MEDICINE, DOCTOR OF (M.D.)

The program for the M.D. degree is divided into four phases. The Scientific Foundations of Medicine covers the first semester and emphasizes the basic science concepts within a clinical context that every student must master to progress with a medical education. The Applied Medical Sciences integrate basic science principles with pathophysiology and treatment using an organ-system approach. This course runs two semesters. The last two years cover the Clinical Concentrations and Advanced Clinical Concentrations. Students are expected to successfully complete clerkships in seven core areas in addition to advanced training that assesses their competency to practice with supervision. There are also opportunities for students to take electives throughout the clinical concentrations to enrich their medical experience and to assist them in planning a career within a specific field of medicine.

School of Medicine students begin their clinical exposure in the first week of medical school in the Practice of Clinical Medicine course. The first week is a “boot camp” in learning the history and physical examination culminating in performing an H and P on a standardized patient that Friday. This longitudinal experience runs throughout the four years and consists of sessions in a physician’s office, small-group sessions, workshops and interacting with standardized patients and simulators, and, finally, care of patients in advanced clinical settings. This course gives students the opportunity to learn the clinical relevance of basic science material and to work with a primary care role model.

Admissions

Michelle Whitehurst-Cook, M.D.
Associate dean of admissions
medschool.vcu.edu/admissions (http://www.medschool.vcu.edu/admissions/)

The School of Medicine participates in the American Medical College Application Service. The AMCAS application forms can be obtained from AMCAS, 2450 N. St., N.W., Washington, D.C. 20037-1126. The electronic application is available on the AMCAS website (http://www.aamc.org/students/amcas/). Updated information is available at the School of Medicine website (http://www.medschool.vcu.edu). Application for the School of Medicine should be made during the first week of June of the year preceding intended matriculation. Letters of recommendation can now be submitted with the AMCAS application.

The closing date for filing applications for this institution is Oct. 15 of the year preceding the enrollment date. Priority for admissions is given to Virginia residents; however 45 percent of each class is from out of state. Members from disadvantaged populations are encouraged to apply to the School of Medicine. Students previously dismissed from a medical school will not be considered. All applicants must be U.S. citizens, permanent residents of the U.S. or Canadian citizens at the time of application. Permanent residents must submit their cards prior to file review.

A nonrefundable $80 application fee and supplemental information, including letters of recommendation, are required with all applications accepted for further consideration. The final date for returning supplemental information is Jan. 31 of the year of possible enrollment in the School of Medicine. Students are given individual deadlines which are 60 days from the date the Supplemental Application is granted.

The School of Medicine will not matriculate students from other health sciences schools at VCU or any other school until such students have completed the degree program for which they are enrolled.

The School of Medicine participates in the Early Decision Plan. This program permits an applicant to file a single application through AMCAS by Aug. 1. All applicants filing under the Early Decision Plan will receive consideration for admission and a response on or before Oct. 1. All applications for the Early Decision Plan must be supported by the results of the new MCAT test at the time the application is made.

The early notification date of this plan ensures that those who are unsuccessful have ample time to request further distribution of their applications to other medical schools. Further information on the Early Decision Plan is available with the AMCAS application.

Requirements for entrance

The MCAT is required as part of the application. It is necessary that the test be taken no later than September of the year of application. This test is produced by the American College Testing Program, P.O. Box 414, Iowa City, IA 52240, and is administered in colleges and universities throughout the country. Information about the MCAT is available through premedical advisers or directly from the American College Testing Program.

Applicants may be admitted on the basis of 90 semester hours of outstanding achievement. The majority of successful candidates have a college degree at the baccalaureate level or higher. The college major for premedical students should be selected in accordance with the individual student’s aptitude and interest. The prerequisites for the School of Medicine have been reduced to a minimum in order to permit the widest possible latitude in preparation for medical education.

Prerequisites for admission include a minimum of 90 semester hours (or the equivalent) in a U.S. or Canadian college or university accredited by the regional accrediting agency. This program of study must include a minimum of:

1. English — two semesters (one semester to include grammar and composition);
2. College mathematics — two semesters;
3. Biological science — eight semester hours, including laboratory experience. This requirement may be satisfied by general biology, general zoology or botany. No more than half may be botany;
4. General or introductory chemistry — eight semester hours, including laboratory. An appropriate portion of this requirement may be met by courses in analytical chemistry or physical chemistry;
5. Organic chemistry — eight semester hours, including laboratory. This course should be equivalent to and acceptable for continued studies in a chemistry major;
6. General or introductory physics — eight semester hours, including laboratory experience.

