Groundbreaking for the new University of Mississippi School of Medicine building took place January 7, 2013. This state-of-the-art facility will allow the institution and its faculty to train significantly more physicians for Mississippi using the latest technological advances available to academic medicine.
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PURPOSE OF STUDENT HANDBOOK
The School of Medicine Student Handbook and the University of Mississippi Medical Center Bulletin are the primary sources of information about the School of Medicine and the Medical Center. It is the responsibility of each medical student to be familiar with each document. Copies of the Student Handbook and the Bulletin are provided to students during their orientation to medical school and posted on the School of Medicine’s website. General information, rules, regulations, and responsibilities pertaining to medical students, included in these documents, are discussed during orientation.

Policies of the School of Medicine and the Medical Center are subject to revision at any time without prior notice. Medical students are notified of any relevant change in policy made effective during the course of the academic year.

As members of the academic community, medical students have a voice in the formulation and application of policies and procedures and are responsible for adhering to the standards of scholarship and conduct essential to the educational mission and community life at the Medical Center.

HISTORY AND GOVERNANCE
The University of Mississippi Medical Center in Jackson is the health sciences campus of the University of Mississippi. The Medical Center opened in 1955, but its beginnings go back to 1903 when a special act of the Board of Trustees created the School of Medicine. Except for the 1909-1910 sessions when clinical training was provided at the Charity Hospital in Vicksburg, it operated continuously as a two-year school on the Oxford campus for more than half a century. In the summer of 1955, the school was moved to the state capital at Jackson and expanded to include the third and fourth years. The first class was graduated in June 1957.

The Medical Center functions as a separately funded, semi-autonomous unit responsible to the chancellor of University of Mississippi and through him to the constitutional Board of Trustees of the Institutions of Higher Learning of the State of Mississippi which governs all eight state institutions of higher learning. All final authority for the operation of the institutions under its control lies with this Board.

STATEMENT OF PURPOSE
The 1950 Mississippi Legislature enlarged and strengthened health professions education in Mississippi by enacting bills to establish and construct the Medical Center in Jackson as part of the University of Mississippi. The University of Mississippi Medical Center unites the interrelated activities of education in the health sciences and accepts responsibility for teaching, research, service, and leadership in this field. Its programs embrace training for physicians, dentists, nurses, and related members of the health team, graduate study in the biomedical sciences, and the delivery of health care in the teaching hospitals and clinics.

The parent campus, the University of Mississippi, chartered in 1844, has five areas of focus in its current Statement of Purpose. One of these is health. "The University will continue to provide the professional education of those who deliver and administer human health services and those who perform research aimed at improving the efficiency, the effectiveness, quality, and availability of health care. . . ."

Within this framework, the Medical Center’s principal and continuing purpose is to accomplish the interrelated goals of health professional education for Mississippi: to teach in a superior manner the art and science of health care to students of exceptional promise and talent; to provide high-quality treatment for all patients using the disciplines and specialties of modern health care; to lead the way to discoveries which will raise the health level of Mississippians and, indeed,
SCHOOL OF MEDICINE

MISSION

The School of Medicine’s principal mission is to offer an excellent, comprehensive and interrelated program of medical education, biomedical research and health care. Through these programs, the ultimate goal of the School is to provide quality and equitable health care to all citizens of Mississippi, the region and nation. A core value of this mission is respect for the multiple dimensions of diversity reflected in all people. In support of this mission, the School offers an accredited program of medical education that trains a diverse, skilled, compassionate, and respectful physician work force in numbers consistent with the health-care needs of Mississippi, professionals who are responsive to the health problems of the people, aware of health-care disparities, and committed to medical education as a continuum which must prevail throughout professional life. In addition, the School seeks to expand the body of basic and applied knowledge in biomedical sciences for the state, nation and the world, and to improve systems of health-care delivery and demonstrate model patient care for all members of our diverse community.

Approved by the Executive Faculty Committee, April 28, 2011

FACILITIES

The Medical Center occupies a 164-acre tract of University-owned land in the heart of the capital city. The original eight-story building is now the nucleus of a major academic health sciences complex, more than quadruple in size since its opening in 1955. The Schools of Medicine, Nursing, Health Related Professions, pharmacy and Dentistry all have their own buildings on campus. The dental education building and a major classroom addition were completed in 1977; a clinical sciences expansion to the medical school was occupied in 1978; and the Verner Smith Holmes Learning Resource Center was occupied in 1982. An ambulatory care center—the University Medical Pavilion—was completed in 1987, and an addition to the Holmes Center in 1990. The Arthur C. Guyton Laboratory Research Building opened in 1993 and was expanded in 2008. In addition to academic, research and patient care areas, other campus facilities include an alumni house, and the Norman C. Nelson, Student Union. The Medical center’s Graduate Programs in the Health Sciences previously operated under the auspices of the Graduate...
School of the University of Mississippi; the medical center’s School of Graduate Studies in the Health Sciences was established in 2001.

The University Hospitals and Health System
The University Hospitals and Health System (UHH S) are the teaching hospitals for all Medical Center education programs and a 772-bed diagnostic and treatment referral center for the entire state.

The hospital system includes the ambulatory services at the Jackson Medical Mall, faculty practice in the University of Mississippi Health Care Pavilion, the Blair E. Batson Hospital for Children which includes both the Mississippi Children’s Cancer Clinic and the Children’s Rehabilitation Center, the Winfred L. Wiser Hospital for Women and Infants, the Wallace Conerly Critical Care Hospital, the University Hospital, Holmes County Hospital and Clinics. A new adult hospital was opened to the public in October 2006.

Jackson Medical Mall
Some UHHS clinics are located at the Jackson Medical Mall. Services at the mall include immunization, hypertension counseling and treatment, tuberculosis screening, a diabetes education and research center and STD screening and counseling. The departments of family medicine, medicine, pediatrics, and obgyn collaborate in a primary care clinic. Other mall tenants are the Hinds County Health Department and the City of Jackson Department of Human Services.

Affiliated Hospitals
The G.V. (Sonny) Montgomery VA Medical Center of Jackson, with 376 general patient beds and a 120-bed nursing home, is the principal teaching affiliate for Medical Center educational programs. The McBryde Rehabilitation Center for the Blind, completed in 1972, adjoins the University Hospital, as does the Mississippi Methodist Hospital and Rehabilitation Center which opened in 1975. The Mississippi Baptist Medical Center also is affiliated.

ADMINISTRATION
The University answers to the Board through its administrative head, Chancellor Daniel W. Jones, whose office is on the Oxford campus. The chief executive officer at the semiautonomous Medical Center is Dr. James Keeton, vice chancellor for health affairs and dean of the School of Medicine. Vice and associate deans of the School of Medicine are: Dr. LouAnn Woodward, associate vice chancellor for health affairs and vice dean (601) 984-1010; Dr. Steven T. Case, associate dean for admissions (601)-984-5010; Dr. Jerry Clark, associate dean for student affairs (601)-984-5012; Dr. Loretta Jackson-Williams, associate dean for academic affairs (601)-985-5006; Dr. Patrick Smith, associate dean for faculty affairs (601)-984-5003; Dr. Shirley D. Schlessinger, associate dean for graduate medical education (601)-984-1113; Dr. Jasmine Taylor, associate vice chancellor for multicultural affairs (601)-984-5010; and Dr. Sharon P. Douglas, associate dean for coordination of education at the G.V. (Sonny) Montgomery VA Medical Center (601)-362-4471 (Ext. 1860)

EQUAL OPPORTUNITY STATEMENT
The Medical Center adheres to the principle of equal educational and employment opportunity without regard to race, creed, sex, color, religion, marital status, sexual orientation, age, national origin, disability or veteran status. This policy extends to all programs and activities supported by the Medical Center. Under the provisions of Title IX of the Educational Amendments of 1972, the Medical Center does not discriminate on the basis of sex in its educational programs or activities with respect to admissions or employment.
DIVERSITY STATEMENT

The School of Medicine is proud to be part of Mississippi’s only academic health science campus. Fulfillment of the school’s mission requires student, faculty, administration and staff respect for and appreciation of the rich cultural heritage and growing diversity of the citizens of Mississippi including their:

- demographic attributes (race, ethnicity, gender, gender identity, sexual orientation, age, educationally or financially disadvantaged background, socioeconomic status, marital and family status, rural, state and national origin, languages spoken, religious and spiritual beliefs, and culture),
- personal attributes (including integrity, communication, skills and abilities, disabilities, work habits, interactions with people, desire to learn) and
- life experiences (including healthcare, community service, leadership, teamwork, and employment).

Diversity, inclusion and cultural humility enrich the teaching and learning environment; students think more vigorously and imaginatively, enhancing their preparation as citizens and professionals committed to providing all patients, including those from underserved populations, access to quality and equitable healthcare that can ameliorate the healthcare disparities of Mississippians and the nation through medical education, biomedical research and patient care.

Approved by the Executive Faculty Committee, January 24, 2011

POLICY ON RELIGIOUS DIVERSITY*

In our efforts to embrace the religious diversity at the Medical Center, a policy has been instituted to address the observance of religious holidays for individuals of all faiths. It is the intent of the institution to make every effort to reasonably accommodate individuals based on their religious beliefs. Observation of religious holidays in all faiths will be supported except when detrimental to patient care. Conflicts between religious obligations and patient care obligations are handled much as they would be in clinical practice. That is, patient care responsibilities take precedence unless coverage has been previously arranged. In their effort to respect students’ religious customs, departments will attempt to adjust schedules to allow the observance of these holidays. Any observance of religious holidays will not be a negative factor in the grading of a student’s performance. In the event the conflict is with an essential experience, e.g., board exams, then these essential experiences will take precedence. It is the student’s responsibility to inform the appropriate person in the department prior to or at the initial clinical rotation orientation of his or her request for accommodation so that patient care and on-call responsibilities can be met in full. It is also the student’s responsibility to obtain coverage so that patient care and on-call coverage are not compromised. In the event students cannot obtain coverage, they are expected to meet their responsibilities by taking call regardless of the schedule conflict. If scheduling conflicts with religious observances occur in regard to daily patient care activities such as ward rounds, writing notes, or monitoring patients, the department may excuse students who have made prior arrangements to cover their responsibilities by performing these duties at another time or by obtaining coverage from other students or house officers. These arrangements must be made in advance and must be satisfactory to the department. Questions and requests for additional information should be directed to the associate vice chancellor for multicultural affairs, student affairs officers, or the director of pastoral services.

Like the other schools on campus, the School of Medicine is committed to maintaining an educational environment that fosters respect for and sensitivity to individual differences;
promotes personal and professional development; and gives all students every opportunity to succeed, regardless of ethnicity, gender or socioeconomic status.

*Adapted in part from the University of Nebraska Religious Policy Statement.

**SCHOOL OF MEDICINE GOALS AND OBJECTIVES**

The School of Medicine's principal responsibility is to offer an excellent, comprehensive program of medical education, biomedical research and health care. The ultimate goal of this program is the improvement of the physical and mental well-being of citizens of the state, nation and, indeed, the world.

**Primary Goal:** The School of Medicine’s primary goal is to offer an accredited program of medical education which will provide well-trained physicians and certain supporting health care professionals, in numbers consistent with the health care needs of the state, who are responsive to the health problems of the people and committed to medical education as a continuum which must prevail throughout professional life.

**Related Goals:** The School of Medicine’s related goals are to expand the body of basic and applied knowledge in biomedical sciences; to improve systems of health care delivery; to demonstrate model medical care for hospitalized and ambulatory patients; and to provide excellent programs of continuing education for the state’s practicing physicians.

**Objectives:** The educational program of the School of Medicine is designed to achieve the multiple goals of dissemination of knowledge through teaching, application of knowledge through clinical practice, and creation of new knowledge through scientific research. The specific educational program objectives set forth below reflect the essential requirements for physicians to act in an ethical and altruistic fashion while providing competent medical care and fulfilling their obligations to their patients.

I. Graduates must have sufficient knowledge of the structure and function of the human body to recognize alterations from the normal. They must understand the various causes of such abnormalities and their pathogenesis. At the completion of the medical school curriculum, students must be able to demonstrate:

A. Knowledge of the normal structure and function of the human body and each of its major organ systems.

B. Knowledge of the molecular, biochemical and cellular mechanisms which help maintain the body's homeostasis.

C. Knowledge of the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of diseases and the ways in which they impact on the body (pathogenesis).

D. Knowledge of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.

E. An understanding of the power of the scientific method in establishing the causation of disease and efficacy of traditional and nontraditional therapies.

