



# AMERICAN CANADIAN SCHOOL OF MEDICINE

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## STUDENT HANDBOOK

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AMERICAN CANADIAN SCHOOL OF MEDICINE  
Robert Ross Blvd Picard, St John's Parish Commonwealth of Dominica 00109-8000  
<https://www.acsom.edu.dm>



## **Table of Contents**

<b>AMERICAN CANADIAN UNIVERSITY SCHOOL OF MEDICINE STUDENT HANDBOOK</b>	<b>3</b>
<b>MESSAGE FROM THE DEAN</b>	<b>4</b>
<b>ACCREDITATION OF ACSOM</b>	<b>5</b>
<b>NON-DISCRIMINATION POLICY</b>	<b>6</b>
<b>STUDENT ADMISSION, REGISTRATION AND MATRICULATION</b>	<b>6</b>
<b>Technical (Non-academic) Standards for Admission to ACSOM</b>	<b>6</b>
<b>Process for assessing an applicant’s compliance with the technical standards.</b>	<b>8</b>
<b>Policy on Service Animals</b>	<b>10</b>
<b>Traveling to Dominica with Your Service Animal</b>	<b>10</b>
<b>Service Animals on Campus</b>	<b>11</b>
<b>Requirements for admission and matriculation</b>	<b>11</b>
<b>Admission Process</b>	<b>13</b>
<b>Health Requirements</b>	<b>15</b>
<b>Communications and Contact Information</b>	<b>16</b>
<b>STUDENT AFFAIRS AND STUDENT SUPPORT SERVICES</b>	<b>17</b>
<b>THE OFFICE OF THE REGISTRAR</b>	<b>18</b>
<b>PROFESSIONALISM AND CONDUCT</b>	<b>19</b>
<b>Medical Ethical Behavior</b>	<b>20</b>
<b>Conduct</b>	<b>21</b>
<b>Policy on Academic Standing</b>	<b>23</b>
<b>ACADEMICS</b>	<b>23</b>
<b>Academic Calendar</b>	<b>23</b>
<b>ACSOM M.D. Program &amp; Curriculum</b>	<b>24</b>
<b>(i) Basic Science Curriculum</b>	<b>24</b>
<b>(ii) Clinical Science Curriculum</b>	<b>27</b>
<b>Academic Standards</b>	<b>29</b>
<b>Punctuality &amp; Attendance</b>	<b>32</b>
<b>Policy on Attendance</b>	<b>32</b>
<b>Duty Hours in Clinical Clerkships</b>	<b>36</b>
<b>Grading Policy</b>	<b>37</b>
<b>(i) Basic Sciences):</b>	<b>37</b>

<b>(ii) Years Three and Four:</b>	38
<b>Academic Promotions</b>	39
<b>Academic Remediation Policy</b>	40
<b>National Board of Medical Examiners (NBME)</b>	47
<b>CAMPUS POLICIES</b>	49
<b>Authorized entry &amp; ID Pass</b>	49
<b>Safety and security</b>	49
<b>Dress code</b>	50
<b>Fireworks, firearms and other weapons</b>	51
<b>OTHER POLICIES AND ADMINISTRATIVE PROCEDURES</b>	51
<b>Immunization policy</b>	51
<b>Exposure to blood borne pathogens</b>	52
<b>Photography, Video, and Audio Recording Policy</b>	56
<b>Social Media Policy</b>	56
<b>Penalties and Sanctions for contravention of campus or other non-academic policies</b>	64
<b>STUDENT AND CAMPUS LIFE</b>	65
<b>Student Governance Association (SGA) Interest Groups &amp; Clubs</b>	65
<b>APPENDICES</b>	68
<b>1. Abbreviations &amp; Acronyms</b>	68

# AMERICAN CANADIAN UNIVERSITY SCHOOL OF MEDICINE STUDENT HANDBOOK

Dear Students,

We are thrilled to welcome you to the vibrant and dynamic community of the American Canadian School of Medicine (ACSOM), where your journey towards becoming a compassionate and competent healthcare professional begins. As you embark on this exciting chapter of your life, we extend our warmest greetings and heartfelt congratulations for choosing our institution to pursue your dreams of a career in medicine.

At ACSOM, we believe in the transformative power of education and the profound impact that dedicated individuals can have on the world. Our commitment to excellence in medical education, coupled with our unique Caribbean setting on the island of Dominica, creates an environment where your potential knows no bounds.

**Your Student Handbook:** This handbook serves as your compass through your time at ACSOM. It is designed to provide you with essential information, guidelines, and resources to navigate your academic, clinical, and personal experiences during your medical school journey. Within these pages, you will find valuable insights into our curriculum, policies, procedures, and support services that will help you succeed in our learning community.

While the procedures and policies in the ACSOM Student Handbook reflect the most recent procedures and policies of the American Canadian School of Medicine, they are subject to change. ACSOM reserves the right to change policies, procedures, courses offered, curriculum, academic policy, and tuition schedule. Students will be notified by email regarding any policy changes, which will then be reflected in the updated annual Student Handbook.

**Our Vision and Mission:** At ACSOM, we are committed to the community and healthcare system in Dominica as well as underprivileged communities world-wide. Our MD faculty are dedicated to fostering a learning environment, based on our clinically integrated curriculum that encourages curiosity, collaboration, and a commitment to the highest standards of medical practice that is dedicated to student success. As a non-profit Caribbean medical school, working in unison with the Commonwealth of Dominica, and its local health facilities; we embrace diversity and inclusion as cornerstones of our institution, reflecting the rich tapestry of the region and the global healthcare landscape.

**Your Role:** As students of ACSOM, you are not just acquiring knowledge; you are joining a legacy of healthcare professionals who have made a significant impact on healthcare delivery worldwide. Your journey here will demand dedication, perseverance, and a passion for making a difference in the lives of patients and communities. Remember that you are not alone; our faculty, staff, and fellow students are here to support you every step of the way.

**Embrace the Journey:** Medical school is a rigorous and rewarding experience. While the path ahead may be challenging, it is also filled with opportunities for growth, discovery, and personal fulfillment. Embrace every moment, from your first day in the classroom to your clinical rotations, as they are all integral parts of your transformation into a physician.

**Conclusion:** We are excited to have you as a part of our ACSOM family. Together, we will embark on a transformative journey that will shape your future and impact the world of healthcare. As you dive into this student handbook, keep in mind that it is not just a resource; it is a guide to realizing your potential and fulfilling your dreams.

Once again, the whole ACSOM community welcomes you. We look forward to witnessing your growth, celebrating your achievements, and supporting you in becoming the outstanding healthcare professionals we know you can be.

## **MESSAGE FROM THE DEAN**

It is my pleasure to welcome you to the state-of-the-art American Canadian School of Medicine (ACSOM) in Dominica. It is a challenging time to be a medical student and a physician; but difficult times also present us with a unique opportunity to learn and advance science and medical education. There is no better time to become a physician. The COVID-19 pandemic has revealed the important role of physicians in preventing diseases and promoting health.

The goal of our doctor of medicine program is to serve humanity, by training outstanding and compassionate physicians. This singular focus drives everything we do, from the design of our unique campus to admissions, curriculum, and faculty development.

The education and training you receive during medical school serve as the foundation to becoming a caring and expert physician. You will find that the American Canadian School of Medicine is composed of excellent faculty and provides advanced pedagogical educational platforms, robust clinical experiences, and a modern and comfortable living and learning environment that allows individualized mentoring and great scientific opportunities. Our visiting faculty program offers an opportunity to learn from world-class professionals in small, noncompetitive classroom settings. In addition, our small group discussions, led by full-time dedicated faculty, ensures that you receive personalized instruction.

We hope to challenge you, inspire you, and prepare you for a life dedicated to healing your patients with compassion and integrity, with a strong commitment to the health and wellbeing of your local, national and global communities.

Happy learning!  
Ramin Ahmadi, MD MPH,  
Dean, American School of Medicine

## ACCREDITATION OF ACSOM

Accreditation is a rigorous independent peer-review process that examines in detail all aspects of a medical program.

ACSOM is proud to hold full accreditation from the Independent Agency for Accreditation and Rating (IAAR: <https://iaar.agency/en>) and has been granted preliminary accreditation from The Accreditation Commission on Colleges of Medicine (ACCM: <https://accredmed.org>).

The IAAR is a leading international independent accreditation agency for the quality assurance of education and was founded in 2011. IAAR is registered in the European Quality Assurance Register for Higher Education (EQAR) and is a full member of the European Association for Quality Assurance in Higher Education (ENQA).

The ACCM is an independent not for profit accrediting body based in the Republic of Ireland, and is listed by the The National Committee on Foreign Medical Education and Accreditation (NCFMEA: <https://sites.ed.gov/ncfmea/>) as using standards to accredit medical schools that are comparable to the standards used to accredit medical schools in the United States.

Both of our Accrediting agencies are fully recognized by the World Federation of Medical Education (WFME: <https://wfme.org> ). These accreditations ensure that our graduates can pursue residency training and licensing in the United States. This is key to your future, because after 2024, the Educational Commission on Foreign Medical Graduates (ECFMG: <https://www.ecfm.org>) will issue certification only for degrees from a school accredited by a WFME-recognized agency.

### **Student concerns or complaints regarding ACSOM’s compliance with accreditation standards:**

Any individual who may have concerns regarding ACSOM’s compliance with the standards set by our accreditors can, in the first instance, share their concerns confidentially without fear of retaliation to the Office of Student Affairs. Use this form to communicate your concerns - <https://app.smartsheet.com/b/form/c5f2c6da7c0d405dab3c5e6302656d99>

If the complaint or concern about compliance with accreditation standards cannot be resolved internally, or if the complainant prefers, concerns may be lodged directly with either of our accreditors. ACCM (<https://accredmed.org/contact/>); IAAR ([timur@iaar.kz](mailto:timur@iaar.kz)).

Any individual making such an inquiry or filing a complaint in good faith shall not be subject to retaliation irrespective of final adjudication of the matter. All records of such inquiries or complaints shall be held by ACSOM and subject to review by our accreditors or other regulatory agencies as may be required by law.

## NON-DISCRIMINATION POLICY

ACSOM is committed to a working educational environment in which all individuals are treated with respect and dignity. ACSOM will take all reasonable actions to prevent or remedy any discrimination or harassment on the basis of Age, Ancestry, Citizenship, Colour, Disability, Ethnicity, Gender, Place of Origin, Marital or Family Status.

Though every ACSOM community member for the most part, is free to express an opinion, no matter how controversial, there is a point at which the right to free speech is limited. No individual is entitled to target other individuals with insulting comments based on Human rights grounds.

No person shall engage in a course or obnoxious conduct that is directed at one or more specific individual, based on: race, ancestry, place of Origin, colour, ethnic origin, citizenship, gender, sexual orientation, creed, age, marital Status, family status, disability, receipt of public assistance or record of offences of that individual or those individuals, and that is known to be unwelcome, and that exceeds the bounds of freedom of expression or academic freedom. Hate speech is not tolerated and will be subject to the student conduct process which may result in sanctions up to and including dismissal from ACSOM.

## STUDENT ADMISSION, REGISTRATION AND MATRICULATION

### Technical (Non-academic) Standards for Admission to ACSOM

ACSOM follows the American Association of Medical Colleges ([AAMC: https://www.aamc.org](https://www.aamc.org)) Technical Standards for Admission (Memorandum #79-4).

A candidate for the M.D. degree must have abilities and skills in the five functional areas described below and must have the physical and emotional stamina and capacity to function in a competent manner, and consistent with these standards, in the classroom, clinical and laboratory settings—including settings that may involve heavy workloads, long hours, and stressful situations.

**1. Observation:** The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to anatomic, physiologic, and pharmacologic demonstrations, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision, hearing, and somatic sensation. It is enhanced by the sense of smell.

**2. Communication:** A candidate must be able to speak, to hear, and to observe patients to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team.

**3. Motor:** Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers that comprise a complete physical examination (including pelvic examination). A candidate must be able to perform the basic and advanced clinical procedures that are requirements of the curriculum. A candidate must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds, and the performance of simple obstetrical maneuvers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch, vision, and hearing.

**4. Intellectual:** Conceptual, Integrative and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem-solving, the critical skill demanded of physicians, requires that a candidate be able to learn, retrieve, analyze, sequence, organize, synthesize and integrate information efficiently, and 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:** A candidate must possess the emotional capacity to fully utilize their intellectual abilities, exercise good judgment, promptly complete all responsibilities attendant to the diagnosis and care of patients, and develop mature, sensitive, and effective relationships with patients. Candidates must be able to work effectively, respectfully and professionally as part of the health care team, and to interact with patients, their families and health care personnel in a courteous, professional and respectful manner. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Candidates must exhibit professionalism, personal accountability, compassion, integrity, concern for others, and interpersonal skills including the ability to accept and apply feedback and treat all individuals in a respectful manner, regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status.

Technological compensations may be applied in certain of the above standards, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary, a person trained to perform essential skills on behalf of the candidate, or a person used such that a candidate's judgment must be mediated by someone else's power of selection and observation, is not permitted.

In addition to the abilities and skills set forth above, candidates must possess the general physical health necessary for performing the duties of a medical student and physician in training without endangering the lives of patients and/or employees with whom the student might have contact.



Candidates whose performance is impaired by abuse of alcohol or other substances are not suitable candidates for admission, continuation, promotion, or graduation.

### **Process for assessing an applicant's compliance with the technical standards.**

Applicants are required to attest at the time they accept an offer to matriculate that they meet the University's technical standards. These standards are not intended to deter any student who might be able to complete the requirements of the curriculum with reasonable accommodations.

### **Requests for Accommodations**

Requests from applicants for reasonable accommodations in meeting the technical standards will be reviewed and considered by the ACSOM Student Disability Services Office within Student Services. [studentservices@acsom.edu.dm](mailto:studentservices@acsom.edu.dm) or call 713-970-1055

Students seeking accommodations or disability support services at ACSOM are required to register with Student Disability Services (SDS). While students are welcome to contact SDS directly at any time to discuss or ask questions, the typical registration process is as follows:

#### 1. Make a formal request for accommodations

Complete the application for accommodation(s) via our online program application. We will ask you to provide information about your disability, history of accommodations in an academic context, and make requests for specific accommodations. Information provided is confidential, and only accessible by Student Disability Services. You are encouraged to complete the application and submit documentation (Steps 1 & 2) in advance of your intake appointment.

#### 2. Provide documentation of your disability

SDS developed documentation guidelines assist students with various disabilities and conditions to request the necessary documentation from qualified evaluating professional (QEP). Once you have completed your SDS registration form, you are encouraged to return to the documentation guidelines page for guidance on securing the necessary documents. You are encouraged to send your disability documentation to SDS in advance of your intake appointment. Please review these documentation guidelines and contact our office if you have further questions beyond what is covered there.

#### 3. Contact SDS

Current and prospective students should email SDS to schedule an intake appointment. Appointments can take place via Google Meet.

