This publication contains the most current information available as of the date of publication. However, this publication is neither a contract nor an offer to enter in to a contract. The University reserves the right to modify, deviate from, or make exceptions to the provisions of this Handbook at any time, and to apply any such modifications, or make such deviation or exception applicable, to any student, without regard to date of application, admission, or enrollment. Every student is responsible for knowledge of the regulations and information contained in this Handbook, as well as for changes promulgated by the School of Medicine as addenda to this Handbook. This publication supersedes all previous editions of the Student Handbook.
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2. MISSION AND GOALS

I. CREIGHTON UNIVERSITY MISSION

Creighton is a Catholic and Jesuit comprehensive university committed to excellence in its selected undergraduate, graduate and professional programs. As Catholic, Creighton is dedicated to the pursuit of truth in all its forms and is guided by the living tradition of the Catholic Church. As Jesuit, Creighton participates in the tradition of the Society of Jesus, which provides an integrating vision of the world that arises out of a knowledge and love of Jesus Christ. As comprehensive, Creighton’s education embraces several colleges and professional schools and is directed to the intellectual, social, spiritual, physical and recreational aspects of students’ lives and to the promotion of justice. Creighton exists for students and learning. Members of the Creighton community are challenged to reflect on transcendent values, including their relationship with God, in an atmosphere of freedom of inquiry, belief and religious worship. Service to others, the importance of family life, the inalienable worth of each individual and appreciation of ethnic and cultural diversity are core values of Creighton. Creighton faculty members conduct research to enhance teaching, to contribute to the betterment of society, and to discover new knowledge. Faculty and staff stimulate critical and creative thinking and provide ethical perspectives for dealing with an increasingly complex world.

II. SCHOOL OF MEDICINE MISSION AND VISION

Mission:

In Creighton’s Jesuit, Catholic tradition, the mission of the School of Medicine is to improve the human condition with a diverse body of students, faculty and staff who provide excellence in educating learners, health care professionals, and the public; advancing knowledge; and, providing comprehensive patient care.

Vision:

United by our Jesuit, Catholic identity, we transform learners into exceptional health care professionals and scientists who are leaders in advancing medicine, health, and well-being.

III. CURRICULUM GOALS AND OBJECTIVES

The goal of the curriculum is to develop competent, caring physicians during graduate training and practice. Our students will acquire a strong foundation in the basic and clinical sciences. In addition, they will acquire a strong foundation in the humanities, social and behavioral sciences that are relevant to the well-being of both the physician and the patient.
Objectives

To attain the Doctor of Medicine degree, the Creighton graduate must achieve the following Competencies of Medical Education:

Patient Care

- Conduct an organized medical interview and obtain a pertinent medical history.
- Identify biopsychosocial needs of the patient.
- Perform an appropriate comprehensive physical examination.
- Present information verbally in a concise, complete and organized manner.
- Record information in a concise, complete and organized manner.
- Develop a differential diagnosis for each patient seen.
- Demonstrate effective clinical reasoning and judgment to determine an accurate diagnosis.
- Develop an appropriate treatment plan for each patient seen.
- Perform health maintenance exams.

Medical Knowledge

- Describe the normal structure and function of the human body at the whole body, organ, cellular, and molecular levels.
- Describe the pathophysiology, signs, symptoms, risk factors, diagnostic tests, and treatment of common illnesses.
- Describe the current evidence-based clinical practice guidelines for treatment of common illnesses.
- Describe the current evidence-based preventive health care strategies and recommendations.

Practice-Based Learning and Improvement

- Demonstrate the ability to critically assess the medical literature and the research methods used to investigate the management of health problems.

Interpersonal and Communications Skills

- Counsel and educate patients regarding their illness and treatment plans in an effective, concise and understandable manner.
- Communicate effectively with all members of the healthcare team.

Professionalism

- Actively participate on rounds, clinic sessions, small group sessions and labs.
- Demonstrate punctuality and availability for all duties and professional obligations.
• Demonstrate honesty and integrity with all student responsibilities.
• Demonstrate compassion and empathy in the care of patients.
• Demonstrate respect, sensitivity, and responsiveness to diversity of culture, age, race/ethnicity, gender, sexual orientation and disability.
• Identify and propose solutions to moral, ethical and legal problems in medical practice.

System-Based Knowledge

• Use a team approach to provide comprehensive care.
• Organize patient care plans that incorporate referrals to other healthcare providers and/or community agencies and resources.
• Demonstrate an awareness of the relative cost benefit of different therapeutic options.

The School of Medicine requires successful completion of all components of each of four years of study before the Doctor of Medicine is awarded.

IV. EQUITY OF OPPORTUNITY

It is the policy of the University to provide equal employment and educational opportunities to faculty, employees, students and applicants without regard to race, color, religion, sex, national origin, age, handicap or disability, marital status, citizenship, sexual orientation, maternity and lactation status, status as a Vietnam-era, special, disabled, or other veteran who served on active work during a war, campaign, or exhibition for which a campaign badge has been authorized in accordance with applicable federal law. In addition, it is the policy of the University to comply with applicable state statutes and local ordinances governing nondiscrimination in employment and educational activities.

Creighton admits qualified students without regard to race, color, national or ethnic origin, handicap, sex, religion, or status as a disabled veteran or veteran of the Vietnam era. Its education and employment policies, scholarship and loan programs, and other programs and activities, are administered without any such discrimination. The University Affirmative Action Director has been delegated the responsibility for coordination of the University’s Equal Rights efforts. For more information, please see: http://www.creighton.edu/about/affirmativeaction/.
3. MANAGEMENT

I. OFFICIAL COMMUNICATIONS

Email is the official form of communication between administration/faculty/staff and students. Therefore, it is the responsibility of students to check their Creighton University issued email account for announcements on a daily basis. Students must maintain their email accounts and ensure that their electronic mailbox is emptied regularly.

II. DEAN’S OFFICE

The Dean's Office is responsible for the administrative functioning of the School of Medicine. It consists of the Dean, Senior Associate Dean for Academic and Clinical Affairs, Senior Associate Dean for Administration and Finance, Associate Dean for Graduate Medical Education, Associate Dean for Educational Innovation & CAO - CHI, Associate Dean for Medical Education, Associate Dean for the Phoenix Regional Campus, Associate Dean for Research, Associate Dean for Student Affairs, Associate Dean for Translational Research, Assistant Dean for Admissions, Assistant Dean for Faculty Affairs, and Assistant Dean for Student Affairs for the Phoenix Regional Campus.

Dean: The Dean of the School of Medicine exercises general executive responsibility for the educational policies, programs, and procedures of the School of Medicine. The Dean presides at faculty meetings of the School and is empowered to appoint standing or temporary faculty committees. The Dean recommends to the President all faculty promotions, non-reappointments, terminations, and dismissals. Among other duties, the Dean also prepares the annual budget and any other special reports. In addition, the Dean acts on recommendations from various committees including the Advancement Committee and the Executive Committee.

III. OFFICE OF MEDICAL EDUCATION

The Office of Medical Education, directed by the Associate Dean for Medical Education, is responsible for the central management of the curriculum. In addition to the Associate Dean for Medical Education, the Office of Medical Education includes the Assistant Dean for Medical Education and Director of Faculty and Curricular Development, the Associate Dean for the Phoenix Regional Campus, four Component Directors (one for each year of the curriculum), fourteen Clerkship Directors (one for each of seven clerkships at the Omaha and Phoenix Regional Campus), and the Medical Director and the Clinical Skills Director of the Clinical Education & Simulation Center (one at the Omaha and one at the Phoenix Regional Campus). The Office of Medical Education includes the following staff: two Administrative Assistants, fourteen Clerkship Coordinators (one for each of the clerkships), three Curriculum Coordinators at the Omaha Campus and two at the Phoenix Regional Campus, two Education Directors of the Clinical Education & Simulation Center (one
at the Omaha and one at the Phoenix Regional Campus), one Program Manager at the Omaha Campus and one Director of Academic Affairs at the Phoenix Regional Campus, one Supervisor at the Phoenix Regional Campus, the Director of Program Assessment, the Senior Instructional Designer, the Program Coordinator for the Clinical Education & Simulation Center, and the Application Administrator.

**Assistant Dean for Medical Education and Director of Faculty and Curricular Development:** The Assistant Dean for Medical Education and Director of Faculty and Curricular Development is responsible for assisting the Associate Dean with the medical education program, faculty development and improvement of teaching, and curricular development and scholarly activity in medical education.

**Component Director:** The Component Director monitors the implementation of the curriculum in the component for which he/she is responsible to ensure that policies adopted by the Educational Policy Committee and the Component Committees are applied. The Component Director keeps the Educational Policy Committee, the Component Committee, and the Medical Education Management Team informed on the implementation of the curriculum in his/her component. The Component director is the liaison between the course/clerkship directors and the centralized Medical Education Management Team.

**Course/Clerkship Director:** The Course or Clerkship Director is responsible for the planning, implementation, assessment, and continuous improvement of his/her course or clerkship. A Course or Clerkship Director collaborates with course faculty, the relevant department chairs, and the Component Director to assure that the course or clerkship fulfills the goals and objectives assigned to it by the Educational Policy Committee. There are 14 Clerkship Directors, seven at the Omaha campus and seven at the Phoenix Regional Campus.

**Medical Director of the Clinical Education & Simulation Center:** The Medical Director is responsible for the curriculum development, facilitation, and implementation of educational activities involving medical simulation exercises and exercises involving standardized patients.

**Administrative Assistant:** The Administrative Assistant is responsible for providing support to the Office of Medical Education assistant dean for medical education and the director of curriculum and faculty development, and the director of program assessment.

**Application Administrator:** The Application Administrator is responsible for managing the acquisition, distribution, maintenance and implementation of mobile electronic devices including laptop computers and tablets for student and faculty use throughout the curriculum and for examinations.

**Curriculum Coordinator:** The curriculum coordinator is responsible for the day-to-day operation of the curriculum and is often the easiest person for a student to contact to obtain information, schedule or reschedule an activity, or resolve problems. Coordinators maintain BlueLine, LXR course exams and quizzes, and curriculum mapping in OASIS. Coordinators work with the Component Directors to implement the curriculum. There is one curriculum coordinator for each of Components I and II, and one Curriculum
Coordinator for the M3/M4 year on the Omaha Campus. In addition, there are two curriculum coordinators at the Phoenix Regional Campus, and clerkship coordinators assigned to the clinical areas at both campuses.

**Director of Academic Affairs at the Phoenix Regional Campus:** The Director of Academic Affairs is responsible for overseeing the daily operations, budgets, financial resources, and invoice processing. The Director manages the activities of the Creighton Program, supervises staff, and manages policies and procedures to ensure compliance and standards are met at the Phoenix Regional Campus. The Director serves as the liaison between Creighton University School of Medicine Omaha Campus and the Phoenix Regional Campus.

**Director of Program Assessment:** The Director of Program Assessment develops, educates, consults, and guides academic leadership, faculty, and staff on assessment of student data in order to facilitate curricular change, coordinates data collection and completion of the MD program assessment with the Higher Learning Commission standards, ensures the validity of the evaluation through research methodology, develops evaluation instruments, collaborates with faculty and students on scholarly endeavors and research, and Chairs the Evaluation Committee.

**Program Evaluation Analyst:** The Program Evaluation Analyst assists in the implementation of course, clerkship, program and elective evaluations including supporting the work of the Evaluation Committee, designing and conducting surveys on curricular topics, and providing consultation for medical education research and measurement activities.

**Education Director of the Clinical Education & Simulation Center:** The Education Director of the Clinical Education & Simulation Center is responsible for the daily operations of the Clinical Education & Simulation Center and designing and executing the Clinical Skills Exam and other exercises utilizing standardized patients and medical simulators. There are two Education Directors, one at the Omaha Campus and one at the Phoenix Regional Campus.

**Program Coordinator of the Clinical Education & Simulation Center:** The Program Coordinator of the Clinical Education & Simulation Center is responsible for organizing and preparing educational sessions for learners. In addition, the role is to insure the environment maintains a professional appearance, fosters learning, and serves the needs of our learners.

**Program Manager for the Phoenix Regional Campus and the Office Manager:** The Program Manager serves as the liaison between Creighton University Omaha campus and the Phoenix Regional Campus regarding operations, budgets, conferences, and program details. The Office Manager is responsible for the daily operations by managing the department staff, department budgets, and coordinating purchasing activities. There is one Program Manager at the Omaha Campus.

**Senior Instructional Designer:** The Senior Instructional Designer creates and maintains the use of Oasis (curriculum database, content repository, student performance evaluations, and faculty evaluations),
manages the use of BlueLine, Poll Everywhere Audience Response system, Qualtrics Survey System, PodCast for lecture capture, and works with faculty, staff and students to design, develop, and integrate curriculum delivery methods, new multimedia materials and technologies.

**Supervisor for the Phoenix Regional Campus:** The Supervisor for the Phoenix Regional Campus manages office operations associated with the regional medical campus and supervises activities of the office staff, including training, development, and assessment. The supervisor assists with the planning, development, and administration of related Creighton Program projects.
IV. OFFICE OF STUDENT AFFAIRS

The Office of Student Affairs, directed by the Associate Dean for Student Affairs, is responsible for overseeing student services within the School of Medicine. In addition to the Associate Dean, the Office of Student Affairs includes the Assistant Dean for Admissions, the Assistant Dean for Student Affairs for the Phoenix Regional Campus, the Director of Admissions and support staff, an office manager, a senior administrative assistant to the Associate Dean, the clinical programs coordinator, the financial aid coordinator, the programs and events coordinator, and two academic success consultants.

Assistant Dean for Admissions: The Assistant Dean for Admissions is responsible for the establishment and implementation of policies to select students for entrance to the School of Medicine. The Assistant Dean serves as Chair of the Admissions Committee, coordinates recruitment activities, directs the Office of Admissions, and serves as the School liaison with the AAMC for admissions.

Office Manager: The Office Manager is responsible for student support functions within the office and includes scheduling appointments and handling correspondence for the Associate Dean supervising student affairs staff, coordinating staff meetings, planning staff development activities, and assisting in the ongoing review of student affairs policies and programs including University, School of Medicine, and the Liaison Committee for Medical Education accreditation standards. The office manager also develops and maintains databases mandated by the LCME, NBME and the School of Medicine and University.

Senior Administrative Assistant: The Senior Administrative Assistant is responsible for scheduling appointments and handling correspondence for the Academic Success Consultants, maintaining the AAMC Student Record System, verifying current and past medical school graduates, maintaining informational lists such as class rosters and advisors, assisting with the revisions to the School of Medicine Bulletin, and overseeing the Wellness Center.

Clinical Programs Coordinator: The Clinical Programs Coordinator is responsible for scheduling all M3 clerkships and M4 electives. The coordinator maintains the student database and is responsible for registrar activities and thus serves as the School of Medicine’s liaison with the University Registrar and is also responsible for administering the NBME examinations.

Financial Aid Coordinator: The Financial Aid Coordinator is responsible for assisting students with financial aid applications, loan processing, and scholarship information. The coordinator provides debt management counseling, provides financial aid exit interviews for all students, and is responsible for maintaining the financial records for Student Affairs. This person is also responsible for updating content on the Student Affairs website.

Senior Program Coordinator: The Senior Program Coordinator is responsible for organizing all major class and School of Medicine functions including orientation, class meetings, and hoarding. The coordinator is also
responsible for providing major assistance with the Medical Student Performance Evaluation (MSPE), and tracking student immunization status.

**Academic Success Consultants:** The Academic Success Consultants are responsible for assessing students’ academic problems and assisting students with study and test-taking skills. The academic success consultants also oversee the student tutoring, preview/review sessions, supplemental instruction program, and Vital Signs Mentoring Program, and assist with the Careers in Medicine program, which are components of the Physicians Lifestyle Management Course. In addition, the consultants provide group and individual assistance for USMLE Step 1 and Step 2 CK and CS.

**Assistant Dean for Student Affairs for the Phoenix Regional Campus:** The Assistant Dean for Student Affairs for the Phoenix Regional Campus is responsible for the administrative coordination and management of student services on the Phoenix campus.

**Administrative Assistant/Event Coordinator for the Phoenix Regional Campus:** The Administrative Assistant/Event Coordinator is responsible for assisting the Assistant Dean for Student Affairs with M3 Orientation, Hooding, award ceremonies, and other student events, assisting with the Medical Student Performance Evaluation, assisting with the residency application process including the Electronic Residency Application Service and matching programs, monitoring student adherence to immunizations, and other duties as assigned by the Assistant Dean.

V. COMMITTEES

A. Executive Committee

The Executive Committee advises the Dean of the School of Medicine concerning all matters that relate to internal academic affairs of the School of Medicine. These matters include faculty appointments, admission policies and procedures, all curricular matters affecting the School of Medicine, and budgetary matters. The M2 and M4 class presidents are student members of this committee.

The Executive Committee shall consist of the Dean of the School of Medicine (ex-officio without vote, except in the case of a tie vote), all Associate and Assistant Deans of the School of Medicine (ex-officio without vote except in the case of a tie vote if serving as Chair), the Chief Executive Officer of the CHI Health - Creighton University Medical Center - Bergan Mercy (ex-officio without vote), the PA program director (ex-officio without vote), three non-chair members of the Faculty appointed by the Dean, four Department Chairs appointed by the Dean, nine members of the Faculty of the School of Medicine elected by the Faculty, two medical students (the Presidents of the Senior and Sophomore Classes, voting members), and one House Staff representative elected by the Creighton House Staff Organization.
### B. Advancement Committee

The Advancement Committee meets monthly throughout the academic year to review the academic records and professional conduct of all students. The Advancement Committee:

- determines eligibility of all medical students for promotion and graduation.
- reviews and determines adherence to academic and professional conduct standards.
- prescribes remedial actions or change of student status, including dismissal from the School of Medicine, for students who fail to meet the Academic and Professional Standards of the School of Medicine.
- Reviews and approves student applications to dual-degree programs (see section 6.IV).