F. Commitment to engage in lifelong learning to stay abreast of relevant scientific advances, especially those in the disciplines of genetics and molecular biology.

II. Graduates must possess the necessary diagnostic and interventional skills to accurately evaluate, diagnose and plan treatment appropriate for each patient. At the completion of the medical school curriculum, students must be able to demonstrate:

A. Competence in obtaining an accurate medical history that covers all essential aspects of the patient’s history, including
issues related to age, gender, ethnic and socioeconomic status.

B. Competence in performing both a complete and an organ system specific examination, including one for mental status.

C. Competence in performing routine technical procedures including, at a minimum, venipuncture, inserting an intravenous catheter, arterial puncture, inserting a nasogastric tube, inserting a foley catheter and suturing simple lacerations.

D. Competence in interpreting results of commonly used diagnostic tests and procedures, i.e., laboratory, roentgenographic, electrocardiographic.

E. Knowledge of the most frequent manifestations of common disorders.

F. Ability to reason deductively in solving clinical problems.

G. Ability to construct appropriate diagnostic and therapeutic plans/strategies for patients with common conditions, both acute and chronic, including medical, surgical and psychiatric conditions, and those requiring short and long-term rehabilitation.

H. Ability to recognize patients with immediately life-threatening conditions, i.e., infectious, cardiac, pulmonary, allergic, neurologic or psychiatric diseases regardless of etiology, and to institute appropriate initial therapy.

I. Ability to recognize and outline initial management for patients with conditions requiring critical care.

J. Knowledge about how to relieve pain and ameliorate suffering of patients.

K. Ability to communicate effectively, both orally and in writing, with patients, patients' families, colleagues, and health care team members with whom physicians must exchange information in carrying out their responsibilities.

III. Graduates must possess those characteristics, attitudes and values that are needed to provide ethical and beneficent medical care for all patients. At the completion of the medical school curriculum, students must be able to demonstrate:

A. Knowledge of theories and principles that govern ethical decision making, and of the major ethical questions in medicine, particularly those at the beginning and end of life and those that surface from the rapid expansion of technology.

B. Compassionate and nonjudgemental treatment of all patients, and respect for the privacy and dignity of all patients.

C. Honesty and integrity in all interactions with patients, families, colleagues and others with whom physicians must interact in their professional lives.

D. An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate and work with others in caring for individual patients and in promoting the health of defined populations.

E. A commitment to advocate the interests of one's patients over one's own interests at all times.

F. An understanding of the threats to medical professionalism posed by the conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine.

G. Capacity to recognize and accept limitations in one's knowledge and clinical skills, and a commitment to continuously improve one's knowledge and abilities.

IV. Graduates must have the ability to use systematic approaches for promoting, maintaining and improving the health of individuals and populations. At the completion of the medical school curriculum, students must be able to demonstrate:

A. Knowledge of the important non-
biological determinants of poor health and of the economic, psychological, social and cultural factors that contribute to the development and/or continuation of maladies.

B. Knowledge of the epidemiology of common maladies within a defined population and the systematic approaches useful in reducing the incidence and prevalence of those maladies.

C. The ability to identify factors that place individuals at risk for disease or injury to select appropriate tests for detecting patients at risk for specific diseases or in the early stage of disease and to determine strategies for responding appropriately.

D. The ability to retrieve from electronic databases and other resources, manage and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations.

E. Knowledge of various approaches to the organization, financing and delivery of health care.

F. A commitment to provide care to patients who are unable to pay and to advocate for access to health care for members of traditionally underserved populations.

Adapted from Learning Objectives for Medical Student Education, Guidelines for Medical Schools AAMC. 1998.

Revised by the School of Medicine Curriculum Committee July 2009 and April 2011.

PROGRAM

The School of Medicine offers a course of study leading to the degree of Doctor of Medicine. A combined M.D.-Ph.D. program also is offered. The four-year program leading to the degree of Doctor of Medicine is accredited by the Liaison Committee on Medical Education. Consult the Medical Center Bulletin for requirements and details.

TECHNICAL STANDARDS: ADMISSION, RETENTION, PROMOTION AND CERTIFICATION FOR THE DEGREE OF DOCTOR OF MEDICINE

Because the M.D. degree awarded to a senior medical student signifies that the holder is prepared for entry into the practice of medicine within postgraduate training programs, it follows that graduates must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide variety of patient care.

If they are to function in this manner, medical students must have somatic sensation and the functional use of the senses of vision and hearing, and equilibrium. They must have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and sufficient motor function to perform the activities described in the sections that follow. Students also must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) and have the intellectual ability to learn, integrate, analyze and synthesize data, and the appropriate behavioral and social skills for patient interaction.

Technological compensation can be made for some handicaps in certain areas, but the student should be able to perform in a largely independent manner.

Observation

The medical student must be able to observe and participate in demonstrations and experiments in the basic sciences, including, but not limited to, physiologic and pharmacologic demonstrations in animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states, and
anatomical specimens. Medical students are not required to participate in any procedure or service for which they have religious objection. Students must attend all required educational sessions whether or not they have religious objection to the material discussed and are responsible for the educational content of the session. In addition, students may not refuse to provide care to a patient based on religion, gender, sexual orientation, race, patient diagnosis, or any other patient personal characteristic. It is required that students communicate with the course or clerkship director at the beginning of the course or clerkship when they are aware that procedures to which they object may occur. The student must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the senses of vision, hearing, and somatic sensation. It is enhanced by the functional use of the sense of smell.

Communication
A medical student should be able to speak, to hear, and to observe patients in a sensitive manner. A medical student should be able to elicit information, describe changes in the patient’s mood, activity and posture, and perceive nonverbal communication. The student also must be able to communicate effectively in oral and written form with all members of the health care team.

Motor
Students should have sufficient motor function to obtain information from patients by palpation, auscultation, percussion and other diagnostic maneuvers; to do basic laboratory tests; to carry out diagnostic procedures; to read electrocardiograms and radiographs; and to conduct anatomical dissections in the basic sciences and clinical years. A student should be able to execute the motor movements reasonably required to provide general and emergency care to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, opening of obstructed airways, suturing of simple wounds and 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 and vision.

Intellectual, Conceptual, Integrative, and Quantitative Abilities
These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the student must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

Behavioral and Social Attributes
A student must possess the emotional health required to fully use his or her intellectual abilities; to exercise good judgment; to promptly complete the responsibilities attendant to the diagnosis and care of patients; and to develop mature, sensitive and appropriate relationships with patients. Students must be able to tolerate physically taxing workloads and to function effectively under stress. They must be flexible and able to adapt to changing environments, and capable of functioning in the face of uncertainties inherent to the clinical problems of many patients.

PROFESSIONALISM
Professionalism is an inherent and vital part of the discipline and practice of medicine. In this spirit, the School of Medicine has adopted the Medical Student Professionalism Code and the Covenant for Medical Education.

Professional Appearance Guidelines:
University of Mississippi School of Medicine
General appearance and standards of dress are important issues in the medical profession. Medical students are considered to be part of the medical profession even if not in the
As members of the medical community, we are expected to adhere to certain standards. Society has accorded physicians special privileges and status and expects us, as part of a larger "social contract," to conduct ourselves in accordance with standards that we ourselves regulate but that are driven by the interests of those we serve. For instance, patients prefer and have come to expect physicians to wear a white coat with a name tag and to dress conservatively; this mode of dress conveys respect and gives formality to patient-physician interactions. As future doctors, our appearance affords professional identity, privilege, and status.

First and Second Year

Dress in routine class in the first two years is informal.

- Intact jeans-No holes, tears or cut-offs, Polo shirts, collared shirts, solid color and plain T-shirts in good condition with out lettering or pictures are acceptable.
- Cargo pants, Capri pants and shorts are all acceptable for routine classes.
- In small groups with patients present, guest lecturers and clinical correlations students should wear a clean, short white coat with a name tag identifying that they are medical students and causal business attire (for men, slacks/long pants and long sleeve button up shirts or neat polo shirts, for women, skirts/ slacks and sweater/blouse).
- Clean intact sneakers are acceptable.
- No flip flops/thongs or soiled sneakers in poor repair.
- The short white coat issued to each student at the start of the first year comes with an arm patch. The patch designates the school of medicine and is expected to be worn on the left upper arm of the short coat.

First Year – Anatomy Laboratory

- Matching scrub top and bottom are to be worn in the Anatomy Lab. Any color is acceptable.
- Scrubs should only be worn in designated areas or when the situation warrants their use.
- Hat/caps, shorts, cargo pants and Capri pants are NOT acceptable in the laboratory.
- Note that some Lab or clinical settings have more specific dress requirements.

Third and Fourth Year

- Hair should be neat.
- No facial piercing.
- A minimum of jewelry, such as wedding rings or class rings, is acceptable.
- Button-down shirts and ties for men unless instructed or approved to wear scrubs by your attending.
- No jeans, cargo pants, Capri pants or cut-offs.
- Shoes should be neat and clean, and always with closed toes.
- Do not wear sandals, flip flops/thongs. Clean sneakers when wearing scrubs are acceptable.
- Clogs are acceptable.
- Refrain from excessive use of fragrant hairspray, perfume and cologne.
- Women should wear professional blouses or sweaters.
- Low cut or clinging shirts, sweaters or blouses are inappropriate.
- Skirts should be of an appropriate length, no shorter than two inches above the knee.
- Clothing that is too tight should be avoided.
- Fingernails should be of a modest length and should not interfere with your patient’s care.
- Minimize excessively bright, dark or creatively-colorful nail polish.

These recommendations for dress are expected to be adhered to any time the students are in the hospital/clinical setting or any time they...
interact with patients. Students are free to dress neatly and informally in the library or when on campus to study in the classroom building.

POLICY ON PROFESSIONAL BEHAVIOR
Students enrolled in the School of Medicine must develop the professional behaviors expected of a physician. Students will be evaluated in the areas of participation, attendance at mandatory activities, attentiveness, maturity, cooperation, responsibility, personal appearance, respect (for authority, peers, patients and other members of the health care team), communication, judgment, ethics, honesty, morality, as well as other characteristics of professionalism important for a career in medicine. Each day, a medical student will encounter a number of people who will observe professional or unprofessional behaviors. These people may report compliments or concerns related to the professional behavior of a student through verbal, written, or other reporting mechanisms. Examples of report sources include: faculty members, residents, nurses, other health care providers, other medical center employees, medical school peers, patients, or patient’s family members. Reports of exemplary professional or unprofessional behaviors or concerns should be made to the assistant or associate dean for student affairs or for academic affairs.

When a student receives a report of a concern related to unprofessional behavior, the assistant or associate dean for student affairs or for academic affairs shall meet with the student to discuss the incident.

Following the initial meeting with the assistant or associate dean for student affairs or for academic affairs, the following actions will be taken:

1. If the incident is felt to be minor:
   • The initial interview and counseling session, as well as further monitoring of a student’s performance in the area of concern may suffice.
   • Other assistant or associate deans in the School of Medicine (associate dean for multicultural affairs) may be asked to participate in counseling and meeting with the students. The counseling session will be documented in the student’s file in the office of the assistant or associate dean for student affairs or for academic affairs, but the report will not carry forth to future evaluations if the behavior does not recur and if there are no other reports of unprofessional behavior.
   • If the reported incident, upon investigation, is found to be frivolous and not valid, this fact will be clearly documented in the student’s file.

2. If the incident is of serious concern or if there has been a pattern (greater than two) of minor incidents, the Assistant or Associate Dean for Student Affairs or for Academic Affairs, or other Assistant or Associate Deans in the School of Medicine (Associate Dean for Multicultural Affairs) will interview and counsel the student as above and may:
   • Discuss the incident with the Dean’s Council, and recommend that the student be placed on leave of absence.
   • Discuss the incident with the Dean’s Council, and recommend that the student be placed on probation for unprofessional behavior.
   • Discuss the incident with the Dean’s Council and recommend that the student repeat the course.
   • Discuss the incident with the Dean’s Council, and recommend the student be dismissed from the School of Medicine.