Students are encouraged to pursue their own intellectual interests in college in order to obtain a broad education consistent with their major program. Courses in medically related science areas will not relieve the student of his/her responsibility for these subjects in the medical curriculum.

Selection factors

Demonstrated academic ability, as well as attributes of character and personality, are of significance to the admissions committee in the selection process. A review of academic achievement as represented by
the standard academic record and summaries, MCAT scores, evaluations and interviews are all sources of information on which the comparative evaluation process is based. A review of the completed application file and interviews with members of the admissions committee are an integral part of the admissions process.

Noncognitive variables also are sought in all candidates. These qualities include, but are not limited to, health care experience, community service and social concern, communication skills both written and oral, leadership, ethical and moral behavior, creativity, compassion and empathy, altruism, personal maturity, self-confidence without arrogance, appropriate motivation, the ability to realistically self-appraise, and a demonstrated ability to work as a team member. These qualities and characteristics are judged by references within the letters of recommendation and from a careful review of the student’s essays and extracurricular activities, as well as the interviewers’ assessment during the interview. The School of Medicine hopes to create a learning environment where students will meet colleagues whose life experiences and views differ significantly from their own. A physician must be at home and at ease in a wide variety of environments and with a wide variety of people. Students frequently comment that the aspect of the school they appreciate most is the diversity of their class. The admissions process seeks to foster that diversity of perspective and background by admitting students from a wide range of backgrounds—socioeconomic, cultural, geographic and educational. Health care experience is also examined as a true evaluation of the motivation of the candidate for a career in medicine.

The interview is an opportunity for the applicant to become acquainted with the institution and it offers additional information for the selection process. Only on-campus interviews in Richmond are available. Each year more applicants are interviewed than can be accepted in the class. Therefore, an interview is not an indication of acceptance to the School of Medicine.

Offers for admission are made in the Early Decision Plan on Oct. 1 and on the uniform acceptance date after Oct. 15, with admissions occurring at several points thereafter until the class selections have been completed. The approximate dates for acceptance decisions are Oct. 16, Dec. 15, Feb. 1 and March 15. At the time the class is filled, an alternate list of applicants is compiled from which replacements are drawn for any vacancies that may occur in the selected class between notification and the third week of class attendance.

Since selections are made in advance of actual attendance, all acceptances are made on condition of satisfactory completion of courses planned or in progress. It is expected that candidates will maintain acceptable standards of deportment. Students offered acceptance into a class are expected to respond within two weeks of the offer. If such a response presents a problem, extension of the time for the response should be requested. After March 31, students are selected from a wait list of very good candidates until the first day of orientation in August.

The enrollment of accepted candidates is considered complete only after payment of the $100 deposit toward the first tuition payment. This deposit will be returned to the candidate if withdrawal occurs prior to May 15 of the year of attendance. By the act of matriculation into the School of Medicine, the student accepts the responsibilities related to this opportunity and agrees that during the time that he/she is a registered student he/she will follow the rules and regulations established by the governing bodies of the School of Medicine and the university.

Transfer in advanced standing

Background

It is incumbent upon the School of Medicine to delineate the circumstances under which a student may transfer in advanced standing from another medical school; the number of transfers that will be allowed so as not to encumber educational resources for currently enrolled students; and to assess the qualification of transfer students to assure that they have had a comparable educational experience at the time of matriculation.

Policy

1. Medical students may only transfer into the VCU School of Medicine under rare and extraordinary circumstances (e.g., natural disaster that prevents continued education at the student’s home institution, loss of accreditation by the home institution).
2. Only students from schools that are currently accredited by the LCME or that have recently lost accreditation will be considered for transfer. Osteopathic and international students and those from off-shore medical schools may not transfer.
3. Only U.S. and Canadian citizens and permanent residents may apply to transfer.
4. Students may only transfer into the clinical concentrations component of the curriculum and must complete all of their required clerkships and advanced clinical experiences at the VCU School of Medicine.
5. The senior associate dean for medical education will determine by January of each academic year if there are positions for transfer that would not impede on current resources.
6. Students seeking transfer must submit the following information by Nov. 1 of the year prior to transfer.
   a. A letter of interest delineating the specific circumstances for transferring
   b. A copy of the original AMCAS application
   c. An official transcript from their current school of medicine
   d. A letter of support from their school’s dean of medical education or student affairs
   e. A copy of the USMLE Step 1 verifying that this student has passed the examination
   f. A non-refundable processing fee of $100

