data as defined by the Data Classification Policy (Enterprise).

Technology Asset: A physical and logical device owned, leased or used pursuant to contractual rights by Advocate Health that can store, process or transmit data. This includes, but are not limited to, PCs, tablets, Mobile Devices, terminals, laptops, servers, mainframes, printers, faxes, copiers, telephone systems, private branch exchanges, lab instruments, uninterruptible power supplies, network devices, wireless devices, biomedical devices, storage media, and back-up devices.

Users: Advocate Health teammates, affiliates and their Workforce Members, contractors, third party vendors, and other approved users of Advocate Health Technology Assets.

Workforce Members: Employees, volunteers, trainees, and other persons whose conduct in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.

IV. POLICY

A. Cybersecurity Program

1. Cybersecurity will be responsible for the governance of cybersecurity for Advocate Health. This includes implementing a cybersecurity program, which will be monitored for effectiveness.
2. Cybersecurity will maintain a roadmap guiding the strategic portfolio of the cybersecurity program.
3. Cybersecurity will leverage industry standard control categories, standards, or frameworks (e.g.,

NIST CSF) to develop the cybersecurity program.

4. Cybersecurity will oversee the development of cybersecurity policies and standards, which will be in accordance with local, state, and federal laws and regulations.
5. Cybersecurity policies will be reviewed and updated annually. Updates will remain consistent with the governing principles of this policy and in accordance with the Document Development and Control Policy (Enterprise).
6. Cybersecurity auditing and monitoring tools will be restricted to authorized personnel to prevent misuse or compromise.
7. Cybersecurity will have the authority investigate non-compliance. Users will be expected to demonstrate compliance upon request.
8. Cybersecurity will establish an IT risk management program in accordance with the IT Risk Management Policy (Enterprise). This will include, but is not limited to, the governance of internal and third-party risk (e.g., new solutions, vendors).
9. Mergers, acquisitions, and divestures are high risk to the organization. Cybersecurity due diligence must be conducted to ensure migrations minimize risk to the extent technically possible.

B. Roles & Responsibilities
   1. Minimum roles and responsibilities will be established by this policy, and separation of duties will be considered for additional roles.
   2. Users will be responsible for using Data and Technology Assets in accordance with the cybersecurity program and all cybersecurity policies, including the Acceptable Use Policy (Enterprise).
   3. The Chief Information Security Officer (CISO) will be responsible for the cybersecurity program and all cybersecurity policies in accordance with the Assigned Cybersecurity Responsibility Policy (Enterprise).
   4. Information Technology leadership will be accountable for implementing cybersecurity controls in compliance with the cybersecurity program and all cybersecurity policies.
   5. System owners, including business owners, will be responsible for implementing cybersecurity controls in compliance with the cybersecurity program and all cybersecurity policies..

C. Access Control
   1. Least privilege will be the access control principle governing data and Technology Assets.
   2. Technology Assets configured with legacy access controls must be updated to current cybersecurity standards during major upgrades or upon request by Cybersecurity. Documented risks may be noted by Cybersecurity for technologies unable to support access controls in accordance with the IT Risk Management Policy (Enterprise).
   3. Unmanaged devices (e.g., FDA certified, black box, vendor appliances) will have access controls to the extent authorized and approved by Cybersecurity.
   4. Physical and/or logical security must be maintained throughout the life cycle of non-public data regardless of the storage media, processing location, or method of transfer.
   5. Technology Assets that store or have access to non-public data must meet minimum cybersecurity requirements outlined by this policy and other policies by Cybersecurity as a condition of purchase.
   6. Data confidentiality, availability, and integrity will be maintained in accordance with the Data Classification Policy (Enterprise), Acceptable Use Policy (Enterprise), and other organizational policies (e.g., Human Resources, Privacy, Legal).Personally-owned computers and electronic devices are not allowed to connect to the enterprise network(s) unless they are authorized by Cybersecurity based on approved business needs or are within the limits of policies governing the use of personal electronic devices.

D. Violation or abuse of this policy may be grounds for corrective action, up to and including employment or contract termination as well as possible civil and criminal penalties. Violations will be referred to

Human Resources, Office of Student Affairs, Faculty Services, Privacy, Legal, or Law Enforcement, as appropriate.

E. Policy exceptions may be requested for all Cybersecurity policies and standards where a business need arises. Requests must have a documented requester, risk assessment, policy in conflict, reason/justification, compensating controls (if possible), and approval from the requester's management. Exception approvals are granted by the CISO or appointed designee for a maximum period of one year

V. CROSS REFERENCES

Acceptable Use Policy (Enterprise)
Assigned Cybersecurity Responsibility Policy (Enterprise)
Enterprise Data Classification Policy Enterprise Data Classification Policy
Enterprise Document Development and Control Policy
IT Risk Management Policy (Enterprise)

VI. RESOURCES AND REFERENCES:

Regulation / Resource	Description
Family Educational Rights and Privacy Act (FERPA)	Requirements for student education records
Federal Information Security Management Act (FISMA)	Requirements for federal agencies and their contractors
Gramm-Leach-Bliley Act (GLBA)	Requirements for consumer financial data
Health Information Technology for Economic and Clinical Health Act (HITECH)	Requirements to strengthen healthcare compliance
Health Insurance Portability and Accountability Act (HIPAA)	Requirements to safeguard protected health information
National Institute of Standards and Technology (NIST)	Standards focused on managing cybersecurity and risk
Payment Card Industry Data Security Standards (PCI-DSS)	Requirements for cardholder data

VII. ATTACHMENTS: Not Applicable

Wake Forest University School of Medicine Policies

The following policies apply to all students in the Wake Forest School of Medicine and the Wake Forest University Graduate School of Arts and Sciences-Biomedical Graduate Programs.

Click on the title of the policy to be taken directly to the policy in PolicyTech.

Adverse Event Policy (School of Medicine)

Version 1

I. PURPOSE

The purpose of this policy is to establish standards for adverse events and inclement weather for students attending in-person programs and activities at the Wake Forest University School of Medicine.

II. SCOPE

This policy applies to all Academic Nursing, PA Studies (MMS and DMSc), and Undergraduate Medical Education (MD) program students at the School of Medicine, as well as Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences (collectively, School of Medicine) programs students. Distance Education students who are not attending in-person programs and/or activities are not included in the scope of this policy.

III. DEFINITIONS/ABBREVIATIONS

A. **Adverse Event:** Any event that disrupts School of Medicine and/or Program operations and results in the partial or full closing of campus or other Atrium Health Wake Forest Baptist (Wake) location or a change in course modality. Adverse events include, without limitation, inclement weather, fire, natural disaster, war, labor disturbances, loss of utilities, riots or civil commotions, epidemic, pandemic, or public health crisis.

B. **Delay:** In the event of a delay all classes prior to and inclusive of the delay period may be delayed or rescheduled.

C. **Cancellation:** In the event of a cancellation, all classes covered during the period of cancellation have the option of being rescheduled. Instructors may need to adjust evaluation of material that would have ordinarily been taught during the cancelled classes.

D. **Closure:** In the event of an inclement weather closure, all classes, meetings, and events are canceled. Closure may sometimes extend for multiple days, depending on conditions. Faculty and students should monitor email for communication as to when classes will resume.

E. **Early dismissal:** An early dismissal is an inclement weather closure of the campus that is effective at a particular time of the day, decided and announced after students, faculty or staff have already reported for work. An early dismissal may be announced at any time as the conditions arise.

IV. POLICY

Adverse events may occur during a term. The School of Medicine will remain open for in-person activities and continue operations unless otherwise determined by program leadership.

A. Notification

1. In the event of an Adverse Event, students are required to visit their learning management system and monitor their email to obtain information regarding any schedule changes for that day. Students will be notified via e-mail of any cancellations or postponements.

2. Department of Academic Nursing

a) The program will seek to provide notification as early as possible. In the absence of an email notification otherwise, learners should assume that classes will be on schedule.

b) Classes and activities may be held online in lieu of in-person activities, at the discretion of the course faculty of record.

3. Graduate School of Arts and Sciences – Biomedical Sciences Programs

   a) Students enrolled for research hours and who are otherwise affiliated with a research lab must consult their advisor regarding the execution of ongoing, critical experiments that may be affected by closures.

   b) The Graduate School reserves the right to independently delay or cancel classes. However, the interdependency of the Graduate School with the School of Medicine, Virginia Tech and the Reynolda campus may also affect the decision of whether to cancel classes for the graduate school as a whole, or constituent programs.

   c) Widespread closure of public schools and daycare, which can affect students and faculty with children, will also be taken into consideration in any closure decision. In all cases, we will prioritize student, faculty and staff safety over convenience.

4. MD Program

   a) In Charlotte, students may be notified of an Adverse Event by text message sent via the Everbridge Mass Notification System. Students register online for these notifications during orientation.

5. PA Studies

   a) Students should note that decisions to close the School of Medicine, (AHWFB) clinical institutions, the Reynolda campus, and Appalachian State University are all made separately, as are decisions to close the PA (MMS) Program in Winston-Salem and in Boone.

   b) Additionally, campus schedules may be impacted by weather conditions occurring at alternate campus locations.

   c) For preclinical students located in Boone, enrollment in the AppState-ALERT system is highly recommended so that they will be included in system-wide ASU alerts for local emergencies.

6. Students may also be notified of weather-related alerts or changes in operations at Atrium Health Wake Forest Baptist Medical Center (AHWFBMC) by text message sent via the AHWFBMC emergency communications system. Students must maintain updated and accurate contact information in their PeopleSoft accounts to be included in these messages.

B. Personal Safety Concerns

In situations where classes and clerkship activities are being held during an Adverse Event, students are asked to make personal safety a priority. Students are encouraged to use appropriate discretion and not to travel under unsafe conditions or take unnecessary risks

1. Department of Academic Nursing

   a) Any student who is unable to attend class and clerkship activities because of an adverse event (e.g., inclement weather) in their area must notify the Program Director and course faculty of record via email prior to the missed session.

   b) Personal safety is best determined by the individual, and each individual must assess their own circumstances to determine whether travel conditions are safe to attend class(es) during an adverse event (e.g., inclement weather).

2. Graduate School of Arts and Sciences – Biomedical Sciences Programs

   a) Ultimately, personal safety is best determined by the individual, and therefore each individual must assess their own circumstances to determine whether travel conditions are safe.

   b) The Graduate School relies on external forecasts to determine a response to inclement weather and is therefore not responsible for decisions to travel when doing so would be counter to a personal assessment that it is unsafe to do so.

3. MD Program

   a) Any student who is unable to attend mandatory activities in the Pre-Clerkship Phase due to an Adverse Event must follow the Attendance for Medical Students in Pre-Clerkship Phase Policy - MD Program (WFUSM) for notification procedures.

   b) Any student who is unable to attend clinical activities in the Immersion and Individualization phase due to an Adverse Event must follow the Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program (WFUSM) for notification procedures.

   c) Individual questions or concerns can be addressed directly with the Director of Curricular Affairs or UME at the specific campus and/or the Senior Associate Dean of Curriculum.

4. PA Studies Department

   a) PA Program students are urged not to travel if conditions are unsafe and to avoid unnecessary risks even if classes and clerkship activities are being held.

   b) A student who cannot attend class or other activities due to inclement weather should notify the program as per the attendance policy. (See Attendance Policy - PA Program - PA Studies (School of Medicine)).

V. PROCEDURE / GUIDELINE Not Applicable

VI. CROSS REFERENCES

Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program (WFUSM)
Attendance for Medical Students in Pre-Clerkship Phase Policy - MD Program (School of Medicine)
Attendance Policy - PA (MMS) Program - PA Studies (School of Medicine)
Attendance Policy - Academic Nursing (School of Medicine)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

IX. REVISION DATES

Conflict of Interest Related to Student Assessment Policy (WFUSM)

Version 3

PURPOSE

The purpose of this policy is to ensure that faculty members and other university representatives who provide academic assessment of students are free from conflicting relationships with the students.

SCOPE

All faculty engaged by Wake Forest University School of Medicine (WFUSOM), WFUSOM faculty and staff, Third Parties responsible for assessing Students, and Students are responsible for complying with this policy.

DEFINITIONS

A. **Policy:** A statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities. A policy may help to ensure compliance with applicable laws and regulations, promote one or more missions, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors, and others are expected to operate.

B. **WFBH:** Wake Forest Baptist Health (WFBH) is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Wake Forest Baptist Imaging, LLC (WFBI), NCBH Outpatient Endoscopy, Wake Forest Health Network (WFHN), High Point Surgery Center, LLC and Premier Surgery Center.

C. **Student:** any person enrolled in or taking courses in an educational program of Wake Forest University School of Medicine.

D. **Program Manager of applicable program as follows**:

Academic Nursing Program:	Program Director
Physician Assistant (PA) Program:	Program Director
Undergraduate Medical Education (MD) Program:	Associate Dean for MD Program Academic Affairs
Graduate School of Arts & Sciences, Biomedical Sciences:	Dean, Graduate School of Arts & Sciences, Biomedical Sciences

E. **Assessment:** The systematic use of a variety of methods to collect, analyze, and use information to determine whether a Student has acquired the competencies (e.g., knowledge, skills, behaviors, attitudes) established by and for the Student's applicable program.

F. **Third Party:** an individual who is not employed by Atrium Health Wake Forest Baptist, but is in a position of assessing a Student on behalf of Wake Forest University School of Medicine.

G. **Immediate Family Member:** includes the following individuals

i. Spouse
ii. Child
iii. Parent
iv. Sibling
v. Mother/Father-in-law
vi. Sister/Brother-in-law

vii. Grandparent
viii. Step-parent
ix. Step-sibling
x. Step-child
xi. Member of the immediate household

H. Personal Financial Relationship: a relationship in which the Student receives financial support from the faculty/staff member/Third Party. An exception is permitted when the Student is performing research activities on a grant-funded project.

POLICY GUIDELINES

A. General Requirements/Applicability: Faculty/staff/Third Parties and Students should disclose any conflict of interest, as defined in section B, below.
   1. Faculty/Staff/Third Parties who serve on a School of Medicine standing committee(s) or program-specific committee(s) which assesses and votes on Student acceptance, progress, or promotion (including graduation) should inform the Chair of the committee(s) on which the faculty/staff/Third Party serves when conflict of interest exists and recuse themselves from participating in the assessment of, or voting on, matters pertaining to the Student with whom the faculty/staff/Third Party has a conflict of interest.
   2. Any faculty/staff/Third Party who assesses Students should disclose in writing the presence of a conflict of interest to the appropriate Program Manager.
   3. Students should disclose any conflict of interest following the process specified in the Student Handbook for their specific program.
   4. In the event of a conflict of interest, the appropriate Program Manager will develop a plan to remove the faculty/staff/Third Party from the assessment of the Student with whom the faculty/staff/Third Party has a conflict of interest. Each program is required to establish a process to manage the avoidance of conflicts of interest in Student assessment once a conflict of interest has been identified.
   5. Once identified, a conflict of interest exists until the Student is no longer a Student, as defined above.

B. Conflicts of interest include:
   1. The Student is an Immediate Family Member of the faculty/staff/Third Party who is assessing the Student.
   2. The Student has a consensual relationship with the faculty/staff/Third Party (as defined in the Wake Forest Baptist Medical Center Nepotism and Consensual Relationships policy).
   3. The Student has a Personal Financial Relationship with the faculty/staff/Third Party.
   4. Healthcare relationships:
      a. For Undergraduate Medical Education (MD) Program Students: The Student has received medical or mental healthcare from the faculty/staff/Third Party.
      b. For all other programs' students (not enrolled in the MD program): The Student has a current therapeutic relationship to receive medical or mental healthcare from the faculty/staff/Third Party.
   5. The Student, faculty/staff/Third Party perceives a conflict of interest exists that is not specified in items B (1-4) above. Additional information about the nature of the perceive conflict may be requested under this circumstance.

C. Sanctions for Breach of Policy
   1. Students, faculty, staff, and Third Parties have an obligation to comply with this policy. Examples of conduct that violate this policy include (Note: these examples are not intended to be exhaustive):
      - Intentional deception or dishonesty in disclosures
      - Omission of relationship disclosures

- Failure to comply with plans to avoid conflict of interest in student assessment

2. Reports of suspected violations may be made to any of the individuals listed below, or anonymously through the Compliance Hotline (1-888-847-6331). Suspected violations will be investigated and referred to the following for sanctioning as appropriate:

Students:	Program Director, as applicable
Staff:	Human Resources
Faculty:	Dean, School of Medicine/designee and/or President/Chief Medical Officer of Wake Forest Baptist Health
House Staff:	Dean, School of Medicine/designee and/or Associate Dean for Graduate Medical Education/ Chief Medical Officer

3. Possible sanctions may include:
    - Written advisory for placement in the employee or student record
    - Ineligibility to participate in grant applications or on committees
    - Dismissal from an educational or training program
    - Termination of employment

REFERENCES

Nepotism and Consensual Relationships Policy (Wake Market)

Code of Conduct

Conflict Of Commitment Policy (Wake Market)

Conflicts of Interest - Individual Policy (Enterprise))

Distance Education Policy (WFUSM)

Version 4

I. PURPOSE

The purpose of this policy is to set forth the requirements and expectations for Wake Forest University School of Medicine students enrolled in Distance Education courses.

II. SCOPE

This policy applies to all students enrolled in Distance Education courses offered by the Wake Forest University School of Medicine and Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs (School of Medicine).

III. DEFINITIONS

A. Student: A person who matriculates into, is enrolled in, or is taking courses in the Academic Nursing, the Physician Assistant Studies (MMS and DMSc), or the Undergraduate Medical Education (MD) programs of Wake Forest University School of Medicine or the Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences programs (hereinafter jointly referred to as "School of Medicine").

B. Credit Hour: Defined in accord with federal regulations as the amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency. The institutionally established equivalency is approximated using the Carnegie unit in accordance with commonly accepted practice in higher education.

C. Distance Education: Consistent with the SACSCOC policy on Distance and Correspondence Education, the School of Medicine defines Distance Education as "a formal educational process in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. Instruction may be synchronous or asynchronous. A distance education course may use the internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or other digital media if used as part of the distance learning course or program." (www.sacscoc.org)

IV. POLICY GUIDELINES

A. Compliance with the Principles of Accreditation

1. Mission

a) The mission of the School of Medicine, as stated on the School's website, applies to all Distance Education courses.

2. Curriculum and Instruction

a) Distance Education courses and programs maintain the same academic standards as those offered on the main campus.

b) Distance Education courses and/or programs will be integrated into the regular planning process of the institution.

c) Faculty remains responsible for the oversight of the rigor and quality of the instruction.

d) Oversight and governance of Distance Education programming is incorporated into the governance of the School of Medicine.

3. Credit Hours

Credit Hours for Distance Education courses are comprised as follows:

a) Not less than one hour of classroom or direct faculty instruction and a minimum of two hours out of class student work each week for approximately fifteen weeks for one

semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time, or

b) At least an equivalent amount of work as required outlined in item a) above for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

4. Faculty

   a) All faculty, including adjunct faculty, teaching an online course using asynchronous methodology will be required to complete training in distance education administered by the School of Medicine.

   b) Distance Education courses will be evaluated yearly using a quality assurance rubric to be completed by the certified personnel.

5. Instructional Effectiveness

   a) The quality assurance rubric will be used to develop Distance Education courses along with Instructional Designers and course/program faculty subject matter experts.

   b) Distance Education courses are expected to produce the same learning outcomes as comparable in-person courses.

   c) The institution will evaluate the educational effectiveness of each Distance Education program, including assessment of student learning outcomes, student retention, and student satisfaction, to ensure comparability to in-person programs.

6. Library and Learning Resources

   a) Students enrolled in Distance Education courses will have access to all library features made available through the Wake Forest School of Medicine Carpenter Library.

7. Student Services

   a) Students enrolled in Distance Education courses will have access to student services including:

      (1) Financial Aid

      (2) Admissions

      (3) Registrar

      (4) Center for Learning, Access, and Student Success

      (5) Title IX Office

      (6) Student and Teammate Health

      (7) Student Counseling and Well-Being Services (if the student is located in the state of North Carolina)

         (a) Students located outside of the state of North Carolina will be instructed to contact Student Counseling and Well-Being Services to discuss available options.

   b) Students enrolled in Distance Education courses will be required to complete all attestations as assigned by the specified deadlines.

   c) Students who are enrolled in Distance Education courses and who do not have an active badge are exempt from the Medical Health Requirements and Immunizations Policy (WFUSM).

8. Facilities and Finances

   a) Wake Forest University School of Medicine will maintain the appropriate infrastructure to support Distance Education.

b) Students enrolled in Distance Education courses will have access to the ITS team for technical support issues.

B. Academic Integrity & Professionalism

1. Unless otherwise noted, students in Distance Education courses are expected to comply with Atrium Health Wake Forest Baptist (AHWFB), School of Medicine, and program-specific policies and procedures. Please refer to the Wake Forest University School of Medicine Policy and Compliance Companion (WFUSM) for more information.
2. Students enrolled in Distance Education courses are expected to comply with all School of Medicine and program specific standards on professionalism and academic integrity.
    a) Distance Education students will be required to acknowledge the same attestations as in-person students, including the applicable program's Honor Code policy, as well as the Atrium Health Wake Forest Baptist Confidentiality Agreement.

C. Verification of Student Identity

1. Students enrolled in Distance Education courses will be issued appropriate credentials to access electronic resources including the learning management system, library resources, examination systems, and other networks and systems (for example, Canvas, ECHO 360, Typhon, Peoplesoft, etc.).
2. Students will be informed of and required to comply with the Enterprise Acceptable Use Policy
    a) Consistent with this policy, students are prohibited from sharing their password with another person and from using another individuals' password to access university-related systems.
    b) Use of another student's login information, such as to misrepresent the identity of the individual participating in class activities, assignments, or examinations, is considered a violation of the applicable program's academic honor code and the student will be referred for review consistent with the applicable program's policy.
3. To verify that the student who registers in a Distance Education course and/or program is the same student who participates in, completes the course and/or program and receives the credit, one or more of the following methods will be used:
    a) Students are required to provide a copy of their current photo identification and one other form of identification, such as a current medical license or billing with name and address.
    b) Each student is provided a secure login and pass code and will be required to use these credentials to log into the online courses.
    c) When used in a course, proctored examinations are required to use an online proctor.
4. When a course uses videoconferencing, instructors will use visual tracking, and login documentation will be recorded.

D. Privacy of Student Information in Distance Education

1. Education records of students enrolled in Distance Education courses will be maintained in accordance with the same policies and standards applicable to the privacy of student education records for students enrolled in other School of Medicine programs.

E. Projected Student Charges.

1. The cost of attendance is published on the School of Medicine Financial Aid website.
2. Projected additional student charges related to verification of student identity will be conveyed to students in writing via email or at the time of registration/enrollment.

F. Financial Aid and Student Academic Engagement

1. If a student fails to login, submit an assignment, or meet another online course deadline, and as a result is more than 7 calendar days behind in coursework and the student has not contacted

the instructor, the School of Medicine Compliance Office will contact the student via their School of Medicine-issued email, explaining that they have 7 calendar days to login and participate in the course or they will be subject to withdrawal procedures from the course.

a) If the student responds and plans to continue the course, the Program Director and the Course Instructor will determine a plan for the student to re-engage in the curriculum, with any associated deductions for late work and any missing assignments.

(1) The student would be considered engaged in the curriculum with no impact on any applicable financial aid.

b) If the student responds and decides to withdraw from the course, withdrawal procedures will be initiated.

2. If the student subsequently does not reply or fails to login or participate in the course, the School of Medicine Compliance Office will initiate withdrawal procedures and will notify the student via email that they have been administratively withdrawn from the course due to lack of engagement.

3. Students should also be familiar with the following other policies related to tuition and financial aid:

a) Return of Federal Financial Aid Funds Policy (WFUSM)

b) Refund of Tuitions and Fees Policy (School of Medicine)

V. PROCEDURE/GUIDELINES: Not Applicable

VI. CROSS REFERENCE

Acceptable Use Policy (Enterprise)
Cybersecurity Policy (Enterprise)
Medical Health Requirements and Immunizations Policy (WFUSM)
HIPAA Privacy and Security Sanctions Policy (Enterprise)
Refund of Tuitions and Fees Policy (School of Medicine)
Return of Federal Financial Aid Funds Policy (WFUSM)
Student Education Records Policy (WFUSM)
Student Substance Use Policy (WFUSM)
Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (School of Medicine)
Wake Forest University School of Medicine Policy and Compliance Companion (WFUSM)

VII. RESOURCES AND REFERENCES:

Wake Forest University School of Medicine Admissions
Wake Forest School of Medicine Carpenter Library
Wake Forest University School of Medicine Student Counseling and Well-Being Services
Wake Forest University School of Medicine Financial Aid
Wake Forest University School of Medicine Registrar
Wake Forest University Center for Learning, Access, and Student Success (CLASS)
Wake Forest University Title IX Office
Student and Teammate Health
www.sacscoc.org

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES: 5/15/2018, 7/17/2020; 1/2023; 1/2025

Please visit the Distance Education Website at
https://school.wakehealth.edu/education-and-training/distance-education

Effects of Infectious Disease or Disability on Student Learning Activities Policy (WFUSM)

Version 4

I. PURPOSE

This policy describes the approach the Wake Forest School of Medicine and the Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences will follow to address the effects of infectious and environmental disease or disability on Student learning activities.

II. SCOPE

This policy applies to all Wake Forest University School of Medicine and Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs students.

III. DEFINITIONS

A. **Student:** A person who matriculates into, is enrolled in, or is taking courses in the Academic Nursing, the Physician Assistant (PA) Studies, or the Undergraduate Medical Education (MD) programs of Wake Forest School of Medicine or the Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences programs (hereinafter jointly referred to as "School of Medicine").

B. **Health Care Provider:** For purposes of this policy, defined as a Student.

C. **Program Manager:** Defined for each educational program as follows:

Academic Nursing Program	Program Director
Graduate School of Arts and Sciences, Biomedical Sciences Programs	Dean, Graduate School of Arts and Sciences-Biomedical Sciences
Physician Assistant (PA) Studies	Program Director
Undergraduate Medical Education (MD) Program	Associate Dean for MD Program Academic Affairs

IV. POLICY GUIDELINES

A. The School of Medicine abides by the Atrium Health Wake Forest Baptist ("AHWFB") policies on Non-bloodborne Communicable Diseases Exposure Policy (Wake Market), Emerging Communicable Diseases Policy (Wake Market), Reporting Communicable Diseases Policy (Wake Market), and Communicable Diseases, Employee Health Services.

B. The School shall maintain the confidentiality of information regarding communicable and infectious diseases (e.g. COVID-19, HIV testing, HIV status, or AIDS-related conditions) of its Students in accordance with all applicable federal, state and local laws and regulations and in accordance with all policies and procedures of Wake Forest Baptist Medical Center.

V. PROCEDURE/GUIDELINE

A. For Students who are infected with Hepatitis B, Hepatitis C, and/or HIV, the risk of transmission to patients increases with the invasiveness of the procedure provided by the Student, as well as the Student's viral load.

B. HIV and Hepatitis B

1. The North Carolina Department of Health and Human Services Division of Public Health has established certain requirements related to HIV and Hepatitis B infected health care providers, which includes Students

2. The School of Medicine abides by the requirements of the North Carolina Administrative Code,

10A NCAC 41A .0207, related to HIV and Hepatitis B infected health care providers (see, Section VII, "RESOURCES AND REFERENCES," below).

3. The Program Manager (or designee) will serve as the "Practice Monitor," as specified in 10A NCAC 41A. 0207(h).
4. Either the Student or the State Health Director will communicate to the Program Manager any restrictions recommended by the State Health Director (i.e., the "isolation order") on the infected health care provider's practice. Upon receipt of any isolation order from the State Health Director, the Student must notify the Program Manager.
5. The Program Manager will collaborate with the program leaders to ensure that any restrictions or modifications of procedures specified in the isolation order are factored into decisions regarding the infected health care provider's ability to participate in the remaining curriculum.
    a) The review of restrictions set forth in the isolation order will also include an assessment of the ability of the infected health care provider to continue to meet the program's technical standards, with or without accommodations.
    b) The assessment regarding the infected health care provider's ability to meet the program's technical standards shall be coordinated in compliance with the School of Medicine's policy regarding disability related accommodations.
6. The Program Manager will monitor the infected health care provider's compliance with the isolation order from the State Health Director. Any changes to the isolation order as directed by the State Health Director will require an assessment of the ability of the infected health care provider to continue to meet the program's technical standards as described above.
7. Financial costs related to the periodic monitoring of the status of the health care provider's infection are the responsibility of the infected health care provider.

C. Hepatitis C and Other Bloodborne Pathogens

1. The School of Medicine follows a similar approach as outlined in the NC Administrative Code, 10A NCAC 41A .0207, for health care providers, including students infected with Hepatitis C or other bloodborne pathogens.
2. The infected health care provider will notify Teammate Health if they know or suspect themselves to be infected with Hepatitis C or other blood borne pathogens.
3. Teammate Health shall serve in the capacity of the State Health Director and investigate the practice of any infected health care provider and the risk of transmission to patients.
4. If Teammate Health determines that there may be a significant risk of transmission of Hepatitis C or other blood borne pathogens to patients, Teammate Health shall appoint an expert panel to evaluate the risk of transmission to patients, and review the practice, skills, and clinical condition of the infected health care provider, as well as the nature of the surgical or obstetrical procedures or dental procedures performed and the operative and infection control techniques used.
5. The expert panel shall review information collected by Teammate Health and may request that Teammate Health obtain additional information.
    a) Teammate Health shall not reveal to the panel the identity of the infected health care provider.
    b) The expert panel shall consist of Teammate Health, the Director of Infection Prevention and Health System Epidemiology, and the Public Health Epidemiologist.
6. The expert panel shall make recommendations to Teammate Health that address the following:
    a) Restrictions that are necessary to prevent transmission from the infected health care provider to patients;
    b) Identification of patients that have been exposed to a significant risk of transmission of Hepatitis C or other blood borne pathogens; and

c) Periodic review of the clinical condition and practice of the infected health care provider.

7. If, prior to receipt of the recommendations of the expert panel, Teammate Health determines that immediate practice restrictions are necessary to prevent an imminent threat to the public health, Teammate shall contact the Program Manager and coordinate immediate and necessary restrictions on the infected health care provider's learning activities.
8. After consideration of the recommendations of the expert panel, Teammate Health shall specify the restrictions on the infected health care provider's learning activities consistent with the status of the infected health care worker's infection and based upon the current state of knowledge of the infection. Teammate Health shall coordinate with the Program Manager to implement those restrictions.
9. An infected health care provider who has been evaluated by Teammate Health shall notify Teammate Health prior to a change in practice at the School involving surgical or obstetrical procedures or dental procedures. The infected health care provider shall not make the proposed change without approval from Teammate Health.
10. Teammate Health shall request the assistance of one or more health care professionals to obtain information needed to periodically review the clinical condition ("Clinical Monitor") and the practice ("Practice Monitor") of the infected health care provider who performs or assists in surgical or obstetrical procedures or dental procedures.

    a) The "Clinical Monitor" will be the infected health care worker's personal clinician (e.g., primary care provider, infectious disease specialist).

        (1) The Clinical Monitor will assist the infected health care provider in following the monitoring recommendations of Teammate Health, including periodic monitoring of the status of the health care provider's infection through lab testing.

        (2) Financial costs related to the periodic monitoring of the status of the health care provider's infection are the responsibility of the infected health care provider.

    b) The "Practice Monitor" will be the Program Manager (or designee).

        (1) The Program Manager (or designee) will oversee the infected health care provider's compliance with the recommendations from Teammate Health.

        (2) The Program Manager (or designee) will collaborate with the appropriate program leaders to ensure that any restrictions or modifications of procedures specified by Teammate Health are factored into decisions regarding the infected health care provider's ability to participate in the remaining curriculum.

            i. The review of restrictions set forth in the restrictions or modifications of procedures from Teammate Health will also include an assessment of the ability of the infected health care provider to continue to meet the program's technical standards.

            ii. The assessment regarding the infected health care provider's ability to meet the program's technical standards shall be coordinated in compliance with the School of Medicine's policy regarding disability related accommodations.

VI. CROSS REFERENCES

Effects of Infectious Disease or Disability on Student Learning Activities Policy (WFUSM)
Communicable Diseases, Employee Health Services (Wake Market)
Non-bloodborne Communicable Diseases Exposure Policy (Wake Market)
Emerging Communicable Diseases Policy (Wake)
Reporting Communicable Diseases Policy (Wake Market)
Exposure to Infectious and Environmental Hazards Policy (School of Medicine)
Technical Standards for Medical School Admission, Continuation, and Graduation - MD Program (School of Medicine)

Technical Standards - PA Program - PA Studies (School of Medicine)
Student Disability Accommodations Requests Policy and Procedures (WFUSM)

VII. RESOURCES AND REFERENCES

Academic Nursing Program: Technical Standards for Admission, Continuation and Graduation
ARC-PA Standard A3.08
LCME Standard 12.8
Rules regarding HIV-infected and Hepatitis B infected health care workers: 10A NCAC 41a .0207
Quarantine and Isolation Authority of the State Health Director or a local health director: G.S. 130A-145
Infection prevention – Healthcare settings: 10A NCAC 41A .0206(b)
Section 504 of the Rehabilitation Act and the Americans with Disabilities Act
CDC Recommendations for the Management of Hepatitis B Virus-Infected Health- Care Providers and Students. MMWR Recomm Rep.2012Jul6;61(RR-3):1-12. PMID: 22763928 (reference)
SHEA guideline for management of healthcare workers who are infected with Hepatitis B virus, Hepatitis C virus, and/or human immunodeficiency virus. Infect Control Hosp Epidemiol. 2010 Mar;31(3):203-32. PMID: 20088696 (reference)

REVISION DATES:

8/2019; 1/2021; 12/2023

Exit Policy (School of Medicine)

Version 1

I. PURPOSE

The purpose of this exit policy is to ensure a clear understanding of the circumstances and procedures related to the discontinuation of a student's enrollment in the Wake Forest University School of Medicine or Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs (School of Medicine).

II. SCOPE

This policy applies to all students enrolled in the Academic Nursing Department, PA Studies (MMS and DMSc), and Undergraduate Medical Education (MD) programs at the School of Medicine, as well as Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs students.

III. DEFINITION/ABBREVIATIONS

A. Voluntary Withdrawal: Student-initiated exit from a program.

B. Administrative Withdrawal: A form of involuntary withdrawal initiated by the School of Medicine when a student fails to enroll, fails to return from a leave of absence, or fails to engage in an online course.

C. Dismissal: A form of involuntary withdrawal initiated by the School of Medicine when a student has been found in violation of School policies and procedures.

IV. POLICY

A. A student initiating withdrawal from a program must submit a written request to the Program Director or designee as set forth below:

1. Academic Nursing: Program Director
2. Graduate School of Arts and Sciences – Biomedical Sciences Programs: Program Director or Director, Biomedical Graduate Programs Office
3. MD Program: Vice Dean, Undergraduate Medical Education
4. PA Studies: Program Director
5. Upon receipt of the request, a counseling session may be scheduled with the Program Director or designee to discuss the withdrawal and its potential implications.

B. A student who is administratively withdrawn or dismissed from the program is required to follow the exit procedures described within this policy.

C. Financial Aid

1. Any student who has received financial aid and who ceases enrollment for any reason must conduct an online exit interview within seven business days with the Financial Aid Office. Students will be contacted by the Financial Aid Office with specific instructions.
   a) This Interview covers “Borrowers Rights and Responsibilities” for all student loan programs and is required by law.
2. A student withdrawing during an academic term or who fails to complete a period of enrollment for any reason may be entitled to a refund of certain charges.
3. A withdrawal also affects financial aid eligibility and could require a return of federal financial aid funds. Please see the Refund of Tuitions and Fees Policy (WFUSM) and the Return of Federal Financial Aid Funds Policy (WFUSM) for further details.
4. Forfeit of Scholarship Funds
   a) Students who are enrolled in a special program and have received scholarships from that program will forfeit those scholarship funds upon withdrawal or dismissal from the program.

D. Upon Exit

1. Students exiting from the School of Medicine will be assigned the following grades for each course/rotation in progress:
   a) Department of Academic Nursing
      1) A student who withdraws prior to completing 1/3 of the term will be assigned a grade of "W."
      2) A student who withdraws after completing 1/3 of the term will be assigned a grade of "WP – Withdraw Passing" or "WF – Withdraw Failing."
      (1) Post Master's Doctor of Nursing (PM-DNP)
         (a) A student who withdraws will receive a grade of Pass/Fail for each course in progress.
   b) Graduate School of Arts and Sciences – Biomedical Sciences Programs
      (1) A student who withdraws by the drop date for the term, as established by the academic calendar, will not have a grade recorded for each course in progress.
      (2) A student who withdraws after the drop date will be assigned a grade of "WP – Withdraw Passing" or "WF – Withdraw Failing" for each course in progress.
      (3) Note: The withdrawal date for a student enrolled in an on-line program will be determined by the date of the student's last documented engagement in the course. Please refer to the Distance Education Policy (WFUSM) for additional information.
   c) PA Studies
      (1) Students are unenrolled from active courses and no grade is assigned upon withdrawal.
   d) MD Program
      (1) Students who withdraw from the program will have the grade of "W" (Withdraw) assigned for each course/rotation in progress.
2. A student who withdraws is not permitted to attend School of Medicine educational activities or access program-related materials.

E. Re-Admission/Re-Instatement Eligibility

1. Re-admission is not guaranteed. See program-specific admissions policies for more information.
2. A student wishing to reenter their program following withdrawal must complete the following requirements:
   a) Academic Nursing
      (1) A student wishing to reenter the program following voluntary withdrawal must reapply and meet with the Admissions Committee. Readmission is contingent on committee recommendations and availability of clinical positions for student experience.
      (2) DNP: Students reentering after a 4-year absence must repeat any coursework previously completed.
   b) Graduate School of Arts and Sciences – Biomedical Sciences Programs
      (1) A student who has withdrawn from the program and wishes to return within one academic year must request reinstatement in writing to the Senior Associate Dean of the Biomedical Graduate Programs at least one month prior to the term in which they wish to re-enter.
      (2) To be reinstated, the student must be in good academic standing and receive approval from the graduate program and the Senior Associate Dean of the Biomedical Graduate Programs.
      (3) Students who have withdrawn from the program and who wish to re-enter after one academic year must reapply for admission, as stated in the Graduate Bulletin, by the

application deadline and must be recommended by the program and accepted by the Senior Associate Dean of the Biomedical Graduate Programs.

(4) If a student is approved for readmission to their program within a five-year period, previous coursework may count towards the degree requirements at the discretion of the Senior Associate Dean of the Biomedical Graduate Programs on the recommendation of the program.

(5) If the student re-enters their program after a five-year period, previous courses will not count toward the degree requirements.

c) MD Program

(1) A student who has withdrawn and wishes to be considered for readmission must apply and follow all the processes and procedures of the regular admissions process. Applicants will be considered as described in the Selection of Medical Students Policy - MD Program (WFUSM).

d) PA Studies

(1) Former students wishing to be re-admitted may be required to re-apply to the program.

(2) Re-admission is not guaranteed and will be considered based on current program capacity and the student's previous academic and professional record.

3. When a student is dismissed and the appeal is upheld, the student is not eligible to reapply for readmission to the School of Medicine.

V. PROCEDURE / GUIDELINE

A. Exit Procedures

1. All students exiting School of Medicine programs must complete the following exit procedures:

a) Office of Student Records
- Complete the Change of Status form provided by the Registrar and provide the Registrar with a current mailing address, email address, and phone number.

b) Office of Student Financial Services
- Meet with the Director of Student Financial Services or designee to discuss current debt with the school and discuss information regarding termination or conversation of health and dental coverage, if necessary.

c) Library Services
- Return any loaned books or materials to the School of Medicine.

d) Return program-specific materials (including identification badges, parking tags, white coat, keys) to the Program Director or designee.

e) Students exiting the program may be asked to meet with designated Information Technology Services staff to complete computer security procedures.

f) Office of Financial Aid
- Complete exit interview. See Section C of the policy for additional information.

VI. CROSS REFERENCES

Academic Progress Policy - DMSc Program - PA Studies (School of Medicine)
Distance Education Policy (WFUSM)
Refund of Tuitions and Fees Policy (School of Medicine)
Return of Federal Financial Aid Funds Policy (WFUSM)
Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine)
Satisfactory Academic Progression (SAP) for Financial Aid Eligibility Policy - Academic Nursing Programs (School of Medicine)
Satisfactory Academic Progress (SAP) for Financial Aid Policy - DMSc Program - PA Studies (School of Medicine) Satisfactory Academic Progress for Financial Aid Eligibility Policy - MD Program (WFUSM)
Satisfactory Academic Progress for Financial Aid Eligibility Policy - PA (MMS) Program - PA Studies (School of Medicine)

Selection of Medical Students Policy - MD Program (WFUSM)
Student Payment Policy (School of Medicine)
Student Progress Policy - PA (MMS) Program - PA Studies (School of Medicine)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

IX. REVISION DATES

Exposure to Infectious and Environmental Hazards Policy (School of Medicine)

Version 2

I. PURPOSE

The purpose of this policy is to outline student education regarding exposure and methods of prevention; to set forth procedures for care and treatment after exposure, including financial responsibility, and to address the effects of infectious and environmental disease or disability on medical student learning activities.

II. SCOPE

This policy applies to all Wake Forest University School of Medicine and Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs (School of Medicine) student.

III. DEFINITIONS/ABBREVIATIONS Not Applicable

IV. POLICY

A. Prevention Education

1. Students receive ongoing education, beginning at their initial orientation and prior to any clinical activities, about how to protect themselves and others from exposure to infectious and environmental hazards.
    a) Following first-year orientation, students are required to complete annual on-line training about Blood-borne Pathogen exposure prevention and infection control.
2. Visiting students are contacted via email prior to their rotation to inform them about policies and procedures related to exposure to infectious disease and environmental hazards. Students must also complete an online exposures orientation training module prior to arrival.

B. Exposure

1. All registered students, including visiting students, shall follow the Blood and Body Fluid Exposure Control Policy (Wake Area) and the Non-bloodborne Communicable Diseases Exposure Policy (Wake Market).
2. Students experiencing an exposure while delivering patient care shall follow the Procedures set forth in Section V, below.

C. Effects on Student Learning Activities

1. Students who have infectious and/or environmental exposure are assessed by Employee Health to determine their ability to return to the workplace for patient care activities.
2. Students who are considered to be at personal risk, or who might be of infectious risk to patients, are restricted from returning to patient care.
    a) The curriculum leaders for each program (or designee) will work with the student and, depending on the phase of the curriculum, other academic leaders as appropriate, to determine alternate educational activities to replace any missed experience, or to repeat/remediate activities to replace missed educational experiences.
    b) The curriculum leaders for each program (or designee) will also work with Employee Health to determine methods and timing of a student's return to patient care activities.

D. Financial Responsibility

1. An Occurrence Report must be completed following the exposure. Employee Health will cover expenses for initial testing, evaluation, and treatment (if it occurred while delivering patient care and process for exposures was followed).

2. Employee Health will cover any treatment-related expenses for initial testing, evaluation, and treatment for registered students who have an infectious and/or environmental exposure resulting from patient care at an AHWFB facility.

    a) Subsequent treatment after the initial testing, evaluation, and treatment will be managed under the Employee Health process for positive exposures.

3. For exposures that occur in a facility outside of the Winston-Salem area, Employee Health will cover initial treatment-related expenses incurred at an external medical facility. Employee Health will facilitate coordination of subsequent treatment, if required.

    a) Subsequent treatment after the initial testing, evaluation, and treatment will be managed under the Employee Health process for positive exposures.

V. PROCEDURE/GUIDELINE

A. Care and treatment after exposure

1. Exposures at Atrium Health Wake Forest Baptist Medical Center (AHWFBMC) and Other Winston-Salem Area Facilities

    a) Immediately wash the affected area with soap and water or for eye involvement, flush with clean water.
    b) Apply Standard Precautions to all direct and indirect contact with blood, body fluids, secretions, excretions, non-intact skin or mucous membranes.
    c) Call Employee Health at 336-716-4801, Option #1, 24 hours a day.
    d) If the source patient is known HIV positive or you are directed by Employee Health, report to the AHWFBMC Emergency Department after hours, weekends and holidays.
    e) Following exposure, students must complete an Occurrence Report located in the Employee Health online portal.
    f) Follow-up testing is coordinated by Employee Health if needed.

2. Exposures in Facilities Outside of the Winston-Salem Area (travel time more than one hour to AHWFBMC)

    a) Immediately wash the affected area with soap and water or for eye involvement, flush with clean water.
    b) Apply Standard Precautions to all direct and indirect contact with blood, body fluids, secretions, excretions, non-intact skin or mucous membranes.
    c) Follow that specific facility's procedure for exposure.
    d) Call Employee Health at 336-716-4801, Option #1 to report the exposure. If after hours, follow the voice mail instructions to be connected with someone to assist you.
    e) Following exposure, students must complete an Occurrence Report located in the Employee Health online portal.
    f) Students should follow the policy/protocol of the off-site location (if not an Atrium Health Wake Forest Baptist facility) and provide any lab results to Employee Health for documentation and follow up purposes.
    g) Follow-up testing is coordinated by Employee Health.

3. Post-exposure Evaluation and Management

    a) Notify Employee Health as soon as possible, regardless of the facility where the exposure occurred.
    b) Employee Health or the Emergency Department practitioner determines the type and extent of exposure and coordinates assessment and testing of the source patient for HIV, hepatitis B and hepatitis C, in accordance with applicable North Carolina Communicable Disease Rules.
    c) Baseline testing is obtained on the exposed individual for hepatitis B, hepatitis C, and HIV, if indicated.
    d) Testing of source patient is done with appropriate consent.

e) Counseling is provided by Employee Health or Emergency Department practitioner - information about the risk of the exposure, risk/benefit of post-exposure prophylaxis (PEP) and follow-up plan.
f) Follow-up testing is arranged by Employee Health.

VI. CROSS REFERENCES

Blood and Body Fluid Exposure Control Policy (Wake Area)

Effects of Infectious Disease or Disability on Student Learning Activities Policy (WFUSM)

Non-bloodborne Communicable Diseases Exposure Policy (Wake Market)

VII. RESOURCES AND REFERENCES

LCME Standard 12.8

ARC-PA A3.08

VIII. ATTACHMENTS

IX. REVISION DATES

11/2022; 11/2025

Leave of Absence Policy (School of Medicine)

Version 4

I. PURPOSE

Students enrolled in programs of the Wake Forest University School of Medicine (School of Medicine) are eligible for a leave of absence that will permit the student to temporarily step away from the curriculum for specified reasons in accordance with the terms of this Policy.

II. SCOPE

This policy applies to all undergraduate medical education (MD), Academic Nursing, and Physician Assistant (PA) Studies (MMS and DMSc program) students at Wake Forest University School of Medicine.

III. DEFINITION

A. **Leave of Absence:** Students are eligible to take a leave of absence if stepping out of the curriculum for the minimum period of time listed below or longer.

Program	Break in the curriculum of:
Academic Nursing	4 weeks
MD	6 weeks
PA Studies	2 weeks

B. **Student:** Any degree-seeking person enrolled in one of the programs that falls within the scope of this Policy in the Wake Forest University School of Medicine.

IV. POLICY GUIDELINES

A. This Policy does not apply to military leaves of absence. Students requesting a military leave of absence should adhere to the Military Leave of Absence Policy (School of Medicine) .

B. Leaves of Absence Types

1. **Academic Leave of Absence:** A student with academic deficiencies may, under certain circumstances, take an Academic LOA for a specified time, either to bring the student's schedule back into synchrony with the curriculum, or to require or allow specific support activities (e.g., counseling, remedial reading or other background courses, etc.)

   Program-Specific Requirements

   a) MD Program
      (1) An Academic LOA is available for students retaking or delaying the USMLE Step 1 or Step 2 exams requiring the student to be absent from the curriculum longer than 6 weeks.
      (2) The leave may be used for the pursuit of remedial studies to pass the applicable USMLE Step exams.
      (3) Students must use the Academic Leave Schedule Form to determine dates approved for academic leave.
      (4) A student is not eligible for Academic LOA after submitting their rank list, barring a compelling need.

   b) PA Studies
      (1) In the case of a PA Program-issued deceleration (defined as a student leaving one cohort to join a later cohort), the decelerated student will be eligible for an Academic Leave of Absence during the period of time between when the student transitions between cohorts.

2. **Research/Advanced Degree Leave of Absence (MD program only)**

a) MD program students in good academic/professionalism standing, as defined in the Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM), who request to participate in an advanced degree program within or outside of the School of Medicine, or who desire to take time away from the curriculum to participate in a research project, may apply for Research/Advanced Degree LOA.

b) A student's advanced degree program or research fellowship cannot interfere or occur concurrently with the School of Medicine MD curriculum.

(1) A request for an exception may be made to the Vice Dean of Undergraduate Medical Education. Any approved exceptions must be submitted by the Vice Dean in writing to OEIEC for inclusion in the student's LOA documentation.

3. **Medical Leave of Absence**

a) A student with documented health concerns limiting their ability to perform as a student within the program curriculum or to meet the program's Technical Standards may be granted a Medical LOA.

b) The student must submit to the School of Medicine Office of Educational Effectiveness and Compliance (OEIEC) documentation from a treating provider as a part of the application for a Medical Leave of Absence.

c) Student re-entry from a Medical LOA will require documentation from a licensed treating healthcare provider which indicates the student is fit to return to the Program curriculum and can meet the program's Technical Standards.

d) The program will review any provider-recommended restrictions/limitations for the student which would necessitate consideration for referral to Center for Learning, Access, and Student Success (CLASS) for accommodations.

4. **Administrative Leave of Absence**

a) An administrative LOA may be arranged for compelling reasons not covered by the other LOA categories, as determined by the student's Program Director or designee.

5. **Personal Leave of Absence**

a) A Personal LOA enables a student to take time off, in extenuating circumstances, to address issues of a personal nature, such as, but not limited to, the death, disability or serious illness of a family member, or a financial crisis.

b) The student's request for a Personal LOA must explain how the student expects to cope with or address the situation that has resulted in the request for a personal leave.

c) A Personal LOA is granted only to students in good standing (as defined by the student's Program Director or SPARC for MD students) and permits them to continue in the program when they return from leave.

C. Notice

1. Students requesting a leave of absence under this policy must submit the request and all supporting documents to the Wake Forest University School of Medicine Office of Education Institutional Effectiveness and Compliance (OEIEC) (edcompliance@wfusm.edu) at least 35 calendar days prior to the date they are requesting the leave to begin. Exceptions may be made for unforeseen emergencies and time-sensitive issues.

a) Program Director-initiated Leaves of Absence

(1) In an emergent or urgent situation in which a student is unable to make a LOA request, the Program Director or designee may initiate LOA procedures with the OEIEC. This LOA can be designated as the appropriate type of leave under the circumstances on behalf of the student. If necessary, the Program Director is also authorized to implement an extension of a LOA.

A. Duration

1. The initial request for a LOA length of leave will not extend beyond one year. Program

leadership may extend that length due to extenuating circumstances.

2. Return after a leave requires that the student has met all other requirements for progression to the level at which they are returning, whether or not such requirements change during the leave period.
   a) In the event of a change of policy, return to the School of Medicine requires meeting the requirement(s) of the new policy.
   b) In addition, return to the curriculum is subject to the availability of space in the appropriate program.
   c) Students may apply for a leave extension. This extension may not extend the period of leave beyond one (1) year. Program leadership may extend that length due to extenuating circumstances.

B. During Leave

1. While a student is on an approved Leave of Absence (LOA), the student will be placed on inactive status and will be neither assessed tuition nor eligible for financial aid from the School of Medicine.
2. Students who are currently on a LOA and are unenrolled are not permitted to attend educational sessions or activities or participate in School of Medicine or program-sponsored extracurricular activities.
   a) Students on Research/Advanced Degree LOA are permitted to attend educational sessions and activities, as well as participate in School of Medicine and program-sponsored extracurricular activities, if they are conducting research within the School of Medicine or enrolled in a School of Medicine or Graduate School of Biomedical Sciences program.
3. The student's identification badge, the school-issued laptop computer, and the student's institutional e-mail account may be retained at the discretion of the Program Director or their designee.
   a) Access to various institutional software systems/programs may be deactivated during the approved LOA.
4. Any disruption in the continuum of the curriculum may result in the need for repeating some of or the entire curriculum, depending upon the type of leave and the timing and duration of the absence.
   a) Students who have been placed on Warning or Probation will return to the same standing upon return from LOA.
   b) The curriculum will not be adversely modified to make up for lost time.

   Program Specific Requirements:

   MD Program: Students may be required to demonstrate to the satisfaction of the Vice Dean for Undergraduate Medical Education (or designee) their ability to advance to the next level of the curriculum if absent for longer than six (6) months for medical leave of absence.

5. Financial Considerations
   a) All programs: Students on an approved LOA are not eligible for federal financial aid, including Federal Direct Loans. In some cases, student loans may not be deferred for the entirety of a leave. Students should contact the Office for Student Financial Aid with any questions regarding how their financial aid status may be impacted.

C. Return from Leave

1. All MD students are required to alert the OEIEC (edcompliance@wfusm.edu) at least 35 calendar days prior to their return of their intent to return.
2. All Academic Nursing students are required to alert the OEIEC at least 14 calendar days prior of their intent to return.
3. All PA students are required to alert the Compliance Office and the PA Program Registrar at least 5 calendar days prior to their intent to return.
4. The OEIEC will communicate the student's intent to return to the Registrar and the student's

program.

5. If a student on LOA fails to inform the school within the applicable time frame as specified above or fails to meet any stipulated conditions of return, they may be withdrawn from the School of Medicine and would need to apply for re-admission.
6. Program Specific Considerations
   a) PA Studies: Prior to returning from a LOA, the student is obligated to notify the PA Program Registrar of an expected return date and must submit any documentation required by the PA Studies Department and the School of Medicine.
   b) If applicable, documentation required for a return from an LOA must include verification that the student is fit to return to training and can comply with the current published version of the Program Technical Standards where applicable.

V. PROCEDURE/GUIDELINE

A. Procedures to request a Leave of Absence and a return from a Leave of Absence

1. Students must refer below about the process involved in requesting a Leave of Absence and in requesting a return from a Leave of Absence.
2. Students who would like to request a leave of absence must first contact one of the following:
   a) MD Student: Academic Advisor, any Associate or Assistant Dean, Career Advisor or the OEIEC
   b) PA Student: Advisor, PA Program Registrar, Program Director or the OEIEC
   c) Academic Nursing Student: Advisor, Program Director, Faculty member, or the School of Medicine Compliance Office
3. Students must complete the Status Change Form and return to the OEIEC. PA Studies students must submit the completed form to the PA Studies Registrar.
4. The OEIEC Office will notify the student's program and submit tickets for approved leave of absences.
5. The OEIEC will notify the student's programs and submit return paperwork when a student returns from leave.

VI. CROSS REFERENCES

Military Leave of Absence Policy (Wake Market)
Student Disability Accommodations Requests Policy and Procedures (WFUSM))
Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM)
Technical Standards - PA Program - PA Studies (School of Medicine)
Technical Standards for Medical School Admission, Continuation, and Graduation - MD Program (School of Medicine)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES

4/23, 6/24; 11/24; 4/25

Medical Health Requirements and Immunizations Policy (WFUSM)

Version 6

I. PURPOSE

It is the policy of Atrium Health Wake Forest Baptist (AHWFB) to adhere to state and federal guidelines to protect all personnel, patients, and visitors from communicable disease infection and exposure. This policy outlines the applicable health matriculation requirements for Students as provided in the Communicable Diseases, Employee Health Services (Wake Market) and Infectious Disease Prevention Policy (SE Region) policies and as required by North Carolina Immunization Administration Code 10A NCAC 41A.0401 Dosage and Age Requirements for Immunization, effective January 9, 2018.

II. SCOPE

All Students of the Wake Forest University School of Medicine and the Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences ("School of Medicine") educational programs are responsible for complying with this policy. Unclassified students and Distance Education program students will adhere to the AHWFB contingent workforce requirements for on-boarding and are not included in the scope and requirements of this policy with the following except ion: Upon registration for a semester with an on-campus course load of more than four (4) day-time credit hours, an Unclassified Student or Distance Education Program Student must provide documentation of immunizations required by North Carolina to Employee Health.

III. DEFINITION

A. **School of Medicine:** Jointly refers to all degree-granting programs of the Wake Forest School of Medicine, including the Academic Nursing Department, the Physician Assistant (PA) Program, the Undergraduate Medical Education (MD) Program, and the Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences.

B. **Student:** Degree-seeking Student who matriculates into an on-campus curricular program of the School.

C. **Unclassified Student:** A non-degree-seeking student.

D. **Distance Education program:** A formal educational process in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. Instruction may be synchronous or asynchronous. A distance education course may use the internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or video cassettes, DVD's, and CD -ROMs if used as part of the distance learning course or program.

E. Program Manager of applicable program as follows:

Academic Nursing Department	Department Chair
Graduate School of Arts & Sciences – Biomedical Sciences	Dean, Graduate School of Arts & Sciences – Biomedical Sciences Programs
Physician Assistant (PA) Program	Program Director
Undergraduate Medical Education (MD) Program	Senior Associate Dean for MD Program Academic Affairs

F. **Medical Professional:** For the purposes of this policy, a healthcare provider who holds one of the following medical degrees: Doctor of Medicine (MD); Doctor of Osteopathic Medicine (DO); Physician Assistant (PA); Nurse Practitioner (NP).

G. **Matriculation:** The first day students arrive on campus for orientation.

IV. POLICY

A. Requirements:

1. All Students must submit documentation of the following by deadlines established by applicable program prior to matriculation:

MATRICULATION REQUIREMENTS *Effective beginning with Academic Year 2024-2025* In the absence of an approved exemption, failure to submit sufficient documentation will prevent matriculation.	
Requirement	**Submit documentation of the following:**
Respiratory (N95) FitTesting form	For Students in clinical programs: Complete only the applicable sections of the form per instructions provided. Respiratory (N95) Fit testing will be performed during matriculation.
Tuberculosis (TB) Baseline TB Testing	One of the following is required: · • QuantiFERON-TB Gold or T- SPOT.TB blood test (IGRA tests; lab report required) (the most recent test will be dated no earlier than 1 year prior to matriculation date) **OR** · • 2 consecutive annual tests (the most recent test will be dated no earlier than 1 year prior to matriculation date) OR · 2-step TB skin test (Administered 1-3 weeks apart) (the most recent test will be dated no earlier than 1 year prior to matriculation date) **OR** • If history of positive results, submit the following: o A chest x-ray stating no active TB (x-ray report required) **AND** o Proof of past positive testing (plus any treatment, if implemented) **AND** o A Symptom-Free TB questionnaire (the most recent would be dated no earlier than 1 year prior to matriculation date)
Measles, Mumps & Rubella (MMR)	One of the following is required: • 2 vaccinations of MMR at least 28 days apart. The first dose must be on or after the first birthday. **OR** The following combination: • 2 doses of Measles vaccine (at least 28 days apart). The first dose must be on or after the first birthday. **AND** • 1 dose of Rubella on or after the first birthday. **OR** • Positive antibody titer (lab report or physician verification of results required) *NOTE*: • If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. • If your titer was negative or equivocal, submit your negative or equivocal titer.

Meningococcal	Two doses are required: • One dose is required for individuals entering the seventh grade or by 12 years of age, whichever comes first, on or after July 1, 2015. Individuals who entered seventh grade before July 1, 2015 are not required to receive the first dose. • A booster dose is required for individuals entering the 12th grade or by 17 years of age, whichever comes first. The booster dose does not apply to individuals who entered the 12th grade before August 1, 2020. If the first dose is administered on or after the 16th birthday, a booster dose is not required. • Individuals born before January 1, 2003 shall not be required to receive meningococcal conjugate vaccine
Tetanus/diphtheria toxoid (DT/DTaP/DTP/Td)	The following are required: • All students must submit documentation of 3 doses* of a tetanus/diphtheria toxoid containing and one must be a Tdap. Tdap vaccination within the past 10 years prior to the matriculation date. If Tdap is more than 10 years old, a Td (Tetanus/Diphtheria Toxoid) within the past 10 years is acceptable. *(Individuals entering college or university for the first time before July 1, 2008 need only provide proof of Tdap vaccination within the past 10 years prior to the matriculation date. If Tdap is more than 10 years old, a Td (Tetanus/Diphtheria Toxoid) within 10 years is acceptable.)
Hepatitis B	Both of the following are required: A completed full series of an approved Hepatitis B vaccine (3 doses of Energix-B or Recombivax-B or 2 doses of HepB-CpG/Heplisav-B) **AND** • A quantitative Hepatitis B Surface antibody titer of >/ 10 mIU/ml (lab report or physician verification of results required) *NOTE*: • If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. • If your titer was < 10 mIU/ml, new alerts will be created for you to receive 1 additional booster dose with a repeat antibody titer 1-2 months later. If the repeat titer is < 10 mIU/ml you will be required to complete the remainder of the series and obtain a final titer 1-2 months after completion of the vaccine series. If this is the case, additional doses of the vaccine of the series will be allowed to be completed after matriculation
Varicella (Chicken Pox)	One of the following is required: • 2 vaccinations (on or after the first birthday and at least 28 days apart) **OR** • Positive antibody titer (lab report or physician verification of results required) *NOTE*: • If your series is in process, submit where you are in the series, and new alerts will be created for you to complete the series. • If your titer was negative or equivocal, submit your negative or equivocal titer Documentation of having had varicella (chicken pox) is NOT sufficient.

Influenza Immunization	For matriculation, influenza immunization is required ONLY for Students who matriculate during the influenza season. The influenza season is generally noted as October 1 – March 31, or as determined by the WFBH Influenza Immunization Task Force.

2. The following will be required during the Student's enrollment at the School upon renewal notifications. AHWFB Teammate Health will monitor continuing/renewal requirements to ensure compliance.

CONTINUING/RENEWAL REQUIREMENTS	
Respiratory (N95) Fit Testing	Required annually for Students in clinical settings.
Tetanus	Updated tetanus is required at 10-year intervals.
Tuberculosis (TB) Testing	One of the following is required annually for Students in clinical settings, with face-to-face patient contact and/or non-human primate contact, if Employee Health determines the prevalence of TB meets OSHA requirements for universal TB testing: • TB test **OR** • QuantiFERON Gold, IGRA, or T-Spot blood test **OR** • If history of **positive** results, submit a completed TB questionnaire *NOTE:* • A NEW positive result would require a clear chest x-ray stating no active TB
Influenza Immunization (Seasonal)	• Required annually, in accordance with the ***Infectious Diseases Prevention Policy*** • Influenza season is generally noted as October 1 – March 31, or as determined by the WFBMC Influenza Immunization Task Force

3. Other additional immunizations and health requirements are dependent upon a Student's travel for field studies, clinical rotation sites, lab assignment, type of animal species and/or the type of agents used during research.