These recommendations will be presented
to the Dean of the School of Medicine for approval. The mechanism for appeal is outlined in the Student Handbook. A student who returns after a suspension, dismissal, or withdrawal for unprofessional behavior will automatically be on academic probation for at least one academic quarter.
A student dismissed from the School of Medicine for unprofessional behavior may appeal for re-admission to advanced standing. Approved by SOM executive faculty February 22, 2005

CODE OF HONORABLE AND PROFESSIONAL CONDUCT
In the tradition of high standards of professional and personal conduct described by Hippocrates, the students of the University of Mississippi School of Medicine created a code of honorable and professional conduct. They have dedicated themselves to the study and practice of medicine for the benefit of humanity. In order to maintain the altruistic spirit of this enterprise, students commit to uphold the principles of this code. In so doing they show, both within and without the university, respect for personal honor, morality, order, and the rights of others. It is their goal, through the principles outlined in the code, to set standards and patterns of behavior that will serve them well in their growth toward excellence in the practice of medicine. Accordingly, faculty, and staff have collectively agreed to endorse the spirit of the standards set forth in this code of honorable and professional conduct. A copy of the code is available at:
http://somacadaff.umc.edu/policies/documents/HonorPolicy.pdf
Adopted by the Medical Student Council, May 11, 2009
Approved by the School of Medicine Dean’s Council, June 22, 2009.
Presented to Executive Faculty, July 21, 2009.

POLICY ON ACADEMIC STATUS
A. Promotions Committee
The Promotions Committee shall be the primary body to act upon matters of student academic evaluation for promotion, recommendation for graduation, withdrawal, and dismissal. The committee shall consist of faculty members in the appropriate teaching departments in the School of Medicine. The Chairman of the Promotions Committee shall be appointed or designated by the Dean. The Promotions Committee shall be responsible for decisions regarding promotion and academic status in each year and for recommendation for graduation to receive the M.D. degree. These recommendations shall be sent to the Dean, and shall be presented to the Executive Faculty of the School of Medicine for review prior to final implementation or notification of the student.

B. Grading
Each department directing a course or clinical block shall specify the requirements of that course or block, and the standards by which students of that course or block are evaluated and shall submit electronically in SAP for each student a numerical percentage grade for that course, with 70.0 the minimum passing grade.

Each department shall submit electronically in SAP grades in completed courses within 30 days of the final examination. When national testing examinations are to be used in the compilation of final grades, student grades must be submitted within 30 days of receipt of the results of such examinations. Exceptions to the 30 day submission policy will be required in the month of May when graduation and promotion deadlines necessitate an earlier grade submission.

A grade of incomplete will be given when, at the end of a regular course period, addition-
al work is required, due to non-completion of a portion of the course requirements, i.e., lost time or missed examination because of illness, or other extenuating circumstances. A grade of incomplete may be removed by completing missed work, and/or by successful completion of examinations, whichever is appropriate.

A grade of incomplete must be removed within twelve months. A grade below 70.0 is a failing grade, given when a student demonstrates deficiency in required performance, and will require significant make up work and/or reexamination, or repeating the course.

If a student is required to repeat a portion of a course including examination(s), an entire course, or an entire year, the initial grade and the subsequent grade are both recorded on permanent records of that student, with the initial grade used to compute class academic rank and GPA (grade point average). At the end of each academic year, a weighted average will be computed to determine a class ranking which may provide a means to determine honors, awards, and scholarships specifying an academic rating as a stipulation, or which may be used in transfers to other schools.

Student performance at UMMC is evaluated according to academic criteria, not on the basis of opinions or conduct in matters unrelated to academic standards. A course director (defined as one who has responsibility for a class or directed individual study) is given the authority over all matters affecting the academic conduct of that instructional unit, including assignment of grades. The course director shall be presumed to have assigned the proper grade until it proven otherwise. The burden of proof to the contrary rests with the student. Students shall have protection against prejudiced or capricious academic evaluation. It is expected that the method of grading by course directors will be made clear to students, and course directors will be required to justify disputed grades. All records on which grades are based are expected to be retained on file for a minimum of six months following scheduled completion of any instructional unit.

Disputes associated with the assignment of grades must be filed with the course director’s chair/department head and the School of Medicine in writing within 10 working days of the receipt/posting of the grade. The chair/department head will have 10 working days to respond to the student’s dispute. If the student still feels the matter has not been resolved appropriately, a written appeal shall be made to the dean (See MECHANISM FOR APPEAL).

C. Promotion

To be eligible for promotion, a student must achieve a grade of not less than 70.0 in each course, have no incomplete grade, and have a weighted average of 75.0 or higher. Sophomore students must also pass Step 1 of the United States Medical Licensing Examination (USMLE) to be eligible for promotion to the junior year. Senior students must also have passed USMLE Step 2 (Clinical Knowledge and Clinical Knowledge) to be eligible for graduation.

At the end of the year, a student who has no failing grades, but has a weighted average below 75.0, will be required to satisfactorily complete remedial work prior to promotion or graduation; in such a case, remedial work may include the possibility that an entire academic year be repeated.

A student must satisfactorily complete all requirements before being promoted to the next higher academic year and before beginning courses in the next higher academic year. An exception to the latter may temporarily be made when grades are not immediately available as in the case
of delayed national test results. Under no circumstances will a student with known and unremedied academic deficiencies be allowed to begin courses in the next higher academic year.

Students with failing grades in one or more courses shall be placed on academic probation, and if not dismissed, will be required to remove probationary status by reexamination, by repeating a course, or by repeating the year, as required by the Promotions Committee, Executive Faculty and Dean. The Promotions Committee shall take into account a student's overall performance and extenuating circumstances before reaching a final decision in this regard. Students with incomplete grades in one or more courses must satisfactorily complete these courses as required by course directors prior to promotion to the next academic year. A grade of incomplete must be removed within twelve months.

Students may be required by the Promotions Committee to do remedial work in a course and/or to take a repeat examination(s). Failure upon reexamination in any course requires that student must either repeat the entire course, the entire year, or be dismissed as recommended by the Promotions Committee and the Executive Faculty.

Students who are required to repeat an entire year, shall register for the actual credit hour value of that year, and shall pay the usual fees of a full-time student for the period of time specified.

Sophomore students, satisfactorily completing all course work for the second (M2) year may begin the junior (M3) year on a contingent basis pending receipt of therésults of their initial USMLE Step 1. Students who fail Step 1 may continue with the junior year, completing the rotation that is in progress if the student is in passing status. At the end of said rotation, such students will be placed in Independent Study for a period not to exceed 10 total weeks. Students who receive a passing score on USMLE Step 1 during this period qualify for promotion and may resume their junior (M3) year on the next available block. A passing score on the repeated attempt must be received before a student can resume the junior (M3) year and begin clinical work. No junior (M3) medical student will be allowed to spend more than 10 total weeks in Independent Study without being required to repeat the junior (M3) year.

Students who fail to receive a passing USMLE Step 1 score and miss more than 10 total weeks of the junior (M3) year will be placed on leave and required to repeat the junior (M3) year in its entirety. To be eligible for a repeated attempt of the junior (M3) year, students must take USMLE Step 1 by April 1st, allowing them to restart the junior (M3) year from its beginning with the next class. Repeating students will also be required to complete a 30 day clinical refresher course held during the month of May. Students who fail to follow this process will be dismissed from the School of Medicine.

Senior students, satisfactorily completing all course work for graduation but failing to receive a passing score on USMLE Step 2, will be given one year beyond the original expected date of graduation to pass Step 2 and to receive their degree. Students failing to pass Step 2 within that year are no longer eligible for the M.D. degree without additional course work at this school. Such additional course work shall consist of a remedial third (M3) year of medical school which must be taken and passed in its entirety with all examinations. Any failed course or National Board examination in the remedial year may not be repeated and such a failure will result in the student’s dismissal from medical school. Following satisfactory completion of the
entire remedial year, students again become eligible for the M.D. degree and have one additional year to pass the USMLE Step 2. Thereafter, students are no longer eligible for the M.D. degree and will be dismissed from the School of Medicine. Commencement ceremonies for the University of Mississippi School of Medicine are held in late May of each year to recognize degree candidates. Students are responsible for maintaining an appropriate course load and completing all requirements in time to be eligible for participation in the commencement activities. These include, but are not limited to: technical skills requirements, a passing score on USMLE Step 2 Clinical Knowledge, a passing score on USMLE Step 2 Clinical Skills, four senior required courses, four senior elective courses and Senior Seminar. In the event a student has completed all degree requirements except for a scheduled June required or elective course, upon petition of the Dean’s Office, the student may be granted permission to participate in graduation activities. The School of Medicine strictly enforces this commencement policy. Participation in the commencement ceremony is not a guarantee or an indication of degree completion. To officially graduate from the institution, students must satisfy all university, school, and course requirements.

D. Leave of Absence
Leave of absence from medical school may be granted by the Dean or his administrative designee under the following conditions:

1. For students in good academic standing to pursue training as a medical scientist (i.e., to pursue research experience or to complete a Masters or Ph.D. degree).
2. Leave of absence for students with academic, personal, financial or medical problems may be granted in special circumstances.

If the leave of absence is granted during the academic year for the remainder of that academic year with the potential of returning to repeat the entire academic year, final grades in courses which have been completed will be recorded in the Office of the Registrar. Grades in courses in progress shall be reported to the Office of the Registrar as “withdrawn”.

E. Withdrawal
A student with academic, personal or health problems precluding satisfactory performance or continued enrollment, which require more than one academic quarter of leave, may be allowed to withdraw.

At the time of withdrawal, final grades in courses which have been completed will be recorded in the Office of the Registrar. Grades in progress shall be reported to the Office of the Registrar with a determination of “withdrawn.”

Any withdrawal by a student shall be presented to the appropriate Promotions Committee, which shall determine conditions under which a student may be readmitted, if at all, and shall make such recommendations to the dean and executive faculty. The student shall be informed of readmission eligibility status and requirements.

Students who voluntarily withdraw may not be readmitted except as a beginning first-year student (i.e., no advanced standing) if over two years have elapsed since withdrawal. If two years or less have elapsed since withdrawal, a student may be admitted to advanced standing but must repeat entirely any course/block not previously completed. Alternatively, depending on academic standing and time elapsed a student may be required to repeat the entire academic year from which he/she withdrew.
In the event of withdrawal prior to the end of the first semester of the first year, the student will not be eligible for readmission except that he/she may apply for admission to the first year class as any other new student. A student who withdraws and has been declared eligible for readmission must apply for readmission by petitioning the dean, stating the reasons for his/her withdrawal and why he/she now believes he/she is able to pursue academic studies successfully. This petition shall become a part of the student’s permanent record.

F. Dismissal

A student dismissed from the School of Medicine shall not be eligible for readmission in advanced standing. Such students shall not be precluded from applying for readmission to the first-year class as any other new candidate. Dismissal from the School of Medicine may be for:

1. Academic failure. Included are: (a) students who have academic deficiency in the current school year, (b) students who have a repeat failing grade in any repeated course or block or who failed any course or block in a repeated year, (c) other failure as determined by the Promotions Committee.

2. Health reasons. In this category are students who by reason of health, including behavioral and psychiatric disorders, are precluded from satisfactory academic performance or satisfactory performance as a physician in the practice of medicine.

3. Conviction of a felony.

4. Conduct deemed to be other than honorable or ethical (i.e., cheating on examination, taking credit for work not one’s own, etc.)

5. Any student who commits an unlawful act on or off the Medical Center property or whose conduct discredits the Medical Center in any way will be subject to disciplinary action, up to and including dismissal.

MECHANISM FOR APPEAL

The executive faculty shall act as an appeal body for all academic and/or unprofessional behavior matters that concern grades, promotion, conditions imposed by suspension, dismissal or withdrawal. Students shall be notified of adverse academic decisions such as requirements for remedial work, conditions upon withdrawal, or dismissal. Each student shall be notified of his or her right to appeal before the executive faculty to appeal such decisions. Any request for appeal must be by written petition to the dean within 14 days of the recommendation of the sanction. Failure to make a written appeal within this 14-day time period shall constitute a waiver of the appeal right and shall result in the sanction becoming final as recommended. During an appeal hearing before the executive faculty the student shall be permitted, at his/her expense, to have an adviser or legal counsel at the hearing and through all other stages of the disciplinary process. The role of the counsel shall be limited to an advisory capacity only. He/she will not be permitted to make opening or closing statements/questions, choosing witnesses, or make concluding statements on his/her behalf. The student is entitled to present witnesses or other evidence, question opposing witnesses, and make opening and concluding statements on his/her own behalf. The executive faculty shall record all hearings, which record shall be preserved until the time for all avenues of appeal available to the student shall have expired.

