



ALBANY MEDICAL COLLEGE

UNDERGRADUATE MEDICAL EDUCATION

**Principles, Policies, Protocols and Rules
Student Handbook**

Revised September 2025

GENERAL PRINCIPLES AND POLICIES

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GENERAL PRINCIPLES AND POLICIES

ALBANY MEDICAL COLLEGE UNDERGRADUATE MEDICAL EDUCATION

Principles, Policies and Rules

Revised September 2025

Albany Medical College is accredited by the Middle States Commission on Higher Education (MSCHE), 3624 Market Street, Philadelphia, PA 19104, (215) 662-5606. The MSCHE is an institutional accrediting agency recognized by the US Secretary of Education and the Commission on Recognition of Postsecondary Accreditation.

The Albany Medical College is also accredited by the Liaison Committee on Medical Education (LCME) of the American Association of Medical Colleges, 655 K Street NW, Suite 100, Washington DC, 20001, (202) 828-0400.

I. GENERAL PRINCIPLES AND POLICIES

A. Mission and Philosophy of Albany Medical College

i. Our Mission

The Albany Med Health System is committed to improving health by attaining the highest standard of quality in care delivery, education, and research initiatives.

ii. Our Vision

The Albany Med Health System will deliver its mission by means of a structure that will be, and remain, autonomous and self-governing.

iii. Our Values

- Excellence and continuous improvement
- Integrity in every decision we make
- Compassion and respect for the dignity of every person
- A diverse, equitable, inclusive, and welcoming System
- Collaboration throughout our System
- Responsiveness to the people of our communities

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- Fiscal accountability

iv. Our Purpose

- Health care of the highest quality in a cost-effective and equitable manner.
- Education in the health sciences, allowing the region to have assured access to trained health professionals to deliver such care.
- Biomedical and clinical research in order to contribute to the body of medical knowledge thus creating new ideas, procedures and drugs that advance the quality of such care.

B. Strategic Planning and Continuous Quality Improvement

The Albany Medical College strategic plan is reviewed every three years. The review process includes the following stakeholders: Office of the Dean, Special Committees and the AMHS Board of Trustees.

The Assistant Dean for Accreditation Compliance is responsible for coordinating activities related to continuous quality improvement. This individual reports to the Senior Associate Dean for Academic Administration and is responsible for conducting ongoing review of the College's policies, procedures, curriculum, and resources.

II. ORGANIZATION AND BYLAWS

The College By-Laws can be found on the intranet under Faculty Affairs. The Albany Medical College Committee on College Affairs (COCA) is a subcommittee of the Albany Med Health System (AMHS) Board of Directors/Trustees. The COCA is led by the Vice Chair of the AMHS Board and the Dean. The COCA reviews all aspects of college missions on a rotating annual schedule including education, research and clinical care delivery.

The Academic Governing Council (AGC) reports to the COCA and serves as the organizational leadership group overseeing all academic functions of the college. The AGC is chaired by the Dean and consists of deans, department chairs, and other organizational leaders across the college. The AGC receives reports from the Undergraduate Medical Education Council, the Medical Student Progress & Advancement Committee (MSPAC), the Graduate Studies Program Executive Committee, the Graduate Medical Education Council, the Academic Quality Council, the Institutional Review Board, the Committee on Research Involving Human Subjects, and the Faculty Senate.

ORGANIZATION AND BYLAWS

A. Professionalism and Professional Identity Formation

Upon matriculation to Albany Medical College, students are considered physicians in training and are expected to adhere to the standards of the medical profession in all clinical and educational settings. Professional identity formation, the process of possessing and exhibiting the conduct of a medical professional, begins at matriculation and continues throughout the curriculum. The college's full Educational Program Objectives (EPOs), outlined below, contain a section with specific goals addressing professionalism and behavior.

Students are expected to:

- Demonstrate a commitment to the highest standards of professional responsibility and ethical principles in all interactions with patients and others (EPO 6.0)
- Show compassion, integrity, and respect when caring for a diverse patient population (EPO 6.1)
- Demonstrate respect for patient autonomy, placing patient needs above self-interest (EPO 6.2)
- Demonstrate respect for all members of the health care team (EPO 6.3)
- Engage in ethical behavior that inspires patient and public trust (EPO 6.4)
- Advocate for the needs of patients and communities (EPO 6.5)
- Develop personal habits that promote one's own social, physical, and mental health and well-being (EPO 6.6)

i. Honor Code

Albany Medical College has a Student Honor Code that students pledge to abide by during their time as students at our institution. It is expected that the Honor Code will be respected by the students, the faculty and the administration. The Honor Code is posted on the public website.

All students, at the time of registration at Albany Medical College, are required to sign a statement that they have read the Honor Code and that they pledge to abide by that Code. Students whose behavior denotes a lack of fitness for the practice of medicine shall be considered to be in violation of the Honor Code.

ii. Expectations and Ideals for Teachers and Learners

Albany Medical College values professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. Learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education, the term "teacher" is used broadly to include peers, resident physicians, full-time and

ORGANIZATION AND BYLAWS

volunteer faculty, clinical preceptors, nurses, ancillary support staff as well as others from whom students learn.

Principles:

Duty:

Teachers have a duty not only to facilitate the acquisition of knowledge and skills required to deliver the standard of care but also to instill the values and attitudes required for preserving the medical profession's social contract with its patients.

Integrity:

Learning environments that are conducive to conveying professional values are based on integrity. Students learn professionalism by observing and emulating role models who epitomize professional values and attitudes.

Respect:

Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure that students are always treated respectfully.

Teachers should:

- Treat students fairly and respectfully.
- Maintain high professional standards in all interactions.
- Be prepared and on time.
- Provide relevant and timely information.
- Provide explicit learning and behavioral expectations early in the course of instruction.
- Provide timely, focused, accurate and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of instruction.
- Display honesty, integrity and compassion.
- Practice insightful questioning, stimulate self-discovery and avoid questioning which may be perceived as humiliating, degrading or punitive.
- Solicit feedback from students regarding their perception of the educational experience.
- Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately.

Learners should:

- Be courteous of teachers and fellow students.
- Be active, engaged and curious learners.

ORGANIZATION AND BYLAWS

- Demonstrate professional behavior in all settings.
- Recognize that not all learning stems from formal and structured activity.
- Establish personal learning objectives.
- Recognize their responsibility to participate as active learners.
- Strive to be life-long learners.
- Recognize personal limitations and seek assistance as needed.
- Display honesty, integrity and compassion.
- Recognize the privileges and responsibilities that come from the opportunity to work with patients.
- Recognize the duty to prioritize patient welfare in clinical judgment.
- Recognize and respect patient privacy.
- Solicit feedback on their performance.
- Be open to constructive criticism.

iii. Public Communication and Social Media

Social media is not an appropriate vehicle for photos taken in any patient care areas, or any comments/discussions relating to patients, faculty, staff, or other students. Students must adhere to the Albany Medical Center Public Communication/Social Media Policy and the Media Relations Policy. If a complaint is received regarding violation of these policies or other types of unprofessional behavior on social media, it may lead to a formal investigation, Honor Code referral, Disciplinary Hearing, and/or other actions.

iv. Artificial Intelligence Policy for Assignments

Students are prohibited from using artificial intelligence (AI) tools, such as ChatGPT, for any course requirements, including, but not limited to, written assignments, clinical experiences, or during examinations, unless the use of AI is preapproved in writing indicating the scope of the authorized use of AI. This includes but is not limited to using AI technology to outline, draft, or cite work used to fulfill course requirements. Any authorized use of AI must include appropriate attribution to clearly distinguish contributions originated by the student from those originating from another source. The non-authorized use of AI programs for course requirements is considered a violation of academic integrity constituting a violation of the appropriate standards of scholarship and professional behavior expected of all students and will be treated as an honor code violation.

LEADERSHIP AND ADMINISTRATION

v. Appropriate Dress while a Student at Albany Medical College

The medical school does not have a uniform dress code. However, it is expected that students will wear their white coats for any standardized patient exercises that replicate true clinical encounters. When patients are present in the classroom for other activities, it is not necessary to wear a white coat, but students are expected to dress professionally (business casual). When students are interacting with patients in the outpatient or hospital setting, they must comply with the professional dress standards of that setting and institution.

vi. Unprofessional Behavior and Reporting

Failure to exhibit or meet professional standards, behaviors, or expectations may result in various outcomes. Professionalism attitudes and behaviors can be determinants of all final grades in Phases 1-3. Unprofessional behavior may lead to a failing grade or dismissal from the College.

Unprofessional behavior may be reported to any of the following committees/groups for investigation: Medical Student Progress & Advancement Committee (MSPAC), Disciplinary Hearing Panels, the Student Honor Committee, and/or the Deans Committee (see Section XXV).

III. LEADERSHIP AND ADMINISTRATION

The Dean of Albany Medical College oversees all strategic aspects of the College and works closely with the President and Chief Executive Officer of the Albany Medical Health System. The Dean is a member of the Health System Cabinet and is a permanent member of the CEO Executive Cabinet. The Senior Associate Dean for Academic Administration reports directly to the Dean and oversees the Undergraduate Medical Education program.

The academic administration of the undergraduate medical education program includes the following individuals as of September 30th, 2025:

- **Office of the Dean:**
 - Dr. Alan Boulos, MD, Dean of Albany Medical College
 - Dr. Barbara Ostrov, MD, Vice Dean of Clinical Affairs
 - Dr. D. Boahema Pinto, MD, Associate Dean for Academic Culture and Health Impact
 - Dr. Mandeep Sidhu, MD, MBA, Associate Dean of Clinical Science and Research Affairs
 - Dr. John Folk, MD, EdD, Associate Dean for Faculty Affairs

- Dr. Peter Vincent, PhD, Associate Dean for Graduate Studies
- Dr. Gina Geis, MD, Associate Dean of Professional Fulfillment
- Dr. Megan Gerber, MD, MPH, Assistant Dean for Health Humanities
- **Academic Administration:**
 - Dr. Annie Rutter, MD, Senior Associate Dean of Academic Administration
 - Tara Wallace, Administrator of Medical Education
 - Renee Ashdown, Administrative Coordinator for the Academic Administration
- **Office of Admissions:**
 - Julia Saltanovich, MBA, Assistant Dean of Admissions
 - Tara McDonald, Director of Admissions
 - Nermina Durgutovic, Associate Director, College Admissions
- **Office of Community Outreach and Medical Education:**
 - Dr. Angela Antonikowski, PhD, Associate Dean for Community Outreach
 - Alice Antwi, Director of Service Learning & Community Engagement
 - Allyson Wieser, Associate Director, Science & Technology Entry Program
 - Ronia Burton, Administrative Associate
- **Office of Medical Education:**
 - Dr. C. Lynn Cabral, MD, Associate Dean of Medical Education
 - Dr. Roman Ginnan, PhD, Assistant Dean for Phase 1 Medical Education
 - Dr. Matthew Leinung, MD, Assistant Dean for Accreditation Compliance
 - Dr. Nick Partyka, PhD, Administrative Associate
- **Office of Student Affairs:**
 - Dr. Alicia Wiczulis, MD, Associate Dean for Student Affairs
 - Dr. Dhru Desai, PhD, Assistant Dean of Wellness
 - Monica Minor, MS Ed, Director of Student Affairs and Wellness
 - Kevin DiPalma, Director of Financial Aid
 - Jessica Hinds, Associate Director of Financial Aid
 - Dr. Kathleen Whipple, PhD, Administrator of Student Affairs and Wellness
 - Peter Sanchez, Financial Aid Specialist
- **Office of Student Records**
 - Krista Reynolds-Stump, MA, Registrar & Director of Student Records
 - Abigail Shovlin, MS, Associate Registrar
 - Amanda Stevens, MA, Assistant Registrar
- **Patient Safety & Clinical Competency Center (PSCCC)**
 - Dr. Annette Grajny, MD, MS, Associate Dean for Simulation Education
 - Dr. Kathryn Hogan, MD, Assistant Dean for Clinical Skills Education
 - Dr. Becky Stetzer, MD, Assistant Dean for Competency Development
 - Heather Frenz, MS, Executive Director, PSCCC
 - Dr. Dawn-Marie Blasl, DPS, MA, Learning Specialist
 - Alyson LaPan, Standardized Patient Program Supervisor

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- Whitney Arthur, MS, Program Coordinator, Clinical Skills

IV. ADMISSION TO THE UNDERGRADUATE MEDICAL EDUCATION PROGRAM

Albany Medical College defines diversity in the broadest sense, meaning the inclusion of all persons regardless of ethnic and racial background, socioeconomic background, geographic (urban and rural), gender, gender identity, sexual orientation, religious beliefs, age, physical disabilities and other personal attributes, that can contribute to a welcoming, inclusive culture across the Medical College and Medical Center. Understanding and recognizing that disparities exist in society today and can be clearly documented in health care, the College looks to develop and educate future physicians to be able to practice medicine in a way that supports the health care needs of all people.

The Medical College has instituted tactics to:

- Provide a culturally rich and diverse environment that is recognized for providing encouragement, support and resources to people from all backgrounds.
- Challenge stereotypes and prepare students for the provision of care in a demographically diverse national and international arena.
- Assess retention of individuals who are underrepresented in medicine through continuous monitoring.
- Develop curricular components and professional development opportunities to support an inclusive worldview for individual healthcare practitioners, thereby influencing the health of the public.

Therefore, Albany Medical College is committed to the belief that educational opportunities should be available to all qualified persons without regard to race, creed, color, age, sex, gender identity, religion, marital status, disability, or national origin. The admission policies and procedures reflect and support this belief.

The Undergraduate Medical Education Program is approved by the New York State Education Department for the training of veterans and other eligible persons.

Each year the Medical College seeks to enroll approximately 145 diverse and multi-talented students in our first-year class, ready to begin an educational program leading to the degree of

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Doctor of Medicine. Ultimately, the final selection of students is the responsibility of the Admissions Committee. Employing a holistic approach to the review process, the Committee strives to ensure that every qualified applicant receives fair and careful consideration.

Further, admission is not restricted solely to New York State residents. Instead, the admissions process attempts to attract the best qualified applicants throughout the United States, thus reflecting a wide geographic diversity.

Applications are reviewed in their entirety with the Admissions Committee taking a holistic approach when assessing candidates. Course load, course rigor, grade trajectory, GPA, MCATs, essays, commitment to service, leadership, extracurricular activities, and meaningful clinical experience are all taken into consideration when selecting whom to interview and ultimately accept. The holistic review process also includes careful consideration of obstacles overcome, and socioeconomic factors that may have influenced grades or ability to gain experience.

Of equal importance is demonstration of the AAMC Premed Competencies for Entering Medical Students and the personal attributes of an applicant, such as commitment to learning and growth, cultural awareness, cultural humility, empathy and compassion, ethical responsibility to self and others, reliability, resilience and adaptability, service orientation, teamwork and collaboration, maturity, and motivation for a career in medicine.

In addition, the Committee must rely, to a considerable extent, on the thoughtful letters of recommendations from premedical advisors, college professors, supervisors, and mentors. In a sense, these individuals inform the decisions of the Admissions Committee, sharing our obligation to society and to the medical profession to select the most qualified and promising applicants.

The College utilizes the Multiple-Mini Interview (MMI) process to determine how an applicant might fulfill the Medical College's outcome objectives. Interviews are by invitation only. Unfortunately, it is neither possible nor practical to interview all applicants. Interview offers are made based on a thorough holistic screening process conducted by the Admissions Committee.

Under exceptional circumstances, deferments of admission may be granted. Requests are considered on an individual case basis. Further information is available on the admissions website or by contacting the Admissions Office.

