

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

Program of Medicine

2018-20

Onderwijs- en Examenregeling (“OER”)

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Saba University School of Medicine

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

Contents

Article 1 – General Regulations.....	1
1.1 Applicability, Publication and Review of These Regulations.....	1
1.2 Definitions.....	1
1.3 Aim of the Program.....	3
Article 2 – Admission.....	5
2.1 Who May Apply	5
2.2 Expected Capabilities and Requirements	5
2.3 Admission Process and Timing.....	6
2.4 Further Requirements for Accepted Students	6
2.5 Technical Standards	7
Article 3 – Program Structure and Content.....	11
3.1 Overall Program Structure	11
3.2 Basic Sciences Program.....	11
3.3 Clinical Medicine Program	14
Article 4 – Examinations, Assessments and Graduation Requirements	16
4.1 Examination Committee [<i>de Examencommissie</i>]	16
4.2 Examination [<i>tentamens en examens</i>] and Assessment Methods [<i>beoordeling</i>]	18
4.3 Academic Progress and Promotions [<i>studievoortgang, niet zijnde “promotie”</i>].....	34
4.4 Examination and Testing Center Procedures.....	43
4.5 Exemption from Examination [<i>vrijstelling voor het afleggen van een examen</i>]	47
4.6 Availability of Examination Results	47
4.7 Examination Validity [<i>geldigheidsduur met goed gevolg afgelegde tentamens</i>]	47
4.8 Inspection of Examinations [<i>verkrijging inzage in beoordeeld werk</i>].....	48
4.9 Graduation Requirements.....	48
4.10 Diploma and Degree.....	48
4.11 Transcript Availability.....	48
Article 5 – Student Progress [<i>studievoortgang</i>] & Tutoring [<i>individuele studiebegeleiding</i>]	49
5.1 Promotions Committee Review.....	49
5.2 Requirements to Enter the Clinical Medicine Program	49
5.3 Approval of Clinical Rotations	49
5.4 Mentoring and Support	49
Article 6 – Academic and Conduct Policies	51
6.1 Student Responsibilities	51
6.2 Attendance Policy.....	51
6.3 Leave of Absence.....	51
6.4 Disciplinary Procedures	52
6.5 Research: Literary Review and Analysis.....	53
6.6 Honor Code	53
6.7 Substance Abuse & Treatment.....	53
6.8 Dress Code	54
6.9 Children in the Classroom	55
6.10 Saba Violations.....	55

Article 1 – General Regulations

1.1 Applicability, Publication and Review of These Regulations

a. Application

These regulations apply to the teaching and examinations of the Program of Medicine provided by Saba University School of Medicine, hereinafter referred to as “SUSOM” or “the university.” In order to comply with the regulatory requirements of the Netherlands, certain Dutch terms and phrases are provided in closed brackets. These do not affect the content of the provisions in which they appear.

b. Effective date

These regulations shall become effective starting September 2012, following ratification by the university’s Board of Trustees [*het instellingsbestuur*]. Each individual provision of these regulations shall remain effective until such provision is amended or withdrawn by the Board of Trustees. Such amendment or withdrawal will become effective at the start of the academic year following the academic year in which the amendment or withdrawal was duly announced. An amendment to or withdrawal of any provision of these regulations can become effective at an earlier time only if such is absolutely necessary and only if the interests of the students cannot reasonably be held to be adversely affected by such.

c. Publication

After ratification by the Board of Trustees, these regulations shall be made public to all students that are currently in the program, all potential students that seek information about the program, and all others for whom this information is relevant. These regulations shall be published as appropriate in the 'Student Handbook' and on the university's website.

d. Supremacy of these regulations

In the event there is any conflict or inconsistency between these regulations and any other university regulations or statements, the provisions of these regulations shall govern.

e. Review

The Board of Trustees shall periodically review and update these regulations as appropriate. The initial review shall occur no later than September 2014 and at least every other year thereafter. The review shall take into account the number of hours students will have to spend on their studies at SUSOM. Where necessary, the review shall result in an amendment of the study load (“studielast”) for students.

1.2 Definitions

ACGME: The Accreditation Council for Graduate Medical Education (ACGME), <http://www.acgme.org/acgmeweb/>.

Act: The Dutch Higher Education and Research Act (Wet op het Hoger Onderwijs en Wetenschappelijk Onderzoek, or WHW), available at <http://wetten.overheid.nl>.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

Basic Science: The first five semesters of the program of medicine curriculum.

Catalog: The Saba University School of Medicine Catalog (and any addenda thereto).

Clinical Medicine Handbook: The Saba University School of Medicine Clinical Medicine Handbook (and any addenda thereto).

Clinical Medicine: The second five semesters of the program of medicine curriculum, including the Research: Literature Review and Analysis research module.

Competencies [*kwaliteiten op het gebied van kennis, inzicht en vaardigheden*]: The Saba University School of Medicine Institutional Competencies. The intended learning outcomes achieved by students who successfully complete the program.

Diploma: The official university document bearing record of graduation from Saba University School of Medicine.

ECTS: ECTS is the abbreviation for the European Credit Transfer and Accumulation System whereby 1 ECTS credit point is the equivalent of 28 hours of study (contact hours and self-study hours).

Examination: An investigation of the knowledge, understanding and skills of the student, as well as the assessment of the results of that investigation for the course in question.

Examination Committee [*de Examencommissie*]: A committee established by the Board of Trustees to determine, in an objective and expert manner, whether each student meets the terms and conditions set forth in the School's Teaching and Examination regulations with regard to the knowledge, insight and skills necessary obtain a degree.

Faculty: The members of the instructional staff who have been appointed by the Board of Trustees. Faculty members are appointed as Assistant Professor, Associate Professor or Professor.

GPA: (Grade Point Average) The average obtained by dividing the total number of grade points earned by the total number of credits attempted.

Final assessment: The final assessment of the student's work and earned credits in the program.

NBME: The National Board of Medical Examiners (NBME).

Practical [*praktische oefening*]: A practical exercise, as referred to in Art. 7.13 of the Act, in one of the following forms and which must be passed:

- Writing a report/essay/paper
- Taking part in a group training students to function as a physician
- Taking part in a tutor group
- Taking part in a mentor group
- Taking part in a skills group

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

- A written assignment or draft
- Conducting research
- Taking part in fieldwork or an excursion
- Taking a clerkship
- Taking part in another educational activity designed to teach certain skills and/or competences
- A Practical may be used as a means of examination and may form a part of an examination

Semester: A part of the academic year; an academic year has three semesters starting in January, May and September.

Student: A person enrolled in the university for the purpose of taking courses and examinations leading to the conferral of a university degree.

Student Handbook: The SUSOM Student Handbook (and any addenda thereto).

Study progress [*studievoortgang*] overview: An overview of the study workload realized thus far.

Syllabus: The outline of each course as published by the university. A course syllabus contains at least the following elements: 1) course learning outcomes, 2) instructional methods, 3) schedule for classes, practical exercises, lab assignments and / or work-groups, 4) assignments and examinations and 5) course grade breakdown.

USMLE: The United States Medical Licensing Examination (USMLE) is a three-step examination for medical licensure in the United States and is sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME).
<http://www.usmle.org/>

1.3 Aim of the Program

a. University Mission

To provide students of diverse backgrounds who exhibit a passion for the field of medicine with the opportunity to acquire the medical and clinical expertise needed for a successful career as a practicing clinician along with the skills and confidence needed to critically evaluate and apply new information.

b. Intended Learning Outcomes / Competencies

The university defines its intended learning outcomes in terms of the competencies students are expected to achieve before completing the program. The university's required competencies, which are set forth in detail in the Student Handbook and the Clinical Medicine Handbook, may be summarized as follows:

1. Patient Care: Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of illness and the promotion of health.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

2. Scientific & Medical Knowledge: Students must demonstrate knowledge about established and evolving biomedical, clinical, and associated sciences and application of this knowledge to the practice of medicine throughout the life cycle.
3. Lifelong Learning, Scholarship, & Collaboration: Students must be able to examine and evaluate their patient care practices, appraise and assimilate scientific evidence, and use this information to improve their abilities.
4. Professionalism: Students must demonstrate a commitment to the highest standards of professional responsibility, adherence to ethical principles, and sensitivity in all interactions with patients, families, colleagues, and others with whom physicians must interact in their professional lives.
5. Communication & Interpersonal Skills: Students must display interpersonal and communication skills that foster effective information exchange and build rapport with patients, their families, and professional associates.
6. Social & Community Context of Healthcare: Students must demonstrate knowledge of and responsiveness to the larger context of health care and the ability to effectively call on system resources to provide care that is of optimal value to the health of the individual and of the community.

c. USMLE Examinations

All students must demonstrate proficiency in terms of knowledge and skills as defined for the United States Medical Licensing Examination (USMLE). Passing the USMLE Step 1 is a requirement for progress to the clinical medicine portion of the program. Passing the USMLE Step 2 Clinical Knowledge (CK) and USMLE Step 2 Clinical Skills (CS) examinations is also a requirement for graduation. Without successfully passing the USMLE examinations, no degree will be conferred to the student and no diploma is issued.

Article 2 – Admission

2.1 Who May Apply

Enrollment is open to all persons, regardless of race, national origin, religion, gender or age who wish to commit to the extensive time and effort necessary to practice medicine.

2.2 Expected Capabilities and Requirements

a. Expected Capabilities

Candidates are expected to possess those intellectual, ethical, physical and emotional capabilities required to undertake the full curriculum and achieve the levels of competence required by the faculty.

b. Undergraduate Requirements – U.S. and Canada

Applicants from the United States (U.S. citizens or permanent residents) or Canada are expected to have a minimum of three years of undergraduate studies, including premedical requirements from an accredited college or university.

c. Applicants from Other Countries

The Admissions Committee will evaluate applicants from countries with educational standards similar to the U.S. Each applicant, in general, should meet the educational requirements for admission to medical school in the country of origin. Applicants must at least have completed three years of university education at bachelor's level.

d. Transcripts in English

Students who have attended institutions outside the U.S. and whose transcripts are not in English must provide an interpretation of the transcript from an approved translation service. Students who have attended a college or university outside of the U.S. or Canada are required to obtain a course-by-course evaluation of their transcript through the World Education Services (www.wes.org) or from another accredited agency that is a member of the National Association of Credential Evaluation Service (www.naces.org).

e. Pre-Medical Requirements

The following courses are considered standard pre-medical requirements for admission:

1. General biology or zoology - one academic year
2. Inorganic chemistry (with lab) – one academic year
3. Organic/Biochemistry (with lab) – one academic year
4. Physics (recommended) - one academic year
5. English - one academic year
6. Other - broad background in humanities, social sciences or physical sciences and computer skills.

f. Recommended Coursework

Additional coursework in biology and related disciplines is highly recommended. Students completing courses such as cell biology, anatomy and physiology, genetics, biochemistry, molecular biology, statistics and psychology/interpersonal skills and communication are given preference in admissions.

g. English Language Requirement

English is the language of instruction at SUSOM. Accordingly, it is important that applicants be prepared to pursue the curriculum and be able to communicate effectively, both orally and in writing, in English. Applicants whose principle language is not English are required to take the Test of English as a Foreign Language.

h. MCAT

Completion of the Medical College Admission Test (MCAT) is required of U.S. citizens and permanent residents, and while strongly recommended for other candidates may be required at the direction of the Admissions Committee.

2.3 Admission Process and Timing

a. Timing of Applications and Admissions

Prospective students may apply at any time throughout the year. SUSOM conducts a rolling admission with three points of entry throughout the year. Entering classes begin in January, May and September each year.

b. Pre-Screening

Completed applications are reviewed and evaluated by the Pre-Screening Committee. Those with incomplete applications are notified.

c. Interviews

The personal interview plays a major role in the selection of students. Applicants are selected for interview on the basis of the candidate's ability to meet the challenges of a rigorous medical school curriculum. Factors such as motivation, perseverance, scholastic record, letters of recommendation and personal statement are important in the selection process. An in-person interview at the main administrative office in Massachusetts is preferred. However, if this is not feasible, a telephone interview with the Admissions Committee is scheduled.

d. Admissions Decision and Notification

Following the interview the applicant's file is reviewed by the Admissions Committee for a final decision. All applicants who have been interviewed will receive the final decision of the committee in writing.

2.4 Further Requirements for Accepted Students

Students who are admitted to the program of medicine will need to provide the following documentation in order to begin their course of study:

- Police Clearance
- Immunization Record/Health Certificate (to include rubella, diphtheria, tetanus, tuberculin and polio test within the past year)
- Birth Certificate with raised seal
- Eight passport-sized photos
- Valid passport
- Application for Temporary Residence on Saba
- Marriage Certificate (if applicable)

2.5 Technical Standards¹

a. Introduction

The goal of Saba University School of Medicine is to prepare our medical graduates to be competent, caring physicians who have the skills of lifelong learning necessary to incorporate new knowledge and methods into their practice as either a generalist or a specialist and to adapt to a changing professional environment. Essential abilities and characteristics required for completion of the MD degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to successfully complete the entire course of study, participate fully in all aspects of medical training and meet such other requirements of the program as may be established or changed from time to time. The school intends for its graduates to become physicians who are capable of pursuing and completing graduate medical education, passing licensing exams and obtaining and maintaining medical licensure. The avowed intention of an individual student to practice only a narrow part of clinical medicine, or to pursue a non-clinical career, does not alter the requirement that all medical students take and achieve competence in the complete program of medicine required by the school. For purposes of this document and unless otherwise defined, the term "candidate" means candidates for admission to the MD Program as well as enrolled medical students who are candidates for promotion and graduation.

The school also has an ethical responsibility for the safety of patients with whom students and graduates will come in contact. Although students learn and work under the supervision of the faculty, students interact with patients throughout their medical school education. Patient safety and well-being are therefore major factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation. As a result, the medical education process, which focuses so largely on patients, differs markedly from postsecondary education in fields outside of the health sciences.