The executive faculty shall have the right to approve the recommended sanction, impose a lower sanction or no sanction, or impose a harsher sanction than recommended. The executive faculty shall render a written decision within ten (10) working days of the completion of the hearing, and shall notify the student with a copy of the written decision. All decisions by the Executive Faculty concerning academic
matters are final. The student shall have the right to file a procedural appeal in writing to the Associate Vice Chancellor for Academic Affairs/Provost within five (5) working days. In the case that a procedural violation is found to have occurred, the case will be returned to the point of procedural issue and readdressed.

ACADEMIC ACHIEVEMENT POLICY

The academic achievement policy for the School of Medicine ensures that students with academic difficulty participate in the UMMC Academic Achievement Program. Any student who maintains a grade of less than 70.0 in any single course, or who maintains a weighted average grade of less than 75.0 for all courses, will be referred to the Associate Dean for Academic Affairs. If so recommended by the Dean, the student must without exception participate in this program.

Once enrolled in the Academic Achievement Program, a student must fulfill the following requirements:

1. Meet with the appropriate course director(s) and/or course faculty to obtain an assessment of performance and guidelines for improvement.

2. Meet with the director of academic counseling to discuss appropriate academic assistance that is available to students, both directly and on a referral basis.

3. Meet with the associate dean for academic affairs or assigned administrative advisor. Student will communicate with their administrative advisor on a minimum monthly basis to give an update of progress. The student may be required to be evaluated by Student Health.

4. Once enrolled in the AAP, students will remain until completion of all M2 requirements.

5. Any student enrolled in the AAP who does not perform in a manner consistent with passage of Step 1, determined by a successful predictive score on the National Board of Medical Examiners’ Clinical Basic Science Shelf Assessment to be administered in May, will be required to submit to an approved study program.

Failure to actively participate in the Academic Achievement Program will be communicated to the School of Medicine Promotions Committee and will be considered in decisions regarding promotion.

Approved by SOM Curriculum Committee
February 22, 2007

Approved by SOM executive faculty
February 27, 2007

POLICY REGARDING PERSONAL BELONGINGS DURING EXAMS

Purpose: to provide clear guidelines and communication to students and faculty regarding appropriate and inappropriate use, or presence, of personal belongings in the examination setting at the University of Mississippi School of Medicine. The presence of such items may not only be distracting to other students, but may also give the impression of unprofessional behavior.

Personal items, e.g. book bags, should be stored in your locker prior to your entry into the examination room.

You may not bring certain personal belongings into the testing area, including the following (unless specifically permitted by the course director):

- mechanical or electronic devices capable of receiving, storing or transmitting information, such as personal digital assistants (PDAs), palm pilots, hand-held computers, laptop computers, etc
- watches with alarms turned on or watches with computer communication
and/or memory capability
• electronic paging devices
• recording or filming devices
• radios and/or cellular telephones
• hats with bills or brims
• books, notes, study materials, or scratch paper
• food or beverages

If these items are brought to the examination, the proctor may take them and store them in the room until you finish the examination. The proctor and/or University of Mississippi Medical Center are not responsible for items left with the proctor as that is neither the primary function nor focus of the proctor during examinations.

Individual departments may impose other restrictions not detailed above, in such case, these restrictions are detailed in their respective course syllabi.

The National Board of Medical Examiners (NBME) provides specific instructions for the administration of the Subject National Board Examinations that are used by the School of Medicine. You will be informed of these instructions prior to the start of these examinations and are required to adhere to those instructions.

Non-adherence to this policy in the School of Medicine will be considered to be unprofessional behavior on the part of the student and will be reviewed in accordance with the policy on academic status.

Approved by Executive Faculty March 23, 2004

ATTENDANCE POLICY
Participation in the educational program of the University of Mississippi School of Medicine is limited to highly qualified and motivated individuals who seek the knowledge, skills, attitudes and behaviors required for physicians to provide competent and compassionate care to a culturally diverse patient population.

Students are expected to attend and participate in medical education opportunities.

Student evaluation may be partially based upon participation if so stated in the course syllabus and approved by the Curriculum Committee.

Students with three unexcused absences from mandatory classes or activities will be viewed as demonstrating unprofessional behavior, triggering the School of Medicine’s Policy on Professional Behavior.

Approved by SOM Executive Faculty
September 23, 2004

POLICY ON STUDENT DUTY HOURS
The University of Mississippi Medical Center School of Medicine and its affiliated hospitals are committed to providing excellent patient care and outstanding education for medical students. Duty hours of medical students enrolled in the M3 and M4 years are as follows:

a. Duty hours are defined as all scheduled clinical and academic activities related to the educational component of the rotation, including patient care (both inpatient and outpatient), administrative duties related to patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Scheduled duty hours for M3 and M4 students must not exceed the duty hours for residents (80 hours per week, averaged over a four week period). M3 students should be allowed time to prepare for required examinations.

c. M3 and M4 students are to be provided with 1 day in 7 free from responsibilities averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
On-Call Activities
The objective of on-call activities is to provide students with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when students are required to be immediately available in the assigned institution.

a. In-house call should occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, should not exceed 24 consecutive hours. Students may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

c. No new patients should be assigned immediately after 24 hours of continuous duty.

Oversight

a. The School of Medicine policies and procedures are consistent with the LCME Accreditation Standards for the educational program and student work environment. Monitoring of scheduled duty hours will be done with a frequency sufficient to ensure an appropriate balance between education and service.

b. To monitor compliance with institutional duty hours policies and requirements, the SOM Office of Academic Affairs will assess each UMMC clinical department at least annually. The extent and frequency of monitoring for each clinical rotation will be determined by the SOM Office of Academic Affairs based upon data collected from the students and other data sources identified by the SOM Office of Academic Affairs. Duty hours assessment will also be a component of the clinical rotation evaluation.

COURSE SYLLABI
Course syllabi are issued by each course coordinator/department to students enrolled in each class at the beginning of the course. The syllabus is a course guide only and is not a contract. To meet varying educational and time requirements, the syllabus may be changed or modified by the course coordinator/department at any time without prior notice.

EVALUATION
The School of Medicine evaluates the educational experience through various optional and required surveys, evaluations, and questionnaires. Currently, E*Value is the web-based system that is used to manage most evaluations throughout all four years. The results of these evaluations are used on an ongoing basis to assess student achievement, ensure quality, improve curriculum, address concerns, and guide growth and changes. A subcommittee of the Curriculum Committee has the charge of evaluating program effectiveness, monitoring content and workload in each discipline and reviewing objectives of courses and clerkships to assure congruence with overall School of Medicine objectives.

REGISTRATION
To receive credit for any course, a student must be registered for that course in the Office of Student Records and Registrar. Students will be denied class attendance and examinations for failure to pay registration fees.

Tuition and Fees
Tuition and fees are assessed at the beginning of each quarter or other academic session. Statements will be mailed to the most cur-
current address; however, non-receipt of a bill does not alter your responsibility for paying fees on time. Payment is due at registration unless financial aid is forthcoming.

Students who have checks returned due to insufficient funds will be charged $30 and may lose check writing privileges in the Student Accounting Office. Students will not be allowed to register for a new academic term if they have an outstanding tuition or fee, from a prior academic term. Students who withdraw or are on a leave of absence from classes and have outstanding tuition and fee balances will be subject to collection activities, including credit bureau reporting and assignment to collection agencies. Students will be responsible for all costs incurred in the collection of delinquent accounts.

The Medical Center will not issue transcripts or certify academic records for any persons whose financial obligations to the Medical Center are due and unpaid. This includes student accounts as well as student loans.

Refunds - A student who officially withdraws from the School of Medicine after enrollment may obtain a proportional refund of tuition (Medical Center Bulletin, page 15). A refund of all fees paid will be made in the event the student is involuntarily ordered to active duty in military service. However refunds are calculated on a percentage of the term completed basis.

STUDENT SERVICES

The University of Mississippi Medical Center offers a comprehensive program of student services. The campus leadership believes these services are an important adjunct to the total educational program and essential to the continuing fulfillment of the institution's purpose. The School of Medicine Office of Student Affairs is located in room N145 and services as an important conduit for students in the coordination of these services.

THE ROWLAND MEDICAL LIBRARY

Named in honor of Dr. Peter Rowland, a former professor of pharmacology who was primarily responsible for its establishment, the library serves all Medical Center schools and programs. All library operations are fully automated by the computer system, Rowland Medical Online (RoMeO) which provides access to the online catalog of library holdings and several bibliographic and reference databases such as MEDLINE, CINAHL, HEALTH, and AMA FREIDA. The library serves as headquarters for the Mississippi Health Sciences Information Network, a statewide electronic system for health sciences information access and delivery. It also functions as a resource library within the National Network of Libraries of Medicine Southeastern/Atlantic Region. The library is a part of the Verner Smith Holmes Learning Resource Center. It contains more than 237,735 print volumes and receives 2403 current periodicals and serial publications. Fall Hours are 7 a.m. – midnight Monday to Thursday, 7 a.m – 9 p.m.. Friday, 8 a.m. – 7 p.m Saturday and noon – midnight Sunday. Summer Hours are 7 a.m – 10 P.m Monday to Thursday, 8 a.m. – 7 p.m., Saturday and 2 P.m. – 10 p.m. Sunday. The library is closed on official Medical Center holidays.

STUDENT FINANCIAL AID

There are a number of different financial aid options to help you pay for educational expenses. Financing your education is a partnership between you and the Financial Aid Office. The financial aid website is an excellent place to begin your research on how to meet your educational cost (http://financialaid.umc.edu/student_financial_aid/StepsIncoming.html). You will find information about available aid programs, applying for student financial aid, and estimates of the education costs you will incur. The Financial Aid Office is dedicated to assisting you with financing your educa-
tion. The office is happy to provide answers to all questions you have concerning the financial investment you are about to make in your future.

ORGANIZATIONS FOR STUDENTS

Honor Societies

Alpha Omega Alpha, national honorary medical society, was installed on the Medical Center campus in 1958. Undergraduate membership is based entirely on scholarship, personal honesty and leadership potential. Alumnus membership is granted for distinctive achievement in the art and practice of scientific medicine and honorary membership is granted to eminent leaders in medicine and allied sciences.

The Society of the Sigma Xi, national honorary society dedicated to the encouragement of original investigation in the pure and allied sciences, was installed as a chapter in May 1967. Membership requirements include noteworthy achievement as an original investigator in a pure or applied science.

Phi Kappa Phi, national honorary scholastic fraternity installed on the Oxford campus in 1959, is open to those medical, dental, graduate, nursing and health related students who qualify.

The Carl G. Evers Society, established in 1996, is composed of medical students elected by their peers from the four medical school classes. The society administers and compiles evaluations of courses in each of the four years of medicine; facilitates communications between the medical student groups, faculty and administration; and honors excellence in teaching through the selection of outstanding pre-clinical and clinical faculty each year.

The Gold Humanism Honor Society, installed on the Medical Center campus in 2005, honors senior medical students, residents, role-model physician teachers and others for demonstrated excellence in clinical care, leadership, compassion, and dedication to service. Members are selected by a peer and faculty nomination process.

Professional Organizations

Active chapters of the American Medical Association - Medical Student Section, the American Medical Student Association and the Student National Medical Association provide students with the opportunity to participate in a variety of programs. Through the University Medical Society, a component society of the Mississippi State Medical Association, official voting delegates participate in the House of Delegates of the Mississippi State Medical Association. Medical students also participate as voting delegates of the Organization of Student Representatives of the Association of American Medical Colleges. There are active organizations for spouses of medical and dental students to promote closer fellowship through informational programs and service projects to help prepare them for their roles in the health care community.

Medical Student Council

In order to facilitate the process of student leadership and government, a number of class officers are elected by each medical school class. Two executive officers from each class as well as two at-large representatives of the entire medical student body make up the Medical Student Council. This organization serves as the voice of the University of Mississippi School of Medicine student body. It investigates and discusses issues of interest to students of the School of Medicine regarding education and student life; offering constructive courses of action that benefit all, while striving to protect the quality and integrity of the institution.

Associated Student Body

The Associated Student Body is composed of elected representatives and designated officers from the Schools of Medicine, Nursing, Health Related Professions, Dentistry, and
Graduate Studies in the Health Sciences. Each school also elects its own student council. As the official Medical Center student government organization, ASB meets with and provides information and opinions on student concerns to the administration and faculty. ASB also develops activities relating to academic programs and sponsors extracurricular activities, including intramural sports and publication of the Medic, campus yearbook, and the Murmur student newspaper.