A. Combined Degree and other Admission Processes

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Albany Medical College reserves up to 45 places in its first-year class for students matriculating via combined degree programs with Rensselaer Polytechnic Institute, Union College and Siena College.

i. Rensselaer Polytechnic Institute:

Albany Medical College and Rensselaer Polytechnic Institute offer an accelerated Biomedical Program that enables qualified individuals to complete requirements of both the BS and MD degrees in seven calendar years. Three years of study are carried out at Rensselaer Polytechnic Institute followed by a four-year course of study at Albany Medical College. Medical research is a focus of this program and is carried out at the medical school during the third year at Rensselaer and during the first and second years at Albany Medical College. The goal of this program is to prepare physicians who will advance the practice of medicine through their clinical skills combined with their understanding and ability to carry out health care research. Awarding the MD degree is contingent upon successful completion of both the undergraduate and medical school curriculum requirements.

Admission to the Physician Scientist Program is limited to individuals who have not initiated full-time undergraduate study and who display the motivation, maturity, and intellectual capacity necessary to pursue an accelerated course of study.

Applications are initially reviewed by Rensselaer Polytechnic Institute. Applications of candidates who meet the program standards of Rensselaer Polytechnic Institute are forwarded to Albany Medical College for further review. Since it is impossible to interview all qualified applicants, only applicants with uniformly superior academic credentials and test scores as well as relevant experiences are invited to the required interview at the Medical College. The interview provides applicants with the opportunity to learn more about this innovative program and for the committee to assess their readiness to undertake such an enriched program.

Applicants must complete secondary school with superior scholastic credentials. Course work must include: four (4) years of English; one (1) year each of biology, physics and chemistry; four (4) years of mathematics through pre- calculus or equivalent. Previous research experience is required, and prior clinical experience (hospital volunteering or shadowing) is highly recommended. Admission to the program is limited to citizens and Permanent Residents of the United States.

ii. Union College:

Union College and Albany Medical College Leadership in Medicine Program offer a joint program enabling qualified students to earn the BS, MS or MBA and MD degrees in eight years.

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Awarding the MD degree is contingent upon successful completion of all requirements at both Union College and Albany Medical College.

The curriculum stresses thorough undergraduate preparation in the sciences, humanities, and health care management. The requirements of an inter-departmental major, "a non-science discipline" as well as ten (10) courses in health care management provide the opportunity to acquire a breadth of knowledge and understanding not typically found in premedical programs. The goal of this program is to prepare physicians who will be leaders capable of addressing the managerial, moral, multicultural and international challenges facing American medicine in the twenty-first century.

Admission to the Leadership in Medicine Program is limited to individuals who have not initiated full-time undergraduate study and who display the motivation, maturity, and intellectual capacity necessary to pursue an accelerated course of study.

Applications are initially reviewed by Union College. Applications of candidates who meet the program standards of Union College are forwarded to Albany Medical College for further review. Invitations to interview will be extended to select applicants with uniformly superior academic credentials and test scores, as well as relevant backgrounds. The interview will provide an opportunity to assess the applicant's motivation for medicine, level of maturity, and personal development.

Candidates must complete secondary school with superior scholastic credentials. Course work must include four (4) years of English, three (3) years of mathematics through trigonometry and one (1) year each of biology and chemistry. Physics is preferred but not required. Clinical or volunteer service in medicine and interest in healthcare management is required. Applicants are required to complete and submit SAT or ACT scores. All tests must be completed prior to the November 1 application deadline. Admission to the program is limited to citizens and Permanent Residents of the United States.

iii. Siena College:

The Siena College and Albany Medical College Science, Humanities and Medicine Program, the first of its kind in the country, places emphasis on humanities, ethics, and social service. Personally and academically talented students who have demonstrated a commitment to the service of others will be jointly accepted by Siena and Albany Medical College into a unique eight-year program in medical education. Students accepted into this program will earn a BA degree from Siena after four years of study and an MD degree from Albany Medical College upon completion of the medical curriculum. Successful completion of all undergraduate degree requirements is necessary before matriculation into medical school.

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In addition to the traditional science courses that provide a firm foundation for the basic medical sciences, students in this program will take more humanities courses at Siena than in traditional premedical programs. Included in the curriculum are courses in philosophy, ethics, decision making, social work, medical sociology, and metaphysics. Through this coursework, interactions with faculty and personal experiences, students will learn that every medical issue has an ethical dimension which requires a broadly educated physician.

Unique aspects of this program include two summers spent in volunteer service. Grants are available for travel and living expenses. During the summer between the junior and senior year at Siena, students are engaged in nonmedical work with the disadvantaged in settings such as urban ghettos or developing nations. During the summer following the second year of medical school, medically oriented volunteer experiences may be sought in rural or in inner city clinics.

Admission to the Science, Humanities and Medicine Program is limited to individuals who have not initiated full-time undergraduate study and who display the motivation, maturity, and intellectual capacity necessary to pursue an enriched course of study.

Applications are initially reviewed by Siena College. Applications of candidates who meet the program standards of Siena College are forwarded to Albany Medical College for further review. Invitations to interview will be extended to select applicants with uniformly superior academic credentials and test scores, as well as relevant experiences. The interview will provide an opportunity to assess the applicant's motivation for medicine, level of maturity, and personal development.

Candidates must complete secondary school with superior scholastic credentials. Course work must include four (4) years of English, four (4) years of mathematics through pre-calculus and one (1) year each of biology, laboratory-based physics and chemistry. Prior community service and volunteer activities are required, and prior clinical experience (hospital volunteering or shadowing) is highly recommended. Applicants are required to complete and submit SAT or ACT scores. All tests must be completed prior to the November 1st application deadline. Admission to the program is limited to citizens and Permanent Residents of the United States.

iv. Early Assurance Programs:

The Early Assurance Pathway Program (EAPP) with the University at Albany aims to recruit, retain, and matriculate a diverse population of interested and qualified University at Albany undergraduate students with backgrounds that have been underrepresented in the medical profession, including first generation college students and low-income individuals as defined by federal TRIO programs into the AMC MD program. In addition, the program seeks students who have shown a demonstrated and sustained interest in issues affecting medically underserved populations. Students eligible to apply have successfully completed three (3) semesters (36

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credits) of academic work at UAlbany, with at least twelve (12) credits in core pre-med science and math courses with a 3.5 cumulative and science GPA and grades of B or better in all math and science courses. Successful applicants will have participated in community and public service. The MCAT is waived. The final selection of students is the responsibility of the Albany Medical College Admissions Committee. The screening, interview, and Admissions Committee process follows the same process used for traditional applicants. Students are offered admission to Albany Medical College contingent on continued academic performance, meeting professionalism standards, and graduation from the University at Albany. Once admitted, student progress is monitored by the Albany Medical College EAPP Progress and Medical Student Progress & Advancement Committee (MSPAC) to ensure minimum GPA and professionalism requirements of all students accepted into the program.

In addition to the EAPP, Albany Medical College has Early Assurance Programs with the following undergraduate institutions:

- Albany College of Pharmacy and Health Sciences
- Amherst College
- Bowdoin College
- Colgate University
- Haverford College
- Middlebury College
- Rensselaer Polytechnic Institute
- Siena College
- Skidmore College
- SUNY Albany
- Syracuse University
- Union College
- Wesleyan University

Through these Early Assurance Programs, students apply to AMC at the end of their sophomore year and if admitted, are assured admission two years later, provided their conduct is fitting of a future physician and they meet the academic standards of the program. Students must have a competitive SAT/ACT score and a 3.5 cumulative and science GPA to be eligible for this pathway and must maintain a 3.5 GPA once they are in the pathway. The MCAT is waived for program participants. As with EAPP, the final selection of students for this pathway is the responsibility of the Albany Medical College Admissions Committee. The screening, interview, and Committee process follows the same process used for traditional applicants. Once admitted, to remain in the program, students must continue to meet the academic and professionalism standards of the program. Student progress is monitored by the Albany Medical College EAPP

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Progress and Promotions Committee to ensure minimum GPA and professionalism requirements of all students accepted into the program.

B. Disability Accommodations and Minimum Technical Standards for Admission and Matriculation

The College will attempt to develop creative ways of opening the medical school curriculum to competitive, qualified disabled individuals. In doing so, however, the College must maintain the integrity of its curriculum and preserve those elements deemed essential to the education of a physician. The College cannot compromise the health and safety of patients. It is inevitable that adherence to minimum requirements will disqualify some candidates and students, including some who are disabled. Exclusion of such an individual, however, does not constitute unlawful discrimination. The Rehabilitation Act of 1973 prohibits discrimination against an "otherwise qualified" disabled person. A candidate or student who is unable to meet the minimum academic and technical standards is not qualified for the practice of the profession.

i. Disability Accommodations

The Rehabilitation Act of 1973 (29 USC, Section 794) prohibits a recipient of federal financial assistance from denying benefits to an "otherwise qualified" person with a disability solely because of their disability. Albany Medical College (referred to as the College) is a recipient of federal financial assistance and is committed to reasonable accommodations. No qualified disabled person shall be denied admission or benefits or be subjected to discrimination solely by reason of their disability. Pursuant to federal regulations for postsecondary educational institutions, a disabled person can be required to meet the institution's "academic and technical standards." The Admissions Committee and the Medical Student Progress & Advancement Committee (MSPAC) will not discriminate against qualified disabled individuals but will expect candidates and students to meet certain minimum academic and technical standards.

Albany Medical College is committed to the academic, social, and cultural integration of individuals with disabilities. Students with physical, learning, or other disabilities as defined by law will receive reasonable accommodation to help them attain the necessary level of achievement. Individuals requesting accommodation may be required to present medical and other documentation deemed necessary by the College for that purpose. The full Disability Accommodations Policy and Procedure can be found on the College webpage.

ADMISSION TO THE UNDERGRADUATE MEDICAL EDUCATION PROGRAM

ii. Minimum Technical Standards

The holder of an MD degree must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. To carry out the activities described below, candidates for the MD degree must be able to consistently, quickly, and accurately integrate all information received, and they must have the ability to learn, integrate, analyze, and synthesize data.

A candidate for the MD degree must have certain specified abilities including observation, communication, motor, conceptual-integrative, quantitative, behavioral, and social skills. Technological compensation can be made for some disabilities in some of these areas, but a medical student must be able to perform in a reasonably independent manner.

Observation

Candidates and students must have sufficient vision to be able to observe demonstrations, experiments, and laboratory exercises in the basic sciences. They must be able to observe a patient accurately at a distance and close at hand.

Communication

Candidates and students should be able to speak, hear and observe patients to elicit information, examine patients, describe changes in mood, activity, and posture, and perceive nonverbal communications. They must be able to communicate effectively and sensitively with patients. Communication includes not only speech but also reading and writing. They must also be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

Motor

Candidates and students should have sufficient motor function to execute movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation, administration of intravenous medication, application of pressure to stop bleeding, opening obstructed airways, suturing simple wounds, and performance of simple obstetrical maneuvers.

Conceptual, Integrative, and Quantitative

Candidates and students must possess the ability to measure, calculate, reason, analyze, and synthesize. Problem solving, the critical skill demanded of physicians, requires all these intellectual abilities. In addition, candidates and students should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

Behavioral and Social

ACADEMIC AND LEARNING ENVIRONMENTS

Candidates and students must possess the emotional health required for full utilization of their intellectual abilities, the exercise of good judgement, the prompt completion of all responsibilities necessary for the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates and students must be able to tolerate physically taxing workloads, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are integral to the practice of medicine.

V. ACADEMIC AND LEARNING ENVIRONMENTS

A. Harassment and Discrimination

Albany Medical College is committed to promoting and maintaining an environment that is free of discrimination and harassment and encourages respect for the dignity of each individual. Policies and procedures related to harassment and mistreatment comply with applicable federal, state, and/or local laws. These policies can be found in the Student Non-Discrimination and Harassment Policy and Complaint Procedure, which is posted on the College website.

B. Mistreatment

Albany Medical College does not tolerate mistreatment in the learning environment, and any allegations of mistreatment will be appropriately investigated and addressed. Although harassment and discrimination are forms of mistreatment, other behaviors also fall within this category. These behaviors include, but are not limited to: public humiliation, requiring a student to perform personal services (e.g., shopping or babysitting), or subjecting a student to negative or offensive behavior(s) based on their personal beliefs or other characteristics.

C. Reporting Mistreatment

Students may report mistreatment through various avenues, including anonymous course evaluations and an anonymous Concerns Submission Tool on the College webpage. They may also report mistreatment directly to the following members of the academic administration:

- Course Directors
- Advising Deans
- Associate Dean for Student Affairs
- Associate Dean of Medical Education

- Assistant Dean for Phase 1 Medical Education
- Department Chairs
- Senior Associate Dean of Academic Administration
- Chief Compliance Officer

D. Monitoring of the Learning Environment

The College will perform ongoing monitoring of the learning environment to identify positive and negative influences on the maintenance of professional standards. The Learning Environment Committee will meet periodically to review and address concerns about the learning environment from a variety of sources. This Committee will consist of representatives with expertise in each of the following categories:

- Continuous Quality Improvement
- Equity, Diversity, and Inclusion
- Faculty Affairs
- Graduate Medical Education
- Student Affairs
- Undergraduate Medical Education
- Wellness

The Committee will respond to concerns appropriately and monitor the progress of any interventions to improve the learning environment, and they will review summative data on the frequency of medical students experiencing mistreatment. This Committee will also provide summary reports on an annual basis to the Academic Quality Council.

VI. SECURITY AND SAFETY FOR STUDENTS AND THE PUBLIC

The College will maintain compliance with state and federal regulations related to campus safety. The Registrar will verify the identity of applicants and college transcripts at time of application. All background checks and other Association of American Medical Colleges (AAMC) data on file will be evaluated. Any students with discrepancies will be required to demonstrate consistency for acceptance and/or continued enrollment in the College.

To comply with New York State law, Occupational and Safety Administration requirements, and institutional policies, all students must provide proof of immunity to certain diseases, have an annual physical or health assessment, and be respirator fit-tested, in accordance with Albany Medical Center requirements. All students must pass the Albany Medical Center Health and Safety Module, and the HIPAA Module required of all employees yearly. Failure to comply with

these requirements will result in removal from classes, including simulations and clinical rotations.

In compliance with New York State Education Policy 129 A, students must not participate in any reckless activities, which may include but not be restricted to any activities that would endanger the physical or mental health of others. Any student accused of such activity will be investigated and may be disciplined. No student may be involved in activities that force students to drink alcohol or take drugs. If these activities are proven, the students involved will be dismissed.

Students found to be abusing alcohol or drugs will be required to have an Administrative Psychiatric evaluation and may be required to be evaluated and followed by the Committee on Physician Health of the New York State Medical Society (CPH). Lack of compliance with CPH may result in dismissal.

A. Student Safety in Healthcare Settings

Students who experience an injury or exposure to infectious or hazardous materials while on campus and/or while participating in educational activities will be managed in accordance with Albany Medical Center policies and procedures, which are available on the intranet. Any necessary testing and/or pharmaceutical therapy is provided to the student free of charge by Employee Health in conjunction with the Emergency Department. Medical students follow the same protocol for post-exposure prophylaxis treatment as do employees of the Albany Medical Center.

Students who incur any disease or disability as a result of exposure to infectious or hazardous materials while they are a student at Albany Medical College may receive appropriate accommodations for any such disability. If a student misses learning activities or clinical rotations due to the disease or disability, that time may be made up according to course and institution policies. If a significant amount of time is missed, then the student may take advantage of leave of absence or deceleration policies outlined elsewhere in this document, if needed.