The Advancement Committee is composed of the Associate Dean for Student Affairs (non-voting member; student advocate), the Associate Dean for Medical Education (non-voting member), the Associate Vice-President for Multicultural and Community Affairs (non-voting member), the Assistant Dean for Student Affairs at the Phoenix Regional Campus (non-voting member), the Assistant Dean for Medical Education the Phoenix Regional Campus (non-voting member), the Component Directors for each academic year (voting members), five elected faculty members from the Omaha campus (two from the basic science faculty, two from the clinical faculty, and one faculty member elected at large; voting members), one appointed faculty member from the Phoenix Regional Campus (voting member), and one elected student from each academic year on the Omaha campus and one third-year student from the Phoenix campus (voting members; except the student member may not vote to advance his/her own class). The Dean of the School of Medicine appoints the chair of the committee from the group of five elected faculty members. The chair appointment is for one-year and may be renewed by the Dean. Faculty appointments are for three years and student appointments are for one year. **Members are reminded that all matters discussed MUST remain confidential.** Any breach of confidentiality by administrative, faculty, or student members for any purpose will result in disciplinary action.

### C. Background Standards Committee

The Background Standards Committee reviews criminal background check information on incoming and current students and makes recommendations to the Admissions Committee and the Advancement Committee regarding the status of students. The Background Standards Committee is composed of the Associate Dean for Student Affairs (non-voting; student advocate), the Associate Vice-President of Health Sciences – Multicultural and Community Affairs (non-voting), four faculty members appointed by the Dean, one faculty member appointed by the Associate Dean of the Phoenix Regional Campus, a representative from the Office of the General Counsel (non-voting), and one M3 student appointed by the Dean. The chair is elected by the faculty on the committee.
D. Medical Education Management Team

The Medical Education Management Team (MEMT) is responsible for the implementation of the curriculum. The MEMT meets twice per month to monitor overall compliance with educational goals and objectives and provides guidance to the administration regarding policies and procedures. The MEMT also considers student requests for accommodations related to the Americans with Disabilities Act. The composition of the MEMT is listed below. A quorum, which consists of a minimum of 50% of voting members, is required for official action.

Voting members
- Associate Dean for Medical Education (Chair)
- Associate Dean for Educational Innovation & CAO – CHI
- Associate Dean for Student Affairs
- Assistant Dean for Medical Education and Director of Faculty and Curricular Development
- Associate Dean for the Phoenix Regional Campus
- Assistant Dean for Medical Education for the Phoenix Regional Campus
- Assistant Dean for Student Affairs of the Phoenix Regional Campus
- Component Directors
- Director of Program Assessment

Non-voting members
- Associate Dean for Strategy and Accreditation
- Staff Accreditation Lead

E. Educational Policy Committee

The Educational Policy Committee (EPC) defines the goals and objectives of the curriculum, monitors the delivery of the curriculum, and approves all changes to the curriculum. The EPC approves the creation or removal of courses from the educational program, determines the duration and order of courses, appoints course and clerkship directors, analyzes and distributes data from the Evaluation Committee, and formulates educational policies. The EPC meets once each month. The composition of the EPC is listed below. A quorum, which consists of a minimum of 50% of voting members, is required for official action.

Voting members
- Associate Dean for Medical Education (Chair)
- Associate Dean for the Phoenix Regional Campus
- Component Directors
- Six faculty (3 basic sciences and 3 clinical from the Omaha Campus) appointed by the Dean
- One clinical faculty member from the Phoenix campus appointed by the Dean
- Five elected students (one from each Component from the Omaha campus, and one third-year student from the Phoenix Regional Campus)
Non-voting members
- Dean of the School of Medicine
- Associate Dean for Educational Innovation & CAO – CHI Health
- Associate Dean for Student Affairs
- Assistant Dean for Student Affairs for the Phoenix Regional Campus
- Assistant Dean for Medical Education and Director of Faculty and Curricular Development
- Assistant Dean for Medical Education for the Phoenix Regional Campus
- Director of Program Assessment
- University Librarian
- Associate Dean for Strategy and Accreditation
- Staff Accreditation Lead

F. Evaluation Committee
The Evaluation Committee evaluates the medical degree program, courses, and clerkships. The Evaluation Committee generally meets every month and reports to the Educational Policy Committee (EPC) through the Director of Program Assessment. The composition of the Evaluation Committee is listed below.

Members
- Director of Program Assessment (Chair)
- Five appointed faculty (at least one from the Phoenix Regional Campus)
- Two appointed students (one from the M3 year and one from the M4 year)
- Program evaluation analyst

G. M1-M2 Component Committee
The M1-M2 Component Committee is responsible for planning and implementation of the revised integrated curriculum and ongoing review of course performance metrics, component-wide evaluation and grading policies and practices, and content to address omissions or redundancies. The M1-M2 Component Committee generally meets every other month or as necessary and reports to the EPC through the co-Chairs. The composition of the M1-M2 Component Committee is listed below.

Members
- Component Directors (co-Chairs)
- Associate Dean for Medical Education
- Associate Dean for the Phoenix Regional Campus
- Associate Dean for Educational Innovation & CAO – CHI Health
- Assistant Dean for Medical Education and Director of Faculty and Curricular Development
- Assistant Dean for Medical Education for the Phoenix Regional Campus
- Associate Dean for Student Affairs
• Assistant Dean for Student Affairs for the Phoenix Regional Campus
• Director of Program Assessment
• Track Directors
• Block Directors
• Three Discipline Stewards from the Professional and Personal Development Track
• Three Discipline Stewards from the Clinical Skills Track
• Ten Discipline Stewards from the Medical Sciences Track
• Curriculum Coordinators
• Four elected students (from each M1, M2, M3 OMA & M3 PRC class)

H. M3-M4 Component Committee
The M3-M4 Component Committee regularly reviews clerkship/course performance metrics, component-wide evaluation and grading policies and practices, and content to address omissions or redundancies. The M3-M4 Component Committee generally meets every other month or as necessary and reports to the EPC through the campus co-Chairs. The composition of the M3-M4 Component Committee is listed below.

Members
• Associate Dean for Medical Education (co-Chair)
• Associate Dean for the Phoenix Regional Campus (co-Chair)
• Component Directors
• Associate Dean for Educational Innovation & CAO – CHI
• Assistant Dean for Medical Education and Director of Faculty and Curricular Development
• Assistant Dean for Medical Education for the Phoenix Regional Campus
• Associate Dean for Student Affairs
• Assistant Dean for Student Affairs for the Phoenix Regional Campus
• Director of Program Assessment
• Clerkship Directors from the Omaha and Phoenix Regional Campuses
• Clerkship Coordinators from the Omaha and Phoenix Regional Campuses
• Curriculum and Clinical Programs Coordinators from the Omaha and Phoenix Regional Campuses
• Four elected students (one from each M3 and M4 class from both the Omaha and Phoenix Regional Campuses)

I. Legacy Curriculum Component Committees
Legacy Curriculum Component Committees shall remain active throughout legacy curriculum years of operation. Legacy Curriculum Component Committees are responsible for monitoring content, teaching, and assessment within the components. Each Legacy Curriculum Component I and II Committee is composed of the respective Component Director (Chair), the Course Directors, two students, and the Curriculum Coordinator.
4. TECHNICAL STANDARDS

Creighton University is committed to admitting “qualified students...without regard to race, color, age, national or ethnic origin, disability, sex, marital status, or religion.” A qualified applicant is a person who demonstrates superior intelligence and other skills to complete a very rigorous curriculum and to meet certain technical standards for physicians and medical students. The M.D. degree attests to the mastery of general knowledge in all fields requisite for the practice of medicine. The awarding of the M.D. degree signifies that the holder is a person who is prepared for the practice of medicine through entry into postgraduate training programs. Thus, the graduate of Creighton University School of Medicine must possess the knowledge and skills to function in a wide variety of clinical settings and to render a wide spectrum of patient care.

In order to acquire the necessary knowledge and skills, medical students must possess certain sensory and motor functions to permit them to carry out activities described below. Medical students must be able to integrate all information received by whatever sensory function is employed, and to do so consistently, rapidly, and accurately. Furthermore, medical students must be able to learn, integrate, analyze, and synthesize data.

Medical students must demonstrate the ability to tolerate physically challenging workloads and to function effectively under stress. Attending to the needs of patients is at the heart of becoming a physician. Academic and clinical responsibilities of medical students may require their presence during daytime and nighttime hours, any day of the year.

Candidates for the M.D. degree must have a variety of abilities and skills including: observation, communication, motor, intellectual-conceptual, integrative, and quantitative abilities, and attitudinal, behavioral, interpersonal, and emotional skills.

Technological accommodation is available to assist in certain cases of disability and may be permitted in certain areas. However, under all circumstances, a candidate for the M.D. degree should 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. Medical students must be capable of viewing and interpreting diagnostic modalities and to detect and interpret non-verbal communication from the patient.

COMMUNICATION

Candidates and students must be able to communicate with patients and colleagues. They should be able to obtain the history of a patient and respond to the patient. Candidates and students must be able to read and write in standard format and must be able to interact with computers in rendering patient care.
Candidates and students must be proficient in English in order to be able to prepare a legible patient workup and present the workup orally in a focused manner to other health care professionals. Candidates and students must be able to communicate effectively with patients and family members and elicit a clinical history.

MOTOR

Candidates and students must have sufficient motor function so that they are able to execute movements reasonably required to take a history and to perform a physical examination, including the ability to inspect various physical signs and recognize normal versus abnormal findings. They must be able to elicit information from patients using the techniques of palpation, auscultation, percussion, and other diagnostic maneuvers. They must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients in accordance with currently acceptable medical practice. Candidates and students must be able to utilize gross and fine manual palpation, touch, vibratory sensation, and temperature sensation in describing and evaluating various body parts.

INTELLECTUAL-CONCEPTUAL, INTEGRATIVE, AND QUANTITATIVE ABILITIES

Candidates and students must possess a range of skills that allows mastery of the complex body of knowledge that comprises a medical education. Candidates and students must be able to recall large amounts of information, perform scientific measurements and calculations, and understand and cognitively manipulate three-dimensional models. Candidates and students must be able to learn effectively through a variety of modalities including but not limited to: classroom instruction, small group discussion, individual study of materials, preparation and presentation of written and oral reports, and use of computer-based technology. Candidates and students must exhibit reasoning abilities sufficient to analyze and synthesize information from a wide variety of sources. The ultimate goal of the student will be to render patient care by solving difficult problems and making diagnostic and therapeutic decisions in a timely fashion.

ATTITUDINAL, BEHAVIORAL, INTERPERSONAL, AND EMOTIONAL ATTRIBUTES

Because the medical profession is governed by generally accepted ethical principles and by state and federal laws, candidates and students must have the capacity to learn and understand these values and laws and to perform within their guidelines. Medical students must be able to relate to patients as well as staff and colleagues with honesty, integrity, non-discrimination, self-sacrifice, and dedication. Medical students must be able to develop mature, sensitive, and effective relationships with patients. Medical students must be able to identify personal reactions and responses, recognize multiple points of view, and integrate these appropriately into clinical decision-making. Medical students must be able to communicate and care for, in a non-judgmental way, persons whose culture, sexual orientation, or spiritual beliefs are different from their own. Candidates and students must be able to examine the entire patient, male or female, regardless of the social, cultural, or religious beliefs of the candidate or student.
Candidates and students must be of sufficient emotional and mental health to utilize fully their intellectual abilities, to exercise good judgment, to complete patient care responsibilities promptly, and to relate to patients, families, and colleagues with courtesy, compassion, maturity, and respect. Candidates and students must be able to modify their behavior in response to constructive criticism. They must be capable of being non-judgmental when caring for a patient and not let their own personal attitudes, perceptions, and stereotypes compromise care of the patient.

In evaluating applicants for admission and in preparing candidates for the M.D. degree, it is essential that the integrity of the curriculum be maintained, that those elements deemed necessary for the education of a physician be preserved, and that the health and safety of patients be maintained. While reasonable accommodation can be made for certain disabilities on the part of the student or candidate, those candidates and students who are disabled will be held to the same fundamental standards as their non-disabled peers.

The Creighton University School of Medicine will consider for admission any candidate who demonstrates the ability to perform the skills and abilities specified in these technical standards with or without reasonable accommodation consistent with the Americans with Disabilities Act. Candidates for the M.D. degree will be assessed on a regular basis according to the Academic Standards and the Technical Standards of the School of Medicine on their abilities to meet the requirements of the curriculum. Students interested in requesting accommodation(s) are encouraged to follow the procedures outlined in Part 4 (Americans with Disabilities Act: Information for Students) of the Student Handbook & Medical Curriculum.
5. AMERICANS WITH DISABILITIES ACT

Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 address the provision of services and accommodations for qualified individuals with disabilities. Services for students with disabilities are provided to qualified students to ensure equal access to educational opportunities, programs, and activities in the most integrated setting possible. Students requesting accommodations must take the following steps:

1. Submit to the School of Medicine Office of Student Affairs a request for accommodation and supporting current documentation from a licensed physician, psychiatrist, or psychologist. The School of Medicine recommends that students follow the application guidelines as listed by the Association of American Medical Colleges. These include recommendations on the credentials of the evaluator, the elements of the evaluation, the date of the evaluation, a diagnosis, and evaluator’s recommendations. Please refer to the following website for additional information: https://students-residents.aamc.org/applying-medical-school/article/applying-accommodations/.

2. While requests for accommodations may be made at any time, the School recommends documentation be submitted at least 5 weeks in advance of a course, workshop, program, or activity. The student may be required by the School of Medicine to provide additional evaluation materials.

3. Requests for accommodations are then reviewed by the Medical Education Management Team. The Coordinator of Student Support Services for Creighton University may be consulted by the MEMT.

Any student requesting accommodations must submit medical or other diagnostic documentation of the disability and any limitations and may be required to participate in such additional evaluation of limitations as may appropriately be required by Creighton University or other agencies prior to receiving requested accommodations. The University reserves the right to provide services only to students who complete and provide written results of evaluations and service recommendations to appropriate University personnel. For more information, contact the Associate Dean for Student Affairs at 402-280-2905 or the Coordinator of Services for Student Support Services at 402-280-2749.
I. CONFIDENTIALITY OF STUDENT RECORDS

Creighton’s policy relating to the confidentiality of student records is in keeping with the “Family Educational Rights and Privacy Act” (FERPA). Information about students or former students will not be released without the consent of the student other than in the exceptions stated in the Federal Act. During registration, all students are expected to sign a Consent and Waiver form that allows the School of Medicine to release academic and patient care information for credentialing and placement purposes. FERPA affords students certain rights with respect to their educational records. They are:

A. The right to inspect and review the student’s education records within 45 days of the day the University receives a request for access. Students should submit to the Registrar, Dean, Department Chair, or other appropriate official, a written request that identifies the record(s) they wish to inspect. The University official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official advises the student of the correct official to whom the request should be addressed.

B. The right to request the amendment of the student’s education records that the student believes is inaccurate or misleading. Students may ask the University to amend a record that they believe is inaccurate or misleading. They should write the University official responsible for the record, clearly identifying the part of the record they want changed and specify why it is inaccurate or misleading. If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

C. The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosures without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the University in an administrative, supervisory, academic, research, or support staff position (including Public Safety personnel and Student Health staff), a person or company with whom the University has contracted (such as an attorney, auditor, collection agency, the National Student Loan Clearinghouse or the Voice FX Corporation); a person serving on the Board of Directors; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the University discloses educational records without consent to officials of another school in which the student seeks or intends to enroll. FERPA also allows the University to disclose directory information without the written consent of the
student. Directory information is information contained in an education record of a student which generally would not be considered harmful or an invasion of privacy if disclosed. Directory information includes the student’s full name, the fact that the student is or has been enrolled, local and permanent address(es), telephone number(s), date and place of birth, dates of attendance, division (school or college), class, major field(s) of study and/or curriculum, degrees and awards received, participation in officially recognized activities and sports, weight and height of members of athletic teams, and previous educational agency or institution attended by the student. A currently enrolled student may request any or all directory information not be released by completing and filing with the Registrar’s Office a statement entitled “Student Request to Restrict Directory Information.” Such filing of this request shall be honored for the remainder of the term in which the request is filed, except that such restriction shall not apply to directory information already published or in the process of being published.

D. The right to file a complaint with the U.S. Department of Education concerning alleged failures by Creighton University to comply with requirements of FERPA.

The name and address of the office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5920

II. STUDENT ACADEMIC RECORDS

A. A student’s academic record includes:

- Application materials including the AMCAS application, undergraduate transcripts and supplemental application materials
- Criminal background check results
- Written evaluations from all four years, including evaluations that are accessible in OASIS
- USMLE Step 1, Step 2 CK, and Step 2 CS examination scores
- Information on volunteer work participation submitted by the student or others
- Advancement Committee documentation and other correspondence
- Documentation of acknowledgements of receipt of the Student Handbook, participation in OSHA training, FIT testing, and other similar items
- Absence Request Forms
- Upon graduating, the Medical Student Performance Evaluation (MSPE) will be added to the student academic record. The MSPE consists of a summary letter of evaluation intended to provide residency program directors an honest and objective summary of a student’s personal attributes, experiences, and academic accomplishments based, to the greatest degree possible, on verifiable
information and summative evaluations. A student who is placed on **Probation** by the Advancement Committee will have his/her probationary status reported in the MSPE as an adverse action. The Associate Dean for Student Affairs and the Assistant Dean for Student Affairs for the Phoenix Regional Campus are responsible for compiling each respective campus student’s MSPE and releasing it no earlier than October 1st of the student’s final year of the medical education program. Any student who believes the Associate or Assistant Dean for Student Affairs has a conflict of interest in compiling his/her MSPE may request that the respective campus Associate or Assistant Dean for Medical Education compile the MSPE.

B. A student has electronic access to his or her academic record and may review all aspects of his or her record at any time by accessing **Documentum** ([http://ikonweb.creighton.edu/appxtender/](http://ikonweb.creighton.edu/appxtender/)) and by using your CU Blue NetID and password or by contacting the Office of Student Affairs during normal business hours.