7. Information for transfer should be mailed to:
   Senior Associate Dean for Medical Education and Student Affairs
   Virginia Commonwealth University School of Medicine
   McGlothlin Medical Education Building
   1201 East Marshall Street, 4th Floor
   Box 980565
   Richmond, VA 23298-0565

8. The senior associate dean for medical education and student affairs or his/her designee shall review the transcript and possibly contact the applicant’s home school to determine that the educational experience is comparable to that of one of our students entering the clinical concentrations. In addition, criteria for comparability shall include, but not be limited to, GPA, USMLE scores and MCAT scores.

Applicants that have met the above requirements and who are deemed to add value to the current group of students will be offered interviews by the administrative staff of the School of Medicine. Holistic interviews will
be completed similar to those seeking initial admission to the medical school.

Applicants will be notified of a final decision no later than Jan. 31 of the year of transfer.

**Disability support services**

Virginia Commonwealth University in agreement with Section 504 of the Rehabilitation Act of 1973 and The Americans with Disabilities Act of 1990 provides reasonable accommodation to any individual who advises us of a disability. We wish to provide new and current students who have a disability the opportunity to voluntarily identify themselves.

Early identification permits the Division for Academic Success the opportunity to acquire verification of the disability, if required, and the opportunity to get appropriate accommodations in place as soon as possible. All accommodations request are handled on an individual basis. Examples of some accommodations are: extended test taking time, alternative testing format, note takers, readers, scribes, quiet testing area, sign language interpreters, assistive technology and computer software programs which are located in the library for student use.

If you are an individual with a disability and wish to identify yourself as such, please contact the Division for Academic Success. It is important to note that all disclosures are confidential and are released only with your permission. A comprehensive VCU Handbook for Students with Disabilities is available upon request. Be sure to include your name, address and phone number if you write. We also are available to answer questions about accommodations and services.

Mail: Director, VCU Division for Academic Success, Box 980124, Richmond, VA 23298-0124; phone: (804) 828-9782 or VTDD (804) 828-4608; FAX (804) 828-4609; or das.vcu.edu (http://das.vcu.edu/)  

**C³ curriculum**

Susan DiGiovanni, M.D.
Interim senior associate dean for medical education and student affairs (swood@vcu.edu)susan.digiovanni@vcuhealth.org
(susan.digiovanni@vcuhealth.org)  
(804) 828-9791

The C³ Curriculum was initiated with the matriculating class of 2017. The curriculum is competency-based, centered on the needs of learners and clinically relevant. The program for the M.D. degree is divided into four phases (a more detailed description of each follows):

- The Scientific Foundations of Medicine
- The Applied Medical Sciences
- The Clinical Concentrations
- The Advanced Clinical Concentrations

In addition, there are four longitudinal courses that run the expanse of the four years of medical school:

- The Practice of Clinical Medicine
- The Physician, Patient and Society
- Population Health and Evidence-based Medicine
- Patient Safety and Quality Improvement

The program for the M.D. degree will be divided into four phases:

**MS I: The Scientific Foundations of Medicine** – This course lasts one semester and is aimed at getting the students who come to medical school with a variety of backgrounds at the same point regarding foundational knowledge necessary for the practice of medicine. The course consists of five subsections:

- The Molecular Basis of Health and Disease
- Fundamentals of Physiology
- Principles of Autonomics and Pharmacology
- Infection and Immunity
- Foundations of Disease

**MS II: The Applied Medical Sciences** – This course is taught over the next two semesters. Using an integrated, organ-system approach, normal functioning is taught in tandem with disease and its treatment. This course includes four subsections:

- Marrow and Movement
  - Musculoskeletal
- Hematology/Oncology
- Glands and Guts
  - Gastroenterology and metabolism
  - Endocrinology
  - Reproduction
  - Cardiovascular, Pulmonary, Renal
  - Pulmonary
  - Renal/Genitourinary
- Mind, Brain and Behavior
  - Neurosciences
  - Behavioral Sciences
  - Neurology/Neurosurgery