B. Financial Responsibility
1. Students are responsible for all costs to meet matriculation and continuing/renewal requirements unless otherwise noted below, including those services received at AHWFB Teammate Health.
   a) Students are responsible for:
      (1) Charges for for-cause drug screening and alcohol testing beyond the initial test and one retest.
      (2) Charges for services related to non-required electives.
   b) The School is responsible for:
      (1) Charges for the following continuing/renewal requirements: annual Influenza immunization annual Respiratory (N95) Fit testing, annual TB testing.
      (2) Charges for an initial drug screening and alcohol testing and one for cause retest.
      (3) Any screenings required by the curriculum including requirements for field studies, lab assignment, type of animal species and/or the type of agents used during research.

c) Services obtained outside of AHWFB Teammate Health will be paid by the School up to the amount charged by Employee Health.

C. Exemptions

1. In accordance with the ***WFBH Communicable Diseases, Employee Health*** and ***Infectious Disease Prevention*** policies, immunity to the communicable diseases listed on pages 3-7 of this policy is required for all Students. In certain circumstances, a medical or religious exemption for a required immunization may be granted. Requests for exemption must be approved by the AHWFB Teammate Health Medical Director or designee.

D. Violation of this policy will result in suspension of access to the medical center, associated buildings, research and training spaces, and network access as determined by the appropriate Program Manager.

E. In accordance with the ***WFBH Communicable Diseases, Employee Health*** and ***Infectious Disease Prevention*** policies, Students will not be cleared for coursework until all requirements have been addressed with Employee Health.

F. The annual College Immunization Report is submitted through the Office of the Registrar of Wake Forest University to the NC Department of Health and Human Services. This report includes a summary of compliance by the matriculants of the School, as prepared by WFBH Employee Health.

G. For the safety of our patients, Students and workforce, institutional and/or site restrictions may apply to Students who are not considered immune per policy. Students will not be approved for training until all requirements have been addressed with Employee Health.

V. CROSS REFERENCES

Communicable Diseases, Employee Health Services (Wake Market)
Infectious Disease Prevention Policy (SE Region)
Student Substance Use Policy (WFUSM) Student Substance Use Policy (WFUSM)
Tuberculosis Control Policy (Wake Area)

VI. RESOURCES AND REFERENCES

Governing Laws and Regulations:
Centers for Disease Control and Prevention: "Immunization of Health-Care Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" MMRW 2011; 60 (RR-7) 1-45 https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6007a1.htm
North Carolina Immunization Administration Code N.C.G.S. § 130A-155.1.
Dosage and Age Requirements for Immunization," effective July 1, 2015 410A NCAC 41A.0401
North Carolina Immunization Branch – Colleges and Universities:
http://www.immunize.nc.gov/schools/collegesuniversities.htm
Hepatitis B and Health Care Personnel- Immunize.org Immunize.org Hepatitis B Summary
Family Educational Rights and Privacy Act
http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.htmlREVISION

REVISION DATES:

9/2015; 5/2020; 8/2021; 9/2023; 10/2024

Military Leave of Absence Policy (School of Medicine)

Version 2

I. PURPOSE

Students who are members of the United States armed forces may be subject to military duties outside of their control, including being called to active duty, specialized training, or disaster relief efforts with little notice. This policy covers the process of applying for, managing, and returning from a student military leave of absence when called to such duties.

II. SCOPE

This policy applies to Wake Forest University School of Medicine (School of Medicine) and Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences students who are service members and reservists in the United States Armed Forces, including the National Guard or Reserve.

III. DEFINITION

A. Military Service Leave: a School-approved withdrawal from all in-progress classes, which is necessitated by service, whether voluntary or involuntary, in the United States Armed Forces, including service by a member of the National Guard or Reserve, active duty, active duty for training, or full-time National Guard duty under Federal authority.

IV. POLICY GUIDELINES

A. Notice

1. Students must provide advance written or verbal notice of military service to their Program Director at least 35 calendar days prior to the date they are requesting the leave to begin.
   a) The notice must include a copy of the military orders or other appropriate documentation.
   b) If military necessity renders it impossible to provide advance notice to the program director, the student may initiate a military service leave by providing notice at the first reasonable opportunity, in writing, personally signed, and with a copy of the military orders attached.
   c) Students who do not submit a timely notification of intent or provide an attestation may not be eligible for military leave of absence or re-enrollment.

B. Duration

1. A student military leave of absence begins with the academic term, in which the student reports to active duty and ends with the start of the academic term immediately following the student's release from active duty. (Please refer to Section D for more information on return from leave).
   a) If the release from active duty was less than 30 calendar days from the start of the next term, the student may request an extension of one academic term.
2. A student military leave of absence may last up to five years and includes only the time the student spends actually performing service. This timeframe is cumulative and includes any and all previous military leave of absences the student has taken from the School.

C. During Leave

1. The student may retain their identification badge, School-issued laptop computer (if applicable), and School-issued email account within the discretion of the program director. Access to various institutional software systems/programs may be deactivated during the approved leave of absence.
2. The student will have access to advising and assistance offices on campus.
3. The Leave of Absence Liaison (LOA Liaison) is the primary contact with the student while on leave.

4. The Leave of Absence Liaison (or designee) will follow up with the student on a yearly basis to confirm the student is still in active-duty military service.

D. Re-Enrollment/Return from Leave

1. Eligibility

a) The student is eligible for re-enrollment under this provision if, during the military leave of absence, they performed voluntary or involuntary active-duty service in the United States armed forces, including active duty for training and National Guard or Reserve service under federal authority, and they received a discharge other than dishonorable or bad conduct.

b) The cumulative length of absence and all previous absences for military service (service time only) must not exceed five years.

c) The student may also request a later date of re-enrollment or, if unusual circumstances require it, the School of Medicine may re-enroll the student at a later date.

d) The student must be seeking re-enrollment to the program that they previously attended or were enrolled in at the School of Medicine.

(1) The student may re-enroll in the next class or classes in the same program, with the same enrollment status, number of credits, and academic standing as when the student last attended the School of Medicine.

(2) Students may be required to attest they are able to meet any required program technical standards in order to resume the program.

(3) If the School determines that the student is not prepared to resume the program where he or she left off, the School will make reasonable efforts at no extra cost to the student to enable the student to resume and complete the program.

(a) Such reasonable efforts include, but are not limited to, providing a refresher course and allowing the student to retake a pretest, as long as they do not place an undue hardship on the school.

(b) If reasonable efforts are unsuccessful or the school determines that there are no reasonable efforts that the school can take, the school may not re-enroll the student.

(4) If the program to which the student was enrolled is no longer offered, the student may be enrolled to the program that is most similar, unless the student requests or agrees to enrollment in a different program.

(a) If the School determines that there are no reasonable efforts that the School can take to prepare the student to resume the program, the School may not re-enroll the student..

2. Notice

a) To be re-enrolled, the student must give notice (written or verbal) of intent to re-enroll to the LOA Liaison no later than three years after the completion of the period of service.

b) Any student who, due to military necessity, did not give written or oral notice of service to their program director prior to withdrawal, may, at the time the student seeks re-enrollment, submit documentation that the student served in a branch of the United States Armed Services that necessitated the student's absence from the School of Medicine.

c) If the student is recovering from a service-related injury or illness, they must notify the LOA Liaison no later than two years after recovery.

d) Notice should include documentation (including an official certificate of release or discharge, a copy of duty orders, or other appropriate documentation) to confirm/verify the student's withdrawal was related to service in the uniformed services and that the student is able to resume studies.

E. Tuition and Fees

1. A student re-enrolled from a military leave of absence will be re-enrolled to the same course of study they were in at the time of withdrawal without incurring a re-enrollment fee, unless the student receives a dishonorable or bad conduct discharge or has been sentenced in a court-martial
2. For the first academic year in which the student returns, they must be re-enrolled with the same tuition and fees charges the student was or would have been assessed for the academic year when the student left, unless there are sufficient veterans' educational benefits or institutional aid to pay the increased amount of tuition and fees.
    a) For subsequent academic years, the student may be charged the same tuition and fees as other students in the program.

V. PROCEDURE/GUIDELINE

VI. CROSS REFERENCES

VII. RESOURCES AND REFERENENCES

34 CFR 668.18 – Readmission Requirements for Service members

VIII. ATTACHMENTS

IX. REVISION DATES 7/2025

Mistreatment Reporting Policy (WFUSM)

Version 1

I. PURPOSE

The purpose of this policy is to ensure the Learning Environment is conducive to the ongoing development of professional behaviors in medical students, faculty, and staff. This policy also defines Mistreatment and describes the process for reporting and reviewing Mistreatment reports.

II. SCOPE This policy applies to all Wake Forest University School of Medicine (School of Medicine) and Graduate School of Arts and Sciences – Biomedical Sciences students, including visiting medical students.

III. DEFINITION/ABBREVIATIONS

A. Learning Environment: The academic programs and activities of the School of Medicine.

B. Mistreatment: Behavior showing disrespect for the dignity of others that unreasonably interferes with the learning process. Mistreatment may be intentional or unintentional.

IV. POLICY

A. The School of Medicine will periodically evaluate the Learning Environment in order to identify positive and negative influences on the maintenance of professional standards, develop and conduct appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

B. The Learning Environment Liaison Team (LEL Team) in the Office of Education Institutional Effectiveness (OEIEC) is responsible for the intake and triage of all Mistreatment reports.

C. Mistreatment

1. The School of Medicine has mechanisms in place for prompt response to Mistreatment reports.
2. The LEL Team is responsible for the intake and triage of all Mistreatment reports.
3. Examples of Mistreatment include, but are not limited to:

a) Being treated in a manner that a reasonable person would find belittling, humiliating, insulting, or disrespectful under the circumstances;

b) Physical endangerment and/or physical harm, or threats of physical harm;

c) Discrimination and/or harassment based on race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age, disability, or genetic information, as defined in the Student Discrimination, Harassment, and Retaliation Policy (School of Medicine) and Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (School of Medicine)Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (School of Medicine)

d) Inviting students who are being currently supervised, evaluated, or graded to romantic or sexual relationships; sexual assault, or sexual or gender-based discrimination or harassment, as defined in the Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (WFUSM);

e) Being subjected (directly or indirectly) to obscenities, profanity, sexist, racist, or ethnically offensive remarks, actions, or names;

f) Taunting, mocking, or humiliating a student through acts and words (e.g. mimicking something the student got wrong, giving highly pejorative feedback in the presence of others); or other forms of psychological Mistreatment;

g) Deliberately and repeatedly excluding students from reasonable learning experiences and communications (faculty, residents or staff);

h) Requiring students to perform personal services at any time (e.g. coffee runs, errands, pet -sitting, baby- sitting, etc.);

i) Endangering the student's professional development (e.g. telling students to ignore institutional or school policy, inviting students to do something unethical or illegal);

j) Grading in a punitive manner; grading based on factors other than performance on previously announced grading criteria; creating disadvantage in learning opportunities, teaching, feedback or grading based on personal characteristics of the student; and

k) Retaliation against any student who reports perceived inappropriate treatment (e.g. telling others that a student is a "snitch" or to "watch out for that one", calling a residency program to "warn" them about a student).

D. Reporting a Learning Environment and/or Mistreatment Concern

1. Any concern of possible Mistreatment in the Learning Environment may be reported. Information provided will be shared on a need-to-know basis in order to respond to and or take action on reports.

2. The following methods are available for reporting concerns:

a) Non-Anonymous Reporting Options

(1) End of course/end of clerkship evaluations.

(2) Direct report to the Learning Environment Liaison Team at edcompliance@wfusm.edu.

(3) Online reporting form: Service Now

(4) Concerns regarding violations of the Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (WFUSM) may be reported in accordance with the reporting options under that Policy.

b) Anonymous Reporting Options

(1) Compliance Hotline: 1-888-847-6331 (toll-free) or via online report at atriumhealth.ethicspoint.com

E. Report Intake

1. If the report is anonymous, it is immediately evaluated and processed according to the Report Review Process (Section F).

2. For non-anonymous reports, the LEL Team will conduct outreach to the student or individual (including faculty and residents) who filed the report and the student who is the subject of the report, if identified and different from the reporter, to offer the student(s) the opportunity to share additional information regarding the concern.

a) Any additional information shared by the student(s) will be added to the initial report for assessment.

b) If a student declines to participate or does not respond within 30 calendar days, the report will be processed based upon the initial information provided.

F. Report Review Process

1. All reports will be evaluated for potential Mistreatment.

2. Mistreatment Reports

a) Reports meeting the criteria set forth in Section C above will be evaluated and addressed as Mistreatment reports. Those reports not meeting the Mistreatment criteria will be evaluated and addressed as Learning Environment reports (see below).

b) Reports of behavior that indicate an immediate risk of harm to others (e.g. violence or threats of physical violence, illegal drug use by caregivers in the clinical setting, deliberate violation of patient safety procedures) or illegal behaviors (e.g. stealing narcotics, falsifying patient records) will be referred for immediate action as necessary. Employees and students may be placed on administrative leave or be subject to interim measures, as necessary.

c) Any report involving behavior which could fall within the scope of the Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (WFUSM) will be sent to the Title IX Coordinator and reviewed under the Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (WFUSM).

d) Any report involving discrimination or harassment based on a protected status other than sex must be referred to Teammate Relations for review under the Student Discrimination, Harassment, and Retaliation Policy (School of Medicine)

e) Reports against Students

(1) Reports not covered under Sections F(1)(b-d) involving alleged Mistreatment by a student will be referred to the Honor Council of the student's program for review under the program's Honor Code/Code of Conduct.

f) Reports against Employees

(1) Reports not covered under Sections F(1)(b-d) involving alleged Mistreatment by employees will be referred to Teammate Relations for review and evaluation under other applicable policy.

(2) Program Directors and Department Chairs will be notified if residents or fellows are alleged to have engaged in Mistreatment.

g) During the Mistreatment report process, the LEL Team will provide periodic updates to the student who is the subject of the Mistreatment report until the report has concluded.

3. Learning Environment Feedback Reports

a) All concerns not within the scope of the Mistreatment definition are classified and addressed as Learning Environment feedback reports.

b) All Learning Environment feedback reports are referred as part of an aggregated, de-identified report to the Learning Environment Enrichment Group (LEEG), a multidisciplinary team that commits to promoting a learning environment that reinforces positive behaviors and ethical norms, is free from mistreatment, harassment, and discrimination, and where feedback regarding performance and behaviors may be shared without concern for retaliation. LEEG is composed of nine members from various departments within the School of Medicine.

(1) LEEG reviews the aggregate, de-identified data on Learning Environment feedback reports.

(2) LEEG identifies trends in reporting, target areas for improvement, and develop strategies to address identified problem areas.

(3) Student names and/or identifying information are not shared with LEEG.

G. Retaliation

1. Retaliation against a student who, in good faith, complains about or participates in an investigation of student Mistreatment is prohibited. Any person filing a report or participating in the Mistreatment reporting process who feels they have been retaliated against or threatened with retaliation should report the allegation immediately to the LEL Team.

2. Reports of potential retaliation will be addressed as set forth in the appropriate policy (Ex. If

the retaliation arises out of a matter being addressed under the Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (WFUSM), retaliation will be covered under that same policy).

3. Intentional false or malicious reports of inappropriate treatment made by students will not be tolerated and will be handled as a disciplinary matter under the Standards of Honor and Professional Conduct.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Student Discrimination, Harassment, and Retaliation Policy (School of Medicine)

Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (School of Medicine)

VII. RESOURCES AND REFERENCES

LCME Standard 3.5

LCME Standard 3.6

VIII. ATTACHMENTS

Not Applicable

Nondiscrimination Statement (WFUSM)

Version 4

I. PURPOSE

The Wake Forest School of Medicine, inclusive of the Academic Nursing, Department of Physician Assistant Studies (PA and MMS), and Undergraduate Medical Educational (MD) programs, and the Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences Programs (hereinafter jointly referred to as "School") are committed to diversity, inclusion, and the spirit of Pro Humanitate.

II. SCOPE

This policy applies to all Wake Forest School of Medicine (WFUSM) and Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences students.

III. DEFINITION

Not Applicable

IV. POLICY GUIDELINES

A. In adherence with applicable laws and as provided by School policies, the School prohibits discrimination in its educational programs, admissions, and activities on the basis of race, color, religion, national origin, sex, age, sexual orientation, gender identity and expression, genetic information, disability, and veteran status.

B. The School of Medicine endeavors to provide facilities that are in compliance with all laws and regulations regarding access for disabled individuals. Additionally, special services are available to reasonably accommodate disabled students

C. Inquiries regarding nondiscrimination policies should be directed to:

Title IX Coordinator Section 504/ADA Coordinator
titleixcoordinator@wfu.edu
Reynolda Hall 307
Winston-Salem, NC 27106
336-758-7258

D. Inquiries regarding School of Medicine nondiscrimination policies should be directed to:

Learning Environment Liaison
edcompliance@wfusm.edu
336.716.8945

E. For information regarding the nondiscrimination policies in employment practices for Atrium Health Wake Forest Baptist Medical Center, see the Equal Employment Opportunity Policy. Information about employment practices may also be obtained by contacting:

Employee Relations:
HR Service Center Online
336-716-6464

F. Inquiries concerning the application of anti-discrimination laws may be referred to the individuals listed above or to the Office for Civil Rights, United States Department of Education. For further information on notice of nondiscrimination, visit https://www.ed.gov/laws-and-policy/civil-rights-laws for the address and phone number of the U.S. Department of Education office that services your area, or call 1-800-421-3481.

REVISION DATES:

8/2021; 11/2024

Refund of Tuitions and Fees Policy (School of Medicine)

Version 5

I. PURPOSE:

A Student who withdraws from the Wake Forest University School of Medicine or the Wake Forest University Graduate School of Arts and Sciences-Biomedical Graduate Program during a term will be entitled to a refund of certain charges as set forth in this.

II. SCOPE

This policy applies to all Wake Forest University School of Medicine (School of Medicine) and Wake Forest University Graduate School of Arts and Sciences-Biomedical Graduate Programs.

III. DEFINITION

A. **Student:** A person who matriculates into, is enrolled in, or is taking courses in the Academic Nursing, the Physician Assistant (MMS), the Doctor of Medical Science (DMSc), or the Undergraduate Medical Education (MD) programs of Wake Forest University School of Medicine or the Wake Forest University Graduate School of Arts and Sciences-Biomedical Graduate Programs (hereinafter jointly referred to as "School").

IV. POLICY GUIDELINES

A. **Refund of Tuition and Fees**

1. **All School of Medicine and Biomedical Graduate Programs**

a) Circumstances may arise during a term that cause significant disruptions to School of Medicine and/or Graduate School operations and result in the closing of campus or a change in course modalities. These circumstances include, without limitation, extreme weather, fire, natural disaster, war, labor disturbances, loss of utilities, riots or civil commotions, epidemic, pandemic, public health crisis, power of government, or any other circumstance like or unlike any circumstance mentioned above, which is beyond the reasonable control or authority of the School of Medicine and/or the Graduate School. There will be no refunds for tuition or any fees paid by students in such circumstances.

b) Refunds will only be provided for amounts paid by the student. Students will not be refunded for any tuition amounts covered by institutional scholarships.

c) Students who are dismissed from a program for any reason will not be refunded any tuition or fees paid.

2. **Academic Nursing Programs**

a) Students who withdraw or take a leave of absence from Academic Nursing Programs before completing 60% of the payment period will be entitled to a partial refund of tuition and fees depending on the number of days completed within the payment period.

b) Percent of tuition charged to the student equals the number of days completed up to the withdrawal date divided by the total days in the term. Any Academic Nursing Program scheduled break of five days or more is not counted as part of the days in the payment period.

c) The Financial Aid Office counsels Academic Nursing Programs students individually to provide estimates of a tuition adjustment based on each class year's tuition payment periods.

d) Refunds will be based on the first day of the payment period.

e) Refunds apply to the payment period of withdrawal only. Students are responsible for officially withdrawing or taking a leave of absence to be eligible for a refund. Nonpayment for classes for which a student is registered or nonattendance in a registered class or classes

does not release the student from financial obligations and will not drop the student from the class(es) or the Academic Nursing program.

3. **Biomedical Graduate Programs**

   a) Students who withdraw or take a leave of absence from a biomedical graduate program before completing 60% of the payment period will be entitled to a partial refund of tuition and fees depending on the number of days completed within the payment period.

   b) Percent of tuition charged to the student equals the number of days completed up to the withdrawal date divided by the total days in the term. Any Biomedical Graduate Program-scheduled break of five days or more is not counted as part of the days in the payment period.

   c) The Financial Aid Office counsels Biomedical Graduate Program students individually to provide estimates of a tuition adjustment based on each academic term's tuition payment periods.

   d) Payment structure aligns with the Biomedical Graduate Programs' academic calendar. As such, refunds will be based on the first day of the payment period.

   e) Refunds apply to the payment period of withdrawal only. Students are responsible for officially withdrawing or taking a leave of absence to be eligible for a refund. Nonpayment for classes for which a student is registered or nonattendance in a registered class or classes does not release the student from financial obligations and will not drop the student from their class(es) or their Biomedical Graduate program.

4. **MD Program**

   a) Students who withdraw or take a leave of absence from the MD Program before completing 60% of the payment period will be entitled to a partial refund of tuition and fees depending on the number of days completed within the payment period.

   b) Percent of tuition charged to the student equals the number of days completed up to the withdrawal date divided by the total days in the term. Any MD Program scheduled break of five days or more is not counted as part of the days in the payment period.

   c) The Financial Aid Office counsels MD students individually to provide estimates of a tuition adjustment based on each class year's tuition payment periods.

   d) Payment structure may not align with the MD Programs' academic calendars. As such, refunds will be calculated based on the first day of the payment period.

   e) Refunds apply to the payment period of withdrawal only. Students are responsible for officially withdrawing or taking a leave of absence to be eligible for a refund. Nonpayment for classes for which a student is registered or nonattendance in a registered class or classes does not release the student from financial obligations and will not drop the student from the class(es) or the MD program.

5. **PA Program**

   a) Students who withdraw or take a leave of absence from the PA Program before completing 60% of the payment period will be entitled to a partial refund of tuition and fees depending on the number of days completed within the payment period.

   b) Percent of tuition charged to the student equals the number of days completed up to the withdrawal date divided by the total days in the term. Any PA Program's scheduled break of five days or more is not counted as part of the days in the payment period.

   c) The Financial Aid Office counsels PA Program students individually to provide estimates of a tuition adjustment based on each class year's tuition payment periods.

   d) Refunds will be based on the first day of the payment period.

e) Refunds apply to the payment period of withdrawal only. Students are responsible for officially withdrawing or taking a leave of absence to be eligible for a refund. Nonpayment for classes for which a student is registered or nonattendance in a registered class or classes does not release the student from financial obligations and will not drop the student from the class(es) or the PA Program.

6. **Doctor of Medical Science Program (DMSc)**

a) Students who withdraw or take a leave of absence from the DMSc Program before completing 60% of the payment period will be entitled to a partial refund of tuition and fees depending on the number of days completed within the payment period.

b) Percent of tuition charged to the student equals the number of days completed up to the withdrawal date divided by the total days in the term. Any DMSc Program scheduled break of five days or more is not counted as part of the days in the payment period.

c) The Financial Aid Office counsels DMSc students individually to provide estimates of a tuition adjustment based on each class year's tuition payment periods.

d) Refunds will be based on the first day of the payment period.

e) Refunds apply to the payment period of withdrawal only. Students are responsible for officially withdrawing or taking a leave of absence to be eligible for a refund. Nonpayment for classes for which a student is registered or nonattendance in a registered class or classes does not release the student from financial obligations and will not drop the student from the class(es) or the DMSc program.

I. PROCEDURE / GUIDELINE: Not Applicable

II. CROSS REFERENCES

Return of Federal Financial Aid Funds Policy (WFUSM)

III. RESOURCES AND REFERENCES:

Higher Education Act of 1965 (as amended)

IV. ATTACHMENTS: Not Applicable

V. REVISION DATES: 12/2/2015; 10/17/2019; 8/4/2020; 6/4/2021; 7/2022; 6/2024

Return of Federal Financial Aid Funds Policy (WFUSM)

Version 5

I. PURPOSE

Students enrolled in Wake Forest University School of Medicine or Wake Forest University Graduate School of Arts and Sciences who receive federal financial aid and do not complete their classes during a semester or term could be responsible for repaying a portion of the aid they received. Students who do not begin attendance must repay all financial aid that may have been disbursed for the term.

II. SCOPE

This policy applies to all Wake Forest School of Medicine and Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences students.

III. DEFINITION/ABBREVIATIONS

Student: The term "Student" is defined as a person who matriculates into, is enrolled in, or is taking courses in the Academic Nursing, the Physician Assistant (PA), or the Undergraduate Medical Education (MD) programs of Wake Forest University School of Medicine or the Wake Forest University Graduate School of Arts and Sciences -Biomedical Sciences programs (hereinafter jointly referred to as "School").

IV. POLICY GUIDELINES

A. Return of Federal Financial Aid Funds

1. In accordance with federal regulations, a Student who receives federal financial aid but does not complete the payment period for which that aid was awarded may not be entitled to all of the financial aid funds awarded and/or disbursed. The requirements of this policy pertaining to return of financial aid funds apply to leaves of absence as well as withdrawals and dismissals.
2. Federal regulations require Title IV financial aid funds to be awarded under the assumption that a Student will attend the institution for the entire period in which federal assistance was awarded. When a Student withdraws from all courses for any reason, including dismissals and leaves of absence, they may no longer be eligible for the full amount of Title IV funds that they were originally scheduled to receive. The return of funds is based upon the premise that Students earn their financial aid in proportion to the amount of time in which they are enrolled. A pro-rated schedule is used to determine the amount of federal Student aid funds they will have earned at the time of the withdrawal. Thus, a Student who withdraws in the second week of classes has earned less of his/her financial aid than a Student who withdraws in the seventh week. Once 60% of the semester is completed, a Student is considered to have earned all of his/her financial aid and will not be required to return any funds. An exception may apply for a leave of absence. See information regarding a leave of absence, below.
3. The School of Medicine is required to calculate how much federal financial aid a Student has earned. Based on this calculation, Students who receive federal financial aid and do not complete their classes during a semester or term could be responsible for repaying a portion of the aid they received. Students who do not begin attendance must repay all financial aid disbursed for the term.
4. Return of financial aid funds is determined according to the following:
    a) The term "Title IV Funds" refers to the federal financial aid programs authorized under the Higher Education Act of 1965 (as amended) and for Students enrolled at the School of Medicine includes the following programs: Federal Direct Unsubsidized Stafford Loans and Federal Direct Graduate PLUS Loans.

b) The withdrawal date used in the return calculation of a Student's federal financial aid is the actual date indicated on the official drop form. If a Student stops attending classes without notifying the School of Medicine, the withdrawal date will be the midpoint of the semester, or the last date of academic activity as determined by the School of Medicine. Additional documentation supporting the last date of academic activity may be provided by the Student if they verify a later date of attendance than determined by the School of Medicine.

c) Determining the amount of Title IV funds to be returned:
The amount of earned and unearned financial aid is calculated on a daily basis from the first day of the payment period. The process uses calendar rather than business days. Earned aid is determined by the percentage of the number of days attended before enrollment ended divided by the total number of days in the payment period (excluding any breaks of five days or more). There are no returns after the 60% point in time, as the federal regulations view the aid has been "100% earned" after that point in time. The amount of Title IV funds to be returned is calculated by multiplying the unearned aid percentage by the total of all Title IV aid received. A copy of the worksheet used for this calculation and examples can be requested from the Financial Aid Office.
In accordance with federal regulations, the return of Title IV funds is paid in the following order:

(1) Unsubsidized Direct Loans
(2) Subsidized Direct Loans
(3) Federal Perkins Loans
(4) Direct PLUS Loans
(5) Other Title IV Assistance
(6) The Student

5. Institutional and Student Responsibilities

a) The School of Medicine's responsibilities include:

- Providing each Student with the information given in this policy
- Review of examples of the Return of Title IV Aid and the Refund Policy with Students
- Identifying Students who are affected by this policy
- Completing the Return of Title IV Funds calculation for Students who are subject to the policy
- Returning the Title IV Funds that are due the Title IV programs within 30 days of withdrawal, dismissal, or leave.

b) The Student's responsibilities include:

- Students with Federal/Title IV financial aid must notify the Financial Aid Office to discuss the implications of a status change, inclusive of withdrawal, or leave of absence, before it occurs.
- Dismissed students should consult with the Financial Aid Office as directed in their dismissal paperwork. Students are also responsible for returning to the Title IV programs any funds that were disbursed directly to the Student and for with the Student was determined to be ineligible under the Return of Title IV funds calculation. The Student will also be billed for and required to pay any balance that results from a return of funds.

B. Post-Withdrawal Disbursements

In some cases, a Student may be eligible to receive a "post-withdrawal" disbursement after the Student withdraws when the amount of aid earned is less than the amount of aid disbursed. In such cases, the Financial Aid Office will notify the Student of the "post-withdrawal" disbursement.

C. Leave of Absence

1. Students are permitted to have one leave of absence (medical, personal, educational, administrative) within a 12 - month period that does not require a return of federal financial aid funds provided that:
   a) The Student completes the requirements for formal leave of absence in accordance with the Leave of Absence Policy (School of Medicine)Leave of Absence Policy (School of Medicine);
   b) The leave of absence does not exceed 180 days in length; and
   c) The leave of absence ends before the next payment period begins.
2. Students who are on a leave of absence as of the first day of the academic year are not eligible to receive financial aid until they return from the leave, register for classes, and begin coursework.
3. Students who begin a leave after the academic year begins are eligible for financial aid already disbursed but are not eligible for additional financial aid disbursements until they return from the leave of absence.
4. If a Student takes an approved leave of absence and then does not return from the leave within 180 days or within the payment period, the Student will be subject to the requirements for the return of federal financial aid. For the purposes of calculating earned financial aid, the last date of attendance will be retroactive to the day the leave of absence began.

V. PROCEDURE/GUIDELINES:

Not Applicable

VI. CROSS REFERENCES

Leave of Absence Policy (School of Medicine),
Military Leave of Absence Policy (School of Medicine)
Refund of Tuitions and Fees Policy (School of Medicine)
Student Payment Policy (School of Medicine)

VII. RESOURCES AND REFERENCES:

Higher Education Act of 1965 (as amended)

VIII. ATTACHMENTS:

Not Applicable

IX. REVISION DATES:

12/02/2015, 5/2023

Student Appeal of Dismissal Policy (WFUSM)

Version 4

I. PURPOSE

The purpose of this policy is to describe the process the Wake Forest University School of Medicine will follow to address an appeal from a student regarding a dismissal decision.

II. SCOPE

This policy applies to all Wake Forest University School of Medicine (School of Medicine) students, faculty, and staff, with the following exception: Students, faculty, and staff of the Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs should refer to the "Graduate Student Academic Grievance Procedures" found in The Graduate Bulletin 2024-2025 - Graduate School of Arts and Sciences Biomedical Science Programs (WFUSM).

III. DEFINITION

A. **Student:** A person who matriculates into, is enrolled in or is taking courses in the Academic Nursing Department, Physician Assistant Studies (MMS and DMSc), and the Undergraduate Medical Education (MD) programs of the School of Medicine. This policy does not apply to students of the Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs.,

B. **Program Manager of applicable educational program as follows:**

Academic Nursing Program: Program Director

Physician Assistant (PA) Program: Program Director

Undergraduate Medical Education (MD) Program: Vice Dean for MD Program Academic Affairs

C. **Professional/Academic Dismissal Appeals Committee (Appeals Committee or Committee):** A standing faculty committee of the School of Medicine.

D. **Business Day:** Monday through Friday, with the exception of the observed Atrium Health Wake Forest Baptist (AHWFB) holidays.

IV. POLICY GUIDELINES

In the event of a dismissal decision by the applicable program's policies and/or procedures:

A. A Student who wishes to appeal a dismissal decision must make a formal request for appeal in writing (which may include electronic mail) to their Program Manager or designee within seven (7) business days of notification of the dismissal.

B. The Student's written appeal must specify which of the following grounds for appeal applies and must set forth specific facts to explain why, with any supporting materials.

1. Procedural error as set forth in the policy;
2. Sanction was inappropriate based on the circumstances; and/or
3. Additional evidence is now available that was unavailable at the time the decision to dismiss was made.

C. A Student's appeal of the dismissal decision may be made only if at least one of the grounds for appeal (Section B., above) is established to the satisfaction of the Appeals Committee.

D. Upon receipt of a Student's written appeal of a dismissal action, the program manager or designee will:

1. Request that the Chair of the Appeals Committee convene the Committee within 15 business days. The Chair can grant an extension for the meeting date, if necessary; and
2. Notify the School of Medicine Director of Enrollment Services.

E. During the dismissal appeal process, the Student will not actively participate in their program and will follow the dismissal policy and/or exit procedures of the program

F. Committee Hearing

1. Committee members who have previously evaluated the Student's performance, made determinations on the Student's advancement, dismissal, or graduation, or have had any other conflict of interest as specified in the Conflict of Interest Related to Student Assessment Policy (WFUSM) must recuse themselves from participating in the review of the Student's appeal.
2. Once the date and time of the meeting have been established, the Chair of the Appeals Committee will notify the Student and Program Manager (or designee) of the date, time and place of the meeting, and that the meeting will not be open to the public.
    a) Only the Student and those directly involved in the appeal may attend the meeting. While the Student may have advisors, legal counsel, and other individuals available to lend support throughout the process, only the Student who is appealing the dismissal will be permitted to meet with the Appeals Committee.
    b) The Chair will send this notice to the Student no less than ten (10) business days before the appeal is to be heard.
3. The Student may address the Committee and provide information to support the appeal. Should the Student choose not to meet with the Committee, the Student must submit a written statement and any supporting documentation to the Chair no later than the date the appeal is scheduled to be heard.
4. The Committee may seek further information, testimony, witnesses etc. at their discretion during the appeals process. Students who provide testimony at the request of the Committee will abide by their program's code of honor and professional conduct standards policies.
5. Following review of the information provided by the Student, either in person and/or in writing, and otherwise gathered by the Appeals Committee, the Appeals Committee will deliberate and either uphold or overturn the dismissal decision based on the grounds for the appeal (see paragraph Section B above).
6. The decision of the Appeals Committee will be final. When a student is dismissed and the appeal is upheld, the student is not eligible to reapply for readmission to the Wake Forest University School of Medicine

G. Notifications

1. The decision of the Appeals Committee will be communicated to the Student in writing.
2. All written communication with and notifications to the Student regarding the Appeals Committee's review and decision will be conveyed by the Committee Chair to the Student, the Program Manager (or designee), and the program's Registrar, within two (2) business days
3. The Program Manager or designee will communicate the Committee's decision to the School of Medicine Director of Enrollment Services.

IV. PROCEDURE/GUIDELINE Not applicable

V. CROSS REFERENCES

Academic Nursing Student Handbook 2025-2026 - Academic Nursing (School of Medicine)

Academic Progress Policy - DMSc Program - PA Studies (School of Medicine)

Conflict of Interest Related to Student Assessment Policy (WFUSM)

DMSc Student Handbook - DMSc Program - PA Studies (School of Medicine)

MD Student Handbook - MD Program (School of Medicine)

The Graduate Bulletin 2026-2027 - Graduate School of Arts and Sciences Biomedical Science Programs (School of Medicine)

PA Program Student Handbook - PA Program - PA Studies (School of Medicine)
Professionalism and Honor Code - DMSc Program - PA Studies (School of Medicine)
Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine)
Satisfactory Academic Progression (SAP) for Financial Aid Eligibility Policy - Academic Nursing Programs (School of Medicine)
Satisfactory Academic Progress (SAP) for Financial Aid Policy - DMSc Program - PA Studies (School of Medicine)
Satisfactory Academic Progress for Financial Aid Eligibility Policy - MD Program (WFUSM)
Satisfactory Academic Progress for Financial Aid Eligibility Policy - PA (MMS) Program - PA Studies (School of Medicine)
Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM)
Student Professionalism and Honor Code Policy - PA Program - PA Studies (School of Medicine)
Student Progress Policy - PA (MMS) Program - PA Studies (School of Medicine)
Wake Forest University School of Medicine Policy and Compliance Companion (WFUSM)

VI. RESOURCES AND REFERENCES Not Applicable

VII. ATTACHMENTS Not Applicable

VIII. REVISION DATES: 8/2019; 2/2022; 4/2025

Version 4

Student Disability Accommodations Requests Policy and Procedures (WFUSM)

Version 3

I. PURPOSE

Wake Forest University School of Medicine (School of Medicine) is committed to ensuring that no qualified student with a properly documented disability is excluded from participation in, subjected to discrimination in connection with, or denied the benefits of any University program or activity due to the student's disability. To that end, the University provides reasonable accommodations to enable qualified students with properly documented disabilities equal access to University programs and activities. The Policy and Procedures for Student Disability Accommodation Requests (the "Policy") sets forth the policy and procedures applicable to student disability accommodation requests.

II. SCOPE

Any disability accommodation request made by any Wake Forest University undergraduate, graduate, or professional student (including students of the Wake Forest School of Medicine Academic Nursing, Physician Assistant (PA), and Undergraduate Medical Education (MD) programs, and the Graduate School of Arts and Sciences, Biomedical Sciences Program) regardless of the type of disability involved and regardless of the University program or activity in which the student is enrolled and/or participating.

III. DEFINITION/ABBREVIATIONS:

Not applicable

IV. POLICY

A. **Where and How Students Can Request Disability Accommodations**

1. All student disability accommodation requests must be made to the Center for Learning, Access, and Student Success (CLASS). For information on how to initiate a request, visit our website.
    a) Students may also contact CLASS at 336-758-5929 or class@wfu.edu.
2. Submitting documentation and requesting accommodations will begin the processes of determining:
    a) whether the student has a properly documented disability and, if so,
    b) what reasonable accommodations the University will provide to the student.
3. CLASS may solicit input from other University employees regarding accommodation requests. The CLASS and/or the Section 504 Coordinator are the only University employees authorized to determine whether a student has a properly documented disability and, through the interactive process, what reasonable accommodations the University may provide to the student. Accommodations are reasonable when they do not fundamentally alter the nature of a program or service and do not represent an undue burden. Accordingly, it is imperative that students seeking disability accommodations engage in the interactive process with the CLASS and that other University employees, including faculty and staff, promptly direct any student seeking disability accommodation to the CLASS.

B. **Timing of Accommodations Requests**

Although a student may make an accommodation request at any time, the University strongly encourages students to make requests as early and as far in advance as possible to allow adequate time for consideration and proper documentation of the disability; the interactive process that will determine what reasonable accommodations the University will provide to the

student; and implementation of those accommodations. The University strongly encourages the student to request the reasonable accommodation to the CLASS as soon as possible in advance of the need for the reasonable accommodation. Absent significant extenuating circumstances, the University will not consider or implement any retroactive disability accommodations.

C. **Determination of Whether a Student Is Qualified and Has a Properly Documented Disability**

Before determining what reasonable disability accommodation(s) the University will provide to a qualified student, the University must determine whether that student is a qualified student with a properly documented disability.

a) A qualified student is one who, with or without reasonable disability accommodation, is able to meet the essential requirements -- including but not limited to technical standards of the applicable program -- for participation in a program or activity.

b) A person with a disability is any person who has a physical or mental impairment which substantially limits one or more major life activities. Major life activities are functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, concentrating, thinking, and working as well as major bodily functions such as normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, immune system, and reproductive functions. This list is not exhaustive.

c) A student requesting a disability accommodation must provide required documentation as described below.

D. **Required Documentation**

Documentation of the requesting student's disability shall be obtained at that student's expense and must meet the criteria set forth in this Policy. CLASS has developed Guidelines for Documenting a disability. These guidelines can be found here.

1. Generally the following is required:

a) Current Documentation: The current impact of a disability upon the student is at the crux of determining a reasonable accommodation and as such, documents submitted to support an accommodation request must be current.

b) Comprehensive Evaluation: The student must include documentation of an evaluation of the student's disability. The evaluation must be conducted by a qualified professional and must provide information in five areas:

(1) a specific medical diagnosis of a physical, mental, or learning disability;

(2) a description of how the diagnosis was confirmed based on established diagnostic criteria using diagnostic testing and methods currently utilized in professional practices within the relevant field;

(3) a description of how the disability limits a major life activity and of the expected duration of the limitation;

(4) the requesting student's history with the disability; and

(5) specific recommendation(s) for reasonable accommodations and an explanation of the way in which the proposed accommodation will allow the student equal access to the programs and/or activities in question.

c) Qualified Professional: The documentation must include the professional credentials of the evaluator, including their licensure and area of specialization. Additional information about their experience with the diagnosis and treatment of adults in the appropriate field is recommended. The evaluator should not be a family member.

E. **Evaluation of Accommodation Requests and Determination of Reasonable**

Accommodations

As part of the interactive process, the CLASS may confer with the student's program to determine whether the student is an otherwise qualified student. If the CLASS determines that the student requesting accommodation is qualified and has a properly documented disability, the CLASS will then continue to engage in an interactive process with the student, other University faculty and staff and, as appropriate, the qualified professional who provided the disability documentation to determine what reasonable accommodations the University will provide to the student. Reasonable accommodations are those that do not lower or substantially modify essential program or activity requirements; fundamentally alter the nature of a University service, program, or activity; or result in an undue financial or administrative burden on the University.

F. **Letters of Accommodation**

CLASS will provide to the student, to the faculty member, or to the School's or Program's liaison the student's letter of accommodation detailing any accommodations the University will provide to the student. Students submit a request for letters through our online accommodations portal, AIM.

G. **Requests for Modification or Continuation of Accommodations**

It is the requesting student's responsibility to inform the CLASS or the Section 504 Coordinator of any changes to the disability or to request modifications to approved accommodations. Similarly, it is the student's responsibility to request continuation of the approved accommodations beyond the time period set forth in the letters of accommodation. To request a continuance or modification, students must re-submit supporting documentation and an updated request for accommodations.

H. **Confidentiality**

CLASS is responsible for information disclosed by a student seeking accommodations. The Director of CLASS is responsible for maintaining this information in confidential locked files separate from the student's academic file. Disability information is shared with faculty and staff on a limited "need to know" basis. The confidential file is maintained for seven years after the student has graduated or left the University. The file is then shredded.

I. **Appeals / Grievances**

Students who are denied requested accommodations and/or believe that they have been discriminated against or harassed on the basis of their disability may appeal the denial or file a discrimination or harassment complaint through the Student Disability Grievance Procedures (WFUSM), which is available here.

V. PROCEDURE/GUIDELINES

Not Applicable

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

Student Disability Grievance Procedures (WFUSM)

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES

4/2017; 10/2023

Student Disability Grievance Procedures (WFUSM)

Version 4

I. PURPOSE

Wake Forest University, including the Wake Forest University School of Medicine Physician Assistant Studies (MMS and DMSc), Academic Nursing, and Undergraduate Medical Education (MD) programs, and the Graduate School of Arts and Sciences, Biomedical Sciences Programs, (collectively, "Wake Forest" or the "University") is committed to ensuring that no otherwise qualified individual with a disability is excluded from participation in, subjected to discrimination in connection with, or denied the benefits of any University programs or activities due to their disability. The University will take steps to prevent the recurrence of any discrimination and to correct discriminatory effects on the complainant and others, if appropriate.

II. SCOPE

This procedure applies to all Wake Forest School of Medicine (WFUSM) and Wake Forest University Graduate School of Arts and Sciences-Biomedical Sciences students.

III. DEFINITION: Not Applicable

IV. POLICY: Not Applicable

V. PROCEDURE GUIDELINES

The University has adopted this internal Grievance Procedure to provide for the prompt and equitable resolution of student complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 ("Section 504") or Title III of the Americans with Disabilities Act ("Title III") or otherwise alleging disability-related discrimination or harassment. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance, and Title III prohibits discrimination on the basis of disability by private entities (including University) that provide places of public accommodation. The University has designated the following individual as the Section 504 Coordinator:

Aishah Casseus, JD
Director, Title IX Office
Section 504 Coordinator casseua@wfu.edu
(336) 758-7258

A. Who May Grieve?

Any student currently enrolled at the University who believes they have been discriminated against or harassed on the basis of disability by a Wake Forest employee (e.g., administrator, faculty, staff, adjunct faculty, or other agent of the University); Wake Forest student; or, in certain circumstances, by a visitor to the University, may use this process to file a grievance (the "Grievant"). The grievance must be filed within sixty (60) days of the occurrence of the alleged discriminatory or harassing conduct.

B. What May Be Grieved?

An action or decision may be grieved if it involves alleged discrimination or harassment by a Wake Forest employee, student, or, in certain circumstances, by a visitor to the University against a student on the basis of that student's disability. Such actions may include, but are not limited to, denial of accommodations or lack of physical access to University facilities or programs.

C. Confidentiality and Prohibition Against Retaliation

The University will treat all information submitted in connection with a grievance as confidential. Subject to FERPA and other applicable privacy laws, however, the University official investigating the grievance will inform individuals with a legitimate need to know of the grievance and may provide them related information as necessary to allow the University official to conduct a meaningful and thorough investigation. The University official investigating the grievance will inform all involved parties of the need to maintain the confidentiality of such information.

1. Wake Forest prohibits retaliation for submitting a grievance or participating in a grievance investigation. Retaliation includes threats, intimidation, reprisals, and adverse actions. The University official investigating the grievance will advise all involved parties of this strict prohibition against retaliation.

D. Informal Grievance Procedure

The Informal Grievance Procedure is designed to facilitate a satisfactory resolution of the grievance in an informal manner. The Grievant has the option to forego the Informal Grievance Procedure and move immediately to the Formal Grievance Procedure.

1. The Grievant initiates the Informal Grievance Procedure by contacting the Section 504 Coordinator. If the Coordinator is the subject of the grievance, the Grievant initiates the Informal Grievance Procedure by contacting the Vice President/Associate Dean for Healthcare Education of Wake Forest University School of Medicine, who will assign an administrator in lieu of the Coordinator. The Grievant may contact the appropriate official by e-mail, phone, or in person. To initiate the Informal Grievance Procedure, a Grievant is not required to submit the grievance in writing, but the Coordinator may ask the Grievant to do so or to submit other evidence, if necessary to facilitate a satisfactory resolution.
2. The Coordinator will attempt to expeditiously facilitate a satisfactory resolution. The Coordinator may meet in person with the Grievant, confer with the individual(s) against whom the grievance is filed, attempt to arrange a meeting between the Grievant and the individual(s), or take any other steps the Coordinator believes will be useful in promoting resolution.
3. Within 21 calendar days after the Grievant initially contacts the Coordinator regarding the grievance, the Coordinator will inform the Grievant and, as appropriate, the individual(s) against whom the grievance is filed in writing of the outcome of the Informal Grievance Procedure.

E. Formal Grievance Procedure

If the Grievant is not satisfied with the resolution reached using the Informal Grievance Procedure, or if the Grievant chooses not to use the Informal Grievance Procedure, the Grievant may initiate the Formal Grievance Procedure by submitting a written complaint to the Coordinator. If the Coordinator is the subject of the grievance, the Grievant initiates the Formal Grievance Procedure by contacting the Vice President/Associate Dean for Healthcare Education of Wake Forest University School of Medicine, who will assign an administrator in lieu of the Coordinator. A Grievant who chooses to initiate the Grievance Procedure after participating in the Informal Grievance Procedure must do so within 14 calendar days of receipt of the Coordinator's written notification of the outcome of the Informal Grievance Procedure. The written complaint must:

- be dated;
- state the problem or action alleged to be discriminatory and the date of the alleged action;
- state how the action is discriminatory (or how the decision is unreasonable if it a denial of a requested accommodation);
- name the individual(s) against whom the grievance is filed;
- state the requested remedy; and
- be signed by the Grievant.

Within seven calendar days of receiving the written complaint, the Coordinator will provide written notification of receipt of the complaint to the Grievant and to the individual(s) against whom the grievance is filed. The Coordinator will also conduct a thorough and impartial investigation of the complaint, affording the Grievant and the individuals against whom the complaint is filed an opportunity to present witnesses and submit evidence regarding the allegations. Within 30 days of receipt of the written complaint, the Coordinator will provide the Grievant and the individual(s) against whom the complaint is filed a written decision regarding the grievance. The decision will include a summary of relevant findings of fact, a conclusion, and, if applicable, an explanation of remedies, which may include the imposition of disciplinary actions/sanctions and/or referral to an individual's supervisor or another administrator for the determination and imposition of disciplinary actions/sanctions.

F. Appeal

The Grievant or the individual(s) against whom the grievance is filed may appeal within fourteen calendar days of receiving the Coordinator's written decision and/or any associated disciplinary sanctions by writing to the Vice President/Associate Dean for Healthcare Education of Wake Forest University School of Medicine. The written appeal must clearly set forth the grounds for the appeal and must include all supporting evidence. Generally, the Vice President/Associate Dean for Healthcare Education of Wake Forest University School of Medicine will limit their review of the Coordinator's decision to determine whether the Coordinator considered the proper facts and whether there were any procedural irregularities. Within 21 days of receipt of the appeal, the Vice President/Associate Dean for Healthcare Education of Wake Forest University School of Medicine will provide the Grievant and the individual(s) against whom the complaint is filed a written decision regarding the appeal. The decision of the Vice President/Associate Dean for Healthcare Education of Wake Forest University School of Medicine is final, and the University will disregard any subsequent appeals (in any form) to any University representative, including the University President.

G. Adjustment of Deadlines

The Coordinator or the Vice President/Associate Dean for Healthcare Education of Wake Forest University School of Medicine may change the above deadlines for good cause, such as semester or summer breaks or hardship due to the urgency of the matter or the proximity of an event.

H. Interim Measures

If necessary while any grievance investigation is ongoing, the Coordinator or their designee shall have the authority to take all reasonable and prudent interim measures to protect the individual who may have been discriminated against pending completion of the investigation and during the informal or formal processes to resolve the complaint or any appeal thereof. Such interim measures may include, but are not limited to, limiting interaction between the parties, arranging for the provision of temporary accommodations, or staying a course grade.

I. Retention of Records

Records related to the grievance will be confidentially maintained in the office of the Coordinator for three years. Information regarding the outcome of the grievance may be shared with the Center for Learning, Access, and Student Success (CLASS) and others at the University when necessary.

J. Disability Accommodations During Grievance Process

The University will make arrangements to ensure that students with disabilities are provided appropriate accommodations as needed to participate in this Grievance Procedure. Requests for accommodations must be made to the Coordinator. The Coordinator will review the supporting disability-related documentation, make a decision about the request, notify the student about approved accommodations, and make arrangements for the accommodations. Accommodations may include, but are not limited to, providing interpreters for the deaf, providing recordings of materials for the blind, and assuring a barrier-free location for the proceedings.

K. External Complaints

The availability and use of this Grievance Procedure does not prevent a student from filing a complaint of discrimination with external agencies such as the U.S. Department of Education, Office for Civil Rights.

VI. CROSS REFERENCES: Not Applicable

VII. RESOURCES AND REFERENCES:

https://class.wfu.edu/

VIII. ATTACHMENTS Not Applicable

IX. REVISION DATES

7/2020; 12/2021; 2/2025

Student Discrimination, Harassment, and Retaliation Policy (School of Medicine)

Version 1

I. PURPOSE

The Wake Forest University School of Medicine ("School of Medicine") is committed to providing a learning community free from prohibited discrimination, harassment, and retaliation. In adherence with applicable laws, the School of Medicine prohibits such conduct in its educational activities and programs on the basis of race, color, and national origin ("Protected Status"). Consistent with federal guidance, national origin discrimination also prohibits conduct based on a person's shared ancestry or ethnic characteristics, or citizenship or residency in a country with a dominant religion or distinct ethnicity. This includes, but is not limited to, forms of anti-Semitic, Islamophobic, and other ethnic or ancestry-based discrimination.

This Policy provides definitions of Discrimination, Harassment, and Retaliation based on the Protected Statuses ("Prohibited Conduct") covered under this Policy, reporting requirements and options, procedures, and available resources so the School of Medicine can promptly and effectively respond to reports of Prohibited Conduct and take appropriate action consistent with the Policy and Procedures.

II. SCOPE

This Policy applies to Prohibited Conduct by a student enrolled in any School of Medicine education program or a recognized student organization of the School of Medicine, and such conduct is or was occurring during a program or activity hosted or sponsored by the School of Medicine. This Policy also applies to Prohibited Conduct occurring off-campus or outside of a School of Medicine program or activity, including online conduct, if the Prohibited Conduct is reasonably likely to have continuing adverse effects on the School of Medicine's educational programs or activities, as determined by the School of Medicine.

III. DEFINITIONS/ABBREVIATIONS

Complainant – An individual or student organization alleged to have experienced Prohibited Conduct. If the Complainant is a student organization, a representative from the organization will be designated to represent the organization in the investigative process.

Discrimination – Treating an individual or student organization differently on the basis of actual or perceived race, color, or national origin, such that it interferes with or limits the ability of the individual or group to participate in or benefit from the School's educational programs or activities.

Harassment – A type of discrimination that constitutes either Hostile Environment Harassment or Quid Pro Quo Harassment.

Hostile Environment Harassment – Unwelcome conduct toward a person or group on the basis of actual or perceived race, color, age, or national origin that is sufficiently severe, or pervasive that it interferes with or alters the conditions of enrollment or denies or limits a person's or group's participation or benefits in an education program or activity. Whether conduct is sufficiently severe or pervasive to create a hostile environment is evaluated under the totality of the circumstances, including but not limited to: the type, frequency and duration, of the conduct, including whether the conduct was verbal, physical, or both and how frequently it was repeated; whether the conduct was hostile and patently offensive; whether the conduct unreasonably interfered with the individual's educational environment or creates an intimidating, hostile, or offensive environment; the context in which the conduct occurred, including location, and whether others participated in the harassment and/or whether the harassment as directed at more than one individual or group; and any other relevant factors. These factors are evaluated from both subjective and objective viewpoints, considering not only the effect the conduct actually had on the person or group, but also the impact it would likely have had on a reasonable person or group of people in the same situation. The conduct must subjectively and objectively meet the definition of Hostile Environment Harassment to be a violation of this Policy.

Quid Pro Quo Harassment – Unwelcome conduct based on one or more Protected Statuses where submission to or rejection of such conduct is used, explicitly or implicitly, as the basis for decisions affecting an individual's or a group's participation in an education program or activity.

Respondent – A student or student organization alleged to be responsible for the Prohibited Conduct. If the Respondent is a student organization, a representative from the organization will be designated to represent the organization in the investigative process

Retaliation – Any materially adverse action taken or threatened, directly or through others, against an individual or group because the individual or group has engaged in Protected Activity. Protected Activity includes (1) reporting or opposing conduct that an individual or group reasonably believes is Discrimination or Harassment in violation of this Policy; (2) participation in the investigation or resolution of a report under this Policy or participation in an investigation, proceeding, or hearing under state or federal anti-discrimination laws. Retaliation also includes action taken or threatened, directly or through others, that is intended to deter a person or group from engaging in Protected Activity.

To constitute Retaliation, there must be a sufficient causal nexus between the Protected Activity and the materially adverse action. Allegations of Retaliation will be evaluated as a separate offense under this Policy and can result in disciplinary sanctions, regardless of the outcome of the original complaint. Reports made in good faith, even if the original allegations are ultimately determined to be unsubstantiated, are not considered Retaliation. Intimidation, coercion, threats, or Discrimination against an individual or group for the purpose of interfering with reports under the Policy or any rights or privileges secured under federal or state law also constitutes Retaliation.

Examples of behavior that may constitute discrimination or harassment under this Policy:

- Excluding a student from a program or activity based on their complexion or hair texture associated with their race
- Denying an applicant membership or benefits in a student group because of their Hindu religion or because they are perceived to be from India or another country where Hinduism is commonly practiced
- Repeated instances of anti-Semitic slurs directed toward an individual, regardless of whether that individual is Jewish
- Refusing to allow an individual to participate in any program because they are perceived to be from Israel, are associated with a Jewish organization, wear religious attire, like a kippah, or display a religious symbol associated with Judaism, like a Star of David
- Defacing a Jewish student's property with a hateful symbol, such as a swastika
- Using force or intimidation to obstruct the path of a student because they are Jewish, perceived to be Jewish, or supportive of Jewish institutions or organizations
- Repeatedly referring to a Muslim individual or someone perceived to be a Muslim as a "terrorist"
- Removing a student from a program or activity based on the perception that the student is Muslim or perceived to be Muslim or is associated with a Muslim organization
- Refusing professional or learning opportunities because an individual wears a hijab to work or in the classroom
- Physically threatening an individual for wearing a religious symbol associated with Islam or a national symbol like a keffiyeh
- Repeatedly using racial slurs toward an individual based on their actual or perceived race or skin color
- Asking where a person of color is "really from"
- Mocking an individual's accent or English-speaking abilities
- Comparing an individual's skin color to an undesirable object or substance

IV. POLICY

This Policy prohibits Discrimination, Harassment, and Retaliation based on an individual's or a group's Protected Status as described in the Definitions section in this Policy. This Policy is intended to comply with the requirements of Title VI of the Civil Rights Act of 1964 and implementing regulations.

The School of Medicine will enforce this policy in a manner that is consistent with its commitment to academic freedom and free expression. This policy is not intended to restrict the expression of ideas or speech that, while offensive, does not meet the standard of a Hostile Environment as defined in this policy.

The School of Medicine has separate policies and procedures for addressing Discrimination, Harassment, and Retaliation of students based on other legally protected characteristics, including sex, gender, and disability. Please refer to Section VI for these policies. Similarly, the School of Medicine has policies and procedures for addressing discrimination and harassment of and by employees based on protected characteristics. Students and others should refer to these other policies when the concerns of discrimination or harassment do not fall within the scope of this Policy. Similarly, when there are concerns regarding Prohibited Conduct by an individual or group other than a student enrolled in a School of Medicine program or a student organization recognized by the School of Medicine, such concerns should be reported to the School of Medicine Learning Environment Liaison

A. Responsible Office and Reporting

1. The Wake Forest University Office of Institutional Equity ("OIE") is responsible for administering this Policy and related Procedures and oversees the School of Medicine's response to reports of Prohibited Conduct under the Policy.
2. The School of Medicine urges everyone to report Prohibited Conduct to OIE as soon as possible to ensure prompt and effective actions can be taken to address current Prohibited Conduct and prevent its future occurrences. Individuals with the following roles in the School of Medicine are considered mandatory reporters and are required to report possible Policy violations using one of the Designated Reporting options discussed below

    - Dean, School of Medicine
    - Vice Deans
    - Vice Presidents and Associate Vice Presidents
    - Associate and Senior Associate Deans
    - Assistant Deans
    - Academic Program Directors
    - Course and Clerkship Directors
    - Title IX and Deputy Title IX Coordinators
    - Center for Personal and Professional Development (CPPD) staff
    - Office of Global Health staff
    - Learner Management Office staff

3. <u>Designated Reporting</u>

    a) To make a report of Prohibited Conduct under this Policy, any individual should contact the Learning Environment Liaison in person (Bowman Gray Center for Medical Education ("BGCME"), First Floor) or via email at edcompliance@wfusm.edu. Individuals may also report via the following:
        - Executive Director of OIE in person (Reynolda Hall Ste 22) or via email at OIE@wfu.edu.
        - Advocate Health Compliance Hotline (anonymous): 888-847-6331 (toll-free) or advocatehealth.org/speakup

    b) Once a report has been submitted, OIE will conduct an initial assessment, offer resources as needed, and identify appropriate action to respond to the report, consistent with the applicable Procedures.

4. <u>Complex Complaints & Report</u>

    a) When a Formal Complaint is filed under the WFUBH Title IX & Non-Title IX Sexual Misconduct & Grievance Procedures (the Title IX Policy) containing allegations of Prohibited Conduct under this Policy and allegations of conduct prohibited by the Title IX Policy, all allegations in

the Formal Complaint may be addressed in accordance with Section III of Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (School of Medicine) at the discretion of the Title IX Coordinator and in consultation with OIE.

b) Additionally, if a report contains allegations of both Prohibited Conduct under this Policy and of conduct prohibited by other School of Medicine policies, the OIE Executive Director has the discretion to consolidate or separate multiple reports of alleged Policy violations into a single investigation where the allegations of a Policy violation arise out of the same facts or circumstances or conduct, or when the alleged conduct is temporally or logically connected.

5. Confidential Reporting

a) While the School of Medicine strongly encourages all individuals and groups to make a report by contacting one of the Designated Reporting Options, Confidential Resources are available to individuals and groups regardless of whether they choose to make a report. Confidential Resources are also available to help an individual make a report to the School of Medicine.

b) Confidential Resources will only share information about an individual's or a group's report with the individual's or group's consent or if the law requires it, for example, where there is a continuing threat of serious harm to the individual or to others or there is a specific obligation to reveal such information (e.g., suspected abuse or neglect of a minor). Confidential Resources may also be required to report non-identifying statistical information to the University Police Department if the Confidential Resource is a Campus Security Authority under the Clery Act.

c) Students may utilize the following Confidential Resources:

Office of the Chaplain
Rev. Michelle Nicolle, BGCME 3109,
336.713.9766
michelle.nicolle@advocatehealth.org

Available for individual student spiritual care and general emotional support on the Charlotte Campus:

Greg Hathaway, Director, Spiritual Care and Education,
704.355.1764
gregory.hathaway@advocatehealth.org

Terri Bolotin Director, Spiritual Care and Education,
704.304.5909
terri.bolotin@advocatehealth.org

LiveWell Care

Website: https://school.wakehealth.edu/education-and-training/educational-excellence/student-and-teammate-health
Email: studenthealth@advocatehealth.org
Phone: 833-Teal-Now (832-5669)

Counseling and Well-Being Services

Website: https://school.wakehealth.edu/education-and-training/educational-excellence/health-wellness-and-counseling

Email: counselingservices@wfusm.edu
Phone: 336.716.0637, Option 2 (24/7 crisis line)

B. Timelines to Report

1. The sooner a report is made, the more effectively it can be addressed by the School of Medicine. There is, however, no time limitation for reporting under the Policy. In some cases, such as where the Respondent is no longer enrolled in a School of Medicine program or is no longer a recognized

student organization, the School of Medicine may be unable to investigate or take disciplinary action.

C. Emergency and Supportive Measures

1. OIE may determine that removal from campus or additional emergency safety measures may be necessary, and OIE may recommend such actions to the appropriate campus unit(s). Additionally, OIE may offer supportive measures to any Complainant or Respondent as appropriate and will coordinate with appropriate campus units in the provision of supportive measures.

V. PROCEDURE / GUIDELINE

This portion of the document sets forth the Procedures for how the Wake Forest University School of Medicine will respond to reports of Prohibited Conduct under its Policy on Discrimination, Harassment, and Retaliation ("Policy") involving student or student organization Respondents. Please refer to the School of Medicine's Policy for applicable definitions of key terms.

A. Reporting and Responding

1. As provided in the Policy, all students and groups are strongly encouraged to make a report to the Office of Institutional Equity ("OIE") in a timely manner if they know or have reason to believe that Prohibited Conduct has occurred in violation of the Policy. Although isolated incidents generally do not constitute Hostile Environment Harassment, unless sufficiently severe, individuals and groups are encouraged to report all suspected incidents of alleged Harassment so that the School of Medicine can appropriately address the conduct before it rises to the level of Hostile Environment Harassment.
2. Under the Policy, a report to the School of Medicine may be made through one of the Designated Reporting Options. See the Policy for further information about these reporting options. Additionally, in the absence of a report, upon learning of conduct potentially covered by the Policy in some other manner, the School of Medicine may be required to take action, which may include, but is not limited to, conducting an investigation.
3. The School of Medicine will make reasonable efforts to complete an informal resolution or formal investigation (not including appeals, if applicable) within 90 calendar days of receipt of the report. This timeline, and all other timelines in these Procedures, including appeals, are guidelines and may be extended for good cause at the discretion of the OIE Executive Director. Extensions will be communicated concurrently to both parties in writing.