#### 4. Determination of eligibility and accommodations

SDS takes into consideration the information provided during the intake meeting, your disability documentation, and the requirements of your academic and clinical program to determine your eligibility for services and, if appropriate, recommend specific accommodations. This is an interactive process in which it is essential that you be an active participant.

NOTE: A history of accommodations, or lack thereof, does not necessarily predict the provision of accommodations here at ACSOM. Additionally, any accommodations received at ACSOM does not predict the provision of accommodations on US Licensing exams.

A comprehensive evaluation of the disability should:

Be comprehensive.

Provide specific evidence of the impairment and in most cases, have been completed in the past three years.

Be typewritten on an official letterhead, dated, and signed by the QEP. Certified English translations of non-English documentation are required.

The comprehensive evaluation must include:

Full name, credentials, current title, mailing address, e-mail address, and telephone number of QEP conducting the evaluation.

The presenting difficulty and relevant historical information.

A description of the onset, frequency, intensity, and duration of relevant symptoms as well as the extent to which the symptoms impact your normal abilities across multiple environments (e.g., social, academic, occupational, etc.).

A description of the assessment

procedure and diagnostic tests administered.

A description of your functional limitations due to the disability in the context of an academic environment.

A request for specific accommodations and/or assistive devices along with a rationale for the requests.

If applicable, a rationale as to why accommodations were not requested or required in the past.

If applicable, provide previously approved accommodation documentation from your previous educational institutions, inclusive of the specific accommodations and dates they were provided.

ACSOM may request additional information before rendering an accommodation request decision. Students will receive an email outlining the outcome of the accommodation request. Relevant ACSOM faculty members and colleagues will be made aware of approved accommodations to ensure that they are implemented.

ACSOM will make reasonable efforts to accommodate students with disabilities. However, all accommodations must be pre-approved by the Student Disability Services Office. All requests will be reviewed in a timely manner. We recommend submitting all supporting documentation as soon as possible.

### **Policy on Service Animals**

ACSOM strives to provide equal opportunities and access to the school's academic and extracurricular activities for individuals with disabilities. Therefore, we allow the presence of service animals for students with disabilities.

Under the Americans with Disabilities Act (ADA), a service animal is a dog that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person's disability. A service animal is a working animal, not a pet.

At ACSOM, we follow the ADA requirements regarding service animals:

- A service animal must be vaccinated and licensed as required by local ordinance;
- A service animal must be under the control of the handler at all times;
- A service animal must be harnessed, leashed, or tethered while in public places unless these devices interfere with the service animal's work or the person's disability prevents the use of these devices;
- A service animal should not be allowed to bark repeatedly in a lecture hall, theater, library, or other quiet places;
- A service animal must not present a danger to other people around;
- The handler of a service animal is responsible for the care of the service animal at their own expense. In addition, it is the handlers responsibility to dispose of all animal waste.
- More information about service animals can be found on the ADA website: <https://beta.ada.gov/topics/service-animals/>.

### **Traveling to Dominica with Your Service Animal**

Prior to importing your service animal into Dominica, you must obtain an Import Permit from the Veterinary Department of the Division of Agriculture. Your service animal must be vaccinated with an approved rabies vaccine by an official veterinarian stating type, serial number, date of expiration,

and date of administration, at least 30 days and not more than one (1) year prior to importation of an animal.

- Please read the information about animal importation to Dominica, available at: <https://customs.gov.dm/index.php/trade/imports/animal-importation>

### **Service Animals on Campus**

An approved service animal is allowed to accompany the student during all academic activities, except in laboratories and other areas prohibited explicitly due to health, environmental, or safety hazards. It is your responsibility to seek prior approval for specific areas from the Office of Student Affairs. ACSOM will notify the student with a service animal of those areas of the campus where the presence of the animal may alter the established educational process or may be dangerous for the animal itself.

### **Requirements for admission and matriculation**

It is the responsibility of all accepted students to complete all financial and other requirements prior to class registration. In addition there will be a number of forms and documents that must be completed prior to the start of classes. It is the responsibility of all students to complete all required forms and check their ACSOM student email inbox for all important and official messages from American Canadian School of Medicine.

### **M.D. Program Admission**

All ACSOM applicants are expected to demonstrate a strong history and mastery of core medical science subjects, as well as excellent communication skills needed by physicians to be successful in an ever-changing and challenging healthcare environment.

We admit individuals who are compassionate and committed to the profession of medicine. We encourage applicants who have the potential to excel not only in the classroom, but also possess personal attributes that align with our mission and the benefit of the healthcare community.

1. A bachelor's degree is required. There is no major requirement as long as the required courses listed below have been completed.

2. Required courses:

- Two semesters of biology with labs
- Two semesters of general chemistry
- One semester of organic chemistry
- One semester of algebra or biostatistics
- One semester of physics.

ACSOM has aligned our prerequisites with the 15 core competencies endorsed by the Association of American Medical Colleges (AAMC) for entering medical students. We look for these pre-professional competencies in your undergraduate education records and accomplishments. Please note that while some of these competencies are obtained in the context of a course, we view these as competencies you have developed through life experience, and not as specific course requirements.

(i) AAMC Pre-Professional Competencies (for the source of these competencies below see: <https://www.aamc.org/>).

(ii) Medical College Admission Test (MCAT)

For the 2023 application cycle, the MCAT exam will be optional for those who have not yet taken the exam. We will consider and accept applicants without MCAT scores. If an applicant already has a MCAT score, or has a pending MCAT score, it will be considered by the Admissions Committee. We encourage students to apply with a MCAT score of 500 and above; once your full application and verified credentials are received, all admitted students will be considered for a partial or full tuition scholarship based on academic merits, leadership, experience, research, and volunteerism. Although we can accept an initial application with a pending MCAT score, the final score will be used as part of a holistic review of the completed application. Therefore, an admission decision will not be granted until the MCAT score has been successfully submitted.

Students who do not attain a 495 and above MCAT score criteria may still be considered for admission with a demonstrated excellence in academic performance and civic achievement.

(iii) College Transcript

Official college transcript sent directly from the undergraduate institution that you attended.

(iv) Two Letters of Recommendation

(v) Resumé

This document must contain all of your accomplishments, degrees, publications, research, extracurricular activities, and interests. There should be no significant lapses of time.

(vi) Proof of English Language Proficiency for Non-Native English Speaking Students Only

This requirement can be met by taking either the TOEFL or the IELTS tests.

- The Test of English as a Foreign Language (TOEFL)—This test measures the ability of nonnative speakers of English to use and understand English as it is spoken, written, and

heard in college and university settings. The minimum acceptable score is 550 on the paper-based test or 213 on the computer-based test.

- International English Language Testing System (IELTS)—This test measures the ability to communicate in English across all four language skills—listening, reading, writing and speaking—for people who intend to study or work where English is the language of communication. The IELTS score above 6.5 will be acceptable for admission.

#### (vii) Criminal Background Check

Every student applying to ACSOM must disclose all criminal convictions, academic suspensions/expulsions, and civil suits at the time of applying. Once accepted, an official criminal background check will be conducted. Please keep in mind, a criminal conviction will most likely prevent someone from obtaining a license to practice medicine or participate at clinical training sites. In addition, ACSOM is committed to keeping the campus a safe learning environment. Continuing students must also complete a criminal background check before starting clinicals. All continuing students should report any criminal charges while enrolled in classes, participating in clinicals, or on break. Failure to report this information could result in dismissal from ACSOM. This applies to students on leave as well.

### **Admission Process**

The American Canadian School of Medicine's admission requirements are similar to medical schools throughout the U.S. and Canada, per Liaison Committee on Medical Education (LCME) guidelines. The Admissions Committee considers many factors in a holistic approach as relevant predictors of a medical student's potential performance. However, the Committee must be fully satisfied that the applicant has sufficient experience and characteristics to be able to excel at ACSOM, and maintain a fulfilling career as a physician.

There is a comprehensive review executed by the faculty-lead Admissions Committee with student representation. All components of the admission packet are thoroughly reviewed. In addition to the documents submitted, an interview will be conducted. The interview provides an opportunity to dive deeper into our understanding of the applicant and determine qualitative characteristics that give a broader assessment beyond quantitative assessments.

All applications must disclose any felony or misdemeanor convictions on your record. In addition, students should report any civil lawsuits they have been a party to. ACSOM must be notified within 10 days should anything change on your record after applying to the program. Failure to do so could result in dismissal from the program.

## Decision

Applicants should expect to receive written notice of the Admissions Committee's decision within 14 days of their interview.

## Transfer Students

- ACSOM does not accept transfer students directly into the basic science years of the curriculum. They are treated and should apply as a new applicant in Basic Sciences.
- Students wishing to transfer directly to the Clinical Rotation program will need to have passed the United States Medical Licensing Examinations (USMLE) Step I or MCCEE and could be required to complete basic science courses per recommendation of the Admissions Committee.
- Official and current transcript(s) from medical school(s) attended must be provided.

## Acceptance

Upon being accepted to ACSOM, a student will receive an acceptance letter along with a contract by mail. Students are required to complete their student profile and several forms from the Office of the Registrar ([registrar@acsom.edu.dm](mailto:registrar@acsom.edu.dm)). These should be completed prior to arrival in Dominica.

- Please be aware, a student can lose their acceptance status and be dismissed from the program should it later be discovered they submitted false documents or statements during the application process.

## Required Documentation

### Student Health Insurance

All students attending ACSOM are required to have health insurance. Mandatory health insurance will be included in your tuition and fees. However, you will still be required to pay for health insurance. Once the waiver is approved you will be refunded the health insurance premium.

## Billing & Payments

ACSOM requires all students to make a payment 1 month before the commencement of the academic year. Details of tuition and fees, other costs, scholarships and financial aid are published on the school's website (<https://www.acsom.edu.dm/tuition>). Tuition and fees for all four years of study of the M.D. program are subject to change.

## Adherence to Payment Due Dates

All tuition and fees must be paid by the required due date. Failure to pay by the established due date will result in an additional late payment penalty. A student may be administratively withdrawn from courses until payments are made if payment is excessively delinquent.

### Late payment penalties

Late payments will be subject to an 18% late fee on the unpaid balance. All ACSOM privileges are contingent upon all tuition and fees being paid in full. Please be proactive and contact the Bursar's Office to resolve any outstanding balances.

## Health Requirements

### Vaccination Requirements

Proof of vaccination is an absolute necessity for ACSOM students. A vaccination record form will be provided by the Student Support Services Office to be completed by your healthcare provider. Please find the list of required vaccinations below.

Required vaccines	<a href="#">Chickenpox (Varicella)</a> <a href="#">Diphtheria-Tetanus-Pertussis</a> <a href="#">Flu (influenza)</a> <a href="#">Measles-Mumps-Rubella (MMR)</a> <a href="#">Polio</a> <a href="#">COVID-19</a>
Recommended	<a href="#">Hepatitis A</a> <a href="#">Hepatitis B</a> <a href="#">Typhoid</a>

Dominica is free of dog rabies. However, rabies may still be present in wildlife species, particularly bats. The CDC recommends rabies vaccination before travel only for people working directly with wildlife. These people may include veterinarians, animal handlers, field biologists, or laboratory workers working with specimens from mammalian species.

ACSOM is guided by the Centers for Disease Control and Prevention (CDC) guidelines on vaccination and disease prevention for travelers to Dominica:

(<https://wwwnc.cdc.gov/travel/destinations/traveler/none/dominica>).

### Student Recognition of Risk



As a medical student at ACSOM, you recognize, acknowledge and assume responsibility for the inherent risks of adverse health events due to the nature of the general training and the specific clinical patient care environments. These risks may include, but are not limited to, occupational hazards and injuries, the transmission of communicable diseases, blood-borne pathogen exposure, emotional stress, and bodily injury.

## **Communications and Contact Information**

Upon enrollment and registration, each student is allocated a unique email address (...@acsom.edu.dm) and must use this address in all communications with faculty, administration, or other students when conducting University business or engaging in online learning activities that require email communication.

- **All official communications between ACSOM and enrolled students are made by electronic mail (email).**
- **ACSOM will not recognize or record personal email addresses for communications with enrolled students. It is the student's responsibility to check their ACSOM email account on a regular (at least daily) basis.**

Students on a leave of absence from ACSOM or those students who may be temporarily withdrawn from the University may retain their email address to facilitate communication of re-enrollment requirements and other outstanding business with ACSOM.

Additionally, informational announcements may be made via the ACSOM Learning Management System (LMS) – “Canvas” (<https://gmed.instructure.com/login/canvas>), or on the University's website (<https://www.acsom.edu.dm>). Again, students are advised to check these sites regularly as students are expected to know.

MedHub is a web-based undergraduate Medical Education management platform designed to house, document, track, and monitor program activities including scheduling, and management of course and faculty evaluations, which are required for programmatic and institutional accreditation. MedHub supports medical student evaluation and assessment activities, course evaluations and 3rd and 4th year course scheduling. Website: <https://acsom.medhub.com/index.mh>.

All users of ACSOM's technology, including email accounts, are expected to adhere to the guidelines for proper and professional use. All communications within the ACSOM system should be within the student code of conduct and fitting of a future medical doctor. ACSOM has the right to monitor and review all communications sent within the system.

Violations of this policy may result in the closure of email accounts, loss of technology access, and disciplinary action including withdrawal from the program. Please see the Information Technology section for more information.

You should maintain emergency contact information within your student profile and update any changes every term or as requested by the Registrar. In addition, as students move to clinical sites it is their responsibility to ensure their contact information is kept up to date.

## **STUDENT AFFAIRS AND STUDENT SUPPORT SERVICES**

Like many medical schools, at ACSOM, "Student Affairs" and "Student Support Services" are distinct offices with different responsibilities that nevertheless work cooperatively to provide different types of support and resources to students.

### **The Office Student of Affairs (OSA) is primarily responsible for:**

- Academic Support: overseeing academic-related aspects of student life, such as curriculum planning, academic advising, and student progress tracking.
- Student Organizations: managing and supporting student academic organizations, including medical student associations, clubs, and societies.
- Student Conduct: enforcement of academic and professional conduct policies and addressing any issues related to student behavior or ethics.
- Career Development: assisting students with career planning, residency placements, and job searches after graduation.

The OSA can be contacted through [Studentaffairs@acsom.edu.dm](mailto:Studentaffairs@acsom.edu.dm)

### **The Office of Student Support Services (OSS: including the Registrar's Office) is primarily responsible for:**

- Student Well-Being: focusing on the overall well-being of students, including physical and mental health support, counseling services, and wellness programs.
- Administrative Support: providing administrative assistance for enrollment, registration, and academic transcript and co-curricular transcript services.
- Financial Aid: handling financial aid and scholarship programs, helping students navigate the financial aspects of their education.
- Housing and Accommodations: management of accommodation facilities and related services.
- Student Disability Services: assisting students with disabilities by providing accommodations and support services to ensure equal access to education.
- Extramural activities, events and clubs

The OSS can be contacted through [studentservices@acsom.edu.dm](mailto:studentservices@acsom.edu.dm)

You must familiarize yourself with the specific offerings and resources available through both offices to make the most of your ACSOM experience.