C. A student may challenge the accuracy of a course or clerkship grade at the time the grade is received by following the Grade Grievance policy of the School of Medicine (Part 8, Section III of the **Student Handbook & Medical Curriculum**). A student may challenge the accuracy of other parts of his or her academic record by contacting the Associate Dean for Student Affairs in writing. The Associate Dean for Student Affairs consults with individuals who have information relevant to the record and will determine whether a revision of the record is justified. The student will be notified in writing of the decision.
7. ENROLLMENT AND ATTENDANCE

I. ENROLLMENT

All students must be enrolled full time unless the Associate Dean for Student Affairs and/or the Advancement Committee has approved other arrangements. Registration for each session must be completed on the days designated by the Associate Dean for Student Affairs.

II. CLINICAL CAMPUS ASSIGNMENT

A. Accepted Applicants (Pre-April 30)
   - Accepted applicants may designate a preferred clinical campus at time of acceptance.
   - Accepted applicants will be invited to Open House programs at Creighton University School of Medicine campuses in Omaha and Phoenix.
   - Applicants whose preference was the over-enrolled campus will be assigned to a campus based on a lottery held before April 30.
   - Students whose preference for the over-enrolled campus could not be accommodated will be added to a waiting list for that clinical campus based on lottery number. Whenever a spot opens on the over-enrolled campus roster, the spot will be offered to the first student on the waiting list. This process will continue until the third year.
   - Applicants whose clinical campus preference is the under-enrolled campus will be assigned to the under-enrolled campus.
   - All students will be notified by email of their clinical campus assignment within one week of the lottery.
   - Applicants may change their clinical campus preference at any time, but after the lottery they will be placed at the end of the waiting list.

B. Alternate Applicant Acceptances (Post-April 30)
   - Applicants whose preference is the under-enrolled campus will be assigned to that campus.
   - Applicants whose preference is the over-enrolled campus will be assigned to the under-enrolled campus. An additional lottery will be held at the end of June to determine their wait list for the over-enrolled campus.
   - All matriculates’ will receive email confirmation of their clinical campus notification the day of matriculation.

C. Changing Clinical Campus Assignment
   - Students may request a change to their clinical campus assignment in the following special circumstances:
• Prior to matriculation: A student may request to change his or her clinical campus assignment from the over-enrolled campus to the under-enrolled campus by contacting the Office of Admissions who must confirm the change.

• Marriage: If a student marries another School of Medicine student the couple will have the opportunity to request the same clinical campus based on the couple’s preference. The request will be evaluated by the Advancement Committee in consultation with the Medical Education Management Team.

• Hardship: A student may request a clinical campus change due to hardship. This request will be evaluated by the Advancement Committee in consultation with the Medical Education Management Team.

• Students enrolled in dual degree programs (MD/MBA or MD/MS) generally will enter the M3 year one year after the rest of their matriculating class and will enter the lottery for that year’s class.

• M1 and M2 students taking a temporary withdrawal for educational, medical, or personal reasons may make a request to the MEMT to stay on their designated clinical track with approval contingent on available space.

• A student may at any time request to complete the M3 and M4 years at the clinical campus that is under-enrolled at the time of expected entry to the M3 year.

D. Administrative Responsibilities

The Office of Medical Admissions will track the clinical campus preferences of accepted applicants and will conduct both lotteries. At the time of matriculation, the clinical campus preferences and assignments will be forwarded to the Office of Student Affairs.

The Office of Student Affairs will be required to maintain the list of student campus assignments and will accept requests for transfer from one campus to another.

III. OVERVIEW OF EACH ACADEMIC YEAR

The academic calendar is published in the School of Medicine Bulletin and on the website of the Office of Medical Education. The organization of each academic year changes as students’ progress through the curriculum from Component I (first year) to Component IV (fourth year):

Components I and II

In Components I and II, the academic year consists of fall and spring semesters of approximately 18 weeks each. The fall semester begins in August and ends with the Christmas-New Year holiday. The spring semester begins in early January and ends in May. There is a one-day Fall Break in October and a one-week Spring Break in March. No classes are held on Labor Day, Thanksgiving and the day after, and Good Friday.
Component III

Component III is organized into seven clerkships and three electives within six 8-week periods. The first period begins early in July (usually July 1) and is preceded by a mandatory two-day orientation and clinical skills day. The Christmas-New Year holiday follows the third period with the fourth period beginning early in January. The last period ends in mid-June. The Dimensions in Clinical Medicine course for all students occurs at the end of the third week of each 8-week period. Students are excused from clinical duties from 5PM the day preceding Thanksgiving Thursday and Good Friday, and resume duties as assigned by the clerkship on each following Monday. Component III students are required to complete all their clerkships at CHI Health Creighton University Medical Center - Bergan Mercy, Creighton University Medical Center – University Campus, St. Joseph Hospital and Medical Center, or at other sites affiliated with the School of Medicine.

Component IV

Component IV runs from mid-June to early May and comprises 44 weeks in total during which students must complete 36 weeks of selectives and electives (see section 7.IV). There are no electives during the two-week Christmas-New Year holiday. Students are excused from clinical duties from 5PM the day preceding Thanksgiving Thursday and Good Friday, and resume duties as assigned by the clinic on each following Monday. Students may use those weeks during which they are not registered for coursework to interview for residency programs and to prepare for the USMLE Step 2 CK and CS examinations.

IV. DUAL-DEGREE PROGRAMS

Creighton University School of Medicine and the Graduate School offer several Dual-degree Programs including:

- M.D. - Master of Business Administration (MBA)
- M.D. - Master of Science (MS) in Clinical and Translational Sciences
- M.D. - Master of Science (MS) in Health Care Ethics
- M.D. - Doctor of Philosophy (Ph.D.) in Biomedical Sciences, Clinical & Translational Science, Medical Microbiology & Immunology, or Pharmacology

Students in Dual-degree Master Programs:

A. receive credit toward the Master degree for IDC 135 (Ethical and Legal Topics in Clinical Medicine) in the M1 year of medical school. Students in the M.D.-MBA program also receive joint credit for IDC 138 (Evidence Based Medicine).
B. take Master-degree applicable coursework in the summer between the M1 and M2 years.
C. take two full academic years to work on the Master degree coursework while completing M3 clinical clerkships on a schedule that must be approved by the Associate Dean for Medical Education and the
Assistant Dean for Student Affairs. Students subsequently return to the M4 year to complete their clinical electives.

D. may take up to eight weeks of M4 electives within the Master program for which they will receive dual-credit for the M.D. and Master program. Courses taken within the Master program qualify as non-clinical electives.

Admissions into a Dual-degree Master Program:

A student interested in a dual-degree Master program submits a Dual-Degree Application Form to the School of Medicine Advancement Committee. The Advancement Committee must approve the student’s participation in the dual-degree program prior to the student enrolling in and receiving academic credit for any Master-level course. The student must also apply to and be accepted by the program in which the Master-level program resides.

The application requirements for the MBA program can be found at:

https://business.creighton.edu/program/Medical-Doctor-Business-Administration-MD-MBA;

for the Master of Science in Clinical and Translational Sciences at:

https://www.creighton.edu/program/clinical-and-translational-science-ms-md

and for the Master of Health Care Ethics at:


Approval for enrolling in any degree program or coursework beyond that required for the M.D. degree must be obtained from the Advancement Committee.

Students in Dual-degree Ph.D. Programs:

A. complete the first two years of the medical curriculum and receive dual credit for certain courses required for the Ph.D. degree programs.

B. take Ph.D. applicable coursework in the summers preceding and during the M1 and M2 years.

C. take two full academic years away from the medical curriculum to complete Ph.D. coursework and work on research.

D. take two full academic years to complete research for Ph.D. degree while completing M3 clinical clerkships on a schedule that must be approved by the Associate Dean for Medical Education and the Associate Dean for Student Affairs. Students subsequently return to the M4 year to complete their clinical electives.
Admission into a Dual-degree Ph.D. Program:

Students are admitted in the dual-degree Ph.D. program only upon application for admission to the School of Medicine.

V. ATTENDANCE

A. Mandatory Activities

Regular attendance at all curricular activities is expected. Attendance at certain designated activities is MANDATORY. These include:

- orientation and general class meetings organized by the Office of Student Affairs, Office of Medical Education, or Departments;
- examinations and quizzes;
- small group sessions including case-based learning and team-based learning sessions;
- clinically related activities including but not limited to those related to Introduction to Clinical Skills and Neuroscience Grand Rounds in Component I, longitudinal clinic in Component II, and clinical rotations in Components III and IV;
- sessions of the Dimensions of Clinical Medicine course in Components III;
- activities at the Clinical Education & Simulation Center;
- any other activity designated as mandatory.

B. Absence from a Mandatory Activity

In general, absences from mandatory activities will be granted for:

- Illness with a medical provider’s excuse if more than one day
- The funeral of an immediate family member (immediate family members are defined as father, mother, spouse, son, daughter, brother, sister, grandparent, grandchild, or in-law of the same degree)
- Election work or jury work
- Presentation or official delegate status at a regional, national or international medical conference or medical association meeting.
- Needed diagnostic, preventive, or therapeutic health services

Rescheduling of an examination requires prior arrangements with the Component Director or the Associate Dean for Student Affairs. Excessive requests will be denied.
Students in all components are responsible for ALL missed work, regardless of the reason for the absence. Absence without permission may result in failure of the course or clerkship as well as referral to the Advancement Committee for unprofessional behavior.

Absences will be monitored by the Office of Student Affairs. If excessive absence makes it unfeasible to make-up mandatory course or clerkship activities, a student may be asked to consider a leave of absence.

A student who will be absent from a mandatory activity must adhere to the absence request policy for his/her component.

C. **Component I:** The student must complete an online Absence Request Form, which is on the M1 Bulletin Board in BlueLine. Once completed, the request form will automatically email the Component Director who will determine whether the absence can be excused and, if appropriate, assign an alternative learning experience in consultation with the Course Director. After the Component Director notifies the student of the decision by email, Absence Requests will be monitored by the Office of Medical Education and provided to the Office of Student Affairs for placement in the student’s academic file.

D. **Component II:** The student must complete an online Absence Request Form, which is on the M2 Bulletin Board in BlueLine. Once completed, the request form will automatically email the Component Director who will determine whether the absence can be excused and, if appropriate, assign an alternative learning experience in consultation with the Course Director. After the Component Director notifies the student of the decision by email, Absence Requests will be monitored by the Office of Medical Education and provided to the Office of Student Affairs for placement in the student’s academic file.

Each M2 student will additionally be allowed one personal wellness day absence from mandatory academic activities each semester. No more than one personal wellness day can be used per course, and personal wellness days cannot be used for absence from examinations including Clinical Skills Exams or Communication FOCI. No alternative learning experience will be arranged for absences due to personal wellness days, and students are not permitted to attend other small group sessions. The student must complete an Absence Request form at least 7 days before the requested absence for a personal wellness day.

E. **Component III:** The student must complete an online Absence Request Form, which is on the M3 Bulletin Board in BlueLine and on the Office of Medical Education website. Once completed, the request form will automatically email the Clerkship Director and Component Director, who will determine whether clinical time off can be approved and assign make-up time in consultation with the Clerkship Director. After the Component Director notifies the student of the decision by email, the Absence Request will be monitored by the Component Director and the Form will be provided to the Office of Student Affairs for placement in the student’s academic file. Each M3 student will be additionally be
allowed two personal wellness days off from their academic activities in Component III. Clinical time off due to personal wellness days does not need to be made up. The student must complete an Absence Request form at least 14 days before the requested absence for a personal wellness day. The requested personal day absence must gain the approval of the Clerkship Director and the Component Director, who must notify the student of approval prior to the absence.

Students may not attend a regional or national conference without prior approval. Students may attend a local specialty conference at the invitation of the clerkship director as long as the conference pertains directly to the subject matter of the currently enrolled clerkship.

Students may not take personal days off for days scheduled for call unless arrangements are made with the clerkship director to arrange for suitable call coverage as not to make the absence an undue hardship to fellow students on the clerkship or to the department.

F. Component IV:
M4 students will be allowed up to two days off from their academic activities for each four-week elective and up to one day off for each two-week elective. Exceptions are made for:

- Clinical electives taken during the traditional interviewing months of October, November, December, and January
  - Students are allowed up to five days off from their academic activities for each four-week elective and up to 2.5 days off for each two-week elective for residency interviews.

- Clinical electives during which students are taking USMLE Step 2 CK
  - Students are allowed up to two additional days from their academic activities to travel to and take USMLE Step 2 CS
  - Students are allowed one additional day from the academic activities to take USMLE Step 2 CK.
  
  - NOTE: Students may not take more than four total days off from their academic activities (including time off for USMLE Step 2 CS and CK) during non-interviewing months as listed above.

- Students are not allowed to be absent from the Creighton University School of Medicine Emergency Medicine (MED 471).

Before the requested absence can be taken, the student must first complete an Absence Request Form, which is available from the Office of Student Affairs website or on BlueLine and submit it to the Elective Director at least 14 calendar days before the requested leave date. Upon initial approval by the Elective Director, the student must submit the request to the Component Director for approval. The Component Director will notify the student of the request’s approval and will submit the Absence Request Form to the Associate Dean for Student Affairs for placement in the student’s academic file. A student must be notified by the Component Director of the approval prior to the absence. Students are encouraged to
use their interviewing month and non-clinical electives during the traditional interviewing months in order to have adequate time for interviewing.

M4 student absences will be monitored by the Clinical Programs Coordinator in the Office of Student Affairs. Students who are absent for more days than allowed within an elective are responsible for ALL missed work regardless of the reason for the absence. Absence without permission may result in failure of the elective as well as referral to the Advancement Committee for unprofessional behavior.

**G. Absence from a Mandatory Activity Due to Illness**

In the case of acute illness, trauma, or an emergency in which advance completion of a Student Absence Request Form is not practical, a student must phone or email the Curriculum Coordinator or Component Director as soon as practical. In components III and IV, the student must also ensure that the attending physician is aware of the illness.

A student who misses an activity due to an illness must complete a Student Absence Request Form upon his/her return. If the illness results in an absence of two or more days or if requested by the Component Director, the student must present a medical provider’s note from the provider seeing the student for the health problem that verifies the reason for the absence. Failure to verify the illness may result in failure of the course or clerkship as well as referral to the Advancement Committee for unprofessional behavior.

The student is responsible for ALL missed work, regardless of the reason for the absence, and must contact the Component Director upon his/her return. The course director or attending physician will determine the arrangements (assignment or alternative activity) that the student must complete to make up the missed activity. If an examination has been missed, the student will be expected to take a make-up exam at the earliest possible time following his/her return.

**H. Absence Associated with USMLE Step 2 CS Administration**

A student is allowed two days off from an M4 elective in order to complete the USMLE Step 2 CS examination. Prior to any absence for this examination, the student must complete a Student Absence Request Form, available from the curriculum coordinator or from the Office of Student Affairs website and receive approval for the time off. Students are discouraged from taking time off from two-week clinical electives. Students are not allowed to take more than five days off total during an M4 clinical elective, including dates for interviewing.
VI. INCLEMENT WEATHER

The decision to close or delay the opening of Creighton University due to severe weather or other emergency situations rests with the President. Independent decisions may not be made at the college, school, or department level.

A. Closing/Delayed Opening During severe weather (e.g., winter storms), the decision to close or delay opening the University will be made as early as possible, but not later than 6:00 am. The Public Relations Department will relay applicable information to the local news media.

In the event of a closing or delay, Creighton University School of Medical Students in Omaha will not report to their clinical activity (including non-Creighton facilities) while the University is closed. Students are expected to resume their clinical activities once the University has reopened. Students are advised to listen to newscasts on mornings when severe weather conditions may force the closing or delayed opening of the University. Students may also check the University Weather Hotline, (402) 280-5800, or check email communications or CU ALERT TEXT messages to determine if the clinics are closing or delaying their opening.

B. Curtailing Operations If severe weather or an emergency situation develops during the school or clinic day and creates conditions that warrant early closing of the University, Public Safety or the President’s Office will notify the Vice Presidents of the decision, who will then notify departments and schools within their respective areas of responsibility. Students will be notified as soon as possible about the closure of a Creighton University campus and are to leave clinical activities at the time that Creighton University closes the particular campus. If an exam is postponed by a University closing, students will be notified by email regarding the new date/time for the exam.

C. Weather Hot Line Medical students can access the Creighton University Weather Hot Line (402)280-5800 to determine the status of University operations. The recording will indicate whether the University is operating under normal conditions, closed, a delayed start or curtailment of operations.

VII. MEDICAL STUDENT WORK HOURS DURING CLERKSHIP AND ELECTIVES

1. Principles
   a. The School of Medicine must be committed to and be responsible for promoting patient safety and student well-being and to providing a supportive educational environment.
   b. The learning objectives of the clerkship and rotation must not be compromised by excessive reliance on medical students to fulfill service obligations.
   c. Didactic and clinical education must have priority in the allotment of students’ time and energy.
d. Work hour assignments must recognize that faculty and residents have the primary responsibility for the safety and welfare of patients.

2. Supervision of Medical Students

The School of Medicine must ensure that qualified faculty provide appropriate supervision of medical students in patient care activities.

3. Fatigue

Medical Students must recognize the signs of fatigue and sleep deprivation and learn strategies to counteract its potential negative effects on patient care and learning.

4. Work Hours

Work hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Work hours do not include reading and preparation time spent away from the work site.

a. Work periods of M3 and M4 students may be scheduled to a maximum of 24 hours of continuous work in the hospital or outpatient setting. It is essential for patient safety and medical student education that effective transitions in care occur. Students may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

b. Medical students must have 14 uninterrupted hours free of work after 24 hours of call.

c. Medical students must not exceed 80 hours per week, averaged over a four-week period.

d. Medical students must have a 24-hour period free of work in seven days, averaged over a four-week period.

5. Violation of Work Hours

If a student feels that he or she has violated the work hour policy, or if a fellow student observes another student violating work hour policy, he or she is to report the proposed or completed violation to the Associate Dean for Medical Education as soon as possible (402-280-3600).