The essential abilities and characteristics described herein are also referred to as "technical standards." They are described below in several broad categories including: observation; communication; motor function; intellectual-conceptual (integrative and quantitative) abilities; and behavioral and social skills. In addition to these, candidates must have the physical and emotional stamina to function in a competent and safe manner in settings that may involve heavy workloads, long hours, and stressful situations. All candidates should be aware that the academic and clinical responsibilities of medical students may, at times, require their presence during day and evening hours, any day of the week, at unpredictable times and for unpredictable durations of time.

Individuals who present a threat to the health and safety of others for any reason, including as a result of a physical, mental, or other condition, are not suitable candidates for admission, promotion or graduation.

Candidates must possess the capability to complete the entire program of medicine, achieve the degree Doctor of Medicine, and practice medicine with or without

¹ These technical standards are adapted with permission from the standards developed by Drexel University College of Medicine.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

reasonable accommodations, taking into account the limited nature of accommodations available at Saba University School of Medicine. Candidates should note, in this regard, that the school is not subject to federal or state disability laws that might apply in the United States or other countries for that matter; the school is in a position to provide only a very limited range of accommodations for students with disabilities; and much of the housing and other infrastructure on the island is not readily accessible to persons with disabilities.

b. Technical Skills and Abilities

A candidate for the degree of Doctor of Medicine must have abilities and skills in the five broad areas of observation; communication; motor function; intellectual-conceptual; and behavioral and social skills.

c. Observation

Through independent observation, the candidate must be able to acquire information in the medical sciences, including that obtained from demonstrations and experiential activities. The candidate must possess the auditory perception, visual perception and somatic sensation abilities, as well as the mental capacity, to be able to observe and accurately acquire information directly from the patient as well as from other sources including written documents, pictorial images, simulators, computer programs and videos, and to rapidly assimilate large volumes of technically detailed and complex information presented in formal lecture, small group discussions, individual learning activities, and individual clinical settings. The candidate must be able to take in and process information received by whatever sensory function is employed, consistently, rapidly, and accurately.

d. Communication

A candidate must be able to speak, to hear and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. Communication includes not only speech but reading and writing. The candidate must be able to communicate effectively, sensitively, and efficiently, in English, in oral and written form with patients and all members of the health care team. In responding to emergency situations in the clinical setting, candidates must be able to understand and convey information essential for the safe and effective care of patients in a clear, unambiguous, and rapid fashion.

e. Motor

A candidate must possess the motor skills necessary to directly perform palpation, percussion, auscultation and other diagnostic maneuvers, basic laboratory tests, and diagnostic procedures. A candidate must have the ability to perform both a complete and an organ system specific examination, including a mental status examination. The candidate must be able to execute motor movements reasonably required to provide general and emergency medical care to patients. Examples of emergency treatments include, but are not limited to, adult and pediatric cardiopulmonary resuscitation, airway management, automated external defibrillation, the administration of intravenous medication, application of pressure to control bleeding, and the performance of simple obstetrical maneuvers. Such actions require quick and immediate reaction. Coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision are required. Candidates must have the ability to remain

awake and alert. Candidates must have adequate endurance to carry out activities reasonably required of physicians in clinical activities for extended periods of time.

f. Intellectual-Conceptual (Integrative and Quantitative) Abilities

The candidate must be able to problem-solve in a time period appropriate for the situation. This critical skill demanded of physicians requires the ability to learn and reason, and to integrate, analyze, and synthesize data concurrently in a multi-task setting where they may experience a high level of stress, fatigue and distraction. In addition, the candidate must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. The candidate must be able to measure, calculate, reason, analyze, integrate and synthesize in the context of the study of medicine and in the provision of patient care. The candidate must be able to comprehend extensive written material, evaluate and apply information, and engage in critical thinking in the classroom and clinical setting. The candidate must be able to consider alternatives and make decisions in a timely manner for managing or intervening in the care of a patient.

g. Behavioral and Social Attributes

Because the medical profession is governed by ethical principles, a candidate must have the capacity to learn and understand these values and perform within their guidelines. Candidates must be able to relate to patients, as well as staff and colleagues, with honesty, integrity, non-discrimination, self-sacrifice, and dedication. Candidates must be able to develop mature, sensitive, and effective relationships with patients. Candidates must be able to identify personal reactions and responses, recognize multiple points of view and integrate these appropriately into clinical decision making. Candidates must be able to communicate and care for, in a non-judgmental way, persons whose culture, sexual orientation, or spiritual beliefs are different than their own. The candidate must be able to examine the entire patient, male or female, regardless of the candidate's social, cultural, or religious beliefs. A candidate must possess the emotional health required to fully utilize their intellectual abilities, to exercise good judgment, to complete patient care responsibilities promptly and to relate to patients, families, and colleagues with courtesy, compassion, maturity, and respect for their dignity. The candidate must display this emotional health and flexibility in spite of stressful work, physically taxing workloads, changing environments, and in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admissions and education processes.

Candidates must be capable of fulfilling applicable class and clinical attendance requirements as well as meeting applicable deadlines for completion of curricular and clinical responsibilities. Candidates must be able to cooperate with others and work effectively as a member or leader of a healthcare team or other professional group, accept and modify behavior in response to constructive feedback from others, and take personal responsibility for making appropriate positive changes.

Candidates must be able to function effectively in new, different, and /or distant social environments including instances where they are separated from their customary support structure or family unit. They must know their limits, recognize when they should seek professional consultation, assistance and/or supervision, and do so in a timely manner. Candidates, like physicians, must have the capacity to self-assess their ability

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

to function at the level necessary to provide effective and safe care of their patients and to proactively seek appropriate assistance or treatment before impairments compromise patient care and safety.

h. **Conclusion**

Candidates will be judged not only on their scholastic accomplishments but also on their physical and emotional capacities to meet the full requirements of the school's program of medicine and to graduate as skilled and effective practitioners of medicine. Students must be able to accomplish each of Saba University School of Medicine's competencies, as well as all other programmatic requirements, before graduation.

All candidates accepted to SUSOM and current students must be able to meet the College's technical standards either without accommodation or with those limited, reasonable accommodations that the school agrees to make in its sole discretion. Candidates must also be aware that approval for an accommodation at the school does not mean that similar accommodations would be granted elsewhere by post-graduate clinical training sites or by national licensing review boards.

A candidate who is unable to meet these technical standards may be denied admission or may be dismissed from the program of medicine.

It is the responsibility of a candidate who seeks a reasonable accommodation to contact the Office of Disability Resources at odr@saba.edu. Whether to grant an accommodation will be determined by the school in its sole discretion.

Article 3 – Program Structure and Content

3.1 Overall Program Structure

a. Elements and Locations

The program consists of two major segments – a Basic Sciences segment and a Clinical Medicine segment – which are further described below. The Basic Sciences segment of the program is offered at the university's facilities on the island of Saba, Dutch Caribbean. The Clinical Medicine segment of the program is offered at various hospitals in the United States and Canada and is overseen by the university's clinical medicine department.

b. Full Time Program [*voltijdse opleiding*]

The program is offered as a full time program only.

c. Language

The program is taught in English.

d. Course Load [*studielast*]

The total course load of the program is 240 ECTS credits.

e. Differentiations, Specializations and Majors [*afstudeerrichtingen*]

The program does not include formal differentiations, specializations or majors. With the exception of the students' freedom to choose elective clinical clerkships, the program is the same for all students.

3.2 Basic Sciences Program

• Program Overview

For students who begin the program on or after September 2018, and certain students subject to remediation, as specified by the university, the Basic Sciences segment of the program consists of 23 courses offered over five semesters. Students must successfully complete each of the 23 courses in order to be eligible to progress to the clinical medicine segment of the program.

For students who begin the program on or after January 2015 and prior to September 2018, and certain students subject to remediation, as specified by the university, the Basic Sciences segment of the program consists of 24 courses offered over five semesters. Students must successfully complete each of the 24 courses in order to be eligible to progress to the clinical medicine segment of the program.

• Sequence and Hours

For students who begin the program on or after September 2018, and certain students subject to remediation, as specified by the university, the sequence of Basic Science courses, along with the total number of contact hours for each, as well as the corresponding number of ECTS, is set forth in the following table.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

Basic Sciences Courses

	Contact Hours	ECTS
First Semester		
MED512 Human Body Structure & Function	231	12
MED514 Human Histology and Physiology	180	9
MED516 Clinical Skills I	30	1
Total	441	22
Second Semester		
MED611 Metabolism & Nutrition	133	7
MED612 Genetics & Development	65	3
MED613 Infection / Defense / Response	186	9
MED614 Medical Ethics	37	1
MED616 Clinical Skills II	44	2
MED619 Research Curriculum – Evidence Based Medicine	19	1
Total	484	23
Third Semester		
MED714 Neuroscience & Neurology	143	7
MED715 Systems & Disease I (Intro/Endo)	158	8
MED716 Clinical Skills III	40	2
MED719 Behavioral Medicine	127	6
Total	468	23
Fourth Semester		
MED811 Systems & Disease II (Repro/GI/Peds)	196	10
MED812 Systems & Disease III (CV/Resp/Renal)	199	10
MED816 Clinical Skills IV	96	5
Total	491	25
Fifth Semester		
MED911 Systems & Disease V (Heme/Immune/Integument/MSK/Multisystem)	186	9
MED918 Foundations of Clinical Medicine	246	13
MED916 Clinical Skills V	44	2
MED919 Research Curriculum – Critical Appraisal	16	1
Total	492	25

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

For students who begin the program on or after January 2015 and prior to September 2018, and certain students subject to remediation, as specified by the university, the sequence of Basic Science courses, along with the total number of contact hours for each, as well as the corresponding number of ECTS, is set forth in the following table.

Basic Sciences Courses

	Contact Hours	ECTS
First Semester		
MED511 Scientific Foundations	68	3
MED512 Human Body Structure & Function	223	12
MED513 Cell / Tissue Structure & Function	120	6
MED 516 Clinical Skills I	30	1
Total	441	22
Second Semester		
MED611 Metabolism & Nutrition	131	7
MED612 Genetics & Development	101	5
MED613 Infection / Defense / Response	145	7
MED616 Clinical Skills II	54	2
MED617 Foundational / Applied Clinical Correlate	28	1
MED619 Research Curriculum – Evidence Based Medicine	36	1
Total	495	23
Third Semester		
MED711 Neuroscience, Mind & Behavior	181	9
MED712 Systems & Disease I (Introduction/Neuro)	155	8
MED713 Medical Ethics	26	1
MED716 Clinical Skills III	48	2
MED717 Epidemiology	30	1
MED718 Foundational / Applied Clinical Correlate	28	1
Total	468	22
Fourth Semester		
MED811 Systems & Disease II (Repro/Endo)	122	6
MED812 Systems & Disease III (CV/Resp/Renal)	160	8
MED813 Systems & Disease IV (GI/Peds)	97	5
MED 816 Clinical Skills IV	120	6
Total	499	25
Fifth Semester		
MED911 Systems & Disease V (Heme/Immune/Integument/MSK/Multisystem)	183	10
MED918 Foundations of Clinical Medicine	246	13
MED916 Clinical Skills V	44	2
MED919 Research Curriculum – Critical Appraisal	16	1
Total	489	26

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

- **Course Descriptions**

A detailed description of each Basic Sciences course and its intended learning outcomes is published in the course Syllabi.

- **Course Prerequisites**

In general it is expected that students take the Basic Science courses by semester as described above and in the university Catalog. For students who begin the program on or after January 2015, and certain students subject to remediation, as specified by the university, all courses in the preceding semester(s) must be successfully completed before a student can take a course in semesters 2, 3, 4 or 5.

For students who begin the program on or after May 2018, failure of or withdrawal from MED511 Scientific Foundations or MED513 Cell Tissue Structure and Function will result in them taking MED514 Human Histology and Physiology the subsequent semester. Failure or withdrawal from MED711 Neuroscience, Mind, and Behavior will result in them taking MED 712 Neuroscience and Neurology and MED719 Behavioral Medicine. Failure or withdrawal from MED712 Systems & Disease I will result in them repeating the course. Failure or withdrawal from MED717 Epidemiology will result in them taking MED 719 Behavioral Medicine. Failure of MED813 Systems & Disease IV will result in them taking MED 811 Systems & Disease II.

3.3 Clinical Medicine Program

- a. **Program Overview**

Following successful completion of the Basic Sciences program, students enter the Clinical Medicine segment of the program. This 80-week segment consists of a required eight-week research module followed by 72 weeks of clinical clerkships at affiliated teaching hospitals. Students must complete a total of 42 weeks of clinical rotations in core specialty areas. During the remaining 30 weeks, students participate in elective clinical rotations. All students are required to complete 4 weeks of a Primary Care Elective.

- b. **Sequence and Duration**

The sequence and duration of the required and elective clinical rotations, as well as the corresponding number of ECTS, are as follows.

Research module: Literature Review and Analysis..... 8 weeks 11 ECTS

Core Clerkships:

Internal Medicine.....	12 weeks	.....	19 ECTS
Surgery.....	12 weeks	.....	19 ECTS
Obstetrics and Gynecology.....	6 weeks	.....	10 ECTS
Pediatrics.....	6 weeks	.....	10 ECTS
Psychiatry.....	6 weeks	.....	10 ECTS

Elective Clerkships 30 weeks 43 ECTS
(including required four-week Primary Care rotation)

- c. **Module and Rotation Descriptions**

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

A detailed description of the research module and the intended learning outcomes thereof are included in the course Syllabus. Detailed descriptions of the required and elective clinical rotations and their respective intended learning outcomes are published in the Clinical Medicine Handbook.