B. Resolution Process

1. **Initial Assessment**

a) When a report is made to one of the Designated Reporting Options, the OIE Executive Director or the Executive Director's designee(s) will conduct an initial assessment to determine whether the conduct as alleged would constitute a violation of the Policy. The OIE Executive Director or their designee(s) will also offer resources as needed and identify appropriate action to respond to the report, which may include implementation of interim measures while the report is pending.

b) The OIE Executive Director or their designee may consult with the Title IX Coordinator, other OIE staff, or School of Medicine offices as appropriate as part of the initial assessment. The report may be referred to another office for appropriate action when, for example, the alleged conduct does not fall within the scope of the Policy.

c) At the conclusion of the initial assessment, OIE will determine the appropriate resolution option. Resolution options include: informal resolution; formal investigation; referral to another office or unit, including but not limited to a third-party vendor or affiliate institution; or dismissal. Both parties, if applicable, will be informed in writing of OIE's selected resolution option.

2. Informal Resolution Procedure

a) Subject to the School of Medicine's obligations provided in the Policy, and when appropriate, OIE may pursue an informal process to respond to reports. The informal resolution procedure is designed to facilitate a satisfactory resolution of the report in an informal manner, and to ending the alleged discrimination or harassment and preventing its recurrence. The informal procedure is not a prerequisite to the formal resolution procedure, and in certain cases, the informal resolution procedure may not be appropriate.

b) OIE retains the discretion to determine when informal resolution is appropriate. If a Complainant or Respondent requests informal resolution, OIE will assess the request in consideration of other legitimate factors, including both parties' willingness to proceed with informal resolution, the risk of harm to the School of Medicine community, and the School of Medicine's obligation to provide a non-discriminatory and non-retaliatory environment free of unlawful harassment and discrimination.

c) If informal resolution is appropriate as determined by OIE, OIE staff may confer with the Complainant or the Respondent(s), ask the Complainant to submit additional information, attempt to arrange a meeting between the Complainant and the Respondent(s), or take any other steps useful in promoting resolution.

d) Informal resolution may also involve resolutions that focus on supporting the Complainant with no participation by the Respondent, such as resources for the Complainant. OIE will document in its files any informal resolution agreement reached. OIE will also inform the Complainant and, as appropriate, the Respondent(s), in writing of the outcome of any informal resolution. Once a report has been resolved through informal resolution, the report will be closed

e) If the Complaint is not resolved through informal resolution, or if the Complainant chooses not to use the informal resolution procedure, the Complainant or OIE may pursue a formal investigation as described below.

3. Formal Investigation Procedure

a) The decision whether to pursue a formal investigation remains with OIE. Upon initiation of an investigation, one or more investigators will be assigned to investigate the report.

b) The OIE Executive Director has the discretion to consolidate or separate multiple reports of alleged Policy violations into a single investigation where the allegations of a Policy violation arise out of the same facts or circumstances or conduct, or when the alleged conduct is temporally or logically connected.

c) An impartial investigation of the allegations will be conducted. The investigator(s) will interview the Complainant and Respondent to gather facts relevant to the report. During the investigation, the Complainant and the Respondent against whom the report is filed will have an opportunity to provide witness names and submit relevant information regarding the report. If the investigator(s) interview witnesses as part of the investigation for a violation under this Policy, only the School of Medicine or OIE may record the interviews to assist with the investigation process; any unauthorized recording of interviews or other aspects of an investigation under this Policy is prohibited. The investigator(s) may gather or receive other information that is relevant to the report as appropriate and available. The investigator(s) is responsible for determining in their discretion what information is relevant for purposes of the investigation.

4. Review of Draft Investigative Report

a) The investigator will prepare, in consultation with the OIE Executive Director, a draft written investigation report. The draft investigation report will not yet include a determination as to whether there is sufficient evidence to support a Policy violation.

b) The parties will be given an opportunity to review a draft investigation report that contains a summary of their statements and which may be presented in redacted format, consistent with

the Family Educational Rights and Privacy Act ("FERPA") and other applicable laws. The School of Medicine reserves the right to redact witness names/statements and other personally identifiable information from the draft investigation report reviewed by each party. The parties will each have five (5) business days from receipt of the draft investigation report to prepare and submit a written response to the report.

(1) In the written response, the parties may address any further investigation activities or questions that they believe are necessary. If a party wishes to submit additional evidence at this stage, they must explain how the evidence is relevant and why it was not previously provided.

c) The investigator(s) will review and consider the parties' written submissions and may conduct additional investigative activities as the investigator determines is appropriate prior to finalizing the investigative report.

(1) In the event that the additional investigative activities result in new evidence, the investigator(s) will provide this new evidence to each party.

(2) The parties will then have two (2) days from the time that the new evidence is provided to submit to the investigator(s) a written response to the evidence, if they so choose.

(3) The need for additional investigative activities may result in an extension to the timelines set forth in these Procedures.

5. Notice of Formal Investigation Outcome

a) Upon finalizing the investigation report, the investigator(s) will make a determination as to whether there is sufficient evidence to support a Policy violation, using a preponderance of the evidence standard. Preponderance of the evidence standard means that, based on the information gathered during the investigation, it is more likely than not that a Policy violation occurred. The investigator will make recommendations as to sanctions and/or corrective measures to the dean of the School (or designee) in which the Respondent is a student. The dean or designee will make a final determination as to sanctions and/or corrective measures.

b) Disciplinary sanctions will be reasonably designed to eliminate prohibited conduct under the Policy, prevent its recurrence, and/or remedy its effects.

(1) Examples of disciplinary sanctions include, but are not limited to: written reprimand; restrictions on participation in School of Medicine events and groups; suspension from the School of Medicine for a specified time; or expulsion from the School of Medicine.

c) Corrective actions are designed to promote a safe and non-discriminatory environment. Corrective actions, such as education or training, may be implemented even if it is determined that there has not been a violation of the Policy.

(1) Examples of corrective actions include, but are not limited to: training or educational programs; or limiting access to specific School of Medicine areas or individual persons.

d) OIE will provide the Complainant and Respondent with the written notice of outcome, appeal rights, if any, and resources. Consistent with FERPA and other applicable laws, the School of Medicine may be limited in the amount of information provided to the parties, including specific disciplinary sanctions, and reserves the right to redact witness names/statements and other personally identifiable information.

e) Where both the Complainant and Respondent agree to the formal investigation outcome, or where neither party requests further review, the outcome will become final with no further basis for review.

C. Appeals

1. Following a formal investigation, the Complainant or Respondent may appeal the investigator's determination as to whether there is a Policy violation within five (5) business days from the date of written notice of the determination. An appeal is not intended to be a reinvestigation of the facts. Rather, the grounds for appeal are limited to the following:

a) New information not reasonably available at the time of the investigation that materially affected the outcome of the matter;
b) The investigator(s) had a conflict of interest or bias for or against a party that materially affected the outcome of the matter;
c) Substantial procedural error(s) that materially affected the outcome of the matter.

2. To submit an appeal, the party appellant must submit their appeal in writing, and any supporting documentation, to the OIE Executive Director or their designee. Upon receipt of an appeal, the OIE Executive Director or their designee will notify the other party of the appeal and an opportunity to submit a response to the appeal within five (5) business days following the OIE Executive Director's or their designee's notice.

3. The appeal will be referred to a trained appeal reviewer as determined by the OIE Executive Director or their designee. In cases where both the Complainant and the Respondent submit appeals, both appeals will be referred to the same panel of at least three trained appeal reviewers determined by the OIE Executive Director or their designee. Parties will be notified of the appeal reviewer(s) and have two days to identify in writing to the OIE Executive Director any alleged conflicts of interest or bias on the part of the appeal reviewer(s). The Executive Director or their designee will consider such statements and will promptly assign a different appeal reviewer(s) if determined that a material conflict of interest or material bias exists.

4. The OIE Executive Director or their designee will provide the appeal reviewers with the investigation report, the appeal petition and supporting documentation, and any written response submitted by the other party. The appeal reviewers will decide within five (5) business days from assignment whether the appeal states a valid basis for appeal and will notify the parties of their determination. If the appeal is denied, the matter is closed, and the investigator's determination is final.

5. If an appeal is granted, the appeal reviewers will determine, based on the written record, whether one of the three bases for appeal is substantiated. In making their determination, the appeal reviewers may request additional information collected or considered by the investigator.

6. In conducting the review, the appeal reviewers should apply the "clearly erroneous" standard. The "clearly erroneous" standard is met when the appeal reviewers determine that there is clear evidence that new evidence, bias or conflict of interest, or procedural error has materially affected the outcome. It is not clear error if there is evidence to support the investigators' decision, even if the appeal reviewers may have come to a different conclusion

D. Effect of Withdrawal or Separation from the School of Medicine

1. If a Respondent separates or withdraws from the School of Medicine at any time after a report has been made, the School of Medicine may continue with any of the processes for resolution of the report, even without the Respondent's participation. The determination as to how to resolve the report once a Respondent is no longer affiliated with the School of Medicine will be based on the OIE Executive Director's assessment of the actions necessary to meet the requirements of the Policy, in consultation with other School of Medicine officials as appropriate. A notation may be made in the Respondent's student conduct records that the Respondent separated from the School of Medicine with an investigation or report pending.

VI. CROSS REFERENCES

Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (School of Medicine)
Student Disability Grievance Procedures (WFUSM)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

Student Education Records Policy (WFUSM)

Version 6

I. PURPOSE

The purpose of this policy is to detail the rights of students under the Family Educational Rights and Privacy Act (FERPA).

II. SCOPE

This policy applies to Education Records of Eligible Students of the Wake Forest University School of Medicine (School of Medicine).

III. DEFINITION/ABBREVIATIONS

A. **Eligible Student:** A student who is 18 years of age or older or who attends or has attended an education program of the School of Medicine.

B. **Education Record:** An Education Record is any record (in handwriting, print, tapes, film, computer, e-mail, text message, or other medium), which contains information that is personally identifiable to an Eligible Student, and is maintained by the School of Medicine or by a party or organization on behalf of the school.

C. **Legitimate Educational Interest:** A school official is determined to have legitimate educational interest if the information requested is necessary for that official to (a) perform appropriate tasks that are specified in his/her position description or by a contract agreement; (b) perform a task related to an Eligible Student's education; (c) perform a task related to the discipline of an Eligible Student; Although a person has been designated as a "school official", he or she does not have inherent right to any and all Education Record information. The school official must demonstrate to the records keeper a legitimate education interest (as opposed to personal or private interest), and such determination must be made on a case-by-case basis." (AACRAO FERPA Guide).

D. **School Official:** A person employed by or on behalf of the School of Medicine in an administrative, supervisory, academic, research, or support staff position (including law enforcement unit personnel and health staff); or a student serving on an official committee, such as a disciplinary or grievance committee. A School official also may include a contractor outside of the School of Medicine or Atrium Health Wake Forest Baptist (AHWFB) who performs an institutional service or function for which the School o f Medicine would otherwise use its own employees and who is under the direct control of the School of Medicine with respect to the use and maintenance of personally identifiable information from Education Records.

IV. POLICY

A. Rights afforded to eligible students include:

1. The right to inspect and review the Eligible Student's Education Records within 45 days after the day the School of Medicine receives a request for access, as set forth under the Procedures.

2. The right to request an amendment to the Eligible Student's Education Record that the Eligible Student believes is inaccurate, misleading, or otherwise in violation of the Eligible Student's privacy rights under FERPA.

3. The right to provide written consent before the School of Medicine discloses personally identifiable information from the Eligible Student's Education Records, except to the extent that FERPA authorizes disclosure without consent.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School of Medicine to comply with the requirements of FERPA. The name and address of the office that administers FERPA is: Family Policy Compliance Office

U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-8520

B. Directory Information

1. The following information concerning Eligible Students is considered by the School of Medicine to be directory information and may be disclosed without an Eligible Student's consent, unless the Eligible Student indicates in writing and submitted to the Registrar that any or all of the items are not to be released:

   a) Name;
   b) Address;
   c) Telephone number;
   d) Electronic mail address;
   e) Date and place of birth;
   f) Major field of study;
   g) Enrollment status;
   h) Dates of attendance;
   i) Degrees and/or awards received at the School;
   j) Participation in officially recognized activities;
   k) The most recent previous educational agency or institution attended by the student; and
   l) Other similar information, such as a photograph.

C. Records unavailable to students are:

1. The financial statements and tax returns of the Eligible Student's parents.
2. Confidential letters of recommendation which were placed in the student's educational record prior to January 1, 1975, if such letters or statements are not used for purposes other than those for which they are specifically intended.
3. Confidential recommendations executed on or after January 1, 1975, for which the student may have chosen to waive their access rights

D. There are also certain exceptions to the definition of an education record. These exceptions include:

1. Records of institutional, supervisory, and administrative personnel and educational personnel ancillary thereto which are in the sole possession of the maker thereof, and which are not accessible or revealed to any other person except a substitute.
2. Law enforcement records which are unavailable to persons other than law enforcement officials of the same jurisdiction.
3. Records of the institution which contain only information relating to a person after that person is no longer a student at the institution. For example, information gathered and maintained on the accomplishments of alumni.
4. Employment records which are maintained in Human Resources for staff and former staff as required by AHWFB policies and government record-keeping regulations. This applies to both electronic and paper employment records.
5. Treatment records which include medical records held by health plans and health care providers https://www.hhs.gov/hipaa/index.html

E. School Officials

1. An Eligible Student's Education Record, or any component thereof, may be disclosed by the record custodian without the written consent of the Eligible Student when the disclosure is:

a) To school officials who have a legitimate education interest in the records. The determination as to whether or not a legitimate educational interest exists will be made by the custodian of the records on a case by case basis. When the custodian has any questions regarding the request, the custodian should withhold disclosure unless the custodian obtains the written consent of the Eligible Student, or the concurrence of a supervisor or other appropriate office that the record may be released.

b) To officials of another school, upon request, in which an Eligible Student seeks or intends to enroll. The Eligible Student shall receive notification of the disclosure unless the Eligible Student initiated the disclosure.

c) To authorized representatives of the Comptroller General of the United States, the Secretary of the US Department of Education, authorized representatives of the Attorney General for law enforcement purposes (including investigation or enforcement of federal legal requirements of federally supported education programs), or state and local educational authorities, subject to the conditions set forth in 34 CFR 99.35.*

d) To school officials of lending institutions, in connection with financial aid for which the Eligible Student has applied or which the Eligible Student has received, if the information is necessary for such purposes as to:

   (1) Determine eligibility of aid;

   (2) Determine the amount of aid

   (3) Determine the conditions for the aid; or

   (4) Enforce the terms and conditions of the aid.

e) To State and local officials or authorities to whom such information is specifically allowed to be reported or disclosed pursuant to the statue statute adopted prior to November 19, 1974, if the allowed reporting or disclosure concerns the juvenile justice system and system's ability to effectively serve Records Maintained by the School the Eligible Student whose records are released; or information that is allowed to be reported pursuant to the state statute adopted after November 19, 1974, which concerns the juvenile justice system and the system's ability to effectively serve, prior to adjudication, the Eligible Student whose records are released, and the officials and authorities to whom such information is disclosed certify in writing to the School of Medicine that that information will not be disclosed to any other party except as provided under State law with the prior written consent of the Eligible Student.

f) To organizations conducting studies for, or on behalf of educational agencies or institutions for the purpose of developing, validating or administering predictive tests, administering student aid programs and improving instructions, if such studies are conducted in such a manner as will not permit the personal identification of Eligible Students and their parents by persons other than representatives of such organizations and such information will be destroyed when no longer needed for the purpose for which it is conducted.

g) To accrediting organizations in order to carry out their accrediting functions.

h) To parents or legal guardians of a dependent Eligible Student, as defined by the Internal Revenue Code, and with the consent of the Eligible Student under School of Medicine policy. Although release of Education Records to the parent(s) of a dependent Eligible Student is permissible under FERPA, it is the policy of the School of Medicine to require a release from the dependent Eligible Student prior to disclosure to a parent. The parent or legal guardian must provide a copy of their most recent federal income tax return establishing the Eligible Student's dependency. In cases of divorced parents, disclosure may be to either parent, unless the School of Medicine has been provided with evidence that there is a court order, statue statute or legally binding document relating to such matters as divorce, separation or custody that would prohibit such disclosure.

i) To appropriate persons if the knowledge of such information is necessary to protect the health or safety of the Eligible Student or others in connection with an emergency.

j) To comply with a judicial order or lawfully issued subpoena, provided the School of Medicine makes a

reasonable effort to notify the Eligible Student of the order or subpoena in advance of compliance. Notification may be prohibited if the School of Medicine receives a federal grand jury subpoena or any other subpoena which states that the Eligible Student should not be notified. The Legal Department shall be consulted prior to release of the record.

k) To an alleged victim of any crime of violence, as that term is defined in 18 USC 16*, or a non- forcible sex offense, the final results of any disciplinary proceeding conducted by the School of Medicine against the alleged perpetrator of that crime or offense with respect to that crime or offense. The Legal Department shall be consulted prior to release of the record.

l) To a parent or legal guardian of an Eligible Student under the age of 21, information about a violation of any federal, state or local law, or any rule or policy of the School of Medicine governing the use or possession of alcohol or a controlled substance if the School of Medicine determines that the Eligible Student has committed a disciplinary violation with respect to such use.

m) To Veterans Administration Officials pursuant to 38 USC 3690(c)*

n) If the School of Medicine initiates legal action against a parent or Eligible Student, or if a parent or Eligible Student initiates legal action against the School of Medicine, the School of Medicine may disclose to the court, without a court order or subpoena, the Education Records of the Eligible Student that are relevant for the School to proceed with the legal action as plaintiff or defend itself in such legal action.

o) The School of Medicine may also disclose "directory information" without the written consent of the Eligible Student unless the Eligible Student has restricted the disclosure of such information in writing. The Student Record's Office shall be consulted prior to the release of directory information to determine whether an Eligible Student has placed a restriction upon the disclosure of such information.

*Please consult Wake Forest Legal Department for information about this code.

(i) Questions regarding FERPA should be directed to the Registrar or the Legal Department

IV. PROCEDURE / GUIDELINES

A. The School of Medicine is committed to complying with the Family Educational Rights and Privacy Act (FERPA). These procedures govern access to Education Records and outline the procedures students may follow to obtain or restrict access to their record. These procedures also outline the procedures faculty and staff may follow to obtain access to a student record.

B. The Office of Student Records is responsible for overseeing compliance with these procedures. These procedures apply to the records of students who are both admitted and enrolled or who have previously attended the School of Medicine and the Graduate School of Arts and Science – Biomedical Sciences. The rights are effective upon matriculation. They do not apply to applications of persons who were not admitted.

C. Procedures when a student or former student requests access to or copies of their education record:

1. A student should submit a written request identifying the record(s) the student wishes to inspect to the registrar or other appropriate official of the program in which the student is enrolled. The registrar or program official will arrange for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the registrar or program official to whom the request was submitted, that individual will advise the student of the correct official to whom the request should be addressed.

2. The student/former student or their legal representative must submit the Student Request to Access the Education Record form to the Office of Student Records or other appropriate official of the program in which the student is enrolled that identifies the record(s) they wish to inspect.

Record Type	Location	Custodian
Financial Aid Records – All programs	Office of Financial Aid – Bowman Gray Center for Medical Education	Financial Aid Officer
Student records relating to the learning environment, professionalism, or mistreatment – All programs	Office of Education Institutional Effectiveness and Compliance – Bowman Gray Center for Medical Education	Learning Environment Liaison
Disability information disclosed by a Student seeking accommodations – All Programs	Center for Learning Access and Student Success Wake Forest University 118 Reynolda Hall	Director of the Center for Learning Access and Student Success
Student Immunization Records	575 N. Patterson Avenue,	Student and Teammate Health
	Suite 148 – Biotech Place	
Undergraduate Medical Education (MD) Program		
Admissions Records	Office of Enrollment Services – 1st floor Bowman Gray Center for Medical Education	Enrollment Services Systems Administrator
Student records after matriculation, transcripts, final grades, directory information, disciplinary records	Office of Enrollment Services – Bowman Gray Center for Medical Education	Registrar
Student test scores; course grades; Year 3 Shelf Exams (NBME); USMLE; CAS; class rankings	Office of Academic Affairs Bowman Gray Center for Medical Education	Director of UGME Evaluations
Approved disability accommodations letter(s)	Office of Academic Affairs – Bowman Gray Center for Medical Education	Program Liaison for Disability Accommodations
Physician Assistant (PA) Program:		
Admissions Records	5th floor, 525@ Vine	Student Admissions Administrator
Student records after matriculation, transcripts, final grades, directory information, disciplinary records	5th floor, 525@ Vine	PA Studies Registrar
Student test scores, course grades, class rankings	5th floor, 525@ Vine	PA Studies Registrar
Approved disability accommodations letter(s)	5th floor, 525@ Vine	Program Liaison for Disability Accommodations

Graduate School – Biomedical Sciences Programs:		
Admissions Records	Office of Enrollment Services – Bowman Gray Center for Medical Education	Enrollment Services Coordinator – Graduate Admissions
Student records after matriculation, transcripts, final grades, directory information, disciplinary findings	Office of Enrollment Services – 1st floor Bowman Gray Center for Medical Education	Registrar
Student test scores, course grades	Office of applicable course director	Course Director
Approved disability accommodations letter(s)	1st floor, 525@Vine	Curriculum and Outcomes Manager
Academic Nursing Program		
Admission Records	2nd floor, 525@Vine	Administrative Manager
Student records after matriculation, transcripts, final grades, directory information, disciplinary records	Office of Enrollment Services – Bowman Gray Center for Medical Education	Registrar
Student test scores, course grades	2nd floor, 525@Vine	Program Director
Approved disability accommodations letter(s)	2nd floor, 525@Vine	Program Liaison for Disability Accommodations

3. The request will be date stamped by the Office of Student Records.
4. The Office of Student Records staff will review the requested record to redact any information that references other student names or information or that may contain privileged information.
5. The Student Records office or program official will, within 45 calendar days, notify the student of the time and place where the record may be reviewed.
6. The student must bring their student identification badge. Alumni may present government - issued photo identification.
7. The student must review the record in the presence of a Student Records Office staff member.
8. If the student is unable to view the record in person due to a valid reason (including health concerns, distance, work hours, etc.), then the record may be viewed virtually.

D. Procedures for letters of recommendation information release:

1. Students may request that faculty or staff write a letter of recommendation on their behalf. This request requires that the student complete a Letter of Recommendation Consent form. This form outlines the definition of directory and non-directory information release to a third party. Letters that contain directory information and comments regarding personal observation do not require the student's written consent.
2. Non-directory information such as disciplinary status, grade point average, test scores, grades, race, ethnicity or

any information from a student's education record that is not considered "directory information" can be included in a letter of recommendation ONLY with a student's written consent.

3. The student completes the form and returns to the faculty or staff member who will write the letter of recommendation.
4. Student will elect to waive or not waive his/her right to review the letter of recommendation.
5. By signing the form the student is voluntarily authorizing the School of Medicine to disclose specified information as indicated on the request form to the individual(s) designated to provide the letter of recommendation.
6. The faculty or staff member submits the consent form to the Office of Student Records.
7. The release will be date stamped by the Office of Student Records.
8. The specified education record information listed on the consent form will be disclosed to the faculty or staff member for the sole purpose of writing the letter of recommendation for the student.
9. NOTE: The student may revoke this consent at any time by contacting the Office of Student Records in writing. The decision to revoke consent will not apply to any letters of recommendation completed and sent prior to the effective date of the revocation.

E. Procedures when a school official outside of the offices of Student Records, Academic Affairs and Student Affairs requests to view the record:

1. The school official must submit the **School Official Request to Review Education Records** form that identifies the record(s) they wish to inspect.
2. The request will be date stamped by the Office of Student Records.
3. Upon approval of the registrar or dean the requesting official will be granted access to the student record.
4. The school official must bring their employee identification badge.
5. The school official must review the record within the Office of Enrollment Services, Office of Education Institutional Effectiveness and Compliance (OEIEC), or the Office of Educational Excellence (OEE).
6. If the record contains information about more than one student, the school official may only review that portion relating to the specific student record being inspected.

VI. CROSS REFERENCES: Not Applicable

VII. RESOURCES AND REFERENCES:

LCME Element 11.5, LCME Element 11.6

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES:

10/17/2016; 11/01/2017; 5/15/2018; 4/2021; 4/2023

Student Health Insurance Requirements and Responsibilities Policy (School of Medicine)

Version 4

I. PURPOSE

It is the policy of the Wake Forest University School of Medicine (School of Medicine) to require all students to maintain medical insurance during their enrollment in the School of Medicine

II. SCOPE

This policy applies to all Wake Forest University School of Medicine Students and students in the Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs.

III. DEFINITION/ABBREVIONS

A. **School of Medicine:** Wake Forest University School of Medicine, including the Winston-Salem, Charlotte, and Boone campuses.

B. **Student:** A person who matriculates into, is enrolled in or is taking courses in the Academic Nursing programs, Physician Assistant (PA) Studies programs (PA-MMS and DMSc), the Undergraduate Medical Education (MD) program, and Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs of Wake Forest University School of Medicine.

C. **Program Manager** of applicable educational program as follows:

Academic Nursing Programs:	Department Chair
Graduate School of Arts & Sciences-Biomedical Sciences Programs:	Dean, Graduate School of Arts & Sciences, Biomedical Sciences
PA Studies Programs:	Program Director
PA Program:	Vice Dean, Medical Education

IV. POLICY

A. Wake Forest University School of Medicine requires that all Students maintain medical insurance during enrollment in a degree seeking program of study.

1. The School of Medicine offers a Student plan to all Students. Students aged 65 years and older who are entitled to benefits under Medicare are not eligible for the Student Health Insurance Plan.
2. Students are automatically enrolled in the Student plan one time each year. Students who do not want to participate in the Student plan and who provide proof of adequate alternative medical insurance coverage must waive out of the Student plan by the deadline specified by the School of Medicine. Students who fail to waive out of the Student plan will be responsible for all premium costs. No exceptions will be allowed for failing to submit a waiver.
    a) If a student submits a waiver and later loses coverage, the student must inform the Bursar's Office within 5 business days of losing that coverage so the Bursar can add the student to the Student Health Insurance Plan. The student will be responsible for paying any applicable premiums for the months of coverage.
3. Students may be eligible to opt into the plan due to certain qualifying life events, including:
    a) Loss of prior coverage
    b) No longer living in the plan's coverage area
    c) Entry into the U.S.
    d) Marriage to Studente) Birth/Adoption
4. Each six-month premium cost for enrollment in the Student plan is billed to the Student each Fall and Spring semester on the Student's account.

5. Optional dependent, dental and vision insurance is offered to all Students.
    a) Students who are interested in obtaining coverage under one or more of these plans must enroll through a separate enrollment process. Students are not automatically enrolled in optional plans.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

LCME Element 12.6

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES

7/26/2019; 6/2022; 10/2022; 10/2023; 6/2025

Student Payment Policy (School of Medicine)

I. PURPOSE

The purpose of this policy is to maintain records of student charges and to collect those charges in a timely manner.

II. SCOPE

This policy applies to: All Wake Forest University Health Sciences/School of Medicine students - inclusive of the Physician Assistant (PA), Nurse Anesthesia (CRNA), Doctor of Nursing Practice (DNP), Doctor of Medicine (MD), and Biomedical Graduate Programs (MS/MHL/PhD) programs - are responsible for complying with this policy. All Wake Forest University Health Sciences/School of Medicine employees, including contract employees/entities, faculty, and staff are responsible for complying with this policy.

III. DEFINITION

Not Applicable

IV. POLICY GUIDELINES

Wake Forest University Health Sciences/School of Medicine will maintain records of all student charges (including tuition, fees, student health insurance, and any other miscellaneous charges) for a period of seven years after each student leaves (graduates or withdraws) the institution. Each educational program follows different term schedules throughout the academic year for tuition/fees. These dates are published on the intranet and internet at https://school.wakehealth.edu/education-and-training/paying-your-bill

A. Tuition and fees are assessed on financial aid disbursement dates for each respective academic term. Aid disbursement and related charges mark the beginning of the payment period. Payments are due on or before the 10th calendar day following the start of the payment period for each term.

B. If payments are not received within 30 calendar days from the beginning of the payment period and the student is not expecting tuition funds from a third-party source (government, VA, scholarship, etc.), the Bursar will charge a late fee of $100. A late fee of $100 will be charged every 30 calendar days until the balance is paid in full.

C. Before registration opens for the next term, the Bursar will report students with unpaid balances to Program Directors for administrative action. Students may not be eligible to advance in the curriculum until the outstanding balance and late fees are paid in full.

D. If a student withdraws, does not return from a leave of absence, or is administratively terminated and owes an outstanding balance, the Bursar will contact the student to arrange payment in full or monthly installments. If the former student fails to make the agreed-upon payments, their delinquent account will be turned over to a collection agency. Once referred, the account will no longer be held by WFUHS and the former student must direct all inquiries and payments to the collection agency.

V. REFERENCES:

Not Applicable

VI. ATTACHMENTS:

Not Applicable

VII. REVISION DATES:

5/2018; 4/2021; 4/2023; 6/2024

Student Substance Use Policy (WFUSM)

Version 2

I. PURPOSE

The Wake Forest University School of Medicine and the Graduate School of Arts and Sciences, Biomedical Sciences, (hereinafter jointly referred to as "School of Medicine") are committed to providing a safe, healthy learning community for all its members. The School of Medicine recognizes that the unlawful possession, use, or distribution of illicit drugs and unlawful or excessive use of alcohol by students may interfere with the mission of Atrium Health Wake Forest Baptist by negatively affecting the health and safety of its patients, visitors, students, faculty, staff, and research subjects. In accordance with the Drug-Free Schools and Communities Act, and to comply with the Drug-Free Schools and Campuses Regulations (EDGAR Part 86.100, Subpart B), this policy includes the annual written notification to students of the following requirements: standards of conduct, possible legal sanctions and penalties, statements of the health risks associated with alcohol and other drug use (AOD), the School's AOD programs available to students, and the disciplinary sanctions for violations of the standards of conduct. The School of Medicine collaborates in evaluation programs with Wake Forest University in order to comply with the University's requirements under the regulations.

II. SCOPE

This policy applies to all students of the School of Medicine.

III. DEFINITION/ABBREVIATIONS

A. Program Manager: Defined as follows.

- Academic Nursing Program: Program Director
- Physician Assistant (PA) Studies (MMS and DMSc programs): Program Directors
- Undergraduate Medical Education (MD) Program: Vice Dean for Medical Education
- Graduate School of Arts & Sciences, Biomedical Sciences: Dean, Graduate School of Arts & Sciences, Biomedical Sciences

B. Illegal Use of Drugs/Alcohol: The unlawful manufacture, distribution, disposition, possession, and/or use of a controlled substance or alcohol as regulated by federal, state, and local laws.

1. Misdemeanor and felony convictions for violating these laws can result in criminal penalties. Such penalties can range from fines and probation to denial or revocation of federal benefits (such as financial aid) to imprisonment and forfeiture of personal and real property.
2. An illegal drug is a controlled substance as defined by Title 21 US Code (USC) Controlled Substances Act, i.e., Subchapter I, Part A, Section 802, Subchapter I, Part B, Section 812, Part 1308 (Schedules I-V), and the North Carolina Controlled Substances Act.
3. An overview of federal laws governing the manufacture, possession, use and distribution of alcohol and illegal drugs is available at: https://niaaa.nih.gov/alcohol-health/alcohol- policy; and Title 21 US Code (USC) Controlled Substances Act, i.e., Subchapter I, Part D; Subchapter I, Part A; and Subchapter I, Part C.
4. A summary of North Carolina alcohol and drug laws is available from the North Carolina General Statutes (G.S.) 18B-301, G.S. 18B-302, G.S. 18B-401; G.S. 20-138.1; and Article 5, North Carolina Controlled Substances Act: G.S. 90-86 through G.S. 90-113.8
5. Illegal drugs can include:
   a) Prescription drugs unless validly prescribed by a student's health care provider.
   b) Substances never intended for human consumption (such as glue).

C. Under the Influence: Affected by alcohol and/or other drugs or having recently consumed alcohol and/or other drugs which impair one's ability to perform normal work activities.

D. Trafficking in Illegal Drugs: The term "trafficking" is used in its generic sense, not in its specific application to selling, manufacturing, delivering, transporting, or possessing controlled substances in specified amounts as referenced in Article 5, North Carolina Controlled Substances Act.

E. Abusive Use of Alcohol or Drugs: Alcohol or drugs, whether available legally (such as cough syrup or other over-the-counter medications) or drugs for which a student has a valid prescription, that are taken or used in a manner not prescribed or inconsistent with recommended use.

IV. POLICY

A. Annual NotificationThis policy will be distributed in writing to all students to meet the annual notification requirement. Contents of the annual notification include: standards of conduct, possible legal sanctions and penalties, statements of the health risks associated with alcohol and other drug use (AOD), the School of Medicine's AOD programs available to students, and the disciplinary sanctions for violations of the standards of conduct.

B. Standards of Conduct

1. The School of Medicine prohibits the illegal use or the abusive use of alcohol or other legal drugs by any student on School of Medicine property or at events that utilize the School of Medicine's name (i.e., Medical School Prom).

2. In accordance with local, North Carolina and Federal laws, the School of Medicine prohibits the unlawful possession, use, manufacture, sales, or distribution of illegal drugs or drug paraphernalia by any student. **North Carolina law includes marijuana in the list of illegal drugs.** (North Carolina Controlled Substances Act, G.S. 90- 94).

3. The School of Medicine prohibits its students from using prescription medications not prescribed for them. Students are expected to use only those prescription medications that are prescribed for them within the confines of a provider/patient relationship.

4. The School of Medicine prohibits its students from attending classes, participating in clinical rotations, or otherwise participating in or attending School of Medicine or AHWFB activities or functions while under the influence of alcohol, chemicals, or drugs, including legally obtained prescription drugs, as defined above.

5. **The School of Medicine participates in Advocate Health's Drug Testing Program. Students must attest to their participation in a drug-free school and workplace and are required to participate in any urine drug screening testing during matriculation and/or while enrolled. As marijuana is not legal in the State of North Carolina, the urine drug screening will test for the presence of this substance.**

6. Students must comply with North Carolina state and federal law regarding alcohol. It is unlawful for any person less than 21 years of age to purchase or possess any alcoholic beverage. It is against the law for anyone to sell or give any alcoholic beverage to a person under 21 or to aid or abet such person in selling, purchasing or possessing any alcoholic beverage.

C. Violations of this Policy will lead to sanctions as set forth in Section V ("Procedures").

D. For additional information on standards of conduct, applicable legal sanctions, and sanctions imposed by the School of Medicine, as well as the health risks associated with the use of illegal drugs and the abuse of alcohol, and available drug and alcohol counseling, treatment, rehabilitation, and re-entry programs, please refer to Section V ("Procedures").

V. PROCEDURE/GUIDELINES

A. As outlined in Section IV ("Policy"), the School of Medicine prohibits the illegal use or the abusive use of alcohol or other legal drugs by any student on School of Medicine property or at events that utilize the School of Medicine's name (i.e., Medical School Prom).

B. All students must notify their Program Manager(s) within five business (5) days of any arrest, charge or conviction for a violation of federal and state drug or alcohol laws.

C. Description of applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol:

1. A full description of federal sanctions for drug felonies can be found at the Drug Enforcement Administration (DEA) webpage: https://www.dea.gov/drug-information/drug-policyl

2. A full description of penalties for North Carolina drug violations can be found at the North Carolina Controlled Substances Act, General Statute (G.S.) 90-95: https://www.ncleg.gov/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_5.html

3. The penalties for violations of alcoholic beverage regulations are found in Chapter 18B of the North Carolina General Statutes: http://www.ncleg.net/gascripts/Statutes/StatutesTOC.pl?Chapter=0018B.

   Such penalties include imprisonment and heavy fines.

D. Sanctions imposed by the School of Medicine

1. The School of Medicine will impose disciplinary sanctions, up to and including dismissal and referral for prosecution, on a student for violations of the standards of conduct required by paragraph A of the policy as follows:

   a) Any student who violates federal/North Carolina/local laws may be subject both to criminal prosecution and to disciplinary proceedings by the School of Medicine.

   b) The penalties imposed by the School of Medicine for students found to have violated applicable law or School of Medicine policy will vary depending upon the nature and seriousness of the offense and may include a range of disciplinary actions from reprimand, probation, restriction, suspension, and dismissal.

   c) For the illegal manufacture, sale or delivery, or possession with the intent to manufacture, sell or deliver, of any controlled substance identified in Article 5, North Carolina Controlled Substances Act, a student may be dismissed. All trafficking activities of any controlled substances have the presumptive sanction of expulsion.

   d) Illegal Possession of Drugs:

      (1) For a first offense involving the illegal possession of any controlled substance identified in Schedules 1-V, Article 5, North Carolina Controlled Substances Act, the minimum penalty is suspension.

      (2) For a first offense involving the illegal possession of any controlled substance identified in Schedule VI, Article 5, North Carolina Controlled Substances Act, the minimum penalty is a combination of educational, therapeutic, and punitive sanctions.

      (3) For second or other subsequent offenses involving the illegal possession of controlled substances, progressively more severe penalties will be imposed, up to and including dismissal.

2. The applicable program manager (or designee) may place a student on an interim suspension before completion of regular conduct proceedings, when the student's continued presence within the School of Medicine community creates a risk of danger to the health and safety of themselves or others. Counseling and Well-Being Services and/or the CARE Team may be involved in the suspension process, as appropriate.

a) Students receiving interim suspension will be referred through the applicable programs conduct proceedings.

b) Students in the School of Medicine may appeal the suspension decision in accordance with the applicable program's appeal policy; students in the Graduate School of Arts and Sciences, Biomedical Programs, may appeal the suspension in accordance with the procedures established by the program.

3. As part of the sanctions or disciplinary process, the School of Medicine may offer the student the option of evaluation, counseling, and successful completion of an appropriate rehabilitation program as a condition of remaining in the program. Any student, if given the option to participate in School-offered programming, will comply with the treatment and rehabilitation requirements set by the program or be withdrawn from the School of Medicine.
4. Students electing treatment and rehabilitation through a private program will:

a) Satisfactorily participate in a substance use disorder or rehabilitation program approved for such purpose by a federal, state, or local health, law enforcement or other appropriate agency at the individual's expense.

b) Provide evidence satisfactory to the School of Medicine's program manager of continued outpatient therapy in an approved program appropriate to the treatment recommendation of the student's substance use disorder or rehabilitation program.

c) Remain substance free after completing a rehabilitation program for chemical dependency and participate in random "for cause" drug testing during rehabilitation and for the duration of the student's enrollment in the School of Medicine.

d) Failure to comply with these requirements will result in dismissal.

5. Failure of or refusal to comply with any alcohol and/or drug test will result in disciplinary actions, up to and including dismissal. Remaining in the program will be conditional upon successful completion of any remedial measures as set forth in Sections 3-4 of these procedures.

E. For Cause Drug Screening and/or breath alcohol testing:

1. Students may be required to undergo "for cause" drug screening and/or breath alcohol testing for the following reasons:

a) Reporting to School under the influence of alcohol or drugs, including legally obtained prescription drugs, which impair one's ability to perform normal work activities; or

b) Reporting to School in a condition giving the program manager, based on the agreement of two other faculty or staff members, reasonable cause to suspect the influence of alcohol or other drugs due to the following:(1) Observable abnormal or unusual behavior;(2) Injury or accident for which medical attention is needed beyond simple first aid;(3) Acts for which a student is responsible that involve injury to a staff/faculty member, patient, visitor, or student requiring medical attention;(4) Gross negligence and carelessness;(5) Disregard for safety, life, or well-being of any AHWFB staff/faculty member, patient, visitor, or student;(6) Upon suspicion of drug diversion.

c) Failing a urine drug screening;

d) Violating School of Medicine or AHWFB policy; or

e) After successfully completing a rehabilitation program for chemical dependency for the duration of the student's enrollment in the School of Medicine.

2. The Program Manager will consult with the Office of Education Institutional Effectiveness and Compliance (OEIEC) to determine if "For Cause" testing is appropriate.
3. To request "For Cause" Testing:

a) The program manager should immediately contact Teammate Health Services when “For Cause” test is needed by calling 336-618-1675.

b) Any “For Cause” testing determined to be necessary should be conducted immediately, while the student is still on campus.

c) The program manager will meet with the student in private to make them aware of the specific observations identified that caused reasonable suspicion which will result in a “For Cause” drug and alcohol test to be performed and let them know that someone from THS is on their way to perform the drug and alcohol tests.

4. If the urine drug test is determined to be positive following a medical review for legal prescriptions or other documented medical reasons, the student may elect to have his/her specimen retested at his/her expense. The same sample will be sent to another diagnostic lab for testing. A student who elects to re-test the sample will contact AHWFB Employee Health to request and arrange payment for this service.

5. If the student believes their results are “false” positive, they will arrange retesting with the Medical Review Officer.

F. Description of the health risks associated with the use of illegal drugs and the abuse of alcohol

1. For current information regarding the health risks associated with the use of illegal drugs and abuse of alcohol, see US DEA Drugs of Abuse.

G. Description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to students:

1. Any student experiencing an emergency should call 911 immediately.

2. School of Medicine Campus (including Boone, Charlotte, and Winston-Salem campuses): Early recognition of substance use disorder is important for successful rehabilitation. The School of Medicine endorses and encourages the activities of the School of Medicine Counseling and Well-Being Services in early identification, treatment, and rehabilitation of students with a substance abuse problem. This is a therapy center rather than a 24/7 crisis center. The School of Medicine Counseling and Well-Being Services center provides individual, group, and couples counseling, consultation, coaching, and wellness outreach in order to support and promote the emotional, intellectual, physical, social and spiritual wellness of students in the School of Medicine. To schedule an appointment, students can email: counselingservices@wfusm.edu

3. WFU Reynolda Campus: Students also have access to the Office of Wellbeing (BASICS@wfu.edu, 336-758-4371): The Office of Wellbeing coordinates campus-wide alcohol and other drug education and prevention programs as well as the Brief Alcohol Screening and Intervention for College Students (BASICS) program. BASICS provides individualized screening and intervention for students facing challenges with their alcohol and or drug use. The Office of Wellbeing can also refer students in need of additional assessment or services to the appropriate level of care.

4. Students who do not wish to take advantage of the School of Medicine or WFU Reynolda Campus services may wish to seek referrals to rehabilitation and treatment programs from their own health care provider.

5. Approved alcohol and drug information/treatment referral services are also available at: https://niaaa.nih.gov/alcohol-health/support-treatment.

H. Students who have disabilities and need accommodations should contact the Center for Learning, Access, and Student Success (CLASS). https://class.wfu.edu/ Phone: 336.758.5929 Email: Class@wfu.edu.

I. The School (in compliance with FERPA and any other applicable privacy laws and regulations) will participate in the biennial review of its drug prevention program to:

1. Determine its effectiveness and implement changes to the program if they are needed; and
2. Ensure that the disciplinary sanctions described in Section D of this policy are consistently enforced.

VI. CROSS REFERENCE

Academic Nursing Student Handbook 2025-2026 - Academic Nursing (School of Medicine)

The Graduate Bulletin 2026-2027 - Graduate School of Arts and Sciences Biomedical Science Programs (School of Medicine)

Final Course Grade, Final Summative Evaluation, and Behavioral Sanction Appeal Policy - PA Program - PA Studies (School of Medicine)

Student Appeal of Dismissal Policy (WFUSM)

Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM)

Student Professionalism and Honor Code Policy - PA Program - PA Studies (School of Medicine)

Student Progress Policy - PA (MMS) Program - PA Studies (School of Medicine)

Substance Abuse Policy (Wake Market)

VII. RESOURCES AND REFERENCES

Drug-Free Schools and Communities Act, Drug-Free Schools and Campuses Regulations (EDGAR Part 86.100, Subpart B)

Title 21 US Code (USC) Controlled Substances Act, Subchapter I, Part A, Section 802, Subchapter I, Part B, Section 812, Part 1308 (Schedules I-V), Subchapter I, Part C, Section 829, Subchapter I, Part D, Sections 841-865

National Institution on Alcohol Abuse and Alcoholism Alcohol Policy

34 CFR 668.40 – Conviction for Possession or Sale of Illegal Drugs

Federal sanctions for drug felonies: https://www.dea.gov/druginfo/ftp3.shtml

North Carolina General Statutes (G.S.) 18B-301, G.S. 18B-302, G.S. 18B-401 http://www.ncleg.net/gascripts/Statutes/StatutesTOC.pl?Chapter=0018B; G.S. 20-138.1 http://www.ncleg.net/gascripts/Statutes/StatutesTOC.pl?Chapter=0020 ; and Article 5, North Carolina Controlled Substances Act: G.S. 90-86 through G.S. 90-113.8 http://www.ncleg.net/gascripts/Statutes/StatutesTOC.pl?Chapter=0090

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES

6/2020; 2/2024; 5/2024; 7/2024

Academic Nursing Policies

Please visit the Academic Nursing Student Handbook 2026-2027 - Academic Nursing (School of Medicine) located in PolicyTech.

Applicant Selection and Admissions Policy - Academic Nursing Programs (School of Medicine)

Version 1

I. PURPOSE

The purpose of this policy is to establish a process for the selection of students in the Wake Forest University School of Medicine (School of Medicine) Department of Academic Nursing (DAN).

II. SCOPE

This policy applies to all applicants and students in the Bachelor of Science in Nursing (BSN) to Doctor of Nursing Practice (DNP) and Post Master's Doctor of Nursing Practice (PM-DNP) programs.

III. DEFINITIONS/ABBREVIATIONS Not Applicable

IV. POLICY

A. Candidates for admission to the School of Medicine DAN programs must demonstrate academic excellence, a positive impact in their area of nursing practice, and leadership skills.

B. Admission criteria:

1. Official transcripts from all current and previous academic institutions attended.
    i. BSN to DNP applicants: Transcript(s) must reflect completion of undergraduate health assessment, nursing research and statistics courses (including inferential statistics) with a minimum grade of "C".
        a) Nurse anesthesia specialization applicants: Chemistry (3 credit hour equivalent) with a minimum grade of "C" is also required.
2. A minimum GPA of 3.0 or above on a 4.0 scale for undergraduate (i.e., BSN) or Master's nursing degree (e.g., MSN, MN) from an accredited academic institution.
3. Current, unencumbered license as a registered professional nurse in the United States or its territories or protectorates.
    i. For APRN track applicants: A North Carolina nursing license is required for Advanced Practice Registered Nursing (APRN) educational tracks (e.g., nurse anesthesia specialization) prior to starting clinical rotations.
    ii. Graduates of foreign nursing schools: Successful completion of the Commission on Graduates of Foreign Nursing School (CGFNS) certification program.
4. Curriculum Vitae (CV) including the following, where applicable:
    i. Nurse anesthesia specialization applicants:
        a) Minimum of one-year full-time experience or its part-time equivalent as a registered nurse in a critical care setting within the United States, its territories, or a US military hospital outside the United States. This experience must be within two years prior to application.

(1) Time in orientation or in managerial positions is not included when determining length of clinical experience. Applicant must show development as an independent decision maker, demonstrating capability of using and interpreting advanced monitoring techniques based on knowledge of physiological and pharmacological principles.

b) PM-DNP applicants:

(1) Professional and/or personal leadership roles.

5. Evidence of Certification in APRN specialty (e.g., nurse practitioner, nurse midwife), if applicable.
6. Two (2) letters of recommendation completed by current or former employers or professors highlighting the applicant's personal character, professional accomplishments, leadership, and ability to complete graduate-level coursework.
    i. Nurse anesthesia specialization applicants: One (1) letter or recommendation must be from the critical care area.
7. Responses to the specified essay questions in the application for admission.
8. Upon invitation, virtual or in-person synchronous, personal interview with the respective educational track admissions committee. Applicants who are selected for an interview will be notified by email.
9. Completed online admissions application found on the website. No changes to applications will be accepted after application deadline.
    i. Applicants are required to notify their prospective program if any information submitted in their application changes.
10. Payment of the non-refundable application fee.

C. Additional Admission Requirements:

1. International applicants for the BSN to DNP Nurse Anesthesia Specialization: TOEFL (minimum of 80) or IELTS (minimum of 6.5) exam score for applicants whose official language of instruction for their Bachelor's and/or Master's degree.
2. Nurse anesthesia specialization:
    i. Graduate Record Examination (GRE) score report taken within the past five (5) years.
    ii. Completed Casper Assessment scores.
    iii. Critical Care Registered Nurse (CCRN) certification numerical score report.
    iv. American Heart Association (AHA) BLS, ACLS and PALS certifications.
        a) PALS certification is waived at the time of application but is required by the time of matriculation.

D. Review of applications is on an ongoing basis.

E. The Admissions Committee will review each complete application.

F. Each applicant's individual characteristics and experiences will be evaluated based on the best fit for the cohort and opportunity for successful completion of the DAN programs.

G. The DAN reserves the right to deny admission to any applicant without assignment of reasons.

H. Upon an admission offer, applicants must pay a non-refundable deposit to accept the offer and secure their seat in the cohort.

I. By accepting an offer of admission, a student is acknowledging that they have read the Technical Standards - Academic Nursing Programs (School of Medicine) and can meet these standards, with or without reasonable accommodations.

J. Each program will enroll students starting in the fall semester each year.

V. PROCEDURE / GUIDELINE Not Applicable

VI. CROSS REFERENCES

Technical Standards - Academic Nursing Programs (School of Medicine)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

Attendance Policy - Academic Nursing (School of Medicine)

Version 1

I. PURPOSE

The purpose of this policy is to ensure consistent attendance and engagement, which are expected of students during enrollment in Academic Nursing programs.

II. SCOPE

This policy applies to all doctoral students enrolled in the Department of Academic Nursing programs at Wake Forest University School of Medicine (School of Medicine).

III. DEFINITIONS/ABBREVIATIONS Not Applicable

IV. POLICY

A. General Attendance Requirements:

1. A student is expected to attend and/or participate in all class/clinical sessions and examinations for each course in which they are enrolled. This applies to all students who may be concurrently enrolled in clinical courses and at a distant clinical rotation. Synchronous, video conferencing attendance for didactic courses while at a distant clinical rotation is expected for students.
2. Absence does not relieve a student of responsibility for completing all work in the course to the satisfaction of and within the time specified by the course faculty of record.
3. Generally, more than one absence in a graduate/doctoral course is considered excessive. When a student misses a class or clinical session, the absence may have an adverse effect on the student's grade or academic standing. If the student's absences are determined to be excessive by the faculty and/or program administrator, the student may be at risk for unsatisfactory academic progress.
4. It is the student's responsibility to notify the faculty of record of any absence and discuss alternatives for any missed assignments, assessments, or clinical experiences resulting from the absence. Any decisions regarding makeup assignments, assessments, or clinical experiences are at the course faculty member's discretion.

V. PROCEDURE / GUIDELINE Not applicable

VI. CROSS REFERENCES

Adverse Event Policy (School of Medicine)

VII. RESOURCES AND REFERENCES Not Applicable

Background Check, Verification, and Health Screening Policy - Academic Nursing Programs (School of Medicine)

Version 1

I. PURPOSE

The purpose of this policy is to set forth the requirements for matriculating doctoral students in the Department of Academic Nursing regarding background checks, licensure, health screening, and clinical facility compliance.

II. SCOPE

This policy applies to all students enrolled in the Department of Academic Nursing (DAN) degree programs at Wake Forest University School of Medicine (School of Medicine).

III. DEFINITIONS/ABBREVIATIONS Not Applicable

IV. POLICY

A. Background Check Requirements:

1. All students who enter the School of Medicine DAN programs are required to have a criminal background check completed prior to matriculation. Students who fail to comply may be dismissed from the program.

a) Students will receive email communication from CastleBranch, an applicant screening company, authorizing them to perform a criminal background check.

(1) Payment is the responsibility of the student.

(2) The report is released simultaneously to the student and School of Medicine.

b) Students will sign a Criminal Background Check Authorization Form which authorizes the School of Medicine DAN programs to release results of the criminal background check on a need-to-know basis for educational purposes, such as clinical sites for experiential learning.

B. Health Screening Requirements:

1. All students are required to undergo health screenings before matriculation and prior to beginning supervised clinical practice experiences (SCPEs). The health screenings may include but are not limited to: verification of required immunizations, Fit Testing, TB testing, and drug screening. (Note: Fit Testing requirement prior to matriculation may be waived by the educational track and obtained AFTER matriculation.)

2. Additional health screenings may be required to verify that the student meets technical standards. The student may be responsible for the cost of these additional screenings. If the student does not meet technical standards, this could disrupt the timeline and/or ability of the student to participate in program curriculum.

3. All students are required to meet the School of Medicine immunization requirements in the Medical Health Requirements and Immunizations Policy (WFUSM), as well as the requirements of any outside clinical sites where the student is scheduled.

C. Licensure and Certifications

1. All students are required to provide verification of the items listed below:

a) Registered Nurse (RN) License, unencumbered and active throughout enrollment in the program.

b) BLS, ACLS, and PALS Certifications, as required by the specialty educational track.

D. Financial Responsibility

1. Each student is responsible for:
    a) All costs associated with meeting matriculation and continuing/renewal requirements (unless otherwise noted below), including those services received at AHWFBH Student and Teammate Health.
    b) Charges associated with all initial matriculation onboarding requirements and all renewal requirements unless delineated as the responsibility of DAN or the educational specialty track (see below).
2. The DAN or educational specialty track will cover or reimburse the student for the following costs:
    a) Charges incurred for services obtained through Student and Teammate Health for the above-listed requirements (N95 fit testing, etc.) AFTER matriculation.
    b) Any screenings required by the curriculum, including requirements for field studies, lab assignments, the type of animal species, and/or the type of agents used during research.
    c) Services required but unable to be obtained through Student and Teammate Health, up to the amount charged by Student and Teammate Health.

V. PROCEDURE / GUIDELINE Not Applicable

VI. CROSS REFERENCES

Infectious Disease Prevention Policy (SE Region)
Medical Health Requirements and Immunizations Policy (WFUSM)
Student Substance Use Policy (WFUSM)
Technical Standards - Academic Nursing Programs (School of Medicine)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

Exam and Assessment Policy - Academic Nursing Programs (School of Medicine)

Version 1

I. PURPOSE

The purpose of this policy is to establish doctoral student expectations and requirements for completing virtual, computer-based examinations.

II. SCOPE

This policy applies to all students enrolled in the Department of Academic Nursing (DAN) degree programs at Wake Forest University School of Medicine (School of Medicine).

III. DEFINITIONS/ABBREVIATIONS Not Applicable

IV. POLICY

The use of virtual examination windows to assess knowledge competence provides greater flexibility for doctoral students and allows them to experience the examination at a time optimal for their performance. Students are provided with the following information to ensure fair, secure, and consistent examination experiences.

A. The content of the examination and each of its items is strictly confidential.

B. Any unauthorized retention, possession, copying, distribution, disclosure, or receipt of any examination question, in whole or in part, by written, electronic, oral, or other form of communication, including but not limited to e-mailing, copying, or printing of electronic files, and/or reconstruction through memorization and/or dictation, before, during, or after an examination, is strictly prohibited.

C. All materials and items are proprietary and confidential to the educational program or track and are not to be reproduced or distributed in any manner.

D. The DAN Professionalism and Honor Code is in effect when taking any examination or assessment while enrolled in a DAN academic program.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Professionalism and Honor Code Policy - Academic Nursing Programs (School of Medicine)

Grade Revision and Appeal Policy - Academic Nursing Programs (School of Medicine)

Version 1

I. PURPOSE

The purpose of this policy is to establish the expectations for final grade reporting, grade revision, and grade appeal.

II. SCOPE

This policy applies to all doctoral students enrolled in the Department of Academic Nursing (DAN) degree programs at Wake Forest University School of Medicine (School of Medicine).

III. DEFINITIONS/ABBREVIATIONS

Business Day: Monday through Friday between the hours of 8 am and 5 pm EST, excluding academic breaks.

IV. POLICY

A. Grade Submission:

1. Faculty of Record for a course, or their designee, will submit to the School of Medicine Registrar the final course grade within 30 calendar days of course completion.

V. PROCEDURE / GUIDELINE

Operating Procedure for Grade Revision and Appeal

A. Grade Revision

1. Student may request a grade revision via email to the Faculty of Record for the course within 7 business days after final grade is posted.
2. The course Faculty of Record must render a written decision to the student via email within 7 business days of grade revision request.
3. If the final course grade is upheld by the Faculty of Record, the student may request a grade appeal.

B. Grade Appeal

1. A grade appeal may be initiated by a student after completing the grade revision process described above.
2. Student will submit a written request for grade appeal via email to the DAN Chair within 7 business days of the course Faculty of Record's grade revision request denial. The written grade appeal request must include the following information:
   a) Year, semester, course number, course title, and number of course credits.
   b) Course Faculty of Record name and credentials.
   c) Final course grade received.
   d) Narrative describing any policies the student believes were violated in determining the final course grade.
   e) Narrative summarizing other pertinent information that may have influenced how the Faculty of Record determined the student's course grade.
   f) Date the appeal is submitted to the DAN Chair.

3. The DAN Chair will convene the DAN Appeals Committee within 3 business days, whenever feasibly possible, of receipt of the student's written request for grade appeal. Any delays beyond the 3 days will be communicated with the student via email.
    a) The DAN Appeals Committee is comprised of two DAN faculty members who are not the course Faculty of Record associated with the request for grade appeal.
4. The DAN Appeals Committee may request clarification directly from the student or Faculty of Record upon review of all submitted documentation.
5. The DAN Appeals Committee will render its written decision to the Department Chair within 15 business days of their meeting.
6. The Department Chair, or their designee, will communicate the DAN Appeals Committee decision via email to the student within 3 business days of receiving the DAN Appeals Committee decision.
7. The decision of the DAN Appeals Committee is final.
8. A copy of the DAN Appeals Committee final decision will be forwarded to the School of Medicine Registrar.

VI. CROSS REFERENCES

Satisfactory Academic Progress (SAP) Policy - NAP Program - Academic Nursing Programs (WFUSM)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

Professionalism and Honor Code Policy - Academic Nursing Programs (School of Medicine)

Version 1

I. PURPOSE

The Department of Academic Nursing (DAN) Professionalism and Honor Code is predicated upon the mission and vision statements of the Academic Nursing department, the Wake Forest University School of Medicine (School of Medicine), and the expectations of professionalism among individuals entrusted with the lives of others. Successful completion of academic program objectives does not rest solely upon academic performance. This policy is to ensure that all students within the Department of Academic Nursing uphold academic integrity and professional conduct.

II. SCOPE

This policy applies to all doctoral students enrolled in the Department of Academic Nursing programs at Wake Forest University School of Medicine (School of Medicine).

III. DEFINITIONS/ABBREVIATIONS Not Applicable

IV. POLICY

The DAN Professionalism and Honor Code establishes the expectations for doctoral student behavioral conduct in all activities and forms the foundation for ethical practice which includes, but are not limited to, the following:

A. Integrity:

1. Be truthful in communication with others.
2. Demonstrate academic integrity. Breaches in academic integrity include, but are not limited to, the following:
    a) Cheating: use or attempted use of unauthorized materials, information, or study aids.
    b) Fabrication: falsification or invention of any information or document.
    c) Assisting: helping another commit an act of academic dishonesty.
    d) Tampering: altering or interfering with evaluation or assignment instruments and documents.
    e) Plagiarism: representing the words or ideas of another person as your own, including the use of artificial intelligence, and claiming as your own work.
    f) Having or seeking access to assessments prior to the assessment.
    g) Copying from someone else's work or allowing your work to be copied.
    h) Having study guides or notes present in an assessment area without prior approval of course faculty.
    i) Obtaining unauthorized information about assessments or curriculum content from another student.
    j) Providing unauthorized information about assessments or curriculum content to another student.
    k) Making unauthorized notes, recordings, or otherwise reproducing assessment content during or after an examination period.
    l) Altering or misrepresenting your scores or grades.
    m) Unauthorized possession of assessment or curriculum content.

n) Irregular Behavior (either overt or perceived) may cast doubt on test integrity and/or assessment results for the individual student, groups of students, or the class as a whole, including but not limited to: conversing during testing, using unauthorized devices or resources, looking at other students' materials, leaving the testing area without permission, and/or failing to follow proctor instructions.

o) Adhere to the DAN artificial intelligence (AI) use and applicable privacy guidelines. (See Section iii, below).

3. Academic Integrity and Use of AI Tools
   a) Students may use AI tools for educational support and academic enrichment when their use is:
      (1) Transparent: Disclosed when used in coursework.
      (2) Ethical: Does not replace original student thinking or authorship.
      (3) Compliant: Adheres to privacy and regulatory standards, including the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).
   b) Students must ensure all submitted academic and clinical work reflects personal understanding and learning.
   c) Examples of Acceptable Use:
      (1) Grammar and spelling suggestions.
      (2) Summarizing or synthesizing scholarly sources.
      (3) Practicing clinical reasoning in AI-enabled simulations (as approved by faculty).
      (4) Outlining ideas or organizing study materials.
   d) Prohibited Use of AI Tools
      (1) Use of AI tools is strictly prohibited when it:
         (a) Violates academic integrity (e.g., submitting AI-generated work as original).
         (b) Compromises clinical reasoning or patient safety.
         (c) Discloses student records; protected health information (PHI); information about faculty, peers or School of Medicine staff; or clinical documentation, site details, or simulation content.
         (d) Circumvents assessment requirements (e.g., during exams or assignments requiring independent analysis).
   e) AI tools not owned or operated by Wake Forest University School of Medicine are considered third-party services. Students are responsible for:
      (1) Understanding the privacy practices and data use policies of these platforms.
      (2) Recognizing that content entered may be stored, analyzed, or used to train algorithms.
      (3) Evaluating the reliability, bias, and appropriateness of AI-generated content.

B. Trustworthiness:
   1. Maintain the confidentiality of patient information.
   2. Maintain the confidentiality of student assessment/evaluation information.
   3. Admit errors and do not intentionally mislead others or engage in self-promotion at the expense of student peers, professional colleagues, or patients.