## THE OFFICE OF THE REGISTRAR

### University use of Student information:

ACSOM follows the U.S. Department of Education guidelines detailed in the Family Educational Rights and Privacy Act (FERPA).

FERPA is a federal law that affords parents the right to have access to their children's education records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records. When a student reaches the age of 18 years old or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the student ("eligible student"). The FERPA statute is found at 20 U.S.C. § 1232g and the FERPA regulations are found at 34 CFR Part 99:

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

(i) The right to inspect and review the student's education records:

Students have the right to review their education records within 45 days of the day the institution receives their request. Students should submit a physical written request that identifies the record(s) they wish to inspect to the Office of the Registrar. The institution official will make arrangements for access and notify the student of the time and place where the records may be inspected.

(ii) The right to seek amendment of inaccurate or misleading information:

Students may ask the institution to amend a record that they believe is inaccurate or misleading. They should write to the official responsible for the record, clearly identify the part of the record they believe should be changed and specify why it is inaccurate or misleading. If the institution decides not to amend the record as requested by the student, the student will be notified of the decision and advised of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when they are notified of the right to a hearing. Following the hearing, if the institution still decides not to amend the record, the student has a right to place a clarifying statement in the record.

The right to limit disclosure of personally identifiable information:

ACSOM will not release any educational records without written consent from the student. If students want parents or other family members to access their educational records, they must complete an authorization form and submit it to the Office of the Registrar.

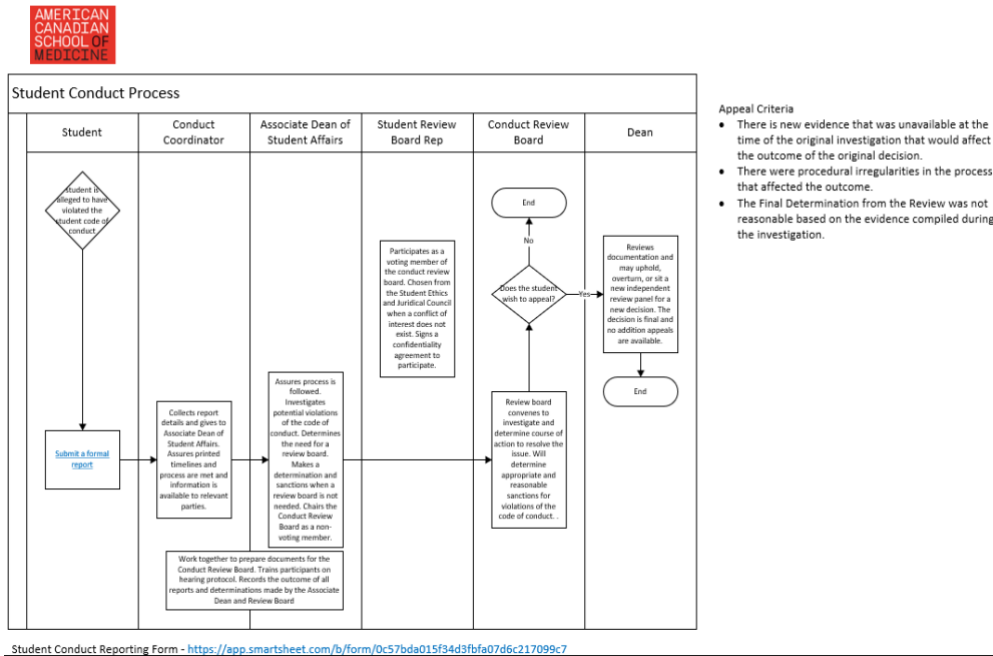
The Office of The Registrar can be contacted through [registrar@acsom.edu.dm](mailto:registrar@acsom.edu.dm).

# PROFESSIONALISM AND CONDUCT

The American Canadian School of Medicine is dedicated to providing high-quality modern medical education opportunities for its students and advancing medical knowledge and skills of future physicians.

Students must be professional and adhere to the Code of conduct, as well as Diversity, Equity, and Inclusion Policy. Any potential breach of the Code of Conduct may result in an investigation and administrative review. Potential disciplinary measures, up to and including dismissal from the school may be an outcome of an administrative review.

## Administrative Review Process:



Each new student is assigned a Faculty Advisor by the Office of Student Affairs and will normally be contacted by their assigned Faculty Advisor upon arrival in Dominica. The Faculty Advisor will be assigned to your designated small group and will assist and guide you throughout your training at ACSOM. Your advisors are closely involved in your teaching, learning, assessment, and professional development.

Faculty Advisors’ assessments and their academic report summaries are filed with the Dean of Academics (e.g. Dean’s Letters/Medical Student Performance Evaluation (MSPE)). A professional relationship with your faculty advisor is key to your success at ACSOM.

To accomplish these objectives and responsibilities, ACSOM must maintain a safe learning environment that is inclusive of a diverse group of future physicians. Students are required to maintain a high level of civility, maturity, and ethical behavior.

The importance of a physician's social conduct dates back to the Oath of Hippocrates. One of the most important aspects of a medical student education is developing a lifelong commitment to a code of ethics, and maintaining an attitude and behaviour that are fundamental to medical professionalism.

We expect all of our medical students to recite and sign the ACSOM medical student Honor Code Pledge. Students will be required to verify acceptance by endorsing the Honor Pledge. **Registration will be blocked until this has been completed.** This applies to all ACSOM students, without exception.

### **Medical Ethical Behavior**

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct that define the essentials of honorable behavior for the physician.

- I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.
- V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
- VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

IX. A physician shall support access to medical care for all people.

<https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/principles-of-medical-ethics.pdf>

## **Conduct**

Students are expected to provide utmost effort, including not leaving a clinical or classroom setting before making sure there is minimal risk to patients' lives. Remember, patient safety and well being comes above anything else.

- It is a student's responsibility to understand all duties in the classroom and clinical setting. This includes completing all assigned tasks and responsibilities.
- All students are expected to be in their assigned location on time, ready to engage, as well as keeping safety of themselves and others the top priority.
- It is a student's responsibility to timely notify their supervisor if there is an issue and work with them for an effective solution.
- Students are required to inform their supervisor or a faculty member in the event of an absence.
- All patients should be treated with respect and a high level of care. This also includes patients' family members.
- Students should be sensitive to their patients' needs and do their best to avoid offending them.
- Never interact with a patient or administer care while intoxicated or under the influence of drugs or alcohol.
- Never engage in a sexual, romantic or inappropriate relationship with a patient—even if consensual.

## **Conduct violations**

Any student found to have engaged in the following acts of misconduct may be subject to review. This is not an exhaustive list.

- Acts of dishonesty, including but not limited to the following:
  - Furnishing false information to any official, faculty member or office
  - Forgery, alteration or misuse of any official document, record, or instrument of identification

- Computer piracy, including duplication of computer software, copyright infringement and unauthorized computer entry
- Disruption or obstruction of the educational environment, research, administration, disciplinary proceedings and/or other activities, including functions on or off campus.
- Physical abuse, verbal abuse, threats, intimidation, and harassment including, but not limited to, sexual harassment, gender-based harassment, coercion and/or other conduct that threatens or endangers the health or safety of any person, either on or off campus or any university-sponsored activity.
- Attempted or actual theft of and/or damage to ACSOM, community members, other personal or public property.
- Gambling on premises, at university functions or through the use of university equipment.
- Failure to comply with directions of university officials or law enforcement officers acting in the performance of their duties.
- Failure to identify oneself to these persons by producing an university issued ID or other recognized form of ID such as a driver's license or state issued ID when requested to do so.
- Unauthorized possession, duplication, use of university keys, or unauthorized entry to or use of university premises.
- Unauthorized recording of conversations, telephonic or otherwise. Students may not record conversations without notifying and obtaining permission of the conversation participants prior to initiating the recording.
- Violation of published policies, rules or regulations.
- Violation of federal, state, or local law on university premises or at university-sponsored or supervised activities, or other violation of federal, state, or local law which has an adverse effect on the ACSOM community.
- Illegal or unauthorized possession of firearms, explosives, other weapons or dangerous materials.
- Aiding, abetting, or inducing another to commit a violation of the Professional Code of Conduct.
- Conduct that is provocative, aggressive or in violation of the ACSOM standards for professional behavior, including but not limited to:
  - Communicating any messages that contain derogatory statements about any group, race, or ethnicity.
  - Communicating any inflammatory statements related to personal, political, religious, or ethical views.
  - Communicating any message that contains aggressive, abusive, or profane language against members of administration, staff and faculty, students, or any other members of the community.

## **Policy on Academic Standing**

The purpose of this policy and defining “good academic standing” is to ensure satisfactory academic progress and financial aid eligibility. The policy assists in patient safety and maintaining strong clinical affiliations. Furthermore, it defines an institutional policy regarding time limits for degree completion and ensuring the institution’s core competencies are met.

### **Good Standing**

All students who are in good standing are currently enrolled or are eligible to be enrolled and that the student is current with all financial obligations met and is free of any civil or criminal infractions.

.Good academic standing means a student has met all passing grades and obtained all needed training certifications (health, basic life support (BLS)/advanced cardiac life support (ACLS), Health Insurance Portability and Accountability Act (HIPAA), etc.). Any student subject to any form of formal disciplinary action is not in good standing.

### **Good Standing is required for seeking approval for:**

- Away rotations.
- Externships.
- Sitting for USMLE or Canadian Board examinations.
- Obtaining an MSPE (Dean’s Letter) for application to Residency Match in the U.S. or Canada.

## **ACADEMICS**

### **Academic Calendar**

The ACSOM academic calendar is posted on our Learning Management System (LMS: Canvas) . It is the responsibility of students to remain aware of the required components and activities associated with our education program. Detailed schedules for teaching activities are provided on Canvas in the detailed course syllabi. Attendance is required at all scheduled academic (including orientation) activities and events including assessments from the first to the last published date in each semester, excluding break periods. During the clinical phase (years three and four) of the program, students are expected to comply with defined attendance and patient care activities as defined at the clinical site.

ACSOM does not observe any religious or national holidays of Dominica, the US or Canada that fall during semester teaching time.



## **ACSOM M.D. Program & Curriculum**

### **Goals of the Programme:**

The ACSOM medical education programme is intended to prepare students for postgraduate (Graduate Medical Education) work in all potential residencies of interest in North America and elsewhere in the world. The M.D. curriculum at ACSOM is delivered over four years. Two years of basic science prepares students for their clinical experience in years three and four.

Oversight of the curriculum and its delivery is by the Curriculum Committee composed of faculty and student members (elected by SGA). The role of the curriculum committee is to use an evidence based approach using student outcome data as well as evaluations of the modules along with other appropriate inputs to make informed consideration and if necessary changes to the curriculum, its organization and delivery if judged to likely enhance the quality of the student educational experience and their success.

### **(i) Basic Science Curriculum**

The structured learning experience combines the academic and clinical environment with a community living experience that complements your medical education. This academic environment allows medical students to engage in a high-quality medical curriculum that prepares them for national examinations such as USMLE and Medical Council of Canada Qualifying Examination (MCCQE), while having time to gain global health experience and explore a new culture.

#### **Year 1**

This year is built upon six master courses and two longitudinal treads. Each course is taught in 4-7 weeks. The treads run for the whole year. The Introduction to Clinical Medicine longitudinal course offers an early clinical experience to students, who begin to participate in standardized and cyber patient activities. First-year students attend one afternoon every two weeks for 12 months. This provides an opportunity to learn hands-on from a healthcare team and patients, in a longitudinal experience.

#### **Module 1: Foundation of Medical Sciences**

The goal of the Foundations of Medical Sciences course is to review molecular bases of life and prepare students for further studies. During this course, you will develop basic knowledge in 6 fundamental disciplines:

- Biochemistry
- Molecules, Cells/Tissues
- Pathology
- Genes and Development
- Oncology
- Basic Pharmacology

### Module 2: Attack and Defense

This course is dedicated to immunology and microbiology. It is built on the previous block and reviews all key concepts in these two areas. The course introduces students to basic immunology, virology, and microbiology, with priority placed on understanding the fundamentals of these disciplines and examples relevant to clinical and diagnostic medicine.

### Module 3: Skeletal Structure and Function

In this 4 week block, students will learn several of the most common conditions including pathophysiological features, diagnosis, and basic management options. The first two weeks are dedicated to skin and adnexal disorders. The second half of this block considers muscle and bone disorders.

### Module 4: Homeostasis I

This course focuses on the general aspects of the heart and circulatory system. The first portion concentrates on the erythrocyte life cycle and function, while the second around platelets, bleeding control, and homeostasis. Finally, the third portion of the course focuses on the heart and the blood vessels describing structure, function, physiology, and pathophysiology within the cardiovascular organ system. Many of the common conditions related to heart and vascular disease will be covered during this course.

### Module 5: Homeostasis II

This course is designed to focus on the general aspects (such as development, physiology and pathophysiology) of the pulmonary, renal, and urinary systems and acid-base disturbances. The first portion includes basic sciences concerning the respiratory system. The next portion of the course concentrates on a renal and urinary system overview. The final section focuses on acid-base disturbances.

### Module 6: Energy and Metabolism

This course provides a thorough experience in gastroenterology and hepatology focusing on students attaining knowledge of the pathophysiology, molecular pathogenesis, and clinical management of diseases and exposure to current research in the field. This course also covers metabolism, hormones, and nutrition.

### **Longitudinal Courses\***

There are two longitudinal courses that will interweave throughout the year:

- Anatomy Lab (Micro and Macro Anatomy).
- Being a Doctor: Introduction to Clinical Medicine and Professional Identity Formation and Development.

During “Being a Doctor: Introduction to Clinical Medicine and Professional Identity Formation and Development,” students will gain the ability to engage and communicate with patients in our standardized patient program, virtual patients of our unique CyberPatient program, as well as patients in our local teaching hospital and ambulatory clinical setting. Students will learn how to develop a student-patient relationship and communicate with others using interpersonal skills to build relationships for the purposes of information gathering, guidance, education, support and collaboration. The course will help students to practice medical professionalism and learn about important topics such as altruism, accountability, communication skills, humanism in medicine, interprofessional collaboration, and ethical and legal aspects of medicine.

The Anatomy Lab Course (Micro and Macro Anatomy) uses an integrative approach to teaching anatomy. The Anatomy Lab curriculum follows along smoothly with core morning courses and allows a deeper understanding of human anatomy in correlation with normal and pathologic processes occurring in the human body. Anatomy Lab classes are inclusive of various imaging techniques used in medical practice, along with physical examination with peer-to-peer, hands-on experience for versatile and profound comprehension of anatomy.

\*Year 1 longitudinal courses continue during Year 2. Intensive practice and USMLE preparations are added this year to ensure students are successful in passing their exam and starting their third-year clerkship experience.

## **Year 2**

This year includes 6 courses and 2 longitudinal treads. Each course is 5-10 weeks long and treads run throughout the year.

### **Module 1: Adaptation and Reproduction**

This course will focus on the endocrine and reproductive systems, specifically, the cellular and physiological functions of hormones in both health and disease. Emphasis will be placed on understanding the underlying principles of endocrinology and mechanisms involved in hormone regulation.