**ASB Executive Council**

The ASB Executive Council serves as the governing council of the ASB, serving as a liaison between the students, administration and faculty of the Medical Center, as well as the communities in and surrounding Jackson. Officers for the council include a president, vice-president, secretary and treasurer, all elected annually by the student body at large. ASB voting members also include elected class officers and/or representatives from the Schools of Medicine, Nursing, Health Related Professions, Dentistry, and Graduate Studies in the Health Sciences. The ASB Executive Council strives to represent the students by addressing academic, financial, social, and other issues that may directly or indirectly affect you and your learning experience.

ASB Executive Council meetings are scheduled for the first non-holiday Monday each month. These meetings are open to all students. Because the council’s effectiveness is directly related to its leadership and student participation, you are encouraged to take an active part in the future direction of this council.

**Multicultural Student Health Care Association (MHHCA)**

MHHCA was organized to represent the needs of all students from all disciplines here at the University of Mississippi Medical Center. It was designed to give students from each of the schools an opportunity to share their cultural experiences and explore differences in a significant way, as well as to give them a meaningful voice in the productivity and advancement of their school and to serve their community. It is intended to serve as a forum by which all students at the Medical Center can assemble and address common issues and engage in both academic and social activities of common interest.

**INTRAMURALS**

The Associated Student Body regularly sponsors intramural athletics during the fall (football) and winter (basketball). Classes desiring to form a team should have a representative attend the organizational meeting for each season (football in early September and basketball in late January). A class with insufficient players to form a team is encouraged to join with one or more other classes so that all may participate.

**FOOD AND NUTRITION SERVICES**

**Cafeterias**

The main cafeteria for students, employees and visitors provides three meals a day and is open 24 hours a day. Short orders, salads and desserts are available all night. Students with I.D. badges get a discount on all cafeteria items.

The Wiser Hospital Dining Room is located on the first floor of the Winfred L. Wiser Hospital for Women and Infants.

**Fast Foods**

The Student Union Grill is located in the Norman C. Nelson Student Union. McDonald’s is located on the first floor of University Hospital near the Methodist Rehabilitation Center. Subway is located on the first floor of the Addie McBryde Rehabilitation Center near the main cafeteria. Specialty coffee kiosks can be found in the University Medical Pavilion, Methodist Rehabilitation Center, and University Hospital.

**STUDENT UNION**

The Student Union is a two-story, 53,354-square foot building which houses the cam-
pus bookstore, and a fast-food court. A gymnasium is located on the first floor with a full-sized basketball court, locker rooms and showers. A walking-running track, on the second level above the basketball court, is skirted by rooms for aerobic exercise and weightlifting. A student lounge with a game room, a TV room, and a study room are adjacent to the gymnasium. The Associated Student Body offices and conference rooms are on the second floor, as well as a large multi-purpose meeting room with a seating capacity of 400 that can be subdivided into six smaller meeting rooms. For luncheons and receptions, a kitchen adjoins this meeting room. The ASB Suite on the second floor is available for studying purposes 24 hours a day.

**MEDICAL CENTER BOOKSTORE**

The bookstore is located in the Norman C. Nelson Student Union. Cash, checks, Visa®, and Mastercard® are accepted. A check cashing service is offered to faculty, staff, and students. With a minimum purchase of $1, a check for up to $10 over the amount of purchase can be cashed in the Bookstore. Bookstore gift certificates are available in any amount requested and can be used toward any purchase.

**Textbooks**

Medical students must provide their own required textbooks. Required and recommended textbooks are available for all courses offered throughout the Medical Center. Because academic programs operate on quarters and semesters and because there is limited space in the bookstore, a large quantity of books may not be available for the entirety of the term. Generally, books are available from one to two weeks prior to the class start date and six to eight weeks into the term. Required books cannot be returned, but recommended books may be returned within three days of purchase. All books are new, and no used books are sold.

**Reference and Review Books**

A wide variety of reference and review books for all disciplines are offered. About 1,500 titles are housed in the bookstore, and about 50,000 additional titles can be accessed through the bookstore’s computer database. Any books not currently in stock can be ordered by request. Delivery for special orders is within a week to 10 days. Books can be reserved, and the customer will be notified. For a minimal fee, books can be shipped to the customer. The Bookstore’s database is updated weekly with information regarding new editions pending for the next six months to a year, any out-of-print publication, and current price changes. Catalogs with a list of best sellers in each medical, nursing, and allied health fields also are available to Bookstore customers, free of charge. Review books cannot be returned, but reference books may be returned within three days of purchase.

**Textbooks and Special Equipment**

Students must provide their own required textbooks and special equipment, including stethoscopes and dissecting instruments, as specified throughout the course of study. These items are normally available through the Medical Center Bookstore.

**Medical Supplies**

A variety of medical supplies and replacement parts are offered. Some items are only available periodically in the Bookstore, according to the usage in the curriculum. Any item, however, can be special ordered at any time (i.e., microscopes, articulators, dissecting kits). Non-stock specialty items or special-sized apparel also may be special ordered.

**Office Supplies and School Apparel**

Like most college bookstores, the Medical Center Bookstore carries an assortment of supplies needed for the classroom or office. Specialty items may be ordered. An assortment of T-shirts and sweats are offered. Some are college specific (i.e., School of Medicine),
and other are designed generally for the Medical Center.

TECHNOLOGY REQUIREMENTS

Required Laptops
Entering medical students are required to own a laptop computer that meets the annually revised UMMC School of Medicine Minimum Laptop Specifications (http://somacadaff.umc.edu/policies/StudentComputerPolicy.html). Funds are budgeted in the student financial aid package to allow for the student to purchase a laptop computer. Students should purchase a laptop meeting or exceeding the UMMC Minimum Specifications from regular retail channels. High end laptops from any IBM-PC or APPLE- compatible manufacturer should be acceptable. Students will be personally responsible for maintenance and repair of their laptop therefore, a 3-year maintenance and repair contract purchased from the original equipment manufacturer or vendor is recommended. All students are required to use and maintain UMMC-approved antivirus/spyware software to be allowed access to the UMMC public wireless network and resources. Students should acquire their laptop prior to the first week of August. Students will need to bring their functional laptops to a computer orientation to be held during registration/orientation before classes begin.

Required Clickers
Entering medical students are also required to purchase a Turning Technologies personal response device ("clicker") from the UMMC bookstore prior to the beginning of classes. Models from other manufacturers or from previous years will be not compatible with the classroom participation systems in use during medical school classes.

Questions about required products or the laptop specifications should be emailed to Dr. William L. Lushbaugh at:
wlushbaugh@umc.edu, School of Medicine, e-Learning Director.

MEDICAL STUDENT LOUNGE
The medical student lounge (N039) is open to medical students 24 hours daily. This student space includes a kitchen, showers, lounge area, group meeting area and student study space.

POSTAL SERVICE
The Post Office, room N019 in the basement near the medical school elevators, operates as a contract station of the U.S. Post Office and offers all standard services including registered and insured mail and money orders. It is open to students from 10 a.m. to 4:00 p.m. on Monday through Friday.

A U.S. Post Office drop box at the main entrance to University Hospital may be used for weekend, holiday and after-hours mailing.

MAILBOXES
Each medical student is assigned a mailbox for school and on-campus communication. Mailboxes are located on the first floor of the research wing, room N147. Access to the mailroom is controlled and will require an identification badge.

LOCKERS
Lockers, located in the North wing, are assigned to medical students at the beginning of the academic year. Information about locker assignments will be available at the orientation period. Students are responsible for locks. No deposits are required for lockers. Any items left in the lockers at the end of the academic year will be removed and discarded.

PICTURE IDENTIFICATION
Each student will be issued an identification badge with a photograph. The identification badge is to be worn at all times while on
campus or in any clinical setting. The identification badge may be used for check cashing in the bookstore, library checkouts, security identification purposes, a discount in the cafeteria, and access to certain areas of the Medical Center.

PUBLIC AFFAIRS
The Department of Public Affairs, located in room U015, is the only authorized channel for the release of Medical Center information to the news media. The department welcomes suggestions from medical students for media stories or ideas for the Medical Center's own publications.

POSTING OF NOTICES
Medical Center policy prohibits the posting of notices on painted walls or any other painted surfaces, and on the entrance doors to any building. All departments have bulletin boards for the posting of authorized notices. Public bulletin boards are located throughout the Medical Center. Please be advised that bulletin boards are state property and cannot be used to promote political candidates or ballot issues.

CAMPUS POLICE
Campus Police use advanced equipment and techniques for crime prevention and to carry out a number of programs and services to promote safety and security. State law grants Campus Police the power to enforce all state and federal criminal statutes. Officers are certified in compliance with state law to assist them in providing effective campus security. The department works in conjunction with local law enforcement authorities. All reports of criminal activity will be handled and investigated in an appropriate and professional manner.

Headquarters for Campus Police is in trailer #14, in front of the Hardy Building. Campus Police officers provide 24-hour assistance to students, employees and the public. Campus Police will escort a student at night or on weekends to or from destinations on campus or the Memorial Stadium Parking Lot. Students who wish to be escorted should contact Campus Police at (601)-984-1360 (or extension 4-1360 if calling on campus) or by contacting a campus Police officer on duty.

Police Officers may request to check a package, purse or briefcase of an employee or student leaving the Medical Center. Signs are posted at entrances to the Medical Center buildings, advising that routine package checks are conducted. Employees and students must comply with a Police Officer's request to check a package.

CAMPUS SECURITY ACT OF 1992
The Campus Security Act of 1992 requires that the Medical Center have in place procedures for disciplinary action in case of alleged sexual assault or rape. Students who may be the subject of a sexual assault on campus should contact Campus Police at (601)-984-1360 (or extension 4-1360) for assistance, reporting, and help in contacting other authorities as necessary. If a medical student is suspected of committing a sexual assault/offense on campus, the Campus Police will notify the associate dean for student affairs.

PARKING
Students may park in the Mississippi Veterans Memorial Stadium parking lot across from the campus on North State Street at no charge. No parking is available for off-campus students near the School of Medicine; however, a free shuttle bus runs regularly from the Mississippi Veterans Memorial Stadium parking lot to all buildings on campus. Current shuttle bus hours and routes are posted at the Department of Parking and Transportation Services website; http://physfac.umc.edu/shuttle_service.html

Students who must go to the stadium parking lot after hours can call Campus Police at 984-1360 to arrange an escort and transportation. Arrangements for handicapped
students are made on an individual basis through Employee and Student Health. Cars parked illegally on campus may be ticketed or towed at the owner's expense. Any student who violates Medical Center parking policies is subject to disciplinary action.

Violations
Campus Police will issue tickets for such offenses as illegal parking, reckless driving, speeding, failure to report accidents, and to observe traffic signs. Tickets are sent to the Hinds County Justice Court for adjudication. Cars parked in traffic lanes or illegally parked in pay or gated lots or in other areas on campus will be towed away. The owner must pay the towing charge to reclaim the vehicle.

Bicycles
Bicycles provide a handy way of getting around campus. When parked on campus, a bicycle should be locked to prevent theft. Bicycle racks are available at the north entrance of the School of Medicine and in other areas on campus. The designated areas may change during construction.

FACULTY ADVISEEMENT
Faculty advisers are an important resource for students for academic, career and personal counseling. Faculty advisers are available to all students in the School of Medicine. The School of Medicine associate deans, course directors, residency program directors, and other faculty are available to assist students in academic and career counseling.

COUNSELING SERVICES
The dean, and associate and assistant deans, the director of student health, and faculty advisers in the basic and clinical sciences, and other professional staff are available to medical students for counseling services throughout the student's career. The associate dean for academic affairs and the associate dean for student affairs serve as advisors for the Association of American Medical College's "Careers in Medicine" program which provides students with a decision-making process and resources to assist them in making informed career decisions. Career counseling is provided by the associate and assistant deans, faculty advisors and other professional staff.

ACADEMIC COUNSELING SERVICES
The Office of Academic Counseling Services (ACS) is a resource for students, residents, and fellows who have concerns about academic, professional, or personal matters. ACS accepts referrals from faculty and staff as well as self-referrals from students. ACS provides assistance which enables students to develop relevant skills and behaviors essential to academic success and personal growth. Individuals frequently seek assistance with a wide range of issues.