B. Student Insurance

All medical students have access to health insurance and disability insurance while enrolled. Albany Medical College offers a health insurance plan that is designed specifically for our students. The plan is designed to provide comprehensive coverage for medical care, including annual routine physicals and immunizations.

Maintaining comprehensive health insurance coverage is mandatory for all full-time Albany Medical College students. Details about the plan, including enrollment information and options to waive the plan, are available on the public website.

VII. COMPETENCIES, CURRICULAR OBJECTIVES, AND CURRICULAR DESIGN

A. Undergraduate Medical Education Program Requirements Overview

The Undergraduate Medical Education Curriculum consists of 169 weeks of study not including vacations or holidays. All offerings have allotted credit hours by the Registrar based on data generated by the curriculum database with input from the Assistant Dean for Phase 1 Medical Education, the Associate Dean of Medical Education, and the Senior Associate Dean of Academic Administration. The content of the undergraduate curriculum at Albany Medical College is integrated over four years.

The Phase 1 curriculum integrates normal and abnormal foundational concepts within a clinical context. The clinical clerkships during Phase 2 include the core disciplines of Family Medicine, Internal Medicine, Neurology, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Surgery. Phase 3 is designed to prepare students for residency and practice through required rotations, including acting internships, critical care medicine, emergency medicine and transition to residency, plus a selection of clinical and non-clinical electives. During Phase 2 and 3, students revisit basic science in the context of their own clinical experiences. The curriculum features longitudinal educational experiences spanning all years in ethics, law, humanism, nutrition, evidence-based medicine, clinical skills and information searching and service learning.

Students may finish in more than four (4) years, but no more than six (6), if they take one or more leaves of absence for personal or health issues, participate in extended curriculum to do research or complete fellowship, or another degree of higher education. They may decelerate in Phase 2 or 3 of the curriculum, taking one year of study over two years. Deceleration may be based on personal, health or academic circumstances.

Students may also be required to repeat an entire year of study for academic reasons. Students are considered matriculants at Albany Medical College except when they are on leave of absence or extended curriculum. The undergraduate curriculum does not allow for part-time enrollment. To remain on full-time student status, decelerated students must have a curricular plan requiring at least two (2) credit hours per term that demonstrates how they will fulfill the balance of requirements divided over two years. Students who extend their training for any reason will be

subject to the Satisfactory Academic Progress policy outlined below. Students are considered to be in good academic standing if they have not been placed on academic probation.

The medical college is supportive of students who wish to expand the scope of their undergraduate medical education by pursuing complementary areas of academic interest. Typically, students who delay their medical school graduation do so to pursue graduate degrees in public health, health care or business administration, biomedical ethics, or to engage in a significant research endeavor. Students who are in good standing may apply for an “extended curriculum” opportunity **after** completing the first year, Phase 1, or Phase 2. Typically, their goals will be accomplished in a one-year period, but more time for completion may be approved. Requests to enroll in another academic program, thus extending the medical school graduation date, must be detailed in writing, and submitted to the Associate Dean of Medical Education. Requests to pursue research must include a detailed plan that covers purpose and methods as well as the lab and mentor overseeing the work.

B. Educational Program Objectives

At the conclusion of the undergraduate medical education program, graduates are expected to meet or exceed the following educational program objectives (EPOs):

<i>1. Apply knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences.</i>	
1.1	Describe the scientific basis of normal structure and function of the body at different ages, from biochemical to organ-system levels.
1.2	Describe how the pathophysiology of diseases, from biochemical to organ-system levels, relates to disease prevention and treatment.
1.3	Describe epidemiological principles that impact the health of individuals and diverse patient populations, including biological and biopsychosocial factors.
1.4	Explain how the scientific method relates to basic scientific and clinical research.
1.5	Engage in scholarly activity.
<i>2. Provide care for patients of diverse backgrounds that is compassionate, appropriate, and effective for the promotion of health and the diagnosis and treatment of illness.</i>	
2.1	Provide compassionate, patient-centered care across the lifespan to promote and improve health. Provide care for acute, chronically ill and dying patients.
2.2	Perform a history and physical tailored to the patient’s presentation.
2.3	Obtain information from patients and other sources relevant to the diagnosis, treatment, and prevention of acute and chronic conditions, including identification of barriers to care.

2.4	Apply clinical reasoning skills to assess and prioritize relevant data to establish and modify a diagnosis and management plan.
2.5	Develop a care plan that incorporates the social determinants of health.
3. Display interpersonal and communication skills that foster effective information exchange and build rapport with patients, their families, and professional associates.	
3.1	Conduct empathic and effective conversations with patients and their families across a broad range of socioeconomic and cultural backgrounds.
3.2	Utilize shared decision-making to promote patient-centered communication by eliciting and incorporating patient preferences into the care plan.
3.3	Work and communicate effectively as part of an interprofessional team to ensure safe and appropriate patient care.
3.4	Maintain comprehensive, timely, and accurate medical records.
3.5	Teach peers, other health professionals, and patients and their families.
4. Evaluate one's own medical knowledge and patient care practices, assimilate reliable new evidence, and use it to improve care of patients.	
4.1	Employ the skills of self-reflection and life-long learning to provide evidence-based care for patients and patient education.
4.2	Translate questions arising from clinical practice into formal research hypotheses.
4.3	Critically analyze the relevant literature and apply it to the care of the patient.
5. Integrate knowledge of and responsiveness to the larger context of health care, and leverage resources to optimize delivery of care to individuals and the community.	
5.1	Describe the structure and function of national and global health care delivery and insurance systems.
5.2	Identify system errors and implement continuous quality improvement.
6. Demonstrate a commitment to the highest standards of professional responsibility and ethical principles in all interactions with patients and others.	
6.1	Show compassion, integrity, and respect when caring for a diverse patient population.
6.2	Demonstrate respect for patient autonomy, placing patient needs above self-interest.
6.3	Demonstrate respect for all members of the health care team.
6.4	Engage in ethical behavior that inspires patient and public trust.
6.5	Advocate for the needs of patients and communities.
6.6	Develop personal habits that promote one's own social, physical, and mental health and well-being.

C. Additional Educational Opportunities

i. Joint Degrees

- MD/PhD Program

- A combined program of study which leads to both an MD and PhD degree is available to students who wish to pursue a career in research and academic medicine. Students can apply to the PhD program in the fall of their second year. Once accepted, they enter the PhD program full-time. Approved transfer of credits earned in the MD program helps students complete two or three years of graduate study and thesis preparation. They then return to the MD program to complete Phases 2 and 3 of the curriculum. Stipends are available to cover tuition and defray expenses during the years when a student is enrolled as a PhD candidate. Tuition is covered by a grant for the final curricular phases after the student completes the PhD.
- **MD-MPH**
 - The MD-MPH is available for medical students at AMC in conjunction with the University at Albany. Students can apply after they have been admitted to the medical school, usually during their first or second year. The program prepares the students to become physicians who have the skills to address both clinical and public health problems. Both degrees can be completed in five years with a program of studies that is individualized.
- **Dual MD/MBA in Healthcare Management**
 - The MD/MBA in Healthcare Management is available in conjunction with Clarkson University. The program is designed to provide students with a business understanding specific to health care and move them on to their medical education quickly. Students are first admitted to Albany Medical College and then apply separately to Clarkson University. Both degrees can be completed in five years. Once admitted to both institutions, students defer the start of medical school by one year and spend one year at Clarkson University working on Healthcare Management MBA courses. The second through fifth years are spent completing the MD degree requirements at Albany Medical College.

ii. MD with Distinction

The MD with Distinction program offers students the opportunity to explore an area of personal interest in a scholarly manner. Students are guided by the expertise of a mentor in the track of their choice to develop knowledge and skillfulness. As a main component of the program, students take an investigative approach and develop a project that addresses a problem in the medical arena.

Students can follow one of six tracks to earn an MD with Distinction degree, and these are described on the public website. Each track consists of a curriculum with longitudinal study and

mentored guidance for a project supervised by a Thesis Advisory Committee. The project consists of field, clinical, analytical or laboratory work, and includes a presentation of outcomes at Medical Student Investigation Day (or a similar venue). Projects culminate with an oral presentation open to the academic community and defense of a thesis or other document before the Thesis Advisory Committee. Students can complete all components of the distinction tracks within the four years allotted for medical school with no extra tuition or cost.

iii. National Honor Societies

- **Aequitas Health**

- The national *Aequitas Health* medical honor society is focused on identifying, recognizing, and developing future physician leaders to address health inequities.
- Medical students at Albany Medical College are invited to apply in the fall of their third year. The graduating class of Aequitas fellows selects the incoming class based on the criteria of a sustained and demonstrated commitment to health equity and academic excellence, and applicants must be in good academic and professional standing. Students, post-graduate trainees, residents, fellows, and faculty are encouraged to apply. No fellowship fees are charged to fellows of Aequitas Health. Elected fellows will participate in a service project that advances health equity in our community at Albany Medical College.

- **Alpha Omega Alpha**

- The Alpha Omega Alpha (AOA) national medical honor society's mission is: *"Alpha Omega Alpha — dedicated to the belief that in the profession of medicine we will improve care for all by recognizing high educational achievement; honoring gifted teaching; encouraging the development of leaders in academia and the community; supporting the ideals of humanism; and promoting service to others."*
- Election to AOA is a prestigious honor signifying a lasting commitment to professionalism, leadership, scholarship, research, and community service. Membership in the society is a lifelong distinction that recognizes a physician's dedication to the profession and art of healing.
- At Albany Medical College, AOA elections are held each summer. Students are invited to apply based on their cumulative rank, which reflects academic performance in Phase 1 and Phase 2. Applications are reviewed by a blinded selection committee using a holistic approach that considers academic performance in Phase 1 and Phase 2, research, service, and leadership.
- Selections are made in accordance with national AOA guidelines, which permit up to 20% of each graduating class to be elected annually. A small number of students may also be selected for Junior AOA based on Phase 1 performance, with research, service, and leadership also taken into account.

- **Gold Humanism Honor Society**

- This national organization recognizes medical students, residents and attending physicians for their outstanding and compassionate patient care.
- At Albany Medical College, inductees are selected by their peers during registration for Phase 3. The induction ceremony is in the spring. During their fourth year, members are involved with service projects here on campus, like helping second year students transition to their clerkship phase. Members also serve their community through organized events.

D. Educational Offering Description Requirements

On or before the starting day of each block or clerkship, all students will be provided with the following information electronically:

1. *Statement of goals and objectives of the block or clerkship rotation
2. *Outline of format (i.e., starting and ending times, when and where taught, hours and days taught as well as subject materials for lectures, conferences, labs, clinical rounds and other types of teaching).
3. For clerkships, the number and type of patients to be followed will be clearly outlined, as will the student's responsibility in patient care (observation, patient assessment, etc.)
4. List of audio-visual and self-teaching material (if any).
5. Required and recommended texts
6. Examination schedule that includes when and where an exam is given (two lecture halls are suggested for exams in pre-clerkship courses). The exam schedule should specify the material that will be tested.
7. Type(s) of exams that will be administered, e.g., objective questions, lab practical exams, Objective Structured Clinical Examination (OSCE), grading on ward, etc.
8. Estimate of relative portion of the grade derived from each kind of teaching exercise or experience, i.e., basic explanation of how final grades are determined.
9. *Criteria for grade calculations, including grading rubrics, if available.

10. Professional behaviors can be determinants of all final grades in all phases of the curriculum. Unprofessional behavior can be the cause of a failing grade.
11. Mechanism for student request for review of a grade for all course offerings.

*Goals and objectives, course format and grade determination should be presented and discussed at the beginning of every course.

Lecture material will be supplied to students electronically as part of their electronic syllabus on an online educational management platform. Faculty will provide the office of medical education with electronic versions of their presentation and supplementary materials in a timely manner allowing students to have the material no later than the day before any lecture. Visiting Professors should also supply such material before lectures, if possible, or provide their material at the time of the presentation.

E. Learning Format in Phase 1

1. It is recommended that a system of varied pedagogical approaches to teaching be adopted for all Phase 1 Blocks including but not limited to straight lecture teaching and non-lecture approaches, e.g., small group sessions, conferences, labs, clinics, or audio-visual or computer self-instruction exercises.
2. No block shall have more than 50% of its student contact hours exclusive of examinations devoted to straight lecture teaching.
3. The mix of pedagogical approaches on a given day should reflect an attempt to limit lectures to no more than four hours, as averaged over the entirety of the Block.
4. Block Leaders may require attendance at all small group sessions. Attendance at full class lectures will not routinely be required, however, a Block Leader can request required attendance for patient or community panels. To require attendance, the Block Leader must meet with the Assistant Dean for Phase 1 Medical Education and the Senior Associate Dean of Academic Administration to gain approval. When attendance is required in any curricular offering, students must sign in.

F. Scheduling in Phase 1

1. All educational sessions must begin exactly on time whether the entire class is present or not. As a matter of courtesy to faculty and to fellow students, it is expected

that students will arrive for educational sessions at the appointed time and not leave the session before the appointed time.

2. If an instructor is more than ten (10) minutes late for an educational session, the students may assume the session is canceled unless prior notice has been given that indicates that the instructor will be late.
3. Educational sessions must end ten (10) minutes before the next educational session, free period or lunch period.
4. Any conferences, demonstrations, seminars, etc. that last more than one hour should allow a ten (10) minute break for each fifty (50) minutes of teaching.
5. There cannot be more than twenty-eight (28) scheduled educational hours in a given week per student. One hour for lunch must be officially scheduled every day. Every student's schedule must contain at least one unscheduled one-half day per week. Any deviations must be approved by the Office of Medical Education and communicated to the students prior to the experience.
6. Review sessions that are not formally part of a course schedule need to be scheduled with the concurrence of students and faculty. Student workloads and course schedules must be considered. A representative of the Office of Medical Education or their designee must approve the review session schedule.

G. USMLE Policies

All students must pass the USMLE Step 1 and USMLE Step 2CK to graduate. Graduation credentials for the main residency match will not be verified without passing scores on both examinations. Interruptions in medical education due to USMLE delays and failures may be problematic when it comes to a successful Match in the fourth year. Delaying these examinations should only be considered if the student is at risk of failure.

Multiple USMLE failures may limit a physician's ability to obtain licensure in certain states. Students are permitted a maximum of four attempts on each USMLE Step exam. If a student fails Step 1 or Step 2 on their fourth attempt, they will be referred to the Medical Student Progress & Advancement Committee (MSPAC) for dismissal.

i. USMLE Step 1

All students must pass USMLE Step 1 to advance and progress to the clinical clerkship component of the Phase 2 curriculum. All rising Phase 2 students must sit for the USMLE Step 1 exam only after completion of the final Phase 1 block and prior to beginning the Clinical Bridge Block. Extenuating circumstances that prevent a student from taking USMLE Step 1 on time must be reported in a written request for permission to delay the exam that is submitted to the Phase 1 to Phase 2 Progress Committee, which consists of the Associate Dean of Medical Education, the Associate Dean for Student Affairs, the Registrar, and the Assistant Dean for Phase 1 Medical Education or their delegate(s).

Students who are permitted to delay taking USMLE Step 1 and who intend to remain in the current class, will thereby delay the start of the clinical clerkship component of Phase 2. This would necessitate participation in the Clinical Bridge Block and any other aggregated coursework prior to the start of core clerkships, then taking additional time to prepare for the USMLE Step 1 examination. To exercise this option, the student would need to do both of the following:

1. Sit for the examination in time to resume clerkship activity within eight weeks after the start of the clinical portion of Phase 2, which is the length of the longest core clerkship. This typically translates to taking the exam within 6 weeks.
2. Receive a passing result prior to joining a core clerkship rotation.