**MS III/IV: Clinical Concentrations** – Covering the remaining two and one-half years, the clinical concentrations include traditional clinical clerkship training, electives and advanced clinical training in field(s) of interest. Scheduling flexibility permits students to intersperse elective opportunities immediately to promote exploration of career interests and maximize individual learning needs. Specialty-specific choices such as electives and advanced clinical training opportunities are selected with the guidance of a specialty adviser. All students complete seven core clerkships, two acting internships and a variety of electives as listed below:

- Core clerkships
  - Family medicine (4 weeks)
  - Internal medicine (8 weeks)
  - Neurology (4 weeks)
  - Obstetrics/gynecology (6 weeks)
  - Pediatrics (6 weeks)
  - Psychiatry (4 weeks)
  - Surgery (8 weeks)
- Advanced clinical training
  - Inpatient acting internship
  - Critical care acting internship
- Specialty-driven electives
  - Foundational
  - Advanced
  - Non-clinical

**The Practice of Clinical Medicine** – This longitudinal course begins the first week of medical school where students participate in an intensive
“boot camp” to learn the essentials of obtaining a history and physical examination. The week culminates with students performing their first complete history and physical examination on a standardized patient. Throughout the first two semesters, students learn to develop communication skills, how to ask patients about specific types of historical information (e.g., sexual history) and detailed organ-specific examinations. Students practice these skills using standardized patients in our state-of-the-art simulation center. The third semester, students are placed with community preceptors to practice these skills with actual patients. The course continues in the clinical and advanced clinical concentrations as students rotate through seven clinical areas and begin assuming the responsibilities to prepare themselves for residency.

The Physician, Patient and Society: This course encompasses the humanistic, ethical and legal responsibility of physician to their patients and society. Topics covered include career and professional development, the physician-patient relationship, integrative/complementary medicine, palliative care, spirituality, health disparities, physician bias and cultural competency, and the practical application of ethics and law to the practice of medicine.

Population Health and Evidence-based Medicine: During the first three semesters, students develop an understanding of the determinants of health such as socioeconomic, educational and environmental circumstances, the assessment and measurement of health status at the population level, the ability to effectively evaluate the quality of medical literature, and biostatistics. During the clinical concentrations and advanced clinical concentrations the course focuses on the application of prior knowledge in analyzing evidence which contributes to decision-making in patient care.

Patient Safety and Quality Improvement: This is an interprofessional course involving learners from the various health professions schools. Introductory course work encompasses topics such as team formation, defining quality, improving quality, leadership, complexity and error, measuring error, error-prevention tools and techniques, and an independent quality/safety improvement project. During the clinical and advanced clinical concentrations students will study and analyze in real time the impact of safety/quality improvement projects within the various health systems where clinical rotations are performed.

U.S. Medical Licensing Examination
All students are required to pass the U.S. Medical Licensing Examination Step 1 prior to the start of the clinical concentrations.

All students are required to meet with the school designee(s) to prepare an individual study plan for Step 1. After the completion of the Applied Medical Sciences and prior to beginning a plan of study, students are required to take the practice-USMLE examination provided by the National Board of Medical Examiners to generate a baseline score. Students are required to report their results to the school designee(s). Subsequently, students will be required to repeat the examination and report results to the school designee(s). Students are responsible for the costs incurred to take the practice examinations. Students are not allowed to take the Step 1 examination until they have reported a passing practice examination score to the school designee(s). It is expected that students will have taken the Step 1 examination no later than March 30 following the Applied Medical Sciences or they will be dismissed. The school designee(s) advising students may grant an additional eight weeks for students who do not have a passing practice examination score, but thereafter all students must have taken the examination for the first time. Students who do not pass the examination on the first attempt will be placed on a leave of absence for up to one semester. During this time they will be allowed two additional attempts to pass the examination. Failure to pass the examination after three attempts will result in immediate dismissal. Students who fail Step 1 on the first attempt may request additional financial aid to take a commercial board preparation course. These funds will be granted one time only.

All students are required to take the USMLE Step 2 CK and CS for the first time after completion of their core clerkships (family medicine, internal medicine, neurology, ob/gyn, pediatrics, psychiatry and general surgery) or at least six months prior to the anticipated date of graduation. Failure to do so will result in dismissal. Students are required to pass USMLE Step 2 CK and CS for graduation. Students are allowed three attempts to pass Step 2 CK and CS. If they do not pass by the third attempt, they will be automatically dismissed. Students will be allowed up to an eight-week period in an independent study elective for preparation prior to both the second and third attempts of Step 2 CK. Students will be allowed up to a four-week period in an independent study elective for preparation prior to the second and third retakes of Step 2 CS. The last attempt for Step 2 CK and Step 2 CS must be at least a month prior to the anticipated date of graduation. Students who fail Step 2 CK or CS on the first attempt may request additional financial aid to take a commercial board preparation course. These funds will be granted one time only.