The Associate Dean for Medical Education will initiate an investigation into the work hour policy by first meeting with the student who violated the policy to determine why the violation occurred. If there was pressure by a faculty member or resident to violate the work hour policy the Associate Dean for Medical Education will meet with the Chairman to discuss the violation of the work hour policy without naming the student. The Chair will be asked to respond to the violation with an
action plan in writing to prevent further violations. Random students on that rotation will then be contacted regularly for a period of three months to ensure that there are no further violations.

If the violation was due to an oversight by the student, the student will be reminded of the work hour policy and will be asked to provide his/her work hours in writing for the duration of the clerkship or rotation.

If there is a pattern of violation of work hours by a particular department, the Dean, Associate Dean of Medical Education, Associate Dean for Student Affairs, and Chair will meet to discuss the pattern and need to take corrective action against any faculty or resident who is pressuring a student to violate the work hour policy.

VIII. TEMPORARY WITHDRAWALS

A student may request or be granted a temporary withdrawal when a temporary interruption of his/her academic schedule is in the best interest of the student or the School of Medicine. A student may request a temporary withdrawal from the Associate Dean for Student Affairs in writing. This request is forwarded to the Advancement Committee, who determines whether a temporary withdrawal will be granted. The Associate Dean for Student Affairs may grant a temporary withdrawal, but it must be subsequently approved by the Advancement Committee. The School of Medicine alone decides whether to grant or deny a request for a temporary withdrawal and may impose a temporary withdrawal on a student when it decides it is in the best interest of the student or the School of Medicine. Return from a temporary withdrawal must be approved by the Advancement Committee and, in mental-health-related temporary withdrawal, by the University’s Division of Student Life. Notwithstanding a temporary withdrawal, students in Components I and II are expected to progress through the curriculum in the normal sequence. Students in Components III and IV may return from a temporary withdrawal only at the beginning of a clerkship or elective period. Students taking a temporary withdrawal must graduate in the time specified in Part 8, Section VIII. C. of this handbook.

A. Temporary Withdrawal – Academic

The Advancement Committee may place a student on an academic temporary withdrawal due to academic difficulties such as failure to pass a USMLE Step exam. A student on academic temporary withdrawal is expected to address the causes of his/her academic deficiencies during this period.

B. Temporary Withdrawal – Administrative

Pending a resolution of a review by the Review Committee and/or Dean, a student who has been dismissed by the Advancement Committee may be placed on an administrative temporary withdrawal
for reasons relating to the physical or emotional welfare and/or the health and safety of the student, peers, staff, faculty, or patients. Following a decision of the Dean, the student will either be reinstated or dismissed from the School of Medicine.

C. Temporary Withdrawal – Educational

The School of Medicine may grant an educational temporary withdrawal to a student to pursue graduate-level course work or research outside the School of Medicine’s dual-degree programs. A student seeking a degree during the temporary withdrawal must complete all degree requirements prior to returning to School of Medicine courses, clerkships, or electives. A student participating in a Creighton University School of Medicine dual-degree program continues to be enrolled as a medical student and, therefore, is not considered to be on temporary withdrawal while taking coursework within the university.

D. Temporary Withdrawal – Medical

A medical temporary withdrawal may be granted by the School of Medicine for documented medical/mental health issues or if a student’s medical/mental health status is seriously impairing the student’s academic or clinical performance. The student may return from a medical temporary withdrawal only with appropriate documentation from a physician noting that the student is fit to return and that the student’s medical condition will not impede academic progress or clinical performance, and that the student can adhere to the Technical Standards of the School. Students on a temporary withdrawal for mental health issues must follow the mental health re-entry process as designated by Creighton University Division of Student Life. The following link provides further details regarding the re-entry process for students as delineated by the length of a student’s temporary withdrawal: http://www.creighton.edu/students/mentalhealthreentryprocess/. Prior to re-entering the School of Medicine curriculum, the student must also be approved to re-enter by the School of Medicine Advancement Committee.

E. Temporary Withdrawal – Personal

The School of Medicine may grant a personal temporary withdrawal when personal circumstances (e.g., family illness) seriously impair a student's academic progress. The student may return from a personal temporary withdrawal only after consultation with the Associate Dean for Student Affairs and approval from the Advancement Committee.

IX. SUSPENSION

In some instances, a student’s conduct, actions, or statements may lead to a reasonable belief that the student is a substantial risk to the health or safety of himself/herself or others, or the student may lack the ability to safely participate in the University community. In such cases, the School of Medicine and Creighton
University will take action that considers the welfare of the individual student and the University community, which may include requiring the student to obtain professional evaluation and treatment, voluntary or involuntary withdrawals from the University, or other actions as may be necessary in the circumstances. The student may request review of academic-related disciplinary matters by the University President or review of nonacademic disciplinary matters by the School of Medicine and the Vice President for Student Services.

The Associate Dean for Student Affairs may also temporarily suspend a student who has significant physical or mental illness or whose behavior arouses serious concern. In these special circumstances, the student may be required to submit to appropriate medical, psychological, psychiatric, and/or laboratory testing/evaluation and to authorize release of the results to the Advancement Committee. The Advancement Committee will confidentially review relevant evaluation results and determine the nature and length of any suspension or whether further disciplinary action is necessary. Refusal to undergo testing/evaluation or authorize release of requested evaluations will result in continued suspension and action by the Advancement Committee.

X. WITHDRAWAL

A student may withdraw from the School of Medicine by submitting to the Associate Dean for Student Affairs a written statement of the reason for withdrawal as well as his/her understanding that the withdrawal is voluntary and final. A student may not avoid disciplinary action or formal dismissal by voluntary withdrawal. If a student chooses to withdraw in the course of disciplinary action or dismissal proceedings, the proceedings will continue, and the results will become part of the student's permanent record.

XI. DISMISSAL

Students are expected to maintain a high standard of excellence in their academic and clinical work. If a student fails to maintain acceptable ethical, professional, academic, or clinical standards, the Advancement Committee may dismiss the student from the School of Medicine. The following will result in a referral of a student to the Advancement Committee for a recommendation for dismissal:

A. *Unsatisfactory Academic Performance*
   Failure to meet the academic standards of the School of Medicine, as described in Part 8 of this Handbook.

B. *Repeated USMLE Step 1 Failure*
   Failure to pass the USMLE Step 1 after three attempts.
C. Unprofessional Behavior
   Failure to maintain the professional standards of the School of Medicine, as described in Part 9 of this Handbook or any pattern of behavior that indicates insufficient aptitude, emotional stability, or moral character to successfully practice medicine.

D. Inadequate Academic Progress
   The Advancement Committee may make the determination that it is impossible for the student to complete the requirements for the M.D. degree as specified in Part 8, Section VIII of this Handbook.

At any time, the Advancement Committee may review the overall academic performance and professional behavior of a student and recommend appropriate action, up to and including dismissal.
The goal of the first year is to provide a strong foundation in basic biomedical science to prepare students for detailed basic science content that occurs within the clinically oriented system courses that begin in the second year. Students are also introduced to ethical and behavioral science principles in Ethical and Legal Topics in Clinical Medicine and Behavioral Medicine I courses and learn the fundamentals of physical assessment and interviewing techniques. An additional (non-curricular) requirement of advancement to Component II is the completion of certification in basic cardiac life support and instruction in health maintenance and infection control measures and policies.

### Required M1 Courses

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Description</th>
<th>Credit Hrs.</th>
<th>Wks of Instruct.</th>
<th>Lecture Hrs.</th>
<th>Small Group</th>
<th>Labs</th>
<th>Other*</th>
<th>Review Hrs.</th>
<th>Exam Hrs.</th>
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<td>IDC 101</td>
<td>Molecular and Cell Biology</td>
<td>9</td>
<td>19</td>
<td>95</td>
<td>20</td>
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<td>74</td>
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*Other includes: IDC 101 student genetic presentations; IDC 103 CT and MRI scans, team-based learning formal classroom and laboratory hours, endotracheal intubation workshop, and lightning lab rounds; IDC 111 grand rounds patient contact and neuroanatomy workshops; IDC 136 Clinical Skills Examination (CSE), Focused Observed Clinical Interviews (FOCI), ultrasound workshop, M4 team learning, and eye exam session, IDC 140 patient panels, child agency visit experience, IDC 142 vital signs fall activity, faculty panel, and testing style & personality inventory analysis. Not included are online quizzes or essays, Art of Leadership lectures (4 hrs), and mandatory spring lectures on Infection Control, Prescription Workshop, and Health Maintenance (4 hrs).

**IDC 101 – Molecular and Cell Biology (9 credit hours) Dr. Joseph Knezetic**

The overall goal of this course is to provide the student with a comprehensive understanding of the fundamentals of molecular and cellular biology that serve as the foundation of modern medicine.

This course is one of the fundamental building blocks of the medical school curriculum. The curriculum is based in large part on the organ systems approach which will begin in the second half of the spring semester and continue throughout the second year. This will lead to clinical experiences in the third and fourth
academic years in which students will need a solid foundation in the biomedical sciences. Knowledge of basic molecular and cell biology as it relates to cell, tissue and organ structure and function is a prerequisite for both the other basic science courses, and the more clinical subjects that comprise the medical curriculum.

The course faculty come from different disciplines and were brought together to present a coherent introduction to the cellular processes at the foundation of medicine. The course provides the information necessary for a clear understanding of the following general subject areas:

- Cell and tissue structure
- Cellular function
- Genetic information flow
- Protein structure and function
- Fuel metabolism
- Metabolic building blocks
- Cellular mechanisms in response to cell death and disease
- Inflammation and cellular repair
- Human genetics and developmental biology
- Neoplasia
- Hemodynamic derangements and shock

Historically, these were very different subject areas; but they now have so much in common that it is desirable and logical to present them in a single course. For administrative purposes, the course has been divided into four sections:

- Unit I  Histology and Proteins/Enzymes
- Unit II  Molecular and Cell Biology
- Unit III  Metabolism
- Unit IV  Molecular and Cellular Pathology

**IDC 103 – Anatomy (6 credit hours) Dr. Ken Kramer**

Successful completion of the Medical Gross Anatomy course results in a firm knowledge of human anatomy that is based on correlation with current medical practice (medical knowledge). The process of gaining the didactic information and integrating it with eventual patient care is accomplished largely in the anatomical laboratory. Students who have worked in small groups with their “first patient” will have honed aspects of professionalism, interpersonal, written and verbal communication skills as well as the manual and perceptual skills necessary for many medical examination and procedural skills. Ethical and sensitive treatment of the bodies, the information gleaned from them, and the families of the donors will further incorporate the Ignatian values that are summarized in the phrase “men and women for and with others”.

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Approved MEmT 06.19.18 | EPC 06.26.18 | Med Exec 07.13.18
This course focuses on the structure of the human body and anatomic principles which provide the basis for physical examination and much of the diagnosis and therapy used in clinical practice. Nearly one third of the allotted course time is spent in lectures which have a strong audiovisual component. The balance of the time is shared between cadaver dissection and clinical correlations. The course incorporates basic organogenesis (development of organs) exclusive of the central nervous system. Radiological components stress three-dimensional aspects of clinical anatomy. At the end of the dissection experience students are responsible for a report summarizing general pathological findings.

**IDC 105 – Principles of Pharmacology (1 credit hour) Dr. Janee Gelineau-van Waes**

The goal of Principles of Pharmacology is to facilitate student learning of principles that are fundamental to understanding drug action and the development of new drug therapy.

The overall goal of Principles of Pharmacology is to introduce students to the principles of pharmacokinetics, pharmacodynamics, drug metabolism, and factors that influence drug response, and principles in the development/evaluation/control of various therapeutic agents. This course provides the foundation for a more detailed discussion of individual drugs in drug classes during the individual systems courses. The course is presented using didactic lectures and small group and workshop discussion sessions.

**IDC 107 – Principles of Microbiology (1 credit hour) Dr. Richard Goering**

At the end of this course the student will have been provided with the information for a clear understanding of the following general areas: microbial cell structure and function including bacteria, fungi, and protozoa of clinical importance, bacterial genetics and regulation, viral structure, multiplication and genetics, and basic concepts in pathogenesis.

This is an introductory course for first year medical students to learn the principles of microbiology. The course is an introduction to the fascinating world of microorganisms and prepares students for a lifetime of learning microbiology in relation to medicine and infectious diseases. In the recent past major advances have been made in understanding the structure, physiology, and genetics of microbes. It is this understanding that allows insight into the processes whereby microbial pathogens cause human diseases.

**IDC 109 – Host Defense (3 credit hours) Dr. Kristen Drescher**

The goal of the course is to develop an understanding of antigen recognition, development of B and T cells, constitutive host defenses, immunopathology, inflammation, transplantation, allergy, and tumor immunology. This will be accomplished using a mixture of lecture presentations, and various interactive learning strategies, including computer-aided-instruction and case-based discussions.

This is an introductory course for first year medical students to learn the principles of medical microbiology and immunology. This course will emphasize the relationship of immunology and human disease as well as
the biological mechanisms utilized by the immune system. The course is composed of lectures, tutorials, computer-based cases, multidisciplinary quizzes and a final exam.

**IDC 111 – Neuroscience (7 credit hours) Dr. Laura Bruce**

The goal of the course is to help students develop an understanding of normal neurological function (using neuroanatomy, neurophysiology, neuropharmacology, neuropathology, and clinical neurology) and then to be able to use a patient’s signs and symptoms to locate the source of a problem within the nervous system.

Perhaps the most complex and intimidating area of medicine is that of the human brain and nervous system.

Neuroanatomy has been traditionally a course with an incredible amount of memorization which is easily forgotten as time passes. The key to retention is understanding the relevance of what you have learned and using that information as a physician uses that information. The heart of this course in Neuroscience is to structure the learning of the material around the neurological clinical method of regional anatomical diagnosis.

Not only will you learn the factual material, but you will use it as you learn how to think as a neurologist in approaching clinical problems. The course will integrate basic science and clinical science. Your mentors will be clinical and basic scientists who will teach in both realms. Neuroanatomy, neurophysiology, neuropathology, neuropharmacology, and neurology have been integrated as much as possible and will be interwoven one to the other throughout the course.

**IDC 135 – Ethical and Legal Topics in Clinical Medicine (3 credit hours) Dr. Eugene Barone**

The ultimate motivation for all physicians must be the welfare of each patient. Jesuit teaching holds that clinical decision-making must not be based upon medical factors alone, but on ethical standards as well. Each physician must develop well-grounded, practical ethical standards to guide their decision-making.

This course recognizes that each student brings values and beliefs from his/her family upbringing, religion, culture, education, and personal experience. During the semester, students will evaluate and augment these beliefs.

The Course will provide a background of basic ethical and legal principles within a framework of clinical problems which commonly confront practitioners on a day to day basis. Students will gain knowledge and skills in the evaluation of ethical issues consistent with prudent ethical and legal guidelines. Students will accomplish these goals through didactic lectures, small group discussions, independent study (readings), and scholarly writing.

This course introduces students to the basic constraints and methods of ethical analysis and moral reasoning, with emphasis on their application to key ethical issues in health care practice and policy. Special
attention is given to the role of the physician and the opportunities and challenges to the ethical practice of medicine in today’s society.

**IDC 136A – Introduction to Clinical Skills (0 credit hours) Dr. Robert Coleman and Dr. Eric Peters**

**IDC 136 – Introduction to Clinical Skills (4 credit hours) Dr. Robert Coleman and Dr. Eric Peters**

The two Introduction to Clinical Skills courses are semester-long courses, in the fall and spring semesters respectively, that introduce the first-year medical student to the medical interview and the physical examination of patients.

Students will gain competency in these fundamental clinical skills through a variety of educational media---readings, lectures, demonstrations, films, and practice in both interviewing and physical exam skills. Practice sessions will enable students to learn and improve their skills with fellow students, with patient simulator models, and with Standardized Patients, that is, persons who are trained to play the role of patients with physical and psychiatric illnesses and medical histories.

**IDC 138 – Evidence Based Medicine (1 credit hour) Dr. Bruce Houghton**

The goal of the course is to start the student on the process of incorporating Evidence Based Medicine into their clinical decision-making and in preparation for USMLE Step.

This is an introductory course for first year medical students to develop an understanding of and skills in the use of Evidence Based Medicine. It is composed of lectures, computer lab exercises, small group sessions, quizzes and a final exam.

**IDC 140 – Behavioral Medicine I (3 credit hours) Dr. Terence Zach and Dr. Jamie Snyder**

The Behavioral Medicine I course presents an introduction to a variety of concept areas in the behavioral sciences and behavioral medicine. The course’s purpose is to provide students with an understanding of: the course of human development, including the stages of growth and change in many domains of human functioning; normal human behavior in health, in illness, and in situations of challenges and difficulty; the challenges and pressures of work as a medical student and physician, and recommendations for methods of coping, succeeding, and flourishing in one’s training and one’s career as a physician.

These understandings will serve as a foundation of knowledge for the students as they move from education and training in medicine to: interacting with patients in the doctor-patient relationship; diagnosing and treating diverse individuals with sensitivity and concern in a variety of serious contacts with persons seeking medical and psychiatric help for themselves and their family members; recognizing the difficult challenges that patients face, which can enable them to work with patients in partnership, helping them to cope with and adapt to the vicissitudes of medical treatment and recovery.
Four major themes in the Behavioral Medicine I course will provide students with a perspective that will enable them to accomplish the course purposes and integrate them into their own perspectives; theories of development, including the bio psychosocial dynamic, stages and domains of normal growth and development, the individual’s psychological, emotional, and behavioral reactions to challenges and problems that occur during the life cycle. The threat of violence and abuse in the lives of individuals and families.

IDC 142A – Physicians Lifestyle Management (0 credit hour) Dr. Michael Kavan
IDC 142 – Physicians Lifestyle Management (1 credit hour) Dr. Michael Kavan
The two Physician Lifestyle Management courses are semester-long courses, in the fall and spring semesters respectively, that combine a number of mandatory events, lectures and experiences into courses focused on the professional development of medical students. Four specific areas of development are explored within the course content; 1) Professionalism, 2) Career Development, 3) Personal Growth and 4) Leadership Development. Students will participate in educational experiences in each of these four areas.

