



**Wake Forest University**  
**School of Medicine**



## **Student Policy and Compliance Companion 2024-2025**

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

7/2024

## 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 clinical campus 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 at Atrium Health Wake Forest Baptist in Winston Salem and Charlotte along with our Wake Forest Innovation Quarter students, 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**

Based at Carolinas Medical Center, Wake Forest University School of Medicine Charlotte provides a longitudinal integrated curriculum for third- and fourth-year medical students. This course of study applies best clinical practices, current technologies and relationships with patients.

### **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.

# 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 2024-2025. **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 program director.

Each student is provided with an email account. Atrium Health Wake Forest Baptist 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 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 (WFUSM) or Graduate School of Arts and Sciences – Biomedical Sciences are designated as WFUSM/WFU 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 Wake Forest Baptist Health Security Administration office located in Meads Hall, Ground Floor, Suite C.

Within the Table of Contents in this handbook, click on the title of the document or section you want, to be taken directly to that document.

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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
- School of Medicine

#### **Innovation Quarter**

Innovation Quarter is home to many scientists and researchers from Wake Forest 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
- Wake Forest Innovations
- Wake Forest Innovation Quarter
- Wake Forest Institute for Regenerative Medicine

### Charlotte

The partnership between Atrium Health and Wake Forest University School of Medicine has been a life-changing combination with a shared mission to improve health, elevate hope, and advance healing for ALL. Approved as a Regional Clinical Campus of Wake Forest University School of Medicine by the LCME in 2021, Atrium Health Carolinas Medical Center (CMC) has been educating medical students since the 1960's. Believing that we are truly one medical school with two campuses, the curriculum in Charlotte, NC for MD students has been designed to be comparable to that in Winston Salem, and students are currently able to complete their entire third and/or fourth years of medical school in Charlotte. This

includes transition courses, testing, LEAP weeks, and certifications. Additionally, we offer all advising services on both campuses as well as virtually.

Students who wish to spend their third year in Charlotte working at Atrium Health Carolinas Medical Center may select this option during the spring of their first year of medical school. More information about the process will be sent out to students in the Fall. At present, 40 slots are available for students to complete their immersion year at the Charlotte campus and information about how to apply is sent out to students in the fall. When students are accepted to the Charlotte campus, they commit to spending the entirety of Year 3 in Charlotte. For year 4 experiences, students choose the campus on a rotation-by-rotation basis.

### **Boone**

The Wake Forest University School of Medicine PA 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 PAs 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.

# Compliance Resources for all School of Medicine Students

## The Office of Education Institutional Effectiveness and Compliance

The Office of Education Institutional Effectiveness and Compliance (OEIEC) 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 Education Institutional Effectiveness and Compliance oversees compliance for the School of Medicine. Our compliance team helps to draft and update policy and provides intake for Learning Environment and Mistreatment 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](http://www.sacscoc.org) [[sacscoc.org](mailto:sacscoc.org)]).

The Doctor of Medicine program is accredited by the Liaison Committee on Medical Education (LCME). 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: <http://www.arc-pa.org/wp-content/uploads/2020/06/Concerns-about-Program-Compliance-with-Policies-or-Standards.pdf>

The Nurse Anesthesia Program is a graduate level program that awards a Master of Science (MS) degree. This program is currently on a 10-year accreditation by the Council on Accreditation of Nurse Anesthesia Education Programs (222 South Prospect Avenue, Park Ridge, Illinois 60068; 847-655-1160) 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 COACRNA may be found at: <https://www.coacrna.org/contact-us/concerns/>

The Doctor of Nursing Practice is a graduate level post-master's program that awards a Doctor in Nursing Practice (DNP). The post-masters DNP program will be offered mostly online. Because most students will be currently working RNs, the post-master's DNP will be offered as a part-time, 2-year program with online courses and four intensive in person sessions.

The Genetic Counseling Program is a graduate-level program that awards a Master of Science degree. This program is offered in the Graduate School of Biomedical Sciences. The Genetic Counseling program was accredited by the Accreditation Council for Genetic Counseling (7918 Jones Branch Drive, Suite 300, McLean, VA 22102, phone: (703) 506 - 7667) on December 7, 2020, as an Accredited New Program. This

accreditation will be reviewed in 2024 at which time the application for Accredited Program will be determined. Information regarding the Genetic Counseling accreditation can be found: <https://www.gceducation.org/>

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/>

# 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. Learning Environment and Mistreatment concerns may be reported to the Learning Environment Liaison Team. The Learning Environment Liaison Team is not a part of any Wake Forest University School of Medicine program, nor is it involved in student assessment. If you would like to discuss any mistreatment or learning environment concerns you have, please contact our team at 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 \(WFUSM\)](#)

## **How to Report Mistreatment & Learning Environment Concerns**

### **Via Email:**

All School of Medicine learners may report mistreatment or learning environment concerns via email at [edcompliance@wakehealth.edu](mailto:edcompliance@wakehealth.edu).

### **In Person:**

To schedule a meeting with a member of the LEL team, please scan the QR code below:



### **Via Online Reporting Form:**

Via our reporting form: <https://forms.office.com/r/Gbd55AgeBS>

### **Anonymous Reporting:**

Concerns may also be reported anonymously through the Compliance Hotline at 844-587-0825 or at [atriumhealth.ethicspoint.com](http://atriumhealth.ethicspoint.com)

### **Additional Ways to Report:**

**Teammate Relations** (within Human Resources): Provides guidance and support for workplace issues. 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 [[atrium.service-now.com](http://atrium.service-now.com)].

## 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 Compliance Office and the Advocate Health Enterprise.

**Enterprise and School of Medicine Annual 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 are typically assigned in July and are due in September.
- Students on Leave of Absence at the time of the annual due date must complete within 30 days of return date.
- Students planning to take an LOA or participating 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 requires trainings that cover 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

Those requiring assistance or with questions may contact the Compliance Office at [edcompliance@wakehealth.edu](mailto:edcompliance@wakehealth.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@wakehealth.edu](mailto:edcompliance@wakehealth.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@wakehealth.edu](mailto:edcompliance@wakehealth.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, & Section 504 Coordinator  
[titleixcoordinator@wfu.edu](mailto:titleixcoordinator@wfu.edu)  
Reynolda Hall 307  
Winston-Salem, NC 27106  
336-758-7258

Sarah Riney  
Learning Environment Liaison  
[edcompliance@wakehealth.edu](mailto:edcompliance@wakehealth.edu)  
336-713-3352

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.wakehealth.edu](http://Peoplelink.wakehealth.edu)  
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://www2.ed.gov/about/offices/list/ocr/index.html> for the address and phone number of the U.S. Department of Education office that services your area, or call 1-800-421-3481.



## **Diversity and Inclusion**

Atrium Health Wake Forest Baptist has adopted the AAMC definitions of diversity and inclusion which are:

### **Diversity**

Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity. In this context, we are mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age.

### **Inclusion**

Inclusion is a core element for successfully achieving diversity. Inclusion is achieved by nurturing the climate and culture of the institution through professional development, education, policy, and practice. The objective is creating a climate that fosters belonging, respect, and value for all and encourages engagement and connection throughout the institution and community.

### **Our Beliefs**

The following statements are specific to Wake Forest University School of Medicine and Atrium Health Wake Forest Baptist:

- We believe that diversity and inclusion are integral to achieving excellence and quality health outcomes for all.
- We believe that achieving the mission of the Medical Center requires the creation and maintenance of a work and educational environment that embodies diversity and inclusion.
- We believe in the unlimited value of a diverse workforce at all levels of our Medical Center.
- We embrace the definition of the Association of American Medical Colleges (AAMC) for diversity, including the recognition that diversity is not limited to race and ethnicity, but must also take account of socioeconomic status, sexual orientation, religious commitment, physical ability, and all of the experiences that enrich our lives.
- We believe that in order to eliminate the pervasive health disparities that exist in our region and country, we must recruit, retain, and train a diverse cadre of faculty, staff, and trainees.
- We believe that our educational programs should enable health care professionals to provide culturally competent care and address health disparities.
- We believe our Medical Center should actively engage with our local and regional communities to advance health equity.

# Code of Conduct

The information on this page is separate from the [AHWFB Code of Conduct](#). It contains information that focuses on the student environment at Wake Forest University School of Medicine and is intended to supplement the information contained in the Code of Conduct and can be found on the web [here](#).

## From the Code of Conduct

We maintain a professional environment that supports the development of our trainees and students.

- We support and nurture the development and wellness of our trainees and students.
- We comply with all applicable laws and regulations of our accredited education programs.
- We use the Student Handbook as a guide and resource.
- We are fair and impartial in grading, evaluations, promotions and grievances, and follow our policies and procedures for addressing concerns.
- We comply with all statutes and regulations that protect the privacy of education records.

## Additional Student-Focused Guiding Principles

### Respect

- We educate students from a wide range of backgrounds and respect differences in each individual's heritage and goals.
- We are committed to administer all educational activities without discrimination because of race, religion, national origin, age, sex, sexual orientation, veteran status, handicapped status or disability as required by law.
- We respect the individual choices that students make for career paths.
- We create an atmosphere which encourages learning, characterized by cooperation and respectful relations with the patient population served.
- We deal with professional, staff and peer members of the learning team and health care team in a considerate manner and with a spirit of cooperation.
- We act with an egalitarian spirit toward all persons encountered in a professional capacity, regardless of race, religion, gender, sexual preference, age, disability or socioeconomic status.

### Conflicts of Interest

- We do not permit romantic relationships between faculty/staff and students in which the faculty or staff member has authority or influence over the academic progress of the student.

### Confidentiality

- We comply with the Family Educational Rights and Privacy Act (FERPA).
- We avoid discussing the evaluation of a student with individuals not appropriately involved in their education other than as a reference for career opportunities for that student.

### Ethical Behavior

- We refrain from knowingly making false statements for the purposes of acquiring financial aid.
- We appropriately attribute research work completed by student(s).
- We comply with the Honor Code as it pertains to each education program and adhere to academic integrity.

Last Updated 8/4/2022

# 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 expression) 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 ST., Winston-Salem, NC 27101

Emergency: 911

Non- Emergency: 336-773-7700

**Atrium Health Wake Forest Baptist Security Services**

Medical Center BLVD., Winston-Salem, NC 27157 Emergency:

336-716-9111

Non- Emergency: 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:

**Aishah Casseus**, Director Title IX 336

758 7258;

[casseua@wfu.edu](mailto:casseua@wfu.edu)

Reynolda Hall, Suite 307

**Jessica Telligman**, Assistant Director Title IX

336 758 4997;

[telligjr@wfu.edu](mailto:telligjr@wfu.edu)

Reynolda Hall, Suite 307

**Sarah Riney**, Deputy Title IX Coordinator

336 713-3352

[edcompliance@wakehealth.edu](mailto:edcompliance@wakehealth.edu)

**Kim Caprio**, Director of Human Resources

[kcaprio@wakehealth.edu](mailto:kcaprio@wakehealth.edu)

**Counseling & Well-Being Services**

Bowman Gray Center for Medical Education (“BGCME”) 1st Floor, Behind Medical Grounds

[counselingservices@wakehealth.edu](mailto:counselingservices@wakehealth.edu)

**Employee Assistance Program**

336-716-5493

**Wake Forest School of Medicine Faculty Ombuds Office**

Jeff Weiner, PhD, Faculty Ombuds

[FacultyOmbuds@wakehealth.edu](mailto:FacultyOmbuds@wakehealth.edu)

## 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 Student Handbook 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 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 \(WFUSM\)](#). 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 Officer. 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 15<sup>th</sup>, 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): <http://nhsc.hrsa.gov/scholarships/>

## 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.benefits.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 – [mvanmete@wakehealth.edu](mailto:mvanmete@wakehealth.edu)

Academic Nursing Program Ms. Michelle Van Meter – [mvanmete@wakehealth.edu](mailto:mvanmete@wakehealth.edu)

Physician Assistant Program Ms. Michelle Van Meter – [mvanmete@wakehealth.edu](mailto:mvanmete@wakehealth.edu)

Graduate School Programs Ms. Michelle Van Meter – [mvanmete@wakehealth.edu](mailto:mvanmete@wakehealth.edu)

## Minority Student Scholarships

Applications for limited scholarship opportunities for minority students during the first two years of medical school are available from the National Medical Fellowships Inc. <https://nmfonline.org/scholarships-programs/scholarships-and-awards/>

## 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 Student Records.

- 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 Student Records. 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@wakehealth.edu](mailto:finaid@wakehealth.edu) or delivered in person or mailed to: 475 VineStreet, Winston Salem, NC 27101
- Shortly after receiving the COE, the Office of Student Records will conduct a review of documents needed for the student's VA file. Students will be notified by the Office of Student Records if they are responsible for providing any further documentation.

## Loans

<b>NCFELS- North Carolina Forgivable Education Loan for Service:</b>	<p>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.</p>
<b>Unsubsidized Federal Direct Stafford Lon</b>	<p>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.</p>
<b>Federal Direct Grad PLUS Loan</b>	<p>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.</p>
<b>Alternative Loan Programs</b>	<p>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.</p>

### 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 days with the Financial Aid Office. This interview covers “Borrowers Rights and Responsibilities” for all student loan programs and is required by law.

### 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.



# School of Medicine program withdrawal guidelines

## MD Program – Withdrawal

Students who wish to withdraw from the School of Medicine must complete the appropriate form, which requires approval from either the Senior Associate Dean for Healthcare Education or the Associate Dean for Student Affairs.

Students who withdraw from the program will have the grade of W (Withdraw) assigned for each course/rotation in progress.

A student who withdraws from the School of Medicine during a semester may be entitled to a refund of certain charges. A withdrawal also affects financial aid eligibility, and could require a return of federal financial aid funds. Please see the Refund and Return of Financial Aid Funds Policy for further details.

Students will be required to meet with the following offices to complete exit procedures:

Office of Financial Aid  
Student Financials  
Academic Applications  
Library  
Office of Student Records

Any 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 Policy on the Selection of Medical Students.

## PA Studies – Exit Interview

PA Studies students should follow the procedures outlined in their programs appropriate Exit policy. Please review the following policies located in the Program Policy section of this Companion.

PA DMSc Students:

[Exit Policy - DMSc Program - PA Studies \(WFUSM\)](#)

PA Program Students

[Exit Procedure Policy - PA Program \(WFUSM\)](#)

## Nurse Anesthesia Withdrawal Process

Any student who wishes to withdraw from the program shall submit to the Program Director a written resignation with the reason for his/her decision. In addition, the student must submit his/her final accounting of clinical experiences to date, hospital identification card, medical center keys and any other materials belonging to the Hospital. Please see the Exit Interview Policy and Tuition Refund Policy for further procedures. A course dropped before completion of one-third of course requirements will be noted on the transcript as “W”. After one-third of the semester is complete, a dropped course will be notated as withdraw passing (WP), or withdraw failing (WF), depending on the student’s current grade as of the drop date. If a student wishes to reenter the program following voluntary withdrawal, they must reapply and meet with the Admissions Committee. Readmission is contingent on committee recommendations and availability of clinical positions for student experience.

## Doctor of Nursing Practice (DNP) Withdrawal Guidelines

Students who wish to withdraw from the DNP Program must complete the appropriate form, which requires approval from the DNP Program Director and either the Senior Associate Dean for Healthcare Education or the Associate Dean for Student Affairs. Students who withdraw from the program will have the grade of W (Withdraw) assigned for each course in progress. A student who withdraws from the Program during a semester may be entitled to a refund of certain charges. A withdrawal also affects financial aid eligibility and could require a return of federal financial aid funds. Please see the Refund and Return of Financial Aid Funds Policy for further details. Because of the sequential nature of the curriculum and course offerings, dropping a

course will likely also necessitate the student's withdrawal from the program for the remainder of the year and re-application to the program to be considered for matriculation into a subsequent cohort. Students will be required to contact the following offices to complete exit procedures:

Office of Financial Aid  
Student Financials  
Academic Applications  
Library  
Office of Student Records

Students wishing to reenter the program following voluntary withdrawal must reapply and undergo an interview with the Academic Nursing Admissions Committee. Readmission is contingent on committee recommendations. Students reentering after a 4-year absence need to repeat any prior coursework completed.

### **Graduate School**

Students who wish to withdraw from the Graduate School must complete the status change form which requires approval from the dean or director of the Graduate School. Students should first contact Dr. Erik Brady, Director of the Biomedical Science graduate programs, and their program director. The Registrar's office will be notified, and the Withdrawal form will be forwarded to the student for completion. Students who leave without following this procedure will receive a grade of F in each course in progress. Students are required to return their laptop computers to the Academic Computing as part of their exit procedures.

Students who withdraw by the drop date of the semester, established by the academic calendar, will not have a grade recorded for courses in progress. Students who withdraw after the drop deadline will be assigned a grade of Withdraw-Passing or Withdraw-Failing for each course in progress.

Students who have withdrawn from the Graduate School and wish to return within one academic year must request reinstatement in writing to the dean of the Graduate School at least one month prior to the semester in which they wish to re-enter.

To be reinstated the student must be in good academic standing and receive approval from the graduate program and the dean of the Graduate School. The time spent during this one year of withdrawal will not count in the maximum time allotted for the degree.

Students who have withdrawn from the Graduate School 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 dean of the Graduate School.

If a student is approved for readmission to the Graduate School within a five-year period, previous coursework may count towards the degree requirements at the discretion of the dean of the Graduate School on the recommendation of the graduate program concerned. If the student reenters Graduate School after a five-year period, previous courses will not count in the degree requirements.