Time off from clerkships/elective rotations is not granted to take the Step 2 examinations. Students should plan to take this exam when clinical responsibilities have not been scheduled (e.g., spring break).

Grading and promotions

Background
There should be a fair process to review students’ attainment of competencies and for students to appeal adverse actions related to advancement and graduation. The committee that makes decisions about remediation or dismissal of students should be composed of individuals who know the students well, are most familiar with the curriculum and are aware of the resources available to enhance student success. In a learner-centered curriculum, remediation plans must be individualized and take into account the totality of the student’s performance, from the time of matriculation to the time of review, and consider the attainment of competencies in the following areas:

- **Professionalism**: The ability to understand and demonstrate the nature of professional and ethical behavior in the act of medical care. This includes respect, responsibility, accountability, excellence, honor, integrity, altruism, leadership, cultural competency, compassion, maintenance of professional boundaries and confidentiality.

- **Patient engagement and communication (interpersonal and communication skills)**: The ability to engage and communicate with patients, their families and professional associates, using interpersonal skills to build relationships for information gathering, guidance, education, support and collaboration.

- **Application of scientific knowledge and method (medical knowledge)**: The ability to discuss the biomedical, epidemiological and social-behavioral aspects of clinical science and apply this knowledge to patient care.

- **Patient care**: The ability to provide patient care that is appropriate and effective for the treatment of health problems and the promotion of health.

- **Putting care in practical context (systems-based practice)**: The ability to provide clinical care within the practical context of a patient’s age, gender, personal values, family, health literacy, culture, religion and social and economic circumstances. This goal includes consideration
of relevant ethical, moral and legal perspectives, patient advocacy, public health concerns, and resources and limitations of the health care system.

- **Self-directed learning and self-assessment (practice-based learning and improvement):** The ability to assess and understand one’s learning style, to self-identify areas of strength and weakness, to independently identify and evaluate resources to engage in lifelong learning, and to critically appraise the evolving body of medical knowledge.

**Policy: The Promotions/Advancement Committee shall consist of the following individuals.**

- **Voting members**
  - Course master for the Scientific Foundations of Medicine
  - Course master for Marrow and Movement
  - Course master for Glands and Guts
  - Course master for Cardiovascular, Pulmonary and Renal
  - Course master for Mind, Brain and Behavior
  - One clerkship director from Family Medicine
  - One clerkship director from Internal Medicine
  - One clerkship director from Neurology
  - One clerkship director from OB/GYN
  - One clerkship director from Pediatrics
  - One clerkship director from Psychiatry
  - One clerkship director from Surgery
  - Representative from the Practice of Clinical Medicine
  - Representative from the Patient, Physician and Society
  - Representative from Population Health and Evidence-based Medicine

- **Ex officio members:**
  - Senior associate dean for medical education and student affairs (Chair)
  - Associate dean for student affairs
  - Associate dean for medical education, INOVA Campus
  - Assistant dean for the curriculum, MCV Campus
  - Assistant dean for pre-clinical medical education
  - Assistant dean for clinical medical education, MCV Campus
  - Assistant dean for clinical medical education, INOVA Campus
  - Assistant dean for student affairs, INOVA Campus
  - Representative from the Division for Academic Success
  - Representative from University Counseling Services
  - Representative from Student Outreach Programs
  - Representative from the Admissions Office

To constitute a quorum, at least two-thirds of the voting members need to be present. If a voting member cannot attend a meeting, he/she may send a proxy contingent upon approval of the committee chair.

Because the information discussed in the Promotions/Advancement Committee meeting is confidential, the meeting is closed to the university community and public. If a party not listed above wishes to attend, he/she must acquire prior approval from the committee chair.