IPE 400 – Introduction to Collaborative Care (0.5 credit hours)
This course is an introduction to the concepts of inter-professional collaborative practice preparing students across the health sciences to engage in inter-professional education and practice activities during their tenure at Creighton and beyond. In this course health sciences students will gain knowledge in the Core Competencies for Interprofessional Collaborative Practice, versed in the basics of team work in the context of health care and begin to develop skills in team-based clinical reasoning.

This course is to be completed by the M1 students no later than December 14, 2018 and is available on BlueLine (https://blueline.instructure.com).

IDC 183 – Healer’s Art (Elective) (1 credit hour) Dr. Amy McGaha
The Healer’s Art Course is a medical school curriculum designed by Rachel Remen, M.D. The course’s innovative educational strategy is based on a discovery model. The Healer’s Art Course addresses one of the hidden crises in medicine: the growing loss of meaning and commitment experienced by physicians nationwide under the stress of today’s healthcare system. The course consists of five two-and-a-half-hour evening sessions which occur typically five weeks in a row, each divided into large-group and small group experiences.

IDC 797 – Directed Independent Research (Elective) (1 credit hour)
Students work with a faculty research mentor during the spring semester to develop a research proposal that is typically carried out during the summer before Component II.
FAP 480 – M1-COPC Public Health Summer Endowed Research Assistantship (Elective) Dr. Eugene Barone

This eight-week summer assistantship will expose the student to the COPC process and improve their knowledge about health disparity issues. After the selection process, the student will be asked to either identify a research question that they have developed that fits the COPC model and seeks to research a health disparity issue in an underserved population. Instead, if the student chooses they can choose from a list of ongoing faculty COPC research projects. The student will submit the research proposal, in conjunction with the grant faculty to the IRB for their approval. The student will participate, as part of the assistantship, in an orientation program in May at the end of their M1 year that will introduce them to the COPC research model and be given an overview of the faculty’s expectations for this project. Once the research question is selected and approved by the IRB, the student will begin to enroll subjects into the research program. It is the expectation of this project that the student will continue to work on the research question and enrolling evaluable subjects past the 8-week assistantship on a longitudinal basis. It is also an expectation that the student will culminate their research activity by taking FAP481 in their M4 year in order to finish analyzing and writing their manuscript.

FAP481 – M4-COPC Public Health Summer (Elective) Dr. Eugene Barone

This is an elective that will complete the longitudinal COPC Public Health research that the student began during their M1 FAP480 summer research assistantship. The student will be able to finalize their data analysis and manuscript/abstract/poster presentation during this month. The student will work closely with their research faculty mentor in order to complete their research findings and have their work ready for a regional or national presentation. It is expected that the student will present their work to a Specialty Society National Conference, the Midwest Research Forum, the COPC Common Ground meeting.

PDT 180 – Pediatric Summer Academy (Elective) (1 credit hour) Dr. Terrance Zach

This elective is an opportunity for medical students, in good academic standing, to enhance their clinical skills between their first and second year. The course will occur between May and June. Students will be expected to complete at least 3 of the 7 weeks available. The course will include shadowing physicians, attending lectures, and learning on patient simulators. Upon satisfactory completion of the course, the student will receive one academic credit on their final transcript.

FAP 475 – M1 Summer Family Medicine Preceptorship (Elective) (1 credit hour) Dr. Eugene Barone

This elective is an opportunity for medical students, in good standing, following their first year in medical school, to learn some clinical and communication skills on a one-to-one basis with a board-certified physician. It involves observing clinical ambulatory practice in Family Medicine. The level of hands-on involvement is something that will be established between you and your preceptor. This five-week preceptorship is to be completed during May and June following your M1 year.
FAP 475 provides an opportunity for the student to earn credit by working with a board-certified physician in the Omaha metro area, rural locations, and perhaps your own hometown. We have a network of physicians who work with our students in both the Omaha area and a number of rural locations. Please contact the clerkship coordinator of Family Medicine to discuss the possibility of a placement at one of our established sites.
II. COMPONENT II – SECOND YEAR (38 credit hours)

In the second year, students continue learning basic science along with clinical medicine. The second year is organized as a series of organ system-based courses, each presented by a multidisciplinary team of faculty. Within each course, normal physiology and histology of the system are presented along with the pathology of common diseases, and the medical and pharmacologic approaches to diagnosis and treatment. Each course uses a variety of formats, including case presentations, lectures, small group discussions, laboratory sessions, computer-aided instruction, team-based learning and independent study. In addition, in the Applied Clinical Skills course, students use small groups to learn interviewing skills and attend an outpatient clinic for two half days per month to reinforce history and physical examination skills.

<table>
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<tr>
<th>Course #</th>
<th>Name</th>
<th>Cr hrs</th>
<th>Wks</th>
<th>Lect.</th>
<th>Small Group</th>
<th>Labs</th>
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*Includes multidisciplinary conferences, panels, review, and Q&A sessions. Not included are online quizzes and essays.
IDC 201 – Cardiovascular System (4 credit hours) Dr. Michael Del Core

This 4-semester hour interdisciplinary course surveys normal and abnormal function of the cardiovascular system, integrated with a consideration of cardiovascular abnormalities and appropriate therapy for these conditions.

In conjunction with a discussion of the normal structure and function of the cardiovascular system, students learn the pathophysiology and pathology of the common disorders of the heart and vascular structures. Students also study the pharmacology and therapeutic principles of the common agents used in cardiovascular medicine. Clinical skill instruction includes interpretation of electrocardiograms, echocardiograms, and auscultation of the heart. Students also work through a series of clinical cases gaining experience in developing a differential diagnosis and management plan.

IDC 203 – Respiratory System (3 credit hours) Dr. Adam Wells

This three credit interdisciplinary course surveys normal and abnormal function of the respiratory system. The course will teach you the anatomy and physiology of the lungs and airways as well as the diagnosis and treatment of medical problems of the respiratory system including asthma, chronic obstructive pulmonary disease, neoplasms, thrombosis, and neonatal respiratory problems.

After a discussion of the embryology and the normal structure and function of the upper and lower respiratory system, you will study the pathology and pathophysiology and the common disorders of the respiratory system and the pharmacology and therapeutic principles of the common agents used in respiratory medicine. The course includes an introduction to environmental respiratory diseases. Clinical skill instruction includes pulmonary function measurement. Through study of clinical cases, you'll gain experience in developing a differential diagnosis and management plan.

IDC 205 – Renal-Urinary System (3 credit hours) Dr. Sunil Jagadesh

This three-credit interdisciplinary course teaches the anatomy and physiology of the kidney and urinary systems and the physiology of body fluid and electrolyte homeostasis. Additionally, it introduces the diagnosis and treatment of medical problems of the renal and urinary system including fluid and electrolyte disorders, glomerular and non-glomerular kidney disorders, acid-base disorders, chronic renal failure, renal and urinary tract neoplasms, voiding disorders, and renal stone disease.

- Phase 1 focuses on core concepts related to body fluids and normal human renal anatomy, histology, embryology and physiology.
- Phase 2 then builds upon this core knowledge by discussing renal pathophysiology, the tools utilized for clinical diagnosis of renal disease, the structural and functional manifestations of prevalent causes of
renal disease, and the therapeutic strategies and pharmaceutical agents used by clinical nephrologists to treat renal diseases.

- Phase 3 switches the focus to the anatomy, structure, function, pathologies, and dysfunction of the urinary tract, and the therapeutic strategies and pharmaceutical agents used by clinical urologists to treat these diseases.

**IDC 207 – Hematology-Oncology (3 credit hours) Dr. Bryan Teruya**

This 3-semester hour course covers the normal and abnormal aspects of the hematopoietic system including anatomy, physiology, pathology, and clinical disorders of blood cells, bone marrow, lymph nodes, spleen and other lymphoid tissues. Other topics covered include hemostasis, thrombosis, cancer chemotherapy, and transfusion medicine and an introduction to the discipline of oncology. The course surveys the neoplastic and non-neoplastic disorders of the red blood cells, white blood cells and platelets and the basic principles of common laboratory techniques used in diagnosing hematopoietic disorders. Additionally, the course discusses the molecular basis of neoplasia, and the indications for and toxicity of chemotherapeutic agents used in oncology.

The course is divided into 4 blocks:

- **Block 1: RBC & Anemia:** This block includes a phlebotomy lab and a histology lab.
- **Block 2: Platelets & Coagulation:** This block includes a microscope session and review of peripheral blood smear.
- **Block 3: WBC/Leukemia/Lymphoma & Oncology:** This block includes a histology lab.
- **Block 4: Cancer Chemotherapy & Transfusion Medicine:** This block includes a histopathology lab.

**IDC 209 – Gastrointestinal System (3 credit hours) Dr. Roger Reidelberger**

This three-week interdisciplinary course teaches the normal histology, embryology and physiology of the gastrointestinal system, integrated with a consideration of gastrointestinal system abnormalities and appropriate therapy for these conditions. The course includes lectures, laboratories, small group discussions and a multi-disciplinary conference that provide learning experiences on the anatomy, histology, physiology, pathology and basic clinical medicine of the gastrointestinal system. It begins with embryology of the gastrointestinal system and progresses from the oral cavity distally through the gastrointestinal tract, combining basic sciences with relevant clinical material.

**IDC 211 – Musculoskeletal-Integument System (2 credit hours) Dr. Carol Lomneth**

This is a two-semester hour course in the second year of the medical curriculum containing instruction in the normal functions and diseases of the musculoskeletal and integumentary systems. The course will cover the normal histology, embryology and function of the two systems integrated with a consideration of musculoskeletal/integumentary abnormalities and appropriate therapy for these conditions. The course will
consist of didactic instruction, clinical discussion, small group discussions, and a multidisciplinary conference. Reading assignments are meant as preparation for lectures and should be completed before class. Additional reading may be assigned at the beginning of each lecture.

**IDC 216 – Endocrine-Reproductive Systems (4 credit hours) Dr. Peter Abel**

This four-week interdisciplinary course consists of lectures, laboratories, small group discussions and multidisciplinary conferences that provide learning experiences on the anatomy, histology, physiology, pathology, pharmacology and basic clinical medicine of the endocrine and reproductive systems integrated with a consideration of endocrine/reproductive abnormalities and appropriate therapy for these conditions. The first seven days focus on endocrine systems, beginning with the hypothalamic/pituitary axis, and continuing with the adrenal gland, calcium homeostasis, thyroid gland, the endocrine pancreas and homeostatic control of metabolism. Then the focus shifts to male and female reproductive systems, including normal pregnancy and delivery and diseases of reproductive organs.

**IDC 222A Physicians Lifestyle Management (0 credit hour) Dr. Michael Kavan and IDC 222 – Physicians Lifestyle Management (1 credit hour) Dr. Michael Kavan**

The two Physician Lifestyle Management courses are semester-long courses, in the fall and spring semesters respectively, that comprise a number of mandatory events, lectures and experiences focused on the professional development of medical students. Four specific areas of development are explored; 1) Professionalism, 2) Career Development, 3) Personal Growth and 4) Leadership Development. By participating in classes and activities, students have the opportunity to learn about and develop lifestyle management competencies that contribute to becoming a successful physician, including: self-knowledge, study skills, career development, financial management, professionalism and leadership.

**IDC 233 – Infectious Diseases (4 credit hours) Dr. John Horne**

Worldwide, infections cause more morbidity and mortality than any other disease. Increases in world travel now result in the transport of patients with exotic infections to our clinic doorstep. This course will help students understand the structures of individual organisms, their pathogenic potential, and diagnosis and treatment of the diseases they cause. It is also meant to set the stage and serve as a basis for understanding the infections taught in subsequent M2 system courses and encountered during clinical rotations. The course uses lectures, laboratory exercises, and small group cases to help the students become familiar with the pathogenesis, epidemiology, diagnosis, treatment, and prevention of important bacterial, viral, fungal, and parasitic infectious diseases.

**IDC 243 – Behavioral Medicine II (3 credit hours) Dr. Robert Coleman and Dr. Jamie Snyder**

The course goals are to enable students to gain a foundation of knowledge of DSM-5 psychiatric disorders for interacting with, assessing, diagnosing, and treating patients with psychiatric illnesses; and to increase
student understanding of, and ability to manage, the emotional, behavioral, psychiatric, and communications aspects of the clinical encounter with patients, and thereby prepare students for their clinical clerkships.

The course presents a series of lectures along with cases and required reading. The central purpose of the course is to enable students to understand the biological and psychosocial origins of psychiatric syndromes, their definitions and symptom features, and diagnostic criteria, as delineated in the Diagnostic and Statistical Manual of Mental Disorders - 5th edition, (DSM-5). Students will gain an understanding of the role of genetics, growth and development, environmental and psychosocial risk factors, dynamic experiential factors, and personality as parts of the complex process that eventuates in psychiatric disorder in some individuals. Students will gain a foundation of knowledge for assessing patients for psychiatric illness, interacting with them comfortably, diagnosing psychiatric illness, and making recommendations for pharmacological treatment and psychological therapies. In addition, there will be a small group discussion of a notable short memoir of psychiatric illness, Darkness Visible, written by the late novelist, William Styron.

The Behavioral Medicine II course allows students to apply knowledge gained in the first year in the Behavioral Medicine I course – the bio psychosocial systems perspective, human development, cognitive and emotional functioning, and normal human behavior. The readings and cases assume knowledge in those areas and increase the ability to integrate knowledge of normal human development with psychopathology and psychiatric syndromes.

IDC 244 – Multisystem Disease/Social Determinants of Health (3 Credit Hours) Dr. Robert Coleman and Dr. Sandra Howell

The first part of the course will focus on Social Determinants of Health, which will include a discussion of health, wellness, disease, and factors that affect individuals and communities in their ability to obtain and maintain health. We will focus on the medical implications of social marginalization, which is a condition that often places a person, family or community in a position of disadvantage in relationship to obtaining nutritious food, clean water, education, work, and access to health education and health care. You will visit agencies that provide services to socially marginalized members of our community, in student teams, and then share your experience with your classmates.

The second part of the course will focus on homeostasis, nutrition and multisystem disease. Topics will include diseases related to nutritional deficiencies, multisystem manifestations of genetic disorders, exposures to toxins, infectious diseases, neoplasms, substance abuse and addiction, and trauma. A review of the effects of drugs on multisystem disorders and a brief seminar on physiologic and pathologic changes associated with aging will be included.
IDC 279A – Case Studies in Medicine (0 credit hours) Dr. Poonam Sharma and IDC 279 – Case Studies in Medicine (2 credit hours) Dr. Poonam Sharma

The two Case Studies in Medicine courses are semester-long courses, in the fall and spring semesters respectively, that help the student develop the analytical skills to assess patients’ conditions and to use clinical laboratory data to develop a differential diagnosis and treatment plan. Working as a team, students learn to work through a case from diagnosis to therapy to expected outcomes.

IDC 290 A– Applied Clinical Skills (0 credit hours) Dr. Jason Lambrecht and Dr. Robert Coleman and IDC 290 – Applied Clinical Skills (3 credit hours) Dr. Jason Lambrecht and Dr. Robert Coleman

The two Applied Clinical Skills courses are semester-long courses, in the fall and spring semesters respectively, that prepare the M2 student for the 3rd year of medical school and beyond by developing his or her history taking, interviewing, physical exam and clinical reasoning skills.
III. COMPONENT III – THIRD YEAR (51 credit hours)

Component III is organized into seven clerkships and three electives within six 8-week rotation periods. Additionally, it includes two longitudinal courses, Dimensions in Clinical Medicine and Physicians Lifestyles Management. The first rotation begins early in July and is preceded by a one-day mandatory orientation and a one-day clinical skills training. The last rotation ends in mid-June. Component III students are required to complete all their clerkships at Creighton University Medical Center – Bergan Mercy, St. Joseph’s Hospital and Medical Center or at other sites affiliated with the School of Medicine. The third year comprises the core clinical clerkships (48 credit hours).

Students are scheduled into one of seven groups that rotate through clerkships in:

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<th>Course #</th>
<th>Title</th>
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<tr>
<td>NEU 301</td>
<td>Neurology</td>
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<td>PBS 301</td>
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<td>SUR 301</td>
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<td>8</td>
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IDC 301 – Family Medicine (4 credit hours) Dr. Eugene Barone & Dr. Ed Paul (interim)

The outpatient arena is a place of significant and rapid diagnostic and therapeutic decision-making. It can be an equally exciting environment in which to learn. The role of the student in the ambulatory setting is usually more hands-on than in the inpatient setting. You will often be the initial person to acquire the history from a patient.

The most important skills for success in the ambulatory medicine setting are efficiency, organization, and the abilities to think on your feet and tap into a solid knowledge base. A successful ambulatory experience will help you acquire skills you will use throughout your career, no matter which specialty you choose.

Patients see physicians in primary care clinics to get a “general checkup” or for specific concerns. You may see new patients who present to establish themselves with a primary care physician (i.e. no chief
(complaint), patients with an acute complaint, or patients with chronic medical problems requiring close and frequent follow-up. You may be working with a single physician in one-on-one sessions or you may be part of a group working with one or more supervising physicians.

**MED 301 – Inpatient Medicine (8 credit hours) Dr. Bruce Houghton, Dr. Sai-Sridhar Boddupalli & Dr. Sonal Haerter**

The Internal Medicine Clerkship is a required eight-week clinical rotation in the third year of medical school. It is composed of two four-week sessions. You will care for some very complex patients with multiple chronic and acute medical problems. You will also have the opportunity to see some esoteric and complicated tertiary care patients. The Department of Medicine views this Clerkship as integral to your development as a physician. We believe that what you will learn over the next eight weeks will be of use to you no matter what field of Medicine you ultimately choose.

The scope of Internal Medicine can be daunting. We have designed the Clerkship to promote self-directed, reflective learning habits that should serve you well throughout your career. You are expected to take the initiative in all aspects of your learning. This includes actively seeking feedback, participating in discussions, sharing your knowledge with others, and of course, spending time with your patients.