### **Module 2: Sense and Sensibilities**

This is a dedicated neuroscience unit that covers the central and peripheral nervous system and its related physiology, pathology, and pharmacology. It integrates these studies with the discipline of behavioral science and includes an introduction to clinical psychiatry. This course overlaps with Anatomy Lab to maximize students’ immersion in the discipline.

### **Module 3: Generations**

This course is designed to focus on embryology, pediatrics, and geriatrics’ general aspects. It is divided into three large parts. The first portion includes embryological development. The second portion of the course focuses on pediatric aspects, from newborns to adolescents. And in the last

days of the course, some geriatrics will be covered, such as health care planning, medication management and atypical presentations of diseases.

**Module 4: Community-Based Medicine, Public Health and Health Policy**

This course provides students with a better comprehension of the North American healthcare system, including policy, cultural biases, and legal and social determinants of health.

**Module 5: Preparation for Clerkships**

This course is meant to prepare students for their clerkship by combining simulation with regular class instruction in medical decision-making and development of procedural competencies.

**Module 6: Clinical Reasoning and Critical Thinking**

Students will become acquainted with the process of clinical reasoning including its heuristics, different approaches, learning and teaching methodologies and the sequence of problem-solving. Trainees will also learn how to recognize and monitor cognitive biases.

**(ii) Clinical Science Curriculum**

**Year 3**

This year provides students with core knowledge of the basic clinical medical, psychiatric, and surgical fields, each student will complete required rotations in:

Surgery (12 weeks)

Medicine (12 weeks)

Pediatrics (6 weeks)

Psychiatry (6 weeks)

Neurology (6 weeks)

and

Obstetrics & Gynecology (6 weeks).

Students complete these rotations at the American Canadian School of Medicine teaching hospitals and healthcare facilities. Current hospitals include:

1. Mission Community Hospital in Panorama City California (Joint Commission Accredited)



## 2. CHA Hollywood Presbyterian Medical Center, Los Angeles (Joint Commission Accredited)



## 3. LA Downtown Medical Center Los Angeles



The agreements provide for the provision of required rotations in Family Medicine, Psychiatry, OB/GYN (all of 6 weeks duration) and Internal Medicine and General Surgery (both of 12 weeks duration). The hospitals will also provide elective rotations (TBD) for our fourth-year students.

### **Year 4**

This year prepares each individual for the transition to residency training in North America. Required senior rotations include acute care medicine (4 weeks), sub-internship requirement (8 weeks), and an additional 4 weeks in medicine and 4 weeks in either Surgery/OB/Pediatrics subspecialties. Students complete these rotations at the American Canadian School of Medicine teaching hospital and healthcare facilities. International rotations will be contracted with specific teaching hospitals and facilities in the U.S. and Canada in the future and scheduled through ACSOM for qualified students.

The Global Health Requirement is 6 weeks and offered along with the ACSOM online Tropical Medicine and Emerging Infection course. These requirements stem from the belief that tomorrow's medical graduates need to have 'global health' competencies to effectively manage emerging epidemics and pandemics.

## Academic Standards

### Overview and Expectations

As a future physician, active participation in all components of the ACSOM education program is fundamental to your career pathway. A medical education is a highly demanding endeavor and requires a greater commitment than you will have experienced in your previous undergraduate studies.

Attendance is mandatory for all classes, clinicals, and group activities, as well as for all assessments and Observed Structured Clinical Exams (OSCEs). ACSOM utilizes a wide variety of assessment types.

### (i) Assessments

#### Assessment tools for pre-clinical years (1 & 2)

1. USMLE-type Multiple-Choice Questions (MCQs)
2. Case-based discussions: Evaluation of students' ability to apply their knowledge to real-life patient scenarios.
3. Clinical case presentation
4. OSCE (Objective Structured Clinical Examination)
5. Practical exams and skills assessments
6. Online quizzes and self-assessments
7. Clinical simulations and standardized patient encounters
8. CyberPatient™

#### Assessment tools for the clinical years (3 & 4):

ACSOM students undergoing clinical clerkships during the 3<sup>rd</sup> and 4<sup>th</sup> years will be continuously assessed in an inclusive and effective way including formative, diagnostic, and/or summative approaches including:

1. Clinical rotations: Evaluation by supervising physicians and residents on the students' ability to perform patient care tasks, communicate with patients and other healthcare professionals, and demonstrate their understanding of the medical information.
2. Standardized Patient Encounters: Evaluation of students' communication and examination skills through interactions with actors trained to simulate patients.
3. OSCEs (Objective Structured Clinical Examinations): Evaluation of clinical skills and knowledge through a series of structured patient encounters.
4. Case-based discussions: Evaluation of students' ability to apply their knowledge to real-life patient scenarios.
5. Clinical Presentations: Evaluation of students' ability to present patient cases and their

diagnostic and treatment plans effectively.

6. Written exams: Evaluation of students' knowledge of the medical information and their ability to apply it to real-life patient scenarios.

Clinical clerkship assessment will consist of the following:

- Mid-clerkship feedback
- Final summative assessment
- Final formative assessment
- National Board of Medical Examiners (NBME) shelf exam

For each student, there will be one Medical Student Clinical Assessment Form which is submitted within 30 days of the end of each clerkship or elective. This assessment form is to be completed at the end of each clinical clerkship (twelve-week core clerkship, six-week core clerkship, four-week clerkship, or a four-week elective).

Individualized mid-clerkship feedback after 2 weeks of every core clerkship or elective is required for all students; a formal mid-clerkship review and a written remediation plan will be provided for any student whose performance is deficient (defined as either below expectations or failing).

Summative assessments are used at the end of each clerkship and electives to determine whether students have mastered the specific (ACGME) competencies and entrustable professional activities (EPAs).

The final formative assessment will be used for the self-improvement of the student and will not be included in the final Medical Student Clinical Assessment Form. A comment section is provided at the end of each form for the clinical educator to fill in.

The National Board of Medical Examiners (NBME) shelf exam is used as the final examination on the last day of the core clerkship to measure knowledge gained during the clerkship experience. The NBME final examination is a standardized exam with 110 multiple-choice questions that is returned to the NBME for scoring.

**Rating scale:**

**Exceeds expectations:** Is an advanced student who functions consistently at a level higher than is usual for this stage of training.

**Meets expectations:** Is a capable student who performs consistently at a level appropriate for this stage of training with no serious weaknesses with respect to that specific clinical skill or category.

**Below expectations:** Falls short of adequate performance in a specific clinical skill or category. Has weaknesses that need addressing. May have received mid-clerkship feedback identifying the relevant issues and have made a partial remedial response. For any student who receives this rating

in one or more areas, this assessment form must include a specific description of the feedback given to a student, level of response, and areas in need of further remediation.

**Fail:** A student has serious weaknesses. A student falls substantially short of adequate performance in this category. May have received mid-clerkship feedback identifying the issues, but has not subsequently acted on it or improved. For any student who receives this rating in one or more areas, this assessment form must include detailed comments to identify and describe the issues, feedback provided, and persistent problems.

### **Formative & Narrative Assessments**

Throughout the courses, and clerkships, students are provided with regular, formative and narrative feedback on their performance. In the basic science courses this feedback takes the form of Periodic tests administered to assess students' knowledge and understanding of the module material. These assessments may consist of multiple-choice questions, short answer questions, or clinical case scenarios.

- Regular quizzes will be conducted to gauge students' comprehension of specific topics covered in the module. These quizzes may be administered online or in class and will typically consist of a few questions to assess understanding.
- Assignments:
- Assignments and essays may be assigned to assess students' critical thinking, research skills, and ability to synthesize information. These assignments may require students to analyze case studies, write literature reviews, or develop research proposals related to energy metabolism in gastroenterology.
- Small Group Sessions and Discussions:
- Active participation in small group activities, discussions, and journal clubs will be evaluated to assess students' ability to collaborate, communicate, and apply their knowledge to practical scenarios. Faculty members may observe and provide feedback on students' contributions during these sessions.
- Laboratory or Practical Assessments:
- If applicable, laboratory or practical assessments may be conducted to evaluate students' hands-on skills, data analysis, and understanding of experimental techniques.

### **(b) Summative (Final) Assessments**

The concluding assessment for modules will normally consist of MCQs designed in a manner similar to the USMLE format. This assessment aims to offer an all-encompassing readiness for the board exams. To successfully complete the module, students are anticipated to achieve a passing score of 70% or higher.



## **Punctuality & Attendance**

As a future physician, it is expected that you arrive on-time ready to fully engage in the activity at hand, keeping your safety and that of others a top priority. Students are expected to be on time for all course and clinical assignments, and assessments, ready to perform at a high level.

Chronic tardiness will not be tolerated as it becomes a burden to others. Failure to correct the issue will result in consideration by the CAP and may result in dismissal from the program.

### **Arriving Late for or Missing a designated academic activity**

If a student is late for a scheduled activity (lecture, small group, lab or assessment) they may be denied admission to the activity and the absence classed as unexcused (p 33). Any unexcused absence from an assessment will result in a grade of "F" and count towards the final average of the course. **This will also be reported to the Committee on Academic Progress (CAP).** Unexcused absences from National Board of Medical Examiners (NBME) or Objective Structured Clinical Examination (OSCE) exams will result in the student being charged for any additional costs associated with rescheduling of the examination.

## **Policy on Attendance**

The ACSOM attendance policy is crucial for maintaining the academic integrity and professionalism of students. This policy is designed to encourage regular attendance at all designated academic events while also recognizing that unforeseen circumstances may arise.

Being a professional in training, requires that students always conduct themselves appropriately in all curricular activities. It is important that students appreciate that absence or tardiness negatively impacts many other people. This means attending all designated sessions punctually and being prepared to commence the activity at the appropriate time. Attendance, including lateness, is part of the evaluation for professionalism, and poor evaluations may result in decreased grades and, in extreme cases, referral to the CAP. Information regarding attendance requirements in specific courses are provided in individual course syllabi. The required attendance for each session will vary with each course or clinical clerkship.

### **Excused Absences:**

- Excused absences are granted for valid and documented reasons, such as medical illness, personal emergencies, family emergencies, or participation in official medical school events.
- Students are required to notify the appropriate authorities (e.g., Group instructor, Module coordinator, Campus dean) in advance or as soon as possible when they anticipate an absence or encounter an unexpected situation.
- Students should provide relevant documentation (e.g., medical certificates, official letters) to support the legitimacy of the excuse.

- All excused absences must be made up.

### **Unexcused Absences:**

- Unexcused absences refer to any absence that does not meet the criteria for excused absences. Examples include skipping class without a valid reason or failing to notify the appropriate authorities in advance.
- The policy permits a maximum of **two unexcused sessions** for each module. If a student accumulates three and more unexcused absences, it will result in the Module failure. Regular unexcused absences may result in the Module failure and/or dismissal from the school pending evaluation by the course director and the academic progress committee.
- All unexcused absences must be made up.

### **Duration of absences:**

For an absence in excess of five but fewer than ten working days, A student must apply to the module director and Dean of Student Affairs for a period of extended absence. Absence periods in excess of 10 working days, requires the student to apply for a Leave of Absence (LOA: p 35).

### **Remediation Work and Assignments:**

- For any absences, students are required to make up missed work, exams, or assignments within a reasonable timeframe, as determined by the module coordinator or group instructor.
- Failure to complete the make-up work will result in the module being marked as failed.
- Arranging the time and supervision for a make-up session with your instructor is solely the student's responsibility. Instructors will be available to help meet this requirement.

### **Missed Assessments:**

Absence from End of Module Summative Assessments (EMSA) or Practical Exams:

Students are expected to complete all examinations on the dates and times given in the module syllabus and Canvas calendar.

In the event that the student is given an excused absence that prevents a student from completing an EMSA on the original scheduled date and time, students may request and be given approval from the Module Leader & Dean of Student Affairs to sit for a missed examination on an alternative date.

Students who miss an EMSA or practical examination due to extenuating circumstances must provide documentation of the circumstances to the Module Leader & Dean of Student Affairs **within 24 hours of the missed assessment.**

Students approved for a remediation assessment must be prepared to sit for the remediation assessment within seven calendar days from the original exam date.

(iii) Following approval, the time and remediation exam date will be scheduled by the module Director and this date is non-negotiable.

(iv) In the event where a remediation request is not approved, or the student fails to appear for the remediation exam at the scheduled date and time, the student will receive a score of zero for that missed examination.

### **Leave of Absence (LOA)**

As described in our attendance policy, students are expected to attend all designated academic class, and activities, and fulfill all curricular requirements for their course of study. ACSOM recognizes, however, that some students may encounter circumstances that prevent them from fulfilling all requirements for their program of study within the prescribed timeline. ACSOM has therefore established policies that allow arrangements for students to be able to complete their course of study.

Any student anticipating being unable to attend and fulfil all course requirements for longer than ten working days or 25% of the length of a module, must apply for LOA. A period of LOA may be granted for up to one year based on individual circumstances. During the LOA, will temporarily leave the program and their registration suspended for the duration of the LOA. Students may only take LOAs of any type up to a total period of one year during the program.

Students considering applying for an LOA should discuss with their faculty advisor in the first instance and the Dean of Student Affairs before applying. There may be alternative solutions to help you continue your studies.

LOA may be granted on the following grounds:

#### **(i) Personal**

The Dean may grant a LOA for various circumstances including bereavement, financial situation, reevaluation of interests and goals, care for other family members, attendance to public duties (e.g., Jury service).

#### **(ii) Medical**

For an LOA on medical grounds, the application must be accompanied by a written letter of recommendation of leave must be from a QEP (see Requests for Accommodations pp 5-6).

**(iii) Parental**

LOA granted to student giving birth or adopting a child (Maternity leave) or a student who will be the father of a child, the husband or partner of the mother or adopter (Paternity leave).

**(iv) Administrative**

On occasions, the OSA may advise a student to apply for and take a personal leave of absence. If the student is unwilling to apply for and take a personal LOA, the Office of Student Affairs may place the student on an Administrative LOA. An administrative LOA is an ACSOM-mandated (non-disciplinary) leave to allow a student to address various deficiencies including:

(a) Failure to abide by ACSOM policies, including, but not limited to, those related to student behavior and conduct, the technical or professional standards.

(b) Disruptive behavior that compromises the academic activities of the ACSOM community.

(c) Personal or medical circumstances judged by ACSOM to be in the best interest of the student to take a leave, where the student has refused to apply for an LOA.

(d) Inability or unwillingness to carry out normal self-care obligations such as participation in their own healthcare, rehabilitation, or monitoring programs.

(e) Health and safety concerns such as substance misuse.

(f) Financial reasons.

(g) Posing a risk to themselves or others.

**(v) Educational**

LOA granted to pursue research, an externship, a degree-granting program ACSOM, or any other career advancing activity. Educational LOA may only occur during years three and four, and is not granted for a period exceeding one year.

**Procedure for applying for LOA**

Students wishing to apply for LOA (of any type) should follow the guidelines below.