If students have any questions regarding the above, please contact the Student Records office at [studentrecords@wakehealth.edu](mailto:studentrecords@wakehealth.edu).

## **Atrium Health Wake Forest Baptist Based Policies**

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

### **Acceptable Use Policy (SE Region)**

This document applies to students and the purpose of this policy is to protect the confidentiality, integrity, and availability of sensitive information and assets by establishing and consistently implementing standards for authorization for use and acceptable use of information systems, including hardware and software. This policy is intended to govern the authorization for use and acceptable use of information, electronic and computing devices, and network resources that are used to conduct business or to interact with internal networks and business systems, whether owned or leased by Atrium Health or any third-party. This policy should be considered a supplement to the Information Security Policy.

### **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.

### **Conflict of Interest Policy (Wake Market)**

This document applies to students and the purpose of this policy is to provide guidelines for establishing principled personal outside relationships with industry and other organizations and to establish rules for personal interactions with Industry, health care industry representatives and other vendors throughout Wake Forest Baptist Medical Center (Institution), defined as Wake Forest University Health Sciences (WFUHS) and North Carolina Baptist Hospital (NCBH) and their controlled affiliates, while remaining in compliance with disclosure, management and approvals. The Institution supports principled relationships with industry and other organizations in which its faculty, clinical providers and staff collaborate. The Institution has adopted this policy to promote the public's trust in the Institution's role in healthcare, research, and education. The policy supports the highest level of patient care, integrity of research, safety of human subjects, objectivity of education and the reputations of faculty, clinical providers and staff.

### **Data Ownership Policy**

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.

### **Drug Diversion - Prevention Detection and Response**

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).

## **PR.PHI 145.13 HIPAA Privacy and Security Sanctions**

This policy applies to students. Workforce Members are obligated to safeguard the privacy and security of Confidential Information, including but not limited to Protected Health Information (PHI) as required by HIPAA, as well as to comply with all related Atrium Health policies and state privacy laws (collectively, the "Confidentiality Standards"). When Workforce Members fail to comply with the Confidentiality Standards, Atrium Health will apply appropriate and consistent Sanctions in the form of corrective actions in accordance with this policy.

This policy provides guidance in the administration of corrective actions and should be used in conjunction with any additional Human Resources' disciplinary policies. Medical staff members, students, independent contractors, and vendors will be subject to disciplinary action in accordance with the applicable Medical Staff Bylaws, codes of conduct, or as permitted under the executed contract.

### **Applicability**

This policy applies to Atrium Health Covered Entities, Affiliated Covered Entities, their workforce, and their Business Associates.

### **Policy Highlights**

- Workforce Members who violate the Confidentiality Standard will be subject to corrective action.
- All corrective actions will be applied based on the facts and circumstances of the violation.
- Mitigating factors may be considered when determining the corrective action for violation of the Confidentiality Standard.

## **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.

## **Information Security Policy (SE Region)**

This document applies to students and the purpose of this policy is to protect the confidentiality, integrity, and availability of sensitive data and assets by implementing administrative, technical, and physical information security controls, processes, and best practices. This policy establishes an information security framework to appropriately secure access to Atrium Health information resources and services. Adherence to this policy will help to protect Atrium Health, our patients, and our workforce from information security threats, whether internal or external, deliberate or accidental. This policy complements and supports other institutional policies that protect information assets and resources. This policy is intended to prevent inappropriate use and dissemination of sensitive information, including but not limited to Protected Health Information (PHI), and to comply with the requirements of applicable state and federal laws and regulations.

## **Medical Student Documentation in the Medical Record Policy**

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 (Greater Charlotte Market, Navicent Health, Wake Forest)**

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.

## **Social Media Policy (Wake Market)**

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.

# Wake Forest University School of Medicine Policies

The following policies apply to all students in the Wake Forest School of Medicine or 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 our PolicyTech System.

## **Anti-Harassment Policy (WFUSM)**

Wake Forest School of Medicine is committed to maintaining an educational and working environment free of discrimination. Discrimination or harassment of any employee or student based on sex, race, color, religion, national origin, sexual orientation, gender identity, age, or disability will not be tolerated. Individuals found to be in violation of this policy will be subject to disciplinary action which may include written warning, demotion, transfer, suspension, expulsion, or dismissal. Individuals who, in good faith, report harassment or present evidence in a harassment investigation are protected from retaliation. Acts of retaliation are a violation of this policy and are prohibited by law, even if a claim of discrimination later is proven to be unfounded.

### **Sexual/Gender Harassment**

Sexual and gender harassment are forms of sex discrimination. They are illegal under applicable law and a violation of school policy.

Complaints regarding sexual/gender harassment allegedly committed by students of Wake Forest School of Medicine should be reported and will be addressed in accordance with the Wake Forest School of Medicine Student Sexual Misconduct Policy.

Complaints regarding sexual/gender harassment allegedly committed by faculty or staff members should be reported and will be addressed in accordance with the Wake Forest Baptist Medical Center Harassment Policy.

### **Other Harassment in the Work or Academic Environment**

Harassment on the basis of race, color, religion, or national origin is a form of unlawful discrimination and is prohibited. When harassment based on race, color, religion, or national origin has the "purpose or effect of substantially interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or educational environment," it rises to the level of prohibited discrimination. In addition, these principles apply to harassment on the basis of age and disability under the Age Discrimination Act, the Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, respectively. Finally, this policy also applies to harassment on the basis of sexual orientation and gender identity.

Examples of conduct that may rise to the level of discrimination include jokes that refer to race, color, religion, national origin, sexual orientation, gender identity or disability or that portray age in a negative light; the posting or distribution of cartoons, drawings, or any other material that adversely reflects on a person's race, religion, national origin, disability, sexual orientation, gender identity or age; the use of "slurs" or other offensive language; practical jokes, horseplay, or teasing that tends to demean or ridicule a person's race, religion, national origin, sexual orientation, gender identity or disability or that reflects negatively on a person's age.

### **Procedure**

Anyone who believes that he or she has been harassed or has observed or been subject to a violation of this Policy should promptly report the matter in accordance with this Policy. Staff members should report harassment to their supervisor, or the Vice President for Human Resources, or the Director of Employee Relations. Faculty members should report harassment to their chairs, the Senior Associate Dean for Faculty Affairs, or the Dean of the school. Students should report harassment to the appropriate manager of their applicable program or the Dean of the school. Any member of management who receives a complaint or observes conduct that may constitute a violation of this Policy is obligated to notify the Vice President for Human Resources or the Director of Employee Relations or, if students are involved, their

house mentor, the appropriate manager of their applicable program, or the Dean of the school. The investigation and resolution of complaints alleging harassment on the basis of an individual's disability will be coordinated by the institution's Section 504/ADA Coordinator.

Complaints of harassment will be treated seriously and will be promptly investigated with reasonable steps being taken to protect the confidentiality of all parties. Information regarding the complaint procedure and supervisory responsibilities may be obtained from the Office of the Director of Employee Relations, who is available to provide guidance and assistance in the proper handling of any allegation. In all cases involving students, the Director of Employee Relations will coordinate his/her office's response with the appropriate manager of the student's educational program.

In determining whether conduct constitutes a violation of this Policy, those entrusted with carrying out this policy will look at the record as a whole and at the totality of the circumstances, such as the nature of the offensive conduct and the context in which the alleged incidents occurred. The determination of the suitability of a particular action will be made from the facts, on a case-by-case basis. Following an objective evaluation of the gathered information, the parties will be notified of the outcome of the investigation. Employees and students utilizing this process will be protected from retaliation.

**Definitions: Education Program Managers:**

For Undergraduate Medical Education Program: Associate Dean for MD Program Academic Affairs

For Physician Assistant Program: Program Director

For Nurse Anesthesia Program: Program Director

Wake Forest Baptist Health has a separate Harassment Policy. For further information on the Medical Center's policy please visit the Wake Forest Baptist Health PolicyTech site.

Version 7/2019

# **Conflict of Interest Related to Student Assessment Policy (WFUSM)**

## **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)

Conflict of Interest Policy (Wake Market)

Version 1/2023

# **Distance Education Policy (WFUSM)**

## **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.

## **SCOPE**

This policy applies to all Distance Education courses offered by the Wake Forest University School of Medicine and Wake Forest University Graduate School of Arts and Sciences- Biomedical Sciences (WFUSOM).

## **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. Student: 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").
- D. Credit Hour: is 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.

## **Policy Guidelines**

- A. Consistent with the SACSCOC policy on Distance and Correspondence Education, Wake Forest University School of Medicine (WFUSOM) 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](http://www.sacscoc.org))
- B. 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 PR.PHI 145.13 HIPAA Privacy and Security Sanctions policy.
    - a. Consistent with the PR.PHI 145.13 HIPAA Privacy and Security Sanctions 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 and completes the course and/or program and received the credit, one or more of the following methods may be used:
  - a. A copy of the student's photo ID and one other form of ID, such as a current medical license or billing with name and address, will be obtained;
  - 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. Proctored examinations will require use of an online proctor if examinations are used in a course.

#### C. Academic Integrity & Professionalism

1. Students in Distance Education courses are expected to comply with WFUSOM 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.
  - b. When videoconferencing is used in a course, login documentation will be recorded and visual tracking by instructors will occur.
2. Students should also be familiar with the following other policies related to academic integrity and professionalism:
  - a. Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (WFUSM)
  - b. Student Substance Abuse Policy (WFUSM)

#### D. Privacy of Student Information in Distance Education

1. The privacy of student education records about 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 WFUSOM programs.

#### E. Projected Student Charges

1. 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.
  - a. The cost of attendance is also located on the Wake Forest University School of Medicine Financial Aid website.

#### F. Academic Engagement for Students Relating to Financial Aid

1. If a degree seeking student or graduate certificate student fails to login, submit an assignment, or meet another online course deadline, and as a result is more than one week behind in coursework and the student has not contacted the instructor, the WFUSOM Compliance Office will contact the student via their Atrium Health Wake Forest Baptist email, explaining that they have 7 calendar days to login and participate in the course or they will be subject to withdrawal procedures.
2. If the student subsequently fails to login or participate in the course following at the end of the 7 calendar days following the notice from the WFUSOM Compliance Office as explained above, the WFUSOM Compliance Office will notify the student that an administrative withdrawal for lack of activity has begun.
3. If the student plans to continue, the Program Director and the Course Instructor will determine a plan for the student to catch up, with any associated deductions for late work and implications for any missing assignments. The student would be considered active and there would be no financial implications.

4. If the student responds and decides to withdraw, withdrawal procedures will be initiated. The student will be advised the decision is time sensitive and must be made within two business days. If the student does not reply within this time period, the administrative withdrawal procedure will begin immediately.
5. Students should also be familiar with the following other policies related to tuition and financial aid: a. Return of Federal Financial Aid Funds Policy - WFSM b. Refund of Tuitions and Fees Policy - WFSM

#### G. Compliance with the Principles of Accreditation

##### 1. Mission

- a. The mission of the Wake Forest University 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 WFUSOM.

##### 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 1 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, directing an online course using asynchronous methodology will be required to complete training in distance education administered by the WFUSOM.
- 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 classroom-based 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 campus-based 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 website.

##### 7. Student Services

- a. Students enrolled in Distance Education courses will have access to student services such as:
    - Financial Aid
    - Admissions
    - Registrar
    - Student Affairs
    - Center for Learning, Access, and Student Success
    - Title IX Office
    - Student Counseling and Well-Being Services (if the student is located in the state of North Carolina)
      - i. 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 and the following trainings through Healthstream:
    - i. Confidentiality of Information
    - ii. Sexual Harassment
    - iii. Infection Prevention
    - iv. Program orientation modules
  - 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.
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 Atrium Health Wake Forest Baptist Health ITS team for technical support issues.

## REFERENCES

PR.PHI 145.13 HIPAA Privacy and Security Sanctions  
Account Management Policy (SE Region)  
Information Security Policy (SE Region)  
Refund of Tuitions and Fees Policy (WFUSM)  
Return of Federal Financial Aid Funds Policy (WFUSM)  
Student Education Records Policy (WFUSM)  
Student Substance Abuse Policy (WFUSM)  
Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (WFUSM)

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

Version 5/2023

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)

## 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](#)

[Non-bloodborne Communicable Diseases Exposure Policy \(Wake Market\)](#)

[Emerging Communicable Diseases Policy \(Wake Market\)](#)

[Reporting Communicable Diseases Policy \(Wake Market\)](#)

[Exposure to Infectious and Environmental Hazards Policy \(WFUSM\)](#)

MD Program: [Technical Standards for Medical School Admission, Continuation, and Graduation - MD Program \(WFUSM\)](#)

PA Program: [Technical Standards - PA Program - PA Studies \(WFUSM\)](#)

[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

Version 1/2024

# **Exposure to Infectious and Environmental Hazards Policy (WFUSM)**

## **PURPOSE**

The purpose of this policy is to address issues related to:

- The education of Wake Forest University School of Medicine students about methods of prevention.
- The procedures for care and treatment after exposure, including financial responsibility.
- The effects of infectious and environmental disease or disability on medical student learning activities.
- The timing of informing medical students about these policies.

## **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.

## **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. **WFUSM:** Wake Forest University School of Medicine, including the Winston-Salem, Boone, and Charlotte campuses.
- D. **Student:** A person who matriculates into, is enrolled in or is taking courses in the Academic Nursing, the Physician Assistant (PA), the Undergraduate Medical Education (MD), and Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs of Wake Forest University School of Medicine.

## **POLICY GUIDELINES**

- A. **Education about methods of prevention**
1. Students receive ongoing education, beginning at their initial orientation 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 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. The email instructs students to complete an online exposures orientation training module which must be completed prior to arrival.
    - a. Following completion of that training, the student provides a code to the rotation coordinator as proof of completion.
- B. **Procedures for care and treatment after exposure**
1. All registered students, including visiting students, shall follow the Blood and Body Fluid Exposure Control Plan and the Infection Control Exposure Policy for Communicable Diseases (Non-Bloodborne). See “Related Policies,” below.

2. Exposures at AHWFBMC and Other Winston-Salem Area Facilities

- a. Apply Standard Precautions to all direct and indirect contact with blood, body fluids, secretions, excretions, non-intact skin or mucous membranes.
- b. Call Employee Health at 716-4801, Option #1, 24 hours a day.
- c. If source patient is known HIV positive or you are directed by Employee Health, report to the Atrium Health Wake Forest Baptist Medical Center (AHWFBMC) Emergency Department after hours, weekends and holidays.
- d. Following exposure, students must complete an Occurrence Report located in the Employee Health online portal as appropriate.
- e. Follow-up testing is coordinated by Employee Health if needed.

3. 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. Follow that specific facility's procedure for exposure.
- c. Call Employee Health at 716-4801, Option #1 to report the exposure. If after hours, follow the voice mail instructions to be connected with someone to assist you.
- d. Following exposure, students must complete an Occurrence Report located in the Employee Health online portal.
- e. 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.
- f. Follow-up testing is coordinated by Employee Health.

4. 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.

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

3. 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).

#### REFERENCES

[Blood and Body Fluid Exposure Control Policy \(Wake Market\)](#)

[Effects of Infectious Disease or Disability on Student Learning Activities Policy \(WFUSM\)](#)

[Non-bloodborne Communicable Diseases Exposure Policy \(Wake Market\)](#)

LCME Standard 12.8

ARC-PA A3.08

Version 11/2022

## Leave of Absence Policy (WFUSM)

### I. PURPOSE

Students enrolled in programs of the Wake Forest University School of Medicine (WFUSM) 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 program students at Wake Forest University School of Medicine.

### III. DEFINITIONS

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.

#### 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 Policy, 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, other than what is permitted during an approved Leave of Absence.

### **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) ([studentloa@wakehealth.edu](mailto:studentloa@wakehealth.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. A student who is currently on a LOA is not permitted to attend educational sessions or activities or participate in School of Medicine or program-sponsored extracurricular activities.
2. 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.
3. 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.

#### 4. 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 (oeie@wakehealth.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 Compliance Office 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 School of Medicine Compliance Office
    - b) PA Student: Advisor, PA Program Registrar, Program Director or the School of Medicine Compliance Office
    - c) Academic Nursing Student: Advisor, Program Director, Faculty member, or the School of Medicine Compliance Office
  3. Student will be given the Status Change Form that must be completed and return to the School of Medicine Compliance Office or for PA students to the PA Registrar.
  4. The School of Medicine Compliance Office will alert programs and submit tickets for approved leave of absences.
  5. The School of Medicine Compliance Office will alert programs and submit tickets for return from leave.

VI. CROSS REFERENCES

[Military Leave of Absence Policy \(Wake Market\)](#)

[Student Disability Accommodations Requests Policy and Procedures \(WFUSM\)](#)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES

4/23, 6/24

Version 4/2023

# **Medical Education Clinical Affiliation Agreement Policy (WFUSM)**

## **I. PURPOSE**

The purpose of this policy is to establish requirements for clinical training affiliation agreements (CTA agreements) between Wake Forest University Health Sciences for Wake Forest University School of Medicine and Wake Forest University Graduate School of Arts and Sciences – Biomedical Graduate Program (collectively, “School of Medicine”) and any third party health care facility or clinical practices that is providing clinical training experiences for students participating in a School of Medicine program. This policy also establishes requirements for CTA agreements with third party clinician students of School of Medicine programs (“Visiting Students”) that engage in clinical training experiences at an Atrium Health Wake Forest Baptist (AHWFB) facility.