**NEU 301 – Neurology (4 credit hours) Dr. Rammonhan Sankaraneni & Dr. Amy Borazanci**

This core clerkship is designed to give the student experience in evaluation of patients with neurological disorders, to provide an opportunity to master the neurological exam and to enhance knowledge of common neurological diseases.

**OBG 301 – Obstetrics and Gynecology (6 credit hours) Dr. Gina Harper-Harrison & Dr. Mario Castellanos**

During this clerkship, students will gain medical knowledge and develop the ability to apply the information in the clinical setting for the diagnosis and management of common obstetrical and gynecologic health problems of patients. Students will also develop the ability to promote women’s health through education, risk reduction, and health promotion strategies that are based on best current medical evidence.

**PDT301 – Pediatrics (6 credit hours) Dr. John Schmidt, Dr. Cara Wright-Talamente & Dr. Stephanie Conrad**

Medical students will receive a well-rounded experience in pediatrics. Students should gain an appreciation for both the acute medical care and the preventative care of the pediatric patient population. The students will develop the ability to apply basic clinical skills and knowledge in the examination, diagnosis and management of common health problems in pediatric patients in both the outpatient and inpatient setting.
**PBS 301 – Psychiatry (6 credit hours) Dr. PJ Malin & Dr. Curtis McKnight**

The Psychiatry Clerkship is a required six-week clinical rotation in the third year of medical school which focuses on the development of patient care, medical and psychiatric knowledge, system-based knowledge, practice-based learning and improvement, professionalism, and interpersonal and communication skills, in the treatment of the psychiatric patient. Students are supervised by psychiatry faculty in a variety of care settings.

**SUR 301 – Surgery (8 credit hours) Dr. Marcus Balters & Dr. Thomas Gillespie**

Our Goal is to teach the basics of procedural medicine. Students will learn surgery as a component of integrated medicine directed towards promoting health through safe and effective procedures applied through best medical evidence.

This eight-week clerkship is divided into three components: All students will participate in two 3-week general surgery rotation, and one 2-week sub-specialty rotation. During the two general surgery rotations, you will be an integral part of the surgical team. The rotation is designed to introduce you to the “core” of knowledge, skills, behaviors, and attitudes regarding surgery which are fundamental to the medical practice of all physicians, whether you are considering a career in surgery, have no interest in a career in surgery, or don’t yet know. This experience will be intense as well as exhilarating; physically, mentally, and emotionally. It will challenge you to perform to the utmost of your abilities.

**Electives (6 credit hours)**

Students in the third year must take three, two credit hour electives. These electives are completed at the beginning, middle and end of the six-week clerkships in Psychiatry, Pediatrics and Obstetrics and Gynecology, respectively. Student may choose from electives in various specialty areas, including Anesthesiology, Dermatology, Emergency Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, Physical Medicine and Rehabilitation, Pathology, Radiology and Radiation Oncology.

**DCM 301A – Dimensions of Clinical Medicine (0 credit hours) Dr. Eugene Barone & Dr. Randy Richardson**

**DCM 301 – Dimensions of Clinical Medicine (2 credit hours) Dr. Eugene Barone & Dr. Randy Richardson**

These courses are designed as an experience to provide a forum to cover topics critical to the clinical practice of the art of medicine. Presentations and lectures will focus on medical concerns related to current issues such as evidence-based medicine, patient safety, legal topics, and other relevant topics. Sessions for this course will be held during week three of the 8-week rotations. "A student with an excused absence from a Dimensions seminar for any reason will be assigned a makeup assignment by the clerkship director in collaboration with the component director. Failure to complete this requirement or an unexcused absence from the Dimensions seminar will cause the student to appear before the Advancement Committee."
The two Physician Lifestyle Management courses are semester-long courses, in the fall and spring semesters respectively, that comprise a number of mandatory events, lectures and experiences focused on the professional development of medical students. Four specific areas of development are explored; 1) Professionalism, 2) Career Development, 3) Personal Growth and 4) Leadership Development. By participating in classes and activities, students have the opportunity to learn about and develop lifestyle management competencies that contribute to becoming a successful physician, including; self-knowledge, study skills, career development, financial management, professionalism and leadership.

IV. COMPONENT IV – FOURTH YEAR (36 credit hours)

The fourth year prepares students for residency and provides a chance to explore their own interests in specialized areas of medical practice. Each student must complete at least 36 weeks of courses that include:

- A 4-week critical care selective
- A 4-week sub-internship selective or second 4-week critical care selective
- A 4-week capstone selective in April
- 24 weeks of electives including at least 16 weeks of clinical electives and no more than 8 weeks of non-clinical electives

Critical Care selectives provide the student with experience in caring for inpatients with life-threatening illnesses. Critical Care selectives may require overnight and weekend call.

Selectives are chosen from specific groups of specialty electives. Clinical electives may include sub-internships (Sub-Is) that provide the student with experience and preparation for inpatient medical care. Sub-Is may be done in Medicine, Pediatrics, Family Medicine, Obstetrics and Gynecology, Surgery, Psychiatry, or Neurology. When students are performing a Sub-I, regardless of department, they should act in all capacities as an intern, albeit with a smaller number of patients and greater supervision. The experience should include call if possible and may include outpatient medical care.

In completing the 36 weeks of Component IV coursework, students may choose up to three extramural elective blocks at approved LCME-accredited medical schools, ACGME-accredited residency programs, and/or military hospitals/clinics. A fourth extramural elective is allowed but will not be counted toward the required 36 weeks. No more than three essentially identical electives may be taken during the Component IV academic year.

During the fourth year a student must take and post a passing score for Step 2CK and Step 2CS of the USMLE prior to graduation.
V. MEDICAL STUDENT TRAVEL AWARD TO PRESENT SCHOLARLY WORK

PURPOSE

The Creighton University School of Medicine (CUSOM) encourages medical students to participate in research and scholarly projects that enhance their educational experience and improve the lives of others. In order to support this mission, the CUSOM may provide travel awards to supplement medical student costs of attendance to present scholarly work at extramural regional or national conferences.

ELIGIBILITY

To be eligible to apply for travel support, the medical student must:

- Be a registered medical student in good academic standing in the CUSOM
- Be presenting scholarly work performed while matriculated in the CUSOM, preferably with a CUSOM faculty mentor
- Be attending an extramural regional or national conference that is not sponsored by the CUSOM, CHI Health, or Dignity Health
- Complete and submit the award application in the quarter prior to conference attendance (See below Submission & Review)
- If awarded, adhere to the absence policy in the CUSOM Student Handbook by completing an absence request form to be excused from mandatory activities or clinical duties before conference attendance, and by completing any make-up assignment as directed by the Component Director and/or Course Director
- If awarded, adhere to the reimbursement procedure to receive award funds

The travel award will neither be provided to a student whose intent is to solely attend a conference (i.e., not presenting scholarly work), nor will it be provided for international travel to present scholarly work.

AWARD

Travel award amount is dependent upon the number of applications received, the amount of available funds, competitive review of the scholarly work, and prior receipt of award(s) by the applicant. An application may be awarded for any amount up to but not exceeding $750 for estimated allowable expenses. The travel award amount may not cover the total costs of conference attendance. For some applications, no award may be given. There is no limit to the number of travel awards that an individual student may apply for or receive, but preference may be given to first-time applicants.
ALLOWABLE EXPENSES

The travel award is intended to offset the student’s costs of conference attendance. Allowable expenses include:

- Conference registration fee
- Transportation
- Lodging
- Meals
- Poster printing

Students are expected to use the more economical choice of airline or automobile transportation. Airline flights are acceptable for distances in excess of three hours driving time. Automobile mileage will be reimbursed at the approved Creighton University rate only to the student whose car is being driven if carpooling. Automobile mileage reimbursement will not be given if the cost of flying is less than the cost of driving. No reimbursement will be provided for expenses incurred by family members or guests accompanying the student. No reimbursement for alcohol is permitted. Itemized original receipts are required for all allowable expenses other than automobile transportation.

SUBMISSION & REVIEW

A quarterly submission and competitive review process will be used by the Medical Education Management Team (MEMT) to make travel award decisions. Students must complete application by the last Wednesday of the quarter prior to that in which travel is planned as follows:

- Quarter 1: Submit application by last Wednesday in Jun for conference travel beginning in Jul, Aug, Sep
- Quarter 2: Submit application by last Wednesday in Sep for conference travel beginning in Oct, Nov, Dec
- Quarter 3: Submit application by last Wednesday in Dec for conference travel beginning in Jan, Feb, Mar
- Quarter 4: Submit application by last Wednesday in Mar for conference travel beginning in Apr, May, Jun

The MEMT will generally review applications on the first Tuesday of each quarter and communicate travel award decisions as soon as reasonably possible. The student must electronically submit the following information: Student name, class, campus location, and faculty mentor name. Conference, location, and dates of attendance. Type of presentation (poster or oral). Presentation title and abstract. Author information (indicating author order and student role). Estimates of allowable expenses by category. Prior funding status.

Electronic submission must be completed using the following link: Travel Award Application

The MEMT will consider only one application per student per quarter, and only one application for presentation of scholarly work authored by more than one student in attendance at a conference.
Generally, the applicant is expected to be the first student author on the scholarly work and the primary or sole presenter at the conference.

DISTRIBUTION

The travel award will be given as reimbursement of allowable expenses paid that must total or exceed the award amount, or the award amount may be reduced. Original itemized receipts or electronic receipts must be provided within five business days following conference travel to the students’ respective campus representative:

MonicaMartin@creighton.edu  Omaha Campus | Criss III Rm 463 | 402.280.3600
Cathy.Carlisle@dignityhealth.org  Phoenix Regional Campus | Norton Manor | 602.406.3253

A Travel and Expense Reimbursement (TER) form for payment by direct deposit to the student’s account will be completed by the campus representative to ensure required documentation is obtained from the student.
VI. CLINICAL EDUCATION & SIMULATION CENTER

The mission of the Simulation Education Center shall be to assist health sciences faculty in the development, implementation, and evaluation of educational sessions for Creighton University health sciences learners at various levels of training. We exist to enhance the learning process and increase learner satisfaction with their educational experience. We promote faculty development and are committed to the advancement of excellence in education at Creighton University so that graduates are able to provide comprehensive and safe patient care. The goals and objectives for all of our activities are designed to provide learners with opportunities to demonstrate clinical competence in a safe and constructive environment. Learners are given opportunities to demonstrate proficiency in a variety of skills, while showing compassion and sensitivity to patient needs and concerns. Learners are taught to work as a team and are encouraged to reflect upon their experiences. Educational sessions are designed to promote an awareness of, and responsiveness to, the larger context and system of health care and the ability to call upon system resources to provide quality patient care. It is our goal to foster professional behavior that acknowledges the mission and vision of Creighton University.

VII. STUDENT EVALUATION OF CURRICULUM

The participation of course, faculty, and curriculum evaluation is part of students’ professional responsibility. Constructively evaluating the curriculum ensures the best possible education for current and future students. Student evaluations serve as a source of data for continual improvement and are regularly reviewed by course faculty, course/component directors, and the Evaluation Committee. Student evaluations are anonymous and confidential. Students are expected to complete all assigned evaluations within 14 days of course completion.

In the M1 and M2 years, students are required to complete all course, small group, peer, and end-of-year evaluations. Students will be randomly assigned to evaluations for approximately 50% of course faculty and will be required to complete assigned evaluations. In the M3 year, students are required to complete all clerkship, elective, and end-of-year evaluations, and 50% of preceptor and lecturer evaluations per clerkship. In the M4 year, students are required to complete all elective course and course director evaluations. In all years, students will have the option and be encouraged to evaluate 100% of course faculty and preceptors.

Failure to complete an assigned evaluation in a course will be considered a lapse in professionalism and result in a series of actions:

1) Incomplete evaluations in the first three courses will result in an email notice of the lapse in professionalism and reminder of the policy.
2) Incomplete evaluations in each subsequent course will result in an official letter noting the lapse in professionalism to be placed in the student’s academic file.

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Approved MEMT 06.19.18 | EPC 06.26.18 | Med Exec 07.13.18
3) Excessive notices may be noted as a lapse in professionalism in the student’s MSPE at the discretion of the Associate Dean for Student Affairs.

The Director of Program Assessment will be responsible for 1) monitoring student adherence to the policy, and 2) notifying the Associate Dean for Medical Education of individual non-compliance requiring action.

VIII. CURRICULUM ASSESSMENT

Ongoing evaluation of all elements of the curriculum is essential to maintain continuous improvement of the curriculum. Evaluation of the curriculum is performed by students, faculty and staff. The process is coordinated by the staff of the Office of Medical Education and is performed by the Evaluation Committee. The Evaluation Committee (six faculty and two students) is responsible for the evaluation of all required courses, clerkships, and a representative sample of elective courses on an annual basis. The committee determines what data are needed, including but not limited to:

- Course or clerkship syllabus and handbook materials
- Student evaluations of a course or clerkship
- Student assessment and grading methods
- Student performance in a course or clerkship
- Annual course/clerkship report (the course/clerkship director must submit a response to a series of course assessment questions at the completion of the course)

The Evaluation Committee recommendations are presented at an annual course meeting (including the Course Director, Department Chair of the Course Director, Component Director, the Assistant Dean for Medical Education, the Associate Dean for Medical Education, and the Director of Program Assessment) and utilized to generate action plans for making revisions to the course. The culmination of these activities is presented in a final course review report that is presented to the Educational Policy Committee at its regular monthly meeting. The Educational Policy Committee accepts the findings and recommendations of the Evaluation Committee and/or asks for a response from the course/clerkship director. After resolution of all outstanding issues, the amended report is approved by the EPC and sent to the course director and department chair for implementation of the recommendations.

The Educational Policy Committee monitors the curriculum by examining course, clerkship, elective, and component evaluations (when requested) provided by the Evaluation Committee. The Evaluation Committee performs program evaluation using data from the AAMC Year 2 Questionnaire, AAMC Graduation Questionnaire, and surveys of first year residency program directors. Program evaluation is also aided by examination of USMLE Step 1 and 2 scores.
Students are assessed in cognitive, affective, and psychomotor domains in all courses with an emphasis on formative assessment throughout the course providing frequent feedback to the student. Examinations and quizzes are coordinated in all components. Honors/Satisfactory/Unsatisfactory grading is used in all courses; written and narrative assessment of students is provided where appropriate. Students are evaluated individually against curriculum standards and are not ranked. The United States Medical License Examination (USMLE) Step 1 must be passed before progressing into Component III. Taking and posting a score for USMLE Step 2 CK and CS is required to complete Component IV.
<table>
<thead>
<tr>
<th>Component</th>
<th>I</th>
<th>II</th>
<th>III</th>
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9. ACADEMIC STANDARDS

I. EXAMINATIONS

Examinations vary in frequency and format. Students are expected to take examinations at the scheduled time. It is mandatory that all students arrive by the advertised time to the assigned room and be prepared to sit for the given course or NBME Subject Examination. Students taking NBME Subject Examinations must also sign in. Students who arrive late for an exam must still complete the exam within the predetermined time period (i.e., no additional time will be added to the original starting time). Any student who is unable to take an examination at the scheduled time must request special arrangements in advance as explained in Part 6, Section V of this Handbook. At the end of each clerkship in Component III, students must pass a National Board of Medical Examiners (NBME) Subject Examination. A student who does not pass an NBME Subject Examination and is eligible to retake the examination must retake it 4 weeks after the failure. If the student is in the Neurology or Family Medicine Clerkship then special concessions will be arranged with the Component III Director and the Associate Dean for Student Affairs. At the end of the academic year concluding in June; retakes must be completed within two weeks. Students who must retake an NBME Subject Examination are not eligible to receive the Honors grade (SH). Students are approved to advance to the next component after meeting all clerkship, elective, and other course requirements (for example Physician Lifestyle Management, Dimensions of Clinical Medicine, etc.).

Students must take their clerkship NBME subject examination following the completion of their clerkship at the campus in which they completed their clerkship. At the discretion of the Component III Director in Omaha or the Assistant Dean for Medical Education in Phoenix, the student may be allowed to take the subject exam at the other medical school campus from which the student completed their clerkship. The student must petition the administration of their home campus electronically to take the exam at the other campus at least 30 days before the exam and permission must be granted electronically by the administration 14 days prior to the exam date. These timeframes are to insure that the accepting campus has adequate computer space, proctors, and appropriate Subject Exams at the new location. There will be no other examination sites allowed other than at the two medical school campuses.

II. GRADING

Course Directors (including Preceptors) of courses, clerkships, and electives in the School of Medicine are the instructors of record and assign grades at the end of each course, clerkship, or elective. Instructors evaluate students in a manner that is fair, unbiased, and consistent with the criteria and mechanisms announced at the beginning of the course, clerkship, or elective. Final course grades are Honors (SH), Satisfactory (SA), or Unsatisfactory (UN):
A. Honors (SH)
   The student performs exceptionally well as defined by the criteria for honors in the course syllabus.

B. Satisfactory (SA)
   The student completes all course requirements in a satisfactory manner as defined by criteria in the course syllabus.

C. Unsatisfactory (UN)
   The student fails to meet the minimum requirements for a course, clerkship, or elective as defined by criteria in the syllabus or meets one or more of the following criteria:
   1. In Component I or II, attains an overall course average less than 65%, or attains an overall course average below 70% AND has previously received a grade of UN and/or a temporary grade of I (i.e., the student had a final course average between 65-70%) in two or more courses in that Component.
   2. In Component III, fails an NBME Subject Examination from a clerkship twice, or fails an NBME Subject Examination AND has previously received a grade of UN and/or a temporary grade of I in two or more Component III clerkships.
   3. In Component III or IV, fails the clinical component of a clerkship or elective, or fails to complete the requirements of a course within one year, or

D. Incomplete (I)
   A student may temporarily receive a grade of Incomplete (I) if he/she:
   1. has a final course average between 65-70% and is eligible to take a make-up examination before receiving a final course grade in Component I or II. A student is eligible to take make-up examinations in a maximum of two courses per academic year, but may not take a make-up exam if he/she has previously received a UN and/or I in any two previous courses during the Component. The Advancement Committee determines if a student is eligible to take a make-up exam.
   2. has failed a Component III NBME Subject Examination once and is eligible to take a second NBME Subject Examination before receiving a final course grade. A student is eligible to take a make-up examination in a maximum of two clerkships. A student failing an NBME Subject Examination in a third clerkship will receive an Unsatisfactory grade for that clerkship and will be referred to the Advancement Committee for action.
   3. has been granted an extension to complete course requirements (e.g., OSCE/CSE, H&Ps, written assignments, etc.)