C. Professionalism:

1. Be thoughtful, caring, respectful, and compassionate when interacting with patients, their families, professional colleagues, faculty, preceptors, supervisors, and student peers.
2. Strive to maintain composure even when under the pressure of fatigue, professional stress, or personal problems.
3. Maintain a professional appearance and attitude while accurately representing the student role in all educational environments.
4. Demonstrate respect and sensitivity for others, honor individuality, and protect the dignity of all.
5. Create an atmosphere that encourages learning, characterized by cooperative relationships with student peers, supervisors, and/or the patient population served.
6. Engage student peers, professional staff, and all members of healthcare teams in a considerate manner and with a spirit of cooperation.
7. Adhere to all applicable Enterprise, School of Medicine, DAN, and educational track policies.
8. Respect the rights of patients and their families to be informed and share in medical decision making.
9. Respect the modesty and privacy of patients, standardized patients, and peers.
10. Respect the variety of learning styles within educational environments.
11. Personal accountability:
    a) Participate in all curricular activities responsibly and fully.
    b) Refrain from activities or behaviors that limit your ability to participate at your personal best within academic and clinical situations.
    c) Participate responsibly and fully in patient care and with appropriate supervision.
    d) Undertake clinical duties and persevere until they are complete.
    e) Notify the responsible person if something interferes with the ability to perform clinical tasks effectively.
    f) Report to the Program Director a conviction of a felony within one school day, or a misdemeanor within ten school days.
    g) Respond within 72 hours to communications requiring a response and deadlines for credentialing within the institution.
    h) Follow institutional rules regarding access to online/electronic accounts and use of social media.
12. Concern for the welfare of patients and colleagues:
    a) Treat patients, their families, peers, and professional colleagues with respect and dignity both in their presence and in discussions with others.
    b) Consider what is hurtful or helpful to patients and use that as a guide for participating in patient care.
    c) Discern accurately when supervision or advice is needed and seek these out before acting.
    d) Recognize when the ability to function is effectively compromised and ask for relief or help.
    e) Avoid engaging in romantic, sexual, or other non-professional relationships with a patient (or supervisor), even upon the apparent request of a patient (or supervisor).

D. Character-driven leadership:
1. Actively support a culture of teamwork and positive change.
2. Communicate openly and transparently with others.

3. Acknowledge the value and contributions of others.
4. Continually seek opportunities for personal development and professional growth.
5. Serve as a role model for others by embracing moral courage, integrity, selflessness, empathy, collaboration, and reflection throughout your academic endeavors.

V. PROCEDURE / GUIDELINE

Operating Procedure for Breaches of the Professionalism and Honor Code

A. The Program Director will provide written notification to the student via email indicating that program leadership has received a claim of the student's breach of the DAN Professionalism and Honor Code. This notification will include the basis of the report and alleged breach. Upon receiving a claim that a student has engaged in behavior which may violate the Professionalism and Honor Code, the Program Director will meet with the student within 3 business days (unless otherwise communicated via email) to discuss the incident.

B. First and second offenses will result in a verbal warning. The Program Director has the discretion to forgo issuing a verbal warning if the Program Director believes the breach is substantive (e.g., patient harm, falsification of records, impairment, breach of HIPAA) and may escalate action to the DAN Student Success Committee (SSC).

C. After the second verbal warning, all subsequent reports will be referred to the SSC for consideration.

D. The SSC may recommend disciplinary action, up to and including dismissal from the program, for violations of this policy.

VI. CROSS REFERENCES

Student Success Committee Policy - Academic Nursing Programs (School of Medicine)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

Satisfactory Academic Progression (SAP) for Financial Aid Eligibility Policy - Academic Nursing Programs (School of Medicine)

Version 2

I. PURPOSE

Federal law and regulations require Wake Forest University School of Medicine (School of Medicine) to establish and implement a policy to measure whether students applying for and/or receiving federal financial aid are making Satisfactory Academic Progress (SAP). The following policy delineates the standards for Satisfactory Academic Progress for Financial Aid Eligibility for students enrolled in Academic Nursing Programs at the School of Medicine.

II. SCOPE

This policy applies to all matriculated students enrolled in Department of Academic Nursing (DAN) programs at the Wake Forest University School of Medicine (School of Medicine), whether or not they are recipients of financial aid.

III. DEFINITIONS

A. Satisfactory Academic Progression (SAP): The successful completion of degree requirements according to established increments that lead to awarding of the degree within specified time limits.

B. Full-Time Status: When a student is enrolled in at least 50% of the semester's scheduled credits identified within the plan of study associated with that student's admission cohort.

IV. POLICY GUIDELINES

A. SAP is the successful completion of degree requirements according to established increments that lead to awarding of the degree within specified time limits.

B. Failure to meet the SAP requirements may result in a student's loss of all financial aid, including federal and institutional. This policy addresses only the financial aid consequences of not meeting the qualitative measures of SAP and does not address the consequences to academic program standing or eligibility for continued enrollment. For more information about those consequences, please refer to Satisfactory Academic Progression (SAP) Policy - Academic Nursing Programs (School of Medicine).

C. Quantitative Measures of SAP: Reviewed at the end of each Semester.

1. The requirements for all students include satisfactory achievement of performance objectives of each program's curriculum. Formative and summative evaluation of academic progress occurs throughout the program. The progress of each student working toward the designated degree is monitored carefully, and the determination of Satisfactory Academic Progress (SAP) is reviewed each semester by the DAN Program Directors. At the end of each academic semester, students must have demonstrated compliance with School of Medicine academic, professional, and graduation requirements.

2. The curriculum is set up in a lock step manner. Cohorts will begin and complete the program of study together.

a) In extenuating circumstances, with approval by the respective Program Director, students will be given up to three extra years to complete their program of study, for a maximum of five years to complete either the post master's DNP or post-Baccalaureate to DNP with Nurse Anesthesia specialization program, including any leaves of absence.

D. Qualitative Measures of SAP: Reviewed at the end of each Semester.

a) Students are expected to maintain an overall grade point average (GPA) of 3.0.

b) The final grade given by the Course Director will be reported to the Registrar.

c) Transfer course grades are not included in the School of Medicine grade point average.

d) If a student is delinquent in completing course requirements, a grade will not be recorded, and the transcript will demonstrate “NR”.

   a) If the student does not complete the course requirements within 30 days into the following semester, a NR entry will be replaced with a Failing grade for the course.

e) Incomplete grades/hours are not included in SAP evaluation. The finalized grade/hours are reviewed at the time of the next formal SAP evaluation.

   a) When an incomplete grade is finalized, it is factored into the SAP calculation at the time of the next evaluation period, at the end of the academic year.

   b) DAN students cannot graduate with a grade of “I”.

f) Grades of F, Incomplete (I), not recorded (NR), or withdrawn (W) are not acceptable in any course and are grounds for dismissal from an educational track and/or degree program.

g) Courses may be repeated on a space-available basis, and successful repeat of a course does not guarantee the student will retain a space in the educational track or degree program.

   a) A student is allowed one (1) opportunity to retake a single course, and no more than two (2) failed courses may be retaken.

   b) Failing a total of three (3) or more courses will result in automatic dismissal from the educational track and degree program without the opportunity for readmission to a DAN degree program.

   c) NOTE: Nurse anesthesia students do not have an opportunity to retake any APRN core or specialty coursework due to the lock-step nature of the program.

h) Students who drop or withdraw from a course must withdraw from the program.

E. Process of Determination for achieving SAP

1. intervention and counseling are key to achieving SAP for students at risk of not meeting quantitative or qualitative measures of SAP.

2. When interventions of counseling are not satisfactory, the student will be invited to meet with the Student Success Committee (SSC).

   a) Once notified, the SSC will convene a required meeting with the student to discuss the issue, obtain the student’s perspective, and provide the student an opportunity to address the concerns and other interventions to meet the quantitative and qualitative measures of SAP.

3. If the student does not meet the qualitative and quantitative measures of SAP despite previous interventions, the student is no longer eligible to receive federal student aid. The Student Success Committee Policy - Academic Nursing Programs (School of Medicine) and Satisfactory Academic Progression (SAP) Policy - Academic Nursing Programs (School of Medicine) will be enforced.

4. A student who has lost eligibility for financial aid because of a failure to make Satisfactory Academic Progress (SAP) may re-establish eligibility for financial aid only if the student subsequently meets SAP requirements or successfully appeals the decision that SAP has not been met.

F. Monitoring

1. The progress of each student working toward a degree is monitored carefully, and the determination of SAP is reviewed each semester.

a) Each student's progress will be evaluated after grades are finalized at the end of each academic semester.

b) Evaluations of a student's SAP will be completed in a timely manner, however the subsequent term/year may be in progress at the time students are notified of their ineligibility.

2. A student who fails to meet one or more of the standards for SAP is ineligible for financial aid beginning with the academic term immediately following the term in which the SAP requirements were not met, pending results of the appeal process.

3. Students will be notified via their School of Medicine-issued e-mail account if they have failed to meet the requirements for SAP. Students may appeal the decision (see Section G).

4. The Program Director, the Office of Financial Aid, and the Office of the School of Medicine Registrar collaboratively shall have the responsibility for monitoring and enforcing standards for SAP.

a) At the end of each semester the applicable Program Director will notify the Financial Aid Director of any students who are not meeting the requirements for SAP.

b) The Program Director will determine whether academic or other sanctions are warranted and will inform the students of such sanctions.

c) The Financial Aid Office will inform any student whose financial aid has been impacted.

G. Financial Aid Appeal

1. To appeal, students who lose eligibility for financial aid must appeal the decision by submitting a letter of appeal to the Office of Financial Aid. The letter of appeal must include the following:

a) Mitigating circumstances that occurred during the semester in question which prevented the student from meeting the requirements for SAP.

(1) Mitigating circumstances are circumstances which could not have been anticipated prior to that period and that adversely affected the student's ability to achieve SAP.

(2) Events such as the death of an immediate family member, extended illness suffered by the student, or other unforeseeable events that may have caused significant hardship for the student may be considered as examples of mitigating circumstances.

b) Documentation that supports the student's basis for appeal.

c) Steps the student has taken/will take to ensure future SAP. This plan should outline the student's academic goals for each period that will enable the learner to meet the requirements for SAP at a specified future point in time.

d) Anticipated graduation date.

2. In most cases, the School of Medicine SAP for Financial Aid Committee will render a decision within two weeks of receipt of a fully completed appeal.

a) Notification of the decision will be sent to the student via the learner's School of Medicine-issued e-mail account.

3. All decisions of the School of Medicine SAP for Financial Aid Committee are final.

4. If the appeal is approved, the student will be placed on financial aid probation and will be eligible for financial aid if an approved Academic Plan is in place.

a) An Academic Plan must be formulated with the Academic Nursing Student Success Committee in consultation with the Registrar and student.

b) The Academic Plan will typically be developed to encompass one academic semester.

5. Academic progress will be evaluated at the conclusion of each enrolled term for all students on financial aid probation.
6. Students who meet the requirements for SAP during their probationary semester will resume financial aid good standing and again be evaluated at the conclusion of the following academic year.
7. Students who fail to meet the requirements for SAP during the probationary semester or do not complete the requirements of their Academic Plan will again be ineligible for financial aid.
    a) Students may appeal again by following the appeal process.
8. If the SAP appeal is denied, financial aid will be cancelled.

H. Ineligibility for Financial Aid

1. Students who are ineligible to receive financial aid may use one or more of the following payment options while attempting to regain eligibility: personal/family resources or Alternative/Private Educational Loans.
    a) Note: A student who has lost eligibility for financial aid due to a failure to make SAP cannot automatically regain eligibility by paying tuition for a semester or by sitting out a term. Eligibility may be regained only by eliminating all SAP deficiencies at the student's expense until all requirements of this policy are met.
2. Students who have reached their maximum time frame are not able to regain eligibility.
3. Students who are withdrawn from the School of Medicine are not making SAP and are not eligible to receive financial aid.

V. PROCEDURE/GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Academic Nursing Student Handbook 2025-2026 - Academic Nursing (WFUSM)
Leave of Absence Policy (School of Medicine)
Military Leave of Absence Policy (School of Medicine)
Satisfactory Academic Progression (SAP) Policy - Academic Nursing Programs (School of Medicine)
Student Success Committee Policy - Academic Nursing Programs (School of Medicine)
Transfer Credit Policy - Academic Nursing (School of Medicine)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES 07/2023

Satisfactory Academic Progression (SAP) Policy - Academic Nursing Programs (School of Medicine)

Version 1

I. PURPOSE

This policy establishes the Department of Academic Nursing (DAN) grading scale, the criteria for satisfactory academic progression and the ramifications associated with failing to maintain satisfactory academic progress.

II. SCOPE

This policy applies to all students enrolled in the Department of Academic Nursing programs at Wake Forest University School of Medicine (School of Medicine).

III. DEFINITIONS/ABBREVIATIONS

A. Satisfactory Academic Progress (SAP): The successful completion of degree requirements according to established increments that lead to awarding of the degree within specified time limits.

B. Full-Time Status: Enrollment in at least 50% of the semester's scheduled credits, as identified within the plan of study for the student's admission cohort.

IV. POLICY

A. To make satisfactory academic progression, a student must:

1. Earn acceptable grades, as set forth in Section B.
2. Make satisfactory progress towards degree completion (including progress towards completing the DNP project).
3. Adhere to the requirements of the Professionalism and Honor Code Policy - Academic Nursing Programs (School of Medicine).

B. Grading Scale

1. Effective Fall 2025, the DAN grading scale is:

96-100	A
92-95.99	A-
88-91.99	B+
84-87.99	B
80-83.99	B-
= / > 80	P
Less than 80	F

2. For students enrolled prior to Fall 2025, the DAN grading scale is:

93-100	A
85-92	B
78-84	C
= / > 70	P
Less than 70	F
Incomplete	I
Not recorded	NR
Withdrawn	W

3. A cumulative grade point average of at least 3.00 must be maintained each semester.

C. Remediation

1. Incomplete (I) is assigned to students who have not completed all course components prior to the end of the course due to illness, emergency, or other extenuating circumstances. Students are required to make-up missed clinical time and all missed coursework as described in the Attendance Policy - Academic Nursing (School of Medicine).
2. Not Reported (NR) may be assigned to students who have not successfully achieved minimum competency within the criteria described in the syllabus and who are in the remediation process.
3. Grades of F, Incomplete (I), not recorded (NR), or withdrawn (W) are not acceptable in any course and are grounds for dismissal from an educational track and/or degree program. Students are required to meet with the Student Success Committee to review academic progress if the cumulative grade point average falls below 3.00.
   i. If a student is allowed to remain in an educational track or degree program, the course in which these grades were earned must be repeated with a minimum grade of B- or pass, for courses graded as pass/fail.
   ii. Courses may be repeated on a space-available basis, and successful repeat of a course does not guarantee the student will retain a space in the educational track or degree program.
   iii. A student is allowed one (1) opportunity to retake a single course, and no more than two (2) failed courses may be retaken.
   iv. Failing a total of three (3) or more courses will result in automatic dismissal from the educational track and degree program without the opportunity for readmission to a DAN degree program.

   NOTE: Nurse anesthesia students do not have an opportunity to retake any APRN core or specialty coursework due to the lock-step nature of the program.

D. Progress Toward Degree Completion

1. The post-Baccalaureate to DNP with Nurse Anesthesia specialization program is a 90-credit plan of study, admission cohort model.
   i. A student enrolled in the first year of this program is required to complete 13 credits in fall semester, 16 credits in spring semester, and 14 credits in summer semester.
   ii. To qualify as full-time student for financial-aid, the student must be enrolled in at least 6.5 credits in the fall, 8 credits in the spring, and 7 credits in the summer.

iii. During the third year in the nurse anesthesia program, a student is required to complete 6 credits in fall semester, 8 credits in spring semester, and 7 credits in summer semester.

a. To qualify for financial aid, the student must be enrolled in 3 credits in the fall, 4 credits in the spring, and 3.5 credits in the summer.

2. Credit Determination

i. Didactic/theory courses

a. In-person courses: one course credit corresponds to one hour of direct student classroom instructional contact per week for a 15-week semester. This is in addition to 2-3 hours of independent study per week per course credit.

b. Distance courses: one course credit for each 15 hours of instructional time. Instructional time in online courses may include viewing live or asynchronous lectures, participating in moderated discussion boards, posting a reflection paper, or other activities. This credit determination also includes 2-3 hours of independent study per hour of instructional time.

c. Example: a student enrolled in a 3-credit theory, in-person course would be expected to spend approximately 3 hours in class and another 6 to 9 hours per week in independent study associated with the course.

ii. Clinical or practicum courses

a. 10-12 hours of expected clinical experience = one course credit hour in a 15-week semester.

(1) Examples:

a. 2 credit clinical course = approximately 20-24 clinical hours per week

b. 4 credit clinical course = approximately 40-48 clinical hours per week

iii. Simulation lab courses

a. 5-10 hours per credit per week.

(1) Example: a student enrolled in a one-credit simulation lab course would be expected to spend 5-10 hours per week on simulation-related activities.

E. Graduation Requirements

1. Successful completion of all required courses and clinical experiences as demonstrated by a cumulative GPA of 3.0 or higher.
2. Satisfactory demonstration of appropriate professional conduct.
3. Satisfactory completion of the DNP project.
4. Compliance with the Student Payment Policy (School of Medicine).
5. Meeting the Technical Standards - Academic Nursing Programs (School of Medicine).
6. Participate in end-of-degree program evaluations and activities and submit required documents (e.g. NBCRNA application).
7. In addition to above, Nurse Anesthesia educational tracks must complete the following

i. Satisfactorily achieve applicable specialty-specific graduate standards (e.g., COA for Nurse Anesthesia);

ii. Meet or exceed applicable specialty-specific minimum number of total cases and each specific case type (e.g., COA for Nurse Anesthesia);

iii. Meet or exceed applicable specialty-specific minimum number of total clinical hours (e.g., COA for Nurse Anesthesia);

iv. Hold active, unencumbered RN licensure; and,

v. Hold active BLS, ACLS, and PALS certifications, as required by specialty educational track.

F. Time Frame for Graduation

1. The normal time for completion of the degree is 36 months for post-Baccalaureate to DNP with Nurse Anesthesia specialization and 24 months for post master's DNP.

2. Students may be granted an academic, administrative, medical, military, or personal leave of absence, which may extend the time period for completion of required course work for a DAN program degree. See the Leave of Absence Policy (School of Medicine) for details.

   a. Note: Students taking or returning from a Military Leave of Absence are subject to the time frame provisions set forth in the Military Leave of Absence Policy (WFUSM) Students should consult the Military Leave of Absence Policy (WFUSM) for additional details.

3. In extenuating circumstances, with approval by the respective Program Director, students will be given up to three extra years to complete their program of study, for a maximum of five years to complete either the post master's DNP or post-Baccalaureate to DNP with Nurse Anesthesia specialization program, including any leaves of absence.

V. PROCEDURE/GUIDELINE Not Applicable

VI. CROSS REFERENCE

Attendance Policy - Academic Nursing (School of Medicine)
Satisfactory Academic Progression (SAP) for Financial Aid Eligibility Policy - Academic Nursing Programs (School of Medicine)
Leave of Absence Policy (School of Medicine)
Military Leave of Absence Policy (School of Medicine)
Professionalism and Honor Code Policy - Academic Nursing Programs (School of Medicine)
Student Payment Policy (School of Medicine)
Student Success Committee Policy - Academic Nursing Programs (School of Medicine)
Technical Standards - Academic Nursing Programs (School of Medicine)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

Student Employment Policy - Academic Nursing Programs (WFUSM)

Version 1

I. PURPOSE

The purpose of this policy is to establish employment expectations for matriculating students in the Wake Forest University School of Medicine (School of Medicine) Department of Academic Nursing (DAN) Doctor of Nursing Practice (DNP) program – Nurse Anesthesia Educational Track (Nurse Anesthesia track).

II. SCOPE

This policy applies to all students enrolled in courses in the School of Medicine DAN DNP – Nurse Anesthesia track.

III. DEFINITIONS/ABBREVIATIONS Not Applicable.

IV. POLICY

A. Students are strongly discouraged from seeking outside employment during the program, and there is a low threshold for tolerating declining academic performance because of outside employment.

B. Students who are satisfactorily progressing through the program may wish to seek outside employment. Students may work as RNs subject to these parameters:

1. Students are not permitted to work in the specialty of Nurse Anesthesia as nurse anesthetists by title or function.

2. Outside work must not conflict with any Nurse Anesthesia track-related activities, including, but not limited to:

a) Call rotations;
b) Regularly scheduled clinical assignments;
c) Classes with or without simulation group activities;
d) Course review sessions;
e) Simulation practice sessions; and/or
f) Other mandatory educational track- or course-related activities.

3. Outside work cannot interfere with a student's academic or clinical performance in the program.

4. Students may not work immediately preceding any assigned program clinical responsibilities, and any work must comply with having at least a 10-hour rest period prior to the scheduled clinical responsibilities with the program.

a) For example, students generally arrive at the clinical site by 6:00 a.m.; therefore, a student may not work later than 8:00 p.m. the prior evening.

C. All students who participate in outside employment must remain compliant with the Satisfactory Academic Progression (SAP) Policy - Academic Nursing Programs (School of Medicine). Please refer to the policy for additional information regarding noncompliance actions.

V. PROCEDURE / GUIDELINE Not Applicable

VI. CROSS REFERENCES

Satisfactory Academic Progression (SAP) Policy - Academic Nursing Programs (School of Medicine)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

Student Success Committee Policy - Academic Nursing Programs (School of Medicine)

Version 1

I. PURPOSE

This document describes the Department of Academic Nursing (DAN) Student Success Committee (SSC) responsibilities and process regarding review of unsatisfactory academic and/or professional student performance.

II. SCOPE

This policy applies to all enrolled DAN students at Wake Forest University School of Medicine (School of Medicine).

III. DEFINITIONS/ABBREVIATIONS

A. Warning: Written notice given to the student for a semester cumulative GPA < 3.0 to alert the student to potential issues and the risk for future academic probation or dismissal. The student remains in good academic standing.

B. Probation: Formal disciplinary measure that indicates a student is not in good standing with the degree program and is failing to meet the criteria for satisfactory academic progression.

C. Dismissal: Formal removal from enrollment in a DAN degree program due to failing to maintain satisfactory academic progression/standards and/or adhere to published policies.

IV. POLICY

A. The SSC is responsible for reviewing and addressing unsatisfactory academic and/or professional student performance. The SSC:

1. Through its Chair, issues warnings when student academic performance results in a semester cumulative GPA less than 3.0;
2. Reviews referrals made by the Program Director due to academic and/or professional performance deficiencies, including breaches of departmental and/or program policies;
3. Implements and monitors completion of student performance improvement plans; and
4. Renders decisions regarding student probation and/or dismissal.

B. The SSC also conducts an annual internal quality assurance and improvement process to identify areas for SSC and/or educational track improvement. Aggregate de-identified data will be used for this purpose.

V. PROCEDURE / GUIDELINE

A. After investigation, the Program Director notifies the Department Chair when a student:

1. Has breached departmental or program policy; and/or 2. Is not making satisfactory academic progress, per the Satisfactory Academic Progression (SAP) Policy - Academic Nursing Programs (School of Medicine).

B. Once notified, the Department Chair, serving as the SSC Chair, either:

1. Issues a written warning letter if the student's GPA is < 3.0; or,
2. Convenes the SSC within three (3) business days to consider the issue.
   a) The Department Chair appoints two (2), full-time DAN faculty members as SSC members. The appointed SSC members must serve as faculty members within the student's educational track and must possess knowledge within the educational track area of expertise.

b) In addition, the Chair will notify the student via email that he/she has been referred to the SSC and that further communication is pending.

C. As part of its review, the SSC will have access to all materials pertinent to the reported issue (e.g., course and/or assignment grades, clinical evaluations, information regarding policy violation, methods previously used to guide student performance, etc.).

a) The referred student will be provided with an electronic copy of these materials at least 24 hours prior to the required SSC meeting.

D. SSC will convene a required meeting with the student to discuss the issue, obtain the student's perspective, and provide the student an opportunity to address the concerns. Students will be notified via email of the requirement to attend a SSC meeting. The email notification will include the names of the SSC member participants. This meeting will occur within seven (7) business days of the SSC being convened and may occur in-person or virtually.

1. A student appearing before the SSC may not bring or have legal or personal representatives to participate in SSC meetings.
2. There will be no audio/visual recordings made of the SSC meetings.
3. All SSC members and the involved student must indicate adherence to the WFUSM Conflict of Interest Related to Student Assessment Policy prior to the scheduled SSC meeting. Any party who perceives there is a conflict of interest (COI) should disclose in writing via email to the SSC Chair prior to the scheduled SSC meeting.

E. After their review, the SSC will prepare a student encounter form summarizing the issue. This form will be discussed with the student, in-person or virtually during the meeting. A final copy of the student encounter form with agreed upon terms will be shared and returned with signature from the student and the Chair following the meeting.

F. The SSC may recommend placing a student on academic probation or may recommend dismissal from the degree program.

1. Probation recommendations: A performance improvement plan will be discussed with the student during the SSC meeting. The SSC will develop a performance improvement plan that reflects student input for the performance improvement plan, whenever possible; however, the final decisions concerning the performance improvement plan are retained by the SSC.

a) Within three (3) business days after the SSC meeting, the student will receive an electronic copy of the encounter form including the discussed performance improvement plan. The student is required to sign the performance improvement plan and return it to the SSC Chair via email within three (3) business days.

b) The SSC Chair will sign the form and return via email a fully signed encounter form, including any recommended performance improvement plan, to the student for the student's personal records. The encounter form will also be maintained within the student's DAN file.

c) Students must complete all components of the performance improvement plan within the specified timeframe established by the SSC. The SSC will reconvene within three (3) business days of the improvement plan deadline, unless otherwise communicated, to review results and determine next steps. Students who satisfactorily complete the performance improvement plan will be restored to good academic standing.

2. Dismissal recommendations: Within five (5) business days of the SSC meeting conclusion, the SSC will notify the School of Medicine Dean, or their designee, in writing regarding the SSC dismissal decision.

a) A Student wanting to appeal a SSC dismissal decision must make a formal request for appeal in writing (which may include electronic mail) to their applicable Program Director within seven (7) business days of notification of the dismissal.

b) The student must follow the procedures outlined in the Student Appeal of Dismissal Policy (WFUSM).

G. Decisions of the SSC are final, except where appeal may be applicable per School of Medicine policy.

VI. CROSS REFERENCES Conflict of Interest Related to Student Assessment Policy (WFUSM) Satisfactory Academic Progression (SAP) Policy - Academic Nursing Programs (School of Medicine) Technical Standards - Academic Nursing Programs (School of Medicine) Professionalism and Honor Code Policy - Academic Nursing Programs (School of Medicine) Student Appeal of Dismissal Policy (WFUSM)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

Transfer Credit Policy - Academic Nursing (School of Medicine)

Version 3

I. PURPOSE

The purpose of this policy is to establish standards for transfer of course credit from other accredited graduate schools into the Academic Nursing programs at Wake Forest University School of Medicine (School of Medicine).

II. SCOPE

This policy applies to all prospective and current Academic Nursing students at the School of Medicine.

III. DEFINITIONS Not Applicable

IV. POLICY GUIDELINES

A. With approval from the Doctor of Nursing Practice (DNP) Director and the educational track Program Director, an individual may transfer like-degree graduate course credit, not previously applied towards conferral of another degree, from an equally accredited academic institution, up to a total of 65% of the School of Medicine-required degree plan of study credits.

1. A minimum of 35% of degree plan of study credits must be completed at the School of Medicine to be conferred on the DNP degree.
2. Transfer course credits must have been completed within five (5) years of School of Medicine program matriculation, and the student must have received a B- or better grade for the transfer course.
    a) Example: The post-Baccalaureate to DNP with nurse anesthesia specialization program is a 90-credit plan of study. A student enrolled in this program is required to complete at least 31.5 credits at the School of Medicine, and may transfer up to 58.5 credits taken in a DNP plan of study from an academic institution that holds current accreditation by the Council on Accreditation for Nurse Anesthesia Educational Programs (COA), the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) or other similar regional academic institutional accreditor, and the Commission of Collegiate Nurse Education (CCNE), if applicable .

B. Transfer course grades are not included in the School of Medicine grade point average.

V. PROCEDURE / GUIDELINE

A. A student requesting approval to transfer course work must provide the Request for Coursework Transfer form with supporting documentation (e.g., course syllabus of the course being requested) via email to the DNP Director and the educational track Program Director.

B. The DNP Director and educational track Program Director will confer and render a decision regarding approval for the transfer request

C. The decision of the DNP Director and the educational track Program Director is final and is not subject to appeal.

VI. CROSS REFERENCES:

Professionalism and Honor Code Policy - Academic Nursing Programs (School of Medicine)

Satisfactory Academic Progression (SAP) for Financial Aid Eligibility Policy - Academic Nursing Programs (School of Medicine)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

IX. REVISION DATES 8/2020; 2/2024; 6/2025

Practice Hours Policy - DNP-PM Program - Academic Nursing (School of Medicine)

Version 1

I. PURPOSE

This policy identifies the acceptable activities that qualify for the post-master's track and contribute to achieving the required 1000 post-baccalaureate practice hours for the degree.

II. SCOPE

Students enrolled in the Department of Academic Nursing (DAN) Doctor of Nursing Practice, Post Masters track (DNP-PM) degree program at Wake Forest University School of Medicine.

III. DEFINITIONS/ABBREVIATIONS: Not Applicable

IV. POLICY

A. Students may claim hours towards their practice hour requirement when actively engaged in approved activities that demonstrate doctoral-level leadership.

B. Students must complete required hours through activities that demonstrate a measurable impact on systems, quality, safety, finance, and/or policy.

C. The following are examples of activities and expectations for DNP-PM students to claim the required practice hours for degree conferral and is not an exhaustive or limited list. Activities may include but are not limited to:

1. Leading interprofessional teams;
2. Data analysis for quality improvement
3. Human resource management and workforce planning, and/or
4. Other student-designed and pre-approved activities. To request approval for activities not listed, please refer to the Procedures in Section V.

D. DNP-PM leadership may add additional examples of activities and expectations at any time and reserve the right to decline hours that DNP-PM leadership believes do not meet the defined expectations or competencies.

V. PROCEDURE/GUIDELINE

A. Students may request approval from DNP-PM leadership for participation in an activity not currently listed to meet the practice hour requirements.

1. The student must submit a written request to their DNP Academic Advisor including the following information:
    (1) A description of the activity;
    (2) The activity's alignment with program outcomes, as stated in the syllabus;
    (3) Proposed dates and estimated hours of the activity;
    (4) Rationale for how the activity meets the American Association of Colleges of Nursing (AACN) domains and concepts;
    (5) Rationale for how the activity meets the American Organization for Nursing Leadership (AONL) leadership domain.
2. Approval requests must be submitted at least ten (10) business days prior to the activity

a) The DNP Academic Advisor will review the request to ensure it meets relevance to program outcomes, AACN domains and concepts, and AONL leadership domains.

b) The DNP Academic Advisor may request revisions or additional information from the student in order to make a determination regarding the request.

3. The DNP Academic Advisor will review the request and make a decision approving or denying the request within five (5) business days of receiving the request

   a) The student will receive written notification of the decision to their School of Medicine-issued email account

   b) The DNP Academic Advisor's decision is final.

4. If an activity is approved, the student will log completed hours in the designated tracking system as "Approved Additional Activity."

VI. CROSS REFERENCES: Not Applicable

VII. RESOURCES AND REFERENCES: CCNE Key Element III-H

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES: Not Applicable

Graduate School of Arts & Sciences– Biomedical Sciences Program

In addition to the policies outlined for all students enrolled in programs administered on the School of Medicine campus as found in this Policy and Compliance Companion, Biomedical Graduate Program students are expected to familiarize themselves with the procedures, processes, and practices found in the Graduate Bulletin for Biomedical Graduate Programs Administered on the School of Medicine Campus. The Graduate Bulletin may be found by current students in their All Graduate Student Canvas resource page , in PolicyTech, and on the web here**.**

Graduate Student Tuition on Sponsored Projects Policy - Biomedical Graduate Programs (School of Medicine)

Version 3

I. PURPOSE

The purpose of this policy is to define a process by which the Wake Forest University School of Medicine (School of Medicine) applies stipends and tuition as direct costs to sponsored programs or other appropriate funding sources for Wake Forest Biomedical Programs graduate students who work on funded projects, including, but not limited to, sponsored programs.

II. SCOPE

This policy applies to Wake Forest University Graduate School of Arts and Sciences, Biomedical Program Students.

III. DEFINITION

Stipend: A cost of living allowance for trainees and fellows. A stipend is not a fee for service payment.

Tuition/Tuition Remission: Tuition remission is a form of compensation paid as, or in lieu of, wages to students.

Office of Management and Budget Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200, "Uniform Guidance"): The applicable governing document for stipend and tuition remission payments on Federal Awards.

IV. POLICY

A. Sponsored program sources

1. Stipends

a) Under the Uniform Guidance, stipend payments are not considered as compensation for services rendered and, therefore, are not allowable on federal research awards unless prior approval is obtained by the Federal awarding agency.

b) Stipend expenses are allowable on sponsored projects intended to support training or research training as clearly stated in the agency program announcement. Examples of these awards include NIH Institutional ("T"-series) and Individual ("F"-series) awards, and most non-NIH awards.

c) On non-"T"-series and "F"-series grant awards, stipends are paid in the form of a salary expense; this stipend does not confer an employer-employee relationship. Examples of these awards include NIH "R"-series, "P"-series, "U"-series, and other NIH research awards.

2. Tuition

a) Tuition Charges are allowable on sponsored projects provided that:

(1) The student is conducting activities necessary to the Federal award;

(2) Tuition remission or other support is provided in accordance with established Federal policy and consistently provided in a like manner to students in return for similar activities conducted under Federal awards as well as other activities;

(3) During the academic period, the student is enrolled in an advanced degree program and the activities of the student in relation to the Federal award are related to the degree program;

(4) The tuition remission or other support is reasonable compensation for the work performed and is conditioned explicitly upon the performance of necessary work; and

(5) It is the practice of the institution to similarly compensate students under Federal awards as well as other activities.

b) A tuition charge will be budgeted on every new or competing renewal sponsored project proposal on which a Wake Forest University biomedical graduate student, who is enrolled in an advanced degree program, performs activities, unless specifically disallowed by the sponsor.

c) A tuition charge will also be budgeted on every award where student stipends are budgeted, unless specifically disallowed by the sponsor.

B. Non-sponsored funding sources

1. Stipends

a) Stipend expenses are allowable on endowments, startup funds, retention funds, departmental funds, contracts, and other sources.

2. Tuition

a) Tuition may be drawn from all allowable sources, including endowments, startup funds, retention funds, departmental funds, contracts, and other sources.

b) Junior faculty, appointed at the Assistant Professor level and with no grant support are exempted from the requirement to provide a source for tuition until such a time that they secure extramural funding.

V. PROCEDURE/GUIDELINE: Not Applicable

VI. CROSS REFERENCES: Student Payment Policy

VII. RESOURCES AND REFERENCES

Governing Law or Regulations

Office of Management and Budget within the Uniform Guidance (2 CFR Chapter I, Chapter II, Part 200, et al., Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards

VIII. ATTACHMENTS None

IX. REVISION DATES 6/1/2013, 8/2022; 4/2026

Doctor of Medicine Program Policies and Procedures

For more information about the MD program please visit the MD Student Handbook - MD Program (School of Medicine) located in our PolicyTech system.

Click on the title of the policy you want, to be taken directly to that document in our PolicyTech System.

Appeal of Grades, Summative Assessments, and Narrative Comments Policy - MD Program (WFUSM)

Version 6

I. PURPOSE

The purpose of this policy is to establish standards for Wake Forest University School of Medicine ("School of Medicine") Undergraduate Medical Education ("MD") students to request a review of grades and to request an amendment to the student's educational records, including an exam or assessment within a course, course or clerkship grade, or a narrative assessment, if the student considers the information contained therein to be inaccurate, misleading, or in violation of the student's right of privacy.

II. SCOPE

This policy applies to Wake Forest University School of Medicine Undergraduate Medical Education program students, faculty, and staff.

III. DEFINITION

A. Review: An initial review of a summative assessment, summative narrative assessment, or final grade with the course/clerkship director.

B. Appeal: A student's request for a subsequent review following the initial review with the course/clerkship director. Such subsequent reviews will be completed by the MD Appeals Committee ("the Committee"). The Committee only considers appeals on final course and clerkship grades, summative assessments, and summative narrative assessment. The Committee does not consider appeals for any formative assessments or comments within a course/clerkship, including numerical exam grades.

IV. POLICY GUIDELINES

A. Students are assessed on knowledge and skills as well as professionalism during a given course/clerkship, using the grading scale and grading components as defined in the course/clerkship syllabus. Each course/clerkship syllabus is approved by the Undergraduate Medical Education Curriculum Committee (UMECC).

B. A student may request a Review of the following:

1. Summative assessment;
2. A final grade for a course or clerkship; or
3. A summative narrative assessment.

C. Summative assessment

1. The student must notify the Course/Clerkship Director within 5 business days from the time that the summative assessment grade is released to the student and state the reason for review.

2. The Course/Clerkship Director evaluates the student's request for review. During this review period the Course/Clerkship Director or the student may request a meeting to discuss the case. The Course/Clerkship Director will notify the student in writing of the decision regarding the summative assessment grade within 10 business days of the request for review.
3. If the review by the Course/Clerkship Director does not resolve the student's concerns, the student may appeal the summative assessment to the MD Appeals Committee by emailing studentrecords@wfusm.edu and requesting the appeal form within 5 business days of the date of the written communication from the Course/Clerkship Director. In the appeal form, the student must state the grounds for appeal as described below.
4. A student may request an appeal of a summative assessment based on one of the following reasons:
    a) Mathematical or clerical error in calculating grades;
    b) The assessment was misleading, inaccurate, or in violation of the student's right of privacy; or
    c) Application of an assessment or grading system that was not defined in the syllabus.

D. Course or Clerkship Final Grade

1. The Course/Clerkship Director assigns a final grade for the student based upon the assigned grading rubrics and procedures as outlined in the course/clerkship syllabus. For required clerkships, the grade is reviewed by the Clerkship Grading Committee and posted by the Clerkship Director.
2. The student must notify the Course/Clerkship Director within 5 business days from the time that the final course/clerkship grade is released to the student and state the reason for a review.
3. The Course/Clerkship Director evaluates the student's request for review. During this review period the Course/Clerkship Director or the student may request a meeting to discuss the case. The Course/Clerkship Director will notify the student in writing of the decision regarding the final course/clerkship grade within 10 business days of the request for review.
4. If the review by the Course/Clerkship Director does not resolve the student's concerns, the student may appeal the summative assessment to the MD Appeals Committee by emailing studentrecords@wfusm.edu and requesting the appeal form within 5 business days of the date of the written communication from the Course/Clerkship Director. In the appeal form, the student must state the grounds for appeal as described below.
5. A student may request a review of a final course or clerkship grade. The grounds for a review should specify one of the following reasons:
    a) Mathematical or clerical error in calculating grades;
    b) The grade assigned was misleading, inaccurate, or in violation of the student's right of privacy; or
    c) Application of an assessment or grading system that was not defined in the syllabus.

E. Summative Narrative Assessment

1. Summative narrative assessments are provided to students when the instructor to learner interaction permits and may appear in the Medical Student Performance Evaluation (MSPE) letter as described in the Narrative Description of Medical Student Performance Policy - MD Program (WFUSM) .

2. Summative narrative assessments reflect a holistic description of the student's performance in the course across all criteria. Students receive these summative narrative comments with the final grade to the course.
3. Students cannot appeal formative narrative comments.
4. The student must notify the Course/Clerkship Director within 5 business days from the time that the summative narrative assessments are released to the student and state the reason for a review.
5. The Course/Clerkship Director evaluates the student's request for review. During this review period the course/clerkship director or the student may request a meeting to discuss the case. The course/clerkship director will notify the student in writing of the decision regarding the summative narrative assessment within 10 business days of the request for review.
6. If the review by the Course/Clerkship Director does not resolve the student's concerns, the student may appeal the summative assessment to the MD Appeals Committee by emailing studentrecords@wfusm.edu and requesting the appeal form within 5 business days of the date of the written communication from the Course/Clerkship Director. In the appeal form, the student must state the grounds for appeal as described below.
7. A student may request a review of summative narrative assessment. The grounds for a review should specify one of the following reasons:
    a) Clerical error; or
    b) The narrative comments were misleading, inaccurate, or in violation of the student's right of privacy.

F. Medical Student Performance Evaluation

1. The School of Medicine provides a Medical Student Performance Evaluation (MSPE) for all MD students during the Individualization Phase of the curriculum. The MSPE is required for residency applications and is released in alignment with the timeline set by the Association of American Medical Colleges/Electronic Residency Application Service (AAMC/ERAS).
2. The Office of Student Affairs is responsible for compiling content for the MSPE for each student. Each student has the opportunity to review the final draft of their MSPE and provide feedback within 5 business days by emailing studentrecords@wfusm.edu. Students may request the Office for Student Affairs to make edits for grammar, pronouns, or to correct any information that is inaccurate, misleading, or in violation of the student's right to privacy, but students are otherwise not permitted to edit the content of the letter.

G. MD Appeals Committee

1. The MD Appeals Committee is responsible for making decisions on student requests for appeals for any negative action against a student, including but not limited to final grades, summative narrative assessments, repeating a course, repeating an academic year, interim suspension, and Student Professionalism and Academic Review Committee (SPARC) decisions other than dismissal.
2. The MD Appeals Committee is composed of a pool of 12 faculty members appointed by the Dean for a term of three years, which may be renewed.
3. For each appeal request, an ad-hoc group of five faculty members are selected by the Vice Dean for Undergraduate Medical Education from the pool of 12 in compliance with the conflicts of interest criteria set forth below.
4. A hearing on the student's request to amend the assessment or final grade will be conducted in compliance with the Student Education Records Policy (WFUSM).

5. The MD Appeals Committee hearing may include meeting(s) with the student, course/clerkship director, or others.
6. The MD Appeals Committee may decide to uphold the decision, overturn the decision, or change the sanction. All decisions of the MD Appeals Committee are final.
7. The MD Appeals Committee issues a decision and notifies the student in writing within 10 business days after the Committee meets to review the appeal. A copy of the final decision is forwarded to the appropriate Course/Clerkship Director and Registrar in the Office of Student Records.
8. Members of the MD Appeals Committee are required to declare any conflicts of interest with a student using the Conflict of Interest Related to Student Assessment Policy (WFUSM) .
    a) In addition, members with a conflict as described below are not selected to review the student's case. Conflicts of interest include:
        (1) Professional relationship (including advising, research or mentorship);
        (2) A course/clerkship director whose course/clerkship is or has been directly involved in a SPARC referral against the student; and/or
        (3) Faculty member that has witnessed the circumstance of an honor code violation or unprofessional behavior.

V. PROCEDURE / GUIDELINE: Not applicable.

VI. CROSS REFERENCES

Conflict of Interest Related to Student Assessment Policy (WFUSM)

Narrative Description of Medical Student Performance Policy - MD Program (WFUSM)) Student Education Records Policy (WFUSM)

Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM)

VII. RESOURCES AND REFERENCES: LCME Elements 11.2, 11.4, 11.6

VIII. ATTACHMENTS: Not Applicable.

IX. REVISION DATES: 6/2020; 5/2023, 8/2023, 5/2024

Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program (WFUSM)

Version 6

I. PURPOSE

The purpose of this policy is to establish attendance guidelines during the student's Immersion and Individualization phases/clinical curriculum.

II. SCOPE

This policy applies to Wake Forest University School of Medicine (School of Medicine) Undergraduate Medical Education (MD) program Immersion and Individualization Phase students.

III. DEFINITION

A. Absence: Any time away from required clerkship/course activities.

B. Excused Absence: An absence approved in the student scheduling and absence system (SSAS). There are two types of Excused Absences:

1. Planned SSAS: Absences planned in advance and submitted in the online absence system as outlined in the SSAS guidelines.
2. Unplanned SSAS: Absences that cannot be planned in advance (e.g., acute illness, emergency, institutional adverse event) and are submitted in the online absence system as outlined in the SSAS guidelines and has been communicated directly to the student's clinical team, as well as the Course/Clerkship Director and Coordinator..

C. Unexcused Absence: An absence which is either not submitted in the online absence system or an absence taken by a student which was denied in the online absence system. Additionally, an unexcused absence includes absences not directly communicated to the student's clinical team and Course/Clerkship Director and Coordinator.

IV. POLICY GUIDELINES

A. General Policy Statement:

1. Because of the critical significance of in-person clinical and educational activities in the Immersion and Individualization phases of the curriculum, attendance is required for all scheduled clerkship/course educational and clinical activities.

B. Excused Absences during Clinical Curriculum

1. Students will follow the appropriate Attendance Procedure as outlined for planned or unplanned absences related to accessing health services.
    a) Students will follow the appropriate Attendance Procedure as outlined for planned or unplanned absences related to accessing health services.
2. Only absence requests submitted through the online absence system will be considered for review by the Clinical Administration team for potential Excused Absence designation.
3. Scheduling requests and absences must adhere to all absence request guidelines and processes, including but not limited to:
    a) Dates when planned absence requests are not permitted;
    b) Absences during clerkship/course orientation days; and
    c) Assessment periods.

4. Planned Absence Submission

    a) An online request must be submitted centrally to the online absence system no later than the stated deadline. (Note: the act of submitting a request does not guarantee that the request will be approved.)

    b) Clerkship/course didactic activities missed due to Excused Absences may be required to be completed at the discretion of the Deans of the Clinical Curriculum and/or Course/Clerkship Director.

    c) In the rare event of extenuating circumstances, including but not limited to: lack of access to reliable transportation; medical emergency; family care responsibilities; or other urgent unforeseen circumstance, the Associate Dean of Clinical Education (or designee) of the student's campus will review the planned absence request and make a determination make a determination as soon as possible, but no later than 10 business days.

5. Unplanned Absence Submissions:

    a) The student must contact the Course/Clerkship Director and Coordinator as outlined in the course/clerkship syllabus to inform them of the absence. The student must also immediately contact their clinical team to ensure patient care is not impacted.

    b) Unplanned absences must be submitted through the online absence system as soon as possible, but no later than 24 hours after the absence occurred.

    c) Unplanned absences submitted more than 24 hours after the absence occurred may be categorized as Unexcused Absences.

    d) If an unplanned absence is necessary on the day of an exam (shelf exam, OSCE, quiz or other), the student may be asked by the Y3 or Y4 Curriculum Director to provide documentation regarding their absence on that day. The exam must then be completed within the timeline determined and communicated by the Y3 or Y4 Curriculum Director.

    e) Missing an assessment day, or missing multiple days on a clinical rotation due to illness, may require a note from a physician or advanced practice provider verifying absence (note would not include the specifics of the student's private healthcare information).

    f) In the rare event of extenuating circumstances, including but not limited to: lack of access to reliable transportation; medical emergency; family care responsibilities; or other urgent unforeseen circumstance, the Associate Dean of Clinical Education (or designee) of the student's campus will review the unplanned absence request and make a determination as soon as possible, but no later than 10 business days.

6. All students, including those with accommodations issued by the Center for Learning, Access, and Student Success (CLASS), must complete all clinical time and curricular assignments in accordance with the assignment deadlines, goals and objectives of the course, and in adherence with the Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine) .

    a) Students with absences in a course/clerkship will receive a grade of "Incomplete (I)" in the course/clerkship until the student completes all outstanding clinical time and/or assignments required by the Clerkship/Course Director, as outlined in the Satisfactory Academic Progress (SAP) Policy - MD Program (WFUSM)..

C. Unexcused Absences during Clinical Curriculum

1. Unexcused absences will result in making up of the missed clinical time, activities, and educational elements.

2. Unexcused absences may result in remediation of some or all of the clerkship or a failing final grade for the course or clerkship.

3. All Unexcused Absences will be reported by the Course/Clerkship Director or Coordinator to

the Y3 or Y4 Curriculum Director.

a) An unexcused absence is a formal professionalism concern and will be reported by the Course/Clerkship Director in accordance with the Professionalism Concern Reporting Standard Operating Procedure (SOP), which may result in referral to SPARC. Please refer to Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM) for additional information.

D. Students with CLASS-Issued Accommodations

1. All required clerkship/course clinical time and assignments must be completed to receive a grade for the clerkship/course.
2. There are no attendance accommodations during the clinical curriculum. All students, regardless of accommodation status, must complete all required curricular activities and clinical time. If time away from the curriculum is necessary, it must be made up. Extended time to complete curricular events, activities, and clinical time will be granted according to the student's official accommodation plan.

E. Residency Interview Absences

1. Only requests submitted through the online absence system will be considered.
2. Residency Interview absences will be considered Excused Absences only if approved at least 14 business days prior to the rotation.
3. No more than two days' absence for residency interviews are permitted during Acting Internship or Critical Care rotations.
4. No more than three days' absence for residency interviews are permitted for all other 4-week elective rotations.
5. For 2-week courses, only one day Excused Absence is permitted.
6. Students who receive interview offers on short notice should communicate their absence needs to the Course Director to formulate a mutually agreeable plan for accommodating the absence and making up any additional missed time from the course that exceeds the allowed absence total.
7. Short-notice absences must be submitted in the online absence system as an unplanned absence.
8. The student is responsible for checking with the Course Director to ensure there are no additional attendance requirements.

F. Allowed Absence Total

1. Students with ten or more total absences (Planned + Unplanned absences + Unexcused Absences) will be reported to the Senior Associate Dean for Curriculum and may be referred to SPARC.

G. Completion of outstanding Clinical Time and/or Assignments

1. Students unable to complete their clinical time and/or assignments during the clerkship/course must complete them before progression to the next phase of the curriculum/graduation.
2. Students with more than two calendar weeks of assigned days of outstanding curricular time to complete must complete it in two week or longer contiguous time periods and as approved by the course/clerkship director.
3. Students with two or fewer weeks of assigned days of outstanding curricular time to complete must complete it in one week or longer contiguous time periods and as approved by the course/clerkship director.

H. A student who fails to comply with this policy or who does not respond to faculty/administration expectations, as explained in course syllabi or in other formats, may be referred to SPARC. See the

Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM) for guidance on SPARC referrals.

V. PROCEDURE / GUIDELINE: Not Applicable

VI. CROSS REFERENCES

Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine)

Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM)

Student Disability Accommodations Requests Policy and Procedures (WFUSM)

Professionalism Concern Reporting SOP

VII. RESOURCES AND REFERENCES: LCME Element 12.4

VIII. ATTACHEMENTS: Not Applicable

IX. REVISION DATES: 7/1/2014, 6/1/2020, 9/2022; 2/2023; 8/2023; 3/2025

Attendance for Medical Students in Pre-Clerkship Phase Policy - MD Program (School of Medicine)

Version 9

I. PURPOSE

In accordance with the standards set forth by the Liaison Committee for Medical Education (LCME), this policy establishes guidelines for medical student attendance and absences from mandatory learning activities in the pre-clerkship phase of the undergraduate medical education (MD) program. The overarching goal is to support students' growth and success as medical learners and future physicians.

The primary focus of the MD Program pre-clerkship curriculum is to develop competence in foundational basic science knowledge, basic clinical skills, critical thinking, and professionalism, which are all necessary for the practice of medicine. The pre-clerkship curriculum offers a variety of learning opportunities determined by the course and thread directors to be most effective for imparting mastery of the given content. In recognition of the educational value, our shared commitment to outstanding patient care, and out of respect for patients and faculty, it is essential that each student be present to engage and contribute to peer learning by acting as integral members of the learning team. Importantly, there are curriculum events that are crucial to student learning and that require synchronous student engagement.

II. SCOPE

This policy applies to current students in the pre-clerkship phase of the curriculum of the MD program at Wake Forest University School of Medicine (School of Medicine).

III. DEFINITIONS

A. **Absence**: Missing at least 1 Mandatory Event in one day or arriving more than 10 minutes late to a Mandatory Event.

B. **Mandatory Event**: A curricular activity which students are required to attend synchronously and in-person.

C. **Excused Absence**: An absence from a Mandatory Event that has been submitted into the online absence notification system and either:
   1. Falls within the established guidelines for a Planned Absence, or
   2. Has been approved by the Associate Dean for Pre-Clerkship and/or the Associate Dean for Student Affairs, or their designee.

D. **Unexcused Absence**: An absence from a Mandatory Event for which the student has not submitted a notification in the system, or which was denied. Unapproved tardiness of 10 minutes or more for a Mandatory Event is considered an Unexcused Absence. Unexcused Absences may be reported for Professionalism Feedback (see Policy Guidelines below).

E. **Planned Absence**: An absence for which a student has advance awareness they will need to miss part or all of a Mandatory Event, including (but not limited to):
   1. Ceremonies;
   2. External leadership activities;
   3. Family and personal events;
   4. Jury duty;
   5. Presentation of scholarly work at a conference;
   6. Religious observances;
   7. Required military training or duty;
   8. Scheduled healthcare appointments; and/or
   9. Other anticipated or expected events or experiences (for example, immigration office appointments).

Planned Absences include time away from pre-clerkship curriculum responsibilities in which the student may request in advance altered scheduling and/or an absence for the Mandatory Event.

F. **Unplanned Absence:** An absence for which a student must miss all or part of a Mandatory Event and the absence could not be anticipated in advance, including (but not limited to):
   1. Illness: Absence due to student's own illness or injury;
   2. Bereavement: Absence due to the death of the student's spouse, parent (natural parent, stepparent, adoptive parent), parent- in-law, sibling, child (natural child, adoptive child, foster-child, stepchild), grandparents, grandchildren, brother- or sister-in-law, or any other person who is a member of the student's household;
   3. Unanticipated healthcare appointments;
   4. Unforeseen personal or family emergencies; and/or
   5. Other unanticipated or unexpected events or experiences (for example, immigration office appointments).

G. **Professionalism:** A dedication to the values, commitments, and responsibilities—demonstrated through one's actions, habits, and behaviors—that establishes one's trustworthiness to serve as a physician.

IV. POLICY GUIDELINES

A. In-Person Attendance Requirements
   1. Student attendance is required at the following Mandatory Events:
      a) Clinical Encounters.
      b) Small Group Sessions.
      c) The Pre-Clerkship Office and/or the Associate Dean for Pre-Clerkship Education may request session content and review the learning modality before making a final designation as Mandatory attendance.
   2. Attendance is encouraged but not mandated at events designated as Large Group Teaching Sessions.
   3. Large Group Interactive Sessions are Non-Mandatory unless otherwise stated. Large Group Interactive Sessions may be Mandatory if:
      a) Session objectives are being achieved through an interactive active-learning pedagogy; and
      b) Synchronous or subsequent asynchronous viewing of the session does not adequately facilitate effective learning or student mastery of objectives.
   4. To ensure an optimal learning experience, all students must arrive on time for all Mandatory Events.
      a) Students arriving late to a Mandatory Event, irrespective of the reason, will not be given additional time to complete learning activities or assessments.
      b) Students must submit absence requests for all instances of a planned late arrival. Please refer to the Procedures Section of this policy for more information.
      c) Approval of missed time for consideration as an Excused Absence is evaluated on a case-by-case basis by the Associate Dean for Pre-Clerkship Curriculum or designee.
      d) If a late arrival to a Mandatory Event is not approved as an Excused Absence, it is considered an Unexcused Absence.
      e) Students arriving more than 10 minutes late to a Mandatory Event without approval will receive an Unexcused Absence and a report for Professionalism Feedback.

B. Event Designation

1. Pre-clerkship Course Directors may establish course-specific attendance requirements for Mandatory Events when such requirements are necessary to achieve course learning objectives and ensure student competence and professionalism.
2. Course Directors will set attendance expectations within the learning management system and on their syllabi for Mandatory Events and exams, which are labeled on the student-facing calendar system.
    a) Course-specific attendance requirements must be clearly articulated in the course syllabus and communicated to students at the start of the course. These requirements may include, but are not limited to:
        (1) Minimum attendance expectations for designated Mandatory Events;
        (2) Limits on the number of allowable absences from required sessions; and/or
        (3) Restrictions on Unexcused absences from required sessions.

C. Mandatory Events will be designated in CANVAS (or other applicable student-facing calendar system) as "Attendance Required."
    1. All changes will be clearly indicated on the relevant calendar(s) and communicated to all students via their School of Medicine-issued email as soon as the change is executed.
    2. Miscategorized and/or mislabeled sessions should be reported to the Pre-Clerkship Office for review.
    3. Note that course-specific attendance requirements may be more stringent than program-level expectations but may not be less restrictive than the minimum standards outlined in this policy.

D. Course and Academic Year Expectations for Absences
    1. Course Directors may require that attendance expectations be met as a condition for successful course completion.
    2. As it relates to attendance at Mandatory learning and assessment activities, student professional responsibilities include the following:
        a) Monitoring the academic calendar in the learning management system for student attendance expectations;
        b) Attending all Mandatory events;
        c) Attending all exams, including all course exams, retake exams, exams for course remediation, observed structured clinical exams (OSCEs), clinical performance exams (CPXs), National Board of Medical Examiners (NBME) exams, and any other scheduled assessments or progress-tracking events;
        d) Demonstrating honesty and integrity with attendance sign-in; Students may ONLY sign in/submit an attendance sheet/form for themselves and no other students.
            (1) In addition, students who sign in for a Mandatory Event must be present for the entire event to receive credit for attendance, unless approved to leave early by the Course Director; leaving a Mandatory Event early without prior approval is considered an absence.
        e) Prompt submissions of absence requests, as outlined in the Procedure/Guidelines of this Policy.
            (1) Course Directors will be notified in advance of Planned Absences, and as soon as possible for Unplanned Absences.
            (2) In both cases, students will be responsible for contacting course faculty to inquire about any work missed.
            (3) The reason for a student's absence will not be shared with faculty.

3. Students who are unable to meet the attendance expectations outlined in the course syllabus may be required to meet with the Course Director or designee.
    a) The Course Director and student may request to meet with the Associate Dean for Pre-Clerkship Education to determine a schedule for the student to make up missed coursework and assessments with the Academic Advising team, if applicable.
    b) Students who incur Unexcused absences from required sessions, or whose absences exceed course-specific attendance limits, may be subject to one or more of the following actions, as outlined in this policy and the course syllabus:
        (1) Required remediation activities;
        (2) Professionalism Concern Reports (PCRs);
        (3) Sanctions as described above; and/or
        (4) Failure of the course.
4. Students not meeting expectations for attendance and assessments, as described in the syllabus, may receive an Incomplete grade until all criteria are met to successfully pass the course, as set forth in the Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine).
5. Patterns of multiple absences will be reported by the Associate Dean for Pre-Clerkship to the Office of Student Affairs, including the student's advisor and coach, to ensure the wellbeing of the student and to offer additional resources. Patterns of multiple absences may include, but are not limited to:
    a) Missing multiple consecutive Mandatory Events from a single course;
    b) Missing multiple consecutive weekdays of Mandatory Events in any courses; and/or
    c) Missing multiple Mandatory Events from a single course at any time during the block.

E. Excessive Absences
1. Students will be required to meet with program leadership when absences are in excess of:
    a) 10% or more of designated Mandatory Events (Excused or Unexcused, Planned or Unplanned) during the first year of the curriculum (July-June); or
    b) 10% or more of designated Mandatory Events for the second year of the curriculum (July-December).
2. Students must meet with the Associate Dean for Pre-Clerkship Curriculum or designee to determine if the student is on track for successful completion of the Pre-Clerkship Phase of the Curriculum.
3. Students must also meet with the Associate Dean for Student Affairs or designee to discuss whether the student would benefit from additional student support services, professionalism coaching or further academic review, if needed.
4. Students expecting to be absent from the curriculum for six (6) weeks or longer should refer to the Leave of Absence Policy (School of Medicine) and meet with the Associate Dean for Pre-Clerkship Curriculum and the Associate Dean of Student Affairs.

F. Exam Day Absences
1. All summative assessment events are Mandatory, and student attendance is required.

G. Remediation of Absences
1. Following an absence (Planned or Unplanned, Excused or Unexcused), students are responsible for completing all missed coursework, as outlined in the syllabus.
2. Make-up assignments or learning activities may be required by the Course Director in order for the student to receive credit for successfully completing the course.

3. Students required to complete make-up assignments and/or learning activities must develop a completion plan with the applicable Course Director(s).
4. In most cases, faculty will not assign additional tasks that were not part of the session's original activities.
    a) However, in the event of an absence from a session that cannot be repeated and/or the work cannot be replicated (such as OSCEs), faculty will work with the student to create an appropriate remediation activity to approximate the original experience and meet the session learning objectives to the best extent possible.
5. Remediation offered to students will be the same, regardless of the reason for absence, unless noted in the syllabus.

H. Referral Process for Student Support

1. Students who demonstrate deficiencies in knowledge or skills acquisition on summative and/or formative assessments or professionalism violations are referred to the Academic Advising team or other support services for assistance.

Students are expected to illustrate personal accountability and professionalism towards the School of Medicine community throughout their medical school experience. A student who fails to comply with this policy or who does not respond to faculty/administration expectations, as explained in course syllabi or in other formats, may be referred to the Student Professionalism and Review Committee (SPARC). See Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM) for guidance on SPARC referrals.

V. PROCEDURES/GUIDELINES

A. Absence Requests

1. Absence requests for Unplanned Absences are reviewed by staff. Determinations as to whether the absence will be classified as "Excused" or "Unexcused" are made based on a set of standardized criteria used for absence requests for all courses.
2. Planned Absences
    a) All Planned Absence notifications must be entered into the system at least 14 calendar days prior to the applicable Mandatory Event.
    b) If a request is entered fewer than 14 calendar days prior to the Mandatory Event, the absence request may not be approved as "Excused."
    c) Planned Absences are not approved as "Excused" for assessment events (for example: in-house exams, course/block exams, CAS (Customized Assessment Services) exams and CPX assessment events) unless prior permission is granted from the Associate Dean for Pre-Clerkship Curriculum or their designee.
3. Unplanned Absences
    a) All Unplanned Absence notifications must be entered into the system as soon as the student becomes aware that they are not able to be present for a Mandatory pre-clerkship event.
        (1) If the student is unable to enter an absence request into the system, the student must email the Pre-clerkship Curriculum Manager or the Associate Dean for Pre-Clerkship Education as soon as possible.

B. Exam Day Absences

1. Students needing to request an alternative examination date must contact the Associate Dean for Pre-Clerkship Education at least fourteen (14) calendar days before the scheduled assessment.
2. If a student's absence request for an exam is approved (i.e., Excused), the student must communicate via email with the applicable Course Director and/or assessment team within 24 hours of the request to reschedule the exam.

3. If a student is more than ten (10) minutes late to an exam without prior notification and approval in the system, the student's opportunity to take the exam is at the discretion of the Course Director. No additional time is granted to complete the exam.
    a) Students arriving more than ten (10) minutes late for an exam will receive an Unexcused Absence and a report for Professionalism Feedback.

C. Excused Absences

1. To submit an Unplanned Absence for consideration as an Excused Absence, the following procedures are required:
    a) Illness/Unanticipated Healthcare Appointments
        (1) The student must submit the absence request no more than two (2) business days after absence.
        (2) Documentation from Student Health or from the student's healthcare provider is required if the illness results in an absence spanning more than two (2) consecutive days of instruction.
    b) Bereavement
        (1) The student must submit the absence request no more than two (2) business days after absence.
        (2) Documentation is required if the absence spans more than five (5) consecutive days of instruction.
    c) Personal or family emergencies
        (1) The student must submit the absence request no more than two (2) business days after absence.
        (2) Documentation is required if the absence spans more than five (5) consecutive days of instruction.
    d) Other Unanticipated/Unexpected Events/Experiences
        (1) The student must submit the absence request no more than two (2) business days after absence.
        (2) Documentation is required if the absence spans more than five (5) consecutive days of instruction.
2. Any non-emergent absence from an attendance-required Mandatory Event, taken without prior approval in the system, is classified as an Unexcused Absence.