Article 4 – Examinations, Assessments and Graduation Requirements

4.1 Examination Committee [*de Examencommissie*]

a. Overview

The Examination Committee is established by the Board of Trustees. It is responsible for determining, in an objective and expert manner, whether each student meets the terms and conditions set forth in these Teaching and Examination regulations with regard to the knowledge, insight and skills necessary obtain a degree.

b. Bylaws of the Examination Committee [*Regels van de Examencommissie*]

1. Responsibility

The Examination Committee shall determine, in an objective and expert manner, whether each student meets the terms and conditions set forth in the School's Teaching and Examination regulations with regard to the knowledge, insight and skills necessary obtain a degree. In carrying out this responsibility the Examination Committee may mandate such tasks as it deems appropriate to other committees or individuals; provided, however, that the Examination Committee remains responsible for ensuring that any such tasks are carried out appropriately.

2. Appointment and Composition

- a. The Board of Trustees appoints the members of the Examination Committee and designates the chair. The Board of Trustees shall not appoint any member to the Examination Committee without first hearing the sitting members of the Examination Committee.
- b. To ensure its independence, the Committee may not include any person who is a member of the Board of Trustees or whose compensation is determined by the Board of Trustees.
- c. At least one member of the Committee will be a member of the faculty.
- d. The Committee will have no fewer than three members.
- e. Each Committee member will be appointed for a term of one to three years and may be appointed to successive terms.
- f. In making its appointments, the Board will take into account the Committee's need for objectivity and expertise, the value of ensuring some continuity on the Committee from year to year, and the value of some turnover on the Committee from year to year.

3. Duties

- a. The Examination Committee will take all such actions necessary to carry out the responsibility set forth in Section 1 above. Those actions will include, at a minimum:

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

- 1) ensuring the quality of all examinations administered by the School;
 - 2) establishing guidelines and instructions for assessing the results of all examinations;
 - 3) establishing guidelines for the granting of exemptions from taking an examination;
 - 4) establishing rules with regard to the proper course of affairs during examinations;
 - 5) establishing rules with regard to the investigation and resolution of alleged incidents of cheating or other academic dishonesty by students in connection with examinations; and
 - 6) appointing examiners [*examinatoren*] for the purposes of administering and determining the outcome of examinations.
- b. The Examination Committee will prepare an annual report on its activities for the Board of Trustees, which will also be delivered to the President of the school. The annual report may include the Committee's recommendations with respect to Committee appointments, amendments to these bylaws, and such other matters as the Committee determines may advance the Committee's ability to fulfill its responsibilities.
4. Amendment

These By-Laws are promulgated by Board of Trustees and may be amended by the Board at any time.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

4.2 Examination [*tentamens en examens*] and Assessment Methods [*beoordeling*]

a. Basic Sciences

For students who begin the program on or after September 2018, and certain students subject to remediation, as specified by the university, the examinations and assessment methods for the Basic Sciences courses are described in detail in the course syllabi and are summarized in the following table.

Basic Sciences Assessment Methods by Course

Semester	Number	Course Description	Assessment Methods
First Semester	MED512	Human Body Structure & Function	<ul style="list-style-type: none"> • Five block exams & NBME Shelf Exam
	MED514	Human Histology and Physiology	<ul style="list-style-type: none"> • Five Block exams • Small group case presentations
	MED516	Clinical Skills I	<ul style="list-style-type: none"> • Four exams • Small group exercises
Second Semester	MED611	Metabolism & Nutrition	<ul style="list-style-type: none"> • Five exams & NBME Shelf Exam
	MED612	Genetics & Development	<ul style="list-style-type: none"> • Five exams • Student presentations
	MED613	Infection / Defense / Response	<ul style="list-style-type: none"> • Five exams & NBME Shelf Exam • Lab exercises • Student presentations
	MED614	Medical Ethics	<ul style="list-style-type: none"> • Two exams • Student presentations
	MED616	Clinical Skills II	<ul style="list-style-type: none"> • Three exams • Small group exercises
	MED617	Foundational / Applied Clinical Correlate	<ul style="list-style-type: none"> • Class preparedness & participation
	MED619	Research Curriculum - Evidence Based Medicine	<ul style="list-style-type: none"> • Practical search assessment • Summary review paper
Third Semester	MED712	Systems & Disease I (Introduction/Neuro)	<ul style="list-style-type: none"> • Five exams
	MED714	Neuroscience & Neurology	<ul style="list-style-type: none"> • Five exams & NBME Shelf Exam • Student presentations
	MED716	Clinical Skills III	<ul style="list-style-type: none"> • Four exams • Small group exercises
	MED719	Behavioral Medicine	<ul style="list-style-type: none"> • Five exams & NBME Shelf Exam
Fourth Semester	MED811	Systems & Disease II (Repro/GI/PEDS)	<ul style="list-style-type: none"> • Five exams • Class preparedness & participation
	MED812	Systems & Disease III (CV/Resp/Renal)	<ul style="list-style-type: none"> • Five exams • Class preparedness & participation
	MED816	Clinical Skills IV	<ul style="list-style-type: none"> • Four Exams • Small group exercises
Fifth Semester	MED911	Systems & Disease V (Heme/Immune/Integument/MSK/Multisystem)	<ul style="list-style-type: none"> • Five exams & NBME Shelf Exams • Class preparedness & participation
	MED918	Foundations of Clinical Medicine	<ul style="list-style-type: none"> • NBME Shelf Exams • Comprehensive NBME Shelf Exam
	MED916	Clinical Skills V	<ul style="list-style-type: none"> • Two exams • Small group exercises
	MED919	Research Curriculum - Critical Appraisal	<ul style="list-style-type: none"> • Written appraisals of the primary literature • Class preparedness & participation

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

Research	Research: Literature Review and Analysis	• Research paper assessed by Committee
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For students who begin the program on or after January 2015 and prior to September 2018, and certain students subject to remediation, as specified by the university, the examinations and assessment methods for the Basic Sciences courses are described in detail in the course syllabi and are summarized in the following table.

Basic Sciences Assessment Methods by Course

Semester	Number	Course Description	Assessment Methods
First Semester	MED511	Scientific Foundations	<ul style="list-style-type: none"> • Two exams • Class preparedness & participation
	MED512	Human Body Structure & Function	<ul style="list-style-type: none"> • Four exams & NBME Shelf Exam
	MED513	Cell / Tissue Structure & Function	<ul style="list-style-type: none"> • Four exams • Small group case presentations
	MED516	Clinical Skills I	<ul style="list-style-type: none"> • Four exams • Small group exercises
Second Semester	MED611	Metabolism & Nutrition	<ul style="list-style-type: none"> • Five exams & NBME Shelf Exam
	MED612	Genetics & Development	<ul style="list-style-type: none"> • Five exams • Student presentations
	MED613	Infection / Defense / Response	<ul style="list-style-type: none"> • Five exams & NBME Shelf Exam • Lab exercises • Student presentations
	MED616	Clinical Skills II	<ul style="list-style-type: none"> • Three exams • Small group exercises
	MED617	Foundational / Applied Clinical Correlate	<ul style="list-style-type: none"> • Class preparedness & participation
	MED619	Research Curriculum - Evidence Based Medicine	<ul style="list-style-type: none"> • Practical search assessment • Summary review paper
Third Semester	MED711	Neuroscience, Mind & Behavior	<ul style="list-style-type: none"> • Five exams & NBME Shelf Exams • Student presentations
	MED712	Systems & Disease I (Introduction/Neuro)	<ul style="list-style-type: none"> • Five exams & NBME Shelf Exam • Student presentations
	MED713	Medical Ethics	<ul style="list-style-type: none"> • Two exams • Student presentations • Class preparedness & participation
	MED716	Clinical Skills III	<ul style="list-style-type: none"> • Three exams • Small group exercises
	MED717	Epidemiology	<ul style="list-style-type: none"> • Three exams • Student presentations
	MED718	Foundational / Applied Clinical Correlate	<ul style="list-style-type: none"> • Class preparedness & participation
Fourth Semester	MED811	Systems & Disease II (Repro/Endo)	<ul style="list-style-type: none"> • Three exams • Class preparedness & participation
	MED812	Systems & Disease III (CV/Resp/Renal)	<ul style="list-style-type: none"> • Four exams • Class preparedness & participation
	MED813	Systems & Disease IV (GI/Peds)	<ul style="list-style-type: none"> • Three exams • Class preparedness & participation
	MED816	Clinical Skills IV	<ul style="list-style-type: none"> • Four exams • Small group exercises
Fifth Semester	MED911	Systems & Disease V (Heme/Immune/Integument/MSK/Multisystem)	<ul style="list-style-type: none"> • Five exams & NBME Shelf Exams • Class preparedness & participation

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

	MED918	Foundations of Clinical Medicine	<ul style="list-style-type: none">• NBME Shelf Exams• Comprehensive NBME Shelf Exam
	MED916	Clinical Skills V	<ul style="list-style-type: none">• Two exams• Small group exercises
	MED919	Research Curriculum - Critical Appraisal	<ul style="list-style-type: none">• Written appraisals of the primary literature• Class preparedness & participation
Research		Research: Literature Review and Analysis	<ul style="list-style-type: none">• Research paper assessed by Committee

b. Clinical Medicine

The examinations and assessment methods for the Clerkships courses are published in the Clinical Medicine Handbook.

(1) Core clinical clerkship grading policy

The final grade for a core clinical clerkship (Internal Medicine, Surgery, Pediatrics, Psychiatry, Obstetrics & Gynecology) is comprised of the following:

- Clinical Faculty Evaluation (30%)
- Core Clerkship Exam (40%)
- Engaged Learning Experience (10%)
- Patient Logs (10%)
- Patient Notes (10%)
- Mid-Clerkship Feedback (potential point deduction)
- Interprofessional Education Reflection Exercise (potential point deduction)

Regardless of the total weighted score, a student **MUST** pass (> 70%) each of the five graded components (Clinical Faculty Evaluation Core Clerkship Exam, Engaged Learning Experience, Patient Logs, and Patient Notes) as well as complete in a timely fashion the Mid-Clerkship Assessment and the Interprofessional Education Reflection Exercise in order to pass the core clinical clerkship. If a student does not successfully complete the Core Clerkship Exam (first or second attempt), Engaged Learning Assignments, Patient Logs, Patient Notes, Mid-Clerkship Assessment or Interprofessional Education Reflection Exercise, the student will receive an **INCOMPLETE** grade.

A failing Clinical Faculty Evaluation will result in a **FAILING** grade for the entire core clinical clerkship.

Students are expected to complete on a weekly basis Patient Logs, Engaged Learning Assignments, and Patient Notes, as well as a Mid-Clerkship Assessment Form at the midpoint of each core clinical clerkship. Details of each are presented below.

Students are also required to complete a Clerkship Assessment Form in a timely fashion at the end of each core clinical clerkship in order to receive a passing grade.

Unless otherwise specified, all references to time means Eastern Time.

Clinical Faculty Evaluation (30%)

Each student completing a core clinical clerkship will receive a written evaluation by his/her supervising faculty member. When more than one faculty member participates, a summary evaluation is provided by the clinical site. Students should review the Clinical Clerkship Grading Guidelines as well as the sample Student Evaluation Form in the Clinical Medicine Handbook. Please note, a failing Clinical Faculty Evaluation will result in a FAILING grade for the entire core clinical clerkship.

Core Clerkship Exam (40%)

Saba University requires that a final examination be administered after every core clinical clerkship. Each student must take and pass the Core Clerkship Exam after each core clinical clerkship at a Prometric Test Center site according to the rules below:

1. Scheduling the Core Clerkship Exam (NBME Clinical Science Subject Examination) - The student will receive notification emails from SUSOM and from the NBME (usually 3 weeks prior to the completion of a core clinical clerkship) informing them that they need to schedule their Core Clerkship Exam. The NBME email will provide the student with instructions on how to schedule an exam. The student will be able to schedule his/her final exam (Monday-Saturday, NO Sundays) during the last week of their core clinical clerkship and the week following the completion of the core clinical clerkship, a total of 12 days testing days including 2 Saturdays, e.g. beginning Monday of the last week of the core clinical clerkship.
2. The Core Clerkship Exam is available at 350 Prometric Test Centers worldwide. <https://www.prometric.com/en-us/Pages/home.aspx>.
3. The Core Clerkship Exam is mandatory, and the student must take the exam in the prescribed two-week window. The School does NOT approve time off from clinical clerkships to study for this exam or take the exam.
4. SUSOM will send the student the results of their Core Clerkship Exam, e.g. the NBME score and a profile of their performance and their exam grade.
5. Failure to take and/or subsequently pass, on the first attempt, the Core Clerkship Exam (NBME Clinical Science Subject Examination) within the prescribed two-week window will result in a grade of INCOMPLETE for the rotation.

If the student does not take the exam during the prescribed initial two week window, he/she will be assessed a score of zero (i.e. a failing score) and will only be permitted two additional attempts within the prescribed time period detailed below.

6. If the student fails the Core Clerkship Exam (NBME Clinical Science Subject Examination) on the initial attempt for any reason, he/she will receive the grade of INCOMPLETE and be required to retake the exam.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

If the student is already in another clinical clerkship (or is to start a clinical clerkship shortly) at the time that the school receives the failing score report, the student may complete that clinical clerkship. However, NO additional clinical clerkships will be permitted until the student receives a passing grade for both the previously failed and current clinical clerkship Core Clerkship Exam (in the case of a core clinical clerkship).

In the case of a failed initial attempt (by omission or otherwise), students shall be allowed TWO additional attempts to pass the Core Clerkship Exam (NBME Clinical Science Subject Examination) within six months of the last day of the core clinical clerkship. Upon passing, the final grade for the core clinical clerkship will reflect the weighted value of all attempts of the Core Clerkship Exam (including a score of zero for failure to take make the initial attempt during the prescribed window detailed above).

The Core Clerkship Exam grade component shall be the average of all attempts. It is possible for the Core Clerkship Exam average to be below 70% (for example, a first attempt 50% + a second of 60% and a third attempt of 70% = 60%) and still meet the requirements for passing the core clinical clerkship (details to follow).