The grade of Incomplete (I) is changed to Satisfactory (SA) when the student satisfactorily completes all required work for the course, clerkship, or elective within the time granted for the extension. If the student has not completed the required work in a satisfactory manner within the time granted (in no case later than one year after the completion of the original course), the Incomplete (I) is changed to Unsatisfactory (UN).
E. Withdrawal (W)

A grade of Withdrawal (W) will be recorded and no credit received when a student officially withdraws from a course while in good standing following consultation with the Associate Dean for Student Affairs.

III. GRADE GRIEVANCES

A. Review of Exam Items

In Components I and II, students are offered an opportunity to review the answer key to major internally prepared course examinations and to submit comments about poorly written questions that they believe have resulted in erroneous conclusions about students' competency. The Component Director schedules the comment session after the last student completes the exam. The scheduled comment session is the only opportunity for student review of an exam answer key. The answer keys to extramural examinations, such as NBME shelf exams, are not subject to review.

Student comments on exam items are reviewed by two students elected annually by the class. The elected class officers, called the Unit Chairs, then meet with the Course Director and the Component Director to present any objections to the exam items or the answer key. The Component Curriculum Coordinator schedules the meeting at a time convenient to both the Unit Chairs and the course director, allowing the unit chairs sufficient time to review the student comments. The course director may invite other members of the course faculty to supply expertise at the meeting. After considering the comments presented by the unit chairs, the course director and the component director respond to the unit chairs with a decision to leave the items discussed unchanged, remove the item from the exam, or accept two or more answers that are judged equally valid. All challenges to any exam question must be presented by the unit chairs at this meeting – there is no other process for requesting a change to an exam answer key.

In Component III, students will have ten (10) days from the release of the final clerkship grades to review final summative narrative comments and address any concerns with the Clerkship Director. No modification to the final summative narrative comments will be allowed after this period.

B. Review of a Final Course Grade

Students may dispute a final course grade of Unsatisfactory (UN) that they believe it has been assigned in an arbitrary or capricious manner. The student must attempt to informally resolve grade disputes with the course director. If the course director elects to alter the grade as a result of this informal request, the same consideration is applied to the grades of all students enrolled in the course or clerkship. If the issue is not resolved by conferring with the course director, the student and the course director may confer with the component director. If the course director and component director elect to alter the grade, the same consideration is applied to the grades of all students enrolled in the course or clerkship.
If the grade dispute is not resolved informally, the student may formally dispute the grade assignment to the Associate Dean for Medical Education. To initiate the grade grievance process, the student must explain in writing why he/she believes the grade was assigned in an arbitrary or capricious manner. The student must submit the grade grievance, along with any supporting written documentation, to the Associate Dean for Medical Education within 10 working days of the release of the course grade. If, prior to the official release of the course grade, the course director informs the student in writing that the final calculation of course grades indicates that he/she will receive a grade of Unsatisfactory, the 10 day time period will begin with the written notification. Following receipt of a grade grievance, the Associate Dean for Medical Education will chair and appoint an ad hoc Committee composed of three faculty members who are course directors and two students. The Component Director responsible for the course in question serves as an additional non-voting member of the committee. The chair is a non-voting member, except in the case of a tie. A quorum consists of four voting members. The Assistant Dean for Medical Education may substitute for the Associate Dean as chair of the committee.

The Component Director will provide the committee with the course syllabus, any additional information on grading policy, and all written documents evaluating the student’s performance that have previously been shared with the student. This information will also be provided to the student making the grade grievance. Within 10 working days of being convened, the Grievance Committee will review the student’s grade grievance. If the committee finds that the assignment of the grade resulted from consistent and fair application of the mechanisms of evaluation, the Associate Dean for Medical Education informs the student, in writing, that the grade grievance is denied and the process is terminated. Otherwise, the committee identifies any mechanisms that were applied arbitrarily and capriciously and formulates a plan to address the deficiencies. The Associate Dean for Medical Education will present the decision to the Course Director, who will apply the plan and recalculate the grade. The same adjustment process must also be applied to the grades of all students enrolled in the course or clerkship. The Associate Dean for Medical Education will then inform the student, in writing, of the decision, and the process is terminated.

### IV. UNSATISFACTORY ACADEMIC PERFORMANCE

Satisfactory academic performance requires that a student record a grade of at least Satisfactory (SA) in all courses. A student who receives an Unsatisfactory (UN) grade in any course, clerkship, or elective is referred to the Advancement Committee. A student who receives an Unsatisfactory (UN) grade in two or more courses, clerkships, or electives or who receives an Unsatisfactory (UN) grade in the same course, clerkship, elective twice, or failure to pass Step 1 by the third attempt has not met the Academic Standards of the School of Medicine and is referred to the Advancement Committee for Review of Academic Status (*Part 10 of this Handbook*).
V. BASIC AND ADVANCED CARDIAC LIFE SUPPORT

All students are required to become certified in Basic Cardiac Life Support (BCLS) during the Component I year and Advanced Cardiac Life Support (ACLS) during the Component III year. Students who fail either course and must retake a course or who wish to recertify are responsible for payment.

VI. USMLE STEP 1, STEP 2 CK, AND STEP 2 CS

A. USMLE Step 1

1. All students are required to take the USMLE Step 1 examination immediately following the completion of Component I and II course work and within the designated dates set by the Office of Medical Education and Office of Student Affairs, generally between late May and mid-June of the Component II year. The only exceptions include students remediating a Component II course and those receiving special permission from the school's Academic Success Consultants. Under these circumstances, exam dates will be determined by the Office of Student Affairs. However, no student is allowed to extend the first attempt at the USMLE Step 1 examination beyond one year from the completion of the M2 year.

2. A student must receive a passing score on USMLE Step 1 before advancing to Component III. However, students may begin Component III clerkships in July unless notification regarding their failure of USMLE Step 1 is received by the School of Medicine prior to this start date.

3. A student who fails USMLE Step 1 on the first attempt will be removed from his/her current clerkship at the completion of the four-week clerkship block in which the student receives the exam result. The student will receive credit for any clerkship work completed in a satisfactory manner. The student must re-take the USMLE Step 1 at a date chosen in consultation with the Associate Dean for Student Affairs. Students are encouraged to take their second attempt at USMLE Step 1 within four weeks of being removed from their clerkship schedule, however, students are allowed up to eight weeks to take their USMLE Step 1 if special permission is granted from the Office of Student Affairs for an extension. Following the second examination attempt, the student may resume the Component III curriculum at the beginning of the next clerkship block. A student who fails USMLE Step 1 a second time is removed immediately from the current clerkship and must then meet with the Associate Dean for Student Affairs regarding a course of study and scheduling of the third USMLE Step 1 attempt. This must be taken no later than one year after the first USMLE Step 1 test date. Students will be subject to dismissal if they do not take their third attempt at USMLE Step 1 within the prescribed time. Upon notification of a passing grade, the student must participate in the M3 Orientation immediately prior to starting the M3 year and must complete all clerkships despite any months that have been completed previously. Students will begin the M3
curriculum at the beginning of the next clerkship month and will be placed into clerkships based on available space.

4. Only three attempts are allowed to pass the USMLE Step 1. Therefore, a third failure will result in dismissal from the School of Medicine.

B. USMLE STEP 2 CK and Step 2 CS
1. A student must take the USMLE Step 2 CK and Step 2 CS and the school must receive confirmation of this prior to the student’s anticipated date of graduation.
2. A student is allowed to take the USMLE Step 2 CK examination only after passing the USMLE Step 1 and completing and passing all Component III course work including exams.
3. A student is allowed to take the USMLE Step 2 CS examination only after passing the USMLE Step 1 and completing all Component III coursework and exams. The student must also satisfactorily complete the M3 Clinical Skills Exam prior to taking USMLE Step 2 CS. A student who does not satisfactorily complete the M3 CSE must follow a plan of remediation designed by the Medical Director of the CE&SC and the M3 Component Director in order to be eligible to take USMLE Step 2 CS.

Passing the USMLE Step 2 examinations is not required for graduation. However, residency programs or the military may require passing these examinations by a specified date. In addition, these examinations are prerequisites for USMLE Step 3 eligibility and subsequent licensure.

VII. ADVANCEMENT

Students are approved to advance to the next Component upon meeting all academic requirements of the preceding year. Students are approved to graduate only if they meet all academic degree requirements and professional standards of the School of Medicine.

VIII. GRADUATION REQUIREMENTS

A. Degree Requirements

To receive the degree of Doctor of Medicine (M.D.), a student must have demonstrated the knowledge, skills, maturity, integrity, and professional behaviors necessary to undertake the responsibilities of a physician. The student must have passed all courses, clerkships, and electives in a course of study that meets the requirements of the School of Medicine, pass Step 1 of the United States Medical Licensing Examination, pass the Junior Clinical Competency Examination, take Step 2 CK and CS of the United States Medical Licensing Examination and post a score on each, and pass Advanced Cardiac Life Support.
B. Dual-Degree Programs

Students have the opportunity to earn a Doctor of Medicine and dual degree from another School or College within Creighton University. These dual-degree programs pair the traditional medical curriculum with an advanced degree and allow for joint credit for certain courses. Students must first be accepted into the School of Medicine and then by the Graduate School. Dual-degree programs include:

1. M.D.- Master of Business Administration
2. M.D.- Master of Science in Clinical and Translational Science
3. M.D.- Master of Science in Health Care Ethic

C. Time Limitations

1. M.D. Students:
   For M.D. students, all requirements for the M.D. degree must be completed within six years of their first matriculation date.
2. M.D.-M.S. in Health Care Ethics, M.D.- M.B.A, and M.S. in Clinical and Translational Science
   For students enrolled in the M.D.- M.S. Health Care Ethics, M.D.- M.B.A, and M.D.- M.S. in Clinical and Translational Science dual-degree programs, all requirements for both degrees must be completed within seven years of their first matriculation date.
3. M.D.- Ph.D. Students
   For students enrolled in the M.D.-Ph.D. program, all requirements for both degrees must be completed within 10 years of their first matriculation date.

D. Graduation with Honors

Students graduating from the School of Medicine with outstanding performance may be eligible for summa cum laude, magna cum laude, or cum laude status.

1. Summa Cum Laude
   Students graduating with greater than or equal to 75% of course work, clerkship, and electives with Honors (SH).
2. Magna Cum Laude
   Students graduating with greater than or equal to 60% of course work, clerkship, and electives with Honors (SH).
3. Cum Laude
   Students graduating with greater than or equal to 50% of course work, clerkship, and electives with Honors (SH).
   This calculation is based solely on those courses in which Honors grades are offered within the curriculum.
E. All students must also have a photo taken by the School of Medicine designated photographer to be included in the class composite. This photo is used for identification and verification purposes as students apply for licensure and clinical practice privileges.
10. PROFESSIONAL STANDARDS

Students are expected at all times to (a) act with professionalism, and with academic and personal integrity; (b) respect and promote the dignity of all persons; (c) respect the policies of the Creighton University community and the rights of its members both on and off campus, as well as the just laws of the civic community and the rights of its members; and (d) support the personal, professional, academic, and vocational development of the members of the Creighton University Community.

I. ACADEMIC HONESTY

In keeping with its mission, Creighton University seeks to prepare its students to be knowledgeable, forthright, and honest. It expects and requires academic honesty from all members of the university community. Academic honesty includes adherence to guidelines established by the university, its colleges and schools and their faculties, its libraries, and the computer center. Academic or academic-related misconduct includes, but is not limited to:

- Unauthorized collaboration or use of external information during examinations
- Plagiarizing or representing another's ideas as one's own
- Furnishing false academic information to the university
- Falsely obtaining, distributing, using or receiving test materials including copying or taking photographs of any test materials
- Developing or using study guides for course examinations or National Board of Medical Examiners’ examinations that are known to be based on memorized examination questions
- Altering or falsifying academic records
- Falsifying clinical reports or otherwise endangering the well-being of patients involved in the teaching process
- Misusing academic resources
- Defacing or tampering with library materials
- Obtaining or gaining unauthorized access to examinations or academic research material
- Soliciting or offering unauthorized academic information or materials
- Improperly altering or inducing another to improperly alter any academic record
- Engaging in any conduct that is intended or reasonably likely to confer upon one's self or another an unfair advantage or unfair benefit respecting an academic matter. Students alleged to have engaged in the above behaviors will be subject to reporting to the Associate Dean for Student Affairs and will be subject to the policies and procedures designated for allegations of unprofessional behavior (see Part 10, Section III).
II. PROFESSIONAL ETHICS

Consistent with the Accreditation Council for Graduate Medical Education guidelines, students are expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Therefore, students are expected to demonstrate respect, compassion and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and ongoing professional development. They are also to demonstrate a commitment to the ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Students are also to demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

III. TIMELINESS AND RELIABILITY

Students must be present and ready to carry out assigned responsibilities at the expected time, and must remain until their responsibilities are discharged. Fulfillment of clinical responsibilities and attendance at required activities must be a high priority. For example, if mechanical problems disable a student's car, the student is expected to use a taxi or other form of public transportation to arrive on time. Arrangements for travel out of town must not interfere with clinical responsibilities or attendance at required activities – for example, a student may not ask to be excused from such activities in order to get a lower airfare or on an earlier flight.

IV. DRESS CODE

Omaha Campuses - CHI Health developed the following dress code policy for appropriate dress.

A. Appearance will not distract from our patient centered focus.
   1. Hair (including facial hair) is neatly trimmed and styled.
      a. Length may be individualized but can be restricted according to individual department policies.
      b. No extreme looks are allowed.
   2. Fingernails are neat, clean and well maintained.
      a. Nail polish use may be restricted according to some individual department policies.
      b. Artificial nails are prohibited in departments providing direct patient care (refer to CHI Health Administration policy, "Hand Hygiene").
   3. Aftershave, cologne and perfume will be applied sparingly, as a patient's sensitivity to scents/odors will be considered at all times.
   4. Offensive body odor and poor personal hygiene is not acceptable.
5. No tattoos on the face or front of the neck will be permitted, with the exception of permanent makeup that is not extreme in nature.
   a. In adherence to our core values, tattoos deemed as inappropriate, vulgar, obscene, or in violation of our harassment free workplace policy must be covered at all times while working.
6. Piercings/gauges/body adornments
   a. Facial piercings are limited to one stud piercing and must not exceed 16 gauge.
   b. Ear piercings are acceptable and are limited to three pair per ear.
   c. One gauge per ear is acceptable but may not exceed 10 mm or 00 gauge in a solid plug must be worn at all time while working.
   d. Body dermals and all subdermals (including facial) may not be visible at any time.
7. Jewelry and other accessories may be worn in a moderate manner and must not present a safety hazard to the employee of patient, nor interfere with job duties and or the delivery of patient care.
   a. Will be small in size, not excessive and equipped with safety clasps or guard chains.
   b. Will not cover picture and/or lettering in the Employee ID Badge.
8. CHI Health Identification badge will be worn above the waste at all time while working.
9. Clothing will be neat and clean at all times.
10. Clothing style and “cut” will not be offensive.
    a. Necklines will be modest and not expose cleavage.
11. Skirt lengths will be of conservative; no micro or mini-skirts are allowed.

B. Approved business clothing will include business casual attire, which is pressed, clean and in good condition with no tears or stains.
1. Proper underwear will be worn at all times.
2. Clothing will fit properly and be loose enough to allow performance of activities.
3. Approved logo wear to include:
   a. Button-down shirts or polo shirts with approved CHI Health logo.
      1. No location specific identifier will be allowed
   b. Shirts/tops with designer brand, school logo, or athletic team logo that does not exceed 3 inches in diameter
4. Shoes will be well maintained, clean, polished and appropriate to the workplace.
   a. No tennis shoes except in clinical or service areas.
   b. Open toe shoes are allowed unless area is restricted due to regulatory compliance.
   c. No flip-flop shoes.
C. Leggings may be worn underneath a tunic or dress that extends in length to mid-thigh or below.
   1. Leggings must be a solid color – no prints
   2. Appropriate length is nothing shorter than ankle length
D. Capris may be worn so long as they are dressy or slack material and business casual style.
   1. Capris may not be shorter than mid-calf
2. Carpenter, cargo and draw string style will not be permitted

E. Colored denim may be worn so long as business casual style is maintained.
   1. This includes button-down shirts, blouses, jackets, dresses, pants, etc.
      a. No blue jean colored denim will be allowed
      b. No holes, frayed hems, or acid wash styles

F. Unapproved dress includes:
   1. Logo t-shirts, which include t-shirts with pictures/printing (including CHI Health t-shirts) and undershirts of any color (except when worn under another approved garment).
      a. Plain t-shirts or CHI Health t-shirts are acceptable in the following area: Wellness Center
   2. Skorts, carpenter or cargo pants, wind pants, sweats or jogging suits, mini-skirts, and shorts.
      a. Shorts will be acceptable attire during summer months only (other than jean material) in the following areas:
         1) Recreational Therapy when taking patients on outings
         2) Aquatics
         3) Wellness Center
         4) Cardiac Rehab
      b. Jogging suits will be acceptable in the following areas:
         1) Recreational Therapy when taking patients on outings
         2) Aquatics
         3) Wellness Center
         4) Cardiac Rehab
   3. Blue jean denim material skirts, skirts, dresses, pants, etc. (includes chambray material)
   4. Halter tops.
   5. Tank tops/camisoles (unless worn under a jacket or sweater).
   6. Midriff top.
   7. Thermal or flannel shirts.
   8. Lycra or tight attire.
   9. Any clothing where bras, briefs/underwear are consistently visible.
   10. Caps/hats of any type inside any CHI Health facility unless required by job, regulations, or religious choice.