• Transition to professional school
• Study skills assessment and training
• Time management and organizational skills
• Test-taking strategies
• Clarifying career goals and interests
• Increasing self-confidence and coping with self-doubt
• Coping with depression and/or anxiety
• Stress management
• Relationship issues with faculty, peers, or family
• Loss and bereavement

These issues may be addressed by direct or referral assistance. Early intervention and supportive counseling to resolve these issues and maintain the focus required to succeed in professional school are encouraged. ACS is open year-round from 8:00 a.m. until 5:00 p.m., Monday through Friday. Appointments can also be scheduled before and after regular office hours. Appointments are preferred, although, ACS is available for urgent situations. Appointments may be made by phone, email, or by stopping by the Academic Counseling
Services office. The ACS contact information is below.

Natalie W. Gaughf, PhD
Director, Academic Counseling Services
Academic Affairs
Verner Holmes Learning Resource Center, U155-02
(601) 815-4233
nwgaughf1@umc.edu
http://academics.umc.edu/academic_counseling/

PROFESSIONAL COUNSELING SERVICES

LifeSynch (a Humana company) is the Student and Employee Assistance Program at the University of Mississippi Medical Center. Services are provided for all students, employees, their families, and household members. You can access information about many mental health, life, family, legal, money, and work issues on the LifeSynch website (lifesynch.com/eap; username UMMC; password UMMC). You can also call LifeSynch to talk with a trained professional any day, any time (866-219-1232). They will ask you about your situation, offer support, and connect you with experts who can help. Generally, you will be offered a short list of providers, and you will choose one of them, often based on location or specialty area. Once you choose the expert with whom you would like to speak, you will receive up to 3 face-to-face sessions at no cost to you. Your personal information will be kept confidential. The LifeSynch student and Employee Assistance Program confidentiality complies with state and federal requirements. After the 3 sessions, if you would like to continue, many professionals are able to continue offering services utilizing your Blue Cross Blue Shield benefits. Since these services are provided by a contractual agreement, any student who is not satisfied with the services rendered should inform the director of Employee-Student Health at the Medical Center.

MULTICULTURAL AFFAIRS

The Division of Multicultural Affairs (601) 984-1340; Room WW102/Office Annex offers academic support services to students at the Medical Center and provides opportunities for cultural training through workshops, seminars, and participation in the Multicultural Student Heath Care Association (MSHCA)- see organizations for description. The Division of Multicultural Affairs sponsors various activities aimed at establishing and maintaining an environment that fosters a respect and understanding for the culturally diverse backgrounds of faculty, staff, students, and patients that comprise the UMMC family. The Division also serves to address specific needs related to underrepresented students. Dr. Jasmine Taylor, associate vice chancellor and School of Medicine associate dean for multicultural affairs, heads the division.

INTERNATIONAL TRAVEL

As citizens or permanent residents of the United States, it is your right to travel from the US to any country you wish as long as you comply with the laws of the United States and the country to which you will travel. However, the School of Medicine cannot endorse or encourage travel by our students to unsafe parts of the world. The School of Medicine will not give academic credit for rotations taken in countries on the State Department’s “Travel Warnings” list (http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html). If you go to one of these countries, you are going on your own, against the advice of the University of Mississippi School of Medicine, and any medical rotations you take there will simply be for your own “pleasure” because no academic credit will be given. It should also be pointed out that this same web site is an extremely good resource for stu-
udents traveling to any country and we encourage all students to check the web site anytime they are traveling outside of the United States. Please be advised that standard health insurance that covers you while in the US can be essentially worthless while traveling to a foreign country, and even if it covers your medical expenses, it usually won't cover things like flying you to the nearest hospital that can take care of you properly, bringing you back to this country if you are injured, etc. While University of Mississippi School of Medicine students doing international electives are not required to do so, we strongly urge you to purchase some type of medical assistance coverage.

STUDENT HEALTH SERVICE

Ambulatory medical care is available for students from 7:00a.m. – 4p.m. weekdays and in regularly posted daily sick-call clinics. Student may be seen by either the Nurse Practitioner or the Physician. All clinic staff members have no role in any student's academic assessment or evaluation. A variety of over the counter medications and first aid care is available during clinic hours. Appointments to see the Physician can be scheduled by calling (601) 984-1185. Injuries sustained during clinic hours will be treated in Student Health. Emergency service is provided in the University Hospital emergency room on weekends, at night, or during holiday periods. Student Health Service does not provide medical care for dependents of students, nor can it reimburse students for treatment received elsewhere. All services rendered in the Student Health Department are free of charge, however if lab or x-rays are ordered, or subspecialty physician evaluation is deemed necessary, the student and/or their insurance provider will be billed.

ACCOMODATIONS

UMMC students may request accommodations for specific diagnosed conditions in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The School of Medicine has specific clinical competencies that students must master as a minimum requirement for the profession. In some situations, accommodations may not be appropriate.

Procedure: The student must request that their healthcare provider/evaluator submit documentation of the disability to the Director of Student/Employeed Health to verify eligibility under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The disorder must have been diagnosed by a person who is not a family member of the individual. The diagnosis must be established by a medical doctor, psychiatrist, licensed doctoral-level clinical allied health professional, doctoral-level education psychologist, or a combination of such professionals with expertise in the diagnosis of learning disabilities. The evaluation must be comprehensive and current (reviewed within the past 3 years) and include specific requests for accommodations. The documentation should support the student’s request for reasonable accommodations, academic adjustments, and/or auxiliary aids on the basis of a disability that substantially limits one or more major life activities, including learning. In order to assure that all of the documentation requirements are met, a Request for Accommodations form should be completed and submitted by the student’s

1Disability Resource Center Santa Fe Community College, Gainesville, Florida; The Association on Higher Education and Disability, Columbus, Ohio; Mississippi State University Student Support Services, Mississippi State, Mississippi; University of Mississippi Student Disabilities Service, Oxford, Mississippi. Approved by the Student Affairs Council June, 2009. Health Insurance occurs at the student’s initial registration and the month of August only. It is the student’s responsibility to read all materials related to health insurance policy provisions. Questions should be addressed to Student Accounting.
healthcare provider/evaluator. This form can be obtained in the office of Student/Employee Health or through its website. Any prior accommodations granted by other educational institutions should be submitted also. These documents will be maintained in the confidential medical record of the student, and with appropriate written consent by the student, will be shared with individual faculty and staff only in the case of a clear, educational need to know basis. Conditions that develop during the course of enrollment will be evaluated on an individual basis. Students who have not previously undergone testing/evaluation but suspect they may have a condition that would qualify them for accommodations in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, may contact the Director of Student/Employee Health for arrangements for referral. In those cases, temporary accommodations may be granted pending full evaluation and recommendations.

MEDICAL INSURANCE REQUIREMENT

Hospitalization insurance is mandatory for students attending the University of Mississippi Medical Center. Students may enroll in the group plan offered by the Medical Center, or else must demonstrate comparable coverage under another provider. Students not enrolled in the UMMC Student Group Health Insurance Plan will be required to sign a waiver card specifying the name of their insurance carrier. All applications, changes in coverage, and deletion requests must be submitted to the Student Accounting Office. Applications for coverage must be received in time to forward them to the insurance carrier within 30 days of the student’s initial registration. Applications after that period must be due to a special qualifying event such as loss of other coverage or by acquiring a dependent, and special rules apply. Open enrollment is the month of August, with coverage effective September 1. Contact Student Accounting for specific enrollment questions. Cancellations cannot be made for the partial months or retroactively. Students will be automatically dropped from the policy after graduation, or other separation from enrollment, unless they qualify and apply for continuation of coverage. Students may be cancelled for nonpayment of premiums. This could result in permanent loss of coverage under the student group insurance plan. Students and parents should be aware that open enrollment in the UMMC Student Group.

STUDENT DISABILITY INSURANCE

Participation in the University of Mississippi School of Medicine’s group disability insurance plan is a requirement of enrollment as recommended by the School’s accrediting agency. Premiums for this policy will be assessed in the fall of each year through the Student Accounting Office.

IMMUNIZATION REQUIREMENT

The Board of Trustees of State Institutions of Higher Learning, in cooperation with the Mississippi Department of Health, has issued regulations requiring that all students born after 1957 provide proof of immunity to measles (rubeola), mumps, and rubella prior to being allowed to enroll in class. This proof must consist of the following:

• documented history of two doses of measles (rubeola), mumps and rubella vaccine, given after January 1, 1968, usually given as MMR. The first dose must have been given on or after the first birthday and the second dose at least one month or more thereafter; or
• written documentation of serologic evidence of immunity to measles (rubeola) and rubella (a blood test); or,
• documentation of a history of physician diagnosed measles (rubeola). A history of rubella is not satisfactory to imply immunity. Students admitted to health education programs that cause them to be potentially exposed to blood or body fluids are required to provide proof of hepatitis B vaccination. All foreign students shall provide proof of current test screening for tuberculosis by chest x-ray. "Current" shall mean a chest x-ray taken within three months prior to enrolling at an institution of higher learning and after arriving in the United States.

A standardized report of a recent physical examination is required for admission to any Medical Center educational program.

DRUG POLICY
Pursuant to the Anti-Drug Abuse Act passed in October 1988 and the Drug-Free Schools and Communities Act Amendments of 1989 (Public Law 101-226), the University Medical Center is committed to maintaining a drug-free work place and to implementing a Drug Awareness Program to prevent the illicit use of drugs and the abuse of alcohol by students and employees. As a medical student, you are to be aware of and abide by the Medical Center's Drug Policy.

Policy:
1. You are prohibited from being under the influence of alcohol or illegal drugs while on campus, in other training sites, such as affiliated hospitals and clinics, and in extramural settings for elective courses.
2. The possession, transfer, purchase or sale of illegal drugs is a violation of the law and is strictly prohibited; such action will be reported to law enforcement officials and to licensing agencies when appropriate.
3. The use, sale, or possession of an illegal drug or the improper use of any prescription drug in your capacity as a medical student is cause for your dismissal from medical school.
4. Any student who commits an unlawful act on or off the Medical Center or whose conduct discredits the Medical Center property in any way will be subject to disciplinary action, up to and including dismissal.
5. No alcoholic beverage may be brought or consumed on the Medical Center premises.
6. Prescription drugs may be brought and used by you on the Medical Center premises only in the manner, combination, and quantity prescribed, as long as your ability to perform as a medical student is not affected.
7. Any student whose on or off-duty abuse of alcohol, illegal drugs, or improper use of prescription drugs interferes in any way with his or her performance as a student will be required to undergo evaluation and/or testing in Student Health Services.

EMPLOYEE/STUDENT ASSISTANCE PROGRAM
The Medical Center maintains an Employee/Student Assistance Program administered by Employee and Student Health. Any medical student who uses alcohol or illegal drugs, who misuses prescription drugs, or who may be dependent on or addicted to alcohol or drugs is encouraged to seek confidential counseling and assistance from the director of Employee and Student Health. When recommended by the director of Employee and Student Health, the student may be granted a leave of absence from medical school in order to undergo treatment in an approved program. A student seeking medical attention for alcohol or drug addiction is entitled to the Medical Center's student group health insurance plan, subject to restrictions and limits of this plan. Rehabilitation itself remains the responsibility of the student.

A drug is defined in the Drug Awareness Program as any chemical substance that produces physical, mental, emotional, or behavioral changes in the user. Drug abuse signifies use of any substance in a manner
that deviates from the accepted medical, social, or legal patterns within a given society. Examples of common drugs of abuse include alcohol (ethyl alcohol), amphetamines, benzodiazepines, barbiturates, cannabis, cocaine, opioids, etc. The use of alcohol and drugs is associated with a variety of significant health risks.

LEGAL SANCTIONS UNDER LOCAL, STATE, OR FEDERAL LAW

It is unlawful to possess alcohol on the UMMC campus. The use, sale, purchase, transfer, theft, or possession of an illegal drug is a violation of the law for which considerable legal sanctions may be imposed. A violation involving Schedule I or II drugs (e.g., opioids, marijuana, cocaine, amphetamine, etc.) may result, for example, in your imprisonment upon conviction for up to 30 years and being fined up to $1,000,000. A violation involving Schedule III or IV drugs (e.g., barbiturates, diazepam, etc.) may result in your imprisonment for up to 20 years and being fined up to $250,000. A violation involving Schedule V drugs (e.g., relatively small amounts or low concentrations of codeine, ethyl morphine, opium, etc.) may result in your imprisonment, upon conviction, for up to 10 years and being fined up to $50,000.

Additional Information/Questions. Copies of the University Medical Center's Drug Awareness Program for employees and students are available in the Office of the Associate Dean for Student Affairs. Should there be any questions regarding the above, medical students should feel free to contact the director of Employee/Student Health.