This pathway requires a decelerated schedule in Phase 2, and possibly Phase 3, which may result in a one-year delay to graduation. Students who do not have a passing USMLE Step 1 result within eight weeks of the core clerkship start of Phase 2 must delay the start of their core clerkships until Spring term of the following year, thereby entering the subsequent class.

Students failing USMLE Step 1 on the first attempt must meet with their Advising Dean and develop a written plan that must be signed by the student and approved by the Phase 1 to Phase 2 Progress Committee. Students who receive a failing result on USMLE Step 1 while they are on a clerkship will be withdrawn from the clerkship. For a student to resume their clerkship track schedule, they must retake the exam and earn a passing result within eight weeks of the core clerkship start of Phase 2. Again, this option would result in a decelerated schedule for Phase 2, and potentially Phase 3, which may lead to a one-year delay in graduation.

Students who do not have a passing score within eight weeks of the start of core clerkships will be moved to the next graduating class. These students **MUST** receive a passing result on USMLE Step 1 no later than December 15th to register for the Spring term. The deadline to sit for the exam will be determined annually by the Office of Student Records and will be communicated

to the students through the Associate Dean of Medical Education. Students must take the Clinical Bridge Block, even if they have taken it before, to refresh their clinical skills prior to starting clinical clerkships. Students who do not pass USMLE Step 1 by December 15th will be required to take an academic leave of absence and delay graduation by another year, unless the student will not be making Satisfactory Academic Progress (SAP) per the SAP policy. In this scenario, the student will be referred to the Medical Student Progress & Advancement Committee (MSPAC) for dismissal.

ii. USMLE Step 2CK

All students must pass USMLE Step 2 CK to meet graduation requirements and must have a passing score to be certified by the school for participation in the main residency match. Students may not take USMLE Step 2 CK before completing Phase 2. All students are encouraged to take the USMLE Step 2 CK before the end of July, as further delay may result in incomplete residency applications.

Students going on a leave of absence to do research or to study for an advanced degree before returning to Phase 3 must take USMLE 2 CK before starting their research or educational program. Requests to alter this sequence must be made in writing and approved by the Associate Dean of Medical Education and the Senior Associate Dean of Academic Administration. Students who delay taking USMLE Step 2 CK for any reason must take the exam before the next academic year in which they would be a Phase 3 student. There must be a written plan developed with their Advising Dean laying out a timeline. Failure to sit for the exam or failure to receive a passing score allowing them to join the next graduation class may result in the student being administratively withdrawn.

Students who receive a failing USMLE Step 2 CK score meet with their Advising Dean and Associate Dean of Medical Education. They will develop a written plan on when to retake the exam, while considering the remainder of credits needed for graduation. Because a Step 2 CK score is necessary for certification to participate in the main residency match, any student wishing to remain in the match should take the exam within four (4) weeks of receiving a failing score. Any deviation from this protocol must be approved by the Associate Dean of Medical Education and the Senior Associate Dean of Academic Administration. Timing and curricular requirements will be monitored to determine whether the student will need to decelerate, thereby resulting in a one-year delay to graduation. Students failing USMLE Step 2 CK must retake the exam and have received a passing score to be certified to participate in the Match. If a student elects not to participate in the match, a passing Step 2 CK score is required by April 15 to be certified for graduation.

CURRICULAR CONTENT

Students failing USMLE Step 2 CK on the second attempt must cease all clinical rotations until the exam is retaken and a passing score is posted. Students must work with their Advising Dean and the Associate Dean of Medical Education to devise a plan for reentry to the curriculum that considers all college policies, including Satisfactory Academic Progress Policy.

VIII. CURRICULAR CONTENT

A. Undergraduate Medical Education Curriculum

In Phase 1, students must complete all the components of the curriculum in order to progress. The requirements are made known at the beginning of each academic year. Students must complete Phase 1 Blocks and the requirements of each of the following longitudinal themes:

- Clinical Skills
- Health, Care and Society
- LaGrange Evidenced Based Health Care
- Longitudinal Clerkship

In the summer between first and second year, students from combined degree programs may be required to complete specific program components.

Students must take USMLE Step 1 prior to the first day of the Clinical Bridge Block (CBB) or submit a request for delay in writing as noted in Section VII above. Students **MUST** take the CBB to progress to Phase 2 core clinical clerkships. The CBB allows students to improve their clinical skills and introduces procedures and protocols necessary in Phase 2 required clerkship rotations.

Phase 2 consists of required clerkships in Family Medicine, Internal Medicine, Neurology, Obstetrics & Gynecology, Pediatrics, Psychiatry, Radiology, Surgery, a two-week Selective, and Scholarly Endeavors. Additional educational requirements, such as longitudinal themes, are determined by the Phase 2/3 Committee and approved by UME Council.

Phase 3 in the new curriculum consists of thirteen periods of four weeks each. There are twelve (12) weeks of required rotations, thirty (30) weeks of electives, and ten (10) weeks of vacation/flexible (Flex) time. Students can take up to twelve (12) weeks of one specialty area for academic credit within the 30 weeks of electives. Students taking more than twelve weeks in one specialized area of study must use Flex time. Such activities will show on their official transcript, but no academic credits will be assigned for them.

CURRICULAR CONTENT

Required Phase 3 clerkships are at least two that the student may select from three options: Critical Care, Emergency Medicine and an Acting Internship in the student's choice of Family Practice, Medicine, Pediatrics, Surgery or Ob/Gyn. The Clinical Skills Capstone is required.

To do away rotations during Phase 3, a student must be in good academic standing. Please refer to the "Off-Campus and Away Rotations" and Medical Student Progress & Advancement Committee (MSPAC) sections of this document for more detail. Students cannot take two courses / clerkships at the same time, and no more than eight credits may be earned for non-clinical rotations.

B. Service Learning

Service Learning is an integral part of the curriculum and medical education program. All students must complete forty (40) hours of approved Service Learning activities over the four years of medical school. The Office of Community Outreach and Medical Education is responsible for designing and approving qualified experiences and monitoring student progress.

C. Student Supervision

Albany Medical College appreciates the role of learners in the provision of clinical care. We also follow the educational principle of graded responsibility for learners, commensurate to their level of training. All students must be appropriately supervised when participating in clinical activities. Student level of responsibility while being supervised adheres to the guidelines put forth by the New York State Department of Health (contained in *New York Codes, Rule, and Regulations* Title X, section 405.4).

Supervision must occur by a physician who possesses an AMC faculty appointment or an individual designated by an AMC faculty member in a teaching/supervising role. These individuals can include but are not limited to physicians, residents, fellows, or other licensed health professionals.

Albany Medical College students may take patient histories, perform complete physical examinations and enter findings in the medical record of the patient with the approval of the patient's attending physician. Medical students may be assigned and directed to provide additional patient care services under the direct in-person supervision of an attending physician or authorized postgraduate trainee.

At any time, if a student is uncomfortable performing an assigned procedure because they feel either that their skills are inadequate or that they need more supervision/guidance than is

CURRICULAR CONTENT

available, then the student must refrain from doing the procedure. If the student is not comfortable performing a procedure, they should inform one of the following individuals:

- Their supervising provider
- The attending physician (if different from #1)
- The course director
- The Associate Dean of Medical Education

D. Clerkship Night Duty Scheduling

All clerkship call schedules must comply with ACGME work hours rules while reflecting NY State 405 regulation. No more than eighty (80) hours a week should ever be scheduled. Students should not be required to perform patient care or graded educational activities without proper rest.

E. Off-Campus and Away Rotations

Students taking required Phase 2 or 3 clerkships at approved distant sites must be offered alternative assignments for longitudinal themes that can be completed during the period of that clerkship. The alternative assignments (e.g., web-based active participation, web-based assignments, reading, paper, etc.) must be developed by the longitudinal Theme Leaders, must have the same educational objectives as the assignment at AMC, and must be made clear in the Clerkship syllabus. These assignments should be completed and reviewed by the longitudinal theme leader so that students are given feedback on their work before the end of the period.

Phase 3 off-campus (“away”) electives should be planned with the assistance of the student’s Advising Dean. A student must be in good academic standing in order to gain approval for off-campus electives. The appropriate forms are available from the Office of Student Records. All off-campus electives must be approved by the Associate Dean of Medical Education at least four (4) weeks prior to the date on which the elective is to begin. The student must obtain the application form from the program or the AAMC Visiting Student Learning Opportunities program. Affiliation agreements should be signed. All necessary fees, documents, and approvals from the off-campus program need to be obtained prior to final approval by Albany Medical College. No more than twelve (12) weeks of elective credit may be in the same specialty.

F. Phase 3 Non-Clinical Electives

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AMC currently offers several credit-bearing, non-clinical elective experiences in Phase 3 of the curriculum. There is a cap of four credits of non-clinical electives.

1. The Office of Student Records will distribute a course roster to the Course Director at least two (2) weeks before the course start date. The Course Director will provide the students with a general overview of the course, course goals & objectives, expected course activities, and course expectations. Acceptable communication includes e-mail correspondence or a conference call.
2. The Course Director should have a mechanism in place to check-in with the student midway through the rotation so that there is an opportunity to comment and provide feedback on the student's progress toward the expected goals for the rotation. For example, students could be asked to provide written weekly updates to the Course Director, submit a first written draft of a written product for review, or meet virtually online or in person to discuss their progress.
3. Students must complete the elective course requirements in the same timeframe for which they are officially registered for the course. No credit will be awarded for work submitted after the end of the Period for which the student is registered.
4. Students who submit written final products that are below expectations should be given a formal grade of Incomplete and be provided comments back and allowed to re-write and re-submit the work. If upon re-submission, the work is still below expectations, the Course Director may, depending on the circumstances, either award a grade of Unsatisfactory/Fail or continue to work with the student on revision until the work meets expectations.
5. Visiting students will not be accepted for non-clinical electives.

G. Attendance Policies

Students are expected to attend all required teaching activities, including team-based learning, small group discussions, clinical skills training, standardized patient encounters, clinical rotations, and examinations. However, Albany Medical College recognizes that there are situations where students may need to be absent. For prolonged absences, a leave of absence may be necessary, and those processes are outlined separately.

If an absence is approved, a student is expected to make up any missed work, and this may include additional make-up clinical shifts outside of normal business hours. Students are not

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permitted to make changes to their schedule independently, such as switching shifts or small groups with a classmate without permission from the course director.

Unapproved absences and a lack of timely communication may be considered unprofessional behavior with potentially negative academic consequences.

i. Anticipated Absences

Requests for anticipated absences must be submitted in an appropriate and timely fashion, ideally four weeks in advance of the affected course and no less than four weeks prior to the anticipated absence. Requests submitted later than this may not be approved, and all requests should be submitted in writing. All attempts should be made to avoid missing required teaching activities, and some educational activities cannot be missed, regardless of the reason.

Examples of anticipated absences that may be considered for approval:

- Conference presentations
- U.S. Citizenship interviews or other requirements
- Court appearances (please email Student Records for guidance related to jury duty)
- A highly significant personal event, such as a sibling's wedding
- Observance of religious holidays
- Appointments with health care providers and faculty advisors
- Running for or holding a regional or national office in a relevant professional organization
- Residency interviews (see limitations below, section v.)
- Exam remediation
- Step 2 CK

Appointments with health care providers and advisors should be scheduled outside of required educational activities and clinical duties, whenever possible. Students should reach out to clinical course directors to determine the best days/times for appointments to minimize the impact on their rotation.

Shadowing clinical faculty can enrich a student's educational experience and facilitate professional identity formation. However, students are not permitted to shadow if it conflicts with required educational activities, and any requests to do so will not be approved.

An absence request to attend a conference may be approved if the student is presenting or holds a leadership position that requires attendance. In either case, supporting documentation must be provided, and the absence shall only be approved for the day the student is presenting, not the entire conference. Students shall not receive an approved absence to attend a conference for

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networking or informational purposes only, with rare exceptions to be approved by the Associate Dean of Medical Education. Whether or not a student has secured funding or a scholarship to attend a conference will not influence the school's decision to approve an absence.

Students are financially responsible for any rescheduling/cancellation fees incurred for lodging and/or airfare if their request for an approved absence is denied. For this reason, students are encouraged to make their requests prior to paying for travel.

ii. Unanticipated Absences

Unanticipated absence requests should be submitted as early as possible, and some unanticipated absences may be approved retroactively. In an emergent situation, the student should notify their course director, course coordinator, and anyone they may have been scheduled to work with, such as preceptors, attending physicians, residents, and PSCCC staff, if applicable. For situations that may have an ongoing impact on a student's education, they should also reach out to their Advising Dean and the appropriate Dean for Medical Education.

Examples of unanticipated absences that may be considered approved:

- Serious acute illness (including COVID)
- Family emergency
- Bereavement
- Participation in the Supplemental Offer and Acceptance Program

iii. Schedule Changes for Religious Reasons

Students **must** put their requests for schedule changes in writing. They **must submit** the request to the Assistant Dean for Phase 1 Medical Education or the Associate Dean of Medical Education, as appropriate. The medical education dean will review the request and determine the most efficient way to accommodate the student while fulfilling curricular requirements.

iv. Albany Medical Health Center Institutional Holidays

Students in all phases of the curriculum shall have the following institutionally observed holidays as vacation days:

- New Year's Day
- Memorial Day

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- Independence Day observed date
- Labor Day
- Thanksgiving Day and the following Friday, Saturday and Sunday
- Christmas Day

On Memorial Day, Independence Day observed, and Labor Day, students may be assigned to take call or night shift starting at 6pm. Clinical assignments on weekends prior to these holidays may be assigned.

v. Residency Interviews

Phase 3 students who are applying to residency may be excused from their rotations for up to one day per week from October 15th to January 31st to complete residency interviews. The days excused cannot be aggregated (e.g., 4 days in a row in a 4-week rotation). Students must give their course directors adequate advanced notice of these absences, and the absence must be approved by the course director. Students may be asked to make up missed time or required activities.

vi. Match Week Responsibilities

All students are expected to present for clinical rotations and other required course work on the Monday morning of the Supplemental Offer and Acceptance Process (SOAP) week. All students participating in the main Match must be able to present to campus on Monday of Match week, in case they need to participate in SOAP. If a student is fully matched on Monday of Match week, they do not need to remain near campus. Students participating in SOAP are expected to come to campus for the duration of the SOAP process. Students participating in SOAP are excused from required course activities, including clinical rotations, for the duration of the SOAP process. They may be required to make up any missed mandatory activities after SOAP.

Graduating students do not need to report to their clerkship on Match Day. No examinations for graduating students should be administered on Match Day or the day after Match Day. Students should not be expected to take call either on the evening of Match Day or Saturday or Sunday following the match. Students resume normal clerkship schedules on the Monday following the match.

vii. Missed Clinical Experiences

For all rotations or courses during Phases 2 and 3 students cannot miss more time than can be made up during the rotation or course. The Clinical Clerkship Directors or Elective Clerkship

CONFLICTS OF INTEREST

Directors will contact the Associate Dean of Medical Education regarding time a student missed from the experience that exceeds that which could be made up during the experience. In instances when a student misses more time than can be made up during the educational experience, a remediation plan will be developed. All absences are subject to the approval of the Clerkship Director or Course Director and must be made up.

All Clerkships must have a written policy that demonstrates how students can make up educational experiences. It must state how the time will be made up, for example, by taking extra night call duty or weekend duty. Time off during clinical rotations, whether required or elective, must be approved by the Clerkship Director or Elective Clerkship Director. At the end of the rotation or elective, if any requirement(s) have not been met, a grade of Incomplete (I) should be submitted and the Associate Dean of Medical Education should be notified.