## **II. SCOPE**

This policy applies to all School of Medicine students participating in a clinical training experience, as well as Visiting Students that engage in clinical training experiences, at an Atrium Health Wake Forest Baptist (AHWFB) facility. This policy also applies to Visiting MD Students participating in clinical training programs in the Atrium Health Charlotte market. Requirements for all other Visiting Students participating in clinical training programs at Atrium Health facilities other than AHWFB fall outside the scope of this policy.

## **III. DEFINITIONS/ABBREVIATIONS: Not Applicable**

## **IV. POLICY**

A. School of Medicine programs must ensure written affiliation agreements are established when School of Medicine students are participating in clinical rotation sites at third party health care facilities or clinical practices.

B. An AAMC Uniform CTA Agreement and Implementation Letter must be executed between the School of Medicine and the applicable third-party health care facility or clinical practice prior to the start of any clinical training experience for School of Medicine students. Similarly, a CTA Agreement and Implementation Letter must be executed between the School of Medicine and the third party who is sending a Visiting Student to a AHWFB facility for a clinical training experience. If School of Medicine students want to participate in a clinical experience at a third party facility, the facility may require that the School of Medicine use the facility’s standard affiliation agreement. In that event, the School of Medicine Affiliation Agreements Office will work with the AHWFB Legal Department to review and approve the facility’s affiliation agreement.

1. For School of Medicine-enrolled students, the completed CTA Agreement and Implementation Letter must be executed at least fourteen (14) days prior to any clinical training experience.
2. For Visiting Students, the completed CTA Agreement and Implementation Letter must be executed at least thirty (30) days prior to any clinical training experience.

C. Clinical Training Affiliation Agreement Requirements

1. Each CTA Agreement will define the responsibilities of each party and will include required institutional and programmatic elements.
2. All CTA Agreements are completed in conjunction with the AHWFB legal department and risk management.
3. For permanent/scheduled and temporary/unscheduled (Ex. due to location change) placements, as part of or in addition to the clinical experience, that occur outside of the affiliated party’s ownership, a separate Agreement may be required for facility, clinician, faculty, or entity. (Ex: An experience occurring at a site where the providers/preceptors are not employees of the site, or a preceptor is employed by one hospital but engages in clinical work at another facility.)
4. The relevant School of Medicine program is responsible for ensuring that there are adequate personnel to provide supervision/training for Visiting Students and that such personnel are expected to understand and abide by the contents and requirements of the Agreements.
5. Agreements are expected to be signed by an authorized individual(s) of each participating entity. School-wide agreements are signed by the Dean of the School. Program-specific agreements are

signed by the Program Director or designee.

6. Students should not sign an individual agreement directly with the facility where the facility requires students to accept personal responsibility for any liability arising from student's participation in the clinical experience.

a) Students that disregard this requirement and sign a document without consulting their program may lose insurance coverage provided by the School of Medicine and be subject to personal liability.

b) School of Medicine programs that allow students to sign a document without consulting the School of Medicine Affiliation Agreements Office risk losing any institutional agreement(s) with the clinical site.

D. All School of Medicine Agreements will be initiated, developed, executed, processed, and stored with the School of Medicine Affiliation Agreements Office.

1. Program leaders all have access to the main ISHARE repository for all School of Medicine Agreements.

2. Program leaders must review Agreements quarterly for expiring entities.

3. Programs will submit requests for new or renewal Agreements to the School of Medicine Affiliation Agreements Office.

4. All requests for new Agreements or renewal Agreements must be initiated on the ISHARE site via completion of the Microsoft Form.

5. The School of Medicine Affiliation Agreements Office will manage all aspects of the Agreements process.

V. PROCEDURE/GUIDELINE:  
Not Applicable

VI. CROSS REFERENCES:  
No Applicable

VII. RESOURCES AND REFERENCES

ACGC Standard A.1.1.3

ARC-PA Standard A1.01

COA Standards A.7 and A.8

LCME Standard 1.4

VIII. ATTACHMENTS: Not Applicable

Version 10/23

# Medical Health Requirements and Immunizations Policy (WFUSM)

## 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](#) 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 exception: 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. DEFINITIONS

- 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:

<b>Academic Nursing Department</b>	<b>Department Chair</b>
<b>Graduate School of Arts &amp; Sciences – Biomedical Sciences</b>	Dean, Graduate School of Arts & Sciences – Biomedical Sciences Programs
<b>Physician Assistant (PA) Program</b>	Program Director
<b>Undergraduate Medical Education (MD) Program</b>	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:

<b>MATRICULATION REQUIREMENTS</b> <i>Effective beginning with Academic Year 2021-2022</i> In the absence of an approved exemption, failure to submit sufficient documentation will prevent matriculation.	
Requirement	Submit documentation of the following:
<b>Respiratory (N95) FitTesting form</b>	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.
<b>Tuberculosis (TB) Baseline TB Testing</b>	One of the following is required: <ul style="list-style-type: none"> <li>• 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) <b>OR</b></li> <li>• 2 consecutive annual tests (the most recent test will be dated no earlier than 1 year prior to matriculation date) <b>OR</b> 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) <b>OR</b></li> <li>• If history of positive results, submit the following:                             <ul style="list-style-type: none"> <li>○ A chest x-ray stating no active TB (x-ray report required) <b>AND</b></li> <li>○ Proof of past positive testing (plus any treatment, if implemented) <b>AND</b></li> <li>○ A Symptom-Free TB questionnaire (the most recent would be dated no earlier than 1 year prior to matriculation date)</li> </ul> </li> </ul>
<b>Measles, Mumps &amp; Rubella (MMR)</b>	One of the following is required: <ul style="list-style-type: none"> <li>• 2 vaccinations of MMR at least 28 days apart. The first dose must be on or after the first birthday. <b>OR</b></li> </ul> The following combination: <ul style="list-style-type: none"> <li>• 2 doses of Measles vaccine (at least 28 days apart). The first dose must be on or after the first birthday. <b>AND</b></li> <li>• 1 dose of Rubella on or after the first birthday. <b>OR</b></li> <li>• Positive antibody titer (lab report or physician verification of results required)</li> </ul> NOTE: <ul style="list-style-type: none"> <li>• 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.</li> <li>• If your titer was negative or equivocal, submit your negative or equivocal titer.</li> </ul>
<b>Tetanus/diphtheria toxoid (DT/DTaP/DTP /Td)</b>	The following are required: <ul style="list-style-type: none"> <li>• 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.</li> </ul> *(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.)

<b>Hepatitis B</b>	<p>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)</p> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>A quantitative Hepatitis B Surface antibody titer of &gt;/ 10 mIU/ml (lab report or physician verification of results required)</li> </ul> <p><i>NOTE:</i></p> <ul style="list-style-type: none"> <li>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.</li> <li>If your titer was &lt; 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 &lt; 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</li> </ul>
<b>Varicella (Chicken Pox)</b>	<p>One of the following is required:</p> <ul style="list-style-type: none"> <li>2 vaccinations (on or after the first birthday and at least 28 days apart)</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Positive antibody titer (lab report or physician verification of results required)</li> </ul> <p><i>NOTE:</i></p> <ul style="list-style-type: none"> <li>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.</li> <li>If your titer was negative or equivocal, submit your negative or equivocal titer Documentation of having had varicella (chicken pox) is NOT sufficient.</li> </ul>
<b>Influenza Immunization</b>	<p><u>For matriculation</u>, influenza immunization is required <b>ONLY</b> 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.</p>

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.

<b>CONTINUING/RENEWAL REQUIREMENTS</b>	
<b>Respiratory (N95) Fit Testing</b>	Required annually for Students in clinical settings.
<b>Tetanus</b>	Updated tetanus is required at 10-year intervals.

<b><i>Tuberculosis (TB) Testing</i></b>	<p>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:</p> <ul style="list-style-type: none"> <li>• TB test <b>OR</b></li> <li>• QuantiFERON Gold, IGRA, or T-Spot blood test <b>OR</b></li> <li>• If history of <b>positive</b> results, submit a completed TB questionnaire</li> </ul> <p><i>NOTE:</i></p> <ul style="list-style-type: none"> <li>• A NEW positive result would require a clear chest x-ray stating no active TB</li> </ul>
<b><i>Influenza Immunization (Seasonal)</i></b>	<ul style="list-style-type: none"> <li>• Required annually, in accordance with the <b><i>Infectious Diseases Prevention Policy</i></b></li> <li>• Influenza season is generally noted as October 1 – March 31, or as determined by the WFBMC Influenza Immunization Task Force</li> </ul>

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](#)  
[Infectious Disease Prevention Policy \(SE Region\)](#)  
[Student Substance Use Policy \(WFUSM\)](#) [Student Substance Use Policy \(WFUSM\)](#)  
[Tuberculosis Control Policy \(Wake Market\)](#)

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.html> REVISION

**DATES:** 9/2015; 5/2020; 8/2021; 2/2022

Version10/2023



# **Military Leave of Absence Policy (WFUSM)**

## **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.

## **SCOPE**

This policy applies to Wake Forest University School of Medicine (WFUSM) 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.

## **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. 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.

## **POLICY GUIDELINES**

### **A. Notice**

- 1. Students must provide advance written or verbal notice of military service to their program director at least 35 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.
  - 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.

### **C. During Leave**

- 1. The student may retain their identification badge, WFUSM-issued laptop computer (if applicable), and institutional 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 Office of Education Institutional Effectiveness and Compliance (OEIEC) is the primary contact with the student while on leave.
4. OEIEC 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, WFUSM 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 WFUSM.
  - i. 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 WFUSM.
  - ii. Students may be required to attest they are able to meet any required program technical standards in order to resume the program. 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.
    - 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.
    - 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.
  - iii. 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.
    - 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 OEIEC 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 WFUSM.
- c. If the student is recovering from a service-related injury or illness, they must notify OEIEC 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-

marital.

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.

## REFERENCES

## ATTACHMENTS

## REVISION DATES

Version 8/2022

# **Mistreatment Reporting Policy (WFUSM)**

## 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. DEFINITIONS/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 [Anti-Harassment Policy \(WFUSM\)](#) and [Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures \(WFUSM\)](#) Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (WFUSM)
- 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@wakehealth.edu](mailto:edcompliance@wakehealth.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](http://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 Anti-Harassment Policy (WFUSM).

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 of 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

[Anti-Harassment Policy \(WFUSM\)](#)

[Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures \(WFUSM\)](#)

VII. RESOURCES AND REFERENCES

LCME Standard 3.5

LCME Standard 3.6

VIII. ATTACHMENTS

Not Applicable

Version 10/2023

# **Nondiscrimination Statement (WFUSM)**

## PURPOSE

The Wake Forest 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.

## SCOPE

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

## 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. 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.
  - a. Inquiries regarding nondiscrimination policies should be directed to:  
Title IX Coordinator Section 504/ADA Coordinator  
[titleixcoordinator@wfu.edu](mailto:titleixcoordinator@wfu.edu)  
Reynolda Hall 307Winston-Salem, NC 27106  
336-758-7258b.
  - 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.
- B. For information regarding the nondiscrimination policies in employment practices for Wake Forest Baptist Medical Center, see the Equal Employment Opportunity Policy (SE Region).
  - a. Information about employment practices may also be obtained by contacting:  
Employee Relations:  
[Peoplelink.wakehealth.edu](http://Peoplelink.wakehealth.edu)  
336-716-6464
- C. 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://www2.ed.gov/about/offices/list/ocr/index.html> for the address and phone number of the U.S. Department of Education office that services your area, or call 1-800-421-3481.

REFERENCES: [Equal Employment Opportunity Policy \(SE Region\)](#)

REVISION DATES: 8/2021

Version 11/21



# **Refund of Tuitions and Fees Policy (WFUSM)**

## I. PURPOSE:

A Student who withdraws from the Wake Forest 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 Policy.

## II. SCOPE

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

## III. DEFINITIONS

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 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

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.

- a. Refunds will only be provided for amounts paid by the student. Students will not be refunded for any tuition amounts covered by institutional scholarships.
- b. 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. Refunds of fees are prorated based on enrollment.
- c. 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.)
- d. The Financial Aid Office counsels Academic Nursing students individually to provide estimates of a tuition adjustment based on each class year's tuition payment periods.
  - i. Because payment structure does not align with the first day of classes or the academic calendar, refunds will be based on the payment period start date.
  - ii. 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.

- e. The academic term will start at orientation, or when there is no orientation, with the first day of classes as scheduled for each class year of an educational 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.
  - i. Payment structure aligns with the Biomedical Graduate Program's academic calendar. As such, refunds will be calculated using the term's orientation day as the first day of the payment period.
  - ii. 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.
  - i. Because payment structure does not align with the first day of classes or the academic calendar, refunds will be based on the payment period start date.
  - ii. 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. Pre-Clinical Phase (Terms I – III): In the pre-clinical phase, students who withdraw or take a leave of absence (including deceleration) from the PA Program before completing 75% of the term associated with that payment period will be entitled to a partial refund on a pro-rata basis of tuition and fees.
- b. Clinical Phase (Terms IV – VI): In the clinical phase, students who withdraw or take a leave of absence (including deceleration) from the PA Program before completing 60% of the term associated with that payment period will be entitled to a partial refund on a pro-rata

basis of tuition and fees.

- c. Refunds of fees are prorated based on enrollment.
- d. The 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 scheduled break of five days or more is not counted as part of the days in the payment period.)
- e. Because the payment schedule does not always align with the first day of classes or the academic calendar, refunds will be based on the payment period start date.
- f. Students are responsible for officially withdrawing or taking a leave of absence (including deceleration) to be eligible for a refund. Nonpayment for courses in which a student is registered will not be sufficient to drop the student from the course enrollment or the PA program itself. In addition, non-attendance in a registered course or courses does not release the student from financial obligations.
- g. The Financial Aid Office will work with the PA program to counsel PA students individually by providing an estimate of a tuition adjustment based on each class year's tuition/fee payment periods.

#### **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.
  - i. Because payment structure does not align with the first day of classes or the academic calendar, refunds will be based on the payment period start date.
  - ii. 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: Not Applicable

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

Version 6/2024

# **Return of Federal Financial Aid Funds Policy (WFUSM)**

## 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. DEFINITIONS/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 which 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 \(WFUSM\)](#)~~Leave of Absence Policy (WFUSM)~~;
  - 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 \(WFUSM\)](#),  
[Military Leave of Absence Policy \(WFUSM\)](#)  
[Refund of Tuitions and Fees Policy \(WFUSM\)](#)  
[Student Payment Policy \(WFUSM\)](#)

VII. RESOURCES AND REFERENCES:

Higher Education Act of 1965 (as amended)

VIII. ATTACHMENTS:

Not Applicable

IX. REVISION DATES:

12/02/2015, 5/2023

Version 10/2023

# **Student Appeal of Dismissal Policy (WFUSM)**

## **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.

## **SCOPE**

This policy applies to All Wake Forest University School of Medicine Students, faculty and staff are responsible for complying with this policy with the following exception. Students, faculty and staff of the Wake Forest University Graduate School of Arts and Sciences, Biomedical Sciences, should refer to the "Graduate Student Academic Grievance Procedures" found in the Wake Forest University Graduate School of Arts and Sciences Student Handbook.

Responsible Department/Party/Parties:

1. Policy Owner: Vice President & Associate Dean for Healthcare Education Administration
2. Procedure: Vice President & Associate Dean for Healthcare Education Administration
3. Implementation: Program Manager as defined below

## **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. The term "Student" will apply to a person who matriculates into, is enrolled in or is taking courses in the Academic Nursing, the Physician Assistant (PA), and the Undergraduate Medical Education (MD) programs of Wake Forest University School of Medicine. This policy will not apply to students of the Wake Forest University Graduate School of Arts and Sciences,
- D. Biomedical Sciences programs. Program Manager of applicable educational program as follows:  
Academic Nursing Program: Program Director  
Physician Assistant (PA) Program: Program Director  
Undergraduate Medical Education (MD) Program: Senior Associate Dean for MD Program Academic Affairs
- E. The Professional/Academic Dismissal: Appeals Committee (hereinafter "Appeals Committee" or "Committee") is a standing faculty committee of the Wake Forest University School of Medicine.
- F. A "business day" is defined as Monday through Friday, with the exception of the observed WFBMC holidays.

## **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 his/her program manager or designee within seven (7) business days of notification of the dismissal.
- B. During the dismissal appeal process, the Student will not actively participate in his/her program and will follow the dismissal policy and/or exit procedures of the program.
- C. 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.

A Student's appeal of the dismissal decision and the decision by the Appeals Committee to uphold or reverse the dismissal decision may be made only if at least one of the grounds for appeal (above) was 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 Wake Forest University School of Medicine Director of Enrollment Services.
- E. Committee members who have previously evaluated the Student's performance, made determinations on the Student's advancement, dismissal, or graduation, or has 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.
- F. 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. Only the Student and those directly involved in the appeal may attend the meeting. The Chair will send this notice to the Student no less than ten (10) business days before the appeal is to be heard.
- G. 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. 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.
- H. 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.
- I. 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 C above).
- J. 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.
- K. 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 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 Wake Forest University School of Medicine Director of Enrollment Services.



## REFERENCES

[Conflict of Interest Related to Student Assessment Policy \(WFUSM\)](#)

[Student Professionalism and Academic Review Committee \(SPARC\) Policy - MD Program \(WFUSM\)](#)

[Satisfactory Academic Progress \(SAP\) Policy - MD Program \(WFUSM\)](#)

[Student Progress Policy - PA Program - PA Studies \(WFUSM\)](#)

[Academic Nursing Student Handbook 2023-2024 - Academic Nursing \(WFUSM\)](#)

## REVISION DATES:

8/2019; 2/2022

Version 4/2022

# **Student Disability Accommodations Requests Policy and Procedures (WFUSM)**

## 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. DEFINITIONS/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](mailto: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

Version: 10/23

# **Student Disability Grievance Procedures (WFUSM)**

## **PURPOSE**

Wake Forest University, including the Wake Forest School of Medicine Physician Assistant (PA), 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.