TOBACCO PRODUCT USE

Medical Center policy prohibits smoking, or the use of any tobacco products, in all buildings on campus and in all of its leased buildings off campus.

FIREARMS POLICY

Because of the unreasonable and unwarranted risk of injury or death to employees, students, visitors, and patients, and in accordance with sections 45-9-101 and 97-37-17 of the Mississippi Code of 1972, as amended, the Medical Center prohibits the possession of pistols, firearms, or other weapons in any form by any person other than those duly authorized (i.e., Campus Police Officers).

MEDICAL CENTER SAFETY PRECAUTIONS

Personnel

Since many people with HIV infections are not identified in advance, universal precautions - as defined by the Centers for Disease Control and by OSHA - guide Medical Center procedures for the handling of blood and body fluids of any student, employee or patient. Questions regarding these safety guidelines should be directed to the director of Student/Employee Health, or to the dean of the school in which the student is enrolled.

Equipment

Manuals and procedures already in use at the Medical Center cover the precautions which should be taken when handling infectious materials. Some of these procedures which pertain to the possible transmission of HIV infection are re-emphasized.

All Medical Center personnel, including students, will use disposable, one-user needles and other equipment if the skin or mucous membranes of patients, employees, or students will be punctured. If disposable equipment is not available, needles or other implements that puncture the skin or mucous membranes should be steam sterilized by autoclave before re-use. Extreme caution should be exercised when handling sharp objects, particularly in disposing of needles. All used needles should be placed in a puncture-resistant container designated for this purpose. Needles
should never be bent or recapped after use. Blood-soiled articles should be placed in puncture-proof bags and labeled prominently before being sent for reprocessing or disposal in accordance with Medical Center infection control guidelines.

Teaching Laboratories
Laboratory courses requiring exposure to blood, such as courses in which blood is obtained by finger prick for typing or examination must use disposable equipment. No lancets or other bloodletting devices should be reused or shared.

Behavior Risk
Medical Center students who are HIV positive and are aware of their condition and engage in behavior which threatens the safety and welfare of other students, patients or Medical Center personnel, may be subject to disciplinary action. More specific, written guidelines and procedures are the responsibility of the individual schools and may be developed, as needed, by the deans and department heads. All unit policies must comply with these for the institution as a whole.

MISTREATMENT POLICY
All mistreatment is of serious concern to this institution and is strictly prohibited. It is the policy of the Medical Center and the School of Medicine to maintain an educational environmental and workplace free from any type of mistreatment. The School of Medicine recognizes that in some instances, the perception of the individual who believes he/she was mistreated and the intent of the other person(s) involved are conflicting. Whatever the circumstance, students who believe they were mistreated are strongly encouraged to bring it to the attention of appropriate institutional officials (see below). Categories of mistreatment include: general mistreatment, discrimination and sexual harassment.

General Mistreatment
The individual considering making a report of general mistreatment should first, if at all possible, attempt to resolve the matter directly with the alleged offender. Students may consult the Associate Dean for Student Affairs and/or the Associate Dean for Multicultural Affairs at any time for assistance. Such informal consultation will always be confidential, unless precluded by safety of the student or institutional policy. Students have the right to report such incidents without fear of retribution or retaliation. General mistreatment comes in many forms, including but not limited to: verbal abuse, public humiliation, intentional neglect, assignment of tasks in retaliation, belittlement, and unreasonable/intentional exclusion from an educational opportunity. For conduct to violate this policy and be considered general mistreatment, it must be more than merely offensive; it must be so objectively offensive and/or repeated, pervasive or severe that it effectively denies the victim access to UMMC’s resources and opportunities, unreasonably interferes with the victim's environment, or deprives the victim of some other protected right. Formal complaints of general mistreatment regarding faculty, residents and staff are made through the Associate Dean for Student Affairs and/or the Associate Dean for Multicultural Affairs to the director of human resources or the assistant director of employee relations. Formal complaints of general mistreatment regarding other students are handled through the School of Medicine’s Policy on Professional Behavior and made through the Associate Dean for Student Affairs and/or the Associate Dean for Multicultural Affairs. All formal complaints must be in writing and will be investigated. The institution investigates and responds to all reported incidents in a timely fashion.

Discrimination
Under Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities
Act and their implementing regulations, no individual may be discriminated against solely on the basis of age, race, gender, religion, national or ethnic origin, disability, sexual orientation or veteran status. Allegations of discrimination (in any category) against a student must be reported immediately through the Associate Dean for Student Affairs and/or the Associate Dean for Multicultural Affairs to the director of human resources or the assistant director for equal employment opportunity. All formal complaints must be in writing and will be investigated. The institution investigates and responds to all reported incidents in a timely fashion.

Sexual Harassment
Sexual harassment includes unwelcome sexual advances; educational or job advancement or lack thereof based on sexual favors or lack of such favors; nonconsensual touching or sexual jokes; requests for sexual favors; verbal or physical conduct of a sexually harassing nature; physical aggression creating a hostile educational or work environment; inappropriate non-verbal conduct, such as displaying sexually suggestive objects, pictures, or obscene gestures; failure to cease any such act upon request from any other person; etc. Any employee, faculty member, or student who engages in such conduct is subject to discipline, up to and including immediate discharge or dismissal. This policy applies equally to men and women. Any complaint by a medical student against a Medical Center employee, faculty member, visitor, vendor, contractor, or other person (except another student - see next paragraph) of sexual harassment on campus must be reported immediately through the Associate Dean for Student Affairs to the Director of Human Resources or the Assistant Director for Equal Employment Opportunity. All complaints must be in writing and will be investigated by Campus Police.

Under Title IX of the Education Amendments of 1972 and its implementing regulations, no individual may be discriminated against on the basis of sex in education programs receiving federal financial assistance. Peer sexual harassment (student-to-student) is a form of prohibited sex discrimination when such conduct creates a hostile environment. Thus, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when the conduct is sufficiently severe, persistent, or pervasive to limit a student’s ability to participate in or benefit from the education program, or to create a hostile or abusive educational environment. A medical student with a complaint of sexual harassment by another student on campus should report the incident(s) to the Associate Dean for Student Affairs. The student may also report this to the Associate Dean for Multicultural Affairs or to a faculty member; if the student discusses an incident(s) of sexual harassment with a faculty member, the faculty member will refer the student to the Associate Dean for Student Affairs. The Associate Dean, with the assistance of the appropriate Medical Center officials, will investigate the incident(s) including statements by witnesses to the alleged incident(s) and evidence about the relative credibility of the allegedly harassed student and the alleged harasser. If it is determined that there is sufficient cause to believe that incident(s) of peer sexual harassment have occurred, a written report will be given to the Dean with recommendations for appropriate steps to be taken to end the harassment in accordance to federal guidelines. If there is insufficient evidence of the alleged harassment, the Associate Dean for Student Affairs will take steps to ensure that there are no negative consequences to either the student making the report or the student alleged to have been harassing the former. UMMC will not tolerate retaliation against any employee or student who reports a claim of sexual harassment and/or participates in the investigation of a complaint. A person bringing a frivolous
allegation of sexual harassment may be subject to disciplinary action, up to and including termination. Additionally, the UMMC Office of Student Affairs provides a web-based version of a student comment box, http://studentservices.umc.edu/comments.html. This email account is used to collect and track student issues and concerns. Students are promised a response within 48 hours.

CONFIDENTIALITY
All patient records and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any student unless pertaining to his or her specific patient care responsibilities. Discussions of confidential information must take place in private settings away from patients or members of the public. Students may not discuss or reveal confidential information to friends or family members or to other individuals who do not have a legitimate need to know. The disclosure of a patient’s presence in the Pavilion, clinics, hospitals, or other campus facility may indicate the nature of the illness and jeopardize confidentiality. Confidential information should be disposed of by shredding. Students should not record confidential information in any portable device that does not have password protection. Protecting passwords is critical. Do not ever share your password with anyone.

The unauthorized disclosure of confidential information by a student may subject the institution and/or the student to legal liability. Disclosure of confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, is grounds for immediate disciplinary action up to and including termination, or dismissal from school. Medical students are responsible for understanding and abiding by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations.

INFORMATION POLICY
The purpose of the University of Mississippi Medical Center (UMMC) Information Policy is to establish management direction and requirements to ensure the accomplishment of the UMMC mission through the appropriate protection of all UMMC information from accidental or intentional misuse; or unauthorized access, modification, destruction, or disclosure. The policy in its entirety can be found at: http://dis.umc.edu/docs_forms/InformationPolicy.pdf

Scope
The UMMC Information Policy applies to all UMMC-related information in all forms, whether observed, written, spoken, electronic, or printed. It also applies to UMMC electronic resources, including hardware, software, and networks. All electronic equipment that is connected in any manner, directly or indirectly, intermittently or continuously, to the campus network or any computer subnet is subject to the UMMC Information Policy. The UMMC Information Policy applies to all individuals accessing UMMC information on or off campus, including but not limited to employees, contractors, consultants, volunteers, temporaries, students, faculty, third-party affiliates, business associates, affiliated campus organizations, authorized visitors, and nonprofit groups. Departmental or other institutional policies may further define certain aspects of information access and use but may not be less restrictive than the UMMC Information Policy.

Responsibilities
All individuals and organizations that come in contact with UMMC information are responsible for its appropriate management and protection. Levels of accountability facilitate compliance with the UMMC Information Policy. To achieve a more secure environment, appropriate segregation of responsibilities must be established.
Responsibilities of individuals include, but are not limited to:
- protecting sensitive or confidential information at all times;
- complying with controls specified by UMMC, the owner, and the security administrator;
- securing access to UMMC systems when logged on, whether unattended or not;
- reporting information errors, anomalies and security vulnerabilities and violations to their supervisor, the security administrator, OIS, or the Office of Compliance;
- completing required training;
- complying with the UMMC Information Policy, Rules and Procedures for the UMMC Web Environment, and the Compliance Plan, as well as federal, state and local rules, laws and regulations, accreditation criteria and all other institutional policies; and
- signing the Information Policy Acknowledgement and Non-Disclosure Agreement form.

Passwords
Passwords are the primary method of access security and are a major key to the success of information security at UMMC. Under Mississippi law, it is a crime to use another person's password or disclose passwords to another person for the purpose of obtaining unauthorized access to protected information.

Passwords must:
- be difficult to predict;
- be a combination of at least six alphabetic and numeric characters;
- be changed frequently, but at least once every 180 calendar days, when initially assigned, and on first use after reset;
- never be reused; and
- be kept secure and not shared with anyone.

Log-In/Log-Off
Individuals must:
- access secured systems by using their assigned logon ID;
- assume responsibility for anything that occurs under their assigned logon ID;
- log off or secure systems when a system is unattended; and
- refrain from using information or systems unless authorized.

Personal Use
Limited personal use of certain types of information resources is permitted, if such use does not:
- interfere with UMMC operations;
- generate additional incremental costs to UMMC;
- negatively impact job performance;
- involve any activities not sanctioned by UMMC;
- violate UMMC codes of conduct, bylaws, or policies;
- violate federal, state, and local laws; regulations; and rules;
- display, print, or transmit information that is offensive;
- disrespect the rights of others; or
- compromise the integrity of UMMC systems and related physical resources.

DIGITAL AND ELECTRONIC COPYRIGHT POLICY
YOU MAY NOT use UMMC computing or telecommunications systems to violate copyright law. Copyright law limits the right of a user to copy, download, distribute, edit, or transmit electronically another's intellectual property, including written materials, images, videos, software, games, sounds, music, and performances, even in an educational context without permission. Violations of copyright law may include giving others unauthorized access to copyrighted materials by posting that material on social networking sites; illegal downloads, or downloading from internet websites or through peer-to-peer file sharing any material owned by another without the owner's permission; or sharing files that include copy-
righted material with others through peer-to-peer software or networks. Peer-to-peer ("P2P") is a method of file sharing that allows normal users ("peers") to connect directly to other users to share files. This can be contrasted with a server-based distribution method, where users connect to a server (such as a web server via their web browser) to download files. If you have P2P file-sharing applications installed on your computer, you may be sharing copyrighted works without even realizing it. Even if you do not intend to engage in infringing activity, installing P2P software on a computer can easily result in you unintentionally sharing files (copyrighted music or even sensitive documents) with other P2P users, and you may then be personally responsible for the legal and financial consequences.

PUBLIC WIRELESS ACCESS POLICY

The University of Mississippi Medical Center (UMMC) provides free Internet access points or "hot spots" throughout its facilities for users with portable computers or devices capable of receiving wireless signals. These access points will allow users to access the Internet from their laptop computers when sitting within range of the access points.