IX. CONFLICTS OF INTEREST

The Albany Med Health System (AMHS) Board of Directors has adopted a Conflict of Interest (COI) Policy and procedure to ensure all individuals acting on behalf of AMHS do so in the interest of the system, its affiliated entities, patients, students, and research subjects unaffected by personal financial interests or opportunities.

A potential COI may exist when an individual, acting on behalf of an AMHS entity, has outside interests or relationships where self-interest or the potential for personal benefit may bias or interfere with their decisions and actions on behalf of the system.

Potential conflicts of interest include situations where relationships have been created; may be created in the future; or may create the impression that a conflict of interest exists. Policies related to COI can be found on the intranet.

A. Relationships Between Teachers and Students:

Students and teachers should recognize the special nature of the teacher-learner relationship which is in part defined by role modeling, mentorship and supervision. Student-teacher interactions should be characterized by mutual trust, acceptance and confidence. Both teachers and learners should recognize the potential for conflicts of interest and respect appropriate boundaries, but teachers have a special burden to do so given their roles as mentors and role models and their positions of relative power. Actions that violate these boundaries, or even that give the appearance of doing so, should be avoided. These include, but are not limited to:

- Romantic involvement

- Business relationships
- Faculty or students accepting services or personal favors from each other (e.g., baby-sitting, work in the office)
- Offering and accepting substantial gifts
- Special treatment of a student, including gifts, meals, entertainment or social contacts that differ from the usual teacher-learner relationship with other students.

B. Advising and Mentoring

Faculty members with formal advising or mentoring relationships must not be solely responsible for determining final course/clerkship grades or writing final course/clerkship evaluations for their advisees/mentees. If a faculty member with an advising or mentoring relationship is involved in teaching a student they advise, they cannot complete an assessment or evaluation for that student and should request that another faculty member be assigned to do so, if appropriate.

C. Non-Involvement of Providers of Student Health Services in Student Assessment

Faculty members who have provided healthcare services to a student are strictly prohibited from participating in any academic assessment or promotion decisions for that student. Members of AMC clinical departments who provide patient care, clinical assessments, treatments, and/or mental health care for medical students will not participate in the academic evaluation of students for whom they are providing treatment or for whom they have provided treatment in the past, including psychiatric or psychological evaluations.

Medical students on clinical rotations should not be assigned to faculty whose primary practice roles include the AMC Student Health Clinic and/or the AMC Student Psychological Services. The clinical faculty in these service areas may not serve on the Medical Student Progress & Advancement Committee (MSPAC) or in Advising Dean roles in the medical school.

In situations where an unexpected overlap of roles develops, the clinical faculty member must recuse themselves from any and all evaluator roles with that student. Additionally, students may request from either the Clerkship Director or Clerkship Coordinator a change of preceptor if they feel there is a potential conflict of interest or where a conflict of roles may potentially arise regarding their own personal medical treatment providers. Additional information may be found in the “Non-Involvement of Providers of Student Health Services in Student Assessment Policy” on the Intranet.

X. EVALUATION OF EDUCATIONAL OFFERINGS

A. Student Evaluations Requirements

1. The Class Vice President will oversee the Student Evaluation process for his or her class. The Class Vice President is responsible for designing and editing the evaluation tool with the input of the Assistant and Associate Deans, for developing a student committee to participate in the evaluation process, and for reviewing the results of the Student Evaluations.
2. The Curriculum Review Committee will be chaired by the class Vice-President. This committee is responsible for designing and reviewing the student evaluations of the block and clerkship evaluations with input from the Assistant and Associate Deans and the Block Leaders and Clerkship Directors.
3. Evaluation of required blocks/clerkships by every student is **mandatory**. An evaluation is to be completed by every student shortly after the final examination. Final grades will be withheld from those students who fail to complete the evaluation. The student's grade is released automatically upon completion of the evaluation.
4. The Student Evaluation Committee for each class will meet annually with each Block/Clerkship leader to present a report based on the data from the student evaluations. A Curriculum Assessment Team representative will be present at each student evaluation meeting. The Block Leaders and Clerkship Directors are expected to reflect upon the Student Evaluation as part of their annual Block or Clerkship End-of-Year Report.

B. UME Council Assessment of Curriculum Requirements

1. The Curriculum Assessment Team (CAT) is a subcommittee of the UME and will review every component of the curriculum on a triennial basis. The UME must approve the schedule for assessments proposed by the CAT each year. These individual course reviews will be based on Student Evaluations, Annual Course reviews, data from the GQ, and scores on the USMLE and other data sources deemed relevant to a thorough review. The Chair of the CAT will present the draft CAT report for each Block, Clerkship, Acting Internship or Course on the schedule for discussion, revision and approval by the UME. These reports will highlight strengths and weaknesses of particular courses and will include commendations and recommendations for changes. The Assistant Dean for Phase

1 Medical Education or the Associate Dean of Medical Education and their Workgroups will support and monitor progress on recommendations made in the UME-approved CAT reports and will provide an update on summary of progress made annually.

2. For Blocks and Clerkships not on the CAT schedule for review during a particular academic year, any problems identified by the Student Evaluation Committee, the Annual Course Review, or by the Associate Dean of Medical Education will be brought to the first to the Phase 1 Workgroup (comprised of the Block Leaders) or to the Phase 2/3 Workgroup (comprised of the Clerkship Directors). These groups are convened monthly by the Assistant Dean for Phase 1 Medical Education and by the Associate Dean of Medical Education, respectively. The working groups will review the issues raised and make recommendations to the UME if action is needed that changes the curriculum in any substantive way. The Assistant Deans, who sit on the CAT, are responsible for reporting recommendations of the Workgroups to the CAT.
3. The CAT will perform an overall curriculum assessment on an annual basis. The purpose of this is to ensure that the 4-year curriculum is meeting the overall program objectives and that there are appropriate methods of assessment in place. This overall curriculum assessment will be done by a careful review of the Curriculum Database and Patient Logs to identify any objectives which are not being represented adequately in the curriculum (missing), which are overly represented (too much redundancy), or which are under-represented (in need of mindful redundancy). Student Evaluations, Annual Course reviews, USMLE data, GQ data and other data sources deemed necessary for a thorough review will help identify areas of inadequacy that need to be addressed.
4. Faculty, Block Leaders and Clerkship Directors must cooperate with the requests of CAT. Noncompliance will not be tolerated. Noncompliance will be reported to Departmental Chairs and the Dean as a component of the annual faculty evaluation process.

XI. STUDENT ASSESSMENT AND EXAMINATIONS

A. Examination / Evaluation Protocol

1. Examinations will be initiated by the Office of Medical Education.
2. Examinations delivered by computer will have a defined beginning and an end. (The length of an exam will be specified. Students will only have that amount of time to take the exam no matter when they start within the time the exam is “opened”). Students will be assigned a specific time and place to take every examination. An examination can be completed only during the assigned time.

3. During an examination, students may ask questions that clarify typographical errors. There will be no discussion of the spirit or meaning of test question options.
4. Breaks should be taken only to go to the restroom and to attend to other medical needs. No communication between students is allowed during the exam.
5. NBME customized subject exams will be administered according to the NBME protocol.

B. Examination Scheduling

1. All examinations/quizzes and other evaluation exercises in the pre-clerkship years that are worth 5% or more of the final grade must appear on the official curriculum block schedule. Any evaluation session must be planned as part of the Block planning protocol with the oversight of the Office of Medical Education. Any evaluation session in Health, Care and Society or Evidence Based Health Care must be authorized by the Office of Medical Education after consultation with the Block Leader of the block that is being presented at the time of the exam.
2. Any major examination in Phase 1 (e.g., midterm or final) must be noted on the official curriculum block schedule and preceded by either a study day or a weekend. Major examinations in Clerkship Phases must be noted in the clerkship's orientation and syllabus. Exams in Clerkship Phases need not be preceded by a study day, but no student should be on call the night before a scheduled exam.
3. No examinations or quizzes should be scheduled on the day of, or the day following Diwali, Yom Kippur, Rosh Hashanah, Good Friday, Easter Sunday, Eid al-Fitr, Eid al-Adha or the first two days of Passover. Other religious holiday considerations will be made by the joint consideration of the Senior Associate Dean of Academic Administration and the Associate Deans (see Section XI).
4. Examinations as they appear on the official block or clerkship schedule cannot be changed by class vote.
5. No student shall be excused from taking a required evaluation session unless permission has been obtained from the Block Leader or Clerkship Director and the associated Medical Education Dean.
 - a. Compelling reasons, such as illness or death in the family, can necessitate a change in the examination time on the day of an exam.

- b. Permission to reschedule an examination for any other reason must be requested as soon as possible before the day of the exam.
- c. In cases where there is ample time to reschedule an exam due to an acceptable long-term commitment (e.g., wedding, etc.), students should take the exam before, rather than after, the official administration date, when possible.
- d. All rescheduled exams must not conflict with other block or clerkship responsibilities. All rescheduled exams must be scheduled as close to the original exam date as possible. In Phase 1, the exam should be given before or after scheduled classroom activities of the following block.
- e. Exams that are delayed must be taken as soon as possible without affecting other academic efforts. Extenuating circumstances may require the postponement of an exam, thereby leading to a grade of Incomplete until the test is completed and graded. Incomplete grades must be made up within two (2) weeks unless special consideration has been granted by the respective Dean of Medical Education.

C. Academic Integrity for Assessments

Students are expected to take examinations in their assigned room except to accommodate learning disabilities or other specific circumstances approved by the Deans Committee, which consists of the Senior Associate Dean of Academic Administration and the Associate Deans in the College. It is expected that the students have already committed to the principles of the Honor Code. Before each exam, students may be reminded that the code is in effect.

1. Conditions for practical exams should be such that only one student views an exam specimen at a time.
2. A member of the faculty or a designee of the Office of Medical Education is responsible for supervising the collection of any written exams. NBME Shelf Exams are proctored in accordance with the rules required by the NBME.
3. In all years (1-4), it is the faculty's responsibility, with the aid of the Office of Medical Education, to arrange for a specified examination location which offers students an appropriate environment for taking exams in either a written or computer-based format.

4. Electronic exams will be administered as multiple versions with questions in different orders.

D. Examination Results for Blocks and Required Clerkships

1. Grades on interim exams should be distributed as soon as possible after the examination and no longer than three (3) school days after the examination is given.
2. Final course grades must be delivered as soon as possible to the Office of Student Records from which they will be distributed, and no more than ten (10) days after the end of a Phase 1 Block and four (4) weeks after the end of a rotation or elective.
3. The distribution of grades will be reviewed yearly by the UME Council.
4. Posting examinations and answers:
 - a. For Phase 1 courses, after all students have taken the examination, a copy of the examination with correct answers may be made available by the Block Leader or the Assistant Dean for Phase 1 Medical Education. The exam should be reviewed on a secure browser.
 - b. When an NBME customized exam or subject exam is administered there will be no review of the test.
5. **Phase 1 Grade Review:** Students can appeal or contest a block grade. The student should speak with the Block Leader and the Assistant Dean for Phase 1 Medical Education. If the student is dissatisfied, the student can request a meeting of the Deans Committee, which consists of the Senior Associate Dean of Academic Administration and the Associate Deans in the College. The Senior Associate Dean will schedule the meeting and invite the Block Leader and the Assistant Dean for Phase 1 Medical Education. After the meeting the Deans will determine if any change in grade is appropriate.

E. Clinical Assessments for Phase 2 and 3

All required Phase 2 and 3 clerkships and course offerings must be taken under the direct supervision of medical college faculty. For each required clinical rotation, there will be a written rotation description that will include information pertaining to goals and objectives of that rotation, the number and type of patients to be seen and followed, how learning will be assessed

and how the rotation grade will be determined, as well as the procedure for requesting review of a grade.

Each department's clerkship leadership and other relevant departmental faculty, working in conjunction with college administration shall endeavor to identify those areas of clinical performance and knowledge acquisition considered essential to the education of every physician that are included in the curriculum of that rotation. Methods to assess performance in such areas either by grade or by meeting a minimum standard should be devised. Each department is required to develop appropriate criteria for assessing students to ensure the evaluation truly reflects the outcome objectives of the rotation. The Curriculum Committee and its subcommittees oversee the development of assessment tools and have oversight of content development and delivery, student assessment, and curriculum evaluation.

All students must receive mid-clerkship feedback that specifies their strengths, weaknesses, and then receive coaching. Students with identified academic or professionalism deficiencies by the mid-point of a required rotation or elective should have a formal corrective plan developed by clerkship leadership.

A clinical assessment form, including narrative comments, will be completed for all required and elective clerkships. The completed evaluations will be submitted within four (4) weeks after the completion of the clerkship experience. The registrar will notify the Department Chair and the Dean if grades are not submitted within four (4) weeks.

F. Albany Medical College NBME Subject Examination Minimum Policy

To reflect national standards and expected competencies established by Clerkship faculty, Albany Medical College students must achieve a minimum score on respective Clerkship NBME subject examinations.

1. The final grade designation in the clerkship will incorporate the original score value.
2. The Clerkship Director will refer a student who has not achieved a minimum score to the Associate Dean of Medical Education and the student's Advising Dean to devise a remediation and re-take plan.
3. Students must pass all Phase 2 NBME subject examinations before promotion to Phase 3. Students will be referred to Medical Student Progress & Advancement Committee (MSPAC) for NBME subject examination failures as outlined below.
4. Students must pass all assigned Phase 3 NBME subject examinations before graduation.

G. Grading Of Required Clinical Rotations

For required clinical rotations the Clerkship Director will submit to the Office of Student Records both a letter grade (H, HP, P, M, or F) and a numerical grade. The numerical grade will not appear on the student's transcript. Students are required to meet a minimum passing score on NBME subject exams as outlined above. Students who do not perform at an acceptable level on Objective Structured Clinical Examinations (OSCEs) during Phase 2 will be required to remediate and demonstrate competency in core clinical skills. Professional behaviors can be a determinant of all final clerkship grades.

Grade distribution for required Phase 2 clerkships should fulfill the following criteria: the fraction of grades above "Pass" (P) should be between one-sixth ($1/6$) and one-third ($1/3$) of the class. No more 10% of the class should receive grades of "Honors" (H).

The "Comments" section of the AMC Student Evaluation Form will be divided into two parts, these being the "Summary" and "Advisement" sections. The Summary comments should be the overall assessment of the student including strengths and any persistent weaknesses. The summary comments will be quoted in the MSPE. The Advisement comments are meant for the use of the student and advisor in planning future growth, study and education goals.

Students receiving grades of "F" or "I" for Phase 2 rotations must correct these deficiencies before the start of Phase 3 and students must achieve a passing score on all NBME subject examinations prior to the start of Phase 3.

Students who receive grades of "F" or "I" for Phase 3 courses and/or clerkships must correct these deficiencies in accordance with the recommendation of the course director and the Medical Student Progress & Advancement Committee (MSPAC). Remedial action may include repetition of all or part of the course work, possibly requiring withdrawal from other courses and/or clerkships.

H. Clerkship Grade Appeals

Students may appeal a Clerkship grade. The appeal **must** be made in writing directly to the Clerkship Director. The Clerkship Director may: recalculate the numerical grade, review the final examination or clinical examination grade, or clarify comments or input from preceptors or residents on the clinical rotation. The Clerkship Director does not have to show the student all their evaluation sheets but must summarize the contents. Students should not meet with Clerkship Preceptors or residents to question evaluations without the approval of the Clerkship

ALBANY MEDICAL COLLEGE GUIDELINES FOR PROMOTIONS COMMITTEES, DISCIPLINARY HEARING PANELS, & APPEALS COMMITTEE

Director. All disputes regarding grades should be mediated / coordinated by the Clerkship Director.