VI. CROSS REFERENCES

Formative Assessment and Feedback Policy - MD Program (WFUSM)
Leave of Absence Policy (School of Medicine)
Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM)

VII. RESOURCES AND REFERENCES

Code of Honor and Professional Conduct
LCME Element 12.4

VIII. ATTACHMENT Not Applicable

IX. REVISION DATES

6/2020; 10/2020; 5/2023; 8/2023; 3/2026

Campus and Location Assignment Policy - MD Program (WFUSM)

Version 6

I. PURPOSE

The purpose of this policy is to establish standards and detail the procedure for Wake Forest School University of Medicine (School of Medicine) undergraduate medical education (MD) students to request an educational campus.

II. SCOPE

This policy applies to all accepted and current School of Medicine MD students.

III. DEFINITION:

A. Compelling Need*:* Urgent or emergent situations, including but not limited to: lack of access to reliable transportation; medical emergency; family care responsibilities; or other urgent unforeseen circumstances.

IV. POLICY

A. **Upon Acceptance**

1. Accepted students to the Wake Forest University School of Medicine have the opportunity to indicate a preference for attending either the Charlotte or Winston-Salem campus.
    a) Upon acceptance, accepted students may indicate a preference either for a Charlotte or Winston-Salem campus assignment. Accepted students also have the option to select "No Preference" in their campus assignment.
    b) A student's indication of a preference for a campus location does not guarantee that the student will be assigned to that location, and a student who elects to enroll at the School of Medicine does so with the understanding that the student may be assigned to either campus location.
    c) Swaps of campus assignments between accepted or current students are not allowed.
2. After accepted students may request an alternative campus assignment if a compelling need arises. Requests to change a campus assignment must be made in writing to the Office of Admissions and submitted in a timely manner. The request must explain the compelling need. Such requests will be reviewed by the Senior Associate and Assistant Dean of Admissions. While the School of Medicine will attempt to accommodate requests, changes are not guaranteed.

B. Current Students

1. Current students may request an alternative campus assignment if a compelling need arises. Requests to change a campus assignment must be made in writing to the Senior Associate Dean for Curriculum (or designee) and submitted in a timely manner. The request must explain the compelling need. Current student requests will be reviewed by the Senior Associate Dean for Curriculum (or designee). While the School of Medicine will attempt to accommodate requests, changes are not guaranteed.
    a) Swaps of campus assignments between accepted or current students are not allowed.

C. Clinical Clerkship Campus

1. After into a given clinical training campus for clinical clerkships, students may request an alternative clinical training campus if a compelling need arises. Requests to change a clinical training campus must be made in writing to the Registrar and submitted in a timely manner. Such requests will be reviewed by the Associate Deans for Clinical Education, Associate/Assistant Deans of Student Affairs, and Senior Associate Dean for Curriculum (or their designees). While the School of Medicine will attempt to accommodate requests, changes are not guaranteed.
2. Swaps of campus assignments between current students are not allowed.

B. **Clinical Rotation Sites** (example: clinic site, inpatient service site)
   1. After assignment into a given clinical training site for clinical rotation(s), students may request an alternative clinical training site if a compelling need arises. Requests to change the clinical training site must be made in writing to the clerkship director and coordinator in a timely manner. Such requests will be reviewed by the clerkship director and coordinator. While the School of Medicine will attempt to accommodate requests, changes are not guaranteed.
   2. Swaps of rotation site assignments between current students are not allowed.

V. PROCEDURE/GUIDELINE

A. Procedure for Requesting Alternative Initial Campus Assignment
   1. Accepted students may submit a written request to change an initial campus assignment to the Admissions Office within 5 business days of receiving their initial campus assignment. This request must include a description of the compelling need for the change in campus assignment. The request will be reviewed by the Senior Associate and Assistant Dean of Admissions, whose decision will be final.

B. Procedure for Requesting Alternative Pre-Clerkship Campus Assignment
   1. Current students may submit a written request for a change of campus location to the Senior Associate Dean for Curriculum (Winston-Salem) and Associate Dean for Pre-Clerkship Curriculum and Director of Growth and Development (Charlotte) (or their designees). The request must include a description of the compelling need for the change in campus assignment.

C. Procedure for Requesting Alternative Campus for Clerkship Year
   1. Students must submit a request for an alternative clinical training campus in writing to the Registrar at least 8 weeks prior to the start of the academic year. This request must include a description of the compelling need for the change in clinical campus.
   2. The request will be reviewed by the Associate Deans of Clinical Education, the Assistant Deans of Student Affairs, and the Senior Associate Dean for Curriculum (Winston-Salem) and Associate Dean for Pre-Clerkship Curriculum and Director of Growth and Development (Charlotte) (or their designees) and the decision will be final.
   3. If a change in clinical training campus is approved by the Deans, clerkship leadership at both campuses will be notified of the change in rosters as soon as possible, but no later than 4 weeks prior to the start of the clerkship affected by the change.

D. Procedure for Requesting Alternative Clinical Rotation Sites (example: clinic site, inpatient service site)
   1. Students may submit a written request for a specific rotation site to the clerkship director and coordinator upon receipt of email inquiry by clerkship for site scheduling prior to the start of the clerkship/course. The request must include a description of the compelling need for a rotation site within the student's designated campus.
      a) If approved, the clerkship director will be responsible for updating the service assignments and notifying the teams at the specified clinical sites.
      b) If not approved, the student is responsible for completing the clerkship at the sites originally assigned. Students may not appeal the decision of the clerkship director.

VI. CROSS REFERENCES: Not Applicable

VII. RESOURCES AND REFERENCES:

LCME Element 10.9

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES

6/2020; 2/2021; 4/2022; 9/2023

Clinical Duty Hours for Medical Students on Clinical Clerkships-Courses Policy - MD Program (WFUSM)

Version 5

I. PURPOSE

The purpose establish standards for Wake Forest University School of Medicine (School of Medicine) undergraduate medical education (MD) students regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities.

II. SCOPE

This policy applies to all undergraduate medical education (MD) students at the School of Medicine during the immersion and individualization phases of the curriculum.

III. DEFINITIONS

A. Duty hours: all assigned clinical and academic activities related to medical education (inpatient and outpatient patient care, administrative duties, transfer of patient care, in-house on call, and scheduled academic conferences/sessions). Independent reading and study performed at the time discretion of the student are not included.

IV. POLICY GUIDELINES

A. Immersion Phase Duty Hours
   1. In general, a medical student should not be required to work longer hours than interns on the same service.
   2. A student may be scheduled for an average of 80 duty hours per week during a four-week period.
   3. Duty hours must be structured to allow a minimum of four 24-hour time periods free over a four-week time period for the duration of the clerkship.
   4. Duty hours may not exceed 24 continuous hours, following which students should have at least 14 hours duty free.
   5. Duty hours may include overnight calls or shifts.
      a) The maximum frequency of overnight calls is once every third night.
      b) For students completing overnight shifts, the maximum number of overnight shifts is 5 nights sequentially.
         (1) Following 5 overnight shifts, students will not be expected to return to duty hours until the next calendar day.
   6. Students must be excused from duty hours no later than midnight of the night prior to a scheduled shelf or final examination.
   7. Students are excused from duty hours on all days identified as holidays on the MD Program Academic Calendar.
   8. Note: Students may make an informed decision, in specific circumstances, to exceed these limits if they believe that doing so provides an exceptional educational experience. Voluntarily exceeding these limits is not considered a duty hour violation.
   9. Students must follow the policy on Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program (WFUSM) to make requests for absences.

B. Individualization Phase Duty Hours

1. In general, a medical student should not be required to work longer hours than interns on the same service.
2. A student may be scheduled for an average of 80 duty hours per week during a four-week period.
3. Duty hours must be structured to allow a minimum of four 24-hour time periods free over a four-week time period for the duration of the clerkship.
4. Duty hours may not exceed 24 continuous hours, following which students should have at least 14 hours duty free.
5. Periods of assigned responsibility may not exceed 24 continuous hours, with 4 additional hours for patient care continuity.
6. Duty hours may also include overnight call or shifts.
    a) The maximum frequency of overnight call is once every third night.
    b) For students completing overnight shifts, the maximum number of overnight shifts is 5 nights sequentially.
        (1) Following 5 overnight shifts, students will not be expected to return until the next calendar day.
7. Students must be excused from duty hours no later than midnight of the night prior to a shelf or final examination.
8. Students are to be excused from duty hours on all days that have been identified as holidays on the MD Program Academic Calendar.
9. Note: may make an informed decision, in specific circumstances, to exceed these limits if they believe that doing so provides an exceptional educational experience. Voluntarily exceeding these limits is not considered a duty hour violation
10. Students must follow the Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program (WFUSM) to request absences.

V. PROCEDURE/GUIDELINE

A. Reporting and Monitoring Procedures

1. It is the responsibility of the clerkship director to monitor and prevent duty hour violations.
2. Students can report concerns or violations of duty hour policies directly to the clerkship director.
    a) The clerkship director and student will then work together to resolve the violation/concern.
        (1) If the situation is not resolved, the student can then escalate the issue to the Associate Dean for Clinical Education and the Assistant Dean of the Clinical Regional Campus (if applicable).
3. Students can also report duty hour violations confidentially using the end of course/clerkship evaluation and/or the Learning Environment Liaison Reporting Form.
    a) The Office of Education Institutional Effectiveness and Compliance (OEIEC) monitors duty hour violations.
        (1) OEIEC will notify the Associate Dean for Clinical Education and the Assistant Dean of the Clinical Regional Campus (if applicable) to review and resolve the concern. OEIEC will be informed of the outcome of the review.
4. Duty hours are reported twice per year to the Subcommittee on Clinical Education (SOCE)

and Undergraduate Medical Education Curriculum Committee (UMECC) and appropriate action is taken to ensure any duty hour infractions do not continue.

VI. CROSS REFERENCES

Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program (WFUSM)

MD Student Handbook - MD Program (School of Medicine)

Wake Forest University School of Medicine Policy and Compliance Companion

VII. RESOURCES AND REFERENCES

LCME Element 8.8 Monitoring Student Time

Learning Environment Liaison Reporting Form

VIII. REVISION DATES: 3/2023; 3/2025

Clinical Supervision Policy - MD Program (School of Medicine)

Version 6

I. PURPOSE

The purpose of this policy is to ensure that undergraduate medical education (MD) students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the activities supervised are within the scope of practice of the supervising health professional. Supervision of medical student learning experiences is provided throughout the clinical curriculum by members of the School of Medicine's faculty.

II. SCOPE

This policy applies to Wake Forest University School of Medicine (School of Medicine) Undergraduate Medical Education (MD) program students, faculty, and staff.

III. DEFINITIONS/ABBREVIATIONS

A. **Direct Supervision:** The supervising physician is physically present with the student during the key portions of the patient interaction.

B. **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the student for guidance and is available to provide appropriate direct supervision.

C. **Physician Team:** Comprised of an intern(s), resident(s), fellow(s), and/or attending physician.

D. **Supervisor:** Supervisors may include physicians, residents, fellows, and other licensed health professionals supervising an activity within their scope of expertise or practice. Supervisors must either hold a faculty appointment or be supervised in their teaching and assessment role by an individual who holds a faculty appointment.

IV. POLICY

A. Supervision fosters a safe learning environment for students, ensuring feedback to the student to allow for growth of clinical skills while also facilitating formative feedback and summative assessment.

B. While completing clinical activities and clerkships, students should be incorporated as an integral member of the healthcare team;

1. While completing required clerkships and clinical courses, students are permitted to participate in patient care, including procedures. This includes opportunities to collaborate and work with interprofessional teams and staff from a variety of disciplines.
2. Specific guidance and information about the student's minimum level of responsibility and expected procedures is provided for all required clerkships/courses. A student's minimum level of responsibility for required procedures is approved by the Undergraduate Medical Education Committee (UMECC).

C. Clinical and Procedural Supervision

1. Students must be appropriately supervised during all clinical duty and call hours by a Supervisor, as defined above.
2. It is the responsibility of the Course/Clerkship Director to ensure adequacy and availability of supervision. A faculty physician or Course/Clerkship Director may assign a credentialed healthcare provider as a supervisor of teaching activities, but must ensure:
   a) The level of supervision is appropriate for the student's level of responsibility.
   b) The procedure falls within the Supervisor's scope of practice, (example: phlebotomist for phlebotomy, nurse for IV placement, etc.).
   c) Continued monitoring of the student's supervision on the clinical service to protect student and patient safety.

3. The clinical supervision of medical students is the sole responsibility of the primary physician team to which they are assigned by the clerkship or course.
    a) A formal educational handoff must occur when:
        1. A primary team physician is not directly supervising the medical student (i.e., has sent the student to another location of care or is leaving the medical student in a remote location of care); and
        2. A physician at the remote location is expected to supervise the medical student.
        3. Formal educational handoffs must occur prior to a medical student arriving or being left at a location of care.
4. The appropriate level of supervision is determined by the Supervisor and should foster an environment of progressive responsibility, based on many factors, including:
    a) The acuity/complexity of the patient and/or procedure;
    b) Student's training level; and
    c) Previous experience, knowledge, and skill level of the student relevant to the clinical activity and setting.
    d) Due to the complexities of the operating room, including the need for precise anesthesia, strict sterile technique, and proper wound closure, medical students should always be directly supervised in the operating room.
5. Students on clinical clerkships/courses may enter information into the electronic medical record of the patient with the approval of the faculty physician, course, and department leadership and consistent with the Medical Student Documentation in the Medical Record Policy. .

E. Medical students are not permitted to perform breast, genitourinary, rectal exams, or other culturally sensitive exams without agreement from the patient and Supervisor, and must be chaperoned.

D. Reporting and Monitoring

F. The Clerkship/Course Director is responsible for ensuring adequacy and availability of supervision. Students may report concerns regarding adequacy of supervision directly to the Clerkship/Course Director. The Clerkship/Course Director and student will then work together to resolve the violation/concern. If the situation is not resolved, the student may then escalate the issue to the Associate Dean for Clinical Education.

G. Students may also anonymously report concerns regarding adequacy of supervision using the end of course/clerkship evaluation. The Office of Education Institutional Effectiveness and Compliance (OEIEC) monitors concerns regarding supervision reported through the end of course/clerkship evaluation. The OEIEC notifies the Associate Dean for Clinical Education to review and resolve the concern. The OEIEC is informed of the resolution. Responses to student surveys regarding adequate supervision are monitored on an annual basis by UMECC.

1. Faculty and residents attest to receiving this policy on an annual basis. Faculty and resident attestations are centrally monitored by the OEIEC and reported to UMECC.

V. PROCEDURE/GUIDELINES: Not Applicable

VI. CROSS REFERENCES

Medical Student Documentation in the Medical Record Policy (School of Medicine)

VII. RESOURCES AND REFERENCES LCME Element 9.2, 9.3

VIII. ATTACHEMENTS Not Applicable

IX. REVISION DATES 6/2020; 2/2021; 5/2023; 9/2024; 8/2025

Computer-Based Exam Policy - MD Program (WFUSM)

Version 5

I. PURPOSE

To establish student expectations and requirements for completing computer-based written examinations.

II. SCOPE

This policy applies to all medical students enrolled in the undergraduate medical education (MD) program at Wake Forest University School of Medicine ("School of Medicine").

III. DEFINITIONS/ABBREVIATIONS

A. ExamSoft: Exam software program used to administer in-house medical education exams.

B. Exam Types: NBME, written, multiple choice-type examinations, which include institutionally developed computer-based examinations, Customized Assessment Services (CAS), Subject Examinations.

C. NBME: The National Board of Medical Examiners (NBME) is the certified administrator for all Wake Forest University School of Medicine (MD) Program Web-based Examinations. These examinations are built in collaboration with content experts to evaluate applicants' competence for the United States Medical Licensing Examination (USMLE).

IV. POLICY

A. **Exam Day Preparation**

1. Students must complete the exam compatibility check, restart their computers, and complete all network security and software updates prior to exam day to ensure that computers are working properly on the day of the exam.

B. **Day of Exam**

1. Students must arrive to the designated exam room **at least 15 minutes** prior to the start of the exam to allow sufficient time for check-in on exam day, unless otherwise specified in the instructions provided by the Assessment and Evaluations Team prior to the exam date.
   a) For remotely proctored exams, students will report to the Executive Chief Proctor (ECP) or delegate.
2. Any student arriving more than 10 minutes after the exam start time will be required to meet with the Executive Chief Proctor (ECP) or delegate prior to starting the exam.
   a) The time allocated to complete an exam will **NOT** be extended due to late arrival, barring extenuating circumstances. Any extension of time is at the discretion of the Executive Chief Proctor (ECP) or delegate.
3. Students must secure **ALL** personal effects (including bags/backpacks, cellphones, smartwatches, etc.) in their designated, secured space in the medical education building prior to the start of the exam. Please refer to the School of Medicine MD Program Exam Standard Operating Procedure for additional information.
4. Students must visibly wear their School of Medicine-issued identification badge at all times during the examination period, in accordance with the Dress Code for Medical Students Policy - MD Program (WFUSM).
   a) This identification may be requested during examination check-in by the Executive Chief Proctor (ECP) or delegate.
5. Students are expected to follow all "Day of Exam" procedures, as outlined in the MD Program Exam Standard Operating Procedures.

C. **During the Exam**

1. All exams are governed by the Code of Honor and Professional Conduct, as outlined in the Wake Forest University School of Medicine Student Handbook (WFUSM).

2. Students are permitted to have a laptop computer and power cord in the exam room. No other electronic devices are permitted.
    a) Smartwatches, smart glasses, or any other recording, filming, or other digitized devices are not permitted.
        (1) Any student discovered with prohibited items during the exam period will be reported to the Senior Associate Dean for Curriculum or designee for the related curriculum and the Senior Associate Dean for Student Affairs or designee. Students may be referred to the Honor Council.
3. For remotely proctored exams, students are required to show the designated proctor a 360-degree view of the testing room and workstation prior to the start of the exam. At the end of testing, the student is required to show the proctor the entirety of notes taken on paper during testing.

D. **Exam Breaks**

1. Students may be permitted breaks but may not receive additional time within the examination.
2. Students requiring lactation breaks are expected to notify the Assessment and Evaluations Team at least one week prior to the exam date to ensure proctor coverage.
3. Students wishing to take a break during the exam must notify the proctor.
    a) For remotely proctored testing, students must report to the designated proctor for breaks.
4. Students must sign in and sign out of the exam room for breaks.
5. Students taking a break are restricted to movements within the floor(s) main thoroughfare and to and from the restroom facilities only. All other areas are off limits. See the MD Program Exam Standard Operating Procedures for additional information regarding break protocols.
6. Students discovered entering, within, or exiting restricted areas prior to completing their exam will be reported to the Senior Associate Dean for Curriculum or designee for the related curriculum and the Senior Associate Dean for Student Affairs or designee. An additional investigation may be conducted by the Honor Council. See the MD Program Exam Standard Operating Procedures for additional information regarding break protocols.
7. Breaks are limited to **no more than 15 minutes** outside of the exam room, per NBME requirements.

V. CROSS REFERENCES

Dress Code for Medical Students Policy - MD Program (WFUSM)
Nursing Mothers Policy (Wake Market)
MD Student Handbook - MD Program (School of Medicine)

VI. RESOURCES AND REFERENCES

https://www.nbme.org/common-questions/exam-rules-and-conduct

VII. REVISION DATES

6/2020; 8/2023; 1/2024

Dress Code for Medical Students Policy - MD Program (WFUSM)

Version 5

I. PURPOSE

The purpose of this policy is to establish dress code standards for students in the Wake Forest University School of Medicine (School of Medicine) undergraduate medical education (MD) program.

II. SCOPE

This policy applies to all School of Medicine MD program students.

III. DEFINITIONS: Not applicable

IV. POLICY GUIDELINES

A. The Dress Code Policy requires students to comply with the following requirements:

1. Clothing should be clean, neat, properly fitting, and not excessively worn.
2. Revealing, tight-fitting, or otherwise provocative clothing should not be worn. Specifically, short skirts, low-neck lines, and any amount of exposed midriff are inappropriate.
3. Visibly wear your School of Medicine identification at all times. Do not use items to cover your name.
4. Scrubs are generally intended for procedurally-based specialties or when spending the entire night in the hospital. They still should be clean and fit appropriately.
5. Body odor and heavy scents are not allowed. No perfumes, colognes, or aftershave should be worn as per Atrium Health Wake Forest Baptist Medical Center institutional policy.
6. Nails should be kept neat and trimmed per Occupational Safety and Health Administration (OSHA) requirements.

B. Additional policy requirements specific to patient care areas, standardized patient (SP) assessments, and observed structured clinical evaluations (OSCEs) consist of the following:

1. Business casual attire. No T-shirts of any type should be worn as an outer garment. If a T-shirt is worn under scrubs, it should not have a visible logo or slogan on it.
2. Blue jeans or shorts are never acceptable.
3. Closed-toe shoes are required in the Emergency Department, Operating Room, Labor and Delivery, and other areas where there is a high risk of blood, body fluid, or sharp exposure. Flip flops are never acceptable. Shoes should not be excessively worn or soiled.
4. A white lab coat should be white, clean and not torn.
5. Hair should be clean and neatly cut.
6. Beards and mustaches should be clean and neatly trimmed.
7. Jewelry should not pose a hazard or invade patient space during an exam (e.g., long necklaces).
8. Religious-based exceptions to any of the above will be reviewed on a case-by-case basis.

C. Students should adhere to the dress code practices for the site or clinic at which they are rotating.

D. Further policy guidelines specific to the use of School of Medicine white coats and other logo and branding components of the institution:

1. Students are not to utilize the Wake Forest School of Medicine logo and other branding components for purposes other than school-sanctioned activities. As a 501(c)(3) tax-exempt organization, the institution must avoid engaging in politically partisan advocacy or activities. If students are representing the institution and engaging in political activities, the tax-exempt status could be jeopardized. It is not always clear in every situation when a student is representing the institution, and that is particularly true when students are wearing white coats with the School of Medicine logo affixed. For this reason:
    a) Students are not allowed to wear their School of Medicine branded white clinical jackets/lab coats for any purpose other than school-sanctioned activities.
    b) Students should not use the School of Medicine attire-related branding except for school-sanctioned activities (for example, scientific meetings).
2. Individuals or groups that wish to request an exception to this policy for a particular event may appeal in advance to the School of Medicine Dean, or designee.

V. PROCEDURE/GUIDELINE: Not Applicable

VI. CROSS REFERENCES: Not Applicable

VII. RESOURCES AND REFERENCES: Not Applicable

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES: 6/2020; 2/2021; 11/2024

Final Grade Submission Policy - MD Program (WFUSM)

Version 5

PURPOSE

The purpose of this policy is to ensure timeliness in which medical students are informed about their final and comprehensive performance in a course and/or clerkship and is an important element for students to self -assess their progression in the medical school curriculum. In addition, the submission of grades in a timely manner ensures verification of grades for transcript deadlines, such as ERAS (Electronic Residency Application Service) submission, graduation, and enrollment verification. The Liaison Committee on Medical Education (LCME) expects that a medical school has in place a system of timely summative assessment of medical student achievement in each course and clerkship of the medical education program.

SCOPE

This policy applies to Wake Forest University School of Medicine Undergraduate Medical Education (MD) program faculty and staff.

DEFINITIONS

A. *Policy*: A statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities. A policy may help to ensure compliance with applicable laws and regulations, promote one or more missions, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors, and others are expected to operate.

B. *WFBH*: Wake Forest Baptist Health (WFBH) is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Wake Forest Baptist Imaging, LLC (WFBI), NCBH Outpatient Endoscopy, Wake Forest Health Network (WFHN), and Premier Surgery Center.

POLICY GUIDELINES

A. It is the expectation of the Medical School that final grades are submitted in the student record system within 30 calendar days from the end date of all courses and clerkships. Automated reminders are issued to course/clerkship directors through the learning management system.

   1. To ensure all course/clerkship directors meet the expectation for timeliness of grade submission within 30 calendar days, reminders are sent from the Associate Dean for Curriculum on Day 29. Grade reports exceeding 6 -weeks result in notification to the applicable department chair to be taken into consideration in the annual performance evaluations of the Course/Clerkship Director. Timeliness of grades is tracked by the registrar and monitored by Undergraduate Medical Education Curriculum Committee (UMECC).

REFERENCES:

LCME Element 9.8: Fair and Timely Summative Assessment

ATTACHMENTS: Not Applicable

REVISION DATES:

6/30/20, 4/2022, 5/2023

Formative Assessment and Feedback Policy - MD Program (WFUSM)

Version 5

I. PURPOSE

The Wake Forest University School of Medicine's curricular governance committee has established this policy to assure that each medical student is provided with formal formative feedback early enough during each required course or clerkship to allow the student to improve subsequent learning and performance in the medical curriculum in a timely manner. Formal formative feedback occurs at least at the midpoint of the course or clerkship. A course or clerkship less than four weeks in length provides alternate means by which a medical student can measure their progress in learning.

This policy is also intended to explain the system of academic advising in place for medical students that integrates the efforts of faculty members, Course and Clerkship Directors, and Student Affairs staff with its counseling and tutorial services.

II. SCOPE

This policy applies to Wake Forest University School of Medicine (School of Medicine) Undergraduate Medical Education (MD) program students, faculty, and staff.

III. DEFINITIONS

A. *Formative feedback*: Information communicated to a medical student in a timely manner that is intended to modify the student's thinking or behavior in order to improve subsequent learning and performance in the medical curriculum.

B. *Narrative assessment*: Written comments from faculty that assess student performance and achievement in meeting specific objectives of a course or clerkship, such as professionalism and clinical reasoning.

IV. POLICY GUIDELINES

A. School of Medicine students enrolled in required courses/clerkships are provided formative feedback throughout the course/clerkship by a variety of means, including but not limited to quizzes, clinical performance exams, small group feedback, simulation exercises, and feedback from direct observations by faculty and/or residents. The intent is to allow students to understand their progress throughout the curriculum and identify areas to improve performance. Students enrolled in required courses or clerkships of four weeks or more in duration are provided formal formative feedback by at least the midpoint of the course/clerkship. This formal formative feedback is to be given in either a scheduled in-person or virtual format or through quizzes, or narrative comments or a rubric. The method and timing of this formal formative feedback is included in each course/clerkship's syllabus.

B. Pre-clerkship Phase

1. Formative quizzes should use significant rigor to provide students with feedback as to their progress toward achievement of passing summative assessments and achievement of course objectives. Numerical scores are monitored by the Course Director and students have access to their performance results, including numerical scores, through the learning management system. Feedback including these numerical scores are communicated to students by the Course Director or Coordinator no later than the course midpoint.
2. Formative simulation exercises, Clinical Performance Exams (CPX), and feedback from a small group faculty facilitator may be used to provide feedback to students on the acquisition of knowledge and clinical skills. Results are provided to the student no later than the midpoint of courses longer than four weeks.
3. Formative assessments may be a component of the overall grade calculation, at the discretion of the course director, which is outlined in the course syllabus. Dates of formative assessments are communicated in the course syllabus.

C. Immersion Phase

1. All required clerkships that are four weeks or longer utilize the Common Clerkship Mid -

Rotation Feedback Form to provide formative feedback to students. The form consists of a required self-assessment by the student as well as a formative narrative assessment from the clerkship director. The narrative assessment includes the clerkship director's review of the student's clinical evaluations, progress on the required clinical conditions and skills to date, and the student's performance on practice medical knowledge assessments. This form is reviewed in an in-person or virtual session with the student and the Clerkship Director (or faculty designee) no later than the midpoint of the clerkship. The completed form is signed by the student and the Clerkship Director, or faculty designee, and is uploaded into the learning management system. The process for completion of this form is included in the syllabus.

2. In the longitudinal Radiology course, a formative quiz is administered prior to the midpoint of the course.
3. In the Basic Procedures course, formative feedback is given in real time by faculty. As part of this formative feedback, students are informed of their progress in completing modules and required procedures.

D. Individualization Phase

1. For all required acting internships (AIs) and critical care rotations, a Formative Feedback Form is completed and reviewed in an in-person or virtual session with the student and the Course Director (or faculty designee) no later than the midpoint in the course/clerkship. The form is signed by the student and the Course Director (or designee) and uploaded into the student's file under the mid-rotation feedback tab for the corresponding course. The process for completion of this form is included in the syllabus.
2. In the longitudinal Advanced Procedures course, students receive a report of their progress in completing modules and required procedures.

E. Referral Process for Student Support

1. Results of academic formative assessments, attendance policy, and Code of Honor and Professional Conduct violations are monitored by Course/Clerkship Directors and the Committee for Review of Educational Support and Success (CRESS). Students who demonstrate deficiencies in knowledge or skills acquisition on summative and/or formative assessments or professionalism violations are referred to the Academic Advising team or other support services for assistance.
2. Students are expected to illustrate personal accountability and professionalism towards the Wake Forest School University of Medicine community throughout their medical school experience. A student who fails to comply with the Attendance policy or who does not respond to faculty/administration expectations as explained in course syllabi or in other formats, could result in a referral to the Student Professionalism and Review Committee (SPARC). See SPARC policy for reference on guidance on SPARC referrals.

F. Monitoring

1. It is the responsibility of the Course/Clerkship Director to adhere to this policy and implement it in collaboration with teaching faculty. Adherence to this policy is monitored by the Undergraduate Medical Education Curriculum Committee (UMECC) through approval of the course syllabus. Student satisfaction on quality and quantity of formative feedback will be reported to UMECC by the Director of CQI and LCME on an annual basis.

V. PROCEDURES: Not Applicable

VI. CROSS REFERENCES

Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program (WFUSM)
Attendance for Medical Students in Pre-Clerkship Phase Policy - MD Program (School of Medicine)
Code of Honor and Professional Conduct
Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM)

VII. RESOURCES AND REFERENCES: LCME Element 3.5, 9.7, 11.1

VIII. REVISION DATES: 6/2020; 6/2023; 8/2023

Matriculation Policy - MD Program (WFUSM)

Version 3

I. PURPOSE

The purpose of this policy is to establish the point at which incoming students are matriculated.

II. SCOPE

This policy applies to new undergraduate medical education (MD) students at Wake Forest University School of Medicine.

III. DEFINITIONS/ABBREVIATIONS

Not Applicable

IV. POLICY

A. For the new medical student(s), matriculation will be official when the Senior Associate Dean for MD Admissions, or a designated representative, states to the student(s), “You are now officially matriculated at the Wake Forest University School of Medicine.” This statement will usually be made at the first day of Orientation.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES

8/2013; 1/2021; 2/2024

Medical Student Contact Hours for the Preclinical Curriculum Policy (WFUSM)

Version 5

I. PURPOSE

To ensure that students have sufficient unscheduled time to complete independent and self -directed learning required for participation and success in the pre-clerkship curriculum, the curriculum committee has established expectations for the amount of time medical students spend in required activities in the pre-clerkship curriculum.

II. SCOPE

This policy applies to Wake Forest University School of Medicine (School of Medicine) Undergraduate Medical Education (MD) program students, faculty, and staff in the pre-clerkship phase of the curriculum.

III. DEFINITIONS

Required activities outside of regularly scheduled class time:

Assigned readings, videos, or online modules that are required of students to prepare them for in-class activities. This does not include time for regular study or review. For the purposes of calculating workload outside of class, the faculty use a reading rate calculation of 12 pages per hour for textbooks and journals, per the Undergraduate Medical Education Curriculum Committee (UMECC) approval in 2015.

IV. POLICY

A. The calendar of each course in the pre-clerkship phase of the curriculum is recommended by the course director, reviewed by the appropriate curriculum subcommittee, and approved by UMECC.

B. The pre-clerkship curriculum may be delivered via lecture, small group or team-based learning activities, simulation activities, self -directed learning, online, or laboratory-based activities, among others.

C. The total duration of required class time and required assignments does not exceed 40 hours per week and does not exceed 30 hours per week averaged over four weeks. Independent reading and study performed at the discretion of the student are not included in this time.

D. Monitoring

1. Student contact hours in the curriculum and required assignments are tracked in the Learning Management System.
2. Academic workload across foundational science courses and longitudinal courses is monitored by UMECC and reported on an annual basis.
3. Student satisfaction on academic workload will be reported to UMECC on an annual basis by the Director of Continuous Quality Improvement (CQI).

V. PROCEDURE / GUIDELINE: Not Applicable

VI. CROSS REFERENCES: Not Applicable

VII. RESOURCES AND REFERENCES LCME Elements 6.3, 8.8

VIII. ATTACHMENTS: Not Applicable

IX. REVIEW DATES: 12/18/2014, 6/01/2020; 5/2023

Narrative Description of Medical Student Performance Policy - MD Program (WFUSM)

Version 4

PURPOSE

The purpose of this policy is to ensure that a narrative description of a medical student's performance, including non-cognitive achievement, is included as a component of the assessment in each required course and clerkship of the medical education program whenever teacher-student interaction permits this form of assessment.

SCOPE

This policy applies to Wake Forest University School of Medicine Undergraduate Medical Education (MD) program students, faculty, and staff.

DEFINITIONS

A. ***Policy*****:** A statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities. A policy may help to ensure compliance with applicable laws and regulations, promote one or more missions, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors, and others are expected to operate.

B. ***WFBH*****:** Wake Forest Baptist Health (WFBH) is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Wake Forest Baptist Imaging, LLC (WFBI), NCBH Outpatient Endoscopy, Wake Forest Health Network (WFHN), and Premier Surgery Center.

C. ***Narrative assessment*****:** Written comments from faculty that assess student performance and achievement in meeting specific objectives of a course or clerkship, such as professionalism and clinical reasoning. (LCME Element 9.5)

D. ***Formative feedback*****:** Information communicated to a medical student in a timely manner that is intended to modify the student's thinking or behavior in order to improve subsequent learning and performance in the medical curriculum. (LCME Element 9.7)

E. ***Medical Student Performance Evaluation (MSPE) Letter*****:** A summary letter of evaluation, required by the National Residency Matching Program (NRMP) for residency applications.

POLICY GUIDELINES

A. It is the policy of the Wake Forest University School of Medicine that a narrative assessment describing a student's performance is provided by the Course/Clerkship Director whenever teacher-student interaction permits this form of assessment.

   1. The Undergraduate Medical Education Curriculum Committee (UMECC) has defined the appropriate interaction to be four or more hours of mandatory faculty-led, small group work during the duration of a course (including laboratory, simulation, and case-based learning instructional methods), between the same group of students and faculty.

   2. The narrative assessment can be formative or summative and will be articulated in the course/clerkship syllabus.

B. Pre-clerkship Phase

   1. Courses in the pre-clerkship phase of the MD curriculum provide narrative feedback when the course meets the teacher-student interaction definition described above.

2. Pre-clerkship phase courses are graded as pass/fail. Narrative comments are provided to students as described in the syllabus but are not included on transcripts or in the Medical Student Performance Evaluation (MSPE).

C. Immersion Phase

1. For all required clerkships that are four weeks or longer, Clerkship Directors or their designee provide formative, narrative feedback at the midpoint of the clerkship as described in the Formative Assessment and Feedback Policy - MD Program (WFUSM).
2. Summative, narrative feedback is provided with the final grade at end of each required course or clerkship where teacher-learner interaction permits, based on the definition above. These comments are used in the student's Medical Student Performance Evaluation (MSPE) letter.

D. Individualization Phase

1. For all required acting internships (AIs) and critical care rotations that are four weeks or longer, Course Directors or their designee provide formative, narrative feedback at the midpoint of the course as described in the Formative Assessment and Feedback Policy - MD Program (WFUSM).
2. Summative, narrative feedback is provided with the final grade at end of acting internships (AIs) and critical care rotations. These comments are used in the student's Medical Student Performance Evaluation (MSPE) letter.

E. Appeal of Narrative Assessments

1. Students may appeal the content of a summative, narrative assessment. Please see the Appeal of Grades, Summative Assessments, and Narrative Comments Policy - MD Program (WFUSM) for details.

F. Monitoring

1. It is the responsibility of the Clerkship/Course Director to adhere to this policy and implement it in collaboration with teaching faculty.
2. Adherence to this policy is monitored by the Undergraduate Medical Education Curriculum Committee (UMECC) and the applicable subcommittees through approval of the course syllabus.
3. Student satisfaction on narrative feedback will be reported to UMECC by the Director of CQI and LCME on an annual basis.

REFERENCES

Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program (WFUSM)

Formative Assessment and Feedback Policy - MD Program (WFUSM)

LCME Element 9.5

REVISION DATES

6/2020; 6/2023

Satisfactory Academic Progress for Financial Aid Eligibility Policy - MD Program (WFUSM)

Version 4

PURPOSE

Federal law and regulations require Wake Forest University School of Medicine (School of Medicine) to establish and implement a policy to measure whether students applying for and/or receiving federal financial aid are making Satisfactory Academic Progress (SAP). SAP is the successful completion of degree requirements according to established increments that lead to awarding of the degree within specified time limits. The following policy delineates the standards for Satisfactory Academic Progress for Financial Aid Eligibility for students enrolled in the MD Program at the School of Medicine.

SCOPE

This policy applies to all students enrolled in the MD program at the School of Medicine, whether or not they are recipients of financial aid. Not meeting the SAP requirements may result in loss of or ineligibility for all financial aid, federal or institutional. This policy addresses only the financial aid consequences of failing to make Satisfactory Academic Progress and does not address the consequences to academic standing or eligibility for continued enrollment. For more information about those consequences, refer to the Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine)

DEFINITIONS

A. ***Policy***: A statement of principle that is developed for the purpose of guiding decisions and activities related to governance, administration, or management of care, treatment, services or other activities. A policy may help to ensure compliance with applicable laws and regulations, promote one or more missions, contain guidelines for governance, and set parameters within which faculty, staff, students, visitors, and others are expected to operate.

B. ***WFBH***: Wake Forest Baptist Health (WFBH) is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Wake Forest Baptist Imaging, LLC (WFBI), NCBH Outpatient Endoscopy, Wake Forest Health Network (WFHN), and Premier Surgery Center.

C. ***Gateways*****:** Core educational standards in the curriculum that students are required to pass. Courses, clerkships, and USMLE Step Exams are considered to be Gateways that students must pass to be promoted to the next academic year in the MD program. Criteria for successfully passing courses and clerkships are defined in the syllabus and may consist of any combination of Benchmarks and other components of assessment and participation. Gateway grades are calculated out to 2 decimal places with no rounding.

D. ***Benchmarks*****:** Tests/assignments/evaluations that have been identified by the Course/Clerkship Director as essential measures of satisfactory progress. Students who fail to meet the minimum threshold on a Benchmark must remediate the Benchmark. Numerical grades for Benchmark assessments (i.e., exams) are calculated out to 2 decimal places with no rounding.

POLICY GUIDELINES

A. **Monitoring of Satisfactory Academic Progress**

1. Each student's progress will be evaluated after grades are finalized at the end of each academic year, as defined by the academic calendars.
2. Efforts will be made to complete evaluations of whether a student is making Satisfactory Academic Progress prior to the start of an academic year; however, the next year may be in progress at the time students are notified of their eligibility or ineligibility.

3. A student who fails to meet one or more of the standards for SAP (qualitative and/or time frame) is ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met, pending results of the appeal process.
    a. Students will be notified via their Wake Forest University School of Medicine e- mail account if they have failed to meet the requirements for SAP. Students may appeal the decision. The factors used for determining whether SAP is met are explained below.

B. **Qualitative Measures of SAP: Reviewed at the end of each Academic Year**
1. Each student at the School of Medicine must successfully complete all of the School of Medicine's required courses and identified benchmarks, gateways, clerkships, and examinations by achieving a grade of "Low Pass" or higher. Successful completion is necessary to maintain SAP and is a necessary graduation requirement for the MD degree.
2. Incomplete Grades & Withdrawals
    a. Medical students cannot graduate with a grade of "I". Incomplete grades/hours are not included in SAP evaluation. The finalized grade/hours are reviewed at the time of the next formal SAP evaluation. When an incomplete grade is finalized, it is factored into the SAP calculation at the time of the next evaluation period, at the end of the academic year.
    b. Refer to the Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine) policy for additional information regarding the standards for progression.
3. Remediated/Repeat Coursework
    a. Students who are required to repeat an entire year of coursework do not meet School of Medicine SAP eligibility requirements for financial aid.
    b. Students not meeting SAP may appeal the decision. (See Section E of this policy).
    c. Under current federal financial aid guidelines, students repeating an entire year of coursework (including previous successfully completed courses) AND who successfully appeal SAP will be eligible for federal loans for the repeat of that year.
        i. Funding will be provided only once for the repeat of the same academic year coursework.
    d. Students are eligible for institutional aid that does not require meeting SAP (such as the Dean's Excellence Scholarship and select endowed scholarships).

C. Quantitative Measure & Maximum Timeframe: Reviewed at the end of each Academic Year
1. The normal time frame for completion of required course work for the MD degree is 4 academic years. The maximum time permitted for completion of the MD degree is 6 years.
2. Due to academic, administrative, medical, military, or personal reasons a student may require additional time for completion of degree requirements. In such situations, an academic plan may be established for the student that departs from the normal course of study and that may require the repetition of all or a part of a year of study (i.e., subsequent to incomplete or unsatisfactory course work or an approved leave of absence).
3. Students matriculated into the MD degree program may at times seek an approved Leave of Absence to pursue an advanced degree.
    a. The normal time frame for completion of required course work for the MD degree plus an additional doctorate degree (e.g., PhD, EdD) is 7 years.
    b. The maximum time permitted for completion of the MD degree plus an additional doctorate degree is 9 years. The normal time frame for completion of the MD degree plus an additional master's degree (e.g., MS, MA) is 6 years.
    c. The maximum time permitted for the completion of the MD degree plus an additional master's degree is 8 years.
4. To be making Satisfactory Academic Progress, students ordinarily must complete the first two years of the curriculum by the end of the third year after initial enrollment.

D. SAP and Leaves of Absence

1. A student may be granted an academic, administrative, medical, military, or personal leave of absence.
2. The period of leave for which the student has been approved may be excluded from the published maximum time frame in which an individual student will be expected to complete all requirements of the degree program.
    a. ***However, unless approved by the Dean, Wake Forest University School of Medicine, students will not be allowed to take more than 10 years from the time of matriculation to complete the requirements for the MD degree, inclusive of leaves of absence.***
    b. A student who is not on-track to complete the requirements for the MD degree by the 9th year following matriculation will be contacted by the Registrar and required to meet with the Vice Dean for Undergraduate Medical Education (or designee).

E. Appeal Process and Financial Aid Probation

1. A student who has lost eligibility for financial aid as a result of a failure to make Satisfactory Academic Progress may re-establish eligibility for financial aid only if the student subsequently meets Satisfactory Academic Progress requirements or successfully appeals the decision that SAP has not been met.
2. Students who lose eligibility for financial aid may appeal the decision regarding SAP by following the procedures below.
3. To appeal, the student must:
    a. Submit a letter of appeal to the Financial Aid Office. The appeal letter should include the following:
        i. Mitigating circumstances that prevented the student from meeting the requirements for SAP and that could not have been anticipated. Events such as the death of an immediate family member, extended illness suffered by the student, or other unforeseeable events that may have caused significant hardship for the student may be considered as examples of mitigating circumstances.
        ii. Documentation, if any, that supports the student's basis for appeal.
        iii. Steps the student has taken/will take to ensure future SAP. This plan should outline the student's academic goals for each period that will enable the student to meet the requirements for SAP at a specified future point in time.
        iv. Anticipated graduation date.
    b. In most cases, the SAP Appeals Committee (as defined by the Dean) will render a decision within two weeks of receipt of a fully completed appeal. All decisions of the SAP Appeals Committee are final. Notification of the decision will be sent to the student via the student's School of Medicine e-mail account.
4. If the appeal is approved, the student will be placed on **financial aid probation** and will be eligible for financial aid as long as an approved Academic Plan is in place. An Academic Plan must be formulated with the Offices of Academic Affairs and Student Services, in consultation with the Registrar and student.
    a. The Academic Plan will typically be developed for one academic year. Academic progress will be evaluated at the conclusion of each enrolled term for students on financial aid probation.
5. Students who meet the requirements for SAP during their probationary term will resume financial aid in good standing and again be evaluated at the conclusion of the following academic year.
    a. Students who fail to meet the requirements for SAP during the probationary term or do not complete the requirements of their academic plan will again be ineligible for financial aid. Students may appeal again by following the appeal process.
6. If the SAP appeal is denied, financial aid will be cancelled any funds received by the student at the start of the academic year must be returned to the institution.
7. Students who are ineligible to receive financial aid may use one or more of the following payment

options while attempting to regain eligibility: student/family resources or Alternative/Private Educational Loans.

Note: A student who has lost eligibility for financial aid due to a failure to make SAP cannot automatically regain eligibility by paying tuition for a semester or by taking a Leave of Absence. Eligibility may be regained only by eliminating all SAP deficiencies at the student's expense until all requirements of this policy are met. Students who have reached their maximum time frame are not able to regain eligibility.

F. Enforcement

The Offices of the Registrar, Academic Affairs, Financial Aid, and the Student Professionalism and Academic Review Committee (SPARC) will collaborate to monitor and enforce standards for Satisfactory Academic Progress. The School of Medicine Registrar will notify SPARC and the Office of Financial Aid annually of any students who are not meeting the requirements for Satisfactory Academic Progress. SPARC will determine whether academic or other sanctions are warranted and will inform the student of such sanctions. The Financial Aid Office will inform any student whose financial aid has been impacted.

REFERENCES

Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine))

Leave of Absence Policy (School of Medicine))

ATTACHMENTS: Not Applicable

REVISION DATES: 9/2020; 4/2022, 12/2022; 7/2023

Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine)

Version 8

I. PURPOSE

A medical school ensures that the medical education program has a single set of core standards for the advancement, promotion, and graduation of all medical students across all locations. The faculty of a medical school establishes this policy to set these criteria for student advancement, promotion, and graduation.

II. SCOPE

This policy applies to undergraduate medical education (MD) program students at Wake Forest University School of Medicine (School of Medicine).

III. DEFINITIONS

A. **Gateways:** Core educational standards in the curriculum that students are required to pass. Courses, clerkships, and USMLE Step Exams are considered Gateways that students must pass to be promoted to the next academic phase in the MD program. Criteria for successfully passing courses and clerkships are defined in the syllabus and other components of assessment and participation.

B. **Remediation:** a faculty-led process in which a student actively participates to satisfactorily address deficiencies identified in knowledge, skills, and/or professional behavior.

C. **Extenuating Circumstances:** Urgent or emergent circumstances, including but not limited to: medical emergency; family emergency; or other urgent unforeseen circumstance.

IV. POLICY

A. Students are assessed using the MD Program's educational program objectives as defined by the Undergraduate Medical Education Curriculum Committee (UMECC). Assessment of academic performance and professional behavior in the curriculum are essential components of a medical education. This policy defines the criteria for promotion and graduation based on the student's overall conduct and demonstration of academic performance and professional behavior when engaged in the curriculum. Students must demonstrate, to the satisfaction of the MD program, that they are fit, both academically and professionally, to be a School of Medicine MD program student and graduate.

B. Grading Scale for Courses and Clerkships

1. All students are assessed using the MD program's educational program objectives and course objectives as defined by UMECC. Grading criteria are identified in each course/clerkship syllabus.
2. Grading System for Pass/Fail Courses/Clerkships:
    a. Pass (P) is assigned to students who successfully pass all core standards as defined in the course syllabus.
    b. Fail (F) is assigned to students who do not meet the core standards for the course/clerkship as defined in the course syllabus.
    c. Incomplete (I) is assigned to students who have not completed all course components prior to the end of the course due to illness, emergency, or other extenuating circumstances. Students are required to make up missed coursework as described in the applicable attendance policy. (Please refer to Section VI for applicable attendance policies.)

d. Not Reported (NR) may be assigned to students who have not successfully achieved minimum competency on one or more components within the criteria described in the course syllabus and are in the remediation process as written in the course syllabus.

3. Grading System for the Four Point-Scale courses/clerkship

   a. Includes rating of **Honors, High Pass, Pass, and Fail**. Criteria for each rating are identified in the course/clerkship syllabus.

   b. Incomplete (I) is assigned to students who have not completed all course components prior to the end of the course/clerkship due to illness, emergency, or other extenuating circumstances. Students are required to make up missed clinical time and all missed coursework as described in the applicable attendance policy (Please refer to Section VI for applicable attendance policies).

   c. Not Reported (NR) may be assigned to students who have not successfully achieved minimum competency within the criteria described in the course/clerkship syllabus and who are in the remediation process as written in the course/clerkship syllabus.

4. In addition to a requirement to remediate (as described in Section C.), the Student Professionalism and Academic Review Committee (SPARC) will review student performance upon the student's receipt of a failing grade (F) in any course or clerkship.
   a. SPARC will consider a change of academic status to Warning, Probation, or Dismissal from the School of Medicine.
   b. SPARC may also require a student to repeat a course/clerkship or repeat the academic year. See the Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM) for details.

C. Remediation

1. Students who require remediation after failing are not eligible for a grade higher than "Pass" in that course or clerkship.

2. <u>Remediation in the Pre-clerkship Phase (including Longitudinal courses):</u>

   a. Students who fail to achieve the minimum criteria in a Pre-Clerkship course must review the Course Syllabus for remediation procedures.

   b. Students must meet with the Course Director to identify the specific areas of deficiency and learning needs for the remediation. Students should refer to the Course Syllabus for details on remediation expectations and timing.

   c. If the remediation plan requires an exam, the student must contact the Course Director and the Office of Assessment and Evaluation within five (5) business days of the remediation notification to schedule the exam. Within ten (10) business days of their remediation notification, the student must confirm with the Course Director and the Office of Assessment and Evaluation the new date of their remediation exam.

   d. If the student does not meet the minimum criteria for passing the course through the remediation process, the student receives a failing grade and is referred to SPARC by the Senior Associate Dean for Curriculum.

3. Remediation for Immersion and Individualization Phases:

   a. Students are required to complete all outstanding course requirements, clinical time and experiences, didactics, assignments, and assessments, or any Incomplete or Not Reported grade will convert to a final grade of Fail and the course will need to be repeated. Extenuating circumstances may be reviewed and approved by the Associate Dean of Clinical Education or designee.

   b. Students may also be required to remediate clinical experiences and skills.

   c. Immersion Phase students who receive an Incomplete or Not Reported grade will

complete their outstanding clinical time, experiences, and assignments in accordance with the written Remediation/Course Completion Agreement

i. This agreement is developed by the Clerkship/Course Director and must be signed by the student within five (5) business days of the clerkship ending.

ii. In addition to the deadline(s) specified in the Remediation/Course Completion Agreement, clinical make-up time must be completed during the student's next scheduled holiday/break, or as directed by Course Director and approved by the Associate Dean of Clinical Education. This time cannot be completed while the student is enrolled in another clerkship.

d. Students failing to achieve the minimum requirements for passing an end of clerkship assessment (e.g., NBME Subject exam) must contact the applicable Clerkship Director and their Faculty Advisor within five (5) business days to identify clerkship-specific resources to aid in knowledge acquisition.

i. Students must contact the Office of Assessment and Evaluation within five (5) business days of the remediation notification to schedule the re-take exam using the published exam schedule. Within ten (10) business days of their remediation notification, the student must confirm with the Course Director and the Office of Assessment and Evaluation the new date of their remediation exam.

ii. Dates and times to retake exams are pre-determined and published annually by the Office of Assessment and Evaluation and posted as a student resource.

iii. Students may consider retaking the exam during the semester break (e.g., Leap Week) to avoid conflict with other clerkship requirements.

iv. Exam re-takes may be scheduled while the student is completing another clerkship, provided that during that time the student has not been scheduled for clinical assignments or educational activities.

v. Students are allowed one re-take attempt to remediate the failed NBME subject exam.

vi. Students who achieve scores below the defined passing threshold for three separate NBME Subject Exams, regardless of subsequent remediation, will automatically be placed on Warning status and the Senior Associate Dean for Curriculum or designee will notify SPARC. Students achieving scores below the defined passing threshold on a fourth separate NBME Subject Exam will be referred to SPARC by the Senior Associate Dean for Curriculum or designee.

e. If the student does not meet the minimum criteria through the remediation process, the student receives a failing grade for the course/clerkship. The Senior Associate Dean for Curriculum or designee will notify SPARC and the student will automatically be placed on Warning. Additional performance concerns incurred during the Warning period, including receiving any additional NBME Subject Exam scores below the defined passing threshold, will result in SPARC referral.

f. Students in the Individualization Phase must complete all missed clinical or non-clinical time and other course requirements by the deadline(s) stated in the Remediation/Course Completion Agreement or the Incomplete will convert to a final grade of Fail and the course will need to be repeated. Extenuating circumstances may be reviewed and approved by the Associate Dean of Clinical Education or designee.

(1) In addition to the deadline(s) specified in the Remediation/Course Completion Agreement, clinical make up time must be completed during the student's next FLEX block, next scheduled holiday/break, or as directed by Course Director and approved by the Associate Dean of Clinical Education.

D. Promotion and Graduation Criteria

1. Students achieving all criteria defined below are submitted to SPARC by the Senior Associate Dean for Curriculum (or designee) for formal promotion to the next Phase or for graduation.

2. **Pre-Clerkship Phase requirements for Promotion to Immersion Phase**
    a. Students must receive passing grades for all courses. To be enrolled in Pre-Clerkship Year 2 curriculum courses, students must pass all courses in Pre-Clerkship Year 1 curriculum. See the MD Student Handbook - MD Program (School of Medicine) for a list of courses required for Pre-Clerkship Year 1 and Pre-Clerkship Year 2.
    b. Students must receive a passing grade for all Pre-Clerkship courses to proceed to and participate in the Immersion Phase curriculum.
    c. Students must have no pending SPARC referrals for academic or professionalism concerns. Any reports must be reviewed by SPARC prior to promotion.
    d. Students must receive a "Pass" on the USMLE Step 1 exam(See Section on USMLE below).
3. **Immersion Phase requirements for Promotion to Individualization Phase**
    a. Students must earn passing grades for all clerkships and courses. See the MD Student Handbook - MD Program (School of Medicine) for a list of courses required.
    b. Students must have no outstanding reports for professionalism concerns. Any reports must be reviewed by SPARC prior to promotion.
    c. Students must not have any "Incomplete" grades from the Immersion Phase.
4. **Individualization Phase Requirements for Graduation**
    a. Students must earn passing grades for all courses. See the MD Student Handbook - MD Program (School of Medicine) for a list of courses required.
    b. Students must have no outstanding reports for professionalism concerns. Any reports must be reviewed by SPARC prior to promotion.
    c. Students must receive a passing score on the USMLE Step 2 Clinical Knowledge (CK) exam (See Section on USMLE below).
5. **USMLE Step 1 and USMLE Step 2 CK**
    a. The USMLE examinations are national standards for student performance and are considered by the School of Medicine in determining student competency in the MD program.
        (1) USMLE Step 1
            (a) Following the successful completion of the Pre-Clerkship Phase of the curriculum, students must receive a passing score on Step 1 prior to promotion to the Immersion Phase.
            (b) Students who do not have a passing score by the deadline will not begin Immersion Phase clerkships with their cohort; the next available opportunity to re-enter the curriculum is during Transition to Patient Care (T2PC) the following academic year.
            (c) Academic leave is available to students who do not receive a passing score from the NBME by the deadline. Please review the Leave of Absence Policy (WFUSM) for more information. Note: Financial aid is not available during a leave of absence.
            (d) Students must complete the USMLE Step 1 exam by the deadline specified on the academic calendar in order to continue in the curriculum.
            (e) In collaboration with the Learning Specialist, students may request a delay in taking Step 1.
                i. **Note:** In order to begin clerkships with the current class, students must have a Step 1 passing score posted to NBME no later than 5 weeks after the start of the first Immersion Phase clerkship.
        (2) USMLE Step 2
            (a) After the completion of the Immersion Phase of the curriculum, students should complete the USMLE Step 2 CK examination by the deadline specified on the academic calendar.

(b) Students must receive a passing score on USMLE Step 2 CK before submitting a rank order list for the National Resident Matching Program (NRMP) and other matching programs.

(c) SPARC is notified of any USMLE Step exam failure.

b. Students are allowed no more than three (3) attempts to pass each of the USMLE Step exams.

(1) Students failing their first attempt at a USMLE Step exam are referred to Academic Advising resources to determine a plan to remediate the failure.

(2) Students failing the second attempt of a USMLE Step exam are referred to and reviewed by SPARC.

(3) Students failing the third attempt of a USMLE Step exam are reviewed by SPARC and are dismissed from the School of Medicine.

6. **Requirements for Graduation**

a. Successful completion of all required courses and clerkships as demonstrated by receipt of passing grades.

b. Satisfactory demonstration of appropriate professional conduct.

c. Receipt of a "Pass" on the USMLE Step 1 exam, the USMLE Step 2 CK exam, and the final Immersion Phase CPX exam.

d. Compliance with the Student Payment Policy (WFUSM).

e. Meeting the Technical Standards for Medical School Admission, Continuation, and Graduation - MD Program (WFUSM) – please refer to the MD Student Handbook - MD Program (School of Medicine)

E. **Time Frame for Graduation**

1. The standard time frame for completion of required course work for the MD degree is 4 academic years.

2. To make Satisfactory Academic Progress, students must complete the Pre-Clerkship Phase of the curriculum by the end of the 42 months after matriculation.

3. Students may be granted an academic, administrative, medical, military, or personal leave of absence, which may extend the time period for completion of required course work for the MD degree. See the Leave of Absence Policy (WFUSM) for details.

a. In such situations, an academic plan may be established for the student that departs from the normal course of study and that may require the repetition of all or a part of a year of study (i.e., subsequent to incomplete or unsatisfactory performance in course work or an approved leave).

b. The period of leave for which the student has been approved may be excluded from the published maximum time frame in which an individual student will be expected to complete all requirements of the degree program.

c. Note: Students taking or returning from a Military Leave of Absence are subject to the time frame provisions set forth in the Military Leave of Absence Policy (WFUSM) Students should consult the Military Leave of Absence Policy (WFUSM) for additional details.

4. A student who is not on-track to complete the requirements for the MD degree by the 9th year following matriculation is contacted by the Registrar and required to meet with the Senior Associate Dean for Curriculum (or designee) and referred to SPARC for review.

5. Unless approved by the Dean, Wake Forest University School of Medicine, students will not be allowed to take more than 10 years from the time of matriculation to complete the requirements for the MD degree, inclusive of leaves of absence.

a. Note: Students taking or returning from a Military Leave of Absence are subject to the time frame provisions set forth in the Military Leave of Absence Policy (WFUSM) Students should consult the Military Leave of Absence Policy (WFUSM) for additional details.

V. PROCEDURE/GUIDELINES Not Applicable

VI. CROSS REFERENCES

Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program (WFUSM)
Attendance for Medical Students in Pre-Clerkship Phase Policy - MD Program (School of Medicine)
Leave of Absence Policy (School of Medicine)
Military Leave of Absence Policy (School of Medicine)
Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM)
Technical Standards for Medical School Admission, Continuation, and Graduation - MD Program (School of Medicine))
MD Student Handbook - MD Program (School of Medicine)

VII. RESOURCES AND REFERENCES

LCME Element 9.9, 10.3

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES 6/2020; 10/2020; 5/2022; 5/2023, 8/2023; 11/2024, 3/2025, 2/2026

Selection of Medical Students Policy - MD Program (WFUSM)

Version4

I. PURPOSE

The purpose of this policy is to establish a process for the selection of medical students.

II. SCOPE

This policy applies to all undergraduate medical education (MD) program students at the Wake Forest University School of Medicine.

III. DEFINITIONS/ABBREVIATION

Not Applicable

IV. POLICY GUIDELINES

A. The selection of applicants for admission as medical students to the Wake Forest University School of Medicine ("School of Medicine") involves a competitive evaluation process, the authority and responsibility for which rests with the Committee on Admissions ("COA"). The Committee on Admissions is empowered by the governance document of Wake Forest University School of Medicine, to act in all matters related to the acceptance, rejection, and placement on or movement from the waitlist.

B. The COA establishes and publicizes on the admissions external webpage attributes desired of applicants. The COA will review these attributes annually, aligning them with the School of Medicine's mission and vision and the school's educational goals and objectives.

1. The selection of applicants is also aligned with the School of Medicine's diversity statement and technical standards to allow for the matriculation of a class of students who demonstrate the ability and commitment to fulfill the purpose of a Wake Forest University School of Medicine medical education.

2. This selection process is also intended to be compliant with applicable laws and regulations.

C. The COA establishes a competitive evaluation process to include: the initial review of applicants, a secondary application process, extending invitations for and coordinating and conducting on-campus or virtual interviews, voting to extend an offer of admission to an applicant by the COA, management of applicants on the waitlist, and processing offers of admission.

1. These processes and the training related to them are reviewed annually and approved by the COA.

2. The details of these processes are specified in the approved training guide, which is reviewed and approved annually by the COA Executive Committee.

V. PROCEDURE / GUIDELINE: Not Applicable

VI. CROSS REFERENCES

Technical Standards for Medical School Admission, Continuation, and Graduation - MD Program (School of Medicine)

VII. RESOURCES AND REFERENCES:

LCME STANDARDS 10.2, 10.3

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES:

7/2017; 11/2020; 2/2024

Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM)

Version 8

I. PURPOSE

The Wake Forest University School of Medicine provides a fair and formal process for taking any action that may affect the status of a medical student, which includes providing notice of the impending action, disclosure of the information that will be considered by the committee making a decision about the medical student's status, an opportunity for the medical student to address the concerns under review, and an opportunity to appeal an adverse decision related to advancement, promotion, graduation, or dismissal.

II. SCOPE

This policy applies to Wake Forest University School of Medicine (School of Medicine) Undergraduate Medical Education (MD) program students, and faculty and staff who have responsibilities related to assessment of MD program students.

III. DEFINITIONS/ABBREVIATIONS

Not Applicable

IV. POLICY

A. Student Professionalism and Academic Review Committee (SPARC)

1. The Student Professionalism and Academic Review Committee (SPARC) is a is a standing committee of the School of Medicine and is charged with reviewing and approving the advancement and/or promotion of MD students in the curriculum, reviewing and approving MD students for graduation, and reviewing and making a decision about the outcome of MD students with unsatisfactory academic or professional performance.
2. SPARC Composition
   a) SPARC is comprised of eleven (11) voting faculty members for three-year terms; five (5) faculty are peer-selected and six (6) are appointed by the Dean. SPARC members may not concurrently serve as the course director of a curriculum-required course/clerkship. The Senior Associate Dean for Curriculum or designee, Senior Associate Dean for Student Affairs or designee, a staff member from Student Affairs, and a representative from Student Inclusion and Diversity (SID) are ex-officio, non-voting members.
   b) A quorum for meeting is at least six (6) out of eleven (11) voting members present. The voting procedure will be via simple majority of the present voting members. Members of SPARC abide by the recusal policy set forth in Section 3 below.
3. Recusal of SPARC Committee Members
   a) Members of SPARC are required to declare any conflicts of interest with a student using the Conflict of Interest Related to Student Assessment Policy (WFUSM) and declare any conflicts with the students who will be discussed prior to each meeting. In addition, members with a conflict as described below must also declare a conflict. Conflicts of interest include:
      (1) Professional relationship (including advising, research or mentorship);
      (2) A course/clerkship director whose course/clerkship is or has been directly involved in a SPARC report against the student; and/or

(3) Faculty member that has witnessed the circumstance of an honor code violation or unprofessional behavior

b) The member(s) with conflicts are required to step out of the meeting when SPARC begins discussion of the student for whom the member(s) has a conflict, does not participate in the portion of the hearing that involves the student, and does not participate in any decisions by SPARC regarding the student.