In the first instance, the student should contact the OSA ([studentaffairs@acsom.edu.dm](mailto:studentaffairs@acsom.edu.dm)).

Students on LOA will not be permitted to complete any academic course components or requirements while on leave.

Returning students may be granted the opportunity to complete outstanding coursework and exams.

Taking a leave of absence can affect your eligibility for financial aid and loans. It is the student's responsibility to consult with the Financial Aid Office.

Students returning from leave will also need to coordinate with the Financial Aid Office prior to enrollment to determine if they still qualify.

Students with an approved leave of absence are not eligible to use the facilities on campus or other student services normally reserved for active students.

If a student fails to return to school at the end of the approved leave of absence they will face dismissal from the program.

Students should be aware that their return and reintegration into the curriculum may require repeating or auditing of classes or clerkships / electives already taken. Students should also understand that, depending upon the length of the leave of absence, graduation may be delayed.

### **Duty Hours in Clinical Clerkships**

During Clinical Clerkships, students must adhere to the duty hour guidelines as outlined by the Accreditation Council of Graduate Medical Education (ACGME) listed below.

The ACGME's Approach to Limit Resident Duty Hours 12 Months After Implementation:

A Summary of Achievements Rationale for the Duty Hour Limits Changes in health care delivery, and concerns that restricted sleep has a negative effect on performance resulted in a need to limit resident duty hours. As the accrediting body for more than 7,900 residency programs, the Accreditation Council for Graduate Medical Education is the entity charged with setting and enforcing duty hour limits. In July 2003, ACGME instituted a comprehensive approach that includes:

- (1) standards for resident hours and institutional oversight;
- (2) promoting compliance; and
- (3) increasing knowledge on the effect of the standards and on innovative ways to conduct education and patient care under limited resident hours. ACGME considers duty hour limits an important element of its comprehensive approach to promote high-quality education and safe patient care. The Standards ACGME's common duty hour standards acknowledge scientific evidence that long hours and sleep loss have a negative effect on resident performance, learning and well-being.

The duty hour standards include:

- An 80-hour weekly limit, averaged over four weeks;
- An adequate rest period, which should consist of 10 hours of rest between duty periods;
- A 24-hour limit on continuous duty, and up to six added hours for continuity of care and education;
- One day in seven free from patient care and educational obligations, averaged over four weeks;
- In-house call no more than once every three nights, averaged over four weeks;

The option for programs in some specialties to request an increase of up to 8 hours in the weekly hours, if this benefits resident education, with approval by their sponsoring institution and the Residency Review Committee (RRC) in the given specialty. ACGME chose 80-hours as the upper limit to safeguard against the negative effects of chronic sleep loss, and selected a limit of 24 hours plus up to six hours to address the effects of acute sleep loss, and to allow for adequate time for patient hand-off and didactic learning.

Duty hours are defined as all clinical and academic activities related to the program:

- Patient care (both inpatient and outpatient)
- Administrative duties relative to patient care
- The provision for transfer of patient care
- Time spent in-house during call activities
- Scheduled activities, such as conferences

[https://www.acgme.org/globalassets/pfassets/publicationspapers/dh\\_dutyhoursummary2003-04.pdf](https://www.acgme.org/globalassets/pfassets/publicationspapers/dh_dutyhoursummary2003-04.pdf)

## Grading Policy

### (i) Basic Sciences):

A variety of evaluations may be used to assess students in a course including but not limited to, written evaluation of participation and engagement, examinations, team-based activities, direct observation and evaluation of professional conduct, written reports, oral presentations, Observed Structured Clinical Examination (OSCE).

Individual course syllabi provide detailed information about grading for specific courses.

To successfully pass a Module, the students must meet the following mandatory requirements.

1. Attain a pass **score** (70% and more) in the final summative assessment.
2. Attend all designated academic sessions e.g., small group, laboratories, assessments etc.

- Grading for modules will be reported on a Pass/Fail basis as follows:

Achieved Score	Reported Grade
90 - 100	Pass with Honors (H)
80 - 89.9	High pass (HP)
70 - 79.9	Pass (P)
Below 70	Fail (F)

### (ii) Years Three and Four:

For purposes of the final official grade records of the School of Medicine, the following grades are used for subsequent years:

H = Honors, reflecting a truly outstanding performance

HP = High Pass, awarded for excellent/very good work

P = Pass, indicating satisfactory performance

F = Fail (Any grade of F remains on the student's academic record.)

In clinical clerkships that have a subject examination, students must score at or above the 10th percentile of the national pool of students taking the examination to pass the clerkship. If a student fails a shelf examination for the second time in a third-year clerkship, an F is recorded on the permanent record.

When the course is repeated or remediated, the new grade will appear as a separate entry in addition to the failing grade.

Valid temporary grades include the following:

E = Temporary grade, makeup of failed exam pending (In clinical clerkships that have a subject examination, students must score at or above the 10th percentile of the national pool of students taking the examination to pass the clerkship. If a student fails the subject examination once, the grade of E will be recorded. Upon successfully retaking the subject examination, the new grade will replace the grade of E on the permanent academic record. If the student fails the shelf examination a second time, the grade of F is recorded on the permanent academic record. I = Incomplete, temporary grade pending completion of course requirements, replaced with an F if not removed within one year (In rare instances, the CAP may grant an extension. Incomplete indicates that, because of a delay excused by the course director, the student has not completed the requirements to pass a course.)

## Academic Promotions

### Promotional Guidelines

Students must pass all courses and clerkships assigned to them as part of the 4-year curriculum. All courses must be completed in satisfactory standing and within the designated timeline. Professionalism is a requirement as a future physician. Academic advancement is assessed by evaluating skills, behavior, knowledge, professionalism and attitude during Special Protocol Assessments (SPAs). Unprofessionalism can offset academic and clinical performance. Regardless of the final grade, a student with unprofessional conduct may be denied academic promotions. Unprofessional conduct can lead to an academic warning, sanctions, probation, suspension or even dismissal from the program.

Students placed on academic probation or suspension may jeopardize their federal financial aid. It is a student's responsibility to proactively contact the Financial Aid Office at [finaid@acsom.edu](mailto:finaid@acsom.edu) to fully understand the process.

Professionalism is a requirement as a future physician. Academic advancement is assessed by evaluating skills, behavior, knowledge, professionalism and attitude during Special Protocol Assessments (SPAs). Unprofessionalism can contribute to deficiencies in academic and clinical performance.

Regardless of a successful academic grade based on exam performance, a student with unprofessional conduct may be denied academic promotion and advancement. Oversight of student promotions and advancement is provided by two committees:

#### **(i) Student Evaluations and Promotions Committee (Membership Faculty only)**

Following grade reports by each Module Leader, student outcomes in each required assessment of each module are verified at the end of the module(s), and final grades recommended for approval by the Dean and Registrar. Reports of student evaluations for each module are also considered by this committee, which makes reports and recommendations as appropriate to the Curriculum Committee (see page 24).

#### **(ii) The Committee on Academic Progress (CAP: Membership faculty only)**

The CAP plays a crucial role in overseeing academic progress of individual students throughout the course by monitoring the progress of students. Using quantitative and qualitative data on each student CAP considers and verifies that a student is performing at an appropriate level to succeed in their current phase and to be successful in the next phase of the ACSOM curriculum. Where necessary, the CAP makes recommendations to the Dean pertaining to student promotion or remediation of individual students.



Following consideration by CAP, a student will receive a letter of concern detailing the identified challenges impeding that student's chances of success and describing the mechanisms available for remediation.

Persistence of the deficiency will result in the issuance of an academic warning. The warning will address the issues and provide a plan of action for the student.

Should a student conduct themselves in an unprofessional manner, the student will be referred to the Disciplinary Committee via CAP, and may face disciplinary sanctions, suspension or dismissal from the program.

## **Academic Remediation Policy**

ACSOM's remediation policy is established to provide support and guidance to students who encounter academic challenges by failing specific modules within the curriculum. This policy outlines the procedures for remediation in the event of module failures and aims to help students address their academic weaknesses effectively.

### **1. Failure of the First Module (Foundations of Medicine, FOM):**

If a student fails the first module (FOM), they will be placed on the *Enhancement Pathway Track (EPT)*. To successfully complete the EPT:

- The student will be required to successfully complete the five HMX courses\*.
- Attend weekly progress meetings with their Students Learning Center (STC) advisor.
- After successfully completing the HMX courses\*, the student will have the opportunity to restart their education with the next cohort.

### **2. Failure of the Second Module (Attack and Defense, AAD):**

Failing the second module (Attack and Defense) indicates a weak foundation in Immunology/Microbiology. A student failing AAD will be placed on the EPT as follows:

- Attend regular progress meetings with their SLC advisor.
- The student will continue education with the same cohort but must complete an HMX Immunology course\* at some point during year 1 and before advancing to the second year.
- After completing the HMX Immunology course\*, the student must retake and pass the final exam for the AAD Module.

### **3. Failure of Subsequent System-Based Modules:**

- If a student has passed the first two modules but fails one of the subsequent system-based modules, a student remediation plan must be jointly developed by the CAP and the Student Learning Center.
- The purpose of the remediation plan is to prepare the student for a retake of the failed module.

#### **Additional Notes:**

- Every instance in which a student faces academic difficulties will be assessed individually by the CAP.

- The enhancement pathway and remediation with HMX courses for the FOM and AAD modules apply after two unsuccessful attempts at taking the final exams. Within FOM and AAD courses, the second attempt (remediation) of the final exam should be retaken as soon as possible, as scheduled by the module leader.
- Within AAD and the subsequent System-Based Modules the retake of the exam should be completed no later than the start of the failed module by the next cohort. There will be no more than 3 attempts at taking the final exam. In the event of a second unsuccessful attempt, the student will be allowed one more attempt no later than the start of the failed module by the next cohort. In the event of a third unsuccessful attempt, the student will repeat the Module within another cohort.
- Failing two modules within an academic year will result in an automatic requirement to repeat the entire academic year.
- Any failure during the repeat academic year (RY) or repeat of a given module will result in dismissal.
- It is essential for students to adhere to the prescribed timelines for remedial actions as outlined above.
- Failure to complete the required remedial actions within the stipulated time frame will result in academic dismissal from the school as determined in the Student Handbook.

This policy is designed to support students in their academic journey while maintaining the standards of the program. It aims to ensure that students receive the necessary assistance and resources to succeed in their studies while addressing areas of weakness as identified through module failures.

\* HMX courses conditions:

- The schedule of course cohorts and deadlines are available on the [HMX Fundamentals](#) courses pages.
- Course periods last for ten weeks, with new material released periodically. The course concludes with a final exam.
- The student must complete the course to obtain a Certificate of Achievement. Completing the course with a Certificate of Completion is considered as failing the course.
- A Certificate of Achievement indicates that the student has finished the courses with a strong understanding of the content. To qualify for a Certificate of Achievement, the student must have a score of at least 80% overall, and at least 65% on the final.

### **Repetition Policy**

Repetition of a module or course may be a requirement mandated by the CAP due to concern that the student has been underperforming academically or professionally and has not mastered the skills needed to move on to the next phase.

Please note, repetition of an academic phase may have a negative effect on a student's financial aid. It is the student's responsibility to work with the Financial Aid Office to determine the best course of action.

### **Probation Policy**

Probation may be imposed for violations of the code of conduct or academic underperformance.

There are two forms of probation:

(i) Non-academic:

A defined period of time of up to 60 days during which a student is given opportunity to demonstrate their ability to correct identified behavioral deficiencies and to abide by the Student Code of Conduct.

(ii) Academic:

Probation provides a student that has not satisfactorily met ACSOM general competencies another opportunity to meet those standards rather than be dismissed. A Student will be placed on probation for academic reasons if any of the following occur:

1. Failure to successfully pass a course and being placed on the Enhancement Pathway Track.
2. Withdrawing or taking a leave of absence while failing a course.
3. Failure to pass USMLE Step 1, USMLE Step 2 CK, or the OET.

A student currently on probation who fails a course or USMLE or licensing exam may be subject to dismissal.

Before a student can be removed from probation and reinstated to good standing, they must have their casereviewed by the CAP to ensure the student has met the required standards and is making satisfactory progress.

### **Suspension Policy**

A suspension is a formal disciplinary action, which is a designated period of separation from ACSOM for a designated period. When a student is placed on suspension, it is ACSOM's assumption that the student may be experiencing a temporary outside distraction resulting in academic underperformance and or unprofessional behavior, and, upon receiving time off, the student will be able to make improvements. Students with serious academic issues or who display unprofessional conduct may be placed on suspension. All suspensions will be recommended by the CAP to the Dean for approval.

Students planning to return from suspension will be placed on academic probation and must propose a plan of action approved by the CAP. The plan of action is intended to address these concerns so they will not continue to be an issue for the student. Students should contact the Financial Aid Office, as suspension may have negative consequences on financial aid.

## Dismissal

Student dismissal is a formal disciplinary action of permanent separation from ACSOM. A serious violation of professional conduct or serious academic deficiency are grounds for dismissal as recommended to the Dean by the CAP. Also, repeated minor violations of professional conduct or academic underperformance can be grounds for dismissal.

### Right to Appeal Disciplinary Decisions

A student facing disciplinary action from ACSOM who can demonstrate and document significant extenuating circumstance(s) that resulted in unsatisfactory performance (academic or professional), may appeal the dismissal.

The appeals process should be a respectful disagreement between the student and ACSOM. It is expected that a student conducts themselves in a highly professional manner at all times.

Unprofessional behavior during the appeals process can result in a higher level of penalties and sanctions and the loss of the right to appeal the decision.

### First Appeal against a disciplinary action recommendation made by the CAP.

A First Appeal requires that the student submits an appeal, using the appeal form within ten working days from the date of the dismissal notification.

The appeal is considered by a special appeal committee (SAC) constituted from two members of the CAP, two other faculty members, and a student representative.

The appeal form must be submitted by email to the office of Student Affairs ([studentaffairs@acsom.edu.dm](mailto:studentaffairs@acsom.edu.dm)), within ten working days of the date on the dismissal notification.

- **Only emails from the student's official ACSOM email address will be accepted or acknowledged.**

Appeals received after the deadline of 14 working days of the date on the disciplinary notification will not be accepted nor considered. The appeal will be considered by the SAC, which will then make an official decision to uphold or overturn the dismissal. All decisions of the SAC are final. No additional appeals of their decision are available.

The Standard Appeal process normally takes an average of seven working days for the SAC to review the appeal and issue its decision.

Appeals that do not clearly demonstrate or document extenuating circumstances will not be considered. These include:

- Information not submitted to the Committee that could have changed the outcome of the ruling.
- An administrative error that may have negatively impacted the outcome of the case.

In the event that the SAC overturns the original dismissal, the student will be required to meet all conditions set forth by the SAC in their decision.

The SAC will then notify the Dean of their findings. It is within the Dean's discretion to uphold the original ruling or make any modifications. For all other sanctions, the Dean will review the case and make a final decision. All appeals decisions made by the Dean will be final.