The Promotions/Advancement Committee shall meet quarterly and review the progress of all students with an emphasis on any student who is not meeting the competencies of the School of Medicine as evidenced by:

- Grades of Competencies Not Achieved in the Scientific Foundations of Medicine and Applied Medical Sciences (for students in the old curriculum, any grade of competencies not achieved in the M1 or M2 year)
- Grades of Competencies Not Achieved in the Practice of Clinical Medicine, The Patient, Physician and Society, and Population Health and Evidence-based Medicine courses
- Any less than passing grades in required educational experiences in the clinical and advanced clinical concentrations (for students in the old curriculum, any grade of Marginal or failing grade in the required experiences of the M3 and M4 years)
- Any student for whom an early concern note has been sent to student affairs

The Promotions/Advancement Committee shall not promote/advance any student who has failed to meet the competencies of any segment of the curriculum, who demonstrates a consistent pattern of failure to achieve the competencies of the school or who appears unfit for the practice of medicine. In consideration of one’s fitness for the practice of medicine and in recognition of the critical role of professionalism in being an effective physician, the Promotions/Advancement Committee shall not promote/advance any student who has demonstrated a significant lack of either integrity or professionalism as outlined in the School of Medicine Standards of Professional Behavior and the competencies of the School of Medicine.

Any member of the committee who has been involved in assigning a student a grade of Competencies Not Achieved or less than passing grade in a required clinical clerkship may participate in the discussion of a student, but must recuse himself/herself in voting on decisions regarding the student.

Students who will be discussed by the Promotions/Advancement Committee for failure to make satisfactory academic progress shall be notified in advance of the meeting. They may not appear before the committee, but may prepare, if they desire, a written statement, which will be distributed to the committee members.

For each student reviewed, an individualized education plan for remediation shall be developed. The plan shall consist of the following components:

- Pertinent background information
- Required remediation
- Recommendations for assistance
- Consequences for failed remediation

Decisions of the Promotions/Advancement Committee shall be by majority vote.

The Promotions/Advancement Committee shall use the following guidelines for making decisions. These guidelines do not dictate a course of action, but represent the usual requirements for students who are not achieving the competencies of the curriculum.

**Scientific Foundations of Medicine:** For the Scientific Foundations of Medicine course, the student must achieve competencies in each division and have an overall course score of 70% to be promoted to the Applied Medical Sciences. If the student fails to obtain Competencies Achieved in one division, he/she will be allowed to take a new assessment in that
division. The new assessment will occur upon return from the winter break. If the student scores 70% or higher on the new assessment, he/she will be allowed to advance to the Applied Medical Sciences. If a student has a score of less than 70% in more than one division, or the student fails a new assessment in a single division in which competency is not achieved, he/she will repeat the entire course the next academic year. Students must pass every division in a repeat semester or they will be dismissed.

Applied Medical Sciences: The Applied Medical Sciences is divided into two semesters with two courses scheduled each semester. Students must score 70% or higher in each division of each course and obtain an overall grade of 70% to receive Competencies Achieved in a course. If the student does not obtain Competencies Achieved in a single division, he/she will be allowed to take a new assessment at the end of that semester. If they score 70% or higher on the new assessment, they will receive Competencies Achieved for the course. If a student receives Competencies Not Achieved in one division that results in Competencies Not Achieved for the entire course, he/she will also be allowed to take a new assessment in the division with the low score. If a student does not score 70% on the new assessment, this will be considered a course failure. Failure of a course, failure of two or more divisions in a semester or failure of the new assessments will result in the student being required to repeat the semester. Students must pass each division in a repeat semester or they will be dismissed.

The Patient, Physician and Society; Population Health and Evidence-based Medicine; and The Practice of Clinical Medicine: Students must receive Competencies Achieved per semester in each of these courses in order to be advanced. Failure to obtain Competencies Achieved in any of these courses will require remediation. The requirements for remediation will be set by the course masters of these courses and approved by the Promotions/Advancement Committee. Failure to successfully remediate will result in the student being required to repeat the entire segment.

Clinical concentrations: If a student earns a less than passing grade in a core clinical clerkship, he/she will be reviewed by the Promotions/Advancement Committee. The committee for each clerkship shall make recommendations to the Promotions/Advancement Committee regarding what is considered to be appropriate remediation. If a student has a fail in a clerkship, the student is required to repeat the entire clerkship. If a student has three less-than-passing grades after completing all core clinical clerkships, the student is required to repeat all clerkships. A student repeating all clerkship(s) is expected to achieve a grade of Pass in each or be dismissed. A Marginal grade is not a passing grade. If a student has four less-than-passing grades in core clinical clerkships, he or she will be dismissed.