B. Promotion and Graduation

1. The Senior Associate Dean for Curriculum and the Senior Associate Dean for Student Affairs (or their designees), at least annually, present to SPARC a list of students who are eligible for promotion and/or graduation based on the criteria described in the Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine) . This list shall include the academic and professional standing of these students.

a) SPARC reviews and approves students for promotion and/or graduation.

C. SPARC Notification for Unsatisfactory Academic Performance

1. The Senior Associate Dean for Curriculum (or designee) notifies the SPARC Chair and the Student Affairs staff member with a list of students who meet either of the following criteria:

a) First failure of a course/clerkship.

b) First failure of the USMLE Step 1 or USMLE Step 2 exams.

2. A student who meets either of the above criteria will receive a SPARC Notification and will automatically be placed on Warning.

a) The Warning will remain in place for one (1) calendar year. A student will be automatically removed from Warning if they do not have any further performance concerns that arise during the Warning period.

b) Additional performance concerns arising during the Warning period will result in SPARC Referral (see Section D).

c) A student on Warning remains in “Good Academic and Professional Standing” and this Warning does not appear on external medical school documents such as the MSPE.

d) Formal written documentation of the SPARC Notification is sent to the student’s School electronic-mail account within 3 business days of SPARC’s receipt of the referring Dean’s Notification. The Notification includes the student’s new academic standing, effective date, and expiration date. The letter is signed by the SPARC Chair (or designee).

D. SPARC Referral for Unsatisfactory Academic or Professional Performance

1. The Senior Associate Dean for Curriculum or Student Affairs (or designee) refers to the SPARC Chair and the Student Affairs staff member students who meet any of the following criteria:

a) Two or more failures of a course/clerkship, and/or a USMLE Step exam.

b) Additional Academic or Professional Concerns occurring while a student is on Warning.

c) Three or more Professionalism Feedback reports (See Formative Assessment and Feedback Policy - MD Program (WFUSM) .

d) Students found responsible for Code of Honor and Professional Conduct violations by the Honor Council (See Code of Honor and Professional Conduct in MD Student Handbook - MD Program (School of Medicine)

e) Referral for Honor Council matters too sensitive or egregious for the Council’s purview, as determined by the Dean.

2. Typically, a student is permitted to advance in the curriculum while under SPARC Referral. If there is reasonable cause to believe that the student has engaged in or threatens to engage in behavior

that poses a significant risk of harm to the safety or security of themselves, others, or to property, or directly or substantially impedes the activities of members of the institution's community, including employees, other students, patients, or visitors, an associate dean may place the student on interim suspension pending the outcome of the SPARC review.

E. Hearing Procedures

1. The student's past, present, and pending professionalism and academic issues are presented to SPARC by the referring dean.
2. The Senior Associate Deans (or designees) will not be present during deliberation on any SPARC Referral; however, SPARC may, at its discretion, consult the Deans during deliberations.
3. A student with a SPARC Referral may either appear before SPARC or submit a written statement addressing the professionalism or academic performance concerns under review prior to the SPARC meeting.
    a) The student has the right to appear before SPARC, either in-person or virtually, to present relevant information on their own behalf but may not be present for SPARC deliberations.
4. A student with a SPARC Referral may have advisors, legal counsel, and other individuals available to lend support throughout the process, but only the student may attend the SPARC hearing.
5. During deliberations, SPARC may request additional information from others that SPARC determines in its sole discretion is relevant to its review of the concern(s).

F. SPARC Decisions

1. Following review of the SPARC Referral, SPARC will vote to decide the outcome(s) from the following options:
    a) The student remains in Academic/Professional Good Standing.
    b) The student is placed on or remains on Warning.
        (1) The student remains in Good Academic and Professional Standing while on Warning.
        (2) The Warning will remain in place for one (1) calendar year.
        (3) This status does not appear on the Medical Student Performance Evaluation (MSPE) letter.
    c) The student is placed or remains on Probation.
        (1) The student is not considered to be in Good Academic and Professional Standing while on Probation.
        (2) The Probation will remain in place for one (1) calendar year.
        (3) The date and the reason for the Probation (academic or professional) is documented in the Medical Student Performance Evaluation (MSPE) letter for the student.
        (4) While the student is on Probation, the student is not eligible to participate in the following School of Medicine activities, including, but not limited to:
            (a) Service on the Student Government Association (SGA).
            (b) Participation on external away rotations (extramural and international).
            (c) Serving as a representative of the school either internally (e.g., serving as a voting member on a curriculum committee) or externally (e.g., serving as an Official School Representative).
    d) The student is required to repeat a course or repeat the academic year. These directives may be used in conjunction with Outcomes b-c, as defined above.

e) Other directives, such as community service, counseling, etc., as deemed appropriate by SPARC. These directives may be used in conjunction with Outcomes a-d, as defined above.

f) The student is dismissed from the MD program.

(1) A student who is dismissed from the MD program must follow the exit procedures as outlined in the SPARC decision letter.

(2) A student wishing to appeal any dismissal decision must follow the procedures outlined in the Student Appeal of Dismissal Policy (WFUSM).

2. A student who is permitted to advance in the curriculum does so with the understanding that any subsequent concern(s) regarding the student's academic performance or professionalism require an additional SPARC Referral and subsequent review.

3. Prior to reinstatement to Good Academic and Professional Standing, SPARC will review the original SPARC Referral and decision to ensure the student has no additional performance concerns and to ensure the student has fulfilled any requirements for return set forth by the SPARC decision.

G. Communication of SPARC Decisions

1. SPARC decisions are communicated to the student:

a) Formal written documentation of the SPARC decision is sent to the student's School electronic-mail account within 3 business days. The decision includes the student's new academic standing, effective date, and expiration date. The letter is signed by the SPARC Chair (or designee).

H. SPARC Decision Appeal Process

1. Appeal of SPARC action other than Dismissal

a) A student who wishes to appeal a SPARC decision other than dismissal must request an appeal form by emailing the Office of Student Records. The appeal form must be submitted within 5 business days of the dated SPARC decision letter.

b) In the appeal form, the student must state the grounds for appeal. Permissible grounds for appeal are:

(1) Procedural error;

(2) Sanction was inappropriate based on the circumstances; and/or

(3) Additional evidence is now available that was unavailable at the time of the SPARC hearing.

2. The MD Appeals Committee reviews the appeal, which may include meeting(s) with the student, course/clerkship director, or others. Refer to Section I for additional information.

I. MD Appeals Committee

1. The MD Appeals Committee is responsible for making decisions on student requests for appeals for any adverse action against a student, including but not limited to final grades, summative narrative assessments, repeating a course, repeating an academic year, interim suspension, and any other SPARC decisions other than dismissal.

2. The MD Appeals Committee is composed of a pool of 12 faculty members appointed by the Dean for a term of three years, which may be renewed.

3. Members of the MD Appeals Committee are required to declare any conflicts of interest with a student using the Conflict of Interest Related to Student Assessment Policy (WFUSM).

a) In addition, members with a conflict as described below are not selected to review the student's case. Conflicts of interest include:

(1) Professional relationship (including advising, research or mentorship);

(2) A course/clerkship director whose course/clerkship is or has been directly involved in a SPARC report against the student; and/or

(3) Faculty member that has witnessed the circumstance of a Code of Honor or Professional Conduct violation or unprofessional behavior.

4. For each appeal request, at least 5 of the 12 Committee members, in compliance with the conflicts of interest criteria set forth above, will meet to consider the appeal.
5. A hearing on the student's request to amend the assessment or final grade will be conducted in compliance with Student Education Records Policy (WFUSM).
6. The MD Appeals Committee hearing may include meeting(s) with the student, course/clerkship director, or others.
7. The MD Appeals Committee may decide to uphold the decision, overturn the decision, or modify the sanction. All decisions of the MD Appeals Committee are final.
8. The MD Appeals Committee issues a decision and notifies the student in writing within 15 business days of the appeal submission. A copy of the final decision is forwarded to the Registrar in the Office of Student Records. SPARC and the Referring Dean will also be notified.

J. Appeal of Dismissal

1. A Student wanting to appeal a SPARC dismissal decision must make a formal request for appeal in writing (which may include electronic mail) to the Vice Dean for Medical Education within seven (7) business days of notification of the dismissal.
2. The student must follow the procedures outlined in the Student Appeal of Dismissal Policy (WFUSM).
3. During the dismissal appeal process, the student will not participate in the curriculum.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Conflict of Interest Related to Student Assessment Policy (WFUSM)
Formative Assessment and Feedback Policy - MD Program (WFUSM))
Satisfactory Academic Progress (SAP) Policy - MD Program (School of Medicine)
Student Appeal of Dismissal Policy (WFUSM)
Student Education Records Policy (WFUSM)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES

6/2020; 6/2023, 10/2023; 11/2023; 2/2024; 9/2024

Technical Standards for Medical School Admission, Continuation, and Graduation - MD Program (School of Medicine)

Version 8

I. PURPOSE

The MD degree is a broad undifferentiated degree attesting to general knowledge in medicine and the basic skills required for the practice of medicine. Essential abilities and characteristics required for completion of the MD degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training.

Wake Forest University School of Medicine (School of Medicine) is committed to the full and equitable inclusion of qualified learners with disabilities. We have a proud history of training and employing physicians and researchers with disabilities, as well as developing and employing leaders with disabilities. The School of Medicine provides reasonable accommodations for all qualified individuals with disabilities who apply for admission to the MD degree program and who are enrolled as medical students.

II. SCOPE

This policy applies to all Undergraduate Medical Education (MD) program applicants and students.

III. DEFINITIONS: Not Applicable

IV. POLICY GUIDELINES

Technical (Non-Academic) Standards for Medical School Admission

A. Critical skills needed for the successful navigation of core experiences are outlined below:

1. Observation: must be able to obtain information from demonstrations and experiments in the basic sciences. Students must be able to assess a patient and evaluate findings accurately.
2. Communication: Students must be able to communicate effectively, sensitively, and efficiently with patients, their families, health care professionals, colleagues, faculty, and staff. Students must be able to acquire the patient's medical history in a timely manner, interpret non-verbal information, and establish a therapeutic rapport with patients. Students are also required to record information accurately and clearly; and communicate efficiently in English with other health care professionals.
3. Motor: Students must possess the capacity to perform a physical examination and diagnostic examination and to provide or direct general care and emergency treatment to patients. Performing these examinations requires coordination of both gross and fine muscular movement.
4. Intellectual: Conceptual, Integrative and Quantitative Abilities: Students must be able to assimilate detailed and complex information presented in both didactic and clinical coursework, and engage in problem solving. Students are expected to possess the ability to measure, calculate, reason, analyze, synthesize, and transmit information. In addition, students must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures and to adapt to different learning environments and modalities. Students must be able to effectively learn, participate, collaborate and contribute as a part of a team. Students will need to synthesize information effectively both in person and via remote technology. Students must be able to formulate a hypothesis, investigate the potential answers and outcomes and formulate appropriate and accurate conclusions.

5. Behavioral and Social Attributes: Students should possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients, fellow students, faculty, and staff. Training and practice in the medical profession may be physically and mentally taxing. Students should be able to adapt to changing environments, to display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, professionalism, interest, and motivation are all personal qualities that are expected during the education processes.

B. Process for Assessing the Applicant's Compliance with the Technical Standards

1. By accepting an offer of acceptance, a student is acknowledging that they have read these Technical Standards and can meet these standards, with or without reasonable accommodations. Once matriculated, if a student is unable to meet these Technical Standards with reasonable accommodations, the student may not be able to successfully meet the requirements of a medical degree.
2. Students who, after review of the Technical Standards for their program, determine that they require reasonable accommodation to fully engage in the program should contact the Center for Learning, Access, and Student Support to confidentially discuss their accommodations needs.
    a) Reasonable accommodations may include and are not limited to technological adaptations or trained intermediaries, such as interpreters, who facilitate without supplanting, the student's performance of an essential skill.
3. Given the clinical nature of our programs, time may be needed to create and implement the accommodations. Accommodations are not provided retroactively; therefore, timely requests are essential and encouraged.
4. It is the responsibility of a student with a disability, or a student who develops a disability, and who requires accommodations in order to meet these Technical Standards, to self-disclose to the Center for Learning, Access, and Student Success and request accommodations.

V. PROCEDURE/GUIDELINE: Not Applicable

VI. CROSS REFERENCES
Student Disability Accommodations Requests Policy and Procedures (WFUSM))

VII. RESOURCES AND REFERENCES
LCME Element 10.5

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES: 5/2021; 6/2022; 5/2023; 6/2024; 10/2025

Version 8

Transfer and Admissions of Medical Students with Advanced Standing Policy - MD Program (School of Medicine)

Version 5

I. PURPOSE

The purpose of this policy is to establish criteria regarding Undergraduate Medical Education (MD) program admissions for transfer students and students with advanced standing.

II. SCOPE

This policy applies to all Wake Forest University School of Medicine (WFUSOM) prospective undergraduate medical education (MD) program applicants.

III. DEFINITIONS

Not Applicable

IV. POLICY GUIDELINES

A. The School of Medicine does not accept applicants for transfer or for admission with advanced standing.

V. PROCEDURE/GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

LCME Standard 10.7

VIII. ATTACHEMENTS

Not Applicable

IX. REVISION DATES

7/2017; 11/2020; 3/2023

PA Studies Policies

The Following policies apply to both DMSc and MMS students.

Advanced Placement Policy - PA Studies (WFUSM)

Version 2

I. PURPOSE:

The purpose of this policy is to set standards for advanced placement status in the Physician Assistant (PA) Program at Wake Forest University School of Medicine (WFUSM.

II. SCOPE:

This policy applies to all prospective and current PA program students

III. DEFINITIONS

A. Advanced Placement: A waiver of required coursework included in the PA curriculum for applicants to the program and/or a waiver of required coursework included in the PA curriculum for currently enrolled students in the program which results in the student advancing in the curriculum without completing required curriculum components at the sponsoring institution.

IV. POLICY GUIDELINES

The Department of PA Studies does not grant advanced placement outside of the Wake Forest University School of Medicine, Wake Forest University Graduate School, School of Business, or School of Professional Studies for its degree offerings.

V. PROCEDURE/GUIDELINES

Not Applicable

VI. CROSS REFERENCE

Not Applicable

VII. RESOURCES AND REFERENCES

ARC-PA Standard 3.16
Programs granting advanced placement must document within each student's file that those students receiving advanced placement have: a) met program defined criteria for such placement, b) met institution defined criteria for such placement, and c) demonstrated appropriate competencies for the curricular components in which advanced placement is given.

Other associated standards

ARC-PA Standard 3.13
The program must define, publish, consistently apply, and make readily available to prospective students, policies, and procedures to include: c) practices for awarding or granting advanced placement,

ARC-PA Standard A3.17 (Student Records)
Student academic records kept by the sponsoring institution or program, in a paper or electronic format, must be readily accessible to authorized program personnel and must include documentation: a) that the student has met published admission criteria including advanced placement if awarded.

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES: 7/2021; 1/2024

Cross-Campus Policy - PA Program - PA Studies (WFUSM)

Version 3

I. PURPOSE

It is the policy of the Wake Forest University School of Medicine (School of Medicine) Physician Assistant (PA) Program to expect PA students to participate in preclinical curricular activities on their assigned campus unless a specific curricular activity is scheduled on the alternate campus.

II. SCOPE

This policy applies to All Wake Forest PA Program students.

III. DEFINITIONS

Not Applicable

IV. POLICY

A. Students expected to participate in preclinical curricular activities on their assigned campus unless a specific curricular activity is scheduled on the alternate campus.

1. Exceptions may allow missed curricular activities to be made up on the alternate campus. The determination will be made after consideration of available resources, potential impact on other learners, and educational best practices. There is no guarantee that a student will be permitted or able to utilize the alternate campus location for any missed work.
2. If a student is absent from any routine educational activity (including but not limited to, a class, lab, workshop, graded assignment, or non-summative assessment), the student should communicate with the appropriate Course Director/Coordinator regarding the potential for utilizing the alternative campus for making up the missed event.
3. If a student is absent from a summative assessment (such as an examination or lab practical), the student must contact the Director of Didactic Education and Course Director, who together will determine if an alternative campus option is feasible or allowable. See the Evaluation Policy - PA (MMS) Program - PA Studies (School of Medicine) and the Attendance Policy - PA (MMS) Program - PA Studies (School of Medicine) for more information.

V. PROCEDURE/GUIDELINES Not Applicable

VI. CROSS REFERENCES

Attendance Policy - PA (MMS) Program - PA Studies (School of Medicine)
Evaluation Policy - PA (MMS) Program - PA Studies (School of Medicine)
Exposure to Infectious and Environmental Hazards Policy (School of Medicine)

VII. RESOURCES AND REFERENCES Not Applicable

VIII. ATTACHMENTS Not Applicable

IX. REVISION DATES

5/2019; 4/2022; 3/2025

Deferral Policy - PA Studies (WFUSM)

Version 3

I. PURPOSE

It is the policy of the Wake Forest University School of Medicine (WFUSM) Department of Physician Assistant (PA) Studies to grant an enrollment deferment, generally not to exceed one year, on a case-by case basis.

II. SCOPE

WFUSM Department of PA Studies (comprised of the PA MMS and PA DMSc programs) applicants for admission who have been accepted into a Department of PA Studies Program, but have not matriculated, are responsible for complying with this policy.

III. DEFINITIONS/ABBREVIATIONS

Not Applicable

IV. POLICY

A. The applicant's program of acceptance may grant an enrollment deferment, generally not to exceed one year, on a case-by-case basis and if the following contingencies apply:

1. The applicant has accepted a class position within the allotted time period and submitted the required non-refundable deposit.
2. The applicant has submitted to their Program Director a written request using the approved Request for Deferment form, has adequately specified the reason(s) for the request, and has affirmed their intent to enroll in the Program and the start date.
3. The applicant has satisfied all conditions for admission.

B. Acceptance or denial of a request for deferral is at the discretion of the Program Director or designee. The Program Director or designee will notify the applicant of their admission status within 30 business days of receiving the request for deferral.

C. To enroll at the completion of an approved deferral period, the applicant may submit to the Program Director or designee a written intent to enroll by the date specified by the Program Director upon acceptance of deferment. If the applicant fails to submit this written intent to enroll, the approved enrollment deferral will be withdrawn.

D. The Program Director or designee has the right to interview the applicant and reassess qualifications for admission before enrollment.

E. No deferral requests will be considered after matriculation (defined as the annual class start date.)

F. Deferral may affect financial aid, scholarship, and tuition fees. Any scholarship offer awarded upon initial acceptance is not guaranteed to be held throughout the deferral period.

V. PROCEDURE / GUIDELINE: Not Applicable

VI. CROSS REFERENCES: Not Applicable

VII. RESOURCES AND REFERENCES: Not Applicable

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES: 5/2019; 4/2022; 4/2025

Health Screening and Background Check Policy - PA Studies (WFUSM)

Version 3

I. PURPOSE

The purpose of the Health Screening and Background Check Policy is to ensure the safety and well-being of all individuals engaged in the Wake Forest University School of Medicine (WFUSM) Department of PA Studies.

II. SCOPE

This policy applies to all students who enter the Master of Medical Science (MMS) PA Program and the Doctor of Medical Science (DMSc) PA Program within the Department of PA Studies.

III. DEFINITIONS

Not Applicable

IV. POLICY GUIDELINES

A. Health Screening (MMS)

1. All students in the WFUSM PA Program (MMS) are required to undergo health screenings before matriculation and prior to beginning supervised clinical practice experiences (SCPEs). The health screenings may include but are not limited to: verification of required immunizations, FitTesting, TB testing, and drug screening.
2. Additional health screenings may be required to verify that the student meets technical standards. The student may be responsible for the cost of these additional screenings. If the student does not meet technical standards, this could disrupt the timeline and/or ability of the student to participate in program curriculum

B. Background Check (DMSc and MMS)

1. A signed background check authorization form is obtained from each applicant who has accepted an offer of admission to the DMSc and the MMS program. The cost of this background check is covered by the deposit paid by the student on acceptance to the program.
2. Information will only be disclosed on a need-to-know basis and will be handled in accordance with applicable privacy laws and regulations.
3. The criminal background check includes but is not limited to the following:
   a) National Sex Offender Registry search
   b) a determination of areas of residence for the past seven years through a social security number check
   c) a state and local (county)-level search based on areas of residence for the past seven years for:
      - all levels of criminal offense
      - all types of adjudications
      - all legal processes not yet resolved
      - all types of offenses
4. If additional background checks or health screenings are required, the student may be responsible for the cost.
5. An offer of admission and/or continued enrollment in the PA program are conditional upon results of the background check. Should the background check uncover a criminal history, an offer of admission may be revoked, or an enrolled student may be dismissed.

C. Failure to comply with this policy, including refusal to sign the required authorization forms or failure to achieve satisfactory results on the background check, may result in revocation of admission or termination from the Department of PA Studies DMSc or MMS Program.

V. PROCEDURE/GUIDELINES

Not Applicable

VI. CROSS REFERENCES

Technical Standards - PA Program - PA Studies (School of Medicine)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. REVISION DATES

5/2019; 4/2022; 4/2025

Student Professionalism and Honor Code Policy - PA Program - PA Studies (School of Medicine)

Version 3

I. PURPOSE

The purpose of the PA-MMS Program (PA Program) Student Professionalism and Honor Code is to establish professional standards for student conduct and foster a culture of integrity and professionalism. Students are charged with commitment to uphold the Student Professionalism and Honor Code at all times.

PA Program students are charged with demonstrating the behavioral standards of the Professionalism and Honor Code in all facets of their academic endeavors and professional development beginning at the inception of training and continuing to graduation. These standards foster an atmosphere of honesty, trust, and cooperation among students, faculty, patients, and society. These standards should be embodied throughout the program and across all environments of learning and service.

II. SCOPE

All Wake Forest University School of Medicine (School of Medicine) Physician Assistant (PA) Program students are responsible for complying with this policy.

III. DEFINITIONS: Not Applicable

IV. POLICY GUIDELINES

A. The Student Professionalism and Honor Code specifically establishes an ethical standard for student behavioral conduct in all activities and forms the foundation for ethical practice within a career in medicine including, but not limited to, the following:

1. Integrity:
   a) Be truthful in communication with others.
   b) Demonstrate academic Integrity. Breaches in academic integrity include but are not limited to, the following acts:
      (1) Cheating: Use or attempted use of unauthorized materials, information, or study aids.
      (2) Fabrication: Falsification or invention of any information.
      (3) Assisting: Helping another commit an act of academic dishonesty.
      (4) Tampering: Altering or interfering with evaluation or assignment instruments and documents.
      (5) Plagiarism: Representing the words or ideas of another person as your own. This includes the use of artificial intelligence (e.g.: ChatGPT or CoPilot) and claiming as your own work.
      (6) Having or seeking access to assessments prior to the assessment.
      (7) Copying from someone else's work or allowing your work to be copied.
      (8) Having study guides or notes present in an assessment area.
      (9) Obtaining unauthorized information about assessments or curriculum content from another student or former student.
      (10) Providing unauthorized information about assessment or curriculum content to another student.
      (11) Making unauthorized notes, recording, or otherwise reproducing assessment content during or after an examination period.
      (12) Altering or misrepresenting your scores or grades.
      (13) Unauthorized possession of exam assessment or curriculum content.
      (14) Irregular behavior (either overt or perceived) may cast doubt on test integrity and/or assessment results for the individual student, groups of students, or the class as a whole.*

(a) *(Also see the Evaluation Policy - PA (MMS) Program - PA Studies (School of Medicine) in the Student Handbook for additional information regarding behavior during examinations and assessments.)

2. Trustworthiness:
   a) Maintain the confidentiality of patient information.
   b) Maintain the confidentiality of student assessment/evaluation information.
   c) Admit errors and do not intentionally mislead others or engage in self-promotion at the expense of student peers, professional colleagues, or patients.
3. Professionalism:
   a) Demonstrate accountability and punctuality for educational events or other required activities, in compliance with published attendance policies.
   b) Demonstrate emotional maturity and responsibility for student's own education, including response to feedback.
   c) Be thoughtful, caring, respectful, and compassionate when interacting with patients, their families, professional colleagues, faculty, preceptors, supervisors, and student peers.
   d) Maintain composure even when under the pressures of fatigue, professional stress, or personal problems.
   e) Maintain a professional appearance and attitude while accurately representing the student role in all educational environments.
   f) Demonstrate respect and sensitivity for others; honor diversity and individuality; protect the dignity of all.
   g) Create an atmosphere that encourages learning, characterized by cooperative relationships with student peers, supervisors, and/or to the patient population served.
   h) Engage student peers, professional staff, and all members of healthcare teams in a considerate manner and with a spirit of cooperation.
   i) In compliance with the Wake Forest University School of Medicine Student Discrimination, Harassment, and Retaliation Policy (School of Medicine) , abstain from discriminating against any person because of age, race, religion, gender or gender identity, sexual orientation, disability, national origin, ability to pay, or any other reason prohibited by regulation or law. Avoid offensive language, offensive gestures, remarks with sexual overtones, or other inappropriate expressions or other conduct that may rise to the level of discrimination.
   j) Respect the rights of patients and their families to be informed and share in medical decision making.
   k) Respect the modesty and privacy of patients, standardized patients, and peers.
   l) Respect the diversity of learning styles within educational environments.
   m) Personal accountability:
   n) Concern for the welfare of patients and colleagues:
      (1) Treat patients, their families, peers, and professional colleagues with respect and dignity both in their presence and in discussions with others.
      (2) Consider what is hurtful or helpful to patients and use that as a guide for participating in patient care.
      (3) Consider what is hurtful or helpful to student peers and use that as a guide for participating in group study, service, and testing activities.
      (4) Discern accurately when supervision or advice is needed and seek these out before acting.
      (5) Demonstrate awareness of patient, team and provider safety and prevention of medical errors.
      (6) Recognize when the ability to function effectively is compromised and ask for relief or help.
      (7) Avoid the use of substances in a way that could compromise patient care or personal performance and/or as outlined in the Wake Forest University School of Medicine Student Substance Use Policy (WFUSM).
      (8) Avoid engaging in romantic, sexual, or other non-professional relationships with a patient (or supervisor), even upon the apparent request of a patient (or supervisor).
4. Character-driven leadership:

a) Actively support a culture of teamwork and positive change.
b) Communicate openly and transparently with others.
c) Acknowledge the value and contributions of others.
d) Seek continually opportunities for personal development and professional growth.
e) Serve as a role model for others by embracing moral courage, integrity, selflessness, empathy, collaboration, and reflection throughout your academic endeavors.

5. Tenets of the Student Professionalism and Honor Code may also be evident in other established institutional and program policies and standards applicable to students. A student subject to investigation for an alleged Student Professionalism and Honor Code violation or subject to penalty for a substantiated breach of the Student Professionalism and Honor Code may also be subject to investigation and other processes as defined within published policies and procedures.

B. **The Professionalism and Honor Council**

1. The Professionalism and Honor Council (hereinafter "Council"), comprised of student and faculty appointees, is established by the PA Program to:
   a) Support the development of student conduct standards;
   b) Hear and recommend charges of Professionalism and Honor Code violations;
   c) Serve as role models for ethical conduct and professionalism; and
   d) Foster an atmosphere of honesty, trust, and cooperation among students.
2. Council members are appointed by the PA Program Director and the Department Chair. Student appointees are selected at the recommendation of program faculty. Student appointees must maintain good academic standing and demonstrate the highest levels of professional conduct. Students are generally appointed during their first year of training and continue their service until graduation.
3. The Council is comprised of a chair (a faculty member); two additional faculty members; four students from each enrolled cohort. At least two additional faculty members may serve as alternates.
4. Committee membership may be altered during the time between graduation of one cohort and the selection of new committee representatives from the matriculating cohort.
5. A quorum is defined as participation by at least five committee members, a majority of which must be students. Decision making will be determined by a simple majority vote, with the chair voting as a tie breaking vote only.

C. **Procedures for reporting a suspected Professionalism and Honor Code violation**

1. When a member of the academic community has reason to believe that a PA student has violated the Professionalism and Honor Code, they should discuss the alleged violation with the chair of the Council who may consult with chair of PA Student Progress Committee and/or Program Director. The Council chair will provide guidance to the accuser regarding the nature of the allegation and its applicability to the Honor Code, and/or applicability for referral to PA Student Progress Committee. The Council chair will emphasize confidentiality of all information pertaining to the matter.
2. To proceed with reporting an alleged violation, the accuser will be provided the Student Professionalism and Honor Council Report Form and is required to complete and submit to Council chair. All relevant communication regarding the alleged violations will be documented and be available for review during investigation and hearing.
3. All alleged violations of the Professionalism and Honor Code must be discussed with the Council chair within thirty (30) school days of the accuser becoming aware of the violation

D. **Investigation of the Charge**

1. The Council chair or designee(s) shall collect the details surrounding the alleged violation, including the following:
   a) Interview the person(s) placing the complaint;
   b) Interview the accused student;

c) Conduct interviews with any others, including students or faculty, who may have pertinent information relating to the alleged infraction; and
d) Review any document(s) or other evidence relevant to the suspected violation.

2. Following collection of all available facts pertinent to the alleged violation, the Council Chair or designee will do the following:
   a) Schedule the hearing, as appropriate; and/or refer to PA Student Progress Committee if applicable
   b) Compile the list of formal charges;
   c) Inform the accused of the charges and timing of the hearing; and
   d) Notify all persons requested for the hearing, including all witnesses and other persons needed to present evidence.

E. Rights of the accused

1. Any student who has been accused of violating the Honor Code shall have the following rights, which shall be explained in writing when the student receives initial notification of the charges:
   a) Right to written notification of the charge(s).
   b) Right to have all hearing details and knowledge of the Honor Council proceedings kept confidential. Only those individuals specifically outlined in this document shall have any knowledge of Council proceedings unless a guilty verdict is returned.
   c) Right to be subjected only to investigations of alleged violations reported within thirty (30) days as defined above.
   d) Right to a prompt hearing (except under extenuating circumstances, the Council shall initiate a hearing within two weeks after receipt of the written report from the accuser).
   e) After notification that a hearing is to be conducted, right to know the names of the accuser/s, the names of any witnesses to be called in the hearing, and access to any relevant documents or evidence gathered in the investigation which is to be presented in the hearing.
   f) Right to be accompanied at the hearing by a student advocate (the student advocate must be a currently enrolled PA student within the Wake Forest School of Medicine; student advocates may not be the student of a law [juris doctor] program, licensed attorney, professional counsel, or paid advisor).
   g) Right to present a statement in their own defense or to refuse to testify at the hearing.
   h) Right to call and question witnesses at the hearing.
   i) Right to be presumed innocent until a determination has been made that there is evidence that an action or behavior of the accused student is in violation of the Honor Code.
   j) Right to be judged solely on the evidence and testimony presented during the hearing.

F. The Hearing

1. Participants: All hearings are limited to invited participants, which can only include:
   a) The accused;
   b) The student advocate, if one has been designated by the accused student;
   c) Members of the Council and assigned staff member;
   d) Witnesses, allowed one at a time and only during their own testimony;
   e) Other participants who will present testimony, as deemed necessary by the Council chair or the accused.
2. Records of proceeding: A formal record of the hearing in which a guilty verdict is returned shall become a part of the student record. The formal record will be comprised of a rationale and summary of the Council's decision.
3. Hearing Procedures: The chair of the Council shall:
   a) Call the hearing to order, reminding those present of their obligations to honesty, integrity, and confidentiality.
   b) Read the formal statement of charges.
   c) Call for the presentation of evidence to the Council in summary format.
   d) Call for the presentation of evidence by the accused in summary format.

e) Determine the order of testimony from individuals present at the hearing; each presentation will be followed by an opportunity for brief questioning in an order to be determined by the chair.
f) Call for clarifying remarks and final questions.

4. At the conclusion of the hearing, all participants, except the Council members, will be excused and the Council will begin deliberations.

G. Deliberations

1. It shall be the duty of the members of the PA Honor Council to determine if there is substantial evidence that the accused student has committed the action of which they are accused and that such action constitutes a violation of the Honor Code.
2. By this definition, the accused student is presumed innocent unless the Council determines that burden of proof was met by the evidence presented at the hearing.

H. Decision

1. Upon completion of the deliberations, the members of the Council shall vote on the verdict of the case. Decision is made by a simple majority.
2. Upon a not-guilty verdict by the Honor Council, the charges against the accused shall be dismissed and no record of the charge will be placed in the accused student's record.
3. If the Council determines that a violation of the Honor Code has occurred, the Council will submit a formal written report to the PA Program Director (or designee). The report will include the name of the student who was found in violation of the Student Professionalism and Honor Code, the infraction(s) committed, a brief summary of the events surrounding the violation, and the Council's decision. The chair of the Council will notify the student promptly once this report has been forwarded to the PA Program Director (or designee).
4. This report should be delivered to the PA Program Director (or designee) within three (3) school days of the hearing.
5. The PA Program Director makes all final decisions regarding disciplinary actions including dismissal.
6. All guilty verdicts will have formal documentation in the student's record.

V. PROCEDURE/GUIDELINE: Not Applicable

VI. CROSS REFERENCES

Student Discrimination, Harassment, and Retaliation Policy (School of Medicine)
Evaluation Policy - PA (MMS) Program - PA Studies (School of Medicine)
Final Course Grade, Final Summative Evaluation, and Behavioral Sanction Appeal Policy - PA Program - PA Studies (School of Medicine)
Student Appeal of Dismissal Policy (WFUSM)
Student Substance Use Policy (WFUSM)

VII. RESOURCES AND REFERENCES: Not Applicable

VIII. ATTACHMENTS: Not Applicable

IX. REVISION DATES: 4/2020; 4/2023; 6/2025

PA DMSc Program Specific Policies

Click on the title to be taken directly to the PolicyTech system to view the most current version of the policy.

Please review the DMSc Student Handbook - DMSc Program - PA Studies (School of Medicine) located in PolicyTech.

Academic Progress Policy - DMSc Program - PA Studies (School of Medicine)

Version 4

I. PURPOSE

The Wake Forest University School of Medicine (School of Medicine) Doctor of Medical Science (DMSc) Academic Progress Policy defines the criteria for Satisfactory Academic Progress (SAP) within the DMSc program. This policy establishes the standards for timely and satisfactory academic performance required for continued enrollment and progression in the program. In addition, this policy outlines academic sanctions for students who fail to meet SAP within the DMSc program.

II. SCOPE

This policy applies to all enrolled students within the School of Medicine DMSc program.

III. DEFINITIONS/ABBREVIATIONS

1. Satisfactory Academic Progress (SAP): Demonstration of academic performance and professional conduct that meets program standards and permits continued progression in the curriculum.
2. Academic Warning: An informal sanction indicating that a student is not meeting minimum academic standards but remains in good academic standing.
3. Academic Probation: A formal sanction indicating that a student is not in good academic standing and has failed to meet the requirements for SAP. A student's financial aid status may be impacted.
4. Remediation: A program-defined and applied process for addressing deficiencies in a student's knowledge, skills, and professional behavior, such that the correction of these deficiencies is measurable and can be documented.
5. Dismissal: Program-initiated removal of a student from the DMSc program.
6. Withdrawal: Student-initiated exit from the program.
7. Attrition: A reduction in the number of students in a cohort. Attrition can encompass dismissal, withdrawal, or deceleration to a subsequent cohort.

IV. POLICY

A. Final Grade Categories/Scale

1. Final Course Grades: For the duration of any semester, all numerical grades earned by a student for any course will be recorded in Canvas.
2. Final course grades are rounded to the nearest whole number before the final letter grade is assigned. For example: 89.50 rounds to 90.00 (A); 89.49 rounds to 89.00 (B).
3. All courses (core, track, and elective) are subject to the following grading scale:

- A = 89.50-100.00%
- B = 79.50-89.49%
- C = 69.50-79.49%

- Failing = 69.49% or Below
- I = Incomplete

4. A final course grade of "I" or Incomplete may be recorded when a student is unable to complete course requirements before the end of the term for a reason approved by the Course Director or Program Director.
   a) The final grade of "I" will be replaced on the transcript after the student successfully meets the requirements of the course within the timeframe determined by the Course Director or Program Director.
   b) If the student is not successful in completing the course requirements, a grade will not be recorded, and the transcript will demonstrate "NR", not recorded.
   c) If an active student does not complete course requirements within 30 calendar days following the beginning of the subsequent semester, the "NR" grade will be replaced with a Failing grade for the course. See below for final grades of "F".
5. Official grades will be posted in PeopleSoft (Campus Solutions) and are the only course grades which are reported on the student's official transcript.
   a) The School of Medicine currently utilizes Canvas, a learning management system, for online learning. Grades reported in any learning management system (LMS) are unofficial and may be subject to reporting or errors in calculation. However, students should inform the Course Director if a grade reported in an LMS appears to be in error.
6. Due to participation in interdisciplinary courses, the DMSc grading scale noted above will be used in all coursework and take precedence to grading scales in courses outside of DMSc program.

B. Criteria for Satisfactory Academic Progress (SAP)
   1. SAP is formally evaluated at the end of each full academic semester.
   2. Students must maintain a minimum cumulative GPA of 3.00 at the conclusion of each full academic semester.
      (1) A full academic semester is defined as a 15-week Summer, Fall or Spring semester, which may include multiple 7.5-week courses.
   3. Academic Warning
      a) Students may be placed on Academic Warning when their cumulative GPA falls below 3.00 at the end of a full academic semester.
      b) Students placed on Academic Warning will be formally notified in writing by the Registrar or designee. A copy of the notification will also be supplied to the student's advisor, the respective Course Director(s), and applicable program personnel.
      c) Students on Academic Warning remain in good academic standing.
      d) Students may be required to engage in a remediation or academic improvement plan developed by the Course Director(s) in the deficient course(s).
      e) Any student placed on Academic Warning will be allowed at least one full subsequent academic semester to raise the cumulative GPA to 3.00 or higher.
         (1) In situations where the required credit load in the following semester is insufficient to mathematically raise the GPA to 3.00, the Student Progress Committee may extend the Warning period for one additional semester.
   4. Academic Probation
      a) A student may be placed on Academic Probation in any of the following circumstances, including but not limited to:
         (1) Earning a final grade of "F" in any course.

(2) Failure to achieve a cumulative GPA of ≥ 3.00 by the end of the Academic Warning period.

(3) A second instance of achieving a GPA of less than 3.00.

(4) Declining an offered remediation or failure to successfully complete the remediation requirements.

(5) A finding that the student has violated the Professionalism and Honor Code - DMSc Program - PA Studies (School of Medicine).

b) Students placed on placed on Academic Probation will be formally notified in writing by the registrar or designee. A copy of the notification will also be supplied to the student's advisor, the respective Course Director(s), and applicable program personnel.

c) Students placed on Academic Probation are not considered to be in good academic standing and may have restrictions placed on their enrollment and progression in the program. The SPC will provide the student with specific written conditions the student must achieve in order to return to good academic standing.

(1) The Academic Probation period will continue until the student has met the requirements of the SPC.

d) Students may be required to engage in a remediation or academic improvement plan developed by the Course Director(s) in the deficient course(s).

5. Program Dismissal

a) A student may be dismissed from the DMSc program when they fail to meet the requirements for continued progression, or a finding that the student has violated the Professionalism and Honor Code- DMSc Program- PA Studies (School of Medicine).

b) Grounds for dismissal include but are not limited to:

(1) Failure to restore a cumulative GPA of 3.00 or higher by the end of the Academic Probation period.

(2) Receipt of a final course grade of "F" in any course.

(3) Failure to comply with remediation or probation requirements.

(4) A finding that the student has violated the Professionalism and Honor Code - DMSc Program - PA Studies (School of Medicine).

c) SPC recommendations for student dismissal will be reviewed by the DMSc Program Director.

C. **Requirements for Graduation**

1. To be eligible for graduation from the DMSc program, students must:

a) Successfully complete all required coursework with a cumulative minimum GPA of 3.00.

b) Satisfactorily complete the DMSc doctoral project.

c) Demonstrate appropriate professional conduct. d) Comply with the Student Payment Policy (School of Medicine).

D. **Time Frame for Graduation**

1. The DMSc program is designed to be completed in 24 months.

2. Approved leaves of absence may extend the time to degree completion. See the Leave of Absence Policy (School of Medicine) for details.

3. Students taking or returning from a Military Leave of Absence are subject to the time frame provisions set forth in the Military Leave of Absence Policy (School of Medicine) . Students should consult Military Leave of Absence Policy (School of Medicine) for additional details.

4. In extenuating circumstances, with approval by the Program Director, students may be given up to five years total to complete the DMSc degree, including any leaves of absence.

E. **Student Obligations**

1. Students bear the responsibility of being informed regarding policy changes and must understand the implications these changes may have for their academic and professional standing within the program.

V. CROSS REFERENCES:

Leave of Absence Policy (School of Medicine)
Military Leave of Absence Policy (School of Medicine)
Professionalism and Honor Code - DMSc Program - PA Studies (School of Medicine)
Satisfactory Academic Progress (SAP) for Financial Aid Policy - DMSc Program - PA Studies (School of Medicine)
Student Payment Policy (School of Medicine)

VI. RESOURCES AND REFERENCES:

Not Applicable

VII. ATTACHMENTS:

Not Applicable

VIII. REVISION DATES:

4/2024, 19/2024, 4/2025; 3/2026

Appeal of Final Course Grade Policy - DMSc Program - PA Studies (WFUSM)

Version 1

I. PURPOSE

This policy outlines the process for students to appeal a final course grade within the Physician Assistant Doctor of Medical Science (DMSc) program.

II. SCOPE

This policy applies to all Wake Forest University School of Medicine (School of Medicine) DMSc program students.

III. DEFINITIONS/ABBREVIATIONS

Not Applicable

IV. POLICY

A. Initial Appeal Process

1. Meeting Request

a) Student must request a meeting with the Course Director to clarify, discuss and/or challenge the grade in question. program grade release.

b) Request must be made in writing, via email, to the Course Director and Program Director (PD), within three (3) business days of program grade release to clarify, discuss and/or challenge the grade in question.

2. Meeting and Decision

a) The Course Director (or designee) must meet virtually with the student within seven (7) calendar days of receiving the request.

b) The Course Director is required to notify the student in writing of their decision regarding the grade within three (3) business days after the meeting.

c) The Course Director must document the occurrence and outcome of the meeting.

B. Further Appeal Process

1. Appeal to Program Director (PD)

a) After receiving the course director's decision, the student may further appeal the final course grade.

b) The appeal must be submitted in writing via email to the PD within three (3) business days of the date of the written communication from the Course Director.

c) The written appeal must specify the course being appealed, state the reasons for the appeal, and explain the relevant circumstances.

2. Final Decision

a) The PD or a designated individual will review the appeal.

b) The student will be notified of the decision in writing within three (3) business days of the PD receiving the appeal.

c) The decision of the PD or designee is final.

C. Note: Student appeal of dismissal from the DMSc Program is addressed under the Student Appeal of Dismissal Policy (WFUSM) .

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Student Appeal of Dismissal Policy (WFUSM)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

Evaluation Policy - DMSc Program - PA Studies (School of Medicine)

Version 1

I. PURPOSE

The purpose of the Evaluation Policy is to outline the assessment strategy employed by the Wake Forest School of Medicine Doctor of Medical Science (DMSc) Program. This policy is designed to ensure a rigorous, fair, and transparent evaluation of learner performance, reflecting our commitment to academic excellence and the advancement of our program learning outcomes.

II. SCOPE

This policy applies to all Wake Forest University School of Medicine (School of Medicine) DMSc program students.

III. DEFINITIONS/ABBREVIATIONS

Not Applicable

IV. POLICY

A. Evaluation Methods

B. The DMSc Program employs a variety of assessment methods to evaluate learner acquisition and application of knowledge, and development of professional skills. These methods are selected to align with the program's learning outcomes and the unique nature of online learning. Individual course evaluation methods can be found in the course syllabus. The evaluation methods include the following:

1. Discussion Posts: Learners will engage in online discussion forums, where they are expected to contribute thoughtful, reflective posts that demonstrate critical analysis and integration of course content with practical experiences.
2. Quizzes: Quizzes may be administered to assess learners' retention of key concepts and facts. Quizzes may be multiple-choice, multiple-answer, true/false, short-answer questions or in other formats.
3. Papers: Learners are required to write academic papers that reflect deep engagement with course materials, critical thinking, and the ability to synthesize and apply knowledge to relevant professional scenarios.
4. Capstone Project Deliverables: Evaluation based on a series of deliverables leading up to the final doctoral project, including:
    a. Proposal Development: Assessment of the project proposal, focusing on originality, feasibility, and the potential contribution to the field.
    b. Literature Review: Evaluation of the depth, breadth, and critical analysis within the literature review, demonstrating a comprehensive understanding of the topic area.
    c. Methodology Design: Review of the research methodology for appropriateness, rigor, and ethical considerations.
    d. Data Analysis and Interpretation: Assessment of the analytical processes and the logical coherence of the findings.
    e. Final Project Presentation: Evaluation of the final presentation, focusing on the clarity, impact, and professionalism of the delivery and the ability to defend the work.
5. Other Online Formats: Additional online assessment formats, as specified in course syllabi, may include case studies, project-based assignments, peer assessments, and interactive simulations.

These are designed to evaluate learners' practical application of theoretical knowledge, problem-solving skills, and ability to work collaboratively.

C. Grading and Feedback

1. Grading Criteria: All assessments will be graded according to predefined criteria, which will be communicated to learners in a clear format in the course syllabus. These criteria are designed to be transparent and objective, ensuring fairness in the evaluation process.
2. Feedback: Constructive feedback on grading metrics will be given on assessments, with the aim of fostering learners' academic growth, pinpointing areas for improvement, and guiding future learning strategies. Feedback serves as a valuable tool in the learning process, offering insights and direction to help learners achieve their full potential.

D. Policy Implementation

1. Responsibilities: It is the responsibility of both faculty members and learners to engage in the evaluation process in accordance with this policy. Faculty members are expected to apply the assessment methods fairly and consistently, while learners are expected to participate actively and honestly in all evaluations.
2. Appeals: Learners who wish to contest an evaluation result may do so through the program's grade appeal process, as outlined in the Appeal of Final Course Grade Policy - DMSc Program - PA Studies (WFUSM).3. Confidentiality: Evaluation results will be treated with confidentiality, accessible only to the learner, the course instructor, and authorized program administration staff.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Appeal of Final Course Grade Policy - DMSc Program - PA Studies (WFUSM)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

Professionalism and Honor Code - DMSc Program - PA Studies (School of Medicine)

Version 1

I. PURPOSE

The purpose of the Department of PA Studies Doctor of Medical Science (DMSc) Program Professionalism and Honor Code (Honor Code) is to establish professional standards for student conduct and foster a culture of integrity and professionalism. Students are charged with commitment to uphold the Honor Code at all times.

PA DMSc Candidates are charged to demonstrate the behavioral standards of the Honor Code in all facets of their academic endeavors and professional development beginning at the inception of training and continuing to graduation. These standards foster an atmosphere of honesty, trust, and cooperation among students, faculty, patients, and society. These standards should be embodied throughout the program and across all environments of learning and service.

II. SCOPE

All Wake Forest University School of Medicine PA DMSc Program Candidates are responsible for complying with this policy.

III. DEFINITIONS/ABBREVIATIONS

Candidate Progress Committee (CPC)

IV. POLICY

As members of the Wake Forest University School of Medicine and Advocate Health community, students are expected to adhere to the institutional values and conduct standards published within the Advocate Health Code of Conduct. Tenets of the Honor Code may also be evident in other established institutional and program policies and standards applicable to students. A student subject to investigation for an alleged Honor Code violation or subject to penalty for a substantiated breach of the Honor Code may also be subject to investigation and other processes as defined within published policies and procedures.

A. Students are expected to:

1. Demonstrate accountability for educational events or other required activities.
2. Participate in class activities, discussions, and assignments while promoting a positive learning environment.
3. Communicate in a professional and respectful manner. Students are expected to demonstrate accepted netiquette practices in the online learning environment:
    a) Strive to contribute positively to discussions and support your peers. Seek to understand different viewpoints, avoid using language that could be perceived as aggressive, sarcastic, or demeaning.
    b) Use clear and professional language in all digital communications. This includes emails, forum posts, and any other online correspondence.
    c) Give proper attribution to the original sources of your information, quotes, and other content. Plagiarism undermines the trust and integrity of our community.
4. Demonstrate emotional maturity and responsibility for their own education, including response to feedback.
5. Demonstrate respect and sensitivity for others; honor diversity and individuality; protect the dignity of all.

6. Demonstrate academic integrity.
7. Demonstrate respect for relationships with faculty, peers, and others in a teaching role throughout all interactions.
8. Adhere to institutional, state, and federal compliance policies, as defined in the Wake Forest University School of Medicine policy handbook and required Atrium Health Wake Forest Baptist training modules.
9. Abstain from discriminating against any person because of age, race, religion, gender or gender identity, sexual orientation, disability, national origin, ability to pay, or any other reason prohibited by regulation or law.

B. Student Guidelines

1. Students will be evaluated by the DMSc CPC as needed in response to behavior which may violate the Honor Code. Violations in professional behavior may impact the student's standing in the program.
2. The first occurrence of behavior found in violation of the Honor Code will result in a written warning and a required meeting with the DMSc Candidates' Academic Advisor. The warning will provide clear documentation of the concerns at hand.
3. Subsequent violations may be referred to the CPC for consideration for academic probation.
4. Violations of the Honor Code may result in:
    a) Written Warning;
    b) Academic Probation; or
    c) Dismissal.

C. Procedures for reporting a suspected Professionalism and Honor Code Violation

a) When a member of the academic community has reason to believe that a DMSc student has violated the Honor Code, they should discuss the alleged violation with the Program Director, who will provide guidance to the accuser regarding the nature of the allegation and its applicability to the Honor Code, and/or applicability for referral to the Candidate Progress Committee. The Program Director will emphasize confidentiality of all information pertaining to the matter.

b) To proceed with reporting an alleged violation, the accuser will be provided the Student Professionalism and Honor Council Report Form and is required to complete and submit to the Program Director.
    a) All relevant communication regarding the alleged violations will be documented and be available for review during investigation and hearing.

c) All alleged violations of the Honor Code must be discussed with the Program Director within thirty (30) business days of the accuser becoming aware of the violation.

D. Investigation of the Charge

1. The CPC shall collect the details surrounding the alleged violation, including the following:
    a) Interview the person(s) placing the complaint;
    b) Interview the accused student;
    c) Conduct interviews with any others, including students or faculty, who may have pertinent information relating to the alleged infraction; and
    d) Review any document(s) or other evidence relevant to the suspected violation.
2. Following collection of all available facts pertinent to the alleged violation, the CPC will:
    a) Schedule the hearing, as appropriate;

b) Compile the list of formal allegations;

c) Inform the accused student of the charges and timing of the hearing; and

d) Notify all persons requested for the hearing, including all witnesses and other persons needed to present evidence.

E. Rights of the Accused Student

1. Any student who has been accused of violating the Honor Code shall have the following rights, which shall be explained in writing when the student receives initial notification of the charges:

a) Right to written notification of the allegation(s).

b) Right to have all hearing details and knowledge of CPC proceedings kept confidential. Only those individuals specifically outlined in this document shall have any knowledge of committee proceedings unless the Committee determines the student has violated the Honor Code.

c) Right to be subjected only to investigations of alleged violations reported within thirty (30) business days, as defined above.

d) Right to a prompt hearing (except under extenuating circumstances, the CPC shall initiate a hearing within two business weeks after receipt of the written report from the person placing the complaint).

e) After notification that a hearing is to be conducted, right to know the names of the accuser/s, the names of any witnesses to be called in the hearing, and access to any relevant documents or evidence gathered in the investigation which is to be presented in the hearing.

f) Right to present a statement in their own defense or to refuse to testify at the hearing.

g) Right to call and question witnesses at the hearing.

h) Right to be presumed innocent until a determination has been made that an action or behavior of the accused student is in violation of the Honor Code.

i) Right to be judged solely on the evidence and testimony presented during the hearing.

j) Right to appeal a decision of dismissal from the DMSc Program, following the procedures outlined in the Student Appeal of Dismissal Policy (WFUSM).

F. The Hearing

1.] Participants: All hearings are limited to invited participants, which can only include:

a) The accused student;

b) Members of the Committee and assigned staff member;

c) Witnesses, allowed one at a time and only during their own testimony;

d) Other participants who will present testimony, as deemed necessary by the CPC.

2. Records of proceeding: A formal record of the hearing in which the Committee determines a violation occurred shall become a part of the student record. The formal record will be comprised of a rationale and summary of the Committee's decision and recommendations.

3. Hearing Procedures: The CPC shall:

a) Call the hearing to order, reminding those present of their obligations to honesty, integrity, and confidentiality.
b) Read the formal statement of allegations.
c) Call for the presentation of evidence to the committee Call for the presentation of evidence by the accused student in summary format.
d) Determine the order of testimony from individuals present at the hearing; each presentation will be followed by an opportunity for brief questioning in an order to be determined by the chair.

e) Call for clarifying remarks and final questions.

4. At the conclusion of the hearing, all participants, except the Committee members, will be excused and the committee members will begin deliberations.

G. Deliberations

1. It shall be the duty of the members of the Committee to determine if there is a preponderance of evidence that the accused student has committed the action of which they are accused and that such action constitutes a violation of the Honor Code.

   a) By this definition, the accused student is presumed not to have violated the Honor Code unless the Committee determines that burden of proof was met by the evidence presented at the hearing.

H. Decision

1. Upon completion of the deliberations, the members of the Committee shall vote on the decision of the case. Decision is made by a simple majority.
2. Upon a finding by the Committee that the accused student did not violate the Honor Code, the allegations against the accused student shall be dismissed and no record of the allegation will be placed in the accused student's record.
3. If the Committee determines that a violation of the Honor Code has occurred, the members shall agree upon a recommendation(s) for disciplinary action and a formal written report shall be made to the Program Director (or designee).

   a) The report will include the name of the student who was found in violation of the Honor Code, the infraction(s) committed, a brief summary of the events surrounding the violation, the Committee's decision, and recommendation(s) for disciplinary action.

   b) The Program Director will notify the student promptly once this report has been received.

4. The Committee shall have discretionary authority to recommend disciplinary action, up to and including dismissal from the program. This recommendation should be delivered to the Program Director (or designee) within three (3) business days of the hearing.
5. The Program Director makes all final decisions regarding disciplinary actions, including dismissal.
6. All violations decided by the Committee will have formal documentation in the accused student's record.

CROSS REFERENCES

Advocate Health Code of Conduct
Student Appeal of Dismissal Policy (WFUSM))

RESOURCES AND REFERENCES

Not Applicable

ATTACHMENTS

Not Applicable

Satisfactory Academic Progress (SAP) for Financial Aid Policy - DMSc Program - PA Studies (School of Medicine)

Version 1

I. PURPOSE

Wake Forest University School of Medicine (the School of Medicine) is required by federal law and regulation to establish and implement a policy to measure whether students applying for and/or receiving federal financial aid are making Satisfactory Academic Progress (SAP). The purpose of this policy is to set forth standards to monitor the progress of each student working toward the Physician Assistant Doctor of Medical Science (DMSc) degree and set forth the requirements for determining each student's Satisfactory Academic Progress.) degree and set forth the requirements for determining each student's Satisfactory Academic Progress.

II. SCOPE

This policy applies to all students in the School of Medicine DMSc Program.

III. DEFINITIONS/ABBREVIATIONS

Satisfactory Academic Progress (SAP): The successful completion of degree requirements according to established increments that lead to awarding of the degree within specified time limits.

IV. POLICY

A. This policy should be read along with the Academic Progress Policy - DMSc Program - PA Studies (School of Medicine) which sets forth the standards for evaluating student performance. Failure to maintain SAP may result in loss of or ineligibility for federal and/or institutional financial aid. This policy addresses only the financial aid consequences of failing to make SAP and does not address the consequences to academic standing or eligibility for continued enrollment, which are set forth in the Academic Progress Policy - DMSc Program - PA Studies (School of Medicine) .

B. The requirements for the DMSc degree include the satisfactory completion of the DMSc curriculum at the School of Medicine. The progress of each student is monitored closely by the DMSc Program Director and core DMSc faculty with formal review occurring at the end of each semester, and at the end of each program year. Within 5 business days following the end of the term, the student will be notified via their School of Medicine e-mail account if they fail to maintain SAP at any time in the program. A student who fails to meet one or more of the standards for SAP (qualitative and/or quantitative) is ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met.

C. Qualitative Measures of SAP

1. Each student must successfully complete all DMSc Program-required courses and assessments to graduate with the DMSc degree.

    a. DMSc students cannot graduate with a grade of "I". Incomplete grades/hours are not included in Satisfactory Academic Progress (SAP) evaluation. The finalized grade/hours are reviewed at the time of the next formal SAP evaluation. When an incomplete grade is finalized, it is factored into the SAP calculation at the time of the next evaluation period, at the end of the academic year.

    b. Students required to remediate coursework and who are placed on Academic Probation do not meet School of Medicine SAP eligibility requirements for financial aid.

    c. Students not meeting SAP may appeal the decision. (See Section F of this policy).

    d. Under current federal financial aid guidelines, students remediating coursework AND who successfully appeal SAP will be eligible for federal loans for the repeat of that year.

e. Refer to the Academic Progress Policy - DMSc Program - PA Studies (School of Medicine) for additional information regarding the standards for progression.

D. Quantitative Measure & Maximum Timeframe

1. The School of Medicine DMSc Program measures academic progress with a cumulative grade point average (see Academic Progress Policy - DMSc Program - PA Studies (School of Medicine)).
2. The DMSc degree is designed for completion in two (2) academic years. The maximum time allowed for completion of degree requirements is five (5) years.

E. SAP and Leaves of Absence

1. A student may be granted an academic, administrative, medical, military, or personal leave of absence for a variety of reasons, including pursuit of other scholarly enrichment activities. The period of leave for which the student has been approved may be excluded from the maximum time frame in which the student is expected to complete all requirements of the degree program (5 years). A leave of absence should not extend training for more than one (1) year unless as outlined in the Military Leave of Absence Policy (School of Medicine) .

F. Appeal Process and Financial Aid Status

1. Reestablishing Eligibility: A student who has lost eligibility for financial aid because of a failure to maintain SAP may reestablish eligibility for financial aid only if the student subsequently meets SAP requirements or successfully appeals the decision that SAP has not been met.
2. Appeal Procedure: Students who lose eligibility for financial aid may appeal the decision. To appeal, the student must submit a letter of appeal to the DMSc Program Director via their School of Medicine email account within three (3) business days of notification of failure to meet SAP. The appeal letter should include the following:
   a. Unanticipated circumstances that prevented the student from meeting the requirements for SAP.
   b. Documentation, if any, that supports the student's basis for appeal.
   c. Steps the student has taken/will take to ensure future SAP. This plan should outline the student's academic goals for each period that will enable the student to meet the requirements for SAP at a specified future point in time.
   d. Anticipated graduation date.
3. Decision Timeframe: In most cases, the DMSc Program Director will submit an appeal to the Financial Aid Appeal Committee. The Financial Aid Appeal Committee will render a decision within two (2) calendar weeks of receipt of a fully completed appeal. Notification of the decision will be sent to the student via the student's School of Medicine e-mail account.
4. Appeal Approval: If the appeal is approved, the student will be placed on financial aid probation and will be eligible for financial aid as long as an approved academic plan is in place. The academic plan is developed by the DMSc Program Director, or designee, in consultation with the Registrar and student. The plan must set forth criteria for the student to achieve SAP by a designated point in time. While on financial aid probation, academic progress will be evaluated by the DMSc Program Director at the conclusion of each term.
5. Regaining Eligibility: Students who meet the requirements for SAP during the defined period of probation will then resume financial aid good standing and be evaluated at the conclusion of the following term.
6. Consequences of Failure: Students who fail to meet the requirements for SAP during the defined period of probation or who do not complete the requirements of their academic plan will become ineligible for financial aid. Students may appeal a second and final time by following the appeal process above.

7. Appeal Denial: If the SAP appeal is denied, financial aid will be cancelled.
8. Financial Aid Options: Students who are ineligible to receive financial aid may use one or more of the following options while attempting to regain eligibility: student/family resources or alternative/private educational loans.
9. Note: A student who has lost eligibility for financial aid due to a failure to make SAP cannot automatically regain eligibility by paying tuition or by taking a Leave of Absence for a semester or longer. Eligibility may be regained only by remedying all SAP deficiencies at the student's expense until all requirements of this policy are met.

G. Enforcement

1. Collaborative Monitoring: The Office of the Registrar, Office of Financial Aid, and the DMSc Program Director will work collaboratively to monitor and enforce standards of SAP. The DMSc Program Director will inform the Office of Financial Aid of any student who is not making SAP. The Office of Financial Aid will inform any student whose financial aid has subsequently been impacted.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Academic Progress Policy - DMSc Program - PA Studies (School of Medicine)

Leave of Absence Policy (School of Medicine)

Military Leave of Absence Policy (School of Medicine)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

PA- MMS Program Policies

For more information about the PA MMS Program please visit the PA Program Student Handbook - PA Program - PA Studies (School of Medicine) located in our PolicyTech system.

Attendance Policy - PA (MMS) Program - PA Studies (School of Medicine)

Version 5

I. PURPOSE

The purpose of this policy is to ensure consistent attendance and punctuality, which are expected of students during enrollment in the Physician Assistant program (PA-MMS Program).

II. SCOPE

This policy applies to all enrolled Wake Forest University School of Medicine (School of Medicine) PA-MMS program students who are candidates for promotion and graduation.

III. DEFINITIONS/ABBREVIATIONS

Absence: Physical absence from an in-person class or activity (including live online events) or failure to complete a distance learning activity by the specified deadline.

IV. POLICY

A. Consistent attendance and punctuality are expected of students during enrollment in the PA-MMS program. Reasons for attendance:

1. PA education is an intensive program and learning is cumulative. Each academic activity functions as a necessary foundation for those that follow. All in-person or distance learning classes, rotation activities (including scheduled clinics, conferences, rounds, evening and weekend work, or on-call sessions), and other scheduled events during preclinical and clinical education are thus considered to be an essential part of the overall educational experience.
2. The culture and diversity of class discussions/interactions are dependent on all students being present and engaged. This engagement fosters a cohort level community, mutual support, and accountability.
3. Attendance and punctuality are elements of professional behavior.

B. Attendance and punctuality are mandatory for all scheduled evaluations. (See Evaluation Policy - PA (MMS) Program - PA Studies (School of Medicine))

C. Only absences for the following reasons will be eligible for makeup assignment:

1. Illness- requires a medical provider's note.
2. Religious observance- requires preapproval by the Director of Didactic Education (DDE).
3. Unavoidable natural disasters- requires approval by the DDE.