Failure to pass the Core Clerkship Exam (NBME Clinical Science Subject Examination) within the prescribed six months in three attempts or less shall result in a FAILING grade for the core clinical clerkship.

7. Please note: If the core clinical clerkship hospital has its own exam, and chooses to require the student take this exam, the student will still need to take and pass the SUSOM's Core Clerkship Exam (NBME Clinical Science Subject Examination) within the parameters described above.

Engaged Learning Experience (10%)

Each student in a core clinical clerkship is expected to complete the weekly Engaged Learning Assignments on SUSOM's Learning Management System (LMS), <http://lms.saba.edu>.

It is the student's responsibility to complete the weekly assignments on time. There will be no make-ups, and any reminders are a courtesy. Students are required to complete the assignments on time in the week they are assigned.

To access assignments, at the beginning of the core clinical clerkship students should go to <http://lms.Saba.edu> and log in (using the same username and password used to access the Campus Website, Sabamed.org) and navigate to the Clinical Clerkships Course. If the student does not have access to the appropriate core clinical clerkship materials and assignments, it is their responsibility to contact onlinecoursehelp@Saba.edu and request access to ensure their ability to comply with the weekly assignment completion rule.

Each week students must review the two cases/modules assigned and write a reflection. Students must complete the entire assignment and a reflection by

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

midnight on Sunday of each week in order to receive credit. There is no partial credit.

Students are expected to complete the reflection based on their interaction with the assigned cases. **A thoughtful reflection is required from each student.** As a result, a student who does not complete a reflection by midnight on Sunday of each week shall receive a zero for that week's Engaged Learning Assignment.

The responses to the cases/modules and student reflections are reviewed by the Clinical Department each week for completeness and quality of response prior to awarding credit.

Weekly assignments will be averaged to gain the final score, equating to 10% of the final core clinical clerkship grade. If a student does not successfully complete the Engaged Learning Experience, the student will receive an INCOMPLETE grade and be required to remediate the deficiency.

Any questions regarding the assignment or assignment expectations should contact: onlinecoursehelp@saba.edu.

Patient Logs (10%)

Students are expected to record (via the Patient Log system) Patient Encounters and Procedures for ten or more patients each week for each core clinical clerkship. Logs must be submitted on a timely basis in order to be considered for credit (i.e. before midnight on Sunday of each week). Patient Logs with a deficient number of patients may not be acceptable for credit.

Patient Logs are expected to complete. Patient Logs that are submitted late will receive zero credit. The weekly Patient Log submissions will be averaged to gain the final score, equating to 10% of the final Clerkship grade. If a student does not successfully complete a sufficient number of acceptable Patient Logs, the student will receive an INCOMPLETE grade and be required to remediate the deficiency.

Students can document their required Patient Encounters and Procedures in the revised Patient Log found at <https://www.sabamed.org/Gateway/PLGateway2.html>. Links to this URL can also be found at <http://www.saba.edu/mysaba/resources-and-forms> and at <http://lms.saba.edu>. A sample Patient Log is available in the Clinical Medicine Handbook.

The Patient Logs require students to document Patient Encounters and Procedures, as more fully described below:

- *Patient Encounters.* For each core clinical clerkship, the University has specified the required types of Patient Encounters that each student must experience and record in the revised Patient Log system.

While a single patient could present with one or more condition(s), the University requires the logging of a minimum of ten (10) patients per week. For example, for one patient with HIV, cough and dyspnea, a student could document three Patient Encounters (HIV, cough, and dyspnea) but only one Patient Log.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

If, by a certain point in time in the core clerkship, a student has not experienced any of the Patient Encounters specified in the syllabus, then alternative methods will be offered toward the end of the clerkship.

Failure to document all Patient Encounters specified in the syllabus by the end of the core clinical clerkship, will result in a final grade of INCOMPLETE until the deficiency is remediated in a manner satisfactory to the University. Failure to remediate satisfactorily will result in a FAILING grade for the Patient Logs.

- *Procedures.* For each core clinical clerkship, the University has specified the required types of Procedures that each student must experience and record in the revised Patient Log system. Students must document their participation in these Procedures in the revised Patient Log system. While patient contact is the preferred type of exposure, simulation is an acceptable alternative.

Failure to document all Procedures specified in the syllabus by the end of the core clinical clerkship, will result in a final grade of INCOMPLETE until the deficiency is remediated in a manner satisfactory to the University. Failure to remediate satisfactorily will result in a FAILING grade for the Patient Logs.

Patient Notes (10%)

Students are expected to submit two (2) completed Patient Notes per week based on the patients they have seen during the week in each core clinical clerkship. Two Patient Notes must be submitted on a timely basis in order to be considered for credit (i.e. before midnight on Sunday of each week).

The Patient Note is to be written by the student in the role of the “doctor”, focusing on accurately reporting the patient history and physical findings and in compliance with HIPAA. Examples of appropriately completed Patient Notes can be found in Clinical Medicine Handbook.

Students who submit their Patient Notes late or with less than the requirement of two Patient Notes per week will receive zero credit for the week. In order to receive full credit for the Patient Note element of the core clinical clerkship, students must submit two Patient Notes per week for each week of the rotation. The amount of credit received by a student for their completed weekly Patient Note submissions will be divided by full credit in order to determine a student’s final score for this element, equating to 10% of the final Clerkship grade.

During the first three weeks of each core clinical clerkship, the Clinical Deans will also evaluate each student’s Patient Notes for quality. If a student’s Patient Notes do not merit an evaluation of “MEETS EXPECTATIONS” by the end of the first three weeks of the clerkship, the Clinical Deans will continue to review the student’s Patient Notes until it has been determined that the student’s work “MEETS EXPECTATIONS”. If a student’s Patient Notes remain “BELOW EXPECTATIONS” throughout the core clinical clerkship, the student will receive zero credit for this element of the clerkship.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

If a student does not successfully complete a sufficient number of weekly Patient Note submissions or is unable to write a Patient Note that “MEETS EXPECTATIONS” before the end of the core clinical clerkship, the student will receive an INCOMPLETE grade in the core clinical clerkship and be required to remediate the deficiency.

Patient Notes can be found at <https://www.sabamed.org/Gateway/PNGateway.html>. Links to this URL can also be found at <http://www.saba.edu/mysaba/resources-and-forms> and at <http://lms.saba.edu>.

Mid-Clerkship Feedback (potential point deduction)

Students will receive notification from the Clinical Department prior to the midpoint of each core clinical clerkship that they are expected to complete an assessment of their own performance. Students should meet with the attending and/or resident in their clerkship in order to obtain their feedback on the student's performance.

Submission of a Mid-Clerkship Assessment Form to the Clinical Department must occur no later than one week past the midpoint of the clerkship (e.g., in a 12-week clerkship, by Sunday at midnight of the 7th week). Failure to submit the Mid-Clerkship Assessment form in a timely manner will result in point deduction which will affect a student's final grade (see below).

The Mid-Clerkship Assessment Form can be found at <https://www.sabamed.org/Gateway/MCSAGateway.html>. Links to this URL can also be found at <http://www.saba.edu/mysaba/resources-and-forms> and at <http://lms.saba.edu>.

Interprofessional Education Reflective Exercise (potential point deduction)

Students are expected to demonstrate the ability to communicate and work effectively with other health care professionals, and to make use of the unique contributions of other health care professionals. SUSOM requires each student to submit one Interprofessional Education Reflective Exercise no later than the end of week four of the clerkship for six week clerkships, and the end of week eight for twelve week clerkships. Failure to submit the exercise in a timely manner will result in point deduction which may affect the final grade. Students with Interprofessional Education Reflective Exercises that are deemed inadequate in any respect will be contacted by the clinical department and will need to resubmit.

Computation Of Final Core Clinical Clerkship Grade

As stated above, the final grade for each core clinical clerkships consists of six components, weighted as follows:

- Clinical Faculty Evaluation (30%)
- Core Clerkship Exam (40%)
- Engaged Learning Experience (10%)
- Patient Logs (10%)
- Patient Notes (10%)
- Mid-Clerkship Feedback (potential point deduction)
- Interprofessional Education Reflective Exercise (potential point deduction)

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

It is possible that the weighted average for the final grade may be below 70% (e.g., due to not passing the Core Clerkship Exam on the first attempt). However, if the collective weighted averages falls below 70% and all components have been passed, the final grade will be "C".

Examples of failed initial attempt of Core Clerkship Exam but passed the second attempt (Mid-Clerkship Assessment Form submitted on time):*

Prec (70%*0.3) + Exam (twice: once 50% and once 70%)(60%*0.4) + ELE (83%*0.1) + LOGS (83%*0.1) + NOTES (67%*0.1) = 68.3% = C

Prec (80%*0.3) + Exam (twice: once 50% and once 70%)(60%*0.4) + ELE (83%*0.1) + LOGS (83%*0.1) + NOTES (67%*0.1) = 71.3% = C

Prec (90%*0.3) + Exam (twice: once 50% and once 70%)(60%*0.4) + ELE (83%*0.1) + LOGS (83%*0.1) + NOTES (67%*0.1) = 74.3% = C

Prec (90%*0.3) + Exam (twice: once 50% and once 70%)(60%*0.4) + ELE (100%*0.1) + LOGS (100%*0.1) + NOTES (100%*0.1) = 81.0% = B

Examples of passes all components on first attempt (Mid-Clerkship Assessment Form submitted on time):*

Prec (70%*0.3) + Exam (70%*0.4) + ELE (83%*0.1) + LOGS (83%*0.1) + NOTES (83%*0.1) = 73.9% = C

Prec (80%*0.3) + Exam (70%*0.4) + ELE (83%*0.1) + LOGS (83%*0.1) + NOTES (83%*0.1) = 76.9% = C

Prec (90%*0.3) + Exam (70%*0.4) + ELE (83%*0.1) + LOGS (83%*0.1) + NOTES (83%*0.1) = 79.9% = C

Prec (100%*0.3) + Exam (70%*0.4) + ELE (83%*0.1) + LOGS (83%*0.1) + NOTES (83%*0.1) = 82.9% = B

Prec (90%*0.3) + Exam (70%*0.4) + ELE (100%*0.1) + LOGS (100%*0.1) + NOTES (100%*0.1) = 85.0% = B

Prec (90%*0.3) + Exam (80%*0.4) + ELE (100%*0.1) + LOGS (100%*0.1) + NOTES (100%*0.1) = 89.0% = B

Prec (95%*0.3) + Exam (80%*0.4) + ELE (100%*0.1) + LOGS (100%*0.1) + NOTES (100%*0.1) = 90.5% = A

Prec (80%*0.3) + Exam (80%*0.4) + ELE (100%*0.1) + LOGS (100%*0.1) + NOTES (100%*0.1) = 86.0% = B

Examples of Late Submission of Mid-Clerkship Assessment Form

Failure to submit the Mid-Clerkship Assessment form in a timely manner will result in a point deduction from the final grade.

For a 12-week Core Clinical Clerkship (i.e. Internal Medicine or Surgery) a final grade will be impacted as follows:

- Submitted late but by Sunday at midnight of Week 8 = final grade reduced by 5 points
- Submitted late but by Sunday at midnight of Week 9 = final grade reduced by 10 points

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

- Not submitted by the end of Week 9 = Grade of “U” in Professionalism & Lifelong Learning competencies and INCOMPLETE Final Grade and remediation required.

Two examples of student final grades that would change due to late submission of Mid-Clerkship Assessment form:

Student A: Preliminary Grade = 93 = A, but Mid-Clerkship Assessment Form submitted:*

- During Week 6 or Week 7: Final Grade (unchanged) = 93 = A
- By Sunday at midnight of Week 8: Final Grade = 88 = B
- By Sunday at midnight of Week 9: Final Grade = 83 = B
- After Sunday at midnight of Week 9 or not: Final Grade = I (remediable to 83), Competency Grade = U (remediable S*)

Student B: Preliminary Grade = 83 = B, but Mid-Clerkship Assessment Form submitted:*

- During Week 6 or Week 7: Final Grade (unchanged) = 83 = B
- By Sunday at midnight of Week 8: Final Grade = 78 = C
- By Sunday at midnight of Week 9: Final Grade = 73 = C
- After Sunday at midnight of Week 9 or not: Final Grade = I (remediable to 73), Competency Grade = U (remediable S*)

For 6-week Core Clinical Clerkship (i.e. Obstetrics & Gynecology, Pediatrics and Psychiatry) a final grade will be impacted as follows:

- Submitted late but by Sunday at midnight of Week 5 = final grade reduced by 7.5 points
- Not submitted by the end of Week 5 = Grade of “U” in Professionalism & Lifelong Learning competencies and INCOMPLETE Final Grade and remediation required.

Two examples of student final grades that would change due to late submission of Mid-Clerkship Assessment form:

Student A: Preliminary Grade = 93 = A, but Mid-Clerkship Assessment Form submitted:*

- During Week 3 or Week 4: Final Grade (unchanged) = 93 = A
- By Sunday at midnight of Week 5: Final Grade = 85.5 = B
- After Sunday at midnight of Week 5 or not: Final Grade = I (remediable to 85.5), Competency Grade = U (remediable S*)

Student B: Preliminary Grade = 83 = B, but Mid-Clerkship Assessment Form submitted:*

- During Week 3 or Week 4: Final Grade (unchanged) = 83 = B

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

- By Sunday at midnight of Week 5: Final Grade = 75.5 = C
- After Sunday at midnight of Week 5 or not: Final Grade = I (remediable to 75.5), Competency Grade = U (remediable S*)

* for illustration purposes only.

Advancement Policies

1. Any student in a core clinical clerkship who receives a FAILING grade or F will be immediately placed on academic probation and his/her overall academic performance will be reviewed by the Student Promotion Committee (SPC). The decision of the SPC could result in dismissal or repeating the entire core clinical clerkship and continued academic probation.