If a student is dissatisfied with the results of the discussions with the Clerkship Director, then he/she may request that the Department Chair review the issue. This request must be in writing. If a student still is dissatisfied, the student must detail their dissatisfaction in a letter to the Deans Committee, which consists of the Senior Associate Dean of Academic Administration and the Associate Deans in the College, within one month after grades are distributed. The Senior Associate Dean will arrange a forum that includes the Clerkship Director, the Chair of the department, the Associate Dean of Medical Education, and the other members of the Deans Committee. The Committee will be chaired by the Senior Associate Dean of Academic Administration or his/her designee. All parties may present their positions and discuss the issues. The meeting will result in a final grade determination. Furthermore, a student who has exhausted all these procedures to appeal a clinical grade and is still dissatisfied has the right to put a letter stating their dissatisfaction with the grade into their official academic file.

XII. ALBANY MEDICAL COLLEGE GUIDELINES FOR PROMOTIONS COMMITTEES, DISCIPLINARY HEARING PANELS, & APPEALS COMMITTEE

The Faculty of Albany Medical College has a responsibility not only to its students but also to the public that its students will eventually serve. A core part of that responsibility is to see that our students perform in a manner consistent with the most appropriate standards of scholarship and professional behavior accepted by society and the medical profession. It is sometimes necessary for the faculty to consider instances in which students appear not to meet an appropriate level of professional competence or performance, whether due to inadequate scholastic achievement or unprofessional behavior. These guidelines have been established so that such students may be treated fairly and judged in a reasonably consistent manner. The ultimate responsibility for decisions affecting the status of any student has been delegated by the Trustees of the Albany Medical College to the Academic Governing Council. The Council has, in turn, delegated that responsibility to standing and ad hoc committees of the faculty (categorized as “promotions committees”), such as the Medical Student Progress & Advancement Committee (MSPAC), Disciplinary Hearing Panels, the Student Honor Committee* and the Committee on Student Appeals. The Committee on Student Appeals is a subcommittee of the Academic Governing Council.

ALBANY MEDICAL COLLEGE GUIDELINES FOR PROMOTIONS COMMITTEES,
DISCIPLINARY HEARING PANELS, & APPEALS COMMITTEE

A. Definitions:

1. **Phase 1** refers to the 18-month Scientific Foundation phase of the curriculum – use course/block to indicate submission of final grade.
2. **Phase 2** refers to the Core Clinical Experiences – use clerkship to indicate submission of final grades.
3. **Phase 3** refers to Advanced Clerkships – use clerkship to indicate submission of final grades.
4. **Longitudinal Courses/Clerkships** – CSK (Clinical Skills), HCS (Health, Care, and Society), LEBHC (LaGrange Evidence Based Health Care)

B. Synopsis of Grading System and Guidelines for MSPAC

i. Reporting of Grades

1. **Phase 1**
 - a. Student grades should be **posted on the One45 platform no later than seven days** after the end of a course/block.
 - b. Evaluations of professional behavior, including but not limited to attendance, attitude, integrity, and ethical conduct, may be forwarded to MSPAC by faculty conducting courses in Phase 1 of the curriculum.
2. **Phase 2 and Phase 3**
 - a. Student grades should be posted **no later than four weeks** after the end of a required course, clerkship, selective, or elective on the One45 platform. A mandatory faculty evaluation of student overall performance, including evaluation of professional competence demonstrated by academic achievement, attitude, integrity and ethical conduct, will be recorded for students in Phase 2 and 3.
 - b. Evaluation of professional behaviors will be included in assignment of grades.
3. Grades posted on the One45 platform will be transferred to Student Records.

ii. Grade Definitions

1. **Phase 1** – Final grades permitted are:
 - a. Honors (H)
 - b. Pass (P)
 - c. Fail (F)
 - d. The grade of I (Incomplete) may be assigned if a student has not completed all requirements at the time of course/block completion. A grade of Incomplete

ALBANY MEDICAL COLLEGE GUIDELINES FOR PROMOTIONS COMMITTEES,
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must have prior approval of the Dean's Office designee. The Office of Student Records will be notified of the Incomplete grade. Within two (2) weeks of receipt of an Incomplete grade, the student must have a plan approved by the course director that will allow completion of requirements. The plan must be registered in the Office of Student Records. Failure to develop an approved plan within 2 weeks or failure to complete the requirements based on such a plan will result in the assignment of a grade of Fail (F).

e. Longitudinal Courses (CSK, LEBHC, HCS) will be graded P (Pass) or F (Fail).

2. Phase 2/3 -Final grades permitted are:

- a. Honors (H)
- b. High Pass (HP)
- c. Pass (P)
- d. Marginal (M)
- e. Fail (F)
- f. Longitudinal Courses (CSK, HCS, LEBHC) will be graded P (Pass) or F (Fail).
- g. The grade of I (Incomplete) may be assigned if a student has not completed all requirements at the time of clerkship completion. A grade of Incomplete must have prior approval of the Dean's Office designee. The Office of Student Records will be notified of the Incomplete grade. Within two (2) weeks of receipt of an Incomplete grade, the student must have a plan approved by the required or elective clerkship director or longitudinal course director that will allow completion of requirements. The plan must be registered in the Office of Student Records. Failure to develop an approved plan within 2 weeks or failure to complete the requirements based on such a plan will result in the assignment of a grade of Fail (F).

3. A student who does not take an examination in a course/block/clerkship and does not have permission from the proper authority as outlined in the document entitled "Rules of Classroom Activities" will receive a grade of 0 on the examination and a Final grade of Fail (F) for the course/block /clerkship.

iii. Guidelines for Grade Designation

1. **Phase 1** (based on final percent scores)
 - a. Honors (H) – top 15% of the class at the end of a block/course
 - b. Pass (P) – a final score of $\geq 60\%$
 - c. Fail (F) – a final score of $< 60\%$
2. **Phase 2/3**
 - a. Honors (H); High Pass (HP); Pass (P); Marginal (M); Fail (F).

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- b. The fraction of grades above the “Pass” (P) level should be between one-sixth (1/6) and one-third (1/3) of the class. No more than 10% of the class should receive grades of “Honors” (H).
- c. Grades of Marginal (M) and Fail (F) are determined by the individual course and clerkship director. This determination is based on inability to meet minimum competency standards.

C. Class Rank

1. **Phase 1:** Class rank of all students will be computed based on the final numerical grades/z-scores received in non-longitudinal courses/blocks. Class rank will be based on the original final grades a student receives and NOT the grades received through remediation or repeat of the course/block. When remedial work has been required for a course/block, and has been successfully completed, the official transcript will reflect the original letter grade followed by a ‘P’ for ‘Pass’, e.g., F/P. A student’s class rank and numerical grades will be protected by the Administration in the same manner that all grades are currently protected.
 - a. **Scholastic Excellence** will be given to students in the top 15% of the class after completion of Phase 1 of the curriculum.
2. **Phase 2:** Class rank of all students will be computed based on the final numerical grade received in non-pass/fail course/clerkships. Class rank will be based on the original final numerical grades a student receives and NOT the grade received through remediation or repeat clerkship/course. When remedial work has been successfully completed, the official transcript will reflect the original grade followed by a “P” for “Pass, “ e.g., M/P or F/P. A student’s class rank and numerical grade will be protected by the Administration in the same manner that all grades are currently protected.
 - a. **Scholastic Excellence** will be given to students in the top 15% of the class after the completion of the Phase 2 curriculum.
3. **MSPE:** Class rank of all students for the purpose of the MSPE (Medical Student Performance Evaluation) will be computed based on numerical grades received in Phase 2 of the curriculum. Class rank will be based on the original final numerical grades a student receives and NOT the grades received through remediation or repeat of a clerkship. Class rank will be divided into quartiles and reported as such on the MSPE.
4. **Graduation:** Class rank of all students for the purpose of honors at graduation will be computed based on numerical grades received in Phase 1 and Phase 2 of the curriculum. Class rank will be based on the original final numerical grades a student receives and NOT the grades received through remediation or repeat of a course/block /clerkship. Class rank will determine Summa Cum Laude, Magna Cum Laude, and Cum Laude designations for graduation.

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**D. Operation of Medical Student Progress & Advancement Committee
(MSPAC)**

1. The Dean, or the Dean's designee, shall appoint the Chair, Vice Chair, and members of each Promotions Committee. Neither the Chair nor the Vice Chair need be a course/block or clerkship director.
 - a. Voting members of the Medical Student Progress & Advancement Committee (MSPAC) shall, generally, be drawn from among the course directors, block leaders, clerkship directors, and other faculty actively engaged in undergraduate medical education.
 - i. There shall be eleven (11) voting members.
 - ii. Members of the Academic Governing Council may serve on MSPAC only if they are course or clerkship directors.
 - iii. Non-voting members are invited guests including, but not limited to, the Advising Deans of students under review of the committee for potential voting action, the Senior Associate Dean of Academic Administration, Associate Dean of Medical Education, Assistant Dean for Medical Education, Associate Dean for Student Affairs, Director of Student Affairs, Registrar and Associate Registrar.
2. MSPAC shall meet monthly or as needed.
3. A quorum, defined as one-half of the voting membership of the Committee, plus one (total of seven (7)) must be present for the MSPAC to conduct official business. In absence of a quorum, the Senior Associate Dean of Academic Administration may be considered a voting member.
4. Decisions of the committee are made by a majority vote of the members present at an official meeting.
5. MSPAC members must recuse themselves from voting if there is a conflict of interest. This includes, but is not limited to, being the course director for course/clerkship/block for which the student was referred to MSPAC. Recused members do not count toward the quorum for that vote and voting must be deferred if quorum is not otherwise met.
6. Executive Committee of MSPAC is composed of the Chair and Vice Chair of MSPAC, the Associate Registrar, the Assistant Dean for Medical Education for Phase 1 and the Associate Dean of Medical Education. The Executive Committee is ONLY empowered to assign designations that are NOT adverse actions (Academic Concern and Academic Warning ONLY). All assigned designations must be reported to the full MSPAC.
7. Review of Phase 1 grades:
 - a. The Executive Committee of MSPAC will review all interim grades during Phase 1. Interim designations of Academic Concern and Academic Warning will be assigned to those students whose interim grades qualify them for such a

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- designation. This is NOT an adverse action, but an interim designation intended to identify students “at risk” to provide support and resources for student success.
- b. MSPAC will act on adverse actions, e.g., probation status and repeat of year, with final grades for Phase 1 of the curriculum.
 - c. All students who meet criteria for Academic Probation or Repeating the year or dismissal will have the opportunity to provide additional information to MSPAC prior to any vote. This can be in the form of a written narrative or attending the portion of the MSPAC meeting where their status will be discussed. The student’s Advising Dean will be required to attend the MSPAC meeting during which the student’s status will be discussed. Students will be invited to participate no fewer than seven (7) days prior to the MSPAC meeting during which their performance will be discussed.
8. Review of Phase 2 and Phase 3 grades:
- a. MSPAC will review all grades of Marginal (M) or Fail (F) for Phase 2 & Phase 3 and all students with MORE than three National Board of Medical Examiners (NBME) clerkship subject exam failures.
 - b. The Executive Committee of MSPAC will review all students with two NBME clerkship subject exam failures to assign designation of Academic Concern.
 - c. The Executive Committee of MSPAC will review all students with three NBME clerkship subject exam failures to assign designation of Academic Warning.
 - d. All students who meet criteria for Academic Probation or Repeating the year or dismissal will have the opportunity to provide additional information to MSPAC prior to any vote. This can be in the form of a written narrative or attending at the portion of the MSPAC meeting when their grade(s) will be discussed. The student’s Advising Dean will be required to attend the MSPAC meeting during which the student’s grade will be discussed. Students will be invited to participate no fewer than seven (7) days prior to the MSPAC meeting during which their performance will be discussed.
9. MSPAC actions will be promptly communicated in writing to the student and respective advising dean after each meeting by the registrar’s office.

E. Designations Assigned by MSPAC

i. Academic Concern

1. **Definition:** An institutional designation given to students who meet criteria as outlined below with the goal of identifying students at increased risk of adverse action and providing early intervention and support.
2. **Criteria for designation:**
 - a. **Phase 1:**

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- i. If course has 3 exams, academic concern is given if student fails 1st exam.
 - ii. If course has 4 or more exams, academic concern is given after 2nd exam if average of 1st and 2nd is failing.
 - b. **Phase 2 and 3:** Two failing performances on NBME clerkship subject exams.
- 3. Remediation requirements:**
- a. **Phase 1:** none
 - b. **Phase 2 and 3:** Students must retake all failed NBME clerkship subject exams to achieve a passing score on each examination. Students must complete all Phase 2 remediations to be promoted to Phase 3 with all remediations due by end of spring term unless student is otherwise decelerated.
- 4. Follow-up after designation assigned:**
- a. Letter sent to student and their advising alerting them to designation.
 - b. Referral to learning specialist, counseling or other resources to support student success.
 - c. Student must schedule meetings with advising dean AND appropriate Dean of Medical Education.
- 5. Removal of designation**
- a. **Phase 1:** Final grade is Pass (P) or above.
 - b. **Phase 2/3:** Successful remediation of all NBME clerkship subject exams.

ii. Academic Warning

- 1. **Definition:** An institutional designation given to students who meet criteria as outlined below with the goal of identifying students at increased risk of adverse action and providing early intervention and support.
- 2. **Criteria for designation:**
 - a. **Phase 1:**
 - i. If course has 3 exams, academic warning is given after 2nd exam if the average of the 1st and 2nd exams is failing.
 - ii. If course has 4 or more exams, academic warning is given after the 3rd exam if the average of the 1st, 2nd, and 3rd exams is failing.
 - iii. If a student receives designation of Academic Concern during two concurrent courses/blocks.
 - b. **Phase 2/3:**
 - i. Failing grade on three (3) NBME clerkship subject exams.
 - ii. Final grade of Marginal (M) in one (1) course/clerkship.
- 3. **Remediation required:**
 - a. **Phase 1:** None
 - b. **Phase 2 & 3:**

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- i. Students must retake all NBME clerkship subject exams to achieve a passing score on each examination. Students must complete remediation to be promoted to Phase 3 with all remediations due by the end of spring term unless student is otherwise decelerated.
- ii. No remediation is required for Academic Warning due to one (1) Marginal in a clerkship/course.

4. Follow-up after designation assigned:

- a. Letter sent to student and their advising dean alerting them to designation.
- b. Referral to learning specialist, counseling, or other resources to support student success.
- c. Student must schedule meetings with their advising dean AND the appropriate Dean of Medical Education.

5. Removal of designation:

- a. **Phase 1:** Final grade in course is Pass (P) or above.
- b. **Phase 2/3:**
 - i. Successful passing of NBME clerkship subject exams (if designation is related to failure of such exams).
 - ii. At the end of the academic year (if designation is related to receiving a Marginal in a clerkship/course).

iii. Academic Probation

- 1. **Definition:** A designation given to a student who meets criteria as outlined below. This designation is noted on the student's official transcript.

2. Criteria for designation:

- a. **Phase 1:**
 - i. Final grade of Fail (F) in a block/course OR
 - ii. Accumulation of more than one Incomplete with previous Academic Concern and/or Academic Warning designation
- b. **Phase 2/3:**
 - i. Final grade of Fail (F) in a clerkship.
 - ii. Final grade of Marginal (M) in two or more clerkships.
 - iii. Accumulation of more than one incomplete with previous Academic Concern and/or Academic Warning designation.
 - iv. Four (4) failing grades on NBME clerkship subject exams.
- c. Students meeting criteria for Academic Probation will have the opportunity to provide additional information to MSPAC prior to any vote. This can be in the form of a written narrative or presentation at the portion of the MSPAC meeting when their grade will be discussed. The student's advising dean will be required to attend the MSPAC meeting during which the student's grade will be discussed.