If the requirement of the Promotions/Advancement Committee is that a student only repeat a shelf examination, and the student fails the repeat, he/she will be required to retake the clerkship in its entirety. Students may only remediate two shelf examinations. If a student has three or more failures on shelf examinations he/she will be required to repeat all clerkships. A student repeating all clerkship(s) is expected to achieve a grade of Pass in each or be dismissed.

If a student receives a less-than-passing grade in an elective or acting internship, he/she will be required to repeat the entire experience. If they do not pass the experience on the second attempt, they will not be graduated.

Totality of circumstances: The Promotions/Advancement Committee will dismiss any student who has demonstrated a consistent pattern of inability to achieve the competencies of the School of Medicine (e.g., Competencies Not Achieved in the Scientific Foundations of Medicine and Applied Medical Sciences and failure on Step 1 of the USMLE).

The appeal process:

Students may appeal decisions of dismissal, except for dismissals by the Honor Council (which should be appealed through the appropriate Judicial Affairs procedures). Students also may appeal decisions to repeat segments of the curriculum or to not to be graduated. The Appeals Committee shall consist of department chairs elected by the faculty (one from the basic sciences, a second from the clinical concentrations and a third from the advanced clinical concentrations). The members of the Appeals Committee shall have staggering terms, none lasting longer than four years. One of these members shall be designated by the dean as the chair. If a member of the Appeals Committee has been involved in the assignment of a less-than-passing grade to a student, he/she shall recuse himself/herself from further participation and the dean will appoint a replacement. A student will be granted an appeal hearing only if two senior faculty members selected by the dean agree that any of these situations occurred:

- The Promotions/Advancement Committee process was conducted unfairly or without regard to prescribed procedure or protocol.
- There is new evidence or relevant information not available at the time of the Promotions/Advancement Committee meeting that if consequential, would have altered the decision of the Promotions/Advancement Committee.
- The original decision was not supported by substantial evidence.
- The remediation/consequences imposed were disproportionate to the gravity of the situation.

Procedure:

- A student must file an appeal in writing to the senior associate dean for medical education and student affairs within 14 calendar days of the date of the email notification of action of the Promotions/Advancement Committee. The date of the email marks the official start of the appeal process.
- The student's appeal will be reviewed by two senior faculty members who will decide if there are sufficient grounds to conduct an appeal hearing. This decision will be made within 14 calendar days of receiving the student's written appeal.
- If a hearing is warranted, the Appeals Committee will meet within 21 calendar days of the review by the senior faculty members.
- The appealing student has the right to appear before the Appeals Committee, but the time available to him/her may be limited by the Appeals Committee chair. The time limitation will not be less than one-half hour.
- The student may have anyone who would serve him/her as an adviser present during his/her presentation to the Appeals Committee. The adviser may participate in the student's presentation (within the time limits set forth above) and may address questions to the representative of the Promotions/Advancement Committee.
- The student may have an attorney present, but the attorney may not participate in this academic hearing nor serve as an adviser to the student.
- The appealing student has the burden of proof. The senior associate dean for medical education and student affairs will present the findings of the Promotions/Advancement Committee and describe their discussion to the Appeals Committee.
• The student, his/her representative(s) and the senior associate dean for medical education and student affairs are not present during the deliberations or voting of the Appeals Committee.

• All components of the appeal process are recorded except the deliberations. The recording represents the sole, official, verbatim record of the hearing and is the property of Virginia Commonwealth University School of Medicine.

The Appeals Committee will send its findings and recommendation, and the recorded vote to the dean of the School of Medicine who must act upon the recommendation within 14 calendar days. The dean’s decision is final and may not be appealed. Students who have been dismissed may reapply to medical school as a matriculating student.

Withdrawal

Students may withdraw after meeting with the senior associate dean for medical education and submitting a letter requesting withdrawal.

Requirements for graduation

The degree of Doctor of Medicine will be conferred by Virginia Commonwealth University upon candidates who, in the opinion of the medical faculty, have:

• Attained the school’s educational competencies as evidenced by satisfactory completion of prescribed courses, clerkships, clinical experiences and examinations, by proven clinical skills and responsibilities, and by ethical standards.

• Passed Step 1, Step 2CK and Step 2CS of the U.S. Medical Licensing Examination before graduation (May of the M4 year).

• Attended the School of Medicine for a minimum of two years, one of which must be an academic year of clinical rotations.

• Discharged all financial obligations to the university.

• The School of Medicine requires candidates to be present at both the VCU commencement exercises and the School of Medicine’s own convocation exercises unless excused by the dean.