D. Service Members

1. The PA-MMS program allows service members and reservists to be readmitted to a program if they are temporarily unable to attend class or must suspend their studies due to service requirements. The program will take additional steps to accommodate short absences due to service obligations, provided that successful academic progress is being made by the service members and reservists prior to suspending their studies (See Military Leave of Absence Policy (School of Medicine))

E. Religious Observances

1. Two religious observance days may be taken per year, outside of the observed holidays by the Atrium Health Wake Forest Baptist Medical Center (New Year's Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day).
    a) These days must be reported to the Director of Student Services upon matriculation.

F. Please note: Attendance expectations differ in the Preclinical Year and the Clinical Year.

G. Preclinical Year

1. Students in the Preclinical Year will be allotted a specific number of days for absences using the following schedule:
    - Unit 1 – 1 absence permitted
    - Unit 2 – 2 absences permitted
    - Unit 3 – 3 absences permitted
    - Unit 4 – 2 absences permitted
    - Unit 5 – 2 absences permitted
2. Both partial and entire day absences are considered 1 total absence.
3. There are consequences for exceeding these limits (see below for more information)
4. Students must notify the Program Coordinator and Director of Didactic Education (DDE) by email as soon as an absence occurs.
5. The Clinical Year Prep course (all sessions) and Preparing Future Professional course (all sessions) are mandatory due to significance of in-person instruction that is difficult to replicate or reschedule. For this reason, all absences must be approved in advance by the DDE.

H. Clinical Year

1. Students in the Clinical Year will be allotted 3 discretionary days, which may be used during the clinical rotations.
    a) Discretionary days cannot be used during callbacks or End of Rotation exam days and must be requested at least 10 business days before the start of the rotation. Please review the Clinical Year Handbook for specific information.
2. In addition to discretionary days in the clinical year, students may take 1 excused "sick" day per rotation – up to a maximum of 3 days total during the clinical year – without the need to make up the missed time. Any "sick" time beyond the allowed days must be made up in order to meet program requirements. Unresolved or unmade-up time away MAY result in a delay in graduation.
3. Students must notify the Clinical Year Director by email when unexpected absences occur.

I. Excessive absences

1. Excessive absences have the potential to negatively impact a student's ability to meet program requirements.
2. When absences exceed established limits (in number or severity) the Director of Student Services (DSS) will evaluate the issue in conjunction with the student, the student's advisor, any involved Course Directors, the PA Student Progress Committee, and/or the Program Director.
    a) The DSS may arrange support, coaching, remedial activities, or any other actions deemed appropriate for the success of the student.
3. If excessive absences or episodes of tardiness impact student progress in either the academic or professional realm, the PA Student Progress Committee will review the situation and determine whether remedial or disciplinary action is required, up to and including deceleration with delayed graduation or dismissal from the PA-MMS program.

J. Leaves of Absence

1. A prolonged absence due to critically extenuating circumstances may result in a student taking a Leave of Absence. If a student is unable to act on their own behalf, the Program Director may initiate a temporary leave of absence (See Leave of Absence Policy (School of Medicine)).
2. Leaves of absence are addressed in accordance with the Leave of Absence Policy (School of Medicine) and the Military Leave of Absence Policy (School of Medicine).

V. PROCEDURE / GUIDELINE

A. A student who will be absent from any scheduled activity must notify the Registrar, or designee, before the anticipated absence or as soon as possible after it.

1. All absences will be documented and become part of the student's permanent record.
2. Any absence not reported within 24 hours will be considered a breach of professionalism.

B. Tardiness is also considered a breach of professionalism and may result in a written report to the PA Student Progress Committee, with placement in the student's permanent record. (Note: as delineated in the Student Progress Policy - PA Program - PA Studies (School of Medicine), a student may be placed on Warning or Probation for deviations from conduct or behavioral expectations.)

VI. CROSS REFERENCES

Evaluation Policy - PA Program (WFUSM)

Leave of Absence Policy (School of Medicine)

Military Leave of Absence Policy (School of Medicine)

Student Progress Policy - PA Program - PA Studies (School of Medicine)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES:

4/2020; 3/2022; 5/2023; 6/2025; 4/2026

Evaluation Policy - PA (MMS) Program - PA Studies (School of Medicine)

Version 3

I. PURPOSE

The purpose of this policy is to set expectations for integrity and testing protocols for all examinations and other summative assessments used within the Physician Assistant (PA-MMS) Program.

II. SCOPE

All Wake Forest University School of Medicine (School of Medicine) PA-MMS Program students are responsible for complying with this policy.

III. DEFINITIONS

A. Evaluation Period: The time period between the start time of an evaluation and grade release. For end of unit summative assessment weeks (SPA week), the Evaluation Period begins on the first day of assessments and lasts until final grade release. Evaluation Period begins on the first day of assessments and lasts until final grade release.

IV. POLICY GUIDELINES

A. Confidentiality
   1. All content within an evaluation is strictly confidential.
   2. Any unauthorized retention, possession, copying, distribution, disclosure, or receipt of content from any evaluation, in whole or in part, by written, electronic, oral, or other form of communication, including but not limited to emailing, texting, photographing, copying, or printing of electronic files, and reconstruction through memorization and/or dictation before, during, or after an evaluation, is strictly prohibited and subject to the Student Professionalism and Honor Code Policy - PA Program - PA Studies (School of Medicine) .

B. Evaluation Protocol
   1. Students must comply with all elements published within the Student Professionalism and Honor Code Policy, as well as all evaluation instructions provided during all evaluations.
   2. Students are prohibited from discussing evaluation content during the Evaluation Period.

C. In-Person Evaluations
   1. By participating in an evaluation, students understand and agree to be recorded in all designated testing areas during the Evaluation Period for testing security.
   2. Students must store any materials or personal effects outside of the evaluation room prior to testing unless the items have been specified as permissible by faculty or the Evaluation Proctor.
      a) This includes smart watches, cell phones, electronic devices or AI-enabled devices. Permissible devices must be silenced, unable to send or receive calls and messages, and may not be used to access files, resources, or images.
      b) Questionable items are subject to confiscation by the Evaluation Proctor..
   3. Students must sit in designated seats during an Evaluation Period unless they have been instructed otherwise by faculty or the Evaluation Proctor.
   4. During the Evaluation Period, most student questions cannot be answered. Logistical questions related to the evaluation process or questions regarding permissible acts during the Evaluation Session must be directed to the Evaluation Proctor.
   5. Any student requiring a brief break during an evaluation must seek permission from the Evaluation Proctor.

6. Students completing evaluations prior to the end of the Evaluation Period will exercise appropriate behavior, such as remaining in the testing area until the end of the Evaluation Period if requested, supporting a quiet testing environment, and avoiding behaviors that may interrupt or disturb others.
7. Students are expected to alert an Evaluation Proctor to any irregular behavior observed during the Evaluation Period. Alleged behaviors which potentially violate this policy or the standards set forth in the Student Professionalism and Honor Code Policy - PA Program - PA Studies (School of Medicine) must be reported in accordance with that policy.

D. Absences from Evaluations

1. All students are expected to complete evaluations during their original scheduled times. An absence must be reported to the PA Program Registrar and Director of Didactic Education (DDE) or designee prior to the evaluation session or, in the event of an emergency, as soon as possible.
2. A student arriving late for an evaluation (after scheduled start time) must report to the DDE or designee and must not enter the testing area without permission.
3. The Registrar, the Director of Didactic Education, the appropriate Course Director, or other designee will provide guidance to the student regarding implications of an absence from an evaluation.
4. Additional details regarding absences are described within the Attendance Policy - PA (MMS) Program - PA Studies (School of Medicine).

V. PROCEDURE/GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Attendance Policy - PA (MMS) Program - PA Studies (School of Medicine)
Student Professionalism and Honor Code Policy - PA Program - PA Studies (School of Medicine)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHEMENTS

Not Applicable

IX. REVISION DATES

4/2020; 4/2023 3/2026

Final Course Grade, Final Summative Evaluation, and Behavioral Sanction Appeal Policy - PA Program - PA Studies (School of Medicine)

Version 4

I. PURPOSE

The purpose of this policy is to establish the standards by which final grades for courses, Final Summative Evaluation grades, and assignment of Warning or Probation status for behavior and/or conduct are subject to appeal. If the student alleges discriminatory conduct in the grading process, the Director of Student Services or designee shall assist the student in accordance with applicable PA Program or School of Medicine policy.

II. SCOPE

This policy applies to all Wake Forest University School of Medicine (School of Medicine) Physician Assistant (PA-MMS) Program students.

III. DEFINITIONS/ABBREVIATIONS Not Applicable

IV. POLICY

Final grades for courses, Final Summative Evaluation grades, and assignment of Warning, Remedial-Probation, or Probation status for behavior and/or conduct are subject to appeal.

If the student alleges discriminatory conduct in the grading process, the Director of Student Services or designee shall assist the student in accordance with applicable PA Program or School of Medicine policy.

A. Appeal of final course grade

1. Students are formally notified of their final grades in Campus Solution/PeopleSoft following each unit of study. Students may review final course grades and component grades in One45.
2. After formal receipt of the final course grade, the student has three (3) school days to challenge the grade by requesting a meeting with the Course Director.
   a) The request should be in writing via email and should copy the PA Program Director..
   b) The Course Director will then schedule a meeting within three school days, which may occur in person, by phone, or virtually.
   c) The Course Director or designee must document the occurrence and outcome of this meeting for the student's file.
3. After receiving the decision of the Course Director, the student may further appeal the grade to the PA Program Director or designee.
   a) The student has three (3) school days after receiving the decision from the Course Director to appeal to the PA Program Director and must appeal in writing via email to the PA Program Director or designee.
   b) The written appeal must state the final course grade that is being appealed, the justification for the appeal, and explain the relevant circumstances.
   c) The PA Program Director or designee will review the appeal and notify the student of the decision in writing within three (3) school days of receiving the appeal.
   d) The decision of the PA Program Director or designee is final.
4. Until a decision about the grade appeal is rendered, it is strongly recommended that a student participate in any suggested remediation if offered by the PA Student Progress Committee and as directed by the course director.

B. Appeal of Final Summative Evaluation grades (Refer to the policies as outlined in the Student Progress Policy - PA (MMS) Program - PA Studies (School of Medicine), section on the Final Summative Evaluation.)

1. If the student is unsuccessful at reaching competency on one or more components of the Final Summative Evaluation, the student may appeal.
    a) If the student wishes to appeal, they must first notify the Associate Program Director or designee in writing via email stating they wish to clarify or challenge the component grade.
    b) The student must submit the written notification within three (3) school days of receiving the grade.
    c) The Associate Program Director or designee will review the grade and notify the student of the decision in writing within three (3) school days of receiving the request.
2. After receiving the decision of the Associate Program Director, the student may further appeal the grade to the PA Program Director or designee.
    a) The student has three (3) school days after receiving the decision from the Associate Program Director to appeal to the PA Program Director and must appeal in writing via email to the PA Program Director or designee.
    b) The written appeal must state the component of the Final Summative Evaluation that is being appealed, the justification for the appeal, and explain the relevant circumstances.
    c) The PA Program Director or designee will review the appeal and notify the student of the decision in writing within three (3) school days of receiving the appeal.
    d) The decision of the PA Program Director or designee is final.
3. Until a decision about the grade appeal is rendered, it is strongly recommended that a student participate in any suggested remediation as directed by the PA Student Progress Committee and as directed by the Associate Program Director.

C. Appeal of placement on Warning or Probation status due to behavior and/or conduct
1. If the PA Student Progress Committee places a student on Warning, Remedial-Probation, or Probation status due to behavior and/or conduct issues, the student may appeal.
    a) After receiving formal notification of the change in status from the PA Student Progress Committee, the student has three (3) school days to submit a written appeal via email to the PA Program Director or designee.
    b) The written document must explain why the student is appealing, provide reason(s) supporting a change or removal of the Warning, Remedial-Probation, or Probation status, and describe any requested outcome(s).
    c) The PA Program Director or designee will review the appeal and notify the student of the decision in writing within three (3) school days of receiving the appeal.
    d) The decision of the PA Program Director or designee is final.
2. Note: Student appeal of dismissal from the PA Program is addressed under a separate School of Medicine policy.

V. PROCEDURE / GUIDELINE Not Applicable

VI. CROSS REFERENCES

Student Appeal of Dismissal Policy (WFUSM)
Student Progress Policy - PA (MMS) Program - PA Studies (School of Medicine)

VII. RESOURCES AND REFERENCES ARC-PA Standard A3.17

VIII. ATTACHMENTS Not Applicable

IX. REVISION DATES 4/2020; 4/2021; 1/2024; 5/2025

Satisfactory Academic Progress for Financial Aid Eligibility Policy - PA (MMS) Program - PA Studies (School of Medicine)

Version 5

I. PURPOSE

The purpose of this policy is to define the standards and procedures used to evaluate Satisfactory Academic Progress (SAP) for Title IV federal financial aid eligibility for students enrolled in the Physician Assistant (PA-MMS) Program.

SAP determinations for Title IV purposes are made at the conclusion of each academic term (payment period) in accordance with federal regulations (34 CFR §668.34) and institutional policy.

II. SCOPE

This policy applies to all students enrolled in the Wake Forest University School of Medicine (School of Medicine) PA-MMS program who apply for or receive Title IV federal financial aid.

III. DEFINITIONS

A. **Satisfactory Academic Progress (SAP):** Satisfactory Academic Progress is the successful completion of degree requirements according to established qualitative and quantitative standards that lead to the awarding of the degree within specified time limits.

B. **Financial Aid Warning:** A status assigned to a student who fails to meet SAP standards at the end of a payment period. A student placed on Financial Aid Warning:
   - Is not required to submit an appeal;
   - May continue to receive Title IV federal financial aid for one subsequent payment period; and
   - Must meet SAP standards at the next evaluation to remain eligible.

C. **Financial Aid Probation**: A status assigned to a student only after:
   - The student has failed to make SAP, and
   - The student has successfully appealed that determination, and
   - The institution has approved the appeal.

IV. POLICY GUIDELINES

A. The School of Medicine is required by federal law and regulation to establish and implement a policy to measure whether students applying for and/or receiving federal financial aid are making SAP. (34 CFR §668.34).

B. This policy delineates the standards for SAP for Financial Aid Eligibility in the PA-MMS program at the School of Medicine and should be read along with the Student Progress Policy - PA Program - PA Studies (School of Medicine), which sets forth the standards for evaluating student performance in the PA-MMS program's defined clinical practice competency domains.

C. Failure to maintain SAP may result in loss of eligibility for all financial aid, federal or institutional. This policy addresses only the financial aid consequences of failing to make Satisfactory Academic Progress and does not address the consequences to academic standing or eligibility for continued enrollment, which are set forth in the Student Progress Policy - PA Program - PA Studies (School of Medicine.

D. Qualitative Measures of SAP

1. Each student must successfully complete all program-required courses, supervised clinical practice experiences (SCPE), and examinations to graduate with the MMS degree.
2. The PA-MMS program measures academic progress with grades of Honors, Competent, Complete, Concern, or Failure, rather than a cumulative grade point average.

(Refer to the Student Progress Policy - PA Program - PA Studies (School of Medicine).

3. Students must receive final grades of Competent, Complete, or Honors in all required coursework and demonstrate satisfactory professional behavior to meet the qualitative SAP standard.
    a) A student who accepts an offer of deceleration with final course grades less than Competent, Complete, or Honors is not meeting SAP for financial aid purposes and will be evaluated under SAP standards at the next scheduled SAP evaluation point.
4. An Incomplete grade represents a temporary academic status while a student completes outstanding course requirements. For the purposes of SAP evaluation, Incomplete grades will be resolved before the next term begins.
    a) If an Incomplete prevents the determination of whether SAP standards are met at the end of the payment period the student may be evaluated as not meeting SAP until the deficiency is resolved.

E. Quantitative Measure & Maximum Timeframe

1. The normal time frame for completion of required course work for the MMS degree is two years. The maximum time frame is three years.
2. Some students may apply and be approved for dual enrollment in more than one academic program offered by Wake Forest University. Based on the specific program of interest, the maximum time permitted for completion of all course content will be published to the student prior to matriculation but will not exceed the maximum time frame of three years.
3. Due to academic, administrative, medical, military, or personal circumstances or scholarly enrichment activities, a student may require additional time, up to the maximum time frame of three years, for completion of degree requirements.
    a) The only exception to maximum timeframe is for active military service; this is outlined in the Military Leave of Absence Policy (School of Medicine).
    b) In such situations, an academic plan may be established for the student that departs from the normal course of study and that may require the repetition of all or a part of a year of study (i.e., deceleration or an approved leave). Refer to the Student Progress Policy - PA Program - PA Studies (School of Medicine) in the PA Student Handbook.
4. Students who exceed the maximum timeframe are not meeting SAP.

F. Academic Monitoring

1. Student academic progress is monitored throughout the program by the PA Student Progress Committee (PASPC) for academic and programmatic purposes.
    a) Formal review occurs at the end of each payment period.
    b) Academic reviews are conducted independently of the SAP standards for Title IV financial aid eligibility and do not constitute a SAP evaluation under federal regulations (34 CFR §668.34).

G. SAP Evaluation Timing and Reporting

1. For Title IV financial aid purposes, SAP is formally evaluated at the end of each academic term (payment period), as defined by the institution, in accordance with 34 CFR §668.34(a).
2. With five (5) business days following the official end of each academic term:
    a) The PASPC reviews each enrolled student's academic record and determines whether the student meets the institution's qualitative and quantitative SAP standards; and
    b) The Registrar reports each student's SAP status to the Office of Financial Aid. This report must be provided via email to FinAid@wfusm.edu to provide date-stamped SAP reporting for future audits.
3. The Office of Financial Aid shall update the student's financial aid eligibility status based on the reported SAP determination and provide required notifications to students in accordance with

institutional policy.

H. Failure to Meet SAP

1. A student who fails to meet one or more of the published SAP standards (qualitative and/or quantitative) at the end of a payment period will be placed on Financial Aid Warning for the subsequent payment period.
2. Students are notified via their School of Medicine assigned e-mail account if they fail to maintain SAP at any time in the program, as outlined in the Student Progress Policy - PA Program - PA Studies (School of Medicine). This notification will include:
   a) The specific SAP standard not met;
   b) The duration of the Financial Aid Warning period;
   c) The requirements necessary to regain SAP compliance; and
   d) The consequences of failing to meet SAP at the next evaluation point.
3. Students may elect to appeal the SAP determination. Refer to Section V. for appeal procedures

I. Evaluation Following the Financial Aid Warning Period

1. At the conclusion of the Financial Aid Warning Period:
   a) A student who meets SAP standards will return to Financial Aid Good Standing.
   b) A student who does not meet SAP standards becomes ineligible for Title IV federal financial aid for the subsequent payment period
2. Students ineligible for Title IV federal financial aid may regain eligibility only by:
   a) Successfully appealing the SAP determination (34 CRF 668.34(a)(9)); or
   b) Regaining compliance with all SAP standards without the receipt of Title IV financial aid.

V. PROCEDURE/GUIDELINE

Appeal Process

A. Appeal Eligibility

1. A student who has lost eligibility for Title IV financial aid due to failure to meet SAP may submit a written appeal.

B. Appeal Submission Requirements

1. To appeal, the student must submit a written letter of appeal via their School of Medicine-assigned email account to the Program Director. The appeal letter should include:
   a) A description of mitigating circumstances that could not have been anticipated and that prevented the student from meeting SAP requirements;
   b) Supporting documentation, if any, that supports the student's basis for appeal;
   c) Detailed steps the student has taken/will take to ensure future academic success, including the student's academic goals for each period to meet SAP at a specified future point in time; and
   d) Anticipated graduation date.

C. Appeal Review

1. The Program Director, in consultation with the Financial Aid Appeal Committee, will review the appeal.
2. In most cases, a decision will be made within two (2) calendar weeks of receipt of a complete appeal.
3. Notification of the decision will be sent to the student via the student's School of Medicine-assigned e-mail account.

D. Approved Appeals and Financial Aid Probation

1. If the appeal is approved, the student will be placed on Financial Aid Probation and will be eligible for Title IV financial aid during the probationary payment period.

2. An academic plan may be required and will be developed by the Program Director, or designee, in consultation with the PASPC, Registrar, and the student.
3. At the conclusion of the probationary period:
    a) A student who meets SAP standards will return to Financial Aid Good Standing.
    b) A student who successfully follows the approved academic plan may remain eligible in accordance with the plan.
    c) A student who fails to meet SAP standards and does not comply with the academic plan will become ineligible for Title IV federal financial aid.

E. Denied Appeals

1. If the SAP appeal is denied:
    a) The student remains ineligible for Title IV financial aid:
    b) Any pending or future Title IV aid will be cancelled.
2. Students who are ineligible for federal financial aid may use student/family resources or alternative/private educational loans for educational costs.
3. A student who has lost eligibility for Title IV financial aid due to a failure to make SAP cannot automatically regain eligibility by paying tuition or by taking a Leave of Absence for a semester or longer. Eligibility may be regained only by remedying all SAP deficiencies at the student's expense until all requirements of this policy are met.

VI. CROSS REFERENCES

Student Progress Policy - PA (MMS) Program - PA Studies (School of Medicine)

Military Leave of Absence Policy (School of Medicine)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES

12/2022, 05/2023, 06/2025, 03/2026

Student Employment Policy - PA Program - PA Studies (WFUSM)

Version 3

I. PURPOSE

The purpose of this policy is to establish employment expectations for matriculating students in the Wake Forest University School of Medicine (WFUSM) Physician Assistant (PA) Program.

II. SCOPE

This policy applies to all WFUSM PA Program students.

III. DEFINITIONS/ABBREVIATIONS

Not Applicable

IV. POLICY

A. Students must not be required to work, substitute, or function as instructional faculty, clinical staff, or administrative staff in the WFUSM PA Program itself or in any instructional sites, to include clinical rotation sites where a student is placed.

B. Due to the rigorous nature of the curriculum, employment during the period of matriculation is highly discouraged.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

ARC-PA Standard A3.04
The program must define, publish, make readily available and consistently apply a policy that PA students must not be required to work for the program.

ARC-PA Standard A3.05
The program must define, publish, make readily available and consistently apply a policy that PA students must not substitute for or function as:
a) instructional faculty and
b) clinical or administrative staff.

VIII. ATTACHMENTS

Not Applicable

IX. REVIEW DATES

5/2018; 2/2021; 1/2024

Student Progress Policy - PA (MMS) Program - PA Studies (School of Medicine)

Version 7

I. PURPOSE

This policy defines how student performance is evaluated within the Master of Medical Science (MMS) program's competency domains: medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice. Performance that meets or exceeds minimum standards ensures that each student is competent and prepared to engage in sequential training, which includes participation in safe and effective patientcare.

This policy establishes the tenets of professional behaviors for the PA Program Student. Professionalism is also addressed in the Student Professionalism and Honor Code Policy - PA Program - PA Studies (School of Medicine).

II. SCOPE

This policy applies to all students enrolled in the Wake Forest University School of Medicine (School of Medicine) Physician Assistant (PA-MMS) program.

III. DEFINITIONS/ABBREVIATIONS

A. Final Grade Categories/Scale
   1. Honors (H): Assigned to students who distinguish themselves from their peers based on knowledge and/or application. Mastery and professionalism are outstanding with the student exhibiting nearly flawless performance on a consistent basis. Extraordinary commitment to academic pursuits is exhibited. Numerical grades in this category range from 95.00 to 100.00%.
   2. Competent (CP): Assigned to students whose performance falls within the range of acceptable knowledge, skills and professional behaviors expected for the level of training. Numerical grades in this category range from 80.00 to 94.99%.
   3. Concern (CN): Assigned to students whose performance exhibits deficits in knowledge, skills and/or professional behaviors expected for the level of training. Numerical grades in this category range from 70.00 to 79.99%.
   4. Failure (F): Assigned to students unable to demonstrate the knowledge, skills and/or professional behavior expected for the level of training or to remediate deficits. Numerical grades in this category fall below 70.00%.
   5. Incomplete (I): Assigned to a student in two circumstances::
      a) A student does not complete required course components by the end of the unit of study OR
      b) A student does not successfully achieve competency on one or more individual course components that are delineated in the course syllabus as a required course component, or program policies.
   6. Complete (C): Assigned to student work evaluated for successful completion and/or participation. It may be applied to the completion of milestones or formative steps in progress. A grade of Complete may be utilized as a final course grade and is defined by achieving competency (at least 80.00%) in that course's components.

B. Attrition: A reduction in the number of students in a cohort. Attrition can encompass dismissal, withdrawal, or deceleration.

C. Course: A defined block of teaching and learning identified with a specified course number (this is inclusive of Supervised Clinical Practice Experiences (SCPEs).

D. Deceleration: The loss of a student from their entering cohort who remains matriculated in the program. (See Deceleration, below.)

E. PASPC Deliberation: Process used by the PA Student Progress Committee (PASPC) to review a student's academic and/or professional performance.

F. Dismissal: Program-initiated removal of a student from the program. (See below for additional information.)

G. PASPC Notification: Means by which a student's academic performance is monitored by the PASPC. PASPC Notification does not require a student to meet with or appear before the PASPC.

H. Remediation: A program-defined and applied process for addressing deficiencies in a student's knowledge, skills and professional behavior, such that the correction of these deficiencies is measurable and can be documented.

I. Required Course Component: A component in a course grading schedule noted on the course syllabus which must be completed with a grade of Competent or Honors to pass that course. A grade of Concern or Failure on a required course component will result in a grade of Incomplete and Warning status.

J. Retest: A second attempt at the same exam which does not include additional efforts at remediation of content.

K. Status

1. Satisfactory Academic Progress (SAP): Demonstration of satisfactory performance of knowledge, skills and professional behaviors expected for the level of training.
2. Warning: An informal sanction status during which a student is NOT in good academic standing. A student placed on Warning status is not maintaining the standards of SAP. Student's financial aid status may be impacted (See Satisfactory Academic Progress for Financial Aid Eligibility Policy - PA (MMS) Program - PA Studies (School of Medicine).
3. Probation: A formal sanction status during which a student is NOT in good academic standing. A student placed on Probation status is not maintaining the standards of SAP. Student's financial aid status may be impacted (See Satisfactory Academic Progress for Financial Aid Eligibility Policy - PA (MMS) Program - PA Studies (School of Medicine). Probation will be reported to applicable licensing, certification, regulatory, or accrediting agencies after graduation.

L. Supervised Clinical Practice Experiences (SCPE): Direct patient care experiences working in a variety of clinical practice environments that allow students an opportunity to apply the extensive knowledge base developed during the didactic year.

M. Unit: In the preclinical year, the collection of concurrent courses offered over a defined time span. The number of units per semester may vary. Transcripts will reflect grades by semester as determined by the University calendar.

N. Withdrawal: Student-initiated exit from the program

IV. POLICY

A. Graduation Requirements

1. The following items must be completed satisfactorily for students to be eligible for graduation:
   a) Completion of all courses and units of study with a final grade of Competent, Complete, or Honors;
   b) Completion of the Final Summative Examination with a final grade of Complete, as required by the national accreditation authority for PA education (ARC-PA);
   c) Have no outstanding professionalism concerns; and
   d) Compliance with the Student Payment Policy (School of Medicine).

B. Successful Student Progress

1. Promotion from a course or a unit of study is based on the achievement of acceptable academic, behavioral, and conduct standards. A final course grade of Competent, Complete, or Honors and satisfactory professional behavior are required for a student to progress in the curriculum.

2. Additional milestones required for successful promotion (from preclinical to clinical education as well as from clinical education to graduation) include summative assessments, such as cumulative examinations of medical knowledge, clinical skills assessments, and evaluations of professional behaviors.
3. A student with unresolved didactic coursework, and/or with Warning or Probation status, may not be permitted to start or continue in SCPE courses until remediation has been completed. Any delay in SCPEs may affect the student's graduation date.

C. Behavioral and Conduct Standards
1. As a Student in the School of Medicine community, PA students are expected to emulate institutional values and conduct standards published within the:

   Advocate Health Code of Conduct

   Student Professionalism and Honor Code Policy - PA Program - PA Studies (School of Medicine)

   Conflict of Interest Related to Student Assessment Policy (WFUSM)

2. Alleged violations of the Honor Code are evaluated by the Honor Council. However, referral to the Honor Council does not preclude the PASPC from independently evaluating and managing a concern relevant to this PA Student Progress Policy.

D. Concern over Safety in the Academic or Clinical Setting
1. If the Program Director (or designee) is concerned that a student is unable to participate safely in an educational activity or is potentially disruptive to a clinical practice or learning environment, the Program Director (or designee) may enact an Administrative Leave of Absence (LOA), which will prohibit a student from participating in any program-related educational activities. This Administrative LOA should not exceed ten (10) school days.
   a) If more than ten (10) school days are required to determine the student's status, the Program Director (or designee) will notify the student in writing.
2. During this time, the Program Director (or designee) will review the situation to determine if additional action is required under this or other School and/or program policies. Ultimately, the Program Director (or designee) determines the removal of the Administrative LOA and communicates to the student in writing regarding the status change and any additional actions which may be required under policy.

E. The PA Student Progress Committee (PASPC)
1. The PA Student Progress Committee (PASPC) is a standing committee of the School of Medicine with membership comprised of both elected faculty members and faculty appointed by the Department of PA Studies.
2. The PASPC is charged with reviewing the overall academic and professional progress of students in the PA Program and making recommendations about promotion, deceleration, remediation and dismissal to the PA Program director.
3. The PASPC meets monthly to review student progress and will review all grades at the conclusion of each unit of study or SCPE.

F. Performance Standards requiring PASPC Referral
1. A student earning a first final grade of Concern in one course during a unit of study or SCPE.
2. A student earning a final grade of Incomplete.
3. A student fails to achieve competency on one or more components in the initial attempt of the Final Summative Exam.

G. Performance Standards requiring PASPC Deliberation
1. A student earns a final grade of Concern in more than one course during a unit of study.
2. A student earns a second or subsequent final grade of Concern in one or more courses during a unit of study.
3. A student earns a final grade of Failure in any course.

4. A student fails to successfully remediate a Warning, Remedial-Probation, or Probation.
5. A student fails to achieve competency on one or more components in a second or subsequent attempt of the Final Summative Exam.
6. A student is referred by the Program Director or designee for a professionalism concern.
7. A student is referred by the Program Director, Clinical Year Director or designee for clinical skill deficiencies.

H. PASPC Actions and/or Recommendations

1. A student whose academic performance falls below competency in any course or required component may have one or more of the following outcomes
2. Academic Sanction (change in status)
   a) Warning:
      (1) Will be implemented for any course grade of Incomplete.
      (2) Will be implemented for failure to achieve competency on initial attempt of the Final Summative Exam.
      (3) May be implemented for professionalism behaviors that are not consistent for the student's level of training.
   b) Probation:
      (1) Will be implemented for any course grade of Concern or Failure.
      (2) Will be implemented for failure to achieve competency on second attempt of the Final Summative Exam.
      (3) May be implemented for professionalism behaviors that are not consistent for the student's level of training.
      (4) Will be implemented for a student who elects not to engage in remediation or is unsuccessful in remediation.
3. Remediation
   a) The PASPC has the sole authority to offer a Remediation plan.
      (1) When approved, an offer of remediation will be delivered to the student within 3 business days via their institutional email account and must be signed by the student to be valid.
   b) The plan is directed by the Course Director, as applicable, or the Associate Program Director or designee for Final Summative Exam.
   c) The plan may include additional academic or professionalism requirements made by the PASPC.
4. Recommendation to the Program Director for exit from the cohort or program
   a) Deceleration
      (1) May be recommended when unforeseen, unavoidable, and/or significant but time-limited personal and/or correctable academic factors impact a student's ability to meet criteria for successful progress within the program.
   b) Dismissal
      (1) Will be recommended for a student who has three occurrences of Probation.
      (2) May be recommended for a student who fails to successfully remediate a Probation.
      (3) May be recommended for a student who achieves a final grade of Failure in any course.
      (4) May be recommended for a student prior to three occurrences of Probation.
      (5) May be recommended for a student who fails to achieve competency after a second or subsequent attempt on Final Summative Evaluation.
      (6) May be recommended for deviation from behavioral and conduct standards that are substantiated by objective evidence and deemed egregious.

I. Change in Academic Status

1. A student placed on academic sanction (Warning or Probation) will be notified in writing by the Registrar or designee within 3 business days via their institutional email, and a copy of the notification will also be supplied to the student's advisor, the respective Course Director(s), and applicable program personnel.
2. Warning Status
    a) While a student is on Warning status in a course for any reason, that course grade will be marked as "Incomplete" on the student's transcript regardless of the student's achievement in other components of that course.
    b) A student may be placed on Probation status when they decline an offer of remediation or are unsuccessful in resolving a warning.
3. Probation status
    a) A student who remediates any course will be enrolled in a remediation course. The original final course grade of Concern/Failure will remain on their transcript.
    b) If the student chooses not to participate in remediation or is unsuccessful in resolving any Probation, the grade in the remedial course will be recorded as Failure on their transcript.

J. Remediation

1. Upon successful remediation, the appropriate Course Director(s) will notify the PASPC, which will review the measures to determine if all deficiencies have been successfully corrected. If all deficiencies are corrected, the PASPC will remove the student from the academic sanction and communicate this in writing to the student.
2. Unsuccessful Remediation Attempts in the Preclinical year for grade of Concern
    a) A student is eligible to retest a remediation exam when their final remediation exam grade is within 5 percentage points of the remediation exam competency threshold.
    b) A retest must be conducted within one calendar week of receiving remediation results and the offer of a retest, unless otherwise specified by the Course Director or designee.
    c) A student may be permitted to retest a remediation exam only once during the Preclinical/Didactic year.
    d) Any student who is unsuccessful in the retest of a remediation exam will receive the grade of Failure in the remedial course and will be referred to the PASPC.
3. Unsuccessful Remediation Attempts for a final grade of Incomplete
    a) An Incomplete grade is assigned when a student fails to achieve competency on a required course component, as delineated in the course syllabus (includes End of Rotation exams (EORS) in the clinical year). The student's status will be Warning.
    b) If a student is unsuccessful at achieving competency on the first attempt during remediation, the student will be allowed to retest. The student's status remains Warning.
    c) If the student is unsuccessful at achieving competency on the second attempt during remediation, the student will be referred to PASPC for deliberation and the student's status will be changed to Probation.
    d) Any subsequent failure to meet minimum scale score benchmark on the second attempt of an EOR exam, for a different rotation, results in Probation status.
    e) NOTE: A third attempt on an EOR exam may be permitted only once during the Clinical year

K. Final Summative Evaluation

1. A student who fails to demonstrate competency on one or more components of the Final Summative Evaluation must remediate the competency. The student's academic status will be Warning.
2. The remediation and subsequent attempts of any component of the Final Summative Evaluation will be managed by the Associate Program Director (or designee) in consultation with the PASPC.

3. If the student is successful in completing the remediation and retesting steps, a designation of Competent will be recorded on the transcript.
4. If the student is unsuccessful in completing the initial remediation and retesting steps, they will be placed on Probation status and offered a third and final opportunity to test, managed by the Associate Program Director (or designee). If a student achieves a Competent grade or grades, a Final Summative Evaluation designation of Competent will be recorded on the transcript.
5. If a student does not achieve competency on the third and final attempt, the PASPC will recommend dismissal to the Program Director. .

L. PASPC Deliberation Procedures

1. When the circumstances require PASPC deliberation, the student will be invited to meet with the PASPC Chair and Director of Student Services (DSS). Students should refer to Section K for additional information on their participation in the PASPC process.
2. The student may elect to submit a written statement to the PASPC for consideration.
3. The student may be invited to appear before the committee, either in person or virtually, to present relevant information on their own behalf; however, the student is not required to appear before the committee.
    a) A student may not be present for PASPC deliberations.
4. Following deliberations, the student will be notified of the results of the meeting and next steps within 3 business days via their institutional email account.

M. Student Rights

1. Students have the right to:
    a) receive prompt written notification of any status change;
    b) Review relevant policies regarding student progress;
    c) Expect all PASPC meetings, as well as those with PASPC Chair and DSS, to be confidential;
    d) Expect that the chair of the PASPC will verbally explain the policies and rights to the student;
    e) Inspect a copy of records received by the PASPC that are to be considered in the review of the issue; and
    f) Be permitted to provide verbal and/or written feedback to the PASPC during a hearing.
2. While a student whose performance is being reviewed may have advisors, counselors, and other individuals available to lend support throughout the process, only the student is permitted to meet with the PASPC.
3. For information on appeal options, please refer to the Final Course Grade, Final Summative Evaluation, and Behavioral Sanction Appeal Policy - PA Program - PA Studies (School of Medicine) and the Student Appeal of Dismissal Policy (WFUSM).

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Advocate Health Code of Conduct

Conflicts of Interest - Individual Policy (Enterprise)

Conflict of Interest Related to Student Assessment Policy (WFUSM)

Final Course Grade, Final Summative Evaluation, and Behavioral Sanction Appeal Policy - PA Program - PA Studies (School of Medicine)

Satisfactory Academic Progress (SAP) for Financial Aid Policy - DMSc Program - PA Studies (School of Medicine) Leave of Absence Policy (School of Medicine)

Student Appeal of Dismissal Policy (WFUSM)

Student Professionalism and Honor Code Policy - PA Program - PA Studies (School of Medicine)

Wake Forest University School of Medicine Policy and Compliance Companion

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

IX. REVIEW DATES

11/2022; 3/2024; 5/2025; 11/2025

Technical Standards - PA Program - PA Studies (School of Medicine)

Version 8

I. PURPOSE

These technical standards for Physician Assistant (PA) Program admission, continuation, and graduation specify the attributes and behaviors essential for successfully completing MMS PA training within a generalist education model at Wake Forest University School of Medicine (School of Medicine) and enabling each graduate to enter clinical practice. Within this document, the terms “applicant” and “candidate” mean an applicant for admission to the PA Program and an enrolled PA student who is a candidate for promotion and graduation.

The Wake Forest University School of Medicine PA Program (MMS) will consider for admission any applicant who meets its academic and nonacademic criteria and who can perform the skills listed in this document, with or without reasonable accommodation consistent with the Americans with Disabilities Act and the Rehabilitation Act. Our institution does not discriminate based on race, color, national origin, religion, sex, age, sexual orientation, gender identity, gender expression, or physical or mental disability and is committed to the full and equitable inclusion of qualified learners.

II. SCOPE

This policy applies to all PA Program applicants and enrolled MMS PA Program students who are candidates for promotion and graduation.

III. DEFINITIONS/ABBREVIATIONS

A. Applicant/Candidate: For purposes of this document and unless otherwise defined, an applicant for admission to the PA Program as well as an enrolled PA student who is a candidate for promotion and graduation.

B. Technical Standards: Nonacademic requirements for participation in an educational program or activity. They include physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the curriculum and for entry into the profession.

IV. POLICY

Technical standards for PA Program admission, continuation, and graduation

A. Students in the PA Program must possess the intellectual, physical, and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner and must be able to achieve the levels of competence required by the faculty. A candidate for the Master of Medical Science (MMS) degree must have abilities and skills in the six functional areas described below.

1. Observation: Observation: In addition to being able to observe and obtain information from a patient in an encounter, the candidate must be able to observe and obtain information from demonstrations and experiments in the basic sciences.
2. Communication: Candidates must be able to communicate effectively and efficiently with classmates, faculty, patients, families, members of the health care team and members of the community. They must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information accurately and clearly and to communicate effectively in English.
3. Motor: Students must possess the capacity to perform a physical examination, diagnostic examination, and provide or direct general care and emergency treatment to patients. Performing these examinations requires coordination of both gross and fine muscular movement.
4. Intellectual, conceptual, integrative, and quantitative abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem-solving, the critical skill demanded of PAs, requires that a candidate be able to learn, retrieve, analyze, sequence,

organize, synthesize, and integrate information efficiently and to reason effectively. In addition, the candidate should be able to measure and calculate accurately and to understand the spatial relationships of structures.

5. Behavioral and social attributes: Candidates must possess the maturity and emotional capacity required for full use of their intellectual abilities. They must accept responsibility for learning, exercise good judgment, and promptly complete all responsibilities attendant to the diagnosis and care of patients. Candidates must be able to interact effectively, respectfully, and professionally with patients, families, classmates, community members, and health care personnel. They must be able to tolerate taxing workloads and long work hours, function effectively under stress, display flexibility, and adapt to changing environments. They must demonstrate regular, punctual attendance for academic and clinical activities. Candidates must be able to contribute to collaborative, constructive learning environments; deliver and accept constructive feedback from peers and medical educators; and take responsibility for making appropriate positive changes.
6. Ethical and legal standards: Candidates must understand the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. They must meet the legal standards to be licensed to practice medicine. As such, applicants for admission must acknowledge and provide written explanation of any felony offense, misdemeanor offense, or disciplinary action taken against them prior to matriculation. Students convicted of any misdemeanor or felony offense while in PA school should immediately inform the Program Director of the conviction. Failure to disclose prior or new offenses can lead to disciplinary action that may include withdrawal of an offer of admission or dismissal from the PA Program. Program.

B. Process for assessing compliance with the technical standards.
   1. By applying to the Wake Forest University School of Medicine PA Program and by accepting an offer to matriculate, applicants are attesting that they have read and can meet these technical standards, with or without reasonable accommodations. After admission, students must continue to meet these standards until program completion and during PA school may be asked formally to re-attest that they do so. These standards are not intended to deter any student who might be able to complete the requirements of the curriculum with reasonable accommodations.

C. Accommodation for students with disabilities
   1. After review of the technical standards, a candidate or student may determine that reasonable accommodations may be required to successfully complete the program. In this case, the student is required to self-disclose by contacting the Wake Forest University Center for Learning, Access, and Student Success (CLASS) to confidentially discuss the accommodation needs. The student is responsible for contacting CLASS via the contact information posted on the Wake Forest University website and should do so as soon as possible after determining that accommodation may be needed. Accommodations are not granted retroactively and may take time to develop and implement; timeliness is essential to maximize the student's chances to perform well in the curriculum. Newly awarded accommodations shall be communicated and implemented for the student within five business days of their being granted.
   2. The determination of whether an accommodation is reasonable is made thoughtfully by CLASS and informed by the Department of PA Studies. Reasonable accommodations may include and are not limited to technological adaptations or trained intermediaries, such as interpreters or readers. To be considered a reasonable accommodation, an intermediary may facilitate but may not perform essential skills on behalf of the student. Nor is it permitted to use an intermediary whose powers of selection and observation mediate the student's judgment. In all cases, a student with accommodations must continue to perform in a reasonably independent manner.
   3. For additional information about the process for assessing an applicant's compliance with technical standards, please contact the Director of Student Services in the Department of PA Studies.
   4. For additional information about applying for accommodations, please see the School of Medicine policy Student Disability Accommodations Requests Policy and Procedures (WFUSM)

V. PROCEDURE / GUIDELINE Not Applicable

VI. CROSS REFERENCES
Student Disability Accommodations Requests Policy and Procedures (WFUSM)

VII. RESOURCES AND REFERENCES
ARC-PA Standard A3.13

VIII. ATTACHMENTS Not Applicable

IX. REVISION DATES:
11/2020; 2/2022; 1/2024; 1/2025; 2/2026

APPENDIX 1

WAKE FOREST BAPTIST HEALTH TITLE IX[1] & NON-TITLE IX SEXUAL MISCONDUCT[2] POLICY & GRIEVANCE PROCEDURES

Version 10

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WAKE FOREST BAPTIST HEALTH TITLE IX & NON-TITLE IX SEXUAL MISCONDUCT POLICY & GRIEVANCE PROCEDURES **1**

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[1] As used in this Policy, "sex" includes birth/biological sex and sexual orientation, and gender includes gender identity and expression.

[2] As defined by Title IX of the Education Amendments Act of 1972 and its implementing regulations ("Title IX") and herein, Sexual Harassment includes Sexual Assault, Dating Violence, Domestic Violence, and Stalking.

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IMPORTANT INFORMATION FOR INDIVIDUALS IMPACTED BY SEXUAL HARASSMENT, SEXUAL MISCONDUCT, SEXUAL ASSAULT, DATING VIOLENCE, DOMESTIC VIOLENCE, OR STALKING:

If you or someone you know may have been impacted by these issues, you are strongly encouraged to seek immediate assistance.

Assistance can be obtained 24 hours a day, 7 days a week, from:

Department	Address	Emergency Phone Number	Non-Emergency Phone Number
Winston-Salem Police Department	101 N. Main St. Winston-Salem, NC 27101	911	336-773-7700
Wake Forest Baptist Medical Center Security Services	Medical Center Blvd. Winston-Salem, NC 27157	336-716-9111	336-716-3305

During business hours (8:30 a.m. to 5:00 p.m., Monday through Friday), you are also strongly encouraged to contact one of the following individuals:

Contact Person	Title	Phone Number	Email Address	Location
Aishah Casseus, JD	Title IX Coordinator/ Title IX Office Director/ Section 504 Coordinator	336-758-7258	casseua@wfu.edu	1834 Wake Forest Rd Reynolda Hall Suite 22 Winston-Salem, NC 27109
Sarah Riney	Deputy Title IX Coordinator/ Director of Academic Compliance	336-713-3352	sarah.riney@advocatehealth.org	
Rebecca Patton	Deputy Title IX Coordinator/Learning Environment Liaison	336-716-8945	rebecca.patton@advocatehealth.org	Bowman Gray Center for Medical Education ("BGCME"), 1st Floor

Kim Caprio	HR Director/Title IX, Human Resources/Team mate Relations		kimberly.caprio@advocatehealth.org	

Department	Contact Person/Title	Email/Phone Number	Location
Counseling & Well-Being Services		counselingservices@wfusm.edu	Bowman Gray Center for Medical Education ("BGCME") 1st Floor, Behind Medical Grounds
Employee Assistance Program		336-716-5493	
Wake Forest School of Medicine Faculty Ombuds Office	Jeff Weiner, PhD/ Faculty Ombuds	facultyombudsahwfb@advocatehealth.org	

For additional information about seeking medical assistance and emotional support, as well as important contact information for local law enforcement agencies, hospitals, and other resources, **see Exhibit A attached to this document.**

SECTION I. SEX & GENDER DISCRIMINATION, HARASSMENT & MISCONDUCT POLICY

1.01 Notice of Nondiscrimination

Wake Forest Baptist Health ("WFBH") is committed to diversity and inclusion. In compliance with and as required by Title IX of the Education Amendments Act of 1972 and its implementing regulations ("Title IX") and other civil rights laws, as well as in furtherance of its own values, WFBH does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender, gender identity, gender expression, pregnancy, disability, age, religion, veteran status, or any other characteristic or status protected by applicable local, state, or federal law in admission, treatment, or access to, or employment in, its programs and activities.

Discrimination and harassment are antithetical to the values and standards of the WFBH community; are incompatible with the safe, healthy environment that the WFBH community expects and deserves and will not be tolerated. WFBH is committed to providing programs, activities, and an education and work environment free from discrimination and harassment. WFBH is also committed to fostering a community that promotes prompt reporting and fair and timely resolution of those behaviors.

Inquiries concerning discrimination or harassment on the basis of sex and gender may be referred to WFBH's Title IX Coordinator, Aishah Casseus. Exhibit A to this document provides the Title IX Coordinator's contact information.

Inquiries concerning discrimination or harassment based on a protected characteristic or status other than sex or gender may be referred to Sarah Riney or Rebecca Patton (for students) or Employee Relations (for employees). Exhibit A also provides their contact information.

Individuals may also make inquiries regarding discrimination or harassment to the U.S. Department of Education's Office for Civil Rights by contacting the District of Columbia Office, 400 Maryland Avenue, SW, Washington, D.C. 20202-1475; Phone 800-421-3481; email: OCR@ed.gov.

1.02 Prohibition on Sex & Gender Discrimination, Harassment and Misconduct, Retaliation & Providing False Information or Interfering with a Grievance Process

This Policy prohibits discrimination, harassment, and misconduct on the basis of sex and gender. **As used in this policy, the term "sex" includes birth/biological sex and sexual orientation, and gender includes gender identity and expression.** WFBH strongly encourages the prompt reporting of, and is committed to timely and fair resolution of, complaints of sex and gender discrimination, harassment, and misconduct.

Sexual Harassment, as defined by Title IX and in this Policy,[3] is a specific type of sex discrimination/harassment that includes Sexual Assault, Dating Violence, Domestic Violence, and Stalking and that WFBH addresses, as required by Title IX, using its Pre-Hearing and Hearing Grievance Procedures in Sections II and III of this Policy.

[3] Capitalized terms used in this Policy are defined in Section 1.0.

This Policy also prohibits Retaliation, as defined by Title IX and in this Policy. Complaints alleging Retaliation may be filed with the Title IX Coordinator and, at the discretion of the Title IX Coordinator, may be addressed under WFBH's Pre-Hearing and Hearing Grievance Procedures set forth below or other grievance procedures adopted by WFBH.

Sexual Misconduct, as defined by WFBH in this Policy, is addressed using the Pre-Hearing Grievance Procedures and Hearing Grievance Procedures in Sections II and IV of this Policy.

Additionally, WFBH presumes that individuals who file a Formal Complaint do so in good faith; however, any individual who knowingly files a false Formal Complaint or who interferes with a WFBH grievance process may be subject to disciplinary action. Interference with a grievance process may include, but is not limited to, preventing or attempting to coerce, compel, or prevent an individual from providing testimony or relevant information; removing, destroying, or altering documentation relevant to an investigation; or providing false or misleading information to WFBH officials who are involved in the investigation and/or resolution of a Formal Complaint, or encouraging others to do so. The outcome of a grievance process does not mean, in and of itself, that an individual knowingly filed a false Formal Complaint or that a determination regarding responsibility alone is sufficient to conclude that an individual made a materially false statement in bad faith.

1.03 Reporting & Period of Limitations

Any person (whether or not alleged to be the victim) may report sex or gender discrimination, harassment, or misconduct, including Sexual Harassment, in person, by mail, by telephone, or by electronic mail, using the contact information for the Title IX Coordinator listed in Exhibit A, or by any other means that results in the Title IX Coordinator receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours).

WFBH strongly encourages all employees and other members of the WFBH community to promptly report concerns regarding suspected or known discrimination/harassment/misconduct on the basis of sex or gender to the Title IX Coordinator.

In addition to the Title IX Coordinator, WFBH has designated certain employees as individuals who are required to report discrimination and harassment on the basis of sex or gender to the Title IX Coordinator. These Mandatory Reporters consist of the following employees:

Academic Staff

- Healthcare Education Executive Council Leadership of the education programs: Department Chair, PA Studies; Department Chair, Academic Nursing; Dean, Graduate School of Biomedical Sciences; Associate Dean, Medical Education Academic Affairs; Associate Dean, Student Affairs
- Dean, School of Medicine

Administrative Staff

- All members of the Board of Trustees (including student, faculty, and staff members) and the Board Secretary
- President
- CEO
- Vice Presidents, including assistant and associate vice presidents

- Chief Human Resource Officer
- Title IX Coordinator and Deputy Title IX Coordinators
- Department Chairs
- WFBH Security Officers

Additionally, WFBH has designated the following employees as confidential resources for students:

- Student Wellness and Counseling, including Chaplain's Office staff

WFBH employees may contact the Employee Assistance Program for confidential consultations.

Information about sex or gender discrimination, harassment, or misconduct shared with these confidential resources will not be reported to other WFBH personnel (including the Title IX Coordinator), to the Respondent, or to others, unless the disclosing individual gives their consent to the disclosure or the law requires it (as may be the case with abuse involving a minor or under conditions involving imminent physical harm, for example). Confidential resources may report non-identifying statistical information to the Title IX Coordinator for recordkeeping and compliance purposes and are also required to report such statistical information to the Wake Forest Police Department if the confidential resource is a Campus Security Authority under the Clery Act.

WFBH will address allegations of sex and gender discrimination, harassment, and misconduct in accordance with this Policy no matter the length of time that has passed since the alleged conduct. However, WFBH strongly encourages prompt reporting to preserve evidence for a potential legal or disciplinary proceeding. Delay may compromise the ability to investigate, particularly if the individuals who are involved in or who are witnesses to the alleged conduct are no longer WFBH students or employees.

1.04 Applicability of Policy and Grievance Procedures

This Policy applies to allegations of Sexual Harassment made against a student or an employee of WFBH or a third party and allegations of Sexual Misconduct made against a student, regardless of sex, sexual orientation, sexual identity, gender expression, or gender identity. Allegations of sex discrimination and harassment made against a student or employee of Wake Forest University will be addressed under the Wake Forest University Sex and Gender Discrimination and Harassment Policy and Grievance Procedures.

The Title IX Sexual Harassment Pre-Hearing and Hearing Grievance Procedures apply only to allegations of Sexual Harassment in an Education Program or Activity (as defined herein), and to alleged Sexual Misconduct (if any) arising from the same facts and circumstances as the allegations of Sexual Harassment. The Sexual Misconduct Pre-Hearing and Hearing Grievance Procedures will apply to allegations of Sexual Misconduct made against students and, at the direction of the Title IX Coordinator, to related allegations of Retaliation. Allegations of Retaliation that do not occur within the context of an existing investigation or hearing will be determined by the Title IX Coordinator following an investigation. Allegations of sexual harassment and sexual misconduct that are not made against employees and that are not covered under the scope of this Policy will be addressed in accordance with the Wake Forest Baptist Medical Center Harassment Policy.

1.05 Information for Parents and Guardians of Minors

When a student Claimant or Respondent is a minor (age 17 or younger) or has a guardian appointed and their parent or guardian has the legal right to act on the student's behalf, then the parent or guardian may file a Formal Complaint on behalf of the student, although the student would be the "Claimant." In such a situation, the parent or guardian may exercise the rights granted to the student under this Policy, including requesting Supportive Measures and participating in a grievance process. Similarly, the parent or guardian may accompany the student to meetings, interviews, and hearings during a grievance process to exercise rights on behalf of the student, while the student's Advisor of choice may be a different person from the parent or guardian. Whether or not a parent or guardian has the legal right to act on behalf of an individual would be determined by state law, court orders, child custody arrangements, or other sources granting legal rights to parents or guardians.

Additionally, FERPA and its implementing regulations address the circumstances under which a parent or guardian is permitted to inspect and review a student's education records. However, in circumstances in which FERPA would not grant a party the opportunity to inspect and review evidence in connection with a grievance process, pursuant to Title IX and its implementing regulations, the student has an opportunity to do so, and a parent or guardian who has a legal right to act on behalf of the student has the same opportunity.

1.06 Definitions Applicable to Policy

Capitalized terms used herein are defined as follows.

"Actual Knowledge" means notice of Sexual Harassment or Sexual Misconduct or allegations of Sexual Harassment or Sexual Misconduct to WFBH's Title IX Coordinator, to any of the Mandatory Reporters listed in Section 1.03. "Notice" as used in this paragraph includes, but is not limited to, a report of Sexual Harassment or Sexual Misconduct to the Title IX Coordinator.[4]

"Adaptive Resolution" means a process intended to allow the Claimant and the Respondent to provide information about the alleged incident(s) and to potentially reach a mutually agreeable resolution in lieu of a hearing process. Adaptive Resolution may take many forms upon the agreement of the parties, the facilitator, and the Title IX Coordinator.

"Clery Act" refers to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, which is a federal statute codified at 20 U.S.C. § 1092(f), with implementing regulations in the U.S. Code of Federal Regulations at 34 C.F.R. § 668.46. The Clery Act requires all colleges and universities that participate in federal financial aid programs to keep and disclose information about crime on and near their respective campuses.

[4] This standard is not met through imputation of knowledge based solely on vicarious liability or constructive notice. This standard also is not met when the only individual with Actual Knowledge is the Respondent. The mere ability or obligation to report Sexual Harassment and Sexual Misconduct or to inform a student about how to report Sexual Harassment or Sexual Misconduct, or having been trained to do so, does not qualify an individual as one to whom notice of Sexual Harassment or Sexual Misconduct or allegations of Sexual Harassment or Sexual Misconduct constitutes Actual Knowledge.

"Complainant" or "Claimant" means an individual who is alleged to be the victim of conduct that could constitute Sexual Harassment or Sexual Misconduct, irrespective of whether a Formal Complaint has been filed.

"Consent" means permission for something to happen or agreement to do something. For example, a person consents to sexual activity if/when they give permission for the activity to occur or agree to engage in the activity. Consent is unambiguous, informed, active (not passive), voluntary (freely given), mutually understandable words and/or actions that indicate a willingness to participate in the sexual activity.

Whether someone has given consent is based on the totality of the circumstances and is determined by reference to a reasonable person in the same or similar circumstances. Once consent to a sexual act has been given, consent can be withdrawn at any time by communicating words and/or actions to the other person before or during that sexual act. Consent is automatically withdrawn if someone becomes unconscious or falls asleep during a sexual act.

Consent cannot be inferred from silence, passivity, or a lack of resistance. Non-verbal communication alone may or may not be sufficient to constitute consent. Furthermore, consent cannot be inferred from a current or previous dating or sexual relationship (or the existence of such a relationship with anyone else), from someone's attire, spending money, or consent previously given. In other words, consenting to one sexual act does not imply consent to another sexual act.

Consent cannot be coerced. Examples of coercion that prevent consent include physical force, violence, duress, intimidation, deception, or the threat, expressed or implied, of bodily injury.

The use of alcohol or other drugs does not diminish one's responsibility to obtain consent before sexual activity and does not excuse conduct that violates this Policy.

Consent may never be given by:

1. Minors,[5] even if the other participant did not know the minor's age;

2. Mentally disabled persons, when the Respondent knows or should know (based on a Reasonable Person standard) that the individual allegedly giving consent is not capable of consenting due to the disability; or

3. Persons who are Incapacitated.

"Day" means a calendar day, unless otherwise specified.

"Education Program or Activity" means locations, events, or circumstances over which Wake Forest University Health Sciences exercised substantial control over both the Respondent and the context in which the alleged Sexual Harassment occurred and any building owned or controlled by a student organization that is officially recognized by Wake Forest University Health Sciences. Educational programs and activities include, but are not limited to:

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[5] A minor is a person who is legally below the age of consent as set forth in the applicable law. Determining whether someone is below the age of consent will be judged by the law of the place where the sexual act occurred. In North Carolina, the age of consent is 16 years old.

1. Degree- or certificate-granting programs of the SOM, as well as the Graduate School of Biomedical Sciences programs;
2. Affiliation educational arrangements with Wake Forest University Health Sciences for visiting clinical rotations;
3. Medical and other residency programs;
4. Research and medical fellowships;
5. Internships;
6. Educational programs offered to middle school, high school, college and university students; and
7. Any program or activity offered that is educational in nature beyond on-the-job training, general interest, or routine continuing education programs.

Additional factors in determining whether a program or activity is educational include, but are not limited to:

1. Whether it is structured through a particular course of study, whether full- or part-time;
2. Whether participants earn academic credit toward a degree or certificate, or qualify to sit for professional exams; and
3. Whether a program provides instructors, exams, or other evaluation process.

"Education Record" has the meaning assigned to it under FERPA.

"FERPA" is the Family Educational Rights and Privacy Act, a federal statute codified at 20 U.S.C. § 1232g, with implementing regulations at 34 C.F.R. § 99. FERPA protects the privacy of student Education Records. FERPA grants to eligible students the right to access, inspect, and review Education Records, the right to challenge the content of Education Records, and the right to consent to the disclosure of Education Records.

"Formal Complaint" means a document filed by a Claimant or signed by the Title IX Coordinator alleging Sexual Harassment or Sexual Misconduct against a Respondent and requesting that WFBH investigate the allegation of Sexual Harassment or Sexual Misconduct. At the time of filing a Formal Complaint, a Claimant must be participating in or attempting to participate in WFBH's Education Program or Activity. This same requirement does not apply to Formal Complaints alleging Sexual Misconduct. A Formal Complaint may be filed with the Title IX Coordinator in person, by mail, or by electronic mail by using the contact information listed for the Title IX Coordinator in Exhibit A. As used in this paragraph, the phrase "document filed by a Claimant" means a document or electronic submission that contains the Claimant's physical or digital signature, or otherwise indicates that the Claimant is the person filing the Formal Complaint.

"Gender" includes gender identity and expression.

"Incapacitated" means that a person does not have the capacity to consent. A person does not have the capacity to consent to a sexual act if, at the time of the act, they cannot understand the sexual nature of the proposed act, cannot understand that they have the right to refuse to participate in the act, or are otherwise unaware that the sexual activity is occurring.

For example, a person is Incapacitated if, because of the effect of alcohol, narcotics, drugs, or other substances, the person cannot understand the sexual nature of the proposed act or cannot understand that they have the right to refuse to participate in the act, and the Respondent knows or should know (based on a Reasonable Person standard) that the other person does not have the capacity to consent.

Other examples of persons who do not have the capacity to consent include persons who are unconscious, asleep, or physically helpless.

"Preponderance of the evidence standard" means that the Respondent will be found responsible if, based upon the entirety of the evidence presented during the hearing, it is determined that the Respondent "more likely than not" committed the policy violation in question. A decision is reached by the Hearing Officer/a majority of the Hearing Panel.

"Reasonable Person" means a reasonable person under similar circumstances and with similar identities.

"Relevant Evidence" means evidence that (a) has any tendency to make a fact more or less probable than it would be without the evidence; and (b) the fact is of consequence in determining the action.

Evidence will not be considered Relevant Evidence if the question or proffered evidence constitutes, or seeks disclosure of: (1) information protected under a legally recognized privilege, unless the person holding such privilege has waived the privilege; (2) a party's records that were made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in the professional's or paraprofessional's capacity, or assisting in that capacity, and which were made and maintained in connection with the provision of treatment to the party, unless WFBH has received that party's voluntary, written consent to do so; (3) the Claimant's sexual predisposition or prior sexual behavior, unless such questions and evidence about the Claimant's prior sexual behavior are offered to prove that someone other than the Respondent committed the conduct alleged by the Claimant, or if the questions and evidence concern specific incidents of the Claimant's prior sexual behavior with respect to the Respondent and are offered in an effort to prove consent; or (4) Respondent's past sexual activity, if Respondent was found "not responsible" by WFBH.

"Respondent" means an individual who has been reported to be the perpetrator of conduct alleged to constitute Sexual Harassment, Sexual Misconduct, or Retaliation.

"Retaliation" means (1) any adverse action (including direct and indirect intimidation, threats, coercion, discrimination, or harassment (including charges for conduct violations that do not involve sex discrimination or harassment or Sexual Harassment or Sexual Misconduct but that arise out of the same facts or circumstances as a report or complaint of sex discrimination or harassment or a report or Formal Complaint of Sexual Harassment or Sexual Misconduct) that is (2) threatened or taken against a person (a) for the purpose of interfering with any right or privilege secured by Title IX

or provided under this Policy; or (b) because the person has made a report or Formal Complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing related to Title IX or Sexual Misconduct.6

"Sex" includes birth/biological sex and sexual orientation.

"Sexual Harassment" as defined by Title IX and in this Policy means conduct on the basis of sex that satisfies one or more of the following:

(1) an employee of WFBH conditioning the provision of an aid, benefit, or service on an individual's participation in unwelcome sexual conduct (commonly referred to quid pro quo harassment);

(2) unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to an Education Program or Activity; or

(3) "Sexual Assault," is any sexual act directed against another person, without the consent of the person, including instances where the person is incapable of giving consent. Sexual Assault can occur between individuals of the same or different sexes and/or genders.