G. Phoenix Regional Campus Dress Code

DIGNITY HEALTH Arizona employees are required to present a clean, neat appearance and dress according to the requirements of their position or unit/department standards. Employees have the responsibility to comply with the unit/department's dress code, presenting a neat and professional image appropriate for our work environment.
1. Employees are required to visibly wear a DIGNITY HEALTH Arizona official identification badge at all times while on DIGNITY HEALTH Arizona property. Badge lanyards are acceptable providing they contain a breakaway clasp. Clinical staff must also display the additional provided badge attachment that identifies their discipline.

2. Employees are expected to be aware and conscientious of their personal hygiene, neatness of attire and cleanliness of apparel. Strong odors or excessive use of perfume or cologne is inappropriate.

3. Clothing, jewelry, and accessories or anything else that may potentially interfere with the delivery of treatment, patient well-being or endanger the employee or patients is inappropriate. In clinical areas, hand jewelry should be minimized to allow safe hand washing.

4. Clinical providers should wear hosiery and/or socks when delivering patient care.

5. Good judgment on the part of the individual employee, with periodic assistance from peers and managers, should, in most instances, be sufficient to define what is appropriate.

6. Certain types of appearance and/or attire are ordinarily considered inappropriate and unacceptable in all areas of the hospital. These include, but are not limited to:
   - Non-traditional hair, i.e. spikes, Mohawks and/or non-traditional colors.
   - Sweatpants, sweatshirts, workout attire, jeans, shorts, cutoffs or beach attire
   - T-Shirts with or without a logo (exception: those with a DIGNITY HEALTH or St. Joseph’s Hospital logo are acceptable)
   - Tube tops, tank tops, halter-tops, camisole tops, sundresses and see-through clothing.
   - Sleeveless shirts must be three finger-widths from each side of the fabric.
   - Visible facial piercing
   - Visible tattoos that are flagrant, religiously, culturally, racially, or sexually explicit in nature – and/or imply violence or threatening acts
   - Flip-flop shoes
   - Artificial fingernails or fingernail enhancements

7. To the extent the facility and unit/department policies differ, the specific dress code policies of the unit/department will prevail, and employees are required to comply with its guidelines.

8. Employees who fail to follow personal appearance, unit/department dress code and/or personal hygiene guidelines may be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work in accordance with federal, state and local law.

9. The manager reserves the right to determine the appropriateness of an employee’s attire. Continued failure to comply with this policy may result in corrective action, up to and including termination of employment.

10. Questions concerning the Personal Appearance policy should be directed to HRConnect AZ at 602-406-4400 or via email at HRConnect_AZ@DignityHealth.edu or to Dr. Robert Garcia, Assistant Dean for Student Affairs of the Phoenix Regional Campus at 602-406-5056.
V. VIOLATION OF LAW OR CODES OF CONDUCT

Students are accountable to both civil and University authorities for acts that constitute violations of law and the Codes of Conduct specified in the University and School of Medicine Handbooks. When a student has been apprehended for violations of local, state, or federal law, the University will not request or agree to special consideration for the individual because of his or status as a student. The University will cooperate with law enforcement agencies and other agencies responsible for rehabilitation. On the other hand, because of the severely disruptive nature of many violations of this code, the University and the School of Medicine will normally not defer its disciplinary proceedings while civil or criminal proceedings are in process. In addition, the University will not necessarily accept or be bound by the findings of civil or criminal proceedings in its proceedings.

VI. RESPECT FOR CONFIDENTIALITY

The Health Insurance Portability and Accountability Act (HIPAA) requires that health care professionals and students respect the confidentiality of patient health information. HIPAA privacy rules allow students qualified access to patient information while on rotation. Copies of patient health information are allowed for educational purposes. However, all of the clinical training locations including hospitals and clinics have grave concerns about student’s handling of records, once accessed. The concerns include duplicate copies, excessive copies, and how students handle confidential information once obtained.

Students must adhere to the following rules regarding patient records on ANY course, clerkship, and elective at ANY facility:

A. Regardless of the format (paper, electronic, verbal) and no matter how socially benign, patient information is protected under federal law. It is the work of the student to protect the confidentiality of patient information by keeping that information reasonably secure;
B. Patient information may never be accessed for inappropriate use;
C. Students may not grant access to or divulge patient information to anyone who is otherwise not authorized to have it;
D. Reasonable security for paper includes keeping it in a reasonably secure location, whether at home or in the hospital or other site. It is NOT reasonable to leave papers unattended at a nurse’s station or anywhere else;
E. Reasonable security for electronic items includes encryption of files or machines and controlling the physical custody of those files and machines (e.g., do not leave your PDA unattended);
F. Reasonable security for verbal items includes having conversations only with the care team and others in the academic program or class. It also includes having those conversations in a relatively secure location (e.g., not in elevators);
G. Reasonable security also includes shredding for paper and "cleaning" for electronic records when your program need for that information ends.

H. If a student is found violating patient confidentiality, the student may face discipline through the School of Medicine. If a student fails to follow A-G, the hospital or other site may deny that student and other students the right to make copies or to participate in rotations at that site.

VII. HARRASSMENT AND ABUSE

A. Sexual Harassment

In accordance with its history, mission, and credo, Creighton University believes that each individual should be treated with respect and dignity. It is obvious that any form of sexual harassment is a violation of human dignity, and the University strongly condemns any such harassment. Whether verbal or physical, conduct of this sort violates another person's rights and can create an intimidating, hostile, or offensive working or learning environment. Such conduct, when it is genuinely discerned, is subject to prompt and effective remedial action.

1. Types of Sexual Harassment

Sexual harassment can fall into one or both of two categories: quid pro quo and hostile environment. Quid pro quo (one thing in exchange for another) sexual harassment occurs when a supervisor or other employee or student attempts to use his or her position or authority to obtain sexual favors from an employee or student in expressed or implied exchange for the granting of job or academic benefits or other favorable treatment. “Hostile environment” sexual harassment occurs when an employee or student is subjected to an intimidating, hostile, or offensive work or learning environment because of offensive sexually based or sexually oriented physical, verbal, or other conduct. Such conduct shall be subject to prompt and effective action. Any harassment or other unequal treatment of a student, or group of students, that would not occur but for the sex of the student(s), if sufficiently patterned or pervasive, may be prohibited sexual harassment.

2. Assistance for Persons with Sexual Harassment Concerns

The University has developed policies on harassment and discrimination (please see policy at: http://www.creighton.edu/generalcounsel/cupolicies/index.php for full details. Individuals who believe themselves to be victims of sexual harassment and who desire University assistance in dealing with the situation should immediately report the details to any of the following persons:

- Associate Dean for Student Affairs on the Omaha Campus, 402-280-2905
- Assistant Dean for Student Affairs at the Phoenix Regional Campus, 602-406-5056
- Executive Director for the Office of Equity and Inclusion, 402-280-4120
B. Policy for Assuring a Positive Learning Environment

The mission statement of Creighton University states: “Creighton exists for students and learning.” Thus, it is vital to create a positive learning environment for students (learners) at all levels of education (including undergraduate students, graduate students, medical students, hospital residents, and fellows). Mistreatment of students/learners and abuse of power is unprofessional and antithetical to the Creighton mission.

Harassment and discrimination, as defined in the Creighton University Student Handbook, Harassment and Discrimination, and the University’s Sexual Violence, Harassment, Discrimination and Grievances Policy.2.1.25, will not be tolerated. The University’s policy provisions may be accessed at: http://www.creighton.edu/generalcounsel/cupolicies/index.php and are incorporated herein by this reference (the “University Policies”).

Any behaviors, actions, or expressions by faculty or staff toward a learner that a reasonable person would consider mistreatment or demeaning or an abuse of power (the “Unacceptable Behavior”) are unacceptable and will be dealt with appropriately. Some examples of such Unacceptable Behaviors include:

- Public belittling or humiliation [commenting on inadequate preparation of assignments is not Unacceptable Behavior unless done in an inappropriate manner.]
- Mandated performance of personal services (e.g., babysitting, shopping)

Behaviors, actions or expressions by faculty or staff toward a learner that a reasonable person would consider harassment or discrimination will be dealt with under the University Policies.

Procedure for Reporting Unacceptable Behaviors

1. Students/learners are encouraged to report Unacceptable behavior as soon as possible following the incident(s). Observers are also encouraged to report witnessed incidents of Unacceptable behavior.
2. As noted in the University’s Policies, a member of the University community who believes himself or herself to be the victim or harassment and/or discrimination, or any individual who has witnessed or has knowledge of such conduct is encouraged to report the information to the University to enable it to investigate and to take corrective action where appropriate.
3. Reports of incidents should be made to either the Associate Dean for Student Affairs (402-280-2905) or the Associate Dean for Graduate Medical Education (402-280-4677) on the Omaha campus or the Assistant Dean for Student Affairs at the Phoenix Regional Campus (602-406-5056). Reports of harassment or discrimination should be made in accordance with the Sexual Violence, Harassment, Discrimination and Grievances Policy. The Assistant and Associate Deans shall follow.
university policy and handling all complaints, including reporting such complaints to the Office of Equity and Inclusion.

4. The Office of Student Affairs or the Office of Graduate Medical Education will make all reasonable attempts to maintain confidentiality and to protect students from harm or retaliation. Any form of retaliation following the reporting of alleged Unacceptable Behavior is forbidden, and complaints of retaliation will be dealt with by the Dean of the School of Medicine and in accordance with applicable university policies. The University Policies also forbid retaliation.

Investigations of reports of Unacceptable Behavior:

1. Within ten (10) days of receiving the report of Unacceptable Behavior, the Associate Dean for Student Affairs or the Associate Dean for Graduate Medical Education will discuss the incident(s) with the Chair (or designee) of the involved department or the Director (or designee) of the Hospital division or clinic and require an immediate investigation of the incident(s).

2. Within two (2) weeks of receiving the report of incident(s) of alleged Unacceptable Behavior, the Chair (or designee) of the involved department or the Director (or designee) of the Hospital division or clinic will institute an investigation and develop an action plan for resolution of the problem and/or discipline of the responsible individual(s), if the allegations are substantiated.

3. The Chair (or designee) of the involved department or the Director (or designee) of the Hospital division or clinic will prepare a written report of the action plan and/or disciplinary actions; this report will be given within one (1) month to the Associate Dean for Student Affairs or the Associate Dean for Graduate Medical Education.

4. Upon receipt of the written report of the action plan and/or disciplinary actions, the Associate Dean for Student Affairs and the Associate Dean for Graduate Medical Education will schedule a meeting with the student(s)/learner(s) initiating the original complaint to discuss the actions taken.

Reporting by the Associate Dean for Student Affairs and the Associate Dean for Graduate Medical Education.

At the end of each academic year, the Associate Dean for Student Affairs and the Associate Dean for Graduate Medical Education shall each prepare a written report to be provided to the Dean of the Medical School and the Executive Director for the Office of Equity and Inclusion concerning all reported incidents of Unacceptable Behavior investigated, and dealt with, during that academic year.

If a complaint cannot be resolved after exhausting the institution’s grievance procedure, the student may contact the state licensing authority, the University’s accreditor or state attorney general.
C. **Tell Someone** Reporting Option

In addition to the above reporting options, Creighton University provides students with an online form that allows all members of the Creighton community to report harassment, discrimination, or mistreatment. Users must log-in with a NetID and Blue password to use this form. The information users provide will be private and Creighton staff member who receive this form have signed a non-disclosure agreement committing them to the highest level of privacy. Information will be forwarded to the Associate Dean for Student Affairs for the School of Medicine. *Tell Someone* website: [https://www.creighton.edu/safety/tell-someone](https://www.creighton.edu/safety/tell-someone).

VIII. **STUDENT RELATIONSHIP WITH OTHERS**

Creighton University desires to foster relationships among its members and with others that are based on dignity and respect and are free from discrimination. By selecting and utilizing the educational programs of Creighton University, students have demonstrated confidence in the University. In their personal dealings with students, University employees are representatives of the University and are expected to exemplify its Christian and educational values. It is incumbent upon all those who are in positions of authority over students not to abuse, or seem to abuse, the power with which they are entrusted.

Inappropriate personal relationships between employees and students may have the effect of undermining the atmosphere of trust and mutual respect upon which the educational process depends. Particularly troublesome are romantic relationships. Even when both parties have consented to such a relationship, it is the employee who holds a position of special responsibility within the University. It is the employee, therefore, who will be held accountable for unprofessional behavior.

Employees should be aware that a romantic relationship with a student may render them liable for disciplinary action if the relationship creates, reasonably has the potential to create, or reasonably appears to create a conflict between the employee’s personal interest and the employee’s obligations to the University and its students.

Because residents, fellows, tutors, and teaching assistants may be less accustomed than other employees to thinking of themselves as possessing professional responsibilities, they should be particularly sensitive and exercise special care in their relationships with students whom they instruct or evaluate.

IX. **COMPUTER USE**

Creighton University has established Fair, Responsible, and Acceptable use standards to safeguard our computers and electronic resources against unauthorized access. Medical Students in the School of Medicine are required to adhere to the *Creighton University Security Policy published at* [www.creighton.edu/aup.shtml](http://www.creighton.edu/aup.shtml).
This policy applies to all users of computer resources owned or managed by Creighton University, including, but not limited to, CU faculty and visiting faculty, staff, students, external persons or organizations and individuals using CU resources to access network services, such as the Internet and Intranet.

Creighton University electronic resources may not be used to damage, impair, disrupt or in any way purposefully, recklessly, or negligently damage Creighton University networks or computers or external networks or computers.

For example, you may not:

1. Use CU electronic resources to breach security of any computer system
2. Knowingly give passwords or ID's for others to use
3. Use computer resources to send large amounts of email (e.g., email "spamming") to an internal or external system
4. Send email of any type to someone's address in an effort to disable their email capabilities
5. Forge, alter or willfully falsify electronic mail headers, directory information, or other information generated and/or maintained by Creighton University
6. Use computer resources irresponsibly or in a manner that adversely affects the work of others. This includes intentionally, recklessly or negligently (1) damaging any system by introducing computer "viruses" or "worms," (2) damaging or violating information not belonging to you, or (3) misusing or allowing misuse of computer resources, or (4) tampering with, obstructing, modifying or otherwise damaging or moving/removing electronic equipment.
7. Use Creighton University resources for non-University related activities that unduly increase the network load (e.g., chain mail, network gaming and spamming)

Unauthorized access, reproduction or use of the resources of others is prohibited.

For example, you may not:

1. Access computer accounts or files for which you are not authorized
2. Make unauthorized copies of copyrighted materials. You should assume all software, graphic images, music, and the like are copyrighted. Copying or downloading copyrighted materials without the authorization of the copyright owner is against the law, and may result in civil and/or criminal penalties, including fines and imprisonment.
3. Create or execute any computer programs intended to (a) obscure the true identity of the sender of electronic mail or electronic messages, (b) bypass, subvert, or otherwise render ineffective the security or access control measures on any network or computer system without the permission of the owner, or (c) examine or collect data from the network (e.g., a "network sniffer" program)
4. Use false or misleading information for the purpose of obtaining access to unauthorized resources
5. Access, alter, copy, move or remove information, proprietary software or other data files without prior authorization
6. Use electronic resources to discover another individual's password
7. Use electronic resources to obtain personal information (e.g. educational records, grades, or other CU files) about individuals without their permission
8. Use electronic resources to forge an academic document

Use of Creighton University electronic resources to harass, create a hostile work environment, make threats to specific individuals, or a class of individuals, is prohibited

For example, you may not:

1. Send unwanted and repeated communication by electronic mail, voicemail or other form of electronic communication
2. Send communication by electronic mail, voicemail or other forms of electronic harassing or inciting communication which are motivated by bias on grounds of race, ethnicity, religion, gender, or sexual orientation (including, without limitation, any communication that violates the University’s "Statement Against Discrimination or Harassment")
3. Use email or newsgroups to threaten, stalk or harass someone
4. Create a hostile environment by posting, sending or viewing illicit or inappropriate material
5. Post or send via any form of electronic communication personal or sensitive information about individuals that may harm or defame

Confidentiality of Patient Management System. Special care must be taken when accessing information contained in the Hospital's patient management system, as explained above (see Respect For Patient Confidentiality). Students must also adhere to any policies or procedures for accessing information via CHI Health systems.

X. MEDICAL STUDENT ISSUED DEVICES

The Mobile Device Program gives medical students consistency in access to the curriculum and Creighton resources in the classroom, clinics, hospitals, and home. Due to the nature of our medical program and testing requirements, students receive a Creighton-issued laptop computer. Participation in the mobile device program is mandatory.

Laptop computers are managed using specialize software and cloud-based servers. The software assists the academic technology staff with software installation and updates, preparation of laptops for testing, and location and security of lost devices. Academic technology staff are centrally located to answer questions and troubleshoot.

Laptop computers carry either AppleCare or AppleCare+ coverage for three-years from the date of issuance. The primary difference is that AppleCare+ includes coverage for accidental damage from
handling (ADH). ADH coverage only applies to an operational or mechanical failure caused by an accident from handling that is the result of an unexpected and unintentional external event (e.g. drops and damage caused by liquid contact from spills) that arises from your normal daily usage. Under AppleCare+ for Mac, the student will pay a $99 (US) dollar service fee plus applicable tax for a screen-only repair ADH claim. For ADH claims that involve spillage, the student will pay a $299 (US) dollar service fee plus applicable tax. Only two total ADH events will be covered. The School of Medicine will provide ADH coverage equivalent to AppleCare+ to all medical students whose device was issued in AY2016-2017 and is covered by AppleCare. ADH coverage does not include protection against normal wear and tear, excessive or catastrophic damage, theft, misplacement or damage caused by reckless, abusive, willful or intentional conduct associated with handling and