Any student who successfully appeals a dismissal decision will be reinstated to the semester subsequent to the semester in which the decision regarding the appeal is made, or given the option of returning in the semester following.

A student who successfully appeals a dismissal for failure to pass any required examinations, failed two clerkships or fails to complete all degree requirements within established timelines will be notified of the reinstatement conditions and deadline to sit for the exam or complete the degree requirements.

Requests to change the conditions of the reinstatement will not be considered or granted, including an extension to sit for exams or complete the degree requirements. Students who are unable or unwilling to meet the condition of their reinstatement shall be deemed dismissed from the program.

### **Length of Time to Complete Degree**

The M.D. program at ACSOM is a 4-year full-time program of study. There is no provision for them to be completed as a part-time student. In any event, all students are required to complete the M.D. degree within six years from the date of matriculation, which is defined as the date that officially begins their first semester in the medical program.

A student might take more than 4 years to complete the program if the student is:

- Required by the CAP to repeat a semester.
- Placed on suspension.
- Approved for a Leave of Absence for academic\* or non-academic reasons.

Students should be aware that if a LOA is approved, it could negatively impact their financial aid and could trigger loan repayments. It is the student's responsibility to also work with the Financial Aid Office.

Any student who applies for and will require more than 4 years to complete their studies will be required to work directly with the CAP and will need to provide a detailed plan of action that must be approved in advance by the CAP.

\*Students planning on applying for LOA for independent research or to obtain another degree are required to meet with the Dean to discuss their plans. The Dean has final approval of such applications.

### **Graduation Requirements:**

Students are eligible for graduation on:

1. Successful completion of the prescribed basic science curriculum.
2. Successful completion of core clinical clerkships.
3. Successful completion of a National Board of Medical Examiners (NBME) administered exit examination for Basic and Clinical Sciences.
4. Successful completion of the United States Medical Licensing Examination (USMLE) Steps 1 and 2.

### **Core clerkship rotations:**

- Internal Medicine (12 weeks)
- General Surgery (12 weeks)
- Psychiatry (6 weeks)
- Pediatrics (6 weeks)
- Obstetrics and Gynaecology (6 weeks)
- Family Medicine (6 weeks)

**United States Medical Licensing Examinations (USMLE):** <https://www.usmle.org/step-exams>

### **USMLE STEP 1**

In order to progress to the third year of study, and begin clinical clerkships, students must take and pass USMLE Step 1. Failing to present the school with documentation of passing the Step 1 will result in delay of the student's third year of study until provided.

A student is normally granted permission to take the USMLE Step 1 upon successful completion of all basic science courses. Students are required to take their Step 1 following completion of their basic science program.

A student failing Step 1 for the first time, will be required to take academic LOA to prepare for their retake attempt.

Customarily, a student may attempt the USMLE Step 1 a maximum of two times. A third or fourth attempt will only be permitted after a special and rigorous appeal process to the Dean of Students. If allowed, the student must take LOA to prepare for their final attempt. Failure of Step 1 will result in dismissal from the program.

Step 1 assesses whether a student can understand and apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy. The Step 1 exam is (like all) USMLE exams constructed according to an integrated content outline ([https://www.usmle.org/sites/default/files/2022-01/USMLE\\_Content\\_Outline\\_0.pdf](https://www.usmle.org/sites/default/files/2022-01/USMLE_Content_Outline_0.pdf)) that organizes basic science material along two dimensions: system and process.

Step 1 is a one-day examination and is administered throughout the year. It is divided into seven 60-minute blocks and administered in one 8-hour testing session. The number of questions per block on a given examination form may vary, but will not exceed 40. The total number of items on the overall examination form will not exceed 280.

Normally, a student may attempt the Step 1 exam a maximum of two times. Failure of Step 1 for a second time, will normally result in dismissal from the program. A third attempt will only be permitted in exceptional circumstances and after a rigorous appeal process via the CAP (See Right to Appeal Disciplinary Decisions p 44).

Students must pass USMLE Step 1 prior to starting their third year of study. Failing to present the school with documentation of passing Step 1 will result in a delay of the student's third year of study until provided.

## **USMLE STEP 2 CLINICAL KNOWLEDGE (CK)**

Step 2 CK assesses a student's ability to apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision. It ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills.

Step 2 CK is a one-day examination, and is administered throughout the year. It is divided into eight 60-minute blocks and administered in one nine-hour testing session (<https://www.usmle.org/prepare-your-exam/step-2-ck-materials/step-2-ck-content-outline-specifications>).

At ACSOM, students are required to take Step 2 CK during their final year of studies. To be eligible to sit for Step 2 CK, the student must have completed all core clinical clerkships. ACSOM recommends (as does the ECFMG) that the student complete the internal medicine clerkship prior to sitting for Step 2 CK.

In order for ACSOM to confer the M.D. degree, the student must pass Step 2 CK within one calendar year of becoming eligible in no more than two attempts. A student's leave of absence to prepare for the exam is not permitted to exceed twelve weeks.

### **Accommodations for USMLE examinations**

Students wishing to request academic accommodations for the USMLE Step examinations must contact the US Medical Licensing Board directly. ACSOM does not determine accommodations on those exams, and any accommodations granted by ACSOM during the medical program can not be guaranteed to be similarly granted by the USMLE.

The process and guidelines for requesting accommodations may be found here: <https://www.usmle.org/step-exams/test-accommodations/guidelines>

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

<https://www.nbme.org/examinees>)

Subject Clerkship Exams (SCE).

### **Scoring and Grading:**

- Faculty will set the minimum passing score on the SCE annually for each and every discipline.
- Students scoring below the minimum passing score on any subject clerkship examination will be granted a mark of incomplete "I". The student with an "I" must retake the exam after retaking clinicals.
- If a student does not attend the exam at the designated time, they will receive an "F".
- After the student has passed the exam, the grade for the clerkship will be updated from "I" to the earned grade.

### **NBME SCE Scheduling – 1st Attempt**

There is a two-week examination window at the end of the clerkship. Your assigned faculty member will notify you of the scheduled exam.

### **NBME SCE "No Show" Policy**

It is the student's responsibility to arrive on time and with proper ID. Students who fail to arrive on time or without proper ID will receive an automatic "F". Students who "No Show", will have the scheduled exam counted as their 1st attempt.

A student being unable to attend the exam due to a documented technical issue, such a natural disaster causing exam center closure, would not be considered a "No Show". If there is a documented valid issue preventing the student from attending the exam, the student would be exempt from the "No Show" policy.



The student must immediately email ACSOM and provide documentation. ACSOM will review the documentation. If approved, ACSOM will work with the student to reschedule the exam.

Any student who does not pass the NBME SCE, must work with the P&A Committee to create a plan of action as to how the student will improve their outcome.

### **Licensure To Practice Medicine in the U.S.**

ACSOM graduates must complete the ECFMG certification procedure to continue professional training with subsequent medical practice in the U.S. To apply for residency training in the U.S., candidates must graduate from the World Federation for Medical Education (WFME) accredited program and pass USMLE Steps 1 and 2. Both conditions will be met upon successful completion of the ACSOM medical curriculum. Step 1 covers basic sciences knowledge, while Step 2 is designed to assess clinical medicine proficiency. To register for these exams, the candidate must apply and be certified in ECFMG by the Office of the Registrar. To become eligible for professional medical practice in the U.S., ACSOM graduates must also pass the USMLE Step 3 examination during or after residency training.

Please note that ACSOM has no control or responsibility over state licensing requirements. Successful graduation from ACSOM does not guarantee that you will obtain a license to practice medicine in all states. Students have the responsibility of knowing the licensing requirements of each state in which they plan to practice. However, designated ACSOM officers will provide assistance to students who undergo the state licensure process during basic medical training. ACSOM can act as a reference for state medical boards, ECFMG, Federation Credentials Verification Service, government agencies, and employers to report unusual circumstances that may have occurred during the course of your training. These include, but are not limited to: academic and/or disciplinary probation; ISPs; conduct violations; disciplinary action due to unprofessional conduct/behavior; the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university and; limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason.

### **Licensure To Practice Medicine in Canada**

The Medical Council of Canada (MCC) grants a qualification in medicine known as the Licentiate of the Medical Council of Canada (LMCC) to medical graduates who meet the eligibility criteria.

To be eligible for inclusion in the Canadian Medical Register, a graduate in medicine must have submitted evidence of at least 12 months of postgraduate clinical medical training deemed acceptable by the Executive Director and Chief Executive Officer (CEO) of the MCC and successfully completed: the Medical Council of Canada Qualifying Examination (MCCQE) Part I and the MCCQE Part II; have the required medical credentials including verification of postgraduate training successfully source-verified through MCC or, in exceptional circumstances, have provided evidence

of the required medical credentials and postgraduate training that is deemed acceptable by the Executive Director and CEO.

For more information visit <https://mcc.ca/services/lmcc/>

## **CAMPUS POLICIES**

Campus policies apply to students, faculty, staff and visitors whilst physically present on the ACSOM campus and in any of its defined spaces. Violations of these policies will lead to penalties and sanctions. Visitors who violate the policy will be required to leave and not be allowed back on campus.

ACSOM Students have the right of use of the ACSOM grounds but are required to observe the following:

### **Authorized entry & ID Pass**

After students have paid their tuition and fees, they will receive an ACSOM issued ID badge. For safety reasons, all students must display their ID badge at all times on campus, and be prepared to present it to any ACSOM employee upon request. In addition, ID badges will be used for reserving study space and checking out library books.

Any student who loses their ID badge must report it immediately to Student Support Services. A replacement ID will be issued at a charge of \$25.00 USD and must be paid online.

### **Safety and security**

Your safety is ACSOM's priority.

Your safety is assured by:

24-hour campus security service.

Surveillance cameras in common areas, corridors, lecture halls, libraries and auditoriums.

Entry pass system for ACSOM students and employees.

Single-entry temporary passes for visitors only upon providing an ID.

Fire alarm system in study buildings, hydrants, and plans of emergency evacuation of buildings.

Strictly prohibited substances & behaviors in ACSOM campus spaces are:

- Consumption of tobacco or tobacco products in any form not limited to smoking, (chewing, hookah etc.).
- Use of vaping and e-cigarette products
- Consumption of alcohol or alcohol-containing products in any space on campus.
- Consumption of recreational drugs or other banned substances.
- Use of abusive language

- Recording pictures or videos of classes or of patients in clinical or other settings.
- Inappropriate physical contact.
- Damage, deliberate misplacement, misfiling or rendering inoperable of any stored information such as books, film, data files or programs from a library, computer or other information storage, processing or retrieval systems.
- Bringing pets onto campus\*
- Use any teaching facility, equipment or service of ACSOM contrary to the expressed instruction of a person or persons authorized to give such instruction.

\*Bringing pets to Dominica is strongly discouraged. Many apartments do not allow pets and there are no separate facilities for housing or walking pets adequately. Qualified veterinarians are few. Any student planning to bring a pet to Dominica must first make certain they have completed all animal importation requirements with the government of Dominica. Please allow additional time for the government to process all needed permits.

For more information about animal importation to Dominica, vaccination, fees, and obtaining an import permit, please see the link below.

<http://customs.gov.dm/index.php/trade/imports/animal-importation>

In the interest of creating an orderly learning environment, it is prohibited to bring pets onto campus unless the animal is a registered service animal (see Policy on Service Animals p 11) Emotional support animals are not classified as service animals and will not be allowed on campus nor in the clinical settings.

## Dress code

### Student Dress Code

Professional and appropriate dress is essential to maintain a respectful and hygienic environment while learning and practicing in various settings.

### General Guidelines:

As students, you should present yourselves in a manner that reflects the seriousness and responsibility of your profession. You should ensure that your dress fulfils the following qualities:

- 1. Cleanliness:** Maintain impeccable personal hygiene at all times. Cleanliness is crucial in a medical environment to prevent the spread of germs and infections.
- 2. Comfort and Mobility:** Choose clothing that allows ease of movement and comfort, as medical settings often require physical activity. For Classroom and Non-Clinical Settings, garments should be business casual.

3. **Safety:** When participating in laboratory sessions, wear appropriate lab coats, gloves, safety goggles, and closed-toe shoes with non-slip soles. Follow specific guidelines provided by the instructor.
4. **Professionalism:** Your attire should convey professionalism and respect for patients, colleagues, and instructors. Your ACSOM ID should be always visible on campus and be shown on request to any ACSOM employee.

### **Attire for Clinical Settings:**

In clinical environments such as hospitals or clinics or other patient encounters, wear clean and properly fitted scrubs in ACSOM colors or white coats as directed. Wear closed-toe, comfortable shoes with non-slip soles. Avoid open-toe shoes or high heels for safety reasons. Maintain proper hand hygiene, including washing hands frequently and using hand sanitizer as needed.

**Accessories:** Wear your ACSOM ID. Carry a stethoscope, pocket-sized reference guides.

### **Special Considerations:**

**White Coats:** should be worn during any appropriate occasions, such as lectures, workshops, laboratory settings, and professional events as directed by faculty. The coat should appear clean.

**Infection Control:** always adhere to infection control protocols. This may include changing into clean scrubs or white coats and following specific hygiene practices after exposure to potentially infectious situations.

### **Fireworks, firearms and other weapons**

Firearms and any other weapons, firecrackers, gunpowder, or any other forms of unauthorized explosive or volatile materials, knives, clubs or other objects that may be used as a weapon are prohibited on the University campus.

## **OTHER POLICIES AND ADMINISTRATIVE PROCEDURES**

### **Immunization policy**

Only those Medical Students who have met the Health Service requirements for immunizations will be allowed to participate in Clinical assignments.

Prior to Matriculation, the Student must present evidence of adequate immunization against Measles (Rubella), and the German measles (Rubella). Immunizations with a combined Vaccine against Rubella and Measles/Mumps, such as MMR, will satisfy this requirement.

All students born after January 1, 1957 must be immunized twice against Measles (Rubella). This requirement is part of a U.S. Public Health Service recommendation issued in December 1989.

Pre-Matriculation and an Annual test for Tuberculosis are also mandatory (i.e. PPD skin test in Years 2 and 4). Additional PPD test will be required for known or suspected TB exposures especially for Students participating in off-site Electives, and particularly for those who work in developing Countries.

It is required that students be immunized against Mumps and have had a booster immunization shot for Tetanus and Diphtheria. The last Tetanus Vaccine must be less than 10 years old. Students are also required to be immunized against Poliomyelitis.

Students who are not certain that they have had Varicella (Chickenpox) must establish such a status prior to Matriculation. If a student does not have immunity to varicella, the Varicella titer and/or Vaccine must be received before working with Patients.

Students are also required to be immunized against the Hepatitis B Virus prior to Matriculation.

The hepatitis B vaccination program requires a series of three Vaccines over a six-month period. If a student is unable to complete the entire series before arriving on-Campus, the remaining Vaccine(s) can be received at the University Health Service for a fee.

Students who decline to be vaccinated (i.e., for Religious or personal health reasons) will be required to sign a formal waiver of refusal form in the Student Affairs Office. It is strongly recommended that each Student receives an annual Flu Vaccine.