## **SCOPE**

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

## **DEFINITIONS**

- A. Procedure: A process or method for accomplishing a specific task or objective.
- 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.

## **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](mailto:casseua@wfu.edu)  
(336) 758-7258

### **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.

### **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.

### **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.

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.

### **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.

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 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.

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.

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.

### **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 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.

**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 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 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 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 School of Medicine is final, and the University will disregard any subsequent appeals (in any form) to any University representative, including the University President.

**Adjustment of Deadlines**

The Coordinator or the Vice President/Associate Dean for Healthcare Education of Wake Forest 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.

**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.

**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.

**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.

**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.

**REVISION DATES**

7/2020; 12/2021

Version 12/21

# Student Education Records Policy (WFUSM)

## 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. DEFINITIONS/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 of 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 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, 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 / GUIDELINE

- 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.

<b>Record Type</b>	<b>Location</b>	<b>Custodian</b>
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, Suite 148 – Biotech Place	Student and Teammate Health
<b>Undergraduate Medical Education (MD) Program</b>		
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
<b>Physician Assistant (PA) Program:</b>		
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
<b>Graduate School – Biomedical Sciences Programs:</b>		
Admissions Records	Office of Enrollment Services – Bowman Gray Center for	Enrollment Services Coordinator –

	Medical Education	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
<b>Academic Nursing Program</b>		
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

Version 10/2023

# Student Health Insurance Requirements and Responsibilities Policy (WFUSM)

## 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. DEFINITIONS/ABBREVIATIONS

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, the Physician Assistant (PA), the Undergraduate Medical Education (MD), 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 Program:	Department Chair
Graduate School of Arts & Sciences-Biomedical Sciences Programs:	Dean, Graduate School of Arts & Sciences, Biomedical Sciences
Physician Assistant (PA) Program:	Program Director
Undergraduate Medical Education (MD) 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.
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 Student
  - e. 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

Version10/2023



# **Student Payment Policy (WFUSM)**

## 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. DEFINITIONS

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

Version 6/2024

# **Student Substance Use Policy (WFUSM)**

## **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. DEFINITIONS/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 Notification This 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-policy/>
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](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@wakehealth.edu](mailto:counselingservices@wakehealth.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](mailto: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

1. [Academic Nursing Student Handbook 2023-2024 - Academic Nursing \(WFUSM\)](#)
2. [The Graduate Bulletin 2024-2025 - Graduate School of Arts and Sciences Biomedical Science Programs \(WFUSM\)](#)
3. [Final Course Grade, Final Summative Evaluation, and Behavioral Sanction Appeal Policy - PA Program - PA Studies \(WFUSM\)](#)
4. [Student Appeal of Dismissal Policy \(WFUSM\)](#)
5. [Student Professionalism and Academic Review Committee \(SPARC\) Policy - MD Program \(WFUSM\)](#)
6. [Student Professionalism and Honor Code Policy - PA Program \(WFUSM\)](#)
7. [Student Progress Policy - PA Program - PA Studies \(WFUSM\)](#)
8. [Substance Abuse Policy \(Wake Market\)](#)

## VII. RESOURCES AND REFERENCES

1. [Drug-Free Schools and Communities Act, Drug-Free Schools and Campuses Regulations \(EDGAR Part 86.100, Subpart B\)](#)
2. [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](#)
3. [National Institution on Alcohol Abuse and Alcoholism Alcohol Policy](#)
4. [34 CFR 668.40 – Conviction for Possession or Sale of Illegal Drugs](#)
5. Federal sanctions for drug felonies: <https://www.dea.gov/druginfo/ftp3.shtml>
6. 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

Version: 7/2024

# Academic Nursing Policies

Please visit the [Academic Nursing Student Handbook 2023-2024 - Academic Nursing \(WFUSM\)](#) located in our PolicyTech system.

## Transfer Credit Policy - Academic Nursing (WFUSM)

### PURPOSE

The purpose of this policy is to establish standards for transfer of course credit from other accredited graduate schools.

### SCOPE

This policy applies to all prospective and current academic nursing students.

### 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. A maximum of six credits may be approved for transfer from other accredited graduate schools.
  - 1. Courses completed at other graduate schools must be similar in academic level, content, quality, credit hours, contact hours, and degree program relevance to the equivalent courses offered at Wake Forest School of Medicine.
  - 2. Transfer credit may be awarded only for academic work completed within the past three years.
  - 3. Courses taken at other graduate schools must be completed with a grade of B (3.0) or better in order to be eligible for credit transfer.
- B. Due to the sequential nature of the curriculum and the integral role some courses hold in achieving program outcomes, the decision to accept transfer credits for a course is not guarantee and is at the discretion of the program director.
- C. Transfer course grades are not included in the Wake Forest School of Medicine grade point average.
- D. A student requesting approval to transfer course work must provide the Request for Coursework Transfer form with supporting documentation to the program director or department chair and provide a syllabus of the course(s) to be considered for transfer credit.
  - 1. The decision of the program director to deny a request to transfer credits will be final.

### REFERENCES

Not Applicable

### ATTACHMENTS

Not Applicable

REVISION DATES 8/2020

Version 1/21



# 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 Student Handbook. 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 our PolicyTech System, and on the web [here](#).

## Graduate Student Tuition on Sponsored Projects Policy - Graduate School (WFUSM)

### PURPOSE

The purpose of this policy is to define a process by which the Wake Forest School of Medicine applies stipends and tuition as direct costs to sponsored programs or other appropriate funding sources for Wake Forest biomedical graduate students who work on funded projects, including, but not limited to, sponsored programs.

### SCOPE

This policy applies to Wake Forest University Graduate School of Arts and Sciences, Biomedical Program Students.

### 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. **Stipend:** A cost of living allowance for trainees and fellows. A stipend is not a fee for service payment. Stipends are not allowable under research grants even when they appear to benefit the research project, unless prior approval of the Federal awarding agency is received. Stipends are allowable on federal awards if the purpose of the agreement is to provide training to selected participants and the charge is approved by the sponsoring agency.
- D. **Tuition/Tuition Remission:** Tuition remission is a form of compensation paid as, or in lieu of, wages to students. Tuition remission is allowable on research grants if the conditions set forth in the Policy Guidelines are met.
- E. **Office of Management and Budget Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards** (2 CFR 200, "Uniform Guidance") is the applicable governing document for stipend and tuition remission payments on Federal Awards.

### POLICY GUIDELINES

- A. Sponsored program sources
  - 1. Stipends
    - a. Under the Uniform Guidance, stipend payments are not 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 “T” and “F” awards, and most non-NIH awards.
- c. On non-“T” and “F” grant awards, stipends are paid in the form of a salary expense; this does not confer an employer-employee relationship. Examples of these awards include NIH “R”, “P”, “U”, and other NIH research awards.

## 2. Tuition

- a. Tuition Charges are allowable on sponsored projects provided that:
  - The individual is conducting activities necessary to the Federal award;
  - Tuition remission or other support is provided in accordance with established policy and consistently provided in a like manner to students in return for similar activities conducted under Federal awards as well as other activities;
  - 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;
  - The tuition remission or other support is reasonable compensation for the work performed and is conditioned explicitly upon the performance of necessary work; and
  - 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 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 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, at the Assistant Professor level, and with no grant support are exempted from the obligation to provide a source for tuition.

## 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

## ATTACHMENTS

None

## REVISION DATES

6/1/2013, 8/2022

Version 1/23

# Doctor of Medicine Program Policies and Procedures

For more information about the MD program please visit the [MD Student Handbook 2024-2025 - MD Program \(WFUSM\)](#) 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.

## **Adverse Events Policy - MD Program (WFUSM)**

### I. PURPOSE

The purpose of this policy is to establish standards for adverse events for students in all phases of the curriculum.

### II. SCOPE

This policy applies to all Wake Forest University School of Medicine (School of Medicine) undergraduate medical education (MD) program students.

### III. DEFINITIONS/ABBREVIATIONS

A. Adverse Event: Any event that disrupts School of Medicine and/or MD Program operations and results in the partial or full closing of campus or other Atrium Health Wake Forest Baptist (AHWFB) 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.

### IV. POLICY

Adverse events may occur during a term.

A. 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. An effort will also be made to notify students via e-mail of any cancellations or postponements.

(1) Students at both campuses may also be notified of Adverse Events by text message sent via the AHWFB Emergency Alert System (MIR3). Students are required to maintain updated and accurate contact information in their PeopleSoft accounts in order to be included in these messages.

(2) 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.

B. 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) 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.

(2) 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.

(3) 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.

### V. 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 \(WFUSM\)](#)

### VI. RESOURCES AND REFERENCES: LCME Element 5.7

### VII. ATTACHMENTS: Not applicable



# **Appeal of Grades, Summative Assessments, and Narrative Comments Policy - MD Program (WFUSM)**

## 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. DEFINITIONS

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@wakehealth.edu](mailto:studentrecords@wakehealth.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@wakehealth.edu](mailto:studentrecords@wakehealth.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@wakehealth.edu](mailto:studentrecords@wakehealth.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@wakehealth.edu](mailto:studentrecords@wakehealth.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

Version 5/2024



# **Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program (WFUSM)**

## I. PURPOSE

The purpose of this policy is to establish guidelines around attendance during the student's clinical years.

## II. SCOPE

This policy applies to Wake Forest University School of Medicine Undergraduate Medical Education (MD) program third and fourth year students.

## III. DEFINITIONS

A. Excused Absence: An absence that has been deemed 'approved' in the student scheduling and absence system.

B. Unexcused Absence: An absence that is taken by a student and is either not submitted in the student scheduling and absence system or has been denied in the student scheduling and absence system.

## IV. POLICY GUIDELINES

### A. General Policy Statement:

1. Because of the critical significance of the clinical activities of the Immersion and Individualization phases of curriculum, attendance is required for all scheduled clinical or clerkship activities. An absence is defined as any time away from required clinical activities. The policies relating to excused and unexcused absences from any course or clerkship activity are outlined below. All activities during Clinical Curriculum are ATTENDANCE REQUIRED.

### B. Policy on Excused Absences during Clinical Curriculum

1. Students may be excused from classes or clinical activities in order to access health services. Students will follow the appropriate Attendance Procedure as outlined for planned or unplanned absences related to accessing health services.
2. Only requests submitted through the system will be considered by the Assistant Deans of Clinical Curriculum .
3. Approval of scheduling requests and absences is at the ultimate discretion of the Assistant Deans of Clinical Curriculum. This includes absences during orientation and transition events for Immersion and Individualization phases of the curriculum. Decisions will be communicated to the Course/Clerkship Director and Coordinator, as well as the student, at the earliest possible opportunity.
4. If a student absence is necessary during the course of a rotation, all outstanding curricular activities must be completed in accordance with the goals and objectives of the course, and in adherence with the MD Program [Satisfactory Academic Progress \(SAP\) Policy - MD Program \(WFUSM\)](#). The student will receive a grade of "Incomplete (I)" until the coursework is completed. Please see the MD Program Satisfactory Academic Progress (SAP) Policy - MD Program (WFUSM) for information on advancement in the MD curriculum.
5. If a student anticipates the need for a scheduling or absence request before a rotation begins:
  - a) An online request should be placed through the system at the earliest possible opportunity and by the required deadline. (Note: The act of submitting a request does not guarantee that the request will be approved.)
  - b) Excused absences will not result in punitive measures, but curricular activities missed

may need to be completed at a later time at the discretion of the Course/Clerkship Director.

- c) If a student wishes to appeal the decision of the Assistant Deans of Clinical Curriculum, an appeal may be made to the Associate Deans for Clinical Education within 3 business days of the initial decision. The Associate Deans for Clinical Education will consult the student and Assistant Deans of Clinical Curriculum and make a final determination regarding the request.
6. If a student has an absence after a rotation has started that could not be anticipated (e.g., illness or extenuating circumstance during which a student is unable to access the absence request system), the student should:
    - a) Contact the Course/Clerkship Director as soon as possible (preferably by phone or in person).
    - b) If clinical responsibilities have started, contact the Course/Clerkship Director and/or Course/Clerkship Coordinator as outlined in the course/clerkship syllabus to inform them of the absence.
    - c) The absence should be submitted through the system within 24 hours of initial contact with the Course or Clerkship Director.
    - d) If a student absence is necessary on the day of an exam (shelf exam, OSCE, quiz or other), the student may be asked by the Assistant Deans of Clinical Curriculum to provide documentation regarding his/her absence on that day. The exam must be completed within the timeline determined and communicated by the Assistant Deans of Clinical Curriculum.

#### C. Policy on Unexcused Absences during Clinical Curriculum

1. All unexcused absences will be reported by the Course/Clerkship Director or Coordinator to the Assistant Deans, and the student may be referred to the Student Professionalism and Academic Review Committee (SPARC).
2. Unexcused absences may result in remediation of some portion of the clerkship or failure of the entire course or clerkship as well as a referral to the SPARC.

#### D. Policy for Residency Interviews during Individualization

1. Most students will be interviewing for house officer positions during the fall of their senior year. The following policies apply to these absences.
  - a) Only requests submitted through the system will be considered.
  - b) No more than 2 working days' absence for residency interviews will be allowed during Acting Internship or Critical Care rotations, and those absences will be excused only if they are approved at least 14 days prior to the start of the rotation. Students who receive interview offers at short notice should communicate their absence needs to the Course Director to formulate a mutually agreeable plan for accommodating the absence and (if necessary) making up any additional missed time from the course. Short -notice absences would still need to be submitted in the system. A working days' absence refers to any absence greater than 4 hours in duration.
  - c) No more than 3 working days' absence for residency interviews will be allowed for all other 4 - week elective rotations, and those absences will be excused only if they are approved at least 14 days prior to the start of the rotation. For 2 week rotations, only 1 excused absence is permitted. Students who receive interview offers at short notice should communicate their absence needs to the Course Director to formulate a mutually agreeable plan for accommodating the absence and (if necessary) making up any additional missed time from the course. Short-notice absences would still need to be submitted in the system. A working days' absence refers to any absence greater than 4 hours in duration.

d) The student is responsible for checking with the individual Course Director to ensure that there are no additional requirements for attendance.

E. Policy for all other absences during Individualization

1. All other absences during the Individualization phase must comply with the above policies for excused and unexcused absences.
2. Failure to participate all scheduled days/shifts of a Year 4 rotation without an excused absence or appropriate remediation will result in no credit being awarded to the student for that course/clerkship.

F. 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.

V. PROCEDURE / GUIDELINE: Not Applicable

VI. CROSS REFERENCES

[Satisfactory Academic Progress \(SAP\) Policy - MD Program \(WFUSM\)](#)

[Student Professionalism and Academic Review Committee \(SPARC\) Policy - MD Program \(WFUSM\)](#)

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

Version 10/2023

# Attendance for Medical Students in Pre-Clerkship Phase Policy - MD Program (WFUSM)

## I. PURPOSE

This policy aims to establish guidelines for medical student attendance and absences from mandatory learning activities in the Pre-clerkship Phase of the MD curriculum to support student's growth and success as medical learners and future physicians. The Liaison Committee for Medical Education (LCME) expects that a medical school has policies and procedures in place that permit students to be excused from these experiences to seek healthcare.

The primary focus of the MD Program pre-clerkship curriculum is to develop competence in the foundational basic science knowledge necessary for the practice of medicine as well as the clinical skills, attitudes, professional behaviors, and critical thinking skills necessary to be an effective part of the healthcare team when the student enters their clinical rotations. The pre-clerkship curriculum offers a variety of learning opportunities determined by the course directors to be most effective for the given content. Importantly, there are curriculum events that are crucial to student learning and that require direct engagement of the learner in real-time. These events are attendance-mandatory and include all small-group instructional activities, anatomy sessions where students work together, and selected large-group events deemed necessary by the course directors.

## II. SCOPE

This policy applies to the Pre-clerkship phase of the Curriculum of the undergraduate medical education (MD) program students at Wake Forest University School of Medicine (School of Medicine).

## III. DEFINITIONS

- A. **Absence:** Missing at least 1 mandatory event in one day or being more than 10 minutes late to a mandatory event.
- B. **Excused Absence:** An absence that has been 'approved' in the student online absence request system (see Procedure Guidelines below).
- C. **Unexcused Absence:** An absence that is taken that was previously denied in the system, an absence for which a request has not been submitted by the student in the system per this policy, any non-emergent absence from an attendance-required activity that is taken without prior approval, and unapproved tardiness of 10 minutes or more for a mandatory event are all considered unexcused absences and are reported for Professionalism Feedback (see Policy Guidelines below).
- D. **Professionalism:** 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. Professionalism includes:

- Commitment to achieving professional competence through the acquisition of the knowledge, skills, and attitudes essential for performing effectively as a physician;
- Commitment to behaving in an ethical manner, including demonstrating honesty, integrity, and taking responsibility for one's actions;
- Commitment to humanism, including treating all those with whom one interacts in a collegial and respectful manner; and
- Commitment to fulfilling one's professional responsibilities.

As it relates to attendance at required learning and assessment activities, student's professional responsibilities include the following:

- Monitoring the academic calendar for student attendance expectations: Students are expected to reference the academic calendar in the learning management system regularly to determine which learning events have required attendance. Any event noted in the event details as 'mandatory' is attendance required.