Sexual Assault includes the following:

- Rape: The carnal knowledge of a person, without the consent of the person, including instances where the person is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental or physical incapacity;
- Sodomy: Oral or anal sexual intercourse with another person, without the consent of the person, including instances where the person is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental or physical incapacity;
- Sexual Assault with an Object: To use an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of a person, without the consent of the person, including instances where the person is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental or physical incapacity;
- Sexual Contact (Fondling):
    - For reports of conduct that reportedly occurred prior to June 23, 2025, fondling is the touching of the private body parts of another person for the purpose of sexual gratification, without the Consent of the person, including instances where the person is incapable of giving Consent because of age or temporary or permanent mental or physical incapacity.
    - For reports of conduct that reportedly occurred on or after June 23, 2025, Fondling is (1) the intentional touching of the clothed or unclothed body parts

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6 Retaliation does not include (1) the exercise of rights protected under the First Amendment; (2) charging an individual with making a materially false statement in bad faith in the course of a grievance proceeding (provided, however, that a determination regarding responsibility alone is not sufficient to conclude that an individual made a materially false statement in bad faith); or (3) good faith actions lawfully pursued in response to a report of prohibited conduct.

of another person without consent for the purpose of sexual degradation, sexual gratification, or sexual humiliation or (2) forcing another to touch one's clothed or unclothed body parts, without consent for the purpose of sexual degradation, sexual gratification, or sexual humiliation. This offense includes instances where the victim is incapable of giving consent because of age or incapacity due to temporary or permanent mental or physical impairment or intoxication for the purpose of sexual degradation, sexual gratification, or sexual humiliation.

- Incest: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law; and
- Statutory Rape: Sexual intercourse with a person who is under the statutory age of consent.

"Dating Violence," as defined in 34 U.S.C. § 12291(a)(10): violence committed by a person—(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the persons involved in the relationship;

"Domestic Violence," as defined in 34 U.S.C. § 12291(a)(8): felony or misdemeanor crimes of violence under North Carolina law and committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction; or

"Stalking," as defined in 34 U.S.C. § 12291(a)(30): engaging in a course of conduct directed at a specific person that would cause a reasonable person to (A) fear for their safety or the safety of others; or (B) suffer substantial emotional distress. A "course of conduct" means two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties, by any action, method, device, or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property. "Substantial emotional distress" means significant mental suffering or anguish that may, but does not necessarily require, medical or other professional treatment or counseling.

"Sexual Misconduct" is defined as follows:

(1) Conduct of a Wake Forest School of Medicine student that would otherwise meet the definition of Sexual Harassment but does not meet the geographical or personal jurisdictional requirements under Title IX and its implementing regulations. For example, an alleged sexual assault that occurs in an off-campus apartment leased by a student would not satisfy the geographical jurisdiction of Title IX, but that alleged assault would be addressed under this Policy as Sexual Misconduct.

(2) Sexual/Gender-Based Harassment: Sexual or gender-based harassment is a form of discrimination that includes verbal, written, or physical behavior, directed at someone, or against a particular group, because of that person's or group's sex, gender identity, actual or perceived sexual orientation, or based on gender stereotypes, when:

(a) that conduct is unwelcome and meets the following criteria:

1. Submission to or rejection of the conduct is made either explicitly or implicitly a term or condition of an individual's education, employment, or participation in a WFBH activity or program; or
2. Submission to or rejection of the conduct is used as the basis for, or as a factor in, decisions affecting an individual's education, employment, or participation in a WFBH activity or program; or
3. the conduct has the purpose or effect7 of creating an intimidating, hostile, or offensive educational, employment, or WFBH activity or program environment(s) for an individual, or
4. the conduct unreasonably interferes with the educational, employment, or WFBH activity or program environment(s) of an individual; AND

(b) the conduct is sufficiently severe or pervasive that it alters the terms, conditions, or privileges of an individual's education, employment, or participation in a WFBH activity or program.

Conduct may be verbal or nonverbal, written, or electronic. Sexual or gender-based harassment can occur between any persons, including those the same or opposite sex, and either as single or repeated incidents. Whether conduct is sufficient to constitute harassment is evaluated under the totality of the circumstances, including the frequency of the conduct, its severity, whether it is physically threatening or humiliating, or merely an offensive utterance. These factors are evaluated from both subjective and objective viewpoints, considering not only the effect that the conduct actually had on the person, but also the impact it would likely have had on a reasonable person in the same situation. The conduct must subjectively and objectively meet this definition to be sexual or gender-based harassment under this Policy.

This definition applies only to Wake Forest School of Medicine students and from the time a student matriculates at Wake Forest and continues until the student is no longer enrolled at Wake Forest. This includes conduct taking place anywhere in the world and is not limited to conduct within Wake Forest's Education Programs or Activities. Complaints of Sexual Misconduct allegedly committed by employees of Wake Forest University Baptist Medical Center should be referred to the Wake Forest Baptist Medical Center Harassment Policy.

(3) Sexual exploitation. Conduct that is defined as taking non-consensual, unjust, or abusive sexual advantage of another, for one's own advantage or benefit; or to benefit or advantage anyone other than the person being exploited. Sexual exploitation encompasses a wide range of behaviors including, but not limited to:

[7] In a pedagogical setting, such as a classroom, the conduct must have both purpose and effect.

(a) inducing incapacitation with the intent to rape or sexually assault another person;

(b) non-consensual video or audio-recording of sexual activity;

(c) allowing others to observe a personal act of consensual sex without knowledge or consent of the partner;

(d) engaging in Peeping Tommery (voyeurism);

(e) knowingly transmitting a sexually transmitted disease, including HIV, to another student;

(f) prostituting another person (i.e. – personally gaining money, privilege, or power from the sexual activities of another person); or

(g) indecent exposure (willfully exposing one's genitals in any public place, and in the presence of another person).

This definition applies only to Wake Forest students and from the time a student matriculates at Wake Forest and continues until the student is no longer enrolled at Wake Forest. This includes conduct taking place anywhere in the world and is not limited to conduct within Wake Forest's Education Programs or Activities.

"Supportive Measures" are non-disciplinary, non-punitive, individualized services offered as appropriate, as reasonably available, and without fee or charge to a Claimant and/or a Respondent before or after the filing of a Formal Complaint or where no Formal Complaint has been filed. Such measures are designed to restore or preserve equal access to WFBH's Education Program or Activity without unreasonably burdening the other party, including measures designed to protect the safety of all parties or WFBH's educational environment or deter Sexual Harassment and Sexual Misconduct.

Supportive Measures may include, but are not limited to, counseling, extensions of deadlines or other course-related adjustments, modifications of work or class schedules, campus escort services, mutual restrictions on contact between the parties, changes in work or housing locations, leaves of absence, increased security, and monitoring of certain areas of the campus. WFBH will maintain as confidential any Supportive Measures provided to a Claimant or a Respondent, to the extent that maintaining such confidentiality would not impair WFBH's ability to provide the Supportive Measures. The Title IX Coordinator is responsible for coordinating the effective implementation of Supportive Measures.

SECTION II. TITLE IX SEXUAL HARASSMENT & NON-TITLE IX SEXUAL MISCONDUCT PRE-HEARING GRIEVANCE PROCEDURES

A. APPLICABILITY, COMPLAINT INTAKE, AND OVERARCHING PROVISIONS

2A.01 Applicability of Pre-Hearing Grievance Procedures

As noted above, these Pre-Hearing Grievance Procedures apply to allegations of Sexual Harassment in WFBH's Education Program or Activity (and to related Retaliation, at the discretion of the Title IX Coordinator) and allegations of Sexual Misconduct involving student-respondents. WFBH treats Claimants and Respondents equitably by providing remedies to a Claimant where WFBH makes a determination of responsibility for Sexual Harassment or Sexual Misconduct against a Respondent under the applicable Hearing Procedures outlined in Sections III and IV of this Policy and also by following these Pre-Hearing Grievance Procedures before imposing any disciplinary sanctions against a Respondent for Sexual Harassment or Sexual Misconduct.

2A.02 Obligation to Respond and Initial Outreach to Claimant

When WFBH has Actual Knowledge of Sexual Harassment (or allegations thereof) against a person in the United States in its Education Program or Activity, WFBH is obligated to respond and to follow Title IX's specific requirements, which are addressed and incorporated in the Pre-Hearing Grievance Procedures and Hearing Procedures set forth in this Policy. WFBH will also follow these Pre-Hearing Grievance Procedures when WFBH has Actual Knowledge of Sexual Misconduct (or allegations thereof).

Promptly upon receiving allegations of Sexual Harassment against a person in the United States in WFBH's Education Program or Activity or upon receiving allegations of Sexual Misconduct, the Title IX Coordinator will contact the Claimant to discuss the availability of Supportive Measures with or without the filing of a Formal Complaint and to explain to the Claimant the process for filing a Formal Complaint.

2A.03 Filing of a Formal Complaint

As noted in the Definitions section above, a Formal Complaint means a document filed by a Claimant or signed by the Title IX Coordinator alleging Sexual Harassment and/or Sexual Misconduct against a Respondent and requesting that WFBH investigate the allegation(s). At the time of filing a Formal Complaint of Sexual Harassment, a Claimant must be participating in or attempting to participate in WFBH's Education Program or Activity. A Formal Complaint may be filed with the Title IX Coordinator in person, by mail, or by electronic mail, by using the contact information listed in Exhibit A and the Formal Complaint Form available online at this link. As used in this paragraph, the phrase "document filed by a Claimant" means a document or electronic submission that contains the Claimant's physical or digital signature or otherwise indicates that the Claimant is the person filing the Formal Complaint.

When the Title IX Coordinator believes that, with or without the Claimant's desire to participate in a grievance process, a non-deliberately indifferent response to the allegations or other applicable law requires an investigation, the Title IX Coordinator has the discretion to initiate the grievance process by signing a Formal Complaint. Where the Title IX Coordinator signs a Formal Complaint, the Title IX Coordinator is not a Claimant or otherwise a party under these Grievance Procedures. Furthermore, initiation of a Formal Complaint by the Title IX Coordinator is not sufficient alone to imply bias or that the Title IX Coordinator is taking a position adverse to the Respondent.

Once a Formal Complaint is initiated, a person who was allegedly harmed will be referred to as a "Claimant," and a person who allegedly caused harm will be referred to as a "Respondent."

2A.04 Notice of Allegations

Upon receipt of a Formal Complaint, the Title IX Coordinator will provide the Claimant and any known Respondent written notice of these Grievance Procedures and of the allegations of conduct potentially constituting Sexual Harassment and/or Sexual Misconduct, including sufficient details known at the time and with at least five days to prepare a response before any initial interview. Sufficient details include the identities of the parties involved in the incident, if known, the conduct allegedly constituting Sexual Harassment and/or Sexual Misconduct, and the date and location of the alleged incident, if known. The Title IX Coordinator will also make each party aware of the availability of supportive measures.

The written notice will include a statement that the Respondent is presumed not responsible for the alleged conduct, that the Formal Complaint is presumed to have been filed in good faith, and that a determination regarding responsibility is made at the conclusion of the grievance process. The written notice also will inform the parties that they may have an advisor of their choice, who may be, but is not required to be, an attorney and that at appropriate junctures the parties and their advisors may review and inspect evidence collected during the investigation. The written notice will also advise the parties that they may have a support person of their choosing to support them during the process. Additionally, the written notice will inform the parties of WFBH's prohibition on knowingly making false statements or knowingly submitting false information during the grievance process.

If, in the course of an investigation, WFBH decides to investigate allegations of Sexual Harassment, Sexual Misconduct, and/or Retaliation involving the Claimant or Respondent that are not included in the original written notice of allegations, WFBH will provide notice of the additional allegations to the parties whose identities are known.

2A.05 Advisors and Support Persons

The Claimant and the Respondent may be accompanied to any meeting or proceeding under this Policy by the advisor of their choice, who may be, but is not required to be, an attorney. WFBH will not limit the choice or presence of the advisor for either the Claimant or the Respondent. Advisors, however, are not allowed to disrupt any meeting or proceeding or to speak on behalf of the Claimant or the Respondent, with the exception of cross-examination during any hearing conducted under Section III of this Policy, which must be conducted by an advisor and never personally by the Claimant or the Respondent.

Parties must provide the name and contact of their advisor to the Title IX Coordinator in writing as soon as reasonably possible and must provide updated information if their advisor changes. All advisors will be required to assent to WFBH's Expectations for Advisors.

If a party does not have an advisor present at the hearing conducted under Section III of this Policy, WFBH will provide, without any charge to that party, an advisor of WFBH's choice who may be, but is not required to be, an attorney, to conduct cross-examination on behalf of that party. In such circumstances, the hearing may be postponed until WFBH can provide an advisor to be available at the hearing.

The Claimant and the Respondent may not be accompanied by more than one advisor during meetings or proceedings. The Claimant and Respondent may be accompanied by a support person of their choice during meetings. A support person is permitted at hearings. The support person will not be allowed to disrupt any meetings or procedures and may not speak on behalf of a party.

2A.06 Student Amnesty

WFBH considers the reporting and adjudication of Sexual Harassment and Sexual Misconduct to be of paramount importance. WFBH does not condone underage drinking or the use of illegal drugs; however, WFBH will extend amnesty to students who are Claimants, Respondents, witnesses, and others involved in a grievance process from punitive sanctioning for illegal use of drugs and/or alcohol when evidence of such use is discovered or submitted in the course of a grievance process. Similarly, WFBH may, in its discretion, provide amnesty for other conduct code violations that are discovered in the course of a grievance process. Notwithstanding the provision of amnesty for students as described in this paragraph, WFBH reserves the right to right to refer Complainants, Respondents, witnesses, and others involved in a grievance process for substance abuse assessment, education, and/or treatment.

2A.07 Timing

WFBH will make reasonable effort to ensure that the investigation and resolution of a Formal Complaint occurs in as timely and efficient a manner as possible. The timelines set forth in these Grievance Procedures are guidelines and may be altered for good cause with written notice to the Claimant and the Respondent of any delay or extension and the reasons for the action. Good cause may include, but is not limited to, considerations such as the absence of a party, a party's advisor, or a witness; concurrent law enforcement activity; natural disasters, pandemic restrictions, and similar occurrences; or the need for language assistance or accommodation of disabilities.

WFBH will strive to complete its investigation and resolution of a Formal Complaint (not including an appeal, if applicable) within 120 days of the receipt of the Formal Complaint, absent extenuating circumstances. Hearings generally will take place within 30 days of the conclusion of the investigation. The Claimant and the Respondent will receive a final outcome letter as described in sections 3 and 4 below.

Either party may request an extension of any deadline by providing the Title IX Coordinator or Investigator with a written request for an extension that includes reference to the duration of the proposed extension and the basis for the request. The Title IX Coordinator will review the request and will make a determination with regard to the request within five days.

2A.08 Written Notice of Meetings

WFBH will provide, to a party whose participation is invited or expected, written notice of the date, time, location, participants, and purpose of all hearings, investigative interviews, or other meetings with sufficient time for the party to prepare to participate.

2A.09 Effect of Corollary Criminal Investigation

WFBH's investigation may be delayed temporarily while criminal investigators are gathering evidence. In the event of such a delay, WFBH will implement any appropriate Supportive Measures and will evaluate the need for other actions necessary to assist or protect the Claimant, the Respondent, and/or the WFBH community.

Neither the results of a criminal investigation nor the decision of law enforcement to investigate or decline to investigate a matter is determinative of whether a violation of this Policy has occurred.

2A.10 Emergency Removal and Administrative Leave

WFBH may remove a Respondent from WFBH's Education Program and/or Activity on an emergency basis, provided that WFBH first undertakes an individualized safety and risk analysis, determines that an immediate threat to the physical health or safety of any student or other individual

arising from the allegations of Sexual Harassment justifies removal, provides the Respondent with notice and an opportunity to challenge the decision immediately following the removal, and does so in accordance with Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act, as applicable.

Additionally, WFBH may place a non-student employee Respondent on administrative leave during the pendency of WFBH's response to allegations of Sexual Harassment provided that it does so in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

2A.11 Effect of Respondent Withdrawal, Graduation, or Resignation

At the discretion of WFBH, a Respondent who withdraws or resigns from WFBH during the pendency of a grievance process under this Policy may be barred from WFBH property and WFBH activities and events and may be ineligible for re-enrollment or to be re-hired. If a Respondent completes all requirements to graduate during the grievance process, WFBH may hold the Respondent's diploma until full resolution of the Formal Complaint.

2A.12 Privacy and Disclosure

Except as may be permitted by FERPA or as required by law or to carry out any investigation or resolution under this Policy, WFBH will keep private the identity of any individual who has made a report or complaint of Sexual Harassment or Sexual Misconduct (including any individual who has made a report or filed a Formal Complaint), any Claimant, any Respondent, and any witness.

WFBH may report alleged Sexual Harassment and/or Sexual Misconduct to local law enforcement if warranted by the nature of the allegations at issue, and WFBH administrators will share information regarding alleged Sexual Harassment and/or Sexual Misconduct, as appropriate and necessary, in order to address and resolve the allegation(s) at issue, prevent the recurrence of similar Sexual Harassment and/or Sexual Misconduct, and address the effects of the Sexual Harassment and/or Sexual Misconduct. Additionally, information regarding alleged Sexual Harassment and/or Sexual Misconduct may be used as a statistical, anonymous report for data collection purposes under the Clery Act.

To comply with FERPA, Title IX, and other applicable laws and to provide an orderly process for the presentation and consideration of relevant information without undue intimidation or pressure, grievance processes carried out under this Policy are not open to the general public. Accordingly, documents prepared in connection with such processes; documents, statements, or other information introduced in interviews, meetings, and proceedings; and the final outcome letter may not be disclosed outside of those processes except as may be required or authorized by law.

As permitted by and subject to the limitations of FERPA, WFBH reserves the right to notify parent(s) or guardian(s) of a student Respondent of the outcome of any investigation involving that Respondent, redacting names of any other students who do not consent to the disclosure of their information. At the written request of a party, WFBH may include a party's advisor on communications and share access to documents, including the investigation report. This access is subject to the advisor's acknowledgment and agreement to maintain the confidentiality of the documents. While WFBH strongly encourages parties to maintain privacy in connection with a grievance process, WFBH does not prohibit parties from discussing the allegations under investigation or in any way inhibit the parties from gathering or presenting Relevant Evidence. In addition, WFBH's policy does not prohibit disclosure of the final outcome letter by either the Claimant or the Respondent. Parties are cautioned, however, that they remain subject to this Policy's prohibition against Retaliation.

2A.13 Conflicts of Interest, Bias, and Training

WFBH will ensure that any individual designated by WFBH as a Title IX Coordinator, investigator, decision-maker, sanctions officer, appellate officer, or adaptive resolution facilitator under these Grievance Procedures does not have a conflict of interest or bias for or against Claimants or Respondents generally or an individual Claimant or Respondent.

WFBH also ensures that Title IX Coordinators, investigators, decision-makers, sanctions officers, appellate officers, and adaptive resolution facilitators receive training, as applicable, on the definition of Sexual Harassment and Sexual Misconduct; the scope of WFBH's Education Program or Activity; how to conduct an investigation and grievance process, including hearings, appeals, and informal resolution processes; and how to serve impartially, including by avoiding prejudgment of the facts at issue, conflicts of interest, and bias.

WFBH further ensures that decision-makers receive training on issues of relevance of questions and evidence, including when questions and evidence about the Claimant's sexual predisposition or prior sexual behavior are not relevant, and that investigators receive training on issues of relevance to create an investigative report that fairly summarizes Relevant Evidence. Additionally, WFBH ensures that decision-makers receive training on any technology to be used at live hearings.

Materials used to train Title IX Coordinators, investigators, decision-makers, sanctions officers, appellate officers, and adaptive resolution facilitators will not rely on sex or gender stereotypes and will promote impartial investigations and adjudications of Formal Complaints of Sexual Harassment and/or Sexual Misconduct.

2A.14 Burden of Proof

At all times, the burden of proof and the burden of gathering information sufficient to reach a determination regarding responsibility rests on WFBH, not on Claimant or Respondent.

2A.15 Presumption of No Responsibility until Determination

Respondents are presumed to be not responsible for alleged Sexual Harassment until WFBH makes a determination regarding responsibility pursuant to these Grievance Procedures.

2A.16 Objective Evaluation of All Relevant Evidence; Credibility Determinations

The investigators and decision-makers under these Grievance Procedures will objectively evaluate all Relevant Evidence, including both inculpatory and exculpatory evidence, and will not make any credibility determinations based on a person's status as a Claimant, Respondent, or witness.

2A.17 Academic Freedom

WFBH affirms its commitment to academic freedom but notes that academic freedom does not allow any form of Sexual Harassment or Sexual Misconduct. WFBH recognizes that an essential function of education is a probing of opinions and an exploration of ideas, some of which, because they are controversial, may cause students and others discomfort. This discomfort, as a product of free academic inquiry within a faculty member's area(s) of expertise, shall in no way be considered or construed to constitute Sexual Harassment or Sexual Misconduct. Academic inquiry may involve teaching, research and extramural speech. Furthermore, nothing in this document shall be interpreted to prohibit bona fide academic requirements for a specific WFBH program or activity. When investigating complaints that a party, the Title IX Coordinator, or the investigator(s) believes may involve issues of academic freedom, the Title IX Coordinator or investigator(s) will consult two faculty members designated by the Dean of the School of Medicine with respect to contemporary academic practices and standards

2A.18 Documentation

WFBH will retain documentation (including but not limited to any Formal Complaint, notifications, recording or transcripts of interviews, investigative report, written findings of fact, petitions for appeal, notifications of decisions (including the final outcome letter), audio or audio-visual recordings of hearings, and written communication with the Claimant and Respondent), for no less than seven years.

2A.19 Consolidation of Formal Complaints

WFBH may consolidate Formal Complaints as to allegations of Sexual Harassment and/or Sexual Misconduct against more than one Respondent, by more than one Claimant against one or more Respondents, or by one party against the other party where the allegations of Sexual Harassment and/or Sexual Misconduct arise out of the same facts or circumstances. Where a grievance process involves more than one Claimant or more than one Respondent, references in these Grievance Procedures to the singular "party," "Claimant," or "Respondent" include the plural, as applicable.

2A.20 Complex Complaints

When a Formal Complaint is filed containing allegations of both Sexual Harassment and Sexual Misconduct, or allegations of both Sexual Harassment and of other forms of conduct prohibited by other WFBH policies, including but not limited to student codes of conduct or employee policies, all allegations in the Formal Complaint may be addressed in accordance with these Pre-Hearing Grievance Procedures and the Hearing Procedures set forth in Section III of this Policy.

2A.21 Individuals with Disabilities

WFBH will make arrangements to ensure that individuals with disabilities are provided reasonable accommodations, to the extent necessary and available, to participate in WFBH's grievance processes. Student requests for accommodation must be made to the Learning Assistance Center-Disability Services. All other requests for accommodation must be made to the Human Resources Department.

B. THE INVESTIGATION

2B.01 Appointment of Investigators and Challenging of the Same

Unless a Formal Complaint is dismissed or the parties elect to participate in an Adaptive Resolution Process as set forth in Section V of this Policy, the Title IX Coordinator will promptly appoint one or more investigators. These investigators may be WFBH employees (and may be the Title IX Coordinator), non-employees, or a combination of the two. The Title IX Coordinator will contemporaneously share the name(s) and contact information with the Claimant and Respondent and also will forward a copy of the Formal Complaint to the investigator(s).

Within two days of such appointment, the Claimant or the Respondent may identify to the Title IX Coordinator in writing any alleged conflicts of interest or bias on the part of the assigned investigator(s). The Title IX Coordinator will consider such statements and will promptly assign a different investigator(s) if the Title IX Coordinator determines that a material conflict of interest or material bias exists.

2B.02 The Investigators' Activities

Upon receipt of the Formal Complaint, the investigator(s) will promptly begin their investigation, taking such steps as interviewing the Claimant, the Respondent, and witnesses (including expert

witnesses, where applicable); summarizing such interviews in writing (or, alternatively, providing access to audio recordings or transcripts of such interviews); collecting and reviewing relevant documents; visiting, inspecting, and taking or reviewing photographs of relevant sites; and collecting and reviewing other Relevant Evidence.

2B.03 The Investigative Report and Evidence Review

The investigator(s) will prepare a written investigative report that fairly summarizes Relevant Evidence and includes items such as the Formal Complaint, written statements of position, summaries or transcripts of all interviews conducted, photographs, descriptions of Relevant Evidence, and summaries or copies of relevant electronic records.

Prior to the completion of the investigative report, the investigator(s) will send or make available to each party and the party's advisor, if any, an electronic or hard copy of any evidence obtained during the investigation that is directly related to the allegations raised in the Formal Complaint, including

(1) any evidence upon which WFBH does not intend to rely in reaching a determination regarding responsibility; and (2) both inculpatory and exculpatory evidence.

The parties have ten days from the time that the evidence is provided to submit to the investigator(s) a written response to the evidence. In the response, the parties may address the relevancy of any evidence that the parties believe should be included in or excluded from the investigative report and may also address any further investigation activities or questions that they believe are necessary. If a party wishes to submit additional evidence at this stage, they should explain how the evidence is relevant and why it was not previously provided.

The investigator(s) will review and consider the parties' written submissions and may conduct additional investigative activities as appropriate prior to finalizing the investigative report. In the event the additional investigative activities result in new evidence, the investigator(s) will make available this new evidence to each party and the party's advisor in accordance with the process described above. The parties will have ten days from the time that the new evidence is provided to submit to the investigator(s) a written response to the evidence. The need for additional investigative activities may result in a delay or extension to the timelines set forth in these Grievance Procedures.

At least ten days prior to the hearing, the investigators will send the investigative report to each party and the party's advisor, if any. Any response a party wishes to make to the final investigative report may be included in that party's pre-hearing written statement.

Each party's pre-hearing statement must be submitted at least five days prior to the hearing. The hearing officer/chairperson will share the pre-hearing statement with the other party, who may submit a response within two days.

Nothing in this Policy restricts the ability of either party to discuss the allegations under investigation or to gather, preserve, and/or present Relevant Evidence.

2B.04 Submission of Evidence; Expert Witnesses

Any evidence that the parties wish for the hearing officer to consider should be presented to the investigators as early as possible during the investigation process. Evidence that is not submitted in a timely manner and prior to finalization of the investigative report may be excluded from the hearing at the discretion of the hearing officer.

Similarly, all witnesses should be identified to the investigators as early as possible during the investigation. The hearing officer generally will not call or consider written statements from witnesses who were not identified to investigators and interviewed during the investigation.

However, in their discretion and for good cause, the hearing officer may choose to consider information from witnesses who were not interviewed during the investigation.

Any party who wishes to present testimony from an expert witness8 should identify that witness by providing the witness's name, contact information and a summary of (1) the witness's qualifications to offer expert testimony; and (2) any opinions the witness expects to offer related to the allegations or evidence. Any evidence upon which the witness relies must be provided to the investigators and will be made available to the other party and their advisor, as well as to any expert witness the other party has identified. This information must be provided as early as possible in the investigation and in no event later than finalization of the investigative report. The parties must make any expert witnesses available to be interviewed by investigators and to testify at the hearing.

2B.05 Treatment Records

WFBH will not access, consider, disclose, or otherwise use in a grievance process any party's treatment records that are maintained by a physician, psychiatrist, psychologist or other recognized professional or paraprofessional acting in their professional/paraprofessional capacity unless the party provides voluntary, written consent.

2B.06 Failure to Appear

If any party or witness fails to appear at the hearing after having been provided proper notice of the hearing as set forth above, then absent extenuating circumstances as determined by the hearing officer/chairperson, the hearing officer/chairperson will proceed with the hearing and issuance of their responsibility determination and, as applicable, sanction recommendation. WFBH will provide an advisor to any party who attends the hearing unaccompanied.

[8] An expert witness is a person who has the special skills, knowledge, and/or training to provide opinions regarding a particular (and usually technical) subject matter.

SECTION III. TITLE IX SEXUAL HARASSMENT HEARING PROCEDURES

3A.01 Referral for Adaptive Resolution

If, at any time prior to a responsibility determination by the hearing officer, the Title IX Coordinator determines that the matter is appropriate for Adaptive Resolution, the Title IX Coordinator will ask both parties if they wish to suspend the formal resolution process and engage in an Adaptive Resolution process to resolve the allegations without a hearing.

If both parties wish to engage in the Adaptive Resolution process and if the Claimant and the Respondent agree in writing to a resolution through the Adaptive Resolution process, then the Formal Complaint will be resolved without completion of the hearing and without any further rights of appeal by either party.

If the parties are unable to agree to a resolution through the Adaptive Resolution process, the Title IX Coordinator will continue the formal resolution process.

3A.02 The Formal Resolution Process

Unless a Formal Complaint is dismissed or the parties elect to participate in the Adaptive Resolution process pursuant to Section V below, following the investigation the appointed hearing officer will conduct a hearing in which they may question the Claimant, the Respondent, and any witnesses whose testimony the hearing officer deems relevant. During the hearing, the hearing officer and the parties may also question the investigator(s) about the investigative report.

3A.03 Appointment of the Hearing Officer and Challenging of the Same

The Title IX Coordinator will appoint a hearing officer, who will administer the hearing, serve as the decision-maker regarding responsibility, and (as applicable) recommend sanctions. The hearing officer may be a WFBH employee or non-employee. The Title IX Coordinator will contemporaneously share the hearing officer's name and contact information with the Claimant and the Respondent. The Title IX Coordinator will provide to the hearing officer the Formal Complaint, all evidence directly related to the allegations, the parties' written responses to the evidence, and the investigative report.

Within two days of such appointment, the Claimant or the Respondent may identify to the Title IX Coordinator in writing any alleged conflicts of interest or bias on the part of the hearing officer. The Title IX Coordinator will carefully consider such statements and will promptly assign a different hearing officer if the Title IX Coordinator determines that a material conflict of interest or material bias exists.

3A.04 Notice of the Hearing

Promptly after the appointment of the hearing officer and no less than seven days prior to the hearing, the hearing officer will provide concurrent written notice to the Claimant and the Respondent setting forth the date, time, and location of the hearing. Any modifications to the hearing date, time, or location will be provided in writing to both parties prior to the date of the hearing.

3A.05 Evidentiary Matters

A Title IX hearing does not take place within a court of law and is not bound by formal rules of evidence that apply to court proceedings.

Evidence of and questions about the Claimant's sexual predisposition or prior sexual behavior are not relevant and will not be permitted at the hearing, with the following exceptions: (1) if the questions and evidence about the Claimant's prior sexual behavior are offered to prove that someone other than the Respondent committed the conduct alleged by the Claimant; or (2) if the questions and evidence concern specific incidents of the Claimant's prior sexual behavior with respect to the Respondent and are offered in an effort to prove Consent.

Evidence regarding the Respondent's past sexual activity (regardless of whether the Respondent was formally investigated or found responsible for such conduct) may be permitted to show that the Respondent has engaged in a pattern of behavior similar to the alleged Sexual Harassment at issue before the hearing officer, provided that the Respondent has not been found "not responsible" by WFBH in a proceeding related to such conduct.

The hearing officer may also exclude evidence if the hearing officer determines that the proffered evidence's probative value is outweighed by needlessly presenting cumulative evidence or that a question is posed solely to harass a witness or the other party.

As explained in Section 2B.05, WFBH will not access, consider, disclose, or otherwise use in a grievance process any party's treatment records that are maintained by a physician, psychiatrist, psychologist or other recognized professional or paraprofessional acting in their professional/paraprofessional capacity unless the party provides voluntary, written consent.

WFBH will make the evidence that the investigators provided to the parties for their review and inspection prior to finalization of the investigative report available at the hearing to give each party equal opportunity to refer to such evidence during the hearing, including for purposes of cross-examination.

3A.06 Hearing Format and Questioning of Witnesses and Parties

The hearing will be conducted with parties in separate rooms, using technology to ensure that each party can see and hear any party or witness answering questions. At the discretion of the hearing officer, the hearing may be conducted partially or entirely remotely, with any or all participants participating virtually.

The Claimant and the Respondent will have equal opportunity to address the hearing officer with an opening statement, if desired, and both the hearing officer and the parties' advisors will have the opportunity to question the other party and any witnesses, including investigators and expert witnesses. Following any opening statements, the hearing officer will first ask any questions of each party and each witness through direct examination. After the hearing officer has completed direct examination, the advisor for the Claimant will have an opportunity to conduct a cross-examination of the Respondent, and the advisor for the Respondent will have the opportunity to conduct cross-examination of the Claimant. The hearing officer will determine the order of witnesses and questioning of the witnesses by the advisors for the parties. Any questions that a party has for a witness or the other party must be posed by the party's advisor. A party's advisor will not have the opportunity to question the party for whom they serve as advisor.

Before a party or witness answers a cross-examination question, the hearing officer will determine whether the question is Relevant and allowed under this Policy. The hearing officer will explain any decision to exclude a question.

Members of the WFBH community are expected to provide truthful testimony, and any member of the WFBH community who knowingly provides false information or testimony during this process is subject to discipline.

3A.07 Unavailability or Refusal to Testify or Submit to Cross-Examination

The Respondent and/or the Claimant may choose not to testify at the hearing; however, the exercise of that option will not preclude the hearing officer from making a responsibility determination. If a party or witness does not submit to cross-examination at the hearing, in reaching a responsibility determination, the hearing officer may afford relevant statements made by that party or witness the weight that the hearing officer deems appropriate, taking into consideration factors such as the nature of the statement, the context in which the party or witness made the statement, and any other factor the hearing officer deems appropriate.

The hearing officer will not draw an inference regarding responsibility based solely on a party's or witness' absence from the hearing or refusal to testify or submit to cross-examination.

3A.08 Recording

WFBH will create an audio or audio-visual recording of the hearing. This recording will be the only recording permitted of the proceedings and will be the property of WFBH. The parties and the appeal officer may use the recording as part of the appeal process. Reasonable care will be taken to ensure a quality recording; however, technological problems that result in no recording or in an inaudible one will not affect the validity of the outcome of a hearing.

3A.09 The Determination of the Hearing Officer Regarding Responsibility

Following the hearing, the hearing officer will determine whether the evidence establishes that it is more likely than not[9] that the Respondent committed Sexual Harassment or, in the context of a Complex Case, otherwise violated this Policy or other WFBH policies. The hearing officer will render a finding of “Responsible” or “Not Responsible” and will provide the rationale for the decision. If the Respondent is found “Responsible,” the hearing officer will specify the specific type(s) of conduct for which the Respondent is found “Responsible” (for example, Sexual Assault, Stalking, etc.). When feasible, the hearing officer will orally communicate the finding of “Responsible” or “Not Responsible” to the parties on the day of or day following the hearing. Additional information regarding the decision, including the rationale, will be communicated to the parties in the final outcome letter (as described below).

[9] In other words, the standard of proof will be the preponderance of the evidence standard.

3A.10 Determination Regarding Sanctions

If the hearing officer determines that the Respondent is "Responsible," the hearing officer will provide findings of fact in support of the hearing officer's determination and the rationale for the determination to the Title IX Coordinator. The Title IX Coordinator will then provide this information to the appropriate Sanctions Officer, as delineated below, and the Sanctions Officer will determine the sanction(s) to be imposed.

In determining sanctions, the Sanctions Officer will consider: (a) the nature and severity of the misconduct; (b) whether a sanction will bring an end to, prevent a recurrence of, or remedy the effects of the Sexual Harassment; (c) the impact of separating a student from their education; and

(d) any prior disciplinary history of a Respondent. In addition, the Sanctions Officer may consider aggravating or mitigating factors. The appropriate sanctions for Sexual Assault generally will include at a minimum a period of separation from WFBH. The Sanctions Officer will also consult with the Title IX Coordinator regarding WFBH's history of sanctions in similar cases.

Sanctions for Respondents who are employees may include, but are not limited to, a written warning, withholding a promotion or pay increase, reassigning employment, terminating employment (including a recommendation of a loss of tenure), temporary suspension without pay, compensation adjustments, completion of an intervention or training program, and/or completion of violence risk assessment.

Sanctions for Respondents who are students may include, but are not limited to, expulsion or suspension from WFBH, disciplinary probation, social restrictions, parental notification, education sanctions (such as community service, reflection paper(s), and/or fines), suspension or revocation of admission, suspension from a program, and/or withholding or revocation of a degree(s).

The appropriate Sanctions Officer is determined by the Respondent's status:

Respondent Status	**Sanctions Officer**
Student	Dean of the Student's College or School or designee
Faculty Member	Dean of the Faculty Member's College or School or designee
Staff Member	Chief Human Resources Officer or designee

The Sanctions Officer will forward their sanctions determination to the Title IX Coordinator, who will share it with the hearing officer for inclusion in the final outcome letter, as described in Section 3A.14.

3A.11 Final Outcome Letter

Within 21 days after the hearing, the hearing officer will issue a final outcome letter through the Title IX Coordinator to the Respondent and Claimant simultaneously. The final outcome letter will (1) name the Respondent; (2) identify the allegations potentially constituting Sexual Harassment; (3) describe procedural steps taken from the filing of the Formal Claimant through the determination; (4) provide findings of fact in support of the hearing officer's determination; and

(5) provide a statement of rationale for the result as to each allegation, including the responsibility determination and any sanctions.

3A.12 Implementation of Sanctions

The sanctions included in the final outcome letter, if any, become final either on the date that the University provides the parties with the written determination of the result of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which an appeal would no longer be considered timely. Sanctions determined by the Sanctions Officer will not be imposed prior to the outcome becoming final.

3A.13 Appeals

The Claimant or the Respondent may appeal the decision of the hearing officer regarding responsibility and/or the sanction(s) imposed on the Respondent.

The following are the only permissible grounds for an appeal of the hearing officer's responsibility determination: (1) procedural irregularity that affected the outcome; (2) new evidence that was not reasonably available at the time of the determination and that could affect the outcome; and (3) the Title IX Coordinator, an investigator, or the hearing officer had a conflict of interest or bias that affected the outcome.

Sanctions may only be appealed on the ground that the severity is incommensurate to the gravity of the Sexual Harassment for which the Respondent was found responsible.

Appeals must be submitted in writing to the Title IX Coordinator within five days from the date of the final outcome letter. The Title IX Coordinator will promptly inform the other party of the filing of the appeal. The other party will have three days from such notification to submit a written response to the appeal.

3A.14 Appointment of the Appeal Officer and Challenging of the Same

Upon receipt of an appeal, the Title IX Coordinator will appoint an appeal officer.

Within two days of such appointment, the Claimant or the Respondent may identify to the Title IX Coordinator in writing alleged conflicts of interest or bias posed by assigning that appeal officer. The Title IX Coordinator will carefully consider such statements and will promptly assign a different appeal officer if the Title IX Coordinator determines that a material conflict of interest or material bias exists.

3A.15 Appellate Review

The Title IX Coordinator will share the Formal Complaint, the investigative report, the hearing recording, all statements introduced at the hearing, any other evidence considered by the hearing officer, the hearing officer's written findings, and the written appeal submissions with the appeal officer. In addition, if an appeal raises procedural issues, the Title IX Coordinator may provide the appeal officer additional information relevant to those issues.

Within 15 days of the receipt of the appeal, the appeal officer will determine (a) that the decision of the hearing officer should stand; or (b) that the decision of the hearing officer should be overturned and will issue a written explanation of that result and the rationale behind it.

In the event that the appeal officer determines that the decision of the hearing officer should be overturned, the appeal officer will specify, after consultation with the Title IX Coordinator and other WFBH administrators as necessary, the appropriate steps to be taken to come to a final resolution of the Formal Complaint (which may include another hearing before the same hearing officer or a different one).

3A.16 Title IX Dismissal

A. Mandatory Dismissal. WFBH will investigate the allegations in a Formal Complaint; however, WFBH will dismiss a Formal Complaint or a portion of the allegations therein if (1) the conduct alleged in the Formal Complaint, even if substantiated, would not constitute Sexual Harassment or Sexual Misconduct; (2) at the time of filing the Formal Complaint of Sexual Harassment, the Claimant was not participating in or attempting to participate in WFBH's Education Program or Activity; (3) the Sexual Harassment conduct alleged in the Formal Complaint did not occur in WFBH's Education Program or Activity; or (4) the Sexual Harassment conduct alleged in the Formal Complaint did not occur against an individual in the United States. Such a dismissal may take place at the conclusion of the investigation or at any time prior to the conclusion of the investigation.

B. Permissive Dismissal. Additionally, WFBH may dismiss a Formal Complaint or a portion of the allegations therein if (1) the Claimant notifies the Title IX Coordinator in writing that the Claimant would like to withdraw the Formal Complaint or any allegations therein; (2) the Respondent is no longer enrolled or employed at WFBH; or (3) despite efforts to do so, WFBH is unable to gather evidence sufficient to reach a determination as to the Formal Complaint or allegations therein.

C. In the event the Title IX Coordinator determines that dismissal of a Formal Complaint or a portion of the allegations is appropriate, the Title IX Coordinator will promptly notify the parties in writing of the dismissal and the reasons for it. Dismissal does not impair WFBH's ability to proceed with any appropriate investigatory or disciplinary actions under this Policy or another WFBH policy or procedure and/or to provide Supportive Measures to the parties.

D. Appeal. Within five days of the issuance of the written notice of the dismissal, either party may appeal a decision to dismiss a Formal Complaint or a portion of the allegations by submitting a written appeal to the Title IX Coordinator on the following grounds: (1) procedural irregularity that affected the decision to dismiss; (2) new evidence that was not reasonably available at the time of dismissal and that could affect the outcome of the matter; or (3) the Title IX Coordinator or other participant in the dismissal having a conflict of interest or bias for or against Claimants or Respondents generally or the individual Claimant or Respondent that affected the decision to dismiss.

   The Title IX Coordinator will promptly notify the other party of the appeal, and the non-appealing party may submit a response to the appeal within three days of notification of the appeal.

   The Title IX Coordinator will appoint an appeal officer and will contemporaneously share the appeal officer's name and contact information with the Claimant and the Respondent.

   Within two days of such appointment, the Claimant, or the Respondent may identify to the Title IX Coordinator in writing alleged conflicts of interest or bias on the part of the appeal officer. The Title IX Coordinator will consider such statements and will promptly assign a different appeal officer if the Title IX Coordinator determines that a material conflict of interest or material bias exists.

   The Title IX Coordinator will forward the Formal Complaint and any documents upon which the dismissal decision was based, as well as the appeal and any response to the appeal to the appeal officer.

Within seven days of receipt of those materials, the appeal officer will determine whether any of the grounds for appeal warrant overturning or modifying the dismissal and will issue a written decision to the parties. The decision by the appeal officer is final.

SECTION IV. NON-TITLE IX SEXUAL MISCONDUCT HEARING GRIEVANCE PROCEDURES FOR STUDENT RESPONDENTS

4A.01 Referral for Adaptive Resolution

If, at any time prior to a responsibility determination by the hearing officer, the Title IX Coordinator determines that the matter is appropriate for Adaptive Resolution, the Title IX Coordinator will ask both parties if they wish to suspend the formal resolution process and engage in an Adaptive Resolution process to resolve the allegations without a hearing.

If both parties wish to engage in the Adaptive Resolution process and if the Claimant and the Respondent agree in writing to a resolution through the Adaptive Resolution process, then the Formal Complaint will be resolved without completion of the hearing and without any further rights of appeal by either party.

If the parties are unable to agree to a resolution through the Adaptive Resolution process, the Title IX Coordinator will continue the formal resolution process.

4A.02 Hearing Board

WFBH's Sexual Misconduct Hearing Board is composed of faculty and staff who have received training as described in Section 2A.14 of this Policy.

For hearings under this section, the Title IX Coordinator, or designated investigator, will select a three-member Hearing Panel from the Sexual Misconduct Hearing Board to determine whether the Respondent is responsible for Sexual Misconduct that is prohibited by this Policy. One of the panel members will be designated as the Chairperson.

4A.03 Student Sexual Misconduct Hearing Process

Unless a Formal Complaint is dismissed or the parties elect to participate in the Adaptive Resolution process pursuant to Section VI below, following the investigation the hearing panel will conduct a hearing in accordance with this process.

> 4A.03(i) Arrangements for the Hearing. Arrangements may be made for the Claimant and/or the Respondent who do not wish to be in the hearing room with the opposing party at the same time. This accommodation may include audio conferencing or video conferencing. All accommodation requests must be made to the Title IX Coordinator at least three days in advance of the hearing. A hearing may also be held remotely at the discretion of the Title IX Coordinator or the Chairperson.
>
> 4A.03(ii) Role of Advisors and Support Persons. Claimants and Respondents may each have one advisor and one support person of their choosing at the hearing, but the roles of the advisor and the support person are strictly limited to providing advice and/or support to the Claimant and the Respondent. Advisors and support persons are prohibited from directly asking questions, arguing, or presenting information or evidence during the hearing. Advisors and support persons may be removed from the hearing at the direction and in the discretion of the Chairperson if the advisor and/or support person(s) disrupt the hearing.
>
> 4A.03(iii) Investigation Summary: The investigator assigned to the complaint will provide a brief summary of the allegations. Following the summary, the Hearing Panel may ask questions to the investigator. Claimant and Respondent may submit questions to the

Chairperson in writing, for the Hearing Panel to then ask the investigator, which the Chairperson may choose to rephrase or omit.

4A.03(iv) Claimant's Information: The Claimant has the option, but is not required, to provide a brief verbal or written opening statement setting forth the charges alleged. If the opening statement is written, the Hearing Chairperson may, in its discretion, read it out loud upon request by the Claimant. Following an opening statement, the Claimant may present evidence by being available for questioning by the Hearing Panel; may request the Hearing Panel to call their witnesses; and may submit questions in writing to the Chairperson for the Hearing Panel to ask, which the Chairperson may choose to rephrase or omit.

Once the Hearing Panel has completed its questioning, the Respondent may submit written questions to the Chairperson to consider and if deemed relevant and not otherwise redundant, submit to the Hearing Panel.

4A.03(v) Respondent's Information: The Respondent has the option, but is not required, to provide a brief verbal or written opening statement setting forth Respondent's reply to the charges alleged. If the opening statement is written, the Hearing Chairperson may read it out loud upon request of the Respondent. No questions may be asked during the opening statements. Following the opening statement, the Respondent may present evidence by being available for questioning by the Hearing Panel; may request the Hearing Panel to call their witnesses; and may submit questions in writing to the Chairperson for the Hearing Panel to ask, which the Chairperson may choose to rephrase or omit.

Once the Hearing Panel has completed its questioning, the Claimant may submit written questions to the Chairperson to consider and, if deemed relevant and not otherwise redundant, submit to the Hearing Panel.

While both parties may have already provided the Chairperson with questions to be asked by the Hearing Panel, if either party would like additional questions asked, they must be submitted in writing and provided to the Chairperson during the hearing.

4A.03(vi) Submission of Questions to the Hearing Panel. As stated above, prior to and during the hearing, the Claimant and the Respondent may submit questions to the Chairperson to be asked of each other and the witnesses testifying before the hearing panel. The Claimant and the Respondent are prohibited from directly asking questions. This prohibition extends to advisors and support persons of Complainants and Respondents. The Hearing Chairperson will make decisions regarding Relevant Evidence as explained below, and has sole discretion to whether questions may be asked in full, in part, or omitted entirely.

4A.03(vii) Determinations Regarding Relevant Evidence. As part of a hearing, the Chairperson of the Hearing Panel will make decisions regarding Relevant Evidence.

4A.03(viii) Deliberations: Once the statements have been completed, the parties will be dismissed and the Hearing Panel will begin its deliberations. The Hearing Chairperson is a non-voting facilitator of the Hearing Panel's deliberations. The Hearing Panel will evaluate the evidence and decide, based on a preponderance of the evidence, whether the Respondent is responsible for Sexual Misconduct.

4A.04 Sanctions

If there is a finding of responsibility, the Hearing Panel will, in consultation with the Dean of Students in the College or relevant School or their respective designee, determine the sanctions to be imposed. Sanctions for a finding of responsibility depend on the nature and the gravity of the

Sexual Misconduct. Sanctions may include, but are not limited to, expulsion or suspension from WFBH, disciplinary probation, social restrictions, parental notification, education sanctions (such as community service, reflection paper(s), and/or fines) expulsion or suspension from campus housing, suspension or revocation of admission, and/or withholding or revocation of a degree(s).

The sanctions included in the final outcome letter, if any, become final either on the date that the University provides the parties with the written determination of the result of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which an appeal would no longer be considered timely. Sanctions determined by the Sanctions Officer will not be imposed prior to the outcome becoming final.

4A.05 Final Outcome Letter

The Hearing Chairperson will issue a final outcome letter through the Title IX Coordinator to the Respondent and Claimant simultaneously. The letter will name the Respondent, identify the allegations potentially constituting Sexual Misconduct, and state the decision, including the sanctions, if any.

4A.06 Appeals

The Claimant or the Respondent may appeal the decision of the Hearing Panel regarding responsibility and/or the sanction(s) imposed on the Respondent.

The following are the only permissible grounds for an appeal of the Hearing Panel's responsibility determination: (1) procedural irregularity that affected the outcome; (2) new evidence that was not reasonably available at the time of the determination and that could affect the outcome; and (3) the Title IX Coordinator, an investigator, or the hearing officer had a conflict of interest or bias that affected the outcome.

Sanctions may only be appealed on the ground that the severity is incommensurate to the gravity of the Sexual Misconduct for which the Respondent was found responsible.

Appeals must be submitted in writing to the Title IX Coordinator within five days from the date of the determination letter. The Title IX Coordinator will promptly inform the other party of the filing of the appeal. The other party will have three days from such notification to submit a written response to the appeal.

4A.07 Appointment of the Appeal Officer and Challenging of the Same

Upon receipt of an appeal, the Title IX Coordinator will appoint an appeal officer.

Within two days of such appointment, the Claimant or the Respondent may identify to the Title IX Coordinator in writing alleged conflicts of interest or bias posed by assigning that appeal officer. The Title IX Coordinator will carefully consider such statements and will promptly assign a different appeal officer if the Title IX Coordinator determines that a material conflict of interest or material bias exists.

4A.08 Appellate Review

The Title IX Coordinator will share the Formal Complaint, the investigative report, the hearing recording, all statements introduced at the hearing, any other evidence considered by the Hearing Panel, the Hearing Panel's determination letter, and the written appeal submissions with the appeal officer. In addition, if an appeal raises procedural issues, the Title IX Coordinator may provide the appeal officer additional information relevant to those issues.

Within 15 days of the receipt of the appeal, the appeal officer will determine (a) that the decision of the Hearing Panel should stand; or (b) that the decision of the Hearing Panel should be overturned and will issue a written explanation of that result and the rationale behind it.

In the event that the appeal officer determines that the decision of the Hearing Panel should be overturned, the appeal officer will specify, after consultation with the Title IX Coordinator and other WFBH administrators as necessary, the appropriate steps to be taken to come to a final resolution of the Formal Complaint (which may include another hearing before the same Hearing Panel or a different one).

4A.09 Non-Title IX Dismissal

A. The Title IX Coordinator may dismiss a Formal Complaint or a portion of the allegations for cause. In this event, the Title IX Coordinator will promptly notify the parties in writing of the dismissal and the reasons for it. Dismissal does not impair WFBH's ability to proceed with any appropriate investigatory or disciplinary actions under this Policy or another WFBH policy or procedure and/or to provide Supportive Measures to the parties.

B. Appeal. Within five days of the issuance of the written notice of the dismissal, either party may appeal a decision to dismiss a Formal Complaint or a portion of the allegations by submitting a written appeal to the Title IX Coordinator on the following grounds: (1) procedural irregularity that affected the decision to dismiss; (2) new evidence that was not reasonably available at the time of dismissal and that could affect the outcome of the matter; or (3) the Title IX Coordinator or other participant in the dismissal having a conflict of interest or bias for or against Claimants or Respondents generally or the individual Claimant or Respondent that affected the decision to dismiss.

   The Title IX Coordinator will promptly notify the other party of the appeal, and the non-appealing party may submit a response to the appeal within three days of notification of the appeal.

   The Title IX Coordinator will appoint an appeal officer and will contemporaneously share the appeal officer's name and contact information with the Claimant and the Respondent

   Within two days of such appointment, the Claimant, or the Respondent may identify to the Title IX Coordinator in writing alleged conflicts of interest or bias on the part of the appeal officer. The Title IX Coordinator will consider such statements and will promptly assign a different appeal officer if the Title IX Coordinator determines that a material conflict of interest or material bias exists.

   The appeal officer will determine whether any of the grounds for appeal warrant overturning or modifying the dismissal. The decision by the appeal officer is final.

SECTION V. ADAPTIVE RESOLUTION

5A.01 Availability of Adaptive Resolution

At any time before the issuance of a responsibility determination, the parties may elect to resolve the Formal Complaint through the adaptive resolution process, provided that (1) the parties both voluntarily consent in writing to such resolution; (2) both parties are students or employees of WFBH; and (3) the Title IX Coordinator determines that adaptive resolution is an appropriate mechanism for resolving that specific Formal Complaint. Otherwise, a Formal Complaint that is not dismissed will proceed to a hearing. Adaptive resolution is not an appropriate mechanism for resolving a Formal Complaint by a student against an employee.

Adaptive resolution may not be selected for less than all of the misconduct alleged in the Formal Complaint. If the parties agree to adaptive resolution (and adaptive resolution is appropriate for all of the allegations at issue), then all of the allegations must be resolved according to the adaptive resolution process.

Either party has the right to terminate the adaptive resolution process at any time and proceed with formal resolution (i.e., a full investigation and hearing). Furthermore, the Title IX Coordinator may, where appropriate, terminate adaptive resolution and proceed with the formal resolution process instead.

5A.02 Notice of Allegations and Notice of Adaptive Resolution and Facilitator

The Title IX Coordinator will provide the parties a written notice disclosing the Formal Complaint's allegations and the requirements of the adaptive resolution process, including any circumstances under which WFBH would preclude the parties from resuming a Formal Complaint arising from the same allegations.

When the Formal Complaint is to be resolved according to the adaptive resolution process, the Title IX Coordinator will designate a trained individual to serve as the adaptive resolution facilitator. The Title IX Coordinator will contemporaneously share the name of the adaptive resolution facilitator with the Claimant and the Respondent.

Within two days of such notification, the Claimant or Respondent may identify to the Title IX Coordinator in writing alleged conflicts of interest or bias posed by assigning that facilitator. The Title IX Coordinator will carefully consider such statements and will promptly assign a different facilitator if the Title IX Coordinator determines that a material conflict of interest or material bias exists.

5A.03 Adaptive Resolution

The adaptive resolution facilitator will meet separately with each party to review the process and the allegations in the Formal Complaint and to identify the outcome that each party seeks from the adaptive resolution process. If the facilitator determines that it would be productive for both parties to attend a resolution meeting, the facilitator will provide written notice to the Claimant and the Respondent setting forth the date, time, and location of that meeting. At the request of either party or at the discretion of the adaptive resolution facilitator, the meeting may occur with the parties in different locations or meetings with parties may take place on different dates.

Both the Claimant and the Respondent are expected to participate in the adaptive resolution process. If either party fails to participate, the Title IX Coordinator may direct that the Formal Complaint be resolved using a full investigation and hearing or may reschedule the meeting.

During adaptive resolution, the parties may: (1) engage one another in the presence of, and/or facilitated by, the facilitator; (2) communicate their feelings and perceptions regarding the incident and the impact of the incident (either by communicating directly with one another or by communicating indirectly through the facilitator); (3) relay their wishes and expectations regarding the future; and/or (4) come to an agreed-upon resolution of the allegations in the Formal Complaint.

Participation in the adaptive resolution process is completely voluntary, and either party, the facilitator, or the Title IX Coordinator may terminate the process at any time.

5A.04 Resolution

The facilitator will attempt to facilitate the parties' resolution of the Formal Complaint. If this process results in a resolution between the parties and the Title IX Coordinator finds the resolution to be appropriate under the circumstances (giving consideration to factors including the extent to which the resolution will protect the safety of the Claimant and the entire WFBH community), the resolution will be reduced to writing, which will conclude the process and closing of the Formal Complaint.

5A.05 Written Resolution Agreement

To be effective, any agreement reached during the adaptive resolution process must be memorialized in writing and signed by the parties, the facilitator, and the Title IX Coordinator. The Respondent must complete all measures agreed to in the written resolution agreement, and compliance will be monitored by the Title IX Office. If the Respondent completes all measures agreed to in the written resolution agreement, no further process is available with regard to the allegations in the Formal Complaint. If a Respondent fails to complete all measures, the Claimant or the Title IX Coordinator may refile the Formal Complaint and resume the formal resolution process.

Measures that parties agree to in the informal resolution process may include (but are not limited to):

1) Alcohol education classes for the Respondent;
2) Completion of online sexual harassment training;
3) Regular meetings with an appropriate individual, unit or resource;
4) Permanent or temporary no contact order;
5) Restrictions for participation in certain activities, organizations, programs or classes;
6) Change in residential assignment or restrictions on access to certain residence halls or apartments;
7) Restriction of participation in certain events;
8) Reflection paper or written apology; or
9) The Respondent's completion of an educational or behavioral plan.

5A.06 Termination of Adaptive Resolution Process

At any time prior to completing a written resolution agreement, any party has the right to withdraw from the adaptive resolution process and resume the grievance process with respect to the Formal Complaint. If either party terminates the adaptive resolution process or the Title IX Coordinator determines that the adaptive resolution process is no longer appropriate, the formal resolution process outlined above will promptly resume.

5A.07 Confidentiality of Information Shared

Information shared by students during an adaptive resolution process will not result in separate or subsequent disciplinary investigation or actions by WFBH unless WFBH determines in its reasonable discretion that there is a threat of harm or safety to self or others.

5A.08 Appeal

A resolution reached pursuant to the adaptive resolution process is final and not subject to appeal.

5A.09 Records

The Title IX Coordinator will retain a record of the written resolution agreement for no less than seven years.

EXHIBIT A

Suggested Actions for People Impacted By Sexual Harassment

If you have been impacted by Sexual Harassment, WFBH's first priority is to help you take steps to address your safety, medical needs and emotional well-being. You are encouraged to take the following actions, as applicable, regardless of whether you have made a decision about whether to pursue a criminal or WFBH complaint.

1. **Ensure Your Physical Safety.**

   You may seek help from local law enforcement agencies or by contacting the Wake Forest Baptist Medical Center Security Services. The Wake Forest Baptist Medical Center Security Services can assist you with contacting local law enforcement and can help you obtain transportation to the local law enforcement office. Officers are on duty at the Wake Forest Baptist Medical Center Security Services 24 hours a day, seven days a week.

2. **Seek Medical Assistance and Treatment**.

   To seek medical assistance, you can go to a hospital emergency room, clinic, your primary care physician, or Deacon Health (if you are a Reynolda campus student). Local options for medical care include the following:

Option	Address	Phone Number
Wake Forest Baptist Medical Center [Confidential]	1 Medical Center Boulevard Winston-Salem, NC 27157	336-716-2011
Novant Health Forsyth Medical Center [Confidential]	3333 Silas Creek Parkway Winston-Salem, NC 27103	336-718-5000
Forsyth County Health Department [Confidential]	799 North Highland Avenue Winston-Salem, NC 27101	336-703-3100

   It is crucial that you obtain medical attention as soon as possible after a sexual assault, for example, to determine the extent of physical injury and to prevent or treat sexually transmitted diseases (such as HIV). Medical facilities can also screen for the presence of sedative drugs such as Rohypnol or GHB (date-rape drugs).

   If you choose to have an evidence collection kit (or "rape kit") completed, it is important to do so within 120 hours.

   Even if you have not decided whether to file charges, it is advisable to have the evidence collection kit completed so that you can better preserve the options of obtaining a protective order and/or filing criminal charges at a later date.

3. **Obtain Emotional Support**

   Counseling and Well-Being Services and the Chaplain's Office can help students sort through their feelings and begin the recovery process. The professionals at Counseling and Well-Being Services and the Chaplain's Officer are trained to provide crisis intervention on short-term and emergency issues. These offices can also provide referral services for outside providers and law enforcement. Counseling is free of charge to all students. In some instances, the law may require the disclosure of information shared by

students with counselors. However, absent a legal mandate to the contrary, counseling services are strictly confidential, are not part of students' records, and will not be reported to other WFBH personnel.

Employees may contact the Employee Assistance Program to obtain emotional support (available at: 336.716.5493). Employees can also speak confidentially with an ombudsperson (Jeff Weiner, PhD, facultyombudsahwfb@advocatehealth.org).

4. **Obtain Information/Report Misconduct**

   You are encouraged to report incidents of sexual assault to WFBH's Title IX Coordinator (even if you have filed a report directly with law enforcement). The Title IX Coordinator can help you access resources and can provide you with support and information, including information on WFBH's procedures for investigating and addressing instances of sexual assault.

Important Contact Information

Resources for Parties

Resource	Email	Phone	Location/Address
Title IX Office (Non-Confidential) **Aishah Casseus, JD** Director of the Title IX Office/Title IX Coordinator/Section 504 Coordinator	titleixcoordinator@wfu.edu casseua@wfu.edu	336.758.7258	1834 Wake Forest Road Reynolda Hall, Suite 22 P.O. Box 6006 Winston-Salem, NC 27109 Monday - Friday 9 am - 5 pm
Sarah Riney, Deputy Title IX Coordinator/Director of Academic Compliance	sarah.riney@advocatehealth.org	336.713.3352	
Rebecca Patton, Deputy Title IX Coordinator/Learning Environment Liaison	rebecca.patton@advocatehealth.org	336.716.8945	Bowman Gray Center for Medical Education, 1st Floor

Wake Forest Baptist Medical Center Security Services (Non-Confidential)		Emergencies: 336.716.9111 Non-Emergencies: 336.716.3305	Medical Center Blvd Winston-Salem, NC 27157
Winston-Salem Police Department (Non-Confidential)		Emergencies: 911 Non-Emergencies: 336.773.7700	725 North Cherry Street Winston-Salem, NC 27101
Kim Caprio, HR Director/Title IX, Human Resources/Teammate Relations	kimberly.caprio@advocatehealth.org		
Counseling and Well-Being Services (Confidential)	counselingservices@wfusm.org	336.758.5273	Bowman Gray Center for Medical Education
Michelle Nicolle, Office of Chaplain (Confidential)	michelle.nicolle@advocatehealth.org	336.713.9766	Bowman Gray Center for Medical Education
Employee Assistance Program (EAP) (Confidential)		336.716.5493	

Additional Community Resources

Resource	Email	Phone	Location/Address
Wake Forest Baptist Medical Center (Confidential)		336.716.2011	1 Medical Center Boulevard Winston-Salem, NC 27157
Novant Health Forsyth Medical Center (Confidential)		336.718.5000	3333 Silas Creek Parkway Winston-Salem, NC 27103
Forsyth County Health Department (Confidential)		336.703.3100	799 North Highland Avenue Winston-Salem, NC 27101
Family Services, Inc. (Confidential)	info@fsifamily.org	336.722.8173 or 1.800.316.5513 **24 Hour Crisis Line for**	1200 Broad Street Winston-Salem, NC 27101

		Sexual Assault: 336.722.4457 **24 Hour General Crisis Line:** 336.723.8125	

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