### **Exposure to blood borne pathogens**

A Student may be exposed to Blood Borne Pathogens (BBPs) in the course of Clinical and Research duties. These BBPs include the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).

An exposure is generally defined as a percutaneous injury (e.g., a needle sticks or cut with a sharp object), contact of mucous membrane/non-intact skin with blood, or tissue/body fluids that are contaminated with visible blood.

Current estimates of average risk of transmission after percutaneous exposure are: HIV 3/1000 (0.3%), Hepatitis C 1-3%, Hepatitis B 30% (in non-immune).

This policy outlines the guideline for action following such exposure.

Observing standard precautions is the single best strategy to reduce the risk of BBP exposure. This includes using adequate barrier protection (i.e. Gloves, Safety Glasses, Mask) when performing any activity where the potential exists for BBP exposure.

Familiarity with and use of safety devices on needles, syringes, and intravenous equipment can also reduce the risk of accidental exposure but will vary between Medical Institutions. Completion of Hepatitis B immunization series with documented presence of antibody to Hepatitis B should provide full protection from transmission of the Virus.

If an exposure should occur, the exposure site should first be thoroughly washed and/or irrigated. This is followed by a prompt report of the incident to the supervising Attendant or Resident. Evaluation is then sought after by the Staff or Faculty designated at that Clinical site to provide evaluation and treatment of Health care workers or Students who have sustained a BBP exposure.

The post exposure evaluation should include a risk assessment of the Subject's potential for HIV transmission based on the type of substance involved, as well as the route and severity of the exposure. In addition, arrangements are made to evaluate the person whose blood or body fluid was the source of exposure. This is generally done through established institutional protocols that will be initiated by the Health care provider.

This may include serological assessment of Hepatitis B, Hepatitis C, and HIV infection if the HIV status of Source is unknown. Clinical information about the Source, if known, will be used to suggest or rule out possible HIV infection.

Using an algorithm established by the public health service, the risk assessment of both the severity of the exposure and the HIV status of the Source will be used to determine whether post exposure prophylaxis (PEP) for HIV should be recommended. If indicated, PEP should be initiated as soon as possible after an exposure (i.e. within a few hours), thus emphasizing the importance of prompt post exposure evaluation. If HIV PEP is initiated then medical follow up, further Laboratory studies, and additional counselling should follow.

The affected Subject will generally undergo baseline testing for susceptibility to BBPs at the time of exposure including antibody to HIV. The need for an appropriate interval for follow-up testing will depend to some degree on the Source Patient's test results as well as affected Subject's baseline status. It is important to note that there is no recommended post-exposure prophylaxis for Hepatitis C which is a more prevalent blood borne pathogen than HIV.

Thus follow-up testing after an exposure to a source infected with Hepatitis C is extremely important. Follow up testing for exposures incurred elsewhere can be done at the Occupational Medicine Department of the University's affiliated teaching Hospitals.

Students should cooperate with the evaluation, treatment and follow up recommendations made at the time of exposure assessment. The exposure shall also be reported by the student to the Dean for Student Affairs.

All expenses incurred for testing, counselling, and post-exposure prophylaxis that are not otherwise covered by the institution in which the BBP exposure occurred, are billed to the Student's Health insurance carrier.

ACSOM operates in accordance with the Occupational Safety Health Administration (OSHA)

Bloodborne Pathogens:

(<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>).

Compliance Methods Universal precautions will be taken to prevent contact with blood or other potentially infectious material (OPIM). All blood or OPIM will be considered infectious regardless of the perceived status of the source individual. Personal protective equipment (PPE) should also be used. Hand washing facilities are available to students who are exposed to blood or other OPIM. After removing personal protective gloves, students should wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water or waterless hand cleaner. If the student's skin or mucous membranes are exposed, those areas should be washed or flushed with water as soon as possible after contact. After exposure to chemical or body fluids, it is recommended to use the eyewash station; a 15-minute wash is recommended.

Contaminated needles and other contaminated sharps WILL NOT BE bent, recapped, removed, sheared, or purposely broken. OSHA allows an exception to this if the procedure requires that the contaminated needle be recapped or removed, and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

In work areas where there is a reasonable probability of exposure to blood or OPIM, students must not eat, drink, apply cosmetics or lip balm, smoke or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are located. Mouth pipetting or suctioning of blood or other potentially infectious materials is prohibited. All procedures will be conducted in a manner that minimizes splashing, spraying, splattering, and the generation of droplets of blood or OPIM.

All garments that have been penetrated by blood must be removed immediately or as soon as possible. All PPE will be removed before leaving the work area.

The following protocol has been provided to facilitate leaving equipment at the work area:

- Disposable PPE will be disposed of in the nearest biohazardous waste container

- Reusable contaminated sharps will be removed from an exam or procedure room and transported using a labeled closed container to an instrument processing area after each patient procedure.
- Gloves will be used for all clinical encounters that present potential contact with blood and body fluids. Gloves will be available in all clinical areas. Disposable gloves used are not to be washed or decontaminated for reuse and are to be replaced when they become grossly contaminated or torn, punctured, or when their ability to function as a barrier is compromised.
- Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations which would require such protection are as follows: incision and drainage; removal of a cyst or lesion; aspiration of wounds; cleaning, disinfecting of instruments (i.e., sigmoid scope); other similar procedures.

All students who have been identified as having exposure to blood or OPIM will be offered the Hepatitis B vaccine. The vaccine will be offered within 30 working days of their initial assignment to work involving the potential for occupational exposure to blood or OPIM unless the student has previously had the vaccine or wishes to submit to antibody testing that shows that they have sufficient immunity. Students who decline the hepatitis B vaccine will sign a waiver using the language in Appendix A of the OSHA standard. Students who initially decline the vaccine but later wish to have it may then have the vaccine provided.

ALL exposures must be reported immediately (within 2 hours) to maximize effective treatment. If indicated, prophylactic medications must be administered within 3 hours. All students who have an exposure incident will receive a post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV and a panel of hepatitis according to standing order.
- The results of the source individual testing will be made available to the exposed student with the exposed student informed of the applicable laws and regulations concerning the disclosure of the identity and infectivity of the source individual.
- The student will have the option of having their blood taken for testing of their HIV / HBV serological status. The blood sample will be preserved for at least 90 days to allow the student to decide if the blood should be tested for HIV serological status. However, if the student decides before that time that testing will be conducted, then the appropriate action can be taken and the blood sample discarded.
- The student will be offered post-exposure prophylaxis according to the current recommendations of the U.S. Public Health Service.



- The student will receive appropriate advice on the precautions to take during the period after the exposure incident. The student will also receive information on the potential illnesses to be alert for and to report any related experiences to the appropriate personnel.
- Report to the Campus within the next business day with a copy of the incident report and all other paperwork completed to date. All post-exposure follow-up will be provided as directed by the Associate Dean of Academic and Student Affairs or authorized designee.

### **Photography, Video, and Audio Recording Policy**

Any photography such as pictures, video and audio recordings cannot be conducted if it in any way interferes with an individual's right to privacy, nor can these items be used for commercial production if they interfere with academic or administrative operations. This is applicable to visitors, faculty, staff and students. Any recordings must comply with the scope of the social media policy and the student code of conduct. Any content intended to be published must be pre-approved by a campus Dean. If approved, permission must also be obtained from anyone who is recorded or photographed for the content.

### **Social Media Policy**

ACSOM follows the social media policy of the American Medical Student Association (AMSA: <https://www.amsa.org/social-media-guidelines-medical-students-physicians-2/>).

In all situations, including on social media sites, members of the medical profession should always represent themselves in a manner that reflects values of professionalism, accountability, integrity, honor, acceptance of diversity, and commitment to ethical behavior.

For purposes of these guidelines, “social media” includes Internet and mobile based applications that are built on user generated shared content. Social networks - including, but not limited to, blogging, microblogging (e.g., Twitter), networking sites (e.g., Facebook, LinkedIn), podcasts and video sites (e.g., Flickr, YouTube) – offer opportunities for communication, information/experience sharing, collaborative learning, professional interactions and outreach.

### **Guidelines for Social Networking**

**Be professional.** As medical students and physicians, we should represent our profession well. Adhere to rules of ethical and professional conduct at all times.

**Be responsible.** Carefully consider content and exercise good judgment as anything you post can have immediate and/or long-term consequences and carry the potential for significant public impact and viral spread of content. Therefore, all statements must be true and not misleading. Make sure that you differentiate opinions from facts.

Maintain separation. Avoid interacting with current or past patients through social media, and avoid requests to give medical advice through social media. (e.g. replying to a post on social media asking to be diagnosed)

**Be transparent/use disclaimers.** Disclose yourself and provide an appropriate disclaimer that distinguishes your views from those of the clinic, hospital system and/or University with which you are associated (while at the same time, being careful not to violate any social media policy to which you may be subject by such organizations). Without specific direction from the appropriate personnel, you may not present yourself as an official representative or spokesperson for said organizations. Also, be sure to reveal any conflicts of interest and be honest about your credentials as a medical student or physician (resident or otherwise).

**Be respectful.** Do not use defamatory, vulgar, libelous and potentially inflammatory language and do not display language or photographs that imply disrespect for any individual or group because of age, race, national origin, gender, sexual orientation, ethnicity, marital status, genetic information, military status, or any other protected characterization or group.

**Follow copyright laws.** Comply with copyright laws. Make sure you have the right to use material before publishing.

**Protect client/patient information.** Do not discuss confidential information and follow standards of patient privacy and confidentiality and regulations outlined in Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA, 20 U.S.C. § 1232g). Remember you could personally face a HIPAA violation if there are enough details in the post for patients to recognize themselves.

**Avoid political endorsements.** Political endorsements of candidates should be avoided outside your own personal social media accounts, even their comments should be carefully considered. Endorsements of any candidates or political parties via AMSA social media channels is strictly prohibited, be aware of where and how AMSA's name is used.

**Comply with all legal restrictions and obligations.** Remember use of social networking sites or weblogs can carry legal and professional ramifications. Comments made in an unprofessional manner can be used in legal, professional, or other disciplinary proceedings (i.e., hearings before a State Medical Licensing Board).

**Be aware of risks to privacy and security.** Read the site's Terms of Use and Privacy Policy. Be cognizant of continuous changes in these sites and closely monitor the privacy settings of the social network accounts to optimize your privacy and security.

**Conduct - general:**

All students are expected to follow the laws of Dominica, as well as the jurisdiction of the location they conduct clinical rotations. Any arrest for violation of the law is required to be reported to ACSOM and could jeopardize your ability to continue study in Dominica and ultimately to receive a medical license. A high level of ethics is expected not only on campus, but outside as well.

**ACSOM employees and students' responsibilities to one another:**

ACSOM faculty and non-teaching staff are expected to behave and model the highest standards of professionalism at all times both on and off campus. Employees must:

- Be punctual and prepared for any defined duties (teaching or non-teaching).
- Treat colleagues and students fairly, respectfully, and without bias to Age, Race, Gender, Sexual orientation, Disability, Religion or National origin.
- Where appropriate, give students timely, constructive, and accurate feedback.

ACSOM Students should:

- Be courteous and respectful to faculty, non-teaching staff and fellow Students regardless of Age, Race, Gender, Sexual orientation, Disability, Religion or National origin.
- Treat fellow Students as colleagues, not competitors.
- Take responsibility for maximizing the educational experience by addressing conflicts and discomforts that may impede learning.
- Be an enthusiastic and “self-regulating” learner (<https://tll.mit.edu/teaching-resources/how-people-learn/>).
- Be trustworthy and honest.
- Know their limitations and ask for help when needed.

In the Clinical Setting, students must:

- Put the patient's welfare first and above educational needs.
- Know what's going on with the patient.
- Take the initiative and be educated about the patient's illness.
- Treat all patients and members of the Health care team respectfully, regardless of Age, Race, Gender, Sexual orientation, Disability, Religion or National origin.
- Be compassionate.
- Respect a patient's privacy.
- Follow all rules and regulations of the clinical setting or hospitals.

## Unprofessional and abusive behaviours

The responsibilities of ACSOM employees and Students listed above constitute examples of respectful and professional behaviors. These are the expected standards for all members of the ACSOM community.

Some behaviors which fall outside of these guidelines may be defined as abusive and disrespectful. They are the result of poor judgment, unprofessional behavior or mistreatment. Determining whether a given behavior constitutes abuse or unprofessional behavior is often a matter of perception. It involves a subjective assessment of the intentions of the alleged perpetrator and how the behavior in question was perceived by the recipient.

### Behaviors defined as abusive:

- (i) Unwarranted physical contact (such as hitting, slapping, kicking, pushing) or threats of the same.
- (ii) Sexual harassment (Please refer to ACSOM’s policy on sexual harassment: below)
- (iv) Discrimination based on Age, Race, Gender, Sexual orientation, Disability, Religion or national origin.
- (v) Disrespectful or Unprofessional Behaviour such as:
  - Repeated questioning of an individual with the primary intent to humiliate or embarrass them.
  - Grading based on factors other than on performance or merit.
  - Coercing an individual to do something morally objectionable.
  - Humiliation of an individual in public or in private.
  - Requesting an individual to perform excessive menial, non-educational chores\* such as requiring an individual to perform personal chores (i.e., running errands, babysitting, etc.).

\*Certain duties related to the care of patients contribute to the efficient functioning of the team, but these must be balanced with educational necessities.

## Sexual Harassment

ACSOM is committed to providing a learning environment that is free from sexual harassment. All ACSOM policies reflect the regulations of the US State Department Title IX ([https://www2.ed.gov/about/offices/list/ocr/docs/tix\\_dis.html](https://www2.ed.gov/about/offices/list/ocr/docs/tix_dis.html)). Anyone filing a sexual harassment complaint should be free from retaliation. Retaliation is defined as any harmful conduct against the person filing the complaint or someone cooperating in an investigation.

Sexual harassment is unwanted sexual behavior, advances, or requests for favors. Unwelcome verbal, visual, or physical sexual conduct. Offensive, severe, and/or frequent remarks about a person's sex.

Any incident of sexual harassment should be reported immediately. It is strongly recommended that a sexual harassment complaint be filed within 90 days of the occurrence. However, ACSOM will investigate any complaint brought forward concerning sexual harassment. Upon filing, a thorough investigation will take place.

There are two types of complaints: informal and formal. Please contact the Office of Student Affairs for guidance through this process. All information will be kept confidential.

### **Procedure for students to complain about perceived abuse or mistreatment**

- First, carefully reflect on the circumstances of the incident or incidents which occurred.
- Discuss the event with someone who witnessed it, or with another student or individual whose judgment you trust.
- Does the incident come under the behaviors listed above as abusive or unprofessional?
- Do you feel that the situation could be reconciled simply by discussing directly with the individual concerned, perhaps with assistance from another Student, Faculty Member, non-teaching colleague, Counsellor or Resident?
- If you feel that the situation cannot be reconciled simply, and you feel you need redress, then the matter should be reported to the Office of Student Affairs ([studentaffairs@acsom.edu.dm](mailto:studentaffairs@acsom.edu.dm)).