- Attending all mandatory learning events as outlined in Wake Forest University School of Medicine's learning management system, including but not limited to small-group learning events, sessions in which patients are present, and all inter-professional educational activities.
- Attending all exams: This includes course exams, retake exams, exams for course remediation, observed structured clinical exams (OSCEs), clinical performance exams (CPXs), NBME exams, and any other scheduled exam.
- Demonstrating honesty and integrity with attendance sign-in: Students may ONLY sign in/submit an attendance sheet/form for themselves and no other students. Signing in or submitting an attendance sheet/form for another student is considered a Code of Honor and Professionalism Conduct violation. In addition, students who sign in for an attendance-mandatory event must be present for the entire event to receive credit for attendance, unless approved to leave early by the course director; leaving an attendance-required event early without prior approval is considered an absence.
- Prompt submissions of absence requests: The student must submit an absence request a minimum of 14 calendar days in advance for any planned absences, and it must be recorded using the system. Unplanned absences must be entered into the system as soon as the student becomes aware that they are unable to attend a mandatory event.

#### IV. POLICY GUIDELINES

Whenever possible, students should attempt to minimize planned absences during mandatory learning and assessment events to minimize interruptions to the student's learning experience.

Students are responsible for completing all missed coursework, as outlined in the syllabus, regardless of whether an absence request is planned or unplanned, excused or unexcused as defined in this policy. Make up of missed assignments or learning activities resulting from an absence from a mandatory event may be required by the course director in order for a student to receive credit for successfully completing the course. If make-up assignments or learning activities are required of a student, a plan must be made promptly with the applicable course director for completion of required missed assignments or activities.

##### A. Planned Absences

1. 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.
2. All planned absence requests must be entered into the system at least 14 calendar days prior to the applicable mandatory event. If a system request is entered fewer than 14 calendar days prior to the mandatory event, the absence request may not be approved.
3. Absence requests are reviewed by staff who determine if the request is approved or not based on a set of standardized criteria used for absence requests for all courses. The following categories of absence requests are examples that are approved/excused. Note that students who accumulate absences beyond specified thresholds may have implications for their progress in the curriculum (see Section E2 below):
  - a) Routine health appointments: An excused absence is granted for scheduled healthcare appointments.
  - b) Presentation at a professional conference: An excused absence may be granted for a student who is invited to present at a professional conference. Proof of acceptance to the conference where the student is presenting must be provided via the system by uploading supporting documentation. Conference attendance alone, without presentation responsibilities, does not meet the criteria for an excused absence.
  - c) External Leadership activity: An excused absence may be granted for a student to represent Wake Forest University School of Medicine in a leadership capacity at a professional conference or meeting. Supporting documentation must be uploaded into the system.

- d) Religious observance. An excused absence is granted for a student to observe a religious holiday, in accordance with University policy.
  - e) Jury Duty: An excused absence may be granted for a student to fulfill this civic responsibility. Students may request a letter from the Office of Student Affairs in support of deferral or excuse from jury duty.
  - f) Ceremonies: For example: weddings and graduations for close family members/friends, or other events. Students must balance the significant responsibility of their medical education with these events and are advised to prioritize those that are most significant.
4. Planned absences, as defined in this policy, are not approved for assessment events unless permission is granted from the Senior Associate Dean of Curriculum or designee in collaboration with the course director (i.e., course/block exams, CAS exams and CPX assessment events).

#### B. Unplanned Absences:

1. All unplanned absences 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. If the student is unable to enter an absence request into the system at that time, students should email [stuserv@wakehealth.edu](mailto:stuserv@wakehealth.edu) and the applicable course director.
2. Absence requests for unplanned absences are reviewed by staff and excused or unexcused based on a set of standardized criteria used for absence requests for all courses. The following are examples of unplanned absences that may be excused:
  - a) **Illness:** An excused absence is granted in the case of a student's own illness or injury; it is the student's responsibility to ensure that an absence request is submitted no more than 2 business days after absence. Documentation from Student Health or a healthcare provider is required if the illness results in an absence spanning more than two (2) consecutive days of instruction.
  - b) **Bereavement.** An excused absence is granted because of the death of the student's spouse, parent (natural parent, step-parent, adoptive parent), parent-in-law, sibling, child (natural child, adoptive child, foster-child, step-child), grandparents, grandchildren, brother- or sister-in-law, or any other person who is a member of the student's household.
  - c) **Personal or family emergencies:** An excused absence may be granted to students for unforeseen personal and/or family emergencies.
3. Any non-emergent absence from an attendance-required activity that is taken without prior approval in the system is considered an unexcused absence.

#### C. Late arrival to mandatory events:

1. Students are expected to arrive on time for all attendance-mandatory events to ensure an optimal learning experience for all students.
2. As above for planned absences, students are expected to submit absence requests for all instances of a planned late arrival to attendance-mandatory events. Approval of time missed from mandatory events is considered on a case-by-case basis to determine if the missed time is considered an excused absence, as per the guidelines established by this policy.
3. If a late arrival to a mandatory learning activity is not approved as an excused absence, it is considered an unexcused absence, and the policy described herein applies (See Policy Definition F - Professionalism Expectations).
4. Students arriving late to a mandatory activity, irrespective of the reason, will not be given additional time to complete learning activities or assessments.
5. Students arriving more than 10 minutes late to a mandatory event without prior approval will result in an unexcused absence and a report for Professionalism Feedback.

#### D. Absences on Exam Days:

1. If a student's absence request for an exam is approved (i.e., excused), the student is expected

to communicate with the applicable course director and/or assessment team within 48 hours of the request to reschedule the exam.

2. If the student is more than 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. Students arriving more than 10 minutes late for an exam will result in an unexcused absence and a report for Professionalism Feedback.

#### E. Course and Academic Year Expectations for Absences:

1. Course Directors set attendance expectations within the learning management system for required learning events and exams. 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. Students not meeting expectations for attendance and assessments described in the syllabus may receive an Incomplete grade until all criteria are met to successfully pass the course. The Course Director and the student may request to meet with the Associate Dean for Pre- Clerkship Education to assist in determining a schedule to make up missed coursework and assessments in collaboration with the Academic Advising team, if indicated.
2. Students who accumulate absences (excused or unexcused, planned or unplanned) totaling six (6) absences for the first year of the curriculum (July-June) or three (3) absences for the second year of the curriculum (July - December), respectively, must meet with the Senior Associate Dean for Curriculum to determine if the student is on track for successful completion of the Pre-clerkship Phase of the Curriculum, and if the student would benefit from student support services. A schedule will be developed to make up missed coursework and assessments in collaboration with the Academic Advising team, if indicated.
3. Students who accumulate planned absences exceeding six (6) absences for the first year of the curriculum (July - June) or three (3) absences for the second year of the curriculum (July - December), respectively, must meet with the Senior Associate Dean for Student Affairs to discuss excessive absences and may be reported for Professionalism Feedback.
4. If the amount of time away is expected to be six (6) weeks or longer, students should refer to the [Leave of Absence Policy \(WFUSM\)](#)[Leave of Absence Policy \(WFUSM\)](#).

#### F. 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.

V. PROCEDURES/GUIDELINES

Not Applicable

VI. CROSS REFERENCES

[Formative Assessment and Feedback Policy - MD Program \(WFUSM\)](#)

[Leave of Absence Policy \(WFUSM\) Student Professionalism and Academic Review Committee \(SPARC\) Policy - MD Program \(WFUSM\)](#)

[Code of Honor and Professional Conduct](#)

VII. RESOURCES AND REFERENCES

Code of Honor and Professional Conduct

LCME Element 12.4

VIII. REVISION DATES

6/2020; 10/2020; 5/2023; 10/2023

Version 10/2023



# **Campus and Location Assignment Policy - MD Program (WFUSM)**

## 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. DEFINITIONS:

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)**

## **PURPOSE**

The purpose of this policy is to establish standards for Wake Forest School University of Medicine (WFUSM) 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.

## **SCOPE**

This policy applies to all undergraduate medical education (MD) students at WFUSM during the immersion and individualization phase of the curriculum.

## **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. 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.

## **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 16 continuous hours, following which students should have at least 8 hours duty free.
  - 5. Duty hours may include overnight calls or shifts. The maximum frequency of overnight calls is once every third night. For students completing overnight shifts, the maximum number of overnight shifts is 5 nights sequentially. 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 shelf or final examination.
  - 7. Students are to be excused from duty hours on all days that have been identified as holidays on the Wake Forest School of Medicine Academic Calendar.
  - 8. Students should follow the policy on Attendance Policy for Medical Students in Immersion and Individualization phases 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. Periods of assigned responsibility may not exceed 24 continuous hours, with 4 additional hours for patient care continuity.
5. Duty hours may also include overnight call or shifts. The maximum frequency of overnight call is once every third night. For students completing overnight shifts, the maximum number of overnight shifts is 5 nights sequentially. Following 5 overnight shifts, students will not be expected to return until the next calendar day.
6. Students must be excused from duty hours no later than midnight of the night prior to a shelf or final examination.
7. Students are to be excused from duty hours on all days that have been identified as holidays on the Wake Forest School of Medicine Academic Calendar.
8. Students should follow the policy on Attendance Policy for Medical Students in Immersion and Individualization phases to make requests for absences.

## C. Reporting and Monitoring Procedures

1. It is the responsibility of the clerkship director to monitor and prevent duty hour violations. Students can report concerns or violations of duty hour policies directly to the clerkship director. The clerkship director and student will then work together to resolve the violation/concern. 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).
2. Also, students can anonymously report duty hour violations using the end of course/clerkship evaluation. The Office of Education Institutional Effectiveness and Compliance (OEIEC) monitors duty hour violations reported through the end of course/clerkship evaluation. OEIEC will notify the Associate Dean for Clinical Education and the Assistant Dean of the Clinical Regional Campus (if applicable) to investigate and resolve the concern. OEIEC will be informed of the outcome of the investigation.
3. Duty hours are monitored twice per year through reports 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.

**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.

## REFERENCES

LCME Element 8.8 Monitoring Student Time

## REVISION DATES:

3/2023

Version 3/2023

# Clinical Supervision Policy - MD Program (WFUSM)

## 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'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

- 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. **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. 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. A student's minimum level of responsibility for required procedures is approved by the Undergraduate Medical Education Committee (UMECC).
- B. 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. Determination of appropriate level of supervision is made 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) Level of training of the student; and
    - c) Previous experience, knowledge, and skill level of the student relevant to the clinical

activity and setting.

4. 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.
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.
6. 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.

#### C. Reporting and Monitoring

1. It is the responsibility of the clerkship director to ensure adequacy and availability of supervision. Students can report concerns regarding adequacy of supervision directly to the clerkship director. The clerkship director and student will then work together to resolve the violation/concern. 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).
2. Also, students can 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 and the Assistant Dean of the Clinical Regional Campus (if applicable) 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.
3. 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.

PROCEDURE/GUIDELINES: Not Applicable

#### CROSS REFERENCES

[Medical Student Documentation in the Medical Record Policy](#)

#### RESOURCES AND REFERENCES

LCME Element 9.2, 9.

REVISION DATES 6/2020; 2/2021; 5/2023

Version 10/2023

# **Computer-Based Exam Policy - MD Program (WFUSM)**

## 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.

#### CROSS REFERENCES

[Dress Code for Medical Students Policy - MD Program \(WFUSM\)](#)

[Nursing Mothers Policy \(Wake Market\)](#)

[Doctor of Medicine Student Handbook \(WFUSM\)](#)

#### RESOURCES AND REFERENCES

<https://www.nbme.org/common-questions/exam-rules-and-conduct>

REVISION DATES 6/2020; 8/2023; 1/2024

Version 2/24



## **Dress Code for Medical Students Policy - MD Program (WFUSM)**

### **PURPOSE**

The purpose of this policy is to establish dress code standards for students in the Wake Forest School of Medicine (WFSM) undergraduate medical education (MD) program.

### **SCOPE**

This policy applies to all WFSM MD program students.

### **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. 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 WFSM 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 in the clinical setting as per WFBMC institutional policy.
  - 6. Nails should be kept neat and trimmed per OSHA requirements.
- B. Additional policy guidelines 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 WFSM white coats and other logo and branding components of the institution:
- a. 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 WFSM logo affixed. For this reason:
    - o Students are not allowed to wear their WFSM branded white clinical jackets/lab coats for any purpose other than school-sanctioned activities.
    - o Students should not use the School of Medicine attire-related branding except for school-sanctioned activities (for example, scientific meetings).
  - b. Individuals or groups that wish to request an exception to this policy for a particular event may appeal in advance to the Dean of Wake Forest School of Medicine, or designee.

REFERENCES: Not Applicable

ATTACHMENTS: Not Applicable

REVISION DATES: 6/2020; 2/2021

Please Note: Charlotte students must wear their Atrium Health identification badges at all times and are expected to wear closed toe shoes in all clinical spaces.

Version 8/2021

# **Final Grade Submission Policy - MD Program (WFUSM)**

## **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

Version 7/2023

# **Formative Assessment and Feedback Policy - MD Program (WFUSM)**

## **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.

### **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 \(WFUSM\)](#)

[Code of Honor and Professional Conduct](#)

[Student Professionalism and Academic Review Committee \(SPARC\) Policy - MD Program \(WFUSM\)](#)

**RESOURCES AND REFERENCES:** LCME Element 3.5, 9.7, 11.1

**REVISION DATES:** 6/2020; 6/2023; 8/2023

Version 10/2023

## **Matriculation Policy - MD Program (WFUSM)**

### 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

Version 4/2024

# **Medical Student Contact Hours for the Preclinical Curriculum Policy (WFUSM)**

## **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

Version10/2023

# Narrative Description of Medical Student Performance Policy - MD Program (WFUSM)

## 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

Version 7/2023

# **Satisfactory Academic Progress (SAP) Policy - MD Program (WFUSM)**

## 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.

## III. DEFINITIONS

A. **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.

B. **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.

C. **Remediation:** a faculty-led process in which a student actively participates to satisfactorily address deficiencies identified in knowledge, skills, and/or professional behavior.

## IV. POLICY GUIDELINES

A. Students are assessed using the Wake Forest University School of Medicine's educational program objectives as defined by the Undergraduate Medical Education Curriculum Committee (UMECC). Assessment of academic performance and professional behavior in each course and clerkship in the curriculum are essential components of a medical education. This policy defines the criteria for promotion and graduation based on the overall conduct and demonstration of academic performance and professional behavior. Students must demonstrate, to the satisfaction of the Wake Forest University School of Medicine, that they are fit, both academically and professionally, to be a Wake Forest University School of Medicine student and graduate.

### B. Promotion and Graduation Criteria

Students achieving all criteria defined below are submitted to the Student Professionalism and Academic Review Committee (SPARC) by the Associate Dean for Curriculum (or designee) for formal promotion to the next phase or for graduation.

#### 1. Pre-clerkship Phase requirements for Promotion to Immersion Phase

- a. Students must receive passing grades for all courses. To be enrolled in Year 2 curriculum courses, students must pass all courses in Year 1 curriculum. See the Student Handbook for a list of courses required for Year 1 and Year 2.
- b. Students must have no outstanding reports for professionalism concerns. Any reports have been addressed and resolved.
- c. Students must receive a "Pass" on the USMLE Step 1 exam (See Section on USMLE below).

#### 2. Immersion Phase requirements for Promotion to Individualization Phase

- a. Students must receive passing grades for all clerkships and courses. See the Student

Handbook for a list of courses required.

- b. Students must have no outstanding reports for professionalism concerns. Any reports have been addressed and resolved.

### 3. Individualization Phase requirements for Graduation

- a. Students must receive passing grades for all courses. See the Wake Forest University School of Medicine Student Handbook (WFUSM) for a list of courses required.
- b. Students must have no outstanding reports for professionalism concerns. Any reports have been addressed and resolved.
- c. Students must receive a "Pass" on the USMLE Step 2 Clinical Knowledge (CK) exam (See Section on USMLE below).

## C. Requirements for Graduation

1. Successful completion of all required courses and clerkships demonstrated by receipt of passing grades.
2. Satisfactory demonstration of appropriate professional conduct.
3. Receive a "Pass" on USMLE Step 1 exam, the USMLE Step 2 CK exam, and the CPX exam administered at the end of the Immersion Phase.
4. Compliance with the [Student Payment Policy \(WFUSM\)](#) .
5. [Technical Standards for Medical School Admission, Continuation, and Graduation - MD Program \(WFUSM\)](#)– Please refer to the Wake Forest University School of Medicine Student Handbook (WFUSM).

## D. USMLE Step 1 and USMLE Step 2 CK

1. 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.
2. Following the successful completion of the pre-clerkship phase of the curriculum, students must complete the USMLE Step 1 exam by the deadline specified on the academic calendar. Students must receive a "Pass" on Step 1 prior to participating in the required clinical clerkships in the Immersion Phase. In collaboration with the Academic Advising team, students may submit a request to delay completion of the Step 1 exam to the USMLE Review Committee. Students are informed of the implications for academic progress and financial aid. Students who request a delay of six weeks or longer are required to take a leave of absence in accordance with the [Leave of Absence Policy \(WFUSM\)](#)[Leave of Absence Policy \(WFUSM\)](#). Students on an approved delay of Step 1 may participate in the Transition to Patient Care course prior to taking Step 1. Students on an approved Step 1 delay may be approved to participate in a non-clinical elective rotation while Step 1 exam results are pending. Refer to the elective catalog for more pending.
3. Likewise, after the completion of the Immersion phase of the curriculum, must complete the USMLE Step 2 CK examination by the deadline specified on the academic calendar. Students are required to receive a "Pass" on USMLE Step 2 CK before submitting a rank order list for the NRMP. Students who request a delay of six weeks or longer are required to take a leave of absence in accordance with the [Leave of Absence Policy \(WFUSM\)](#).
4. Students are allowed no more than three (3) attempts to pass each of the USMLE Step exams. Students who fail their first attempt at a USMLE Step exam are referred to Academic Advising resources to determine a plan to remediate the failure. In addition, SPARC is notified of a failure of a USMLE Step exam. Students who fail the second attempt of a USMLE Step exam are reviewed by SPARC. Students who fail the third attempt of a USMLE Step exam are reviewed by SPARC and are dismissed from the School of Medicine.