Acceptable Use

All users are expected to use the Medical Center’s wireless access in a legal and responsible manner, consistent with the educational and informational purposes for which it is provided. While using this wireless access, users should not violate federal, State of Mississippi or local laws, including

- The transmission or receiving of child pornography or harmful material. Access to or display of obscene language and sexually explicit graphics as defined in section § 97-5-33 and § 97-29-45 of the Mississippi Code is not permitted.
- Fraud – Users are prohibited from misrepresenting themselves as another user; attempting to modify or gain access to files, passwords, or data belonging to others; seeking unauthorized access to any computer system, or damaging or altering software components of any network or database.

By using this wireless access network at the University of Mississippi Medical Center, the customer acknowledges that he/she is subject to, and agrees to abide by all laws, and all rules and regulations of the State of Mississippi, and the federal government that is applicable to Internet use. The institutions complete Public Wireless Access Policy can be viewed at http://dis.umc.edu/documents/public_wireless_access_policy.pdf.

EMAIL POLICY

In general, use of UMMC electronic mail services is governed by policies that apply to the use of all UMMC facilities. The policy in its entirety can be found at: http://dis.umc.edu/docs_forms/EmailPolicy.pdf. In particular, use of UMMC electronic mail services is allowable subject to the following conditions:

1. Restrictions. UMMC electronic mail services may not be used for: unlawful activities; commercial purposes not under the auspices of UMC; personal financial gain or uses that violate other UMMC policies or guidelines. The latter include, but are not limited to, policies and guidelines regarding intellectual property or regarding sexual or other forms of harassment.

2. Representation. Electronic mail users shall not give the impression that they are representing, giving opinions or
otherwise making statements on behalf of UMMC or any unit of UMMC unless appropriately authorized.

3. False Identity. UMMC email users shall not employ a false identity. Email may, however, be sent anonymously, provided this does not violate any law, this or any other UMMC policy and does not unreasonably interfere with the administrative business of UMMC.

4. Protected Health Information (PHI). Unencrypted PHI must not be sent through the UMMC email system to a recipient outside of the UMMC email network. As previously stated email is not a secure method of sending messages.

5. Use Only the UMMC Email System for Official UMMC Email Messages. Other email provider services may be compromised without the knowledge or awareness of UMMC. This information could then be released for criminal activities or the public at large.

6. When conducting UMMC-related business, education, research or health care services, individuals must use only authorized UMMC electronic mail accounts.

7. Prohibited Uses. UMMC email services shall not be used for purposes that could reasonably be expected to cause, directly or indirectly, excessive strain on any computing facilities, or unwarranted or unsolicited interference with others’ use of email or email systems. Such uses include, but are not limited to, the use of email services to:
   a. send or forward email chain letters.
   b. "spam", that is, to exploit list servers or similar broadcast systems for purposes beyond their intended scope to amplify the widespread distribution of unsolicited email.
   c. "letter-bomb", that is, to resend the same email repeatedly to one or more recipients to interfere with the recipient's use of email.
   d. send pornographic, offensive, harassing or abusive material.
   e. send non-encrypted messages containing PHI to a recipient not connected to the UMMC email network.

8. Personal Use. UMMC electronic mail services may be used for incidental personal purposes provided that the user does not:
   a. directly or indirectly interfere with the UMMC operation of computing facilities or electronic mail services.
   b. burden UMMC with noticeable incremental cost.
   c. interfere with the email user’s employment or other obligations to UMMC.
   d. email records arising from such personal use may, however, be subject to the presumption of a UMMC Email Record, regarding personal and other email records. Email users should assess the implications of this presumption in their decision to use UMMC electronic mail services for personal purposes.

SOCIAL MEDIA*

The School of Medicine recognizes that social networking websites are popular means of communication. Students who use these websites must be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions up to and including dismissal. Please be advised that the following actions are forbidden:
   • You may not present the personal health information of other individuals. Removal of an individual's name does not alone constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race,
diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from one of the medical outreach trips) may still allow the reader to recognize the identity of a specific individual.

• You may not report private (protected) academic information of another student or trainee.
• You may not present yourself as an official representative or spokesperson for the institution.
• You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions listed above and below.

In addition to the absolute prohibitions listed above, the actions listed below are strongly discouraged. Violations of these suggested guidelines may be considered unprofessional behavior and may be the basis for disciplinary action.

• Display of vulgar language
• Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
• Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
• Posting of potentially injurious, threatening, inflammatory or unflattering material.

Individuals should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful. Please be aware that no privatization measure is perfect and that undesignated persons may still gain access to your networking site. Future employers (residency or fellowship program directors, department chairs, or private practice partners) often review these network sites when considering potential candidates for employment. Finally, although once-posted information can be removed from the original social networking site, exported information cannot be recovered. Any digital exposure can "live on" beyond its removal from the original website and continue to circulate in other venues. Therefore, think carefully before you post any information on a website or application. Always be modest, respectful, and professional in your actions.

This policy shall not be construed to impair any constitutionally protected activity, including speech, protest or assembly.

*Adapted in part from the University of Florida’s Official Policy Regarding Use of Social Networking Sites.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

Student Access to Records
Each year, the Medical Center informs entering students of their rights of access to their official records as stated in the law. By written request to the Registrar’s Office, medical students who are or who have been in attendance may review recorded information maintained by the institution for use in making decisions about students.

Recorded information includes grades, copies of correspondence sent to the students by the educational programs and other institutional offices, requests from prospective employers and other agencies requesting verification of dates of attendance and degrees awarded, and correspondence from currently enrolled students and former students requesting transcripts, letters of academic standing, and completion of licensure applications. The recorded information also includes an electronically stored transcript of courses and grades and a folder containing application materials and supporting documents such as transcripts from previous schools and supplementary material submitted with the application.
Confidential letters or statements of recommendation to which students have waived access rights are not available for inspection. As defined by the law, students do not have access to medical, psychiatric, or comparable records if these are used exclusively for treatment purposes. However, students may designate an appropriate professional to examine these records. Students do not have the right to see parents' financial records submitted to the institution. Students do not have access to: instructional, supervisory, and administrative personnel records which are not accessible or revealed to any other individual; campus security records which are used exclusively for law enforcement purposes, and which are not disclosed to individuals other than law enforcement officials; and employment records except when such employment requires that the person be a student.

Under the law, students may not see confidential letters or statements of recommendations written prior to January 1, 1975, and may, but are not required to waive the right of access to future confidential letters of recommendations. The institution secures from students their instructions regarding their access rights to confidential letters or statements of recommendation written on their behalf while enrolled at the Medical Center. These signed statements are permanently filed in the students' folders. Any questions concerning student access to records should be directed to the registrar.

**Release of Information**
The institution is prohibited from releasing educational information or personally identifiable information other than directory information about the students without their written consent except to specified agencies and persons such as school officials and certain federal or state offices as defined in the law. Directory information includes: students' names; the educational program they are enrolled in and their classification; home and local addresses; and local telephone numbers. Students who wish to exclude themselves from the directory must file a written request with the Registrar's Office within two weeks after the beginning of the school year.

**Accuracy of Educational Records**
The Family Educational Rights and Privacy Act of 1974, allows students to challenge the contents of their educational records on the basis of accuracy. Students who request that information be amended or deleted from their records on the basis of incorrect information should first file their request to the official primarily responsible for the information. If the matter is not resolved to their satisfaction, students may request a formal hearing before an appropriate institutional body or consult Section 99.36 of the law's regulations for additional grievance procedures. The registrar will furnish a copy of the Family Educational Rights and Privacy Act, 1974, upon request.

Notification of rights guaranteed under PL 93-380 and policies and procedures pertaining to educational records is provided to all students through this catalog section and by a memorandum distributed at the time of registration and in the orientation sessions for the school year.

**EMERGENCY PROCEDURES**
In the event of an emergency, important information is posted on the institution’s website at: www.umc.edu. In addition, safety information may also be sent using a number of communication methods including email and text. The University of Mississippi Medical Center operates an emergency notification system for extreme emergency situations. Students can increase the effectiveness of this service by maintaining incoming text service and an up to date cell phone number in the student data system. The Hospital remains open under
all circumstances. Students with clinical responsibilities should expect to report to work unless otherwise instructed by a supervisor. Your personal safety is most important however. Use extreme caution in your travels during periods of severe weather. If due to an emergency or safety concerns, you need to be away, take care of yourself and family first. Please notify your immediate supervisor and the student affairs office as soon as practical. While student will be responsible for making up any work, assignments or missed sessions; no student shall penalized due to responding to an emergency or safety concern. The institutions comprehensive emergency management plans can be found at: http://disasterplan.umc.edu/

Fire
In the event of a fire in the School of Medicine or other buildings on campus, the central fire alarm system will activate. Any fire emergency should be reported immediately by dialing telephone 911. Fires can also be reported by using the fire pull boxes located in hallways. If the fire is small and contained (for example, in a trash can), a fire extinguisher may be used to attempt to extinguish the fire; however, no one should ever endanger themselves by attempting to put out a fire. The first responsibility of students and other personnel in the event of a fire is to report it and evacuate from the area.

When the fire alarm sounds, personnel should close the window(s) to the office or room, leave the lights on, check the hallway for smoke or fire, close the door leading into the hallway, and then exit the building as quickly and safely as possible. Personnel on the elevators should exit the elevators at the nearest elevator stop and proceed out of the building via the nearest safe exit. When classes are in progress, it is the responsibility of the faculty member to assure that all students have been vacated from the classroom or laboratory before he/she leaves the classroom or laboratory.

Tornadoes or Severe Weather
In the event of tornadoes or other severe weather that require protective action, all personnel should be directed to proceed to the interior hallways and away from windows as quickly as possible. Notification will be made once the severe weather conditions have cleared.

Suspicious Persons
Do not physically confront a suspicious person. Do not let anyone into a locked building or office area. Do not block a suspicious person’s access to an exit. Call 911 from a campus phone as soon as possible. Provide as much information as possible about the person and direction of travel.

LOST AND FOUND
The Department of Campus Police in trailer 14 provides lost and found services to the Medical Center.

COMPLAINTS
A student seeking to resolve any complaint other than for academic issues or misconduct will seek resolution through the appropriate office on campus designated to address the particular student concern. Issues involving such matters as sexual harassment, discrimination, disability, employment, or mistreatment fall under institutional policies that are handled by specific offices, such as the Office of Human Resources or the Equal Employment Opportunity Office. A student may invite the Associate Dean for Student Affairs in the School of Medicine to serve as their advocate during this process. In such cases, the Associate Dean works to ensure the process is fair and equitable.

Additionally, the UMMC Office of Student Affairs provides a web-based version of a student comment box: http://studentservices.umc.edu/comments.html. This email account is used to collect and track student issues and concerns. Students are promised a response within 48 hours.
MEDICAL CENTER PROPERTY
Medical students are not permitted to remove Medical Center property from the premises. Any Medical Center property used by a medical student must be properly assigned to or checked out by a faculty member. Any medical student who possesses and uses and/or removes Medical Center property from the premises for any reason must have a completed authorization form in hand. Personal use of Medical Center property is prohibited. Medical students using or possessing Medical Center property can be held financially responsible for the damage or loss of the property due to negligence. Any damage, loss, or theft of the property should be promptly reported to the faculty member in charge.

MEDICAL CENTER TELEPHONE SYSTEM DIALING INSTRUCTIONS
The Medical Center's telephone system is an AT&T System 85. Information on its use follows:

• To call outside locally - Listen for dial tone; Dial 9 and the number you wish to call.
• To dial a number on campus - Listen for the dial tone; Dial the five-digit station number.
• To call message operator for hospital paging - Listen for the dial tone; Dial 41001.
• To call the of Veteran's Affairs Medical Center - Listen for the dial tone; Dial access code 319; Listen for dial tone; Dial desired station number. Alternatively dial 9 and then (601) 362-4471.

EMERGENCY NUMBERS
Campus Police:
Emergency .................... 911
Nonemergency ................. 41360
Cardiac Arrest Team ............ 41111
Chemical Spills ................. 41981
Fire Emergency -
Fire, Smoke, Heat, Drill ......... 911
Medical Emergency
(Hospital Area) ................. 41111
Medical Emergency
(Outside Hospital Area) ........ 911
Poison Control ................. 41675
or 1-800-222-1222

For other numbers refer to the Medical Center Telephone and Referral Directory.