### **Procedure for ACSOM employees (teaching or non-teaching) to complain about perceived abuse or mistreatment**

- Consider the procedure described above for reporting of student complaints.
- If you feel that the situation cannot be reconciled simply, and you feel you need redress, then the matter should be reported as follows:
  - (i) Matters involving a student: [studentaffairs@acsom.edu.dm](mailto:studentaffairs@acsom.edu.dm)).
  - (ii) Matters involving another colleague: [CampusDean@acsom.edu.dm](mailto:CampusDean@acsom.edu.dm).

### **Protocol for handling complaints of abuse or grievances**

The Dean for Student Affairs will be responsible for hearing complaints of student abuse (as described above) which cannot be resolved simply. The Campus Dean will be responsible for hearing complaints of colleague abuse.

The Dean of Student Affairs/Campus Dean will be responsible for reviewing the complaint and obtaining additional information as necessary. If the initial review discloses that the complaint warrants further review, the Dean of Student Affairs/Campus Dean will organize meetings of a Grievance and or Disciplinary Committee hearing as appropriate.

A Grievance Committee is an *ad hoc* committee constituted by the Dean of Student Affairs/Campus Dean, with membership of two faculty (one of whom will act as Chair); two non-teaching staff and two student representatives, none of whom may sit simultaneously on the Grievance Committee. Findings of a Grievance Committee may result in formal proceedings of a Disciplinary Committee.

Grievances upheld against ACSOM employees will be reported directly to the employee's line manager, for further investigation under the HR policies of ACSOM. Grievances upheld against ACSOM students may be referred to the Dean of Student Affairs as a violation to be considered by a Disciplinary Committee.

A Disciplinary Committee is an *ad hoc* sub-committee of the CAP, constituted by the Dean of Student Affairs, to hear disciplinary complaints relating specifically to students. The membership is comprised of two members of CAP (one of whom will act as Chair); one member of teaching faculty one member of non-teaching staff and two student representatives, none of whom may sit simultaneously on the Grievance Committee.

The alleged respondent will be notified in writing of the complaint, and the policy for handling such grievances or disciplinary breaches.

The Grievance Committee will meet to review the facts of the complaint and may receive written and or oral testimonies from the complainant and respondent as well as others identified by the Committee Chair.

The Chair of the Grievance Committee will submit a written report with recommendations of the Committee's findings to the Dean for Student Affairs. The Dean will also be notified and will be involved in determining any required reconciliatory actions, and if necessary referrals (in the case of student complainants) to the disciplinary committee, which will be constituted as appropriate, by the Dean of Student Affairs.

The respondent and complainant will be notified of the Grievance and or Disciplinary Committee findings in writing by the Dean of Student Affairs.

**Appeal process for decisions of Grievance and Disciplinary Committee Findings.**

The respondent or complainant and wishes to appeal the decision of a Grievance or in the case of a student, a Disciplinary Committee, a written appeal may be submitted through the process described on page 44.

**Alcohol and Drug Abuse**

Drug and alcohol abuse can negatively affect your studies. Students abusing drugs not only provide a risk to themselves, but also their patients and fellow healthcare providers. Students facing these issues are encouraged to seek help through the student wellness center. In addition, Recognition of alcohol or drug abuse is part of being a good physician. If you know someone experiencing an issue with alcohol or drug abuse, please encourage them to seek help. Chronic abuse can lead to professional performance issues and irreversible health issues.

Students should not attend any activity on campus, any ACSOM-sanctioned or sponsored activities in the community, or in clinical environments whilst under the influence of alcohol or illicit drugs.

**The ACSOM campus and all its spaces is a strictly alcohol and drug-free environment.**

- **Possession, consumption, manufacture, sale, or distribution of illicit drugs is prohibited.**
- **Contravention of ACSOM drug and alcohol abuse policies may lead to dismissal from the school.**

**Drug Testing Policy**

ACSOM reserves the right to conduct a drug test or screen on any member of its community as described below. All results will remain confidential between ACSOM and the student, though a positive drug test can result in penalties or sanctions.

Use of any over-the-counter medications that might alter the ability of a student to function in an appropriate or competent manner while in the classroom or the clinical setting must be reported to the respective instructor(s) before entering such settings.

**Screening & Testing:**

All screening and testing of students will be performed in an impartial and unbiased manner. Testing will be performed for the following listed reasons;

1. Randomly throughout the period of enrolment:

During each semester, a set percentage of students (0-100%) may be screened or tested without prior notification at any time during the period.

Rapid screening will normally be performed on campus, supervised by campus medical personnel. Specific, confirmatory drug testing will be conducted by an independent laboratory.

2. For reasonable suspicion:

A student will be required to undergo a drug screen if there is reasonable suspicion at any stage of the course of study to indicate that the student is using or is thought to be under the influence of drugs and/or alcohol, or may have used drugs and/or alcohol.

**Procedure for pre-clinical testing:**

Pre-clinical students may be required to undergo a drug screen or test in the semester preceding their clinical rotations.

Prior to screening or testing, the students will receive a general orientation. This will include the procedure and possible substances or medications that might interfere with the outcome.

If, the screen result is positive, the campus medical personnel will review, and arrange a confirmatory test (also for possible interference with any other substances or prescribed medications), normally be done within a 5-day period. During this period, the reviewing Medical officer will confirm the legitimacy of any prescribed medications and send a report to the Dean of Student Affairs as either positive or negative.

All students who test positive will be required to undergo evaluation by the Counsellor/Clinical psychologist who will help establish the necessary follow-up which could involve referral to an addiction specialist for further evaluation and treatment or to a drug treatment program.

Any assessment that affirms that the student might pose a risk to colleagues, faculty or patients' safety or might interfere with the student's clinical rotation will be communicated to the Dean of Student Affairs and the student will be granted a medical LOA from the course or clinical rotation.

**Failure to report/refusal to submit:**

A student will be in violation of the University's policy if they refuse to submit to screening and or testing during the random or reasonable suspicion clauses, or fails to report to the collection site at the assigned time. Such a student will be subject to disciplinary action which may result in dismissal from ACSOM.

**For positive/reactive results:**

When a result is positive, the student will be given an opportunity to explain the positive result to the CAP who will report back to the Dean of Student Affairs.

If a student contests the result of a positive/reactive drug test, the cost of retesting to dispute the result will be at the student's expense.



If a student is dismissed or placed on medical leave, to be considered for readmission or reinstatement, they must provide documentation from a treatment program certifying completion of a drug treatment program. Note: readmission is not assured.

If granted a readmission, the student may be subject to further random screening and confirmatory testing at any time, the cost for which the student will be entirely responsible. If the student tests positive on any occasion, they will be dismissed.

Drugs that may be tested for include, but are not limited to:

- Amphetamines/Methamphetamines
- Barbiturates Hallucinogen
- Benzodiazepines Methadone
- Cannabinoid Opiates
- Cocaine metabolites phencyclidine
- Ethanol Propoxyphene

### **Smoking**

ACSOM is a tobacco free campus. Consumption of tobacco in any form is prohibited, including the use of vaping, e-cigarette, snuff and chewing products. This applies to students, faculty, staff and visitors. Violations can lead to penalties and sanctions. Visitors who violate the policy will be instructed to leave the campus and will not be allowed back on campus without the permission of the Campus Dean.

### **Penalties and Sanctions for contravention of campus or other non-academic policies**

ACSOM students are subject to penalties and sanctions based on their behavior not only on campus, but off campus as well. Depending on the severity of the violation, students could be required to complete an appropriate rehabilitation program before resuming classes. ACSOM also reserves the right to permanently expel students from the program depending on the severity or history of repeated violations.

Penalties and sanctions are in addition to any criminal proceedings that students are subject to based on the laws of Dominica or whichever jurisdiction in which the student is arrested. Any criminal conviction or arrest must be reported to ACSOM and could impact the students ability to gain a medical license.

The following sanctions or combinations of them may be imposed upon students found to have contravened any policy mentioned.

- A formal written reprimand
- Order for restitution, rectification or payment for damages

- Denial of access to specified services, activities or facilities ACSOM for a period of up to one year.
- Suspension from registration in any course or program for a period of up to one year\* followed by a period of conduct probation as determined by the CAP.
- Recommendation for expulsion from ACSOM\*.

\* Sanctions, imposed only where it has been determined that the offence committed is of such a serious nature that the student's continued registration threatens the academic function or the integrity of ACSOM or, the ability of other students to continue their program of study.

- All imposed sanctions are recorded on the student's file.

## STUDENT AND CAMPUS LIFE

### Student Governance Association (SGA) Interest Groups & Clubs

The SGA is a self-governing body, with its own elected positions and officers. SGA exists to represent the professional interests and concerns of the student body, promoting student engagement and involvement, and facilitates communication between students, faculty, and the administration of ACSOM.

Under SGA, there are a number of interest groups e.g. Emergency Medicine, Surgery, etc., that operate to foster an interest in and participation in activities generally related to the curriculum and professional development.

SGA operations and activities run under the general oversight of the OSA. With membership of the SGA also comes membership of the American Medical Student Association (AMSA: <https://www.amsa.org>) with which ACSOM is an institutional partner.

SGA with Student Services is also empowered to organize a variety of extramural activities and clubs such as visits to places of interest in Dominica, cultural events, mind, and body exercises events which promote Healthy relationships and relaxation enjoyed by all members of the ACSOM community.

Full details of the SGA and its activities are published on the Canvas LMS: (<https://gmed.instructure.com/courses/264>)

Only groups or clubs operating under the umbrella of SGA and approved by the SGA executive will be approved. All groups or clubs must first be registered with the OSA before commencement of activities.

Such new groups or clubs shall submit via the SGA executive to the OSA an application for registration, containing its proposed purpose and constitution, list of officers and proposed Faculty advisor.

Application must be submitted in the semester prior to the semester of operation. No new application will be received or approved 30 days prior to a semester start. Registration of all groups shall be reviewed annually by the SGA executive, OSA and OSS.

No Student organization having as part of its constitution, objectives that are unlawful (in Dominica, Canada or US) or are in contravention to any codes of conduct or policies of ACSOM will not be approved.

The Membership Fee of SGA and for any of its groups or clubs will be determined annually in consultation with OSA and OSS.

Every student organization operating under SGA's auspices must submit an annual report of its activities and expenditures together with its application for renewal every year. The Report shall include the list of names, matriculation date and student ID number of its members.

Any student organization which fails to submit its annual report within three weeks after resumption in any Academic year will be deregistered.

The registration of any SGA group or club may be terminated at any time by the Senior Associate Dean of Student Affairs, Dean or President if it is judged that the activities of the group or club is detrimental to the overall interest of the ACSOM community.

### **Disaster & Emergency Preparedness**

ACSOM recognizes the need for its community to be prepared for unexpected natural or man-made events such as disasters or the outbreak of pandemic illnesses, as well as the need to return the school as quickly as possible to its normal operations should such events occur.

#### **Definitions:**

**Campus State of Emergency** – an ACSOM state of emergency is in effect when the Dean, Campus Dean, President or designee acts to declare such a state. This may be defined as an extremely dangerous or difficult situation that may put the lives or safety of ACSOM community members at extreme risk.

The state of emergency may be restricted to areas or populations of the campus, or may be campus-wide, depending on circumstances at the time.

**Emergency Closing** – the closure of campus to the exclusion of all members of the ACSOM community or members of the public except those individuals listed as having a designated essential function. Emergency closings and university state of emergencies are identified as such when they are declared.

**Essential Function** – one that must be carried out by a designated individual(s) irrespective of whether normal academic activities are suspended. Teaching is not considered an essential function.

**Shelter Status** – the use of buildings or spaces of the campus estate for the purposes of protection and shelter of the ACSOM community, during emergency conditions.

**Guiding principles to academic continuity:**

ACSOM will make every effort to provide necessary information to the University community throughout any university state of emergency or stage of disaster preparedness.

Departments must be as flexible as possible to enable faculty, staff, students and employees to continue to work and maintain operations to the extent possible, including facilitating working from home and other remote locations; allowing full-time employees to work part-time; using flexible work schedules or alternate work assignments; and other appropriate solutions during the emergency period.

**Disaster Preparedness Policy**

ACSOM has developed a Disaster Preparedness Policy in the event of a natural disaster (e.g. Hurricane) to ensure the safety of our students, faculty and staff. The policy document is available on Canvas at: <https://gmed.instructure.com/courses/265>, specific hurricane and weather advice is available at: <https://sites.google.com/graduatemed.com/hurricane-planning/hurricane-info/weather-tracking>

General advice on hazards that potentially may affect Dominica is available from the Office of Disaster Management at: <https://odm.gov.dm>.

**Disaster Response Management:**

During any ongoing disaster event, ACSOM has an incident Command Structure, based on as well as off-island, and issues regular communications, advice and directives to the ACSOM campus community through Canvas LMS and by direct email. The immediate contact point regarding this management structure is the Campus Dean ([campusdean@acsom.ed.dm](mailto:campusdean@acsom.ed.dm)).

In the event of loss of power, telephone and internet, satellite phones are used for communication between campus and the off-island disaster management team. Satellite phones and satellite texting devices will be made available to allow student contact with immediate family. Use of such devices will be communicated via the local management team.

**List of island Shelters:**

In the event of ACSOM community members being distant from campus during an adverse weather event, they are advised to seek shelter at one of the official shelters on island.

A complete list of shelters available throughout the island is available at: <https://odm.gov.dm/emergency-shelters/>

## APPENDICES

### 1. Abbreviations & Acronyms

ACSOM – American Canadian School of Medicine

AAMC – Association of American Medical Colleges

ACCM – Accreditation Commission on Colleges of Medicine

ACGME – Accreditation Council of Graduate Medical Education

ADA – Americans with Disabilities Act

AMA – American Medical Association

BCLS – Basic Cardiac Life Support: CPR Training

CAP – Committee on Academic Progress

ECFMG - Educational Commission for Foreign Medical Graduates

FAIMER - Foundation for Advancement of International Medical Education and Research

FERPA – Family Educational Rights and Privacy Act

FCVS – Federation Credentials Verification Service

HIPAA – Health Insurance Portability and Accountability Act

IAAR – Independent Agency for Accreditation and Rating

LOA – Leave of Absence

LMCC – Licentiate of the Medical Council of Canada

MCC – Medical Council of Canada

MCCQE – Medical Council of Canada Qualifying Examination

MS or M1-M4– Medical Student

MSPE – Medical Student Performance Evaluation

NBME – National Board of Medical Examiners

NRMP – National Residency Matching Program

ODM – Office of Disaster Management Dominica

OSCE – Observed Structured Clinical Exams

RRC – Residency Review Committee

SCE – Subject Clerkship Exam

SIS – Student Information System

SOP – Standard Operating Procedure

SPA – Special Protocol Assessment

UGME – Undergraduate Medical Education

USMLE – United States Medical Licensing Examination

WFME – World Federation for Medical Education

**2. STUDENT CORNER LINK: <HTTPS://SITES.GOOGLE.COM/VIEW/ACSOMSTUDENTCORNER/HOME>**