## E. Grading scale for Courses and Clerkships

1. All students are assessed using the Wake Forest University School of Medicine's educational program level objectives and course objectives as defined by the Undergraduate Medical Education Curriculum Committee (UMECC). Grading criteria and Benchmarks contributing to a grade are identified in each course/clerkship syllabus. Students who require remediation are not eligible for a grade higher than Pass in that course or clerkship.
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.
  - b. Fail (F) is assigned to students who do not meet the core standards for the course/clerkship as written in the syllabi.
  - 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 approved by the course director. Students are required to make-up missed coursework as described in the applicable attendance policy.
  - d. Not reported (NR) may be assigned to students who have not successfully achieved minimum competency on one or more Benchmarks within the criteria described in the course syllabus and are in the remediation process as written in the course syllabus.
3. Grading System for Five Point Scale courses/clerkships:
  - a. Includes ratings of Honors, High Pass, Pass, Low Pass, and Fail
  - b. Criteria for each are identified in the course/clerkship 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 approved by the course director. Students are required to make-up missed coursework as described in the applicable attendance policy.
  - d. Not reported (NR) may be assigned to students who have not successfully achieved minimum competency on one or more Benchmarks within the criteria described in the course syllabus and are in the remediation process as written in the course syllabus.
4. In addition to a requirement to remediate as described below, receipt of a failing grade (F) in any course or clerkship results in the review of student performance by the Student Professionalism and Academic Review Committee (SPARC) for consideration for a change of academic status to Warning, Probation, or Dismissal from the School of Medicine. SPARC may also require a student to repeat a course or repeat the academic year. See the [Student Professionalism and Academic Review Committee \(SPARC\) Policy - MD Program \(WFUSM\)](#) for details.

## F. Remediation

1. Remediation of Benchmarks in the Pre-clerkship Phase (including Longitudinal):
  - a. Students who fail to achieve the minimum criteria for Benchmarks in a pre-clerkship course must review the Course Syllabus to review remediation procedures.
  - b. Students must meet with the Course Director to identify the specific areas of deficiency and learning needs  
for the remediation of the failed Benchmark(s). Students should refer to the Course Syllabus for details on remediation expectations and timing.
  - c. If the remediation plan requires an exam, it is the responsibility of the student to contact the Course Director and the Assessment and Evaluations Team within five (5) business days of the remediation notification to schedule the remediation using the published schedule.
  - 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.

2. Remediation for Immersion and Individualization Phases

- a. Students who did not complete all clinical time or required clinical experiences should refer to the syllabus for procedures on scheduling additional time in the clinical setting. Upon approval of the clerkship/course director, students may also complete the required experience using an approved alternative method as described in the syllabus.
- b. Students may also be required to remediate clinical experiences and skills.
- c. Students who fail to achieve the minimum requirements for passing a Benchmark exam in a Clerkship (i.e., NBME Subject exam) must meet with the applicable Clerkship Director to identify clerkship -specific resources to aid in knowledge acquisition.
- d. Dates and times to retake exams are pre-determined and published annually by the Assessment and Evaluation Team. It is the responsibility of the student to contact the Assessment and Evaluation Team within one week of the remediation notification to schedule the re-take exam using the published exam schedule. Students may consider retaking the exam during the semester break (i.e., Leap Week) so as not to conflict with other clerkship requirements.
- e. Students are allowed two re-take attempts to remediate the failed Benchmark. If the student does not meet the minimum criteria through the remediation process, the student receives a failing grade and is referred to SPARC by the Senior Associate Dean for Curriculum or designee.

G. Time Frame for Graduation and LOA

1. The normal time frame for completion of required course work for the MD degree is 4 academic years.
2. A student 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.
3. Please note: In addition to the time frames below, 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.
  - a. Students matriculated into the MD degree program may at times seek an approved Leave of Absence to pursue an advanced degree. 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. 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. The maximum time permitted for the completion of the MD degree plus an additional master's degree is 8 years.
  - b. Due to academic, administrative, medical, military, or personal difficulties or scholarly enrichment activities, a student may require additional time for completion of MD 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 performance in course work or an approved leave). To make Satisfactory Academic Progress, students ordinarily must complete the pre-clerkship phase of the curriculum by the end of the third year after matriculation.
  - c. 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.
  - d. 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.

- e. 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.

## V. REFERENCES

[Attendance for Medical Students in Clinical Clerkships Courses Policy - MD Program \(WFUSM\)](#)

[Attendance for Medical Students in Pre-Clerkship Phase Policy - MD Program \(WFUSM\)](#)

[Leave of Absence Policy \(WFUSM\)](#)

[Military Leave of Absence Policy \(WFUSM\)](#)

[Student Professionalism and Academic Review Committee \(SPARC\) Policy - MD Program \(WFUSM\)](#)

[Technical Standards for Medical School Admission, Continuation, and Graduation - MD Program \(WFUSM\)](#)

[Doctor of Medicine Student Handbook \(WFUSM\)](#)

LCME Element 9.9, 10.3

## VI. REVISION DATES

6/2020; 10/2020; 5/2022; 5/2023, 8/2023

Version 10/2023

# **Satisfactory Academic Progress for Financial Aid Eligibility Policy - MD Program (WFUSM)**

## 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 \(WFUSM\)](#)

## 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 \(WFUSM\)](#) 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 9<sup>th</sup> 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 \(WFUSM\)](#)  
[Leave of Absence Policy \(WFUSM\)](#)

ATTACHMENTS: Not Applicable

REVISION DATES: 9/2020; 4/2022, 12/2022; 7/2023

Version 7/2023

## **Selection of Medical Students Policy - MD Program (WFUSM)**

### **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 (WFUSM)

### **VII. RESOURCES AND REFERENCES: LCME STANDARDS 10.2, 10.3**

### **VIII. ATTACHMENTS: NOT APPLICABLE**

### **IX. REVISION DATES: 7/2017; 11/2020; 2/2024**

Version 4/2024

# **Student Professionalism and Academic Review Committee (SPARC) Policy - MD Program (WFUSM)**

## 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 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 (WFUSM). 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 is the subject of a SPARC Notification 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 Wake Forest University School of Medicine Student Handbook (WFUSM)).
  - 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 will be permitted to meet with SPARC.
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 \(WFUSM\)](#)

[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

Version 2/2024



# **Technical Standards for Medical School Admission, Continuation, and Graduation - MD Program (WFUSM)**

## **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 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.

## **SCOPE**

This policy applies to all MD program applicants and students.

## **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**

Technical (Non-Academic) Standards for Medical School Admission

Critical skills needed for the successful navigation of core experiences are outlined below:

- A. **Observation:** Students 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.
- B. **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.
- C. **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.
- D. **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.

- E. 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.
- F. 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 Support and request accommodations.

## REFERENCES

[Student Disability Accommodations Requests Policy and Procedures \(WFUSM\)](#)

LCME Element 10.5

REVISION DATES: 5/2021; 6/2022; 5/2023

Version 7/2023

# **Transfer and Admissions of Medical Students with Advanced Standing Policy - MD Program (WFUSM)**

## **PURPOSE**

The purpose of this policy is to set expectations for policy on admissions for transfer students and students with advanced standing.

## **SCOPE**

This policy applies to all Wake Forest University School of Medicine (WFUSOM) prospective undergraduate medical education (MD) program applicants.

## **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**

1. The Wake Forest University School of Medicine does not accept applicants for transfer or for admission with advanced standing.

## **REFERENCES**

LCME Standard 10.7

## **REVISION DATES**

7/2017; 11/2020; 3/2023

Version 3/2023

## 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 \(WFUSM\)](#) located in our PolicyTech system.

### **Advanced Placement Policy - DMSc Program - PA Studies (WFUSM)**

#### I. PURPOSE

The purpose of this policy is to set standards for advanced placement status in the Physician Assistant Doctor of Medical Science (DMSc) Program at Wake Forest University School of Medicine (School of Medicine).

#### II. SCOPE

This policy applies to all prospective and current DMSc Program students.

#### III. DEFINITIONS/ABBREVIATIONS

Advanced Placement: A waiver of required coursework included in the DMSc curriculum for applicants to the program, and/or a waiver of required coursework included in the DMSc 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. POLICYA. The DMSc Program does not grant advanced placement outside of the School of Medicine or Wake Forest University Graduate School of Arts and Sciences – Biomedical Sciences programs.

#### V. PROCEDURE / GUIDELINE

Not Applicable

#### VI. CROSS REFERENCES

Not Applicable

#### VII. RESOURCES AND REFERENCES

Not Applicable

#### VIII. ATTACHMENTS

Not Applicable

Version 4/2024

# **Attendance Policy - PA Program - PA Studies (WFUSM)**

## **PURPOSE**

The purpose of this policy is to ensure consistent attendance and punctuality, which are expected of students during enrollment in the PA program. These are essential for two reasons:

- PA education is intensive 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.
- Attendance and punctuality are elements of professional behavior. These are the same behaviors that students will be expected to display after they graduate and begin clinical practice.

## **SCOPE**

This policy applies to all enrolled PA program students who are candidates for promotion and graduation.

## **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.

## **POLICY GUIDELINES**

Consistent attendance and punctuality are expected of students during enrollment in the PA 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 is a way to foster a cohort level community, mutual support, and accountability.
3. Attendance and punctuality are elements of professional behavior.

Absence is defined as physical absence from an in-person class or activity (including live online events) or as failure to complete a distance learning activity by the specified deadline. A student who will be absent from any scheduled activity must notify the Registrar before the anticipated absence or as soon as possible after it. All absences will be documented and become part of the student's permanent record.

Any absence not reported within 24 hours will be considered a breach of professionalism. A lapse in punctuality 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 PA Student Progress Policy, a student may be placed on Warning or Probation for deviations from conduct or behavioral expectations.)

Attendance and punctuality are mandatory for all scheduled evaluations. (See [Evaluation Policy - PA Program \(WFUSM\)](#))

**Please note: Attendance expectations differ in the Preclinical Year and the Clinical Year.**

A. **Preclinical Year:** 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

Both partial and entire day absences are considered 1 total absence. Absences exceeding the permitted allotment will be considered excessive (see below for more information about its effect).

After an absence or late arrival, students must consult with the appropriate course director(s) regarding any work that needs to be made up. Note that some activities are mandatory, one-time events; and when they are missed, promotion to the next level of study, advancement into the clinical year, advancement in the program or even graduation may be delayed.

Attendance is mandatory during evaluation days and absence may delay progression in the program and program completion date. Absences due to illness above the allotment may require a medical provider's note.

B. **Clinical Year:** Students in the Clinical Year will be allotted 3 discretionary days, which may be used during the clinical rotations. Discretionary days cannot be used during callbacks or EOR 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.

C. **Service Members:** The PA 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 and 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.

D. **Effect of excessive absences:** Excessive absences during the clinical and preclinical years have the potential to negatively impact a student's ability to meet program requirements. Absences that are deemed significant (in number or severity) will be evaluated by the Director of Student Services (DSS) in conjunction with the student, the student's advisor, any involved course directors, the PA Student Progress Committee, and/or the Program Director. Based upon results of these actions, the DSS may arrange support, coaching, remedial activities, or any other actions deemed appropriate for the success of the student.

If excessive absences or episodes of lateness 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 program.

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 \(WFUSM\)](#))

E. **Leaves of absence:** Leaves of absence are addressed in accordance with the Leave of Absence Policy.

#### REFERENCES

[Evaluation Policy - PA Program \(WFUSM\)](#)

[Leave of Absence Policy \(WFUSM\)](#)

[Military Leave of Absence Policy \(Wake Market\)](#)

[Student Progress Policy - PA Program - PA Studies \(WFUSM\)](#)

REVISION DATES: 4/2020; 3/2022; 5/2023

Version 8/23

# **Appeal of Final Course Grade Policy - DMSc Program - PA Studies (WFUSM)**

## 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

Version 4/2024



# **Criminal Background Check Policy - DMSc Program - PA Studies (WFUSM)**

## I. PURPOSE

The purpose of the Criminal Background Check Policy is to ensure the safety and well-being of all individuals engaged in the Physician Assistant Doctor of Medical Science (DMSc) Program, including students, faculty, staff, and patients. This policy outlines the requirements and procedures for conducting criminal background checks on all incoming students. It reflects our commitment to upholding the highest standards of professional conduct and integrity in healthcare.

## 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. Policy Overview

1. Requirement: All learners who enter the DMSc Program are required to undergo a criminal background check with satisfactory results as a condition of matriculation.
2. Procedure:
  - a) Students will be contacted via email by CastleBranch, an applicant screening company, which is authorized to conduct the background check on behalf of the DMSc Program.
  - b) The cost of the background check will be covered by the DMSc Program.
  - c) Results of the background check will be released simultaneously to both the learner and the program.
3. Background Check: 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; and
  - c) A state and local (county)-level search based on areas of residence for the past seven years for:
    - i. All levels of criminal offense;
    - ii. All types of adjudications;
    - iii. All legal processes not yet resolved; and
    - iv. All types of offenses.
4. Continued Enrollment: Enrollment within the DMSc Program is contingent upon the results of the criminal background check. Satisfactory results are a prerequisite for continued participation in the program. Should the background check uncover a criminal history, an offer of admission may be revoked, or an enrolled student may be dismissed.

### B. Authorization Forms

1. Criminal Background Check Authorization: This acknowledgement in CollegeNet authorizes Castlebranch to release information required for criminal background check during the enrollment process.

2. Authorization for Use or Disclosure of Protected Health Information: This form authorizes the DMSc Program to release results of the criminal background check on a need-to-know basis for educational purposes. It ensures that information can be shared internally within the program for the purpose of fulfilling educational and administrative requirements.

C. Policy Implementation

1. Compliance: 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 dismissal from the DMSc Program.
2. Confidentiality: The DMSc Program is committed to maintaining the confidentiality of learners' background check results. Information will only be disclosed on a need-to-know basis and will be handled in accordance with applicable privacy laws and regulations.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

Version 4/2024

# **Deferral Policy - DMSc Program - PA Studies (WFUSM)**

## **I. PURPOSE**

This deferral policy provides guidelines for admitted students in the Physician Assistant Doctor of Medical Science (DMSc) online program who wish to postpone their enrollment for up to one year. This deferral policy is designed to be flexible and accommodating to the various reasons students might need to postpone their studies, while also maintaining the integrity and progression of the academic program.

## **II. SCOPE**

Applies to admitted students (as defined below) in the DMSc online program at Wake Forest University School of Medicine (School of Medicine) who seek to defer their studies.

## **III. DEFINITIONS/ABBREVIATIONS**

A. Admitted Student: Individual who has accepted a class position within the allotted time period and submitted the required non-refundable deposit.

1. The individual has satisfied all conditions for admission.
2. The individual has not yet commenced their studies.

## **IV. POLICY**

A. Deferral Period:

1. A maximum deferral of one (1) academic year is permitted.
2. The deferral starts from the original date of enrollment.

B. Application for Deferral:

1. Admitted students must apply in writing to the DMSc Program Director using the Request for Deferment form.
2. The admitted student must adequately specify the reason(s) for the request and affirm their intent to enroll in the DMSc Program and the start date.

C. Reasons for Deferral:

1. Deferrals may be granted for reasons including, but not limited to: personal health issues, family responsibilities, financial hardship, or other significant life events.
2. Documentation supporting the reason for deferral may be required.

D. Review Process:

1. Applications are reviewed by the Program Director, department leadership, and program faculty.
2. Decisions are made based on the individual circumstances of each case. Acceptance or denial of a request for deferral is at the discretion of the Program Director or designee. This decision is final.
3. The DMSc Program Director or designee will notify the admitted student in writing of their admission status within thirty (30) business days of receiving the request for deferral.

E. Impact on Academic Progress:

1. Deferred students will not be required to complete coursework or participate in program activities during the deferral period.
2. The deferral period does not count towards the maximum time allowed for completion of the program.

F. Reactivation of Enrollment:

1. Deferred students must notify the DMSc Program Director in writing at least sixty (60) calendar days before the end of their deferral period to reactivate their enrollment.
2. Failure to reactivate enrollment may lead to withdrawal from the program.

G. Conditions upon Return:

1. Deferred students may be subject to new program requirements or curriculum changes implemented during their absence.
2. The DMSc Program Director or designee has the right to interview the individual and reassess qualifications for admission before enrollment.

H. Financial and Scholarship Implications:

1. Deferral may affect financial aid, scholarships, and tuition fees.
2. Admitted students considering deferral should consult with the Office of Financial Aid for specific implications.

- I. Non-Eligibility: 1. Admitted students on academic probation or with outstanding financial obligations to the institution may not be eligible for deferral.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

Version 4/2024

## **Evaluation Policy - DMSc Program - PA Studies (WFUSM)**

### 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

Version 4/2024

## **Exit Policy - DMSc Program - PA Studies (WFUSM)**

### 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 Physician Assistant Doctor of Medical Sciences (DMSc) Program, whether voluntarily or involuntarily.

### II. SCOPE

This policy applies to all students enrolled in the DMSc Program at Wake Forest University School of Medicine (School of Medicine).