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Students will be invited to participate no fewer than seven (7) days prior to the MSPAC meeting during which their performance will be discussed.

3. MSPAC decisions and required remediation:

a. Phase 1:

i. Decisions of MSPAC will include one of the following:

1. For one FINAL grade of Fail (F) in block/course in Phase 1, the student will remediate the block/course during the summer or prior to Step 1 dedicated study period (depending on if student is MS 1 or MS2, respectively).
2. For two FINAL grades of Fail (F) in block/courses (August to May of Year 1 OR August to December of Year 2) in Phase 1, the student will be required to repeat the August to May of Year 1 OR August to December of Year 2 of the Phase 1 curriculum with the next class.
3. For more than two FINAL grades of Fail (F) in block/courses in Year 1 of the Phase 1 curriculum, the student may need to repeat the entire year.
4. For more than 1 (one) incomplete with designation of Academic Concern and/or Academic Warning in Phase 1 of the curriculum, the student may need to repeat the entire year.
5. MSPAC may choose not to offer remediation if it considers the deficiency to be one that is not amenable to remediation.

b. Phase 2/3:

i. Decisions of MSPAC will include one of the following:

1. For one Final grade of F or 2 M grades in Phase 2 or Phase 3, the student will remediate the clerkship designated by MSPAC after completion of the year at a time and manner determined by the clerkship in consultation with the Associate Dean of Medical Education.
2. For more than one Final Grade of F or more than 2 M grades in Phase 2/3, the student will repeat the year in its entirety. This will require the student to delay graduation by one year.
3. MSPAC may choose not to offer remediation if it considers the deficiency to be one that is not amenable to remediation.

4. Follow-up after MSPAC vote:

- a. A letter will be sent to the student and their advising dean alerting them to the MSPAC decision. This letter must include the need for students to receive permission from MSPAC to do away electives (see section F below).
- b. Referral to learning specialist, counseling, or other resources to support student success.

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- c. Student must schedule meetings with their advising dean AND the appropriate Dean for Medical Education.

5. Removal of designation:

- a. Must be voted on by MSPAC.
 - b. Academic Probation status will continue until the student successfully meets remediation requirements OR
 - c. does not meet requirements, therefore necessitating consideration of repeating the academic year or dismissal.
 - d. After successful remediation, students will be removed from Academic Probation and promoted to the next academic year or phase OR
 - e. In exceptional circumstances, the student may be promoted to the next academic year but remain on probation.
6. All students who have been on Academic Probation must receive permission from MSPAC to do away electives.

iv. Non-academic Concern, Warning or Probation

The Status of Non-Academic Concern, Warning, or Probation shall be based on reports relating to attendance, attitude, integrity and ethical conduct or other measures of professional conduct.

- 1. Course/Block or Clerkship Directors may write a letter to MSPAC outlining non-academic issues relating to attitude, integrity and/or ethical conduct of professionalism. Supporting data must be documented and sent with the letter. Supporting data can include, but not be limited to, feedback, emails, supporting letters from faculty/staff/peers, timestamps, photos/videos, etc.
- 2. The student who was referred to MSPAC for any of the above non-academic concerns will have the opportunity to provide additional information to MSPAC prior to any vote. This can be in the form of a written narrative or presentation at the portion of the MSPAC meeting when their conduct will be discussed. The student's Advising Dean will be required to attend the MSPAC meeting during which the student's conduct will be discussed.
- 3. MSPAC will deliberate after reviewing all evidence and may issue a letter of non-academic status after determining the severity and pattern of unprofessional behavior.
- 4. MSPAC may recommend to the Dean or the Dean's designee that such behavior be investigated for possible disciplinary action which may include dismissal.
- 5. Students who have been on Non-Academic Probation must receive permission from MSPAC to do away electives.

F. Remediation of Fail (F) and Marginal (M) Grades

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1. Remediation of a Fail (F) or Marginal (M) grade may be accomplished, at the discretion of MSPAC as described above, by reexaminations or other required remedial work to be determined by course/block leaders. The opportunity to remediate may be granted only by the action of MSPAC.
 - a. **Phase 1:** Students may be granted the opportunity to remediate no more than one grade of F.
 - b. **Phase 2 or 3:** Students may be granted the opportunity to remediate an M or F grade in no more than one clerkship. Remediation is not required for a single grade of M if all other grades are satisfactory (Pass or above).
2. Guidelines for the administration of re-examination and remediation:
 - a. In Phase 1 of the curriculum, the remediation will be determined by MSPAC in collaboration with the course director/block leader and the Assistant Dean of Medical Education for Phase 1.
 - b. Remediation of a block/course in Phase 1 will require a written examination(s) that may include a practicum. The reexamination will be comparable in form and degree of difficulty to that administered in the block/course. For successful remediation, the student must achieve a score determined by the block leaders.
 - c. In the Phase 1 curriculum, a student may not be re-examined earlier than three (3) weeks after the end of the year.
 - d. Remediation and re-examination shall take precedence over any other summer plans a student shall have made.
 - e. In Phase 1, a student shall be entitled to only one opportunity to be re-examined in any one course/block per year.
 - f. In Phase 2 or Phase 3 of the curriculum, remediation will be determined by MSPAC in collaboration with the Clerkship Director and the Associate Dean of Medical Education upon consideration of the nature and extent of the deficiency. Students may be asked to take an exam over or repeat any portion or all components of a clerkship, including the entire clerkship.
 - g. Upon successful completion of the remedial work, the transcript will show the original grade/pass (e.g., "F/P").
 - h. Unsuccessful remediation of the course/block/clerkship may result in repeat of the year/academic phase or dismissal by MSPAC. The transcript will show the original grade/fail (e.g., "F/F").
3. Guidelines for repeating the Academic Year/Phase:
 - a. For students repeating a year in Phase 1 curriculum, MSPAC may consider the following guidelines:
 - i. Students receiving failing scores midway through a block will receive interim designations of Academic Warning instead of Academic Concern from the Executive Committee of MSPAC during a repeat year.

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- ii. Students may be dismissed upon receipt of a grade of F in a course/block during a repeat year.
- b. For students repeating a year in the Phase 2 or 3 curriculum, MSPAC may consider the following guidelines:
 - i. Students may be dismissed upon receiving a grade of F OR more than one grade of M in clerkships during a repeat year.
 - ii. Students may be granted the opportunity to remediate one M grade.
- c. All students who are being considered for dismissal during a repeat year will have the opportunity to provide additional information to MSPAC prior to any vote. This can be in the form of a written narrative or presentation at the portion of the MSPAC meeting when their potential dismissal will be discussed. The student's advising dean will be required to attend the MSPAC meeting during which the student's potential dismissal will be discussed. Students will be invited to participate no fewer than seven (7) days prior to the MSPAC meeting during which their performance will be discussed.
- d. Students matriculated for the MD degree at Albany Medical College will not be permitted to repeat more than one of the three academic phases.
- e. All students who are repeating a phase/academic year will receive a letter from the MSPAC chair to communicate the above stated guidelines. This letter will be copied to the Registrar, appropriate Phase Dean and the student's advising dean.

G. Promotion to the Next Year

Upon completion of each academic year, students who have successfully completed all academic requirements will be considered for promotion to the next year or for graduation.

H. Appeal of Repeat of Year or Dismissal Decisions

MSPAC only determines repeat of year/phase or dismissal after a designation of Probation. As noted above, prior to the designation of Probation, students have the opportunity to provide additional information to MSPAC. This can be in the form of a written narrative or presentation at the portion of the MSPAC meeting when their conduct is discussed. The student's Advising Dean will be required to attend the MSPAC meeting during which the student's conduct will be discussed.

When MSPAC determines that a student must repeat an academic year/phase, or be dismissed, that student shall be notified in writing. The student may request in writing within 10 business days that the case be reviewed by the Committee on Student Appeals. Student letters should be addressed to the Dean or the Dean designee and address the questions under Section VIII, Paragraph E (i, ii, iii) as the basis for the appeal.

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I. Committee on Student Appeals

1. The Committee on Student Appeals shall consider appeals from students of sanctions imposed by the MSPAC, the interaction of the Student Honor Committee and the Dean pursuant to the Student Honor Committee recommendations, or a Disciplinary Hearing Panel.
2. The Committee on Student Appeals may, in its sole discretion, decide whether to hear the appeal and, if so, whether to hear it in depth as provided in Paragraph E immediately below or conduct a formal hearing. At minimum, however, the Committee shall consider the student record as well as any relevant substantive information the student may offer within his or her appeal request.
3. The Committee shall be a subcommittee of the Academic Governing Council appointed by and serving at the pleasure of the Dean and shall be composed of five (5) members of that Council, chaired by one of these members as designated by the Dean. To provide the appropriate continuity in the deliberations of this standing committee, there will be no fixed terms for its members. Membership shall, however, be reviewed annually by a committee composed of the Dean, the Senior Associate Dean of Academic Administration, and the appropriate deans for Student Affairs and Medical Education.
4. A diligent effort shall be made to schedule a meeting of the Committee on Student Appeals not less than three (3) nor more than 12 calendar days following actual receipt of the student's request for an appeal.
5. The Committee on Student Appeals shall not try a case or otherwise conduct its business in an adversarial fashion. If the Committee exercises its discretion to hear the appeal in depth, it shall consider only the written material submitted by the student, written documentation from the MSPAC, the student record, and in some cases additional information collected by the Committee in connection with any formal, non-adversarial hearing it may convene or any personal appearance by the student or any other person(s) the Committee or its designee(s) may decide to interview. **The Committee may only consider the following questions to guide its deliberations:**
 - a. Were the requisite sanction procedures followed appropriately up to the time of the appeal?
 - b. Is there any potentially useful evidence that had not been available for consideration?
 - c. Was the sanction imposed in good faith and neither arbitrary, capricious nor clearly unreasonable?
6. On appeals from actions of the MSPAC, the Committee on Student Appeals shall report within 24 hours, in writing, the results of its determination to the Senior Associate Dean for implementation. The Senior Associate Dean shall notify the student involved.

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7. On appeals from actions of the Student Honor Committee, or Disciplinary Hearing Panel, the Committee on Student Appeals shall report within 24 hours, in writing, the results of its determination to the Senior Associate Dean or the Dean's designated representative and the student(s) involved.
8. If it has considered the appeal in depth, the Committee on Student Appeals shall report separately on each of the three questions it is to consider (Paragraph E i, ii, iii) and may confirm the prior action or recommend to the Dean or the Dean's designee a rehearing of the case by the initiating body, a modification of the determination, or a modification of any sanctions imposed.
9. The Dean shall then make final and binding disposition of the matter concerning Student Honor Committee actions, and Disciplinary Hearing Panel actions.

J. Disciplinary Hearing Panels

1. There will occasionally be incidents or reports of conduct on the part of a student occurring outside the academic realm or usual purview of Albany Medical Center that cannot be resolved through interaction of the MSPAC or the Student Honor Committee and that may raise serious questions about the fitness of the student to continue in the study and eventual practice or teaching of medicine. Such matters shall first be referred to the Dean or the Dean's designee, who shall undertake an investigation, with which the student shall be required to fully cooperate, and thereafter recommend appropriate action. If that recommendation is for dismissal, or if the Dean or the Dean's designee considers the matter of sufficient moment, the Dean or the Dean's designee may convene a Disciplinary Hearing Panel to consider all aspects of the matter. The subject student is entitled to a hearing before a Disciplinary Hearing Panel (DHP) under these circumstances in order to present his or her case. The student must make a written request for a DHP hearing within five business days of such recommendation or be deemed to have waived it.
2. The DHP shall consist of seven (7) members as follows: three (3) faculty members of the Academic Governing Council, three (3) other tenured faculty, and the President of the Student Council. If a quorum of five (5) faculty members of the DHP is not available, the Dean may appoint ad hoc members for a meeting. If the President of the Student Council is unable to attend a meeting, the Vice President of the Student Council may substitute. The Dean shall appoint a Chair from the membership for each case.
3. Faculty members of the DHP shall serve three-year terms with two members being replaced each year. To establish this rotation, the Committee shall initially have two faculty members serving one-year terms, two serving two-year terms and two serving three-year terms. No member of the Committee may serve more than two consecutive terms.

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4. To derive sufficient information upon which to base a recommendation, the DHP may interview the student and any other person appropriate to the matter at hand.
5. The DHP hearing shall be conducted in most cases according to the following general guidelines, which shall be subject to adjustment at the reasonable discretion of the Chair.
6. A reasonable attempt shall be made to notify the student in writing by personal delivery or by certified mail to their last local address as shown in the records of the College that the DHP will conduct a hearing. The notice shall contain a full and fair summary of the information or charges against the student, sufficient to enable the student to formulate a response, as well as notice as to the date, time and location of the hearing.
7. A diligent effort shall be made to schedule the hearing for not less than seven nor more than 21 calendar days following personal delivery or certified mailing of the notice.
8. The notice of the hearing shall (through sending the student these guidelines) inform the student of the following:
 - a. The student has the right to be present at the hearing and is, in fact, expected to be present.
 - b. The student may be accompanied at the hearing by legal counsel (one person) and, in addition, by their faculty advisor. The legal counsel may confer with and advise the student but may not interfere with or participate in the proceedings. The student's counsel shall not interview witnesses.
 - c. The College may have legal counsel present to confer with and advise the Committee and College personnel, but such counsel may not interfere with the proceedings and shall not interview witnesses.
 - d. A record or transcript will be made of the hearing, and the student has the right to review such record or to obtain a copy or copies of such record upon payment of the cost of its reproduction.
 - e. The student has the right to present such evidence, testimony, affidavits, exhibits, and witnesses as are relevant to the stated purposes of the hearing or to the charges upon which the recommendation for the hearing was based.
 - f. Prior to the hearing, the student has the right to review their official student record as defined by applicable law and any additional material upon which the recommendation for the hearing has been based. Copies of items in the student record and copies of other pertinent materials may be obtained by the student upon payment of the reproduction costs.
9. Upon completion of the evidentiary portion of the hearing, the DHP shall proceed in executive session to determine the validity of the charge(s) and to recommend to the Dean appropriate action, as decided by simple majority vote. A minority report may, if desired, also be presented to the Dean. The minutes of the DHP in executive session shall not constitute part of the record of the hearing. Only the vote reached in such a session shall be included in the record. If a request is made for a minority report to the Dean, that fact, too, shall be included.

10. The recommendation of the DHP shall be transmitted in writing within 72 hours of the adjournment of the executive session of the hearing to the Dean and to the student(s) involved. The letter of notification to the student(s) shall inform them of the right to apply in writing within 7 days to the Chair of the Committee on Student Appeals for permission to appeal the decision of the DHP. Failure to submit such application within the specified time period shall constitute a waiver of the student's right to further appeal.

K. Interim Actions

At any time during the preliminary investigation process, the hearing process or the appeals process, the Dean or the Dean's designee may suspend or remove a student from normal academic activities if such action is deemed to be in the interest of maintaining the normal function and atmosphere of the College. Such suspension or removal shall automatically be reviewed at the time of the next proceeding in any case and a recommendation for its continuation or termination made to the Dean.