If a second FAILING grade or F is earned by the student while on academic probation, the student will be dismissed.

2. The Associate Dean of Clinical Medicine will determine whether an INCOMPLETE grade or I or grade of C should be reviewed by the SPC for consideration of placement on academic probation. The Associate Dean, along with the SPC, will determine whether any remedial program will be required of the student, e.g. additional weeks of rotation in the discipline.
3. Students who disagree with a grade received from a faculty member or their final grade are NOT permitted to approach the faculty member without first obtaining permission from SUSOM. When appropriate, SUSOM will guide the student in how to approach the faculty member."

(2) Elective clerkship grading policy

The student's Clinical Faculty Evaluation comprises 100% of the Elective final grade. However, the student must also complete a Clerkship Assessment Form in order to receive a final grade for a clinical clerkship.

Clinical Faculty Evaluation (100%)

Please review the Clinical Clerkship Grading Guidelines as well as the sample Student Evaluation Form. Please note: receiving a failing Clinical Faculty Evaluation will result in an immediate review by the Associate Dean for Clinical Medicine.

Clerkship Assessment Form (Required for a final grade)

Clerkship Assessment forms are the student's assessment of their clerkship clinical site experience, and completion of the form is required before a student's final clerkship grade will be posted. To complete a Clerkship Assessment, students should go to www.Saba.edu > Forms > Clinical Students > Student Clerkship Assessment Form.

Note: Students who are dissatisfied with a grade received from a faculty member or their final grade are not permitted to approach the faculty member about the grade without first obtaining permission to do so from SUSOM. When appropriate, SUSOM will guide the student in how to approach the faculty member.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

c. Monitoring and Evaluation of Competencies

First semester students entering May 2013 and thereafter will need to demonstrate the successful mastery of all six competencies in order to graduate. Students who matriculated on or prior to January 2013 and have not begun the Clinical Medicine portion of the program will: (i) be assessed on the competencies measured in their remaining coursework in Basic Sciences; (ii) be required to remediate any unsatisfactory evaluation(s); and (iii) be subject to the promotions guidelines (as more fully described herein).

SUSOM's six competencies are described in section 1.3.b. of this document. SUSOM has identified which competencies (along with their respective sub-competencies) shall be assessed in each course along with the method of assessment. A description of which competencies shall be assessed and the respective methods of assessment can be found in each course syllabus. As stated above, SUSOM shall begin formal assessment of course specific competencies (along with their respective sub-competencies) in May 2013.

Competency Grading

Beginning May 2013, SUSOM will begin maintaining an electronic competency gradebook for all students in addition to the course gradebook currently maintained. The grade a student receives for each competency (or sub-competency) assessed in a particular course will be recorded in a student's competency gradebook. This competency gradebook will be an internal document.

For each competency (or sub-competency) assessment to be recorded in a student's competency gradebook, students can earn a grade of satisfactory ("S"), satisfactory after remediation ("S*") or unsatisfactory ("U"). Grades of "U" will require remediation (see Grading Guidelines below).

For first semester students beginning May 2013 and thereafter, SUSOM will also begin maintaining a competency section in each student's transcript. A student's individual course competency (or sub-competency) grades will not be included in the competency section of a student's transcript, but will form the basis for the grades issued on a student's transcript.

Transcripts will reflect a student's cumulative achievement in each of the six major competencies solely. First semester students beginning in May 2013 and thereafter will need to earn a satisfactory grade ("S") in each of the six competencies, as reflected on their final transcript, in order to graduate. An example of the competency section of a student's transcript is presented below:

COMPETENCY	GRADE
PATIENT CARE	S
SCIENTIFIC & MEDICAL KNOWLEDGE	S
LIFELONG LEARNING, SCHOLARSHIP, & COLLABORATION	S
PROFESSIONALISM	S
COMMUNICATION & INTERPERSONAL SKILLS	S
SOCIAL & COMMUNITY CONTEXT OF HEALTHCARE	S

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

Students will need to achieve grades of “S” or “S*” in each competency category (including sub-categories thereof) in their competency gradebook in order to receive a satisfactory grade of “S” in their transcript.

Grading Guidelines – All Students

1. If a student earns a passing course grade (“C or better”) AND is positively assessed in the competencies (or sub-competencies) evaluated in a particular course, the final grade recorded in a student’s transcript will be the course grade. An “S” will be recorded in the student’s competency gradebook for the competencies (or sub-competencies) measured and no further action on the student’s part will be required.
2. If a student earns a passing course grade (“C or better”) AND fails the assessment of one or more competencies (or sub-competencies) evaluated in a particular course, the initial grade recorded in a student’s transcript will be the course grade with an “*” (e.g., if student receives a course grade of “A” in Human Body Structure & Function but fails the assessment of Professionalism evaluated in Human Body Structure & Function, the course grade recorded in such student’s transcript will initially be “A*”). A “U” will initially be recorded in the student’s competency gradebook for each assessment of a competency (or sub-competency) which the student failed.

For competency (or sub-competency) assessment(s) in a particular course failed for the first time, students will be required to remediate such assessment(s) successfully in order to continue to progress academically. Upon successful remediation, an “S*” will be recorded in a student’s competency gradebook in place of the “U” previously recorded and the course grade recorded on such student’s transcript will revert to the course grade without an “*.”

3. If a student fails a course in an initial attempt AND fails the assessment of one or more of its course competencies (or sub-competencies), the course grade recorded in a student’s course gradebook will be “F*” and a “U” will initially be recorded in the student’s competency gradebook for each assessment of a competency (or sub-competency) which the student failed (including Medical Knowledge sub-competency 2a). In addition to repeating the failed course (subject to promotions guidelines), a student will be required to remediate the failed competency (or sub-competency) assessment(s) successfully in order to continue to progress academically. Remediation of the failed competency (or sub-competency) assessment(s) will take place during the repeat of the failed course.

If the student obtains a passing course grade on the second attempt and successfully masters the competencies (or sub-competencies) assessed in that course, the initial transcript course grade of “F*” will revert to an “F” and the “U” initially recorded in the competency gradebook will for the assessment(s) of the competency (or sub-competency including Medical Knowledge 2a) initially failed will be changed to an “S*.”

4. If the student fails a course (first or second attempt) AND passes the assessment(s) of the competency (or sub-competency) measured in that

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

particular course, the student will receive a course grade of “F” on the student’s transcript and a “U” in the Medical Knowledge sub-competency 2a in the student’s competency gradebook. In the case of a second attempt of a course, the course grade will remain “F” on a student’s transcript and “U” in the student’s competency gradebook for the sub-competency Medical Knowledge 2a.

If the course grade of “F” received was an initial attempt and the student obtains a passing course grade in the second attempt, the passing grade will be recorded in a subsequent semester in a student’s transcript. If the student also passes the assessment(s) of the competency (or sub-competency) in the second attempt, the student’s competency gradebook for the competency (or sub-competency) assessed in that particular course shall continue to reflect “S” other than Medical Knowledge 2a which shall be changed to a grade of “S*”. However, if the student passes the course but fails the assessment(s) of the competency (or sub-competency) in the second attempt, the student’s course grade shall reflect the grade received with an “*” and the competency gradebook for the competency (or sub-competency) failed shall reflect a “U” other than Medical Knowledge 2a which shall be changed to a grade of “S*”. The student will also be required to remediate the failed competency (or sub-competency) assessment(s).

5. If there are multiple assessments of a specific competency (or sub-competency) in a single course and the interim grades received by a student for that specific competency (or sub-competency) are not uniform (i.e. not all “U” or “S”), the final grade received by such a student for that specific competency (or sub-competency) will be determined by the Associate Dean of Basic Sciences or Associate Dean of Clinical Medicine (as the case may be) in conjunction with the appropriate Competency Director.

Promotions Guidelines

If a student fails the assessment of a competency (or sub-competency), they will be referred to the Promotions Committee and placed on academic probation for two semesters. While on academic probation, if a student fails a second competency (excluding Medical Knowledge 2a) in the same category (e.g. Patient Care or category 1), they will be referred to the Promotions Committee for review and subject to dismissal.

The Promotions Committee reviews student assessment in the competencies (or sub-competencies) independently from that of the knowledge based assessment in the curriculum to which is ascribed course grades. For example, if a student fails the knowledge based assessment in the course and fails the Professionalism competency assessment in Human Body Structure & Function (i.e. receives an “F” in the student’s transcript and a “U” in Professionalism and Medical Knowledge 2a in the student’s competency gradebook), this does not count as two failures in terms of student promotions policy. Course grades and competencies grades (excluding Medical Knowledge 2a which is already considered in the course grade itself) are reviewed independently of each other.

If the student fails the same course or the same competency (or sub-competency) a second time whether by remediation or otherwise (excluding Medical Knowledge 2a)

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

while on probation, the student will then be subject to the academic dismissal policies (*definitieve beëindiging van de inschrijving voor de opleiding*) of the university.

Procedure – First “U” Course Competency Grade (excluding Medical Knowledge 2a)

1. Student is identified to the Promotions Committee and referred to the Curriculum Committee.
2. Course Director and/or Competency Director are responsible for developing the remediation plan as outlined in course syllabus and assuring that the student is satisfactorily remediated. In the case of a student repeating a failed course in which the competency (or sub-competency) assessment was failed, repeating the course will be the remediation plan.
3. Student must satisfactorily complete the remediation no later than the 4th Friday of the following semester unless the student is repeating the course in which the student received a “U” in a competency (or sub-competency).

Scenario 1:

Student passes all courses in Semester 1 but receives a “U” for Professionalism in Human Body Structure & Function.

Transcript:

Human Body Structure & Function B* (* denotes to be
remediated “U” in a course competency)
Human Histology and Physiology C
Clinical Skills I B

Plan: Permitted to take all Semester 2 courses. Must remediate unsatisfactory competency no later than the 4th Friday of Semester 2. If the student is unable or unwilling to satisfactorily complete the remediation, the student shall (i) be placed on administrative leave of absence with the cessation of all academic activity immediately; (ii) be reviewed by Promotions Committee at next meeting; and (iii) subject to dismissal.

Scenario 2:

Student fails Human Histology and Physiology in Semester 1, passes all other courses and receives a “U” for Professionalism in Human Body Structure & Function.

Transcript:

Human Body Structure & Function B* (* denotes to be
remediated “U” in a course competency)
Human Histology and Physiology F
Clinical Skills I B

Plan: The student will be (i) classified as an irregular student; (ii) required to repeat Human Histology and Physiology; and (iii) remediate the unsatisfactory competency no later than the 4th Friday of the repeated semester.

Procedure – Two or More “U” Competency Grades (excluding Medical Knowledge 2a) Within Same Competency Category

1. If a student receives a “U” (whether subsequently successfully remediated or not) within the same competency category (i.e. Patient Care, category 1) more than once at any time during the basic science or clinical medicine portion of the curriculum, he/she will be subject to the academic dismissal policies of the university.

Procedure – Two or More “U” Competency Grades (excluding Medical Knowledge 2a) Within Different Competency Categories

1. Student is identified to the Promotions Committee for discussion of student's performance and future activities.
2. If Promotions Committee permits student to remediate, student is referred to the Curriculum Committee. Course Chair and/or Competency Director will develop a remediation plan as outlined in course syllabus and assure that the student is satisfactorily remediated.
3. Student must satisfactorily complete the remediation no later than the 4th Friday of the following semester. If the student is unable or unwilling to satisfactorily complete the remediation, the student shall (i) be placed on administrative leave of absence with the cessation of all academic activity immediately; (ii) be reviewed by Promotions Committee at next meeting; and (iii) subject to dismissal.
4. Assessments in different categories of competencies (or sub-competencies) are independent or one another for purposes of promotions. For example, a “U” in Professionalism in Human Body Structure & Function and a “U” in Patient Care in Clinical Skills I would not count as failing two competencies in the same category.

Scenario 1:

Student passes all courses in Semester 1 but receives a grade of “U” in one course competency (which is remediated at the beginning of the following semester satisfactorily). Student is now full time in semester 2 courses on probation. Student subsequently passes all courses but receives a “U” in a second competency, this time in Clinical Skills II. Student is identified to the Promotions Committee for discussion of his/her performance and future activities.

(end of 1st Semester)

Transcript:

Human Body Structure & Function	B* (* denotes to be remediated “U” in a course competency)
Human Histology and Physiology	B
Clinical Skills I	B

(end of 2nd Semester)

Transcript:

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

Human Body Structure & Function	B
Human Histology and Physiology	B
Clinical Skills I	B
Metabolism & Nutrition	C
Genetics & Development	A
Infection / Defense / Response	B
Clinical Skills II	B* (* denotes to be remediated "U" in a course competency)
EBM	P
Applied Clinical Correlate	P

Scenario 2:

Student passes all courses in Semester 1 but receives a "U" in one course competency assessment (which is remediated at the beginning of the following semester satisfactorily). Student is now full time semester 2 courses on probation. Student fails Genetics & Development in the second semester and is required to repeat the course the following semester as in irregular student. Student remains on academic probation for the subsequent two semesters.

(end of 1st Semester)

Transcript:

Human Body Structure & Function	B* (* denotes to be remediated "U" in a course competency)
Human Histology and Physiology	B
Clinical Skills I	B

(end of 2nd Semester)

Transcript:

Human Body Structure & Function	B
Human Histology and Physiology	B
Clinical Skills I	B
Metabolism & Nutrition	C
Genetics & Development	F
Infection / Defense / Response	B
Medical Ethics	C
Clinical Skills II	B
EBM	P

4.3 Academic Progress and Promotions [*studievoortgang, niet zijnde "promotie"*]

a. Promotions Committee

The Promotions Committee is appointed by the Examination Committee, subject to the following guidelines:

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

- The committee shall consist of at least 5 faculty members with at least one member having a primary teaching role in each of the 5 semesters; and
- The Chair of the committee shall be a full professor and/or a course director who has served with the university for at least one year.