### III. DEFINITIONS/ABBREVIATIONS

Not Applicable

### IV. POLICY

#### A. Voluntary Withdrawal

1. Initiation: Students wishing to voluntarily withdraw from the program must initiate the process by submitting a written request to the Program Director.
2. Counseling Session: Upon receipt of the request, a counseling session may be scheduled with the Program Director or designated faculty to discuss the withdrawal and its potential implications.

#### B. Dismissal

1. A student who is involuntarily dismissed from the program is required to follow the exit procedures described within this policy.

#### C. Attendance

1. A student who withdraws or is dismissed is not permitted to attend DMSc program educational activities or access program-related materials.

#### D. Exit Procedures

1. Any student who withdraws from the DMSc program must follow the exit procedures defined within this policy.
  - a) Exit procedures are as follows:
    - i. Complete the Change of Status form provided by the registrar.
    - ii. Meet with the Director of Student Financial Services or designee. The student will be informed of any financial implications or obligations as per the university's policies.
    - iii. Meet with the Bursar to discuss current debt with the school.
    - iv. Provide the registrar with a current mailing address, email address, and phone number.
    - v. Return any loaned books or materials to the School of Medicine.
    - vi. A student exiting the program may be asked to meet with designated Information Technology Services staff to complete computer security procedures.

#### E. Re-Admission Eligibility:

1. Former students wishing to be re-admitted may be required to re-apply to the program.
2. Consideration: Re-admission is not guaranteed and will be considered based on current program capacity and the student's previous academic and professional record.

### V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

Student Progress Policy Refund of Tuitions and Fees Policy (WFUSM)

Return of Federal Financial Aid Funds Policy (WFUSM)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

Version 4/2024



# **Professionalism and Honor Code - DMSc Program - PA Studies (WFUSM)**

## **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

Revised: 7/2024

# **Satisfactory Academic Progress (SAP) for Financial Aid Policy - DMSc Program - PA Studies (WFUSM)**

## 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 [Satisfactory Academic Progress \(SAP\) Policy - DMSc Program - PA Studies \(WFUSM\)](#) 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 Satisfactory Academic Progress (SAP) Policy - DMSc Program - PA Studies (WFUSM).

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 [Satisfactory Academic Progress \(SAP\) Policy - DMSc Program - PA Studies \(WFUSM\)](#) 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 Satisfactory Academic Progress (SAP) Policy - DMSc Program - PA Studies (WFUSM)).
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 \(WFUSM\)](#).

#### 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

Satisfactory Academic Progress (SAP) Policy - DMSc Program - PA Studies (WFUSM)  
Leave of Absence Policy (WFUSM) Military Leave of Absence Policy (WFUSM)

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

Version 6/2024

# **Satisfactory Academic Progress (SAP) Policy - DMSc Program - PA Studies (WFUSM)**

## I. PURPOSE

The faculty and staff of the Wake Forest University School of Medicine Doctor of Medical Science (DMSc) Program are committed to providing an educational environment conducive to the academic success of its students. Should a student encounter unforeseen circumstances that impede their ability to complete academic work within the prescribed timeframe, it is imperative that the student promptly communicates with their course director(s) to discuss the most suitable course of action. Such actions may include, but are not limited to, notifying their faculty advisor and/or the Program Director. The ability to continue and progress within the DMSc program is predicated on the student's ability to demonstrate timely and satisfactory academic progress, as outlined by the program's standards.

## II. SCOPE

This policy applies to all enrolled DMSc program students who are candidates for promotion and graduation.

## III. DEFINITIONS/ABBREVIATIONS

Not Applicable

## IV. POLICY

### A. Criteria for Satisfactory Academic Progress (SAP)

#### 1. Implications of Final Course Grades

- a) Any student who receives a final course grade of "F" is subject to dismissal from the program.
- b) A final course grade of "C" or lower will result in the issuance of an academic warning letter from the DMSc Program, necessitating a mandatory consultation with the student's faculty advisor.
- c) Should a student receive a second final course grade of "C" or lower, they will be required to meet with the DMSc Program Director and will subsequently be placed on academic probation.
- d) Receipt of a third final course grade of "C" or lower may lead to the student's dismissal from the program.

#### 2. Expectations of Behavioral and Conduct Standards

- a) As members of the Wake Forest University School of Medicine and Atrium Health Wake Forest Baptist community, students are expected to adhere to the institutional values and standards of conduct. Retention in the program is contingent upon students demonstrating academic integrity and professional behavior as delineated in the DMSc Program Code of Conduct.

#### 3. Academic Warning

- a) Academic Warning is designated as an informal sanction that allows a student to remain in good academic standing. It is distinctly different from Academic Probation.
- b) Students placed on Academic Warning will be formally notified in writing by the Program Director. This notification will be shared with the student's advisor, the relevant course director(s), and other pertinent program personnel.
- c) Students are obligated to successfully remediate identified deficiencies. The plan for remediation will be developed collaboratively by the course director(s) and the Program Director.

#### 4. Consequences of Failing to Comply



- a) Students who either choose not to participate in remediation or who do not successfully complete the remediation process will be placed on Academic Probation.
- b) For students on Academic Warning, any course grade in question will be marked as "Incomplete" on the student's academic transcript until the resolution of the warning status, irrespective of the student's performance in other course components.

5. Academic Probation

- a) Academic Probation is a formal disciplinary measure indicating that a student is not in good standing with the program and is failing to meet the standards for Satisfactory Academic Progress. This status may adversely affect the student's financial aid eligibility.
- b) Academic Probation may be invoked under several circumstances including, but not limited to:
  - (1) receiving a second final course grade of "C" or lower
  - (2) declining an offer of remediation
  - (3) failing to rectify an academic warning
  - (4) committing a severe breach of behavioral or conduct standards
- c) If a student successfully addresses the issues that led to their Academic Probation and is deemed eligible for reinstatement to good standing, the DMSc Program Director will formally remove the Academic Probation status and issue written notification to the student.

B. Policy Amendments and Student Responsibilities

- 1. The program's administration reserves the right to revise and amend policies as deemed necessary.
- 2. Student Obligations  
Students bear the responsibility of staying informed regarding policy changes and must understand the implications these changes may have on their academic and professional standing within the program.

V. PROCEDURE / GUIDELINE: Not Applicable

VI. CROSS REFERENCES: Not Applicable

VII. RESOURCES AND REFERENCES: Not Applicable

VIII. ATTACHMENTS: Not Applicable

Version 4/2024

# **Social Media Policy - DMSc Program - PA Studies (WFUSM)**

## I. PURPOSE

The purpose of this policy is to establish standards to ensure that use of social media by Physician Assistant Doctor of Medical Science (DMSc) Program students complies with the Program's policies and expectations regarding conduct that occurs offline, and that personal use of social media does not interfere with the academic environment.

## II. SCOPE

This policy applies to all Wake Forest University School of Medicine (School of Medicine) DMSc Program students.

## III. DEFINITIONS/ABBREVIATIONS

Social Media: Social media include but are not limited to blogs, online discussion boards, online communities, social networks, microblogs, and photo and video sharing sites.

## IV. POLICY

A. Atrium Health Wake Forest Baptist (AHWFB) has a social media policy setting guidelines for social media use that apply to employees, faculty and non-faculty physicians. DMSc students also must follow these guidelines. Please refer to the Social Media Policy (Wake Market) for additional information.

B. The DMSc Program Evaluation Policy, Professionalism and Honor Code Policy, and Student Progress Policy reference behavioral and conduct expectations for students that apply to social media usage as well.

## V. PROCEDURE / GUIDELINE

Not Applicable

## VI. CROSS REFERENCES

[Social Media Policy \(Wake Market\)](#)

Professionalism and Honor Code Policy - PA DMSc Program

Student Progress Policy - PA DMSc Program

## VII. RESOURCES AND REFERENCES

Not Applicable

## VIII. ATTACHMENTS

Not Applicable

Version 4/2024

# **Technical Standards Policy - DMSc Program - PA Studies (WFUSM)**

## I. PURPOSE

These technical standards for DMSc Program admission, continuation and graduation specify the intellectual, physical, and behavioral capabilities essential for successfully completing the DMSc curriculum and achieving the levels of competence required by the faculty at Wake Forest University School of Medicine (WFUSM).

The Wake Forest University School of Medicine DMSc Program 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 DMSc Program applicants and enrolled DMSc 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 DMSc program as well as an enrolled DMSc 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

### A. **Technical standards for DMSc Program admission, continuation, and graduation**

Students in the DMSc Program must possess the intellectual, physical, and behavioral 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. DMSc students must have abilities and skills in the areas described below:

1. **Observation:** The candidate must be able to observe and obtain information in an online format.
2. **Communication:** Candidates must be able to communicate effectively both in person and in online formats with classmates and faculty. Candidates must be able to record information accurately and clearly and to communicate effectively in English.
3. **Technological:** Minimum hardware specifications as outlined on the DMSc Program website, as well as a basic knowledge of computer and internet skills, are required to be successful in an online course.
  - a. Students must possess the capacity to perform basic computer operations such as:
    - i. Using keyboard and mouse.
    - ii. Managing files and folders: save, name, copy, move, backup, rename, delete and check properties.
    - iii. Software installation, security, and virus protection.
    - iv. Using software applications, such as Microsoft Office (Word, PowerPoint, Excel).
    - v. Knowledge of copying and pasting, spell-checking, and saving files in different formats.
    - vi. Using email, including sending and downloading attachments.

- vii. Internet skills (i.e., connecting, accessing, using browsers) and ability to perform online research using various search engines and library databases.
- viii. Familiarity with and use of online educational resources (i.e., podcasts, Webex, video calls).
- ix. Communicate using a discussion board and upload assignments to a classroom website.
- x. Allowing pop-ups from websites (i.e., Canvas).
- xi. Knowledge of terminology, such as browser, URL and application.

4. **Intellectual, conceptual, integrative and quantitative abilities:** These abilities include measurement, calculation, reasoning, analysis and synthesis. Problem-solving, and the ability to learn, retrieve, analyze, sequence, organize, synthesize and integrate information efficiently and to reason effectively is required. Students will need to synthesize information effectively via remote technology.
5. **Behavioral and social attributes:** Candidates must possess the maturity and emotional health required for full use of their intellectual abilities. They must accept responsibility for learning, exercise good judgment and promptly complete all responsibilities. Candidates must demonstrate netiquette and interact effectively, respectfully, and professionally with faculty and peers. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take responsibility for making appropriate positive changes.
6. **Ethical and legal standards:** Applicants for admission must acknowledge and provide a written explanation of any felony offense or disciplinary action taken against them prior to matriculation. Students convicted of any felony offense while in the DMSc Program should immediately inform the Program Director. 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 DMSc Program.

B. Process for assessing compliance with the technical standards

1. By accepting an offer to matriculate, applicants are attesting that they have read and can meet these technical standards, with or without reasonable accommodations. Once matriculated, students must continue to meet these standards until program completion and may be asked formally to re-attest that they continue to meet the requirements. 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. 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.
2. Accommodation is not granted retroactively and may take time to develop and implement; timely requests are essential to maximize the student's chances to perform well in the curriculum.
3. 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 Support and request accommodations.

V. PROCEDURE / GUIDELINE

Not Applicable

VI. CROSS REFERENCES

VII. RESOURCES AND REFERENCES

Not Applicable

VIII. ATTACHMENTS

Not Applicable

Version 2/23

## PA Program Policies

For more information about the PA MMS Program please visit the [PA Program Student Handbook - PA Program - PA Studies \(WFUSM\)](#) located in our PolicyTech system.

### **Advanced Placement Policy - DMSc Program - PA Studies (WFUSM)**

#### I. PURPOSE:

The purpose of this policy is to set standards for advanced placement status in the Physician Assistant (PA) program at Wake Forest School of Medicine (WFSM). This policy applies to all prospective and current PA program students.

#### 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

Version 1/2024

# **Attendance Policy - PA Program - PA Studies (WFUSM)**

## **PURPOSE**

The purpose of this policy is to ensure consistent attendance and punctuality, which are expected of students during enrollment in the PA program. These are essential for two reasons:

- PA education is intensive 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.
- Attendance and punctuality are elements of professional behavior. These are the same behaviors that students will be expected to display after they graduate and begin clinical practice.

## **SCOPE**

This policy applies to all enrolled PA program students who are candidates for promotion and graduation.

## **DEFINITIONS**

- C. 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.
- D. 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.

## **POLICY GUIDELINES**

Consistent attendance and punctuality are expected of students during enrollment in the PA program. Reasons for attendance:

4. 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.
5. The culture and diversity of class discussions/interactions are dependent on all students being present and engaged. This is a way to foster a cohort level community, mutual support, and accountability.
6. Attendance and punctuality are elements of professional behavior.

Absence is defined as physical absence from an in-person class or activity (including live online events) or as failure to complete a distance learning activity by the specified deadline. A student who will be absent from any scheduled activity must notify the Registrar before the anticipated absence or as soon as possible after it. All absences will be documented and become part of the student's permanent record.

Any absence not reported within 24 hours will be considered a breach of professionalism. A lapse in punctuality 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 PA Student Progress Policy, a student may be placed on Warning or Probation for deviations from conduct or behavioral expectations.)

Attendance and punctuality are mandatory for all scheduled evaluations. (See [Evaluation Policy - PA Program \(WFUSM\)](#))

**Please note: Attendance expectations differ in the Preclinical Year and the Clinical Year.**

F. **Preclinical Year:** 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

Both partial and entire day absences are considered 1 total absence. Absences exceeding the permitted allotment will be considered excessive (see below for more information about its effect).

After an absence or late arrival, students must consult with the appropriate course director(s) regarding any work that needs to be made up. Note that some activities are mandatory, one-time events; and when they are missed, promotion to the next level of study, advancement into the clinical year, advancement in the program or even graduation may be delayed.

Attendance is mandatory during evaluation days and absence may delay progression in the program and program completion date. Absences due to illness above the allotment may require a medical provider's note.

G. **Clinical Year:** Students in the Clinical Year will be allotted 3 discretionary days, which may be used during the clinical rotations. Discretionary days cannot be used during callbacks or EOR 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.

H. **Service Members:** The PA 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 and 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.

I. **Effect of excessive absences:** Excessive absences during the clinical and preclinical years have the potential to negatively impact a student's ability to meet program requirements. Absences that are deemed significant (in number or severity) will be evaluated by the Director of Student Services (DSS) in conjunction with the student, the student's advisor, any involved course directors, the PA Student Progress Committee, and/or the Program Director. Based upon results of these actions, the DSS may arrange support, coaching, remedial activities, or any other actions deemed appropriate for the success of the student.

If excessive absences or episodes of lateness 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 program.

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 \(WFUSM\)](#))

J. **Leaves of absence:** Leaves of absence are addressed in accordance with the Leave of Absence Policy.

#### REFERENCES

[Evaluation Policy - PA Program \(WFUSM\)](#)

[Leave of Absence Policy \(WFUSM\)](#)

[Military Leave of Absence Policy \(Wake Market\)](#)

[Student Progress Policy - PA Program - PA Studies \(WFUSM\)](#)

REVISION DATES: 4/2020; 3/2022; 5/2023

Version 8/23



## **Cross-Campus Policy - PA Program (WFUSM)**

### **PURPOSE**

It is the policy of the Wake Forest PA Program to expect PA students to participate in preclinical curricular activities on their assigned campus unless a specific curricular activity is scheduled.

### **SCOPE**

This policy applies to All Wake Forest PA Program students.

### **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. Students are 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 be made to allow missed curricular activities to be made up on the alternate campus in the circumstances described below. 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.
    - a. 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.
    - b. If a student is absent from a summative assessment (such as an examination or lab practical,) the student must contact the Preclinical Director, Director of Student Assessment, and Course Director, who together will determine if an alternative campus option is feasible or allowable. See the Examination Policy and the Attendance Policy for more information.
    - c. In the event a student is absent from a curricular activity due to illness, injury, or other extenuating personal circumstances, the student must consult directly with the applicable course director/coordinator to explore the option of utilizing the alternative campus for missed work.

REVISION DATES 5/2019; 4/2022

Version 5/22

## **Deferral Policy - PA Program (WFUSM)**

### **PURPOSE**

It is the policy of the Wake Forest PA Program to grant an enrollment deferment, generally not to exceed one year, on a case-by case basis.

### **SCOPE**

Wake Forest PA Program applicants for admission who have been accepted into the Program, but have not matriculated, 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), and Premier Surgery Center.

### **POLICY GUIDELINES**

- A. The PA Program 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 individual has accepted a class position within the allotted time period and submitted the required non-refundable deposit.
  - 2. The individual has submitted to the PA 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 PA Program and the start date.
  - 3. The individual has satisfied all conditions for admission.
- B. Acceptance or denial of a request for deferral is at the discretion of the PA Program Director or designee. The PA Program Director or designee will notify the individual 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 individual may submit to the PA Program Director or designee a written intent to enroll by the date specified by the PA Program Director upon acceptance of deferment. If the individual fails to submit this written intent to enroll, the approved enrollment deferral will be withdrawn. The PA Program Director or designee has the right to interview the individual and reassess qualifications for admission before enrollment.
- D. No deferral requests will be considered after matriculation (defined as the annual class start date.)

REVISION DATES 5/2019; 4/2022

Version 5/22

## **Evaluation Policy - PA Program (WFUSM)**

### **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 PA Program.

### **SCOPE**

All Wake Forest PA Program 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.