Upon recommendation of any of the individuals or committees listed below, the Dean or the Dean's designee may require appropriate educational, psychometric, or medical evaluation of a student to help determine his or her academic, behavioral, or emotional fitness for continuation as a medical student:

- The appropriate Dean for Academic and Student Affairs
- The appropriate Dean for Medical Education
- Medical Student Progress & Advancement Committee
- Disciplinary Hearing Panel
- Committee on Student Appeals

XIII. STUDENT PROGRESS

A. Change In Student Status

Any change of status, such as Leave of Absence, Deceleration, or Withdrawal, (as defined below) must first be approved by a student's Advising Dean and/or the Senior Associate Dean of Academic Administration. All requests for a status change must be accompanied by an AMC Status Change Request Form, which is provided by the Registrar. Upon completion, the student must submit the completed form to the Registrar's office for final approval.

B. Leave of Absence

Students are expected to follow a continuous course of study at Albany Medical College. However, a student may wish or need to interrupt his or her study temporarily. Students may request, or be required, to take a Leave of Absence (LOA).

A student who wishes or needs to interrupt study temporarily because of personal circumstances, such as physical or mental illness or injury, academic circumstances, or to engage in research or other degree programs may request a *personal* LOA. In the case of illness or injury, a student may be granted a *medical* LOA with the approval of their Advising Dean and/or the Senior Associate Dean of Academic Administration, on the written recommendation of a physician. A letter stating their readiness to return to class will be required. Students requesting to engage in research or to participate in a graduate degree program must provide documentation to their Advising Dean.

i. Leave of Absence Process

To request a LOA, the student must meet with their Advising Dean and/or the Senior Associate Dean of Academic Administration, explain the reasons for the proposed leave and propose the start and end dates of the leave. If they both find the student to be eligible and approve the request, the student must complete the AMC Status Change Request Form with the Registrar, their Advising Dean, and either the Assistant Dean for Phase 1 Medical Education or the Associate Dean of Medical Education. Upon completion, the student must submit the form to the Registrar's office for final approval.

A student who does not request a personal LOA but does not participate in the academic program they were admitted to, or whose request for a personal leave is denied and does not enroll in courses, will be considered to have withdrawn from the school effective as of their last date of recorded academic activity.

Albany Medical College reserves the right to place a student on a LOA when, on the recommendation of an Administrative Psychiatric Evaluation, the Advising Dean and/or the Senior Associate Dean of Academic Administration determines that the student is a danger to themselves or others because of a serious medical or psychiatric problem.

ii. Leave of Absence Policies

1. A student may be granted an LOA for a maximum of one year with possible extension for one additional year. Any approved leave will be for a specified period and during this period the student will not be considered to be enrolled.

2. A student on an LOA is not eligible for financial aid, including loans; and in most cases, student loans are not deferred during periods of non-enrollment.
3. A student on an LOA in a given academic program may not fulfill any degree or curricular requirements in the same academic program during the time on leave.
4. A student on an LOA is still eligible to use any AMC facilities normally available to enrolled students, including the library.
5. A student on an LOA may continue to be enrolled in AMC Health Insurance by making arrangements through the Office of Student Affairs. Coverage is not automatic. In order to secure continuous coverage from AMC, enrollment in this plan must be requested prior to the beginning of the term in which the student will be on leave or, if the leave commences during the term, within thirty (30) days of the date when the leave is approved.
6. A student on an LOA must notify the Registrar in writing of his or her intention to return at least thirty (30) days prior to the documented end date of the approved leave. In addition, if the returning student wishes to be considered for financial aid, he or she must submit appropriate financial aid applications to the school's Financial Aid Office to determine eligibility.
7. Prior to returning to AMC, all students must satisfy all stipulations for return outlined on the AMC Status Change Request Form.
8. Any additional changes to a student's LOA (e.g., extension, change of circumstances) must be approved by the student's Advising Dean and/or the Senior Associate Dean of Academic Administration. Once approved, a new AMC Status Change Request Form must be submitted to the Registrar's Office.
9. A student on an LOA who either does not notify the Registrar at least thirty (30) days prior to the documented end date of the leave that they are returning from, or does not return at the end of the approved leave, or does not request and receive an extension from their Advising Dean or the Senior Associate Dean of Academic Administration, will be administratively withdrawn from the Albany Medical College.

iii. Extended Curriculum Leave of Absence

A medical student in good standing, with permission from their Advising Dean and/or the Senior Associate Dean of Academic Administration, may choose to interrupt their program to pursue other academic endeavors (MPH, research, etc.) and take an *Extended Curriculum* LOA.

The general policies governing all LOA's are described above. Once approved, the student must provide a completed AMC Status Change Request Form to the Registrar's Office for final approval. This paperwork will include the specific start and end dates of the academic program, and the student is expected to get approval from their Advising Dean before any changes to this plan can be made.

iv. Academic Leave of Absence

Any student that the Medical Student Progress & Advancement Committee (MSPAC) has determined shall repeat any academic year due to not satisfying curricular requirements will be granted an Academic LOA until the start of the next academic year. The general policies governing all LOA's are described above. An AMC Status Change Request Form must be completed for an Academic LOA.

C. Curricular Adjustment for Parental Leave

Students may request an official leave of absence for the birth, fostering, or adoption of a child, utilizing the leave of absence protocol found in this document. Parental leave may be for a whole year or part of a year. Students may negotiate curricular time adjustments with their Advising Dean and the Assistant Dean for Phase 1 Medical Education or the Associate Dean of Medical Education, as appropriate. It is possible to arrange to take any year over two years as one method of accommodation. Each case will be considered individually.

D. Administrative Psychiatry Review

An Administrative Psychiatric Review may be required for a student to continue in the Undergraduate Medical Education program for one of the following reasons:

1. Academic performance may be influenced by emotional, psychological or social issues that may need to be addressed in order to ensure completion of the requirements for the M.D. degree.
2. There may be occasions when a student's professional demeanor or personal behaviors and activities may raise serious questions about the individual's ability to pursue a career in medicine.

The psychiatric evaluation must be performed by a Board-Certified Psychiatrist. The individual being reviewed must understand that the evaluation is not a confidential medical record but rather a summative report that is utilized to determine a plan of action necessary to allow the individual to successfully complete the course of study. The summative report becomes part of the student's confidential academic record. Failure to undergo an Administrative Psychiatry Review may result in dismissal from the Medical School. Failure to adhere to any ongoing recommendations or requirements determined by an Administrative Psychiatric Review may also result in dismissal.

E. Satisfactory Academic Progress

A student must fulfill both of the following criteria to be making satisfactory academic progress (SAP):

1. **Time to Degree:** MD students must complete their degree requirements within six years. Any time spent on a leave of absence will be included in the total time to graduation. Maximum time to graduation will be individualized for students enrolled in the MD-PhD program and for students who pursue other additional degrees while enrolled at AMC. This determination will be made by the Senior Associate Dean of Academic Administration.
2. **Academic Status:** students who are dismissed or withdrawn from the MD program will not be making SAP. Students on Academic Concern, Warning, or Probation are still making SAP. Students on an approved leave of absence or a decelerated curriculum are making SAP unless they will not be able to complete their degree within the time to degree requirements above.

All students are subject to the above requirements, and any student who is not making SAP will be administratively withdrawn. A student who will not be able to complete their remaining degree requirements within the maximum timeframe will be administratively withdrawn. Appeals may be brought to the Deans Committee and may be granted for rare and exceptional circumstances only.

F. Withdrawal

If a student decides not to continue studies at Albany Medical College, it is the student's obligation to officially withdraw through the Registrar's Office. To officially withdraw, the student must do so in writing to the Registrar, either via email sent from the student's AMC

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email account, or via a signed letter. In addition, the student is required to also notify their Advising Dean, the Senior Associate Dean of Academic Administration, and their appropriate Assistant Dean. The effective date of the withdrawal will either be the last date of academic activity (as determined by the Advising Dean) or the date of the letter, whichever is later. In the event that the student is not on campus or is physically unable to complete the form, the student must request alternate arrangements from the Registrar's Office.

XIV. ACADEMIC SUPPORT SERVICES

All students have access to faculty and staff who are dedicated to supporting their academic progress. These individuals include faculty, course directors, Advising Deans, the Learning Specialist, and the Deans of Medical Education. Students experiencing academic challenges may reach out to any of these individuals for guidance and appropriate support, which is individualized based on a student's specific circumstances and needs.

Students may be referred to services and/or individuals within the College for academic support. The Learning Specialist is available to all students, regardless of their academic performance, and the Learning Specialist has no role in making assessment or promotion decisions about students. Students experiencing academic hardship may be referred to additional third-party resources, as appropriate.

XV. PERSONAL COUNSELING/MENTAL HEALTH/WELL-BEING PROGRAMS

Albany Medical College oversees a number of programs and services to support students' well-being and facilitate access to general healthcare, personal counseling, and mental health services. More information about these resources can be found on the public website.

A. Student Health

The Student Health Clinic is part of the Albany Family Medicine practice located at 391 Myrtle Avenue on the third floor. This clinic provides comprehensive primary care and referral to specialty care, if indicated. Students can be seen by providers who do not have a primary role in educational assessment, and other learners will not be involved in student care. Student insurance will be billed for services, and any out-of-pocket expenses may be reimbursed according to our Health Reimbursement Policy.

B. Student Psychological Services

Albany Medical College's Student Psychological Services is staffed by the Department of Psychiatry and is open to all students regardless of insurance coverage or ability to pay. More information is available on the public website.

This office offers:

- Consultation and immediate help during crises
- Individual and group therapy sessions
- Assessments by psychiatrists and assistance with medication
- Evaluation, diagnosis and treatment of mental health conditions and learning disabilities that may impact academic performance.
- Referrals to external resources upon request

C. Student Health Cost Reimbursement

Albany Medical College has a Student Health Cost Reimbursement Policy for current students to reduce financial obstacles to seeking medical care. This program offers partial or full reimbursements for healthcare, prescriptions, dental care, and other services. The full policy can be found on the public website.

XVI. ACCESS TO STUDENT RECORDS

Albany Medical College maintains compliance with the Family Educational Rights and Privacy Act (FERPA) to protect the privacy of student grades and records.

1. Course faculty will be able to access all course, block, and clerkship grades.
2. The student's total file will be available to the Senior Associate Dean of Academic Administration, the Associate Dean of Medical Education, the Associate Dean for Student Affairs, and the Chair of the Medical Student Progress & Advancement Committee (MSPAC).
3. Faculty and Faculty Advisors will need permission from the Senior Associate Dean of Academic Administration or the student to access anything other than course-related data.

4. A student's class rank will be protected by the Administration in the same manner that all grades are protected, and in accordance with FERPA. The College will not share specific class rank information with any student or third party.
5. After graduation and for purposes of letters of recommendations students must sign permission for record accessibility. They may designate the whole file or particular parts of the file.
6. Students may request official transcripts on the public website via the National Student Clearinghouse
7. Students may request unofficial transcripts by contacting the Office of Student Records

A. American Heart Association Transcripts

Students who complete American Heart Association (AHA) trainings (AHA), such as Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) are responsible for maintaining their own records and proof of completion of these certifications. Renewal of BLS, ACLS, and additional AHA certifications for residency will not be provided by the College.

XVII. FINANCIAL AID SERVICES

The Albany Medical College Financial Aid Guide is updated annually and is made available on the public website. The guide contains information about tuition, payment plans, cost of attendance, and the application process for financial aid. Additional resources related to budgeting, financial literacy, and exit counseling are also in the guide. Financial aid personnel are available to meet with students individually to discuss their specific needs.

A. Albany Medical College MD Tuition Policy

All Albany Medical College MD students pay full tuition for each semester that they are enrolled in the College.

B. Albany Medical College MD Institutional Aid Policy

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1. Students who repeat an academic year are eligible to receive an AMC institutional scholarship to cover up to one half of the repeated year's tuition charges. (ZRAID = AMC Remediation Aid)
2. Students who do not repeat an academic year but are enrolled for more than four (4) years (eight semesters) are eligible to receive an AMC institutional scholarship to cover all but \$5,000 for their final (fifth year) of study. (ZAAID = AMC Administrative Fee Aid)
3. Students who repeat an academic year but are enrolled for more than five (5) years (ten semesters) are eligible to receive an AMC institutional scholarship to cover all but \$5,000 of the tuition charges for their final (sixth year – semesters 11 and 12) of study. (ZAAID = AMC Administrative Fee Aid)
4. Students in the MD/PhD program pay full medical school tuition for the first two years of medical school. During years of PhD program participation, the student is eligible to receive an AMC institutional scholarship that covers tuition, AMC (single) health insurance, and institutional fees costs. Upon completion of the requirements for the PhD Program, the student is eligible for an AMC institutional scholarship that covers 100% of the tuition costs for the final two years of medical school. (ZMAID = AMC MD/PhD Scholarship)
5. Students who do not repeat an academic year but who are enrolled for more than four (4) years (eight semesters) and students who repeat an academic year but are enrolled for more than five (5) years (ten semesters) are eligible to request from the Senior Associate Dean of Academic Administration an AMC institutional scholarship to cover up to 100% of tuition costs for their final year(s) of study. (ZX AID = AMC Completion Aid).

C. Balance Payment Policy

All students are required to pay their statement balance or have a payment plan approved by the Director of Financial Aid within two weeks of the start of the term for which they are enrolled. Failure to do so may result in the following penalties: ID badge deactivation, withdrawal from course and clerkship activities, potential change in student status (administrative Leave of Absence,) and/or the inability to graduate from Albany Medical College.

D. Tuition Refund Policy

A student may be eligible for a full or partial refund of tuition based on the number of days past the term start date that they withdraw. The Table below details the refund policy.

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Tuition Refund Policy for MD, PA, NA and Graduate Students		
Effective Date of Withdrawal	Tuition Credited %	Tuition Liability %
Prior to term start	100	0
Day 1-7	100	0
Day 8-14	80	20
Day 15-21	70	30
Day 22-28	60	40
Day 29-35	50	50
Day 36-42	40	60
Day 43-49	30	70
Day 50-56	20	80
Day 57-63	10	90
Day 64+	0	100

Please note, non-attendance of classes does not classify as an official withdrawal and does not relieve the student of the financial obligation or entitle the student to a refund. Under certain circumstances students who take a leave of absence may opt not to take the refund but rather have the funds used toward the payment for the semester in which they return. If a student decides not to officially return from leave of absence, the money can be refunded.

E. Financial Aid Eligibility Requirements Based on Satisfactory Academic Performance

The Albany Medical College is required by law to ensure that students receiving financial aid are making satisfactory academic progress in their degree programs. Satisfactory academic progress is outlined above. If the Medical Student Progress & Advancement Committee (MSPAC) determines that a student does not meet these minimum standards, s/he will be ineligible to receive financial aid assistance. The progress of each student who is working towards a degree will be monitored by the Medical Student Progress & Advancement Committee (MSPAC) and their Advising Dean. Note that any student on Leave of Absence or Extended Curriculum is not eligible for financial aid from Albany Medical College.

A student who does not satisfactorily complete all program requirements for a given year may be permitted to remediate as outlined above. During the period of remediation, the student will remain eligible for financial aid. If a student does not successfully complete remediation, the student will be considered for dismissal. Students may also be dismissed without the possibility of remediation. The student will continue to receive financial aid while appealing a dismissal decision. Once dismissal is official, all financial aid will be terminated.

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Maximum financial aid eligibility for medical students is six (6) years, unless the student is pursuing an additional degree or their time to graduation is negotiated due to rare and exceptional circumstances. Funding beyond the maximum timeframes will be provided only if negotiated and approved by the Dean or the Dean's designee.

Advanced degrees outside of the medical college do not qualify for financial aid funding through Albany Medical College. A student who has completed degree requirements, with the exception of ACLS and the National Boards, will not be eligible for financial aid funding.