The Dean of Students may attend meetings of the committee in an ex-officio capacity. Except for the Dean of Students and the appellant in a matter coming before the committee, no other person may attend the committee meeting without an invitation from the Chair.

No recording devices are allowed in the meetings and all decisions and deliberations of the committee are confidential.

b. Promotions Committee Guidelines on Academic Progress

The Promotion Committee, acting on the authority of and reporting to the Examination Committee, reviews all students' progress throughout their academic careers at Saba University in accordance with the following guidelines. These guidelines are established by the Examination Committee, which will review them from time to time and may amend them at any time.

Promotions Committee Approval of all Student Advancements

The Associate Dean of Basic Sciences or Clinical Medicine, as the case may be, provides a list of all students who have failed a course or competency to the Promotions Committee. In addition the Associate Dean of Basic Sciences or Clinical Medicine, as the case may be, informs the Promotions Committee that all other students may continue to progress.

Academic Probation

A student shall be placed on academic probation if they:

- Fail one (1) course
- Fails the assessment of a competency (or sub-competency)
- Drop one (1) or more courses
- Are a transfer student admitted with advanced standing (first semester at Saba)

The initial placement on probation is for two (2) semesters and may not be appealed. Graduation from the basic science program confers removal of academic probation status.

The Promotion Committee evaluates student's appeal for early removal from academic probation by the following procedures:

1. Students may appeal to be removed from academic probation because of excellent academic performance in the first semester of probation.
2. Within five (5) business days following completion of the block 4 exam in any semester, a student who wishes to appeal for early removal must submit a written appeal (maximum 2 typed pages) to the university administration office. All new and relevant information must be included in this letter.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

3. On receipt of the appeal, the university administration will compile a file of relevant documents on each appellant (transcript and all numerical grades in every exam in each course including results on all course final exams).
4. Files of appellants will be disseminated to the members of the Promotions Committee. Individual members of the committee can request additional information from the chair via email before the meeting.
5. The Committee will meet during the first week of the semester (orientation day, if possible) and consider all appeals that have been received.
6. Any appeal that does not conform to the rules and deadlines will not be considered.
7. The Committee will vote on each appeal and by majority of those present, the Committee will grant or deny the appeal.
8. The Chair of the Committee will notify the student in writing of the results of the appeal within 2 business days. A copy is sent to the Registrar and filed in the student's permanent record.
9. A student whose appeal is denied by the Promotions Committee has the right to appeal to the Associate Dean of Basic Sciences or the Associate Dean of Clinical Medicine, as the case may be, in writing within three (3) business days of the Committee's decision. The file used by the Promotions Committee will be available to the Dean. The Associate Dean of Basic Sciences or the Associate Dean of Clinical Medicine, as the case may be will inform the student of the decision in writing (email) within two business days.

Dismissal [*definitieve beëindiging van de inschrijving voor de opleiding*]

A student is subject to dismissal if they:

- Fail two (2) or more courses while on academic probation
- Fail one (1) course worth six (6) or more credits while on academic probation if any one of the course(s) failed or dropped resulting in academic probation was worth six (6) or more credits
- Fail one (1) clinical clerkship while on academic probation
- Fails a second competency (excluding Medical Knowledge 2a) in the same category (e.g. Patient Care or category 1) while on academic probation
- Fails the same course or the same competency (or sub-competency) a second time whether by remediation or otherwise (excluding Medical Knowledge 2a) while on probation
- Fail three (3) or more courses during the same semester
- Fail two (2) courses worth six (6) or more credits each, or two (2) clinical clerkships during the same semester

The Promotions Committee receives, evaluates and determines students' appeal of dismissal in accordance with the following procedures.

1. Letters of dismissal (via email and surface mail) will be sent by the university administration to students as soon as the final grades are reported. Included in the letters will be the procedures for appeal.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

2. Dismissed students have 2 business days (from the date of the email) to notify the university administration (via email or fax) of the intention to appeal their dismissal.
3. A written appeal (maximum – 2 typed pages) must be received (via email or fax) by the university administration within an additional 5 business days after notification of the intent to appeal. Additional relevant documentation (e.g. doctor reports) may be included. All new and relevant information must be included in the letter.
4. Upon receipt of a student's intent to appeal the dismissal, the university administration will compile a file on the appellant, which will include all relevant academic records (i.e., all numerical grades in every exam (s) in each course (s) including results on all course final exams).
5. The file of each appellant will be disseminated to the members of the Promotions Committee. Individual members of the committee can request additional information such as opinions of other professors or counselors (subject to rules of confidentiality), and from the chair via email before the meeting.
6. The committee will meet during the first week of the semester (orientation day, if possible) and consider the appeals that have been received.
7. Any appeals that do not conform to the rules and deadlines will not be considered.
8. Dismissed students may request to meet with the committee. The committee chair will determine the amount of time allocated to the student's discussions with the committee. No one else will be permitted to address the Committee on the student's behalf or be present at the committee meeting. No electronic recording devices (tape recorder, cellular telephones, etc.) are permitted in the meeting.
9. The Committee will vote on each appeal of dismissal and by majority of those present, will grant or deny the appeal.
10. The Committee Chair will notify the student of the results of the appeal in writing (email and/or letter) by the end of the day of the appeal. A letter of decision of the Committee will be placed in the student's permanent file.
11. A student whose dismissal is upheld by the Promotions Committee has the right to appeal to the Associate Dean of Basic Sciences or the Associate Dean of Clinical Medicine, as the case may be, in writing within one business day of the Committee's decision. No new information can be included in the letter of appeal to the Associate Dean of Basic Sciences or the Associate Dean of Clinical Medicine, as the case may be. The Associate Dean of Basic Sciences or the Associate Dean of Clinical Medicine, as the case may be, will review all the relevant documents and the student's letter and make a final determination. A meeting with the student is at the discretion of the Associate Dean of Basic Sciences or the Associate Dean of Clinical Medicine, as the case may be, and is not required. The decision of the Associate Dean of Basic Sciences or the Associate Dean of Clinical Medicine, as the case may be, is final. The Associate Dean of Basic Sciences or the Associate Dean of Clinical Medicine, as the case may be, will

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

inform the student of the decision in writing (email and/or letter) within two business days.

12. Appeals of errors in procedure or process should be sent to the President of the University (via email) within 48 hours of decision of the Associate Dean of Basic Sciences or the Associate Dean of Clinical Medicine, as the case may be.

c. USMLE Policies – Step 1

1. Students who have successfully completed the Basic Science curriculum are expected to sit for the USMLE Step 1 within three (3) months of completing Basic Science in the semester after leaving the island. When you apply for Step 1 you enroll with the ECFMG, and select a three-month period, which is referred to as your eligibility period. For example, an applicant selects the eligibility period, i.e., May-July, and as long as the application is processed by ECFMG by the 17th of May the student will be assigned the May-June-July eligibility period that the student selected.
2. After a student completes the 5th semester successfully including passing the “Comp” exam and / or such other exam(s) as deemed appropriate by the university, the student should download the form, the Certificate of Identification (Form 186) for Step 1 and send it to SUSOM where it will be signed by the Clinical Coordinator. Sign off requires full compliance with financial, academic, proof of immunity, and administrative regulations of SUSOM. Sign off during the 5th semester is not permitted. SUSOM submits the certified form to the ECFMG. Scheduling permits are now sent electronically by the ECFMG directly to the student.
3. All students must take and pass the USMLE Step 1 test before being allowed to start clinical rotations.
4. Students who successfully complete the basic science portion of the curriculum have a maximum of three (3) attempts and one (1) calendar year, with permission of the associate Dean, from the last official day of the semester in which they completed the basic sciences curriculum to successfully pass USMLE Step 1. It is the student’s responsibility to schedule and pass the examination. If the one year time limit expires before all attempts have been used, the student forfeits the remaining attempts and is dismissed. No extensions on the one-year time limit are allowed and LOAs do not ‘stop the clock’.
5. First Time Failures of USMLE Step 1:
Students who fail the USMLE Step 1 Examination on the first attempt must enroll in a Promotions Committee approved review course that has an evaluation examination (e.g., NBME Comprehensive Basic Science Shelf Examination and / or such other exam(s) as deemed appropriate by the university) at the end of the course. Student will not be certified by the school to retake the examination unless they earn a score on the evaluation examination that predicts a reasonable probability of success on the USMLE Step 1 Examination.
6. Second Time Failure of the USMLE Step 1:
If a student fails a second time, the same procedure must be followed. However, the student’s score on the end of review course examination and / or such other exam(s) as deemed appropriate by the university must be higher than the previous score before the student will be allowed to take the USMLE examination a 3rd and final

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

time. If the student fails the USMLE examination a 3rd time, the student is dismissed.

7. Appeal with Lower Score after the Second Review Course;

A student may appeal the decision to not be allowed a second retake of the exam of the Promotions Committee to the Promotions Committee on the grounds that the special and intervening circumstances exist that explain the poorer performance, and that these circumstances can be or have been corrected that will allow the student to perform at a passing level in the future.

The student must submit a written appeal to the Promotions Committee through the university administration within 5 business days of receipt of the lower second end of review course examination score. In the appeal the student must address any special circumstances that explain the poorer performance. In addition, the letter must include an explanation of how the student's academic performance has or will be adjusted.

A student whose appeal is denied by the Promotions Committee has the right to appeal to the Associate Dean of Basic Science in writing within one business day of the Committee's decision. No new information can be included in the letter of appeal to the Associate Dean of Basic Sciences. The Associate Dean of Basic Science will review all the relevant documents and the student's letter and make a final determination. A meeting with the student is at the discretion of the Associate Dean of Basic Science and is not required. The decision of the Associate Dean of Basic Science is final. The Associate Dean of Basic Science will inform the student of the decision in writing (email and/or letter) within two business days.

The student has the right to appeal to the President of the University if the University's policies and procedures were not followed. The appeal should be made in writing within 7 business days to the President located in the US Administrative office.

d. Clinical Knowledge Remediation

Any student who has not taken the USMLE Step 2CK before August 15, 2014 and: (i) has FAILED two (2) Core Clerkship Examinations (CCE) in two (2) different core clinical clerkships; (ii) received a FAILING grade in any core clinical clerkship; or (iii) is on academic probation, will be required to take a Comprehensive Clinical Science Examination (CCSE) to ascertain whether or not his/her independent preparation for the USMLE Step 2CK has been successful.

At present, the university utilizes the National Board of Medical Examiners® (NBME) Comprehensive Clinical Sciences Examination as its CCSE. The university will bear the cost of the initial CCSE attempt.

Based upon the results of the CCSE, the Clinical Department will either clear the student to take the USMLE Step 2CK examination or require the student to continue remediation as defined below.

If further remediation is required, additional clinical rotations will be postponed until the student is approved by the Clinical Department to take the USMLE Step 2CK examination.

Further Remediation Guidelines

If it is determined a student requires further remediation after their prior CCSE attempt, the student will enroll in a SUSOM-approved remediation program. Students will bear the cost of this program and will not be registered to retake the CCSE until they show evidence of satisfactory progress in the approved remediation program. Once satisfactory progress is demonstrated, the student will be permitted to retake the CCSE at his/her expense.

Subsequent Remediation Guidelines

If a student's performance on the CCSE in subsequent attempts is deemed deficient, the procedure for remediation described above will be repeated until such time as the student's level of achievement on the CCSE is deemed satisfactory to the Clinical Department.

Scheduling the NBME Comprehensive Clinical Science Examination

Students will be permitted to schedule the CCSE after successful completion of 34 weeks of core clinical clerkships and/or Primary Care rotations through the Clinical Department.

Students will be permitted to take the CCSE upon successful completion of 40 weeks of core clinical clerkships (including Internal Medicine) and/or Primary Care rotations.

Students required to take or retake the CCSE will receive a notification email from SUSOM along with one from the NBME informing them of the need to schedule the CCSE. The email from the NBME will include instructions on how to schedule the exam.

The CCSE is available at 350 Prometric Test Centers worldwide (<https://www.prometric.com/en-us/Pages/home.aspx>).

e. Clinical Skills (CS) Practice Examination

The Clinical Skills (CS) practice examination is required of all students who are not certified for USMLE Step 2 CS prior to February 1, 2014. Successful completion of the Clinical Skills (CS) practice examination requirements, as described in this section, is a prerequisite to certification for USMLE Step 2 CS.

The Clinical Skills (CS) practice examination is similar in format to the USMLE Step 2 CS examination, consisting of up to 12 standardized patient encounters. At the end of the test day, students will receive both verbal and written feedback on their performance.

Students will be permitted to schedule the Clinical Skills (CS) practice examination after successful completion of 24 weeks of core clerkships and/or Primary Care rotations at either the Chicago or Newark site.

Students will be permitted to take the Clinical Skills (CS) practice examination upon successful completion of 34 weeks of core clerkships (including Internal Medicine) and/or Primary Care rotations.

Students may reschedule or cancel their Clinical Skills (CS) practice examination test date no later than three weeks prior to their scheduled test date. Students who fail to reschedule or cancel (including non-appearance) within the permitted time parameters

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

will be required to reschedule and take the Clinical Skills (CS) practice examination at their own expense.

If a student's performance on the Clinical Skills (CS) practice examination is not deemed satisfactory (as determined by SUSOM in its sole discretion), that student will be required to remediate (see below) and will not be certified for the USMLE Step 2 CS examination until completion of the mandatory remediation. The remediation requirement does not apply to students certified prior to February 1, 2014.

Remediation of Clinical Skills (CS) Practice Examination

If a student's performance on the Clinical Skills (CS) practice examination is not deemed satisfactory by SUSOM, the student will be required to take a SUSOM-approved remedial program which must include a comparable clinical skills practice examination to that required by SUSOM (i.e., the Clinical Skills (CS) practice examination).

Students will be required to submit the written results of the one-day clinical skills practice examination included in their remedial program to SUSOM for evaluation and review. The remedial program will be at the student's expense.

Upon completion of the remedial program and submission of written results of the clinical skills practice examination, SUSOM will review the student's performance. Based upon this review, additional remedial actions may be required. Absent additional requirements, the student may request certification for the USMLE Step 2 CS examination.

The programmatic requirements to take the USMLE Step 2 CS examination, as described below, apply to students who have successfully completed their remedial program.

f. USMLE Policies – Step 2 CS & CK

1. Students become eligible to take the USMLE Step 2 CS & CK examinations upon completion of the 5 core clerkships or 40 weeks of rotations and must comprise 4 core clerkships including Internal Medicine and Surgery, as well as a 4 week Primary Care rotation. In the case of USMLE Step 2 CS, students must also successfully complete the Clinical Skills (CS) practice examination (as described in section d above) prior to requesting certification. The approval of the Associate Dean of Clinical Medicine, the successful completion of the clerkships and in the case of USMLE Step 2 CS the successful completion of the Clinical Skills (CS) practice examination are required before a student can be certified to sit for these exams. There are no exceptions to this rule.
2. Students are required to write and pass USMLE Step 2 CS & CK prior to graduation. Students have twelve (12) months from the end of their last rotation and a maximum of three (3) attempts with approval of the Associate Dean for each exam within the twelve months to meet this requirement. It is the student's responsibility to schedule and pass the examination. If the one year time limit expires before all attempts have been used, the student forfeits the remaining attempts and is administratively withdrawn. No extensions on the one-year time limit are allowed and LOAs do not 'stop the clock'.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

Students who fail the USMLE Step 2 CK or Step 2 CS Examination on the first attempt must enroll in a Promotions Committee approved review course that has an evaluation examination at the end of the course. Student will not be certified by the school to retake the examination unless they earn a score on the evaluation examination that predicts a reasonable probability of success on the USMLE Step 2 CK Examination. For the USMEL Step 2 CS exam, completion of an approved course will suffice for certification by the school.

3. Second Time Failure of the USMLE Step 2 CK or CS:

If a student fails a second time, the same procedure must be followed. However, for the USMLE Step 2 CK exam the student's score on the end of review course examination must be higher than the previous score before the student will be allowed to take the USMLE examination a 3rd and final time. For the USMLE Step 2 CS exam, approval to take a course will not be automatic, and will only be given selectively based on an individual assessment by the Associate Dean of Clinical Medicine; completion of this approved course will suffice for certification by the school.

If the student fails the USMLE examination a 3rd time, the student is administratively withdrawn.

4. Appeal with Lower Score after the Second Review Course, or other denial of certification to retake.

A student may appeal the decision to not be allowed a second retake of the exam of the Promotions Committee to the Promotions Committee on the grounds that the special and intervening circumstances exist that explain the poorer performance, and that these circumstances can be or have been corrected that will allow the student to perform at a passing level in the future.

The student must submit a written appeal to the Promotions Committee through the Administration within 5 business days of receipt of the lower second end of review course examination score, or denial to retake CS. In the appeal the student must address any special circumstances that explain the poorer performance. In addition, the letter must include an explanation of how the student's academic performance has or will be adjusted.

A student whose appeal is denied by the Promotions Committee has the right to appeal to the Associate Dean of Clinical Medicine in writing within one business day of the Committee's decision. No new information can be included in the letter of appeal to the Associate Dean who will review all the relevant documents and the student's letter and make a final determination. A meeting with the student is at the discretion of the Associate Dean and is not required. The decision of the Associate Dean is final. The Associate Dean will inform the student of the decision in writing (email and/or letter) within two business days.

5. A student has the right to appeal to the President of the University if the University's policies and procedures were not followed. The appeal should be made in writing within 7 business days to the President located in the US Administrative office.

6. It is SUSOM regulation that ALL score reports (Step 1, Step 2 CK and Step2 CS) must be submitted by the student, to the Office of Clinical Medicine immediately

upon receipt. SUSOM will not provide any information to any certifying and licensing bodies without the student providing all USMLE and similar examination information to SUSOM as required.

4.4 Examination and Testing Center Procedures

These procedures are established by the Examination Committee, which will review them from time to time and may amend them at any time.

Students with a physical or sensory disability that prevents them from following any of these procedures, may at any time, but no later than four weeks prior to the exam in question, contact the Examination Committee. The Examination Committee will take such reasonable steps, if any, as it deems necessary, in its sole discretion, to facilitate access of the student to the examination location at the school and/or to facilitate the taking of the exam by the student.

a. Class Examinations

Students are required to be present at the scheduled time for every examination. It is the responsibility of the student to refrain from academic dishonesty, to refrain from any conduct that may lead to suspicion of academic dishonesty, and to refrain from conduct that aids others in academic dishonesty.

Examination policies and procedures shall be determined by the faculty subject to the approval of the Examination Committee and will include the following:

1. Proctors will be present during the administration of every examination.
2. Examinees will not sit next to each other.
3. Only writing instruments and calculators (unless authorized by the instructor) can be in the possession of the examinees during the exam.
4. Examinees will sit in assigned seats.
5. There may be at times at least two versions of each written exam that will be administered using a scrambled sequence of exam questions.
6. Examinees will be permitted to go to the rest room one at a time. They must use the restroom closest to the test area and must sign time out and time in.
7. Examinees who have completed the exam may not loiter in the hall outside the test area.
8. Exams can be administered any day of the week including weekends.
9. Oral exams are open to the public, unless the Examination Committee determines that a specific oral exam to be closed to the public. An individual student and/or the examiner [*examinator*] in question may request the Examination Committee to determine such.

b. Faculty Testing Center Procedures Prior to the Exam

Faculty members must submit their questions to the testing center according to the following schedule:

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

1. Qpack: at least three hours before exam.
2. Text-file format: the Friday before the exam.

Faculty members will provide the following information to IT department personnel:

1. Exam/Course Name
2. Semester
3. Block Number
4. Time Required
5. Professor
6. Date of Exam

IT department is responsible for loading the exam into the Question Mark Perception software. Faculty members are responsible for ensuring that the exam is properly loaded into the Question Mark Perception software. This is accomplished by having the Faculty member take the exam once it has been loaded. The IT staff will add 5 minutes to the duration of each exam.

Day of the Exam

IT department will schedule the exam according to the EXAM schedule and the Faculty member's requirements.

The scheduling "total time" will consist of these parts:

- 10 minutes prior to test – used by IT department to ensure test is loaded properly (the day of the test).
- Faculty members should come to each exam with three hard copies of their exam (and printed graphics) in case of a browser failure.
- Time required (supplied by the Faculty member).
- 30 minutes extra time (in case of power failures and to handle staggered starting times).

A member from the IT department will be on-hand during each test. The IT member will handle any IT-related issues which may arise during testing as well as assist Faculty members by acting as a proctor.

After the Exam

IT department will generate reports for Faculty members. Faculty members will direct IT department on which reports to generate. Students must remain on campus at least 15 minutes longer than the ending time of each exam they participate in.

Procedures for students enter the testing center:

- Place all bags on the back shelf
- No food in the test center
- No water or beverage of any kind in the testing center
- No cell phones or other electronic devices allowed in the testing center

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

- No hats in the testing center
- Find assigned seat A.S.A.P
- Student ID card must be on display at all times.
- No talking

Additional procedures:

- Once you begin your exam, you **MUST** complete it.
- Login to the exam software to the “Test Selection Prompt”
- Do **NOT** start the exam until instructed
- Only take the test once!
- If you have any problem during the test immediately report it to a proctor
- If there is a power failure and/or your computer shuts down, **DO NOT** touch the keyboard. The IT staff will assist each student restarting the exam so any answered questions will not be lost.
- After the test, hand your scratch paper to a proctor as you quietly exit the test center.
- State the number of questions on the test
- State the amount of time to take the test

Students are required to remain on campus at least 15 minutes after each exam in which they participate.

Test Center Rules

Students are to arrive at least 10 minutes prior the scheduled exam time. Students may not leave the classroom unless there is an extreme emergency and they have prior permission from proctor. Additional time will not be allocated for bathroom break. No beverage or food of any kind is admitted into the test center. No cell phones or other electronic devices are not permitted in the testing center. All bags are to be placed on the shelf at the back of the testing center.

Check with the proctor to see if there are seating assignments for the current exam. If so, identify the location of your pre-assigned seat and prepare yourself for the exam.

- Log on using your current login and password. A successful login will result in a page telling you that the particular exam you are about to take is **ONLINE**.
- **DO NOT START THE EXAM UNTIL TOLD TO DO SO**. This is to prevent server overload. You can start the exam **ONLY** after the IT team has given the O.K to do so.

PROBLEMS: If the power fails and the computer shuts down, **DO NOT TOUCH THE KEYBOARD!** The IT team will assist each of you into restarting the exam. If the above procedure is not properly followed, you may lose the answers to the already answered questions. There are certain procedures to follow to resume the exam. Observe and follow the procedures under the guidance of the proctor and the IT team.

OTHER OCCURRENCES: From time to time a pop up may appear on the screen indicating that a java script did not succeed or perform properly; **CLOSE** the message box and disregard the message; it is a bug in the Windows software.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

Occasionally, when ending the exam and after pressing the SUBMIT button, the application will freeze. When this happens, you will not be able to see the result of the test you have just finished, but the score will be properly recorded in the server. If this happens to you, - wait until everybody finishes the exam and get the results from the proctor.

In case ANY OTHER PROBLEMS occur, do not panic, raise your hand and someone will promptly assist you. Thank you for your understanding and patience.

Policy Regarding Absence from Examinations

It is expected that students will not be absent from any examination. Allowances may however be made for emergency or catastrophic circumstances. Absence from a course examination without obtaining an excused absence from the Assistant Dean of Students will result in a zero mark for that examination. Absence from a course examination may be excused for the following reasons:

1. Personal medical emergency, such as personal injury, sickness or other urgent health-related matters;
2. Family emergency, such as death or sickness of a family member; or
3. Other critical circumstances at the discretion of the Assistant Dean of Students.

For non-emergency situations, the student is encouraged to refer to the student handbook section regarding withdrawal from classes for the semester.

In order to obtain an excused absence, the student must present either an oral or a written request to the Assistant Dean of Students. A request for absence from an examination should preferably be made in writing prior to the anticipated absence. If the absence is unplanned and/or the student cannot reasonably provide a request prior to the examination, the student must present a request within one day after returning to classes.

The Assistant Dean of Students shall either approve or disapprove of the request within a reasonable time of its receipt. Approval of a request for excused absence from an examination is at the discretion of the Assistant Dean of Students. In the event a request has been disapproved, the student retains the option of appeal to the Associate Dean.

If a request for an excused absence from a course examination has been approved, the Assistant Dean of Students shall notify the appropriate Course Instructor(s). The Assistant Dean of Students and all relevant Course Instructors must then confer and agree as to which options will be offered to the student in lieu of taking the course examination. Such options include a "make-up" examination or other option(s) deemed to be appropriate and agreed to by both the Assistant Dean of Students and the Course Instructor(s).

Approval of excused absences from an examination will only be considered where sufficient documentation of an emergency is presented. Upon return to classes, the student must present appropriate written confirmation of the event for which the excused absence was requested, such as a letter from a physician, death certificate and or obituary from a newspaper, letter from a recognized authority, travel receipts or other relevant material.

Special requirements must be met in order to obtain an excused absence in the event of personal illness afflicting the student on the island on the day of a scheduled exam(s). The student must: (1) inform the school before or at the time of the exam(s), and (2) produce a physician's note signed, dated, and timed on or about the start of the exam(s).

The physician's note must state that he/she examined the student and found that the student was unfit to take the exam(s) at the scheduled time.

c. Make up exams

All make up exams will be administered on one day toward the end of each semester. The specific day will be determined by the administration and the faculty and students will be notified of the date and time.

If a student is ill and presents a doctor's statement to administration on the day of the exam that excuses the student then the student should be allowed to take a make-up exam without penalty. Those who are so ill (hospitalized) that a doctor's statement can't be delivered to the administration will likewise will be allowed to take a make-up exam. In addition students who have other legitimate reasons to request a make-up exam (legitimacy to be determined by the Associate Dean) will also be allowed to take a make-up exam without penalty.

Students who don't have a doctor's statement, those who present a doctor's statement 24 hours after the exam and students who do not have a legitimate reason to miss an exam can appeal to the Associate Dean and under extraordinary conditions may be allowed to take a make-up exam but with penalty. These students will only be allowed to get a maximum of 74% on the exam even if the actual percentage is higher.

4.5 Exemption from Examination [vrijstelling voor het afleggen van een examen]

At the student's request, the Examination Committee, having discussed the matter with the examiner [*examinator*] in question, may grant exemption from an examination on condition that the student:

- Has completed part of a university or higher vocational degree that is equivalent in content and level or
- Can demonstrate by work experience that he/she has sufficient knowledge and skills in respect of the course (unit) in question

4.6 Availability of Examination Results

The results of a written examination will be determined within ten working days of the day of the examination. The examiner [*examinator*] will determine the final mark for an examination for a course unit within ten working days of completion of the course in question.

4.7 Examination Validity [geldigheidsduur met goed gevolg afgelegde tentamens]

The marks for examinations for course units that have been passed remain valid for six years. However, if the degree program is interrupted for a period of more than one year, the examinations that have already been passed will lose their validity. If the degree program is continued after such a break, the Examination Committee may declare certain results valid, potentially after the imposition of supplementary conditions.

4.8 Inspection of Examinations [verkrijging inzage in beoordeeld werk]

On request, students have the right to inspect their marked work during a period of at least four weeks after the results of a written examination have been made known. The assessment criteria will be available to the student inspecting his marked work.

4.9 Graduation Requirements

Graduation requirements are as follows:

- Satisfactory completion of Basic Sciences and Clinical Medicine curriculum
- Passing scores on the United States Medical Licensing Exam (USMLE) Step 1, USMLE Step 2 Clinical Knowledge and USMLE Step 2 Clinical Skills
- Payment of all outstanding financial obligations
- Return of all assigned institutional property and equipment in acceptable condition

Approval to graduate is subject to approval from the Board of Trustees and verification by the Examination Committee that the student has passed all examinations of the program including a passing grade for the research module and a passing score for the USMLE Step 1 and USMLE Step 2CK and USMLE Step 2CS.

4.10 Diploma and Degree

In accordance with the Act, the degree of Master of Science (M.Sc.) is conferred by the university on those students who have successfully fulfilled the graduation requirements articulated in article 4.9. The diploma shall be signed by the Examination Committee.

For purposes of professional pursuits in jurisdictions such as the United States and Canada, graduates also will receive a diploma which describes their degree as a Doctor of Medicine (M.D.).

4.11 Transcript Availability

Students who leave the program without fulfilling all requirements, i.e. students who leave the program without a degree, are entitled to receive a transcript stating their academic accomplishments.

Article 5 – Student Progress [*studievoortgang*] & Tutoring [*individuele studiebegeleiding*]

5.1 Promotions Committee Review

The Promotions Committee, acting on the authority of and reporting to the Examination Committee, will review and assess each student's progress throughout his or her academic career at the university, deciding at the end of each semester whether the student will progress to the next semester without probation, progress to the next semester with probation or be dismissed from the program.

5.2 Requirements to Enter the Clinical Medicine Program

In order to enter the Clinical Medicine rotation program, a student must:

- Have successfully completed all the Basic Science course requirements
- Have signed the Clinical Contract reviewed during 5th semester Clinical Medicine meetings
- Submit the official report showing a passing score for the USMLE step 1
- Be in full compliance with School's rules regarding tuition and fees for 6th semester and all prior semesters, and professional behavior
- Receive a letter of clearance from Basic Sciences Administrator
- Be in full compliance with School's health records' and immunization requirements. Proof of immunity to the listed 5 communicable diseases must be documented at the Clinical Office before any discussion can occur concerning enrolling for Step 1 or preliminary planning for rotations
- After completing the fourth semester of Basic Sciences after August 15, 2011 (i.e., successfully passing all courses in the fourth semester after August 15, 2011) submit the preliminary draft of the paper for Research: Literature Review and Analysis to their mentor before the first clinical rotation can be scheduled. The final draft of the paper must be submitted and approved by their mentor for presentation to committee before the student begins the first rotation

5.3 Approval of Clinical Rotations

All clinical rotations, core and elective, must be ACGME approved or have an approved Canadian affiliation. Any exception must be approved in advance of the rotation start date.

5.4 Mentoring and Support

To assist the student in meeting the program's requirements, the university provides the following types of assistance:

1. A mentor-tutoring program
2. Formal regular meetings with the faculty
3. Study efficiency counseling

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

4. Personal and financial counseling
5. Procedures for addressing academic and disciplinary problems
6. Access to classroom instructors, Faculty Advisors, the Student Counseling Officer and the appropriate Assistant Dean of Student Affairs.

Article 6 – Academic and Conduct Policies

6.1 Student Responsibilities

By accepting admission to the university, students accept the academic requirements, honor code, academic regulations and other rules, regulations and policies of the institution. It is the student's responsibility to understand and fulfill all requirements including without limitation those relating to course work, degree requirements and criteria for satisfactory progress and completion of the program.

6.2 Attendance Policy

Attendance is a vital part of both the Basic Sciences and Clinical Medicine programs. Students are expected to attend and are responsible for all material presented in lectures, handouts, and assigned readings. Attendance and participation at demonstrations, laboratories, small group sessions, and conferences are required.

If a student anticipates an absence from a laboratory, demonstration, small group session or conference session, or if an emergency arises, the student will contact the instructor in advance of the scheduled event. If the student cannot contact the instructor involved, the student may be excused upon notification of and approval by, the office of the appropriate Associate/Assistant Dean who will in turn contact the instructor prior to the scheduled event. In the event that the student is excused from the laboratory, demonstration, small group session or conference session, the event must be made up in a manner determined by the instructor. In the circumstances where the approved absence is due to illness, the student must present to the Associate Dean, an excuse from the physician at the Student Health Clinic (at A.M. Edwards Hospitals on Saba) or a Clinical Rotation Health Center physician. The excuse must be written on the date of absence or referencing an ongoing illness before the student will be eligible for a make-up of the laboratory, demonstration small group session or rotation/conference session.

Students who are absent from 10%² or more of the basic sciences classes, whether absences are excused or unexcused, will have to repeat the class and are subject to dismissal from the program.

Attendance is mandatory during the entire duration of each clinical rotation. Failure to report on time, or failure to attend during a rotation or a departure prior to the end of a rotation without the agreement of the clinical faculty member, the Saba affiliate hospital Director of Medical Education and/or the Clinical Education Office, will result in a grade of "F" being issued for a rotation.

All students must be aware that activities may be scheduled on weekends in addition to the regular workweek.

6.3 Leave of Absence

Requests for a leave of absence may be granted for medical, personal, financial or academic reasons. Emergency leaves for a short period of time may be granted in cases of

² Unless otherwise noted in the course syllabus.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

a serious illness or death in the family within 24 hours of written notification by the Associate Dean of Basic Sciences or Clinical Medicine, as appropriate. Students are required to give advanced written notification and must assume responsibility to complete course or clinical rotation requirements upon returning. Time missed during Basic Sciences studies will be counted as part of the 90% class attendance requirement. The maximum time granted for a leave of absence in the Basic Sciences is one academic semester (15 weeks). For students who are receiving financial aid, notification will be submitted to the loan agencies for an approved Leave of Absence. Students who neglect to return to the program at the end of the leave of absence or who neglect to apply for an extension are subject to administrative withdrawal from Saba University.

Clinical Medicine students who take more than 30 days off during their third and or fourth year clerkships must request in writing permission to the Associate Dean of Clinical Medicine. Students must specify dates and the reason for the request. Students who fail to request a leave of absence may be subject to immediate administrative withdrawal. The Office of Clinical Medicine, the preceptor and the hospital's Office of Medical Education must be notified immediately if a student has a personal emergency requiring absence from a rotation. All time missed during a rotation must be made up to the satisfaction of the hospital's Director of Medical Education or the preceptor.

6.4 Disciplinary Procedures

Whenever there is a reasonable basis to believe that a student may have violated one or more provisions of these regulations, the Student Handbook, or any other rule, policy or standard of the university, the matter should be reported to the Associate Dean of Basic Sciences or Clinical Medicine as the case may be. The Associate Dean (or his or her designee) will conduct an investigation, the nature and extend of which will be determined in the discretion of the Associate Dean (or designee). The Associate Dean (or designee) may, but need not, convene a disciplinary committee comprising any number of faculty, administrators and/or students to assist the Associate Dean or (designee) in resolving the matter. The composition of any such committee, and the role it plays in the process, will be determined in the discretion of the Associate Dean (or designee).

Before any disciplinary action is taken, the student will be given notice of the alleged violation and an opportunity to respond, including an opportunity to identify any witness, document or other evidence that the student believes is relevant. The Associate Dean (or designee) will determine in his or her discretion what evidence is relevant to consider and what weight, if any, it should be given.

The Associate Dean (or designee) will determine whether a violation has occurred based upon a preponderance of the evidence, i.e., whether it is more likely than not that a violation has occurred. If the Associate Dean (or designee) determines that a violation has occurred, the Associate Dean (or designee) will determine one or more appropriate sanctions, which may include disciplinary counseling, fines, probation, suspension, dismissal and and/or any other sanction(s) that the Associate Dean (or designee) determines is appropriate in light of all the circumstances including but not limited to the nature of the offense and any history of misconduct by the student. The associate Dean (or designee) will inform the student of the Associate Dean's (or designee's) determination with respect to whether a violation has occurred and, if so, the sanction(s) that will be imposed as a result.

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

A student who is found to have committed a violation may appeal that finding and/or the sanction(s) imposed to the Executive Dean (or President) if and to the extent that the student believes the finding and/or sanction(s) was the result of bias or some other fundamental unfairness in the disciplinary process. Any appeal must be submitted in writing to the Executive Dean within seven days of the date upon which the student received notice of the decision that is being appealed. The Executive Dean (or his or her designee) will determine in his or her discretion what steps, if any, are necessary to resolve the appeal. The Executive Dean (or designee) may dismiss the appeal as being untimely or as not stating a proper basis for appeal; uphold the decision below on the merits; vacate some or all of the decision below and remand the case to the Associate Dean for further action; vacate some or all of the decision below and make new findings as to whether the student committed the alleged violation(s) and/or the sanctions(s) to be imposed as a result; or take such other action as the executive Dean (or designee) deems appropriate under the circumstances. Decisions of the Executive Dean (or designee) are final.

6.5 Research: Literary Review and Analysis

Students who fail to submit any and all assignments outlined in the course Syllabus in a timely fashion for the research module, Research: Literary Review and Analysis, will be placed on leave and are subject to dismissal. Any assignment not turned in when due will result in a zero mark for that assignment. Failure to respond to the committee or at such time that it is no longer mathematically possible to pass the course shall result in a failing grade. Additionally, any student who fails to deliver a Final Draft of the Paper (as defined in the course Syllabus) in a form and manner acceptable to the such student's mentor within 90 days of passing USMLE Step 1, but in no event later than one (1) calendar year from the last official day of the semester in which such student completed the basic sciences curriculum, will be placed on academic leave and be subject to dismissal.

6.6 Honor Code

"As a student of Saba University School of Medicine, I recognize that I am to be held to the highest standards of conduct and ethics in every aspect of my life. As a medical professional, I have read and will adhere to the university's code of academic honesty. I will not lie, cheat, steal or tolerate anyone who does. All work handed in for grading will represent my own effort, without assistance from others. In my relationships with others, I will at all times demonstrate that I am a mature, caring adult worthy of consideration for advancement during my training at SABA University School of Medicine. At no time should my actions jeopardize the safety and well being of my fellow students, faculty, patients or persons in the community of Saba. I will not cause disturbances, violate laws, initiate hostile or aggressive acts, or violate patient confidentiality."

6.7 Substance Abuse & Treatment

Similar to many North American medical schools and hospitals, Saba University School of Medicine is concerned about impaired health care professionals and as such has instituted a program of random testing for alcohol and drugs.

Saba University is providing a medical education for future physicians. We recognize that during a physician's professional life there will be serious consequences if they are found to

Teaching and Examination Regulations

SABA UNIVERSITY SCHOOL OF MEDICINE

be using illegal substances, abusing alcohol or prescription drugs. These consequences may involve mandatory extensive treatment being under the surveillance for years; to losing one's prescribing privileges or even one's license to practice medicine. We also recognize that medical training and a medical career can be exceedingly stressful and the temptation to self-medicate with alcohol or drugs can be great and we recognize that chemical dependency is an illness requiring treatment.

Because of these reasons, there is zero tolerance to drug use, distribution, possession or excessive use of alcohol, both on and off campus at SUSOM. All students prior to coming to Saba will be expected to sign a waiver allowing random drug testing. In the event of a specific complaint about a student, the test will not be random.

Anyone found trafficking illegal substances will be expelled from SUSOM. In the event that a drug test is positive, the student will be asked to undergo an evaluation of dependency at a facility at an approved for treatment of Health Care Professionals. This is to ensure that the facility is competent to assess and treat health care professionals who have very special treatment needs. The University will abide by the independent assessment of this facility. However, if the recommendation is that the student has a chemical dependency problem, the student will be expected to complete a treatment program in a facility satisfactory to SUSOM and be recovered satisfactory before returning to medical school. The medical school will expect confirmation of this fact from the treating facility.

We support students dealing with these problems before they are working in a hospital setting where the condition may not be dealt with as humanely and the opportunity for continuing in a medical career may be lost. The student will be allowed to resume their studies and will be monitored with random drug screens for the duration of their medical education. SUSOM is supportive of students who have dealt with chemical dependency and are working in a good recovery program.

6.8 Dress Code

The purpose of a dress code is to provide an environment, free of distraction or disruption and to maintain an academic focus in the classroom and on campus. Appropriate dress also communicates to the community high standards of discipline and seriousness of purpose. As aspiring doctors, it is important to project an air of professionalism when possible. The following guidelines regarding appearance and conduct apply to the students during classroom hours and while on campus.

- Recognize that extremely brief garments such as tube tops, net tops, halter tops, spaghetti straps, plunging necklines (front and/or back), tight and skimpy bottoms and see-through garments are inappropriate
- Ensure that underwear is completely covered with outer clothing
- Low-slung pants and baseball caps are not permitted in classrooms
- The use of profanity and vulgar language is inappropriate when addressing staff, faculty and fellow students

Students who violate the student dress code shall be required to modify their appearance by covering or removing the offending item and, if necessary or practical, replacing it with an acceptable item. Any student who refuses to do so shall be subject to discipline. Any

student who repeatedly fails to comply with the dress code shall be subject to further discipline and possibly suspension.

6.9 Children in the Classroom

One of the goals of an educational institution is to provide the most conducive learning environment possible for all students. Although this institution values children and families, children in the classroom are a distraction and can be a disruption. Therefore, children are not permitted in the classroom.

Older children may utilize the Cafeteria, but it is the parent's responsibility to ensure that the children do not disrupt other members of the community who may also be utilizing those facilities. If disruptions occur, this privilege may be withdrawn.

6.10 Saba Violations

Violation of the laws of Saba that will lead to disciplinary action include: Practicing medicine without a license, driving without a Dutch Driver's License, driving without car insurance, parking in areas where student parking is prohibited on the streets during daytime and parking near the hospital.