### **POLICY GUIDELINES**

- A. All content within an evaluation is strictly confidential. 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 (WFUSM).
- B. Evaluation Protocol
  - a. Students must comply with all elements published within the Honor Code as well as evaluation instructions during all evaluations.
  - b. An evaluation session is defined as the time period between the start time of an evaluation and the defined time for completion by all students. If a student completes their evaluation before peers do, the student will exercise appropriate behavior, and avoid discussion of evaluation content until all students have completed the evaluation.
  - c. For in-person evaluation, if a student completes their evaluation before peers do, the student will exercise appropriate behavior, such as remaining in the testing area until the end of the evaluation session if requested, supporting a quiet testing environment, and avoiding behaviors that may interrupt or disturb others. Any student requiring a brief break during an evaluation must seek permission from the evaluation proctor.
  - d. Students should store any materials or personal effects prior to testing unless they have been specified as permissible by faculty or the evaluation proctor. Items that are deemed suspicious are subject to confiscation by the evaluation proctor.
  - e. During an evaluation session, all cell phones must be stored and silenced. Smart watches must be offline (unable to send or receive calls and messages) and students are not to access files or images.
  - f. During the evaluation session, most student questions cannot be answered. Logistical questions that relate to the evaluation process or permissible acts during the evaluation session should be

directed to the evaluation proctor.

- g. Student behaviors that are not in compliance with this policy or deviate from standards described in the Professionalism and Honor Code must be reported. Irregular behaviors and procedures for reporting a potential violation of the Professionalism and Honor Code are described within the Student Professionalism and Honor Code Policy - PA Program (WFUSM). A student may also alert an evaluation proctor to any irregular behavior that is observed during the evaluation session.

#### C. Absences from Evaluations

- a. All students are expected to complete evaluations during their original scheduled times. An unavoidable absence must be reported to the PA Program Registrar and Director of Didactic Education or designee prior to the evaluation session or, in the event of an emergency, as soon as possible.
- b. The Registrar, the Director of Didactic Education, the appropriate course director, or other designee will provide guidance to the student upon their return to campus regarding implications of an absence from an evaluation. Additional details regarding absences are described within the Attendance Policy - PA Program (WFUSM).

#### REFERENCES

[Attendance Policy - PA Program - PA Studies \(WFUSM\)](#)  
[Student Professionalism and Honor Code Policy - PA Program \(WFUSM\)](#)

REVISION DATES 4/2020; 4/2023

Version 5/23

## **Exit Procedure Policy - PA Program (WFUSM)**

### **PURPOSE**

It is the policy of the Wake Forest PA Program to require a PA student who voluntarily withdraws from the program or is dismissed to follow the exit procedures defined within this policy.

### **SCOPE**

All Wake Forest PA Program 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.

### **POLICY GUIDELINES**

- A. A PA student who voluntarily withdraws from the PA program or is dismissed is required to follow the exit procedures defined within this policy.
- B. Exit procedures are as follows:
  - a. Complete the Change of Status form provided by the Registrar.
  - b. Meet with the Director of Student Financial Services or designee.
  - c. Meet with the Bursar to discuss current debt with the school and discuss information regarding termination or conversion of health and dental coverage, if necessary.
  - d. Provide the registrar with a mailing address, email address, and phone number.
  - e. Return any loaned books or materials to the School of Medicine.
  - f. Return their identification badges, parking tags, and PA Program white coat to the registrar or designee.
- C. A student who withdraws or is dismissed is not allowed to attend PA Program educational activities or access program-related materials.
- D. A student exiting the program may be asked to meet with designated Information Technology Services staff to complete computer security procedures.

REVISION DATES: April 13, 2020; March 3, 2023

Version 5/23

# **Final Course Grade, Final Summative Evaluation, and Behavioral Sanction Appeal Policy - PA Program - PA Studies (WFUSM)**

## 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) 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. Formal receipt of course grades is defined as follows:
  - a) During the preclinical phase of the curriculum, students formally receive final course grades at a "folder review" or equivalent session following each unit of study.
  - b) During the clinical phase of the curriculum, students formally receive final course grades on the date the student is notified that the relevant final course grade is available for online or in-person review.
2. After formal receipt of the 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 could 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 Program - PA Studies (WFUSM), 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 Director of Didactic Education 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 Director of Didactic Education 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 Director of Didactic Education, 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 Director of Didactic Education 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 Director of Didactic Education.
- 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 Program - PA Studies \(WFUSM\)](#)

VII. RESOURCES AND REFERENCES

ARC-PA Standard A3.17

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES

4/2020; 4/2021; 1/2024

Version 3/2024



# **Health Screening and Background Check Policy - PA Program (WFUSM)**

## **PURPOSE:**

The purpose of this policy is to require all students who enter the PA Program to have a criminal background check completed prior to matriculation.

## **SCOPE:**

This policy applies to all Wake Forest School of Medicine PA Program students.

## **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. Health Screening**

1. All students in the Wake Forest School of Medicine PA Program 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.

### **A. Background Check**

1. A signed background check authorization form is obtained from each applicant who has accepted an offer of admission to the program. The cost of this background check is covered by the deposit paid by the student on acceptance to the program.
2. 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

3. If additional background checks or health screenings are required, the student may be responsible for the cost.
4. 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.

## REFERENCES

Technical Standards - PA Program (WFUSM)

REVISION DATES 5/2019; 4/2022

Version 5/2022

## **Inclement Weather Policy - PA Program - PA Studies (WFUSM)**

### I. PURPOSE

The purpose of this policy is to establish inclement weather practices for the Wake Forest University School of Medicine (School of Medicine) Physician Assistant (PA) Program.

### II. SCOPE

This policy applies to all School of Medicine PA Program students.

### III. DEFINITIONS/ABBREVIATIONS

Not Applicable

### IV. POLICY

A. It is the policy of the School of Medicine to remain open and continue operations unless otherwise determined by the Dean of the School of Medicine.

1. Students should note that decisions to close the School of Medicine, Atrium Health Wake Forest Baptist clinical institutions, the Reynolda campus, and Appalachian State University are all made separately, as are decisions to close the PA Program in Winston-Salem and in Boone.
2. Additionally, campus schedules may be impacted by weather conditions occurring at alternate campus locations.

B. The PA Program will notify students of any weather-related changes to the schedule. When classes and activities need to be delayed, moved to virtual learning, or cancelled because of weather students will be notified via email from the Program Director or designee.

C. 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.

D. 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 (WFUSM)).

E. PA Program 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. PA Program students must maintain updated and accurate contact information in their PeopleSoft accounts to be included in these messages.

1. 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.

### V. PROCEDURE / GUIDELINE

Not Applicable

### VI. CROSS REFERENCES

[Attendance Policy - PA Program - PA Studies \(WFUSM\)](#)

### VII. RESOURCES AND REFERENCES: Not Applicable

### VIII. ATTACHMENTS: Not Applicable

### IX. REVISION DATES: 5/2018; 4/2021; 1/2024

Version 3/2024

# **Satisfactory Academic Progress for Financial Aid Eligibility Policy - PA Program (WFUSM)**

## **PURPOSE**

The purpose of this policy is to set forth standards to carefully monitor the progress of each student working toward the MMS degree and set forth the requirements for making a determination on each student's Satisfactory Academic Progress at the end of each unit of study.

## **SCOPE**

This policy applies to all students in the Wake Forest University School of Medicine physician assistant program.

## **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.

## **POLICY GUIDELINES**

Wake Forest School of Medicine (WFUSM) 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). 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 in the Physician Assistant Program at WFUSM. This Policy should be read along with the PA Student Progress Policy which sets forth the standards for evaluating student performance in the PA Program's defined clinical practice competency domains. Failure to maintain SAP 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, which are set forth in the PA Student Progress Policy.

The requirements for the MMS degree from the PA Program include the satisfactory completion of the PA curriculum at WFUSM. The progress of each student is monitored closely by the PA Student Progress Committee (PASPC), with formal review occurring at the end of each unit or clinical term, and at the end of each program year. The student will be notified via their WFUSM e-mail account if they fail to maintain SAP at any time in the program, as outlined in the PA Student Progress Policy. 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. Students may elect to appeal the decision.

### **A. Qualitative Measures of SAP**

- 1. Each PA student at WFUSM is required to successfully complete all the PA Program's required courses, supervised clinical practice experiences (SCPE), and examinations in order to graduate with the MMS degree. The WFUSM PA Program measures academic progress with grades of Honors, Competent, Complete, Concern, or Failure, rather than a cumulative grade point average. (Refer to the

B. Quantitative Measure & Maximum Timeframe

1. The normal time frame for completion of required course work for the MMS degree is two academic years. The maximum time frame is three years. 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, a 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.
2. 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. The only exception to the maximum timeframe is for active military service; this is outlined in the Military Leave Policy. 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 PA Student Progress Policy in the PA Student Handbook.

C. 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 an individual student will be expected to complete all requirements of the degree program. A leave of absence should not extend training for more than one year unless as outlined in the Military Leave Policy.

D. Appeal Process and Financial Aid Status

1. A student who has lost eligibility for financial aid as a result 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. Students who lose eligibility for financial aid may appeal the decision by following the procedures below. To appeal, the student must submit a letter of appeal to the Program Director via their WFUSM email account. The appeal letter should include the following:
  - a. Mitigating circumstances that could not have been anticipated and 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. In most cases, the PA Program Director, in consultation with the Financial Aid Appeal Committee, will render a decision within two weeks of receipt of a fully completed appeal. Notification of the decision will be sent to the student via the student's WFUSM 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. The academic plan is developed by the PA Program Director, or designee, in consultation with the PASPC, Registrar, and student. It must delineate a plan for the student to achieve successful academic progress, if followed, by a designated point in time. While on financial aid probation, academic progress will be evaluated by the PASPC at the conclusion of each unit or clinical term.
5. 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. 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 again by following the appeal process.

7. If the SAP appeal is denied, financial aid will be cancelled.
8. 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.
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.

#### E. Enforcement

1. The Office of the Registrar, Office of Financial Aid, PA Program Director, and the PA Student Progress Committee will work collaboratively to monitor and enforce standards of SAP. The PA 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.

#### REFERENCES:

[Student Progress Policy - PA Program - PA Studies \(WFUSM\)](#)

REVISION DATES 12/2022, 05/2023

Version 7/23

## **Social Media Policy - PA Program (WFUSM)**

### **PURPOSE**

The purpose of this policy is to establish standards to ensure that use of social media by PA Program students complies with the Program's policies and expectations regarding conduct that occurs offline, and that personal use of social media does not interfere with the academic environment.

### **SCOPE**

This policy applies to all Wake Forest School of Medicine PA Program students.

### **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. **Social Media:** social media include but are not limited to blogs, online discussion boards, online communities, social networks, microblogs, and photo and video sharing sites.

### **POLICY GUIDELINES**

- A. Wake Forest Baptist Health has a social media policy setting guidelines for social media use that apply to employees, faculty and non-faculty physicians. PA students also must follow these guidelines.
- B. The PA Program Examination Policy, Honor Code and Honor Council Policy, and Student Progress Policy reference behavioral and conduct expectations for students that apply to social media usage as well.

### **REFERENCES**

[Social Media Policy \(Wake Market\)](#)

[Student Professionalism and Honor Code Policy - PA Program \(WFUSM\)](#)

[Student Progress Policy - PA Program - PA Studies \(WFUSM\)](#)

### **REVISION DATES:**

May 1, 2019, April 2022

Version 7/22

# **Student Employment Policy - PA Program - PA Studies (WFUSM)**

## **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

Version 1/2024



# **Technical Standards - PA Program - PA Studies (WFUSM)**

## **I. PURPOSE**

These technical standards for Physician Assistant (PA) Program admission, continuation, and graduation specify the attributes and behaviors essential for successfully completing PA training within a generalist education model at Wake Forest University 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 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 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: 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, and members of the health care team. 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 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: 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 health 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, 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; accept constructive feedback from others; 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 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.

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

Version 1/2024

# Appendix 1

## Title IX and Non-Title IX Sexual Misconduct Policy and Grievance Procedures (WFUSM)

### WAKE FOREST BAPTIST HEALTH TITLE IX<sup>1</sup> & NON-TITLE IX SEXUAL MISCONDUCT<sup>2</sup> POLICY & GRIEVANCE PROCEDURES

Eff. 8/14/2020

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<sup>1</sup> As used in this Policy, "sex" includes birth/biological sex and sexual orientation, and gender includes gender identity and expression.

<sup>2</sup> 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
<a href="#">Winston-Salem Police Department</a>	101 N. Main St. Winston-Salem, NC 27101	911	336-773-7700
<a href="#">Wake Forest Baptist Medical Center Security Services</a>	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	<a href="mailto:casseua@wfu.edu">casseua@wfu.edu</a>	1834 Wake Forest Rd Reynolda Hall Suite 307 Winston-Salem, NC 27109
Sarah Riney	Deputy Title IX Coordinator/ Learning Environment Liaison	336-713-3352	<a href="mailto:srinev@wakehealth.edu">srinev@wakehealth.edu</a>	
Tanya Gregory	Deputy Title IX Coordinator	336-713-0819	<a href="mailto:tgregory@wakehealth.edu">tgregory@wakehealth.edu</a>	
Kim Caprio	HR Director/Title IX, Human Resources/ <a href="#">Team mate</a> Relations		<a href="mailto:kcaprio@wakehealth.edu">kcaprio@wakehealth.edu</a>	Medical Center Boulevard, Winston-Salem, NC 27157



Department	Contact Person/Title	Email/Phone Number	Location
<a href="#">Counseling &amp; Well-Being Services</a>		<a href="mailto:counselingservices@wakehealth.edu">counselingservices@wakehealth.edu</a>	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	<a href="mailto:FacultyOmbuds@wakehealth.edu">FacultyOmbuds@wakehealth.edu</a>	

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 Tanya Gregory (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](mailto: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,<sup>3</sup> 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.

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<sup>3</sup> 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:

#### **(2) 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

#### **(3) 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.<sup>4</sup>

“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.

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<sup>4</sup> 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,<sup>5</sup> 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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<sup>5</sup> 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.<sup>6</sup>

**“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;
- **Fondling:** The touching of the private body parts of a 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 his/her age or because of his/her temporary or permanent mental or physical incapacity;
- **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.



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.

**“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 effect<sup>7</sup> 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:

- 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 Tommerly (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

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<sup>7</sup> In a pedagogical setting, such as a classroom, the conduct must have both purpose and effect.

- 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 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 witness<sup>8</sup> 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.

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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<sup>9</sup> 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:

<b>Respondent Status</b>	<b>Sanctions Officer</b>
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 Office 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, FacultyOmbuds@wakehealth.edu).

### 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
<a href="#"><u>Title IX Office (Non-Confidential)</u></a>	<a href="mailto:titleixcoordinator@wfu.edu"><u>titleixcoordinator@wfu.edu</u></a>	336.758.7258	1834 Wake Forest Road Reynolda Hall, Suite 307
<b>Aishah Casseus, JD</b> Director of the Title IX Office/Title IX Coordinator/Section 504 Coordinator	<a href="mailto:casseua@wfu.edu"><u>casseua@wfu.edu</u></a>		P.O. Box 6006 Winston-Salem, NC 27109 <b>Monday - Friday 9 am - 5 pm</b>
<b>Sarah Riney, Deputy Title IX Coordinator</b>	<a href="mailto:sriney@wakehealth.edu"><u>sriney@wakehealth.edu</u></a>	336.713.3352	
<b>Tanya Gregory, Deputy Title IX Coordinator</b>	<a href="mailto:tgregory@wakehealth.edu"><u>tgregory@wakehealth.edu</u></a>	336.713.0819	
Wake Forest Baptist Medical Center Security Services (Non-Confidential)		<b>Emergencies:</b> 336.716.9111  <b>Non-Emergencies:</b>	Medical Center Blvd Winston-Salem, NC 27157

		336.716.3305	
Winston-Salem Police Department (Non-Confidential)		Emergencies: 911 Non-Emergencies: 336.773.7700	725 North Cherry Street Winston-Salem, NC 27101
<b>Kim Caprio</b> , HR Director/Title IX, Human Resources/Teammate Relations	<a href="mailto:kcaprio@wakehealth.edu">kcaprio@wakehealth.edu</a>		Medical Center Boulevard, Winston-Salem, NC 27157
Counseling and Well-Being Services (Confidential)	<a href="mailto:counselingservices@wakehealth.edu">counselingservices@wakehealth.edu</a>	336.758.5273	Bowman Gray Center for Medical Education, 3rd floor, 1213
<b>Michelle Nicolle</b> , Office of Chaplain (Confidential)	<a href="mailto:mnicolle@wakehealth.edu">mnicolle@wakehealth.edu</a>	336.713.9766	Bowman Gray Center for Medical Education, 3 <sup>rd</sup> floor, 1213
Employee Assistance Program (EAP) (Confidential)		336.716.5493	

#### Additional Community Resources

Resource	Email	Phone	Location/Address
<a href="#">Wake Forest Baptist Medical Center</a> (Confidential)		336.716.2011	1 Medical Center Boulevard Winston-Salem, NC 27157
<a href="#">Novant Health Forsyth Medical Center</a> (Confidential)		336.718.5000	3333 Silas Creek Parkway Winston-Salem, NC 27103
<a href="#">Forsyth County Health Department</a> (Confidential)		336.703.3100	799 North Highland Avenue Winston-Salem, NC 27101
<a href="#">Family Services, Inc.</a> (Confidential)	<a href="mailto:info@fsifamily.org">info@fsifamily.org</a>	336.722.8173 or 1.800.316.5513	1200 Broad Street Winston-Salem, NC 27101
		<b>24 Hour Crisis Line for Sexual Assault:</b> 336.722.4457	
		<b>24 Hour General Crisis</b>	

		<b>Line:</b> 336.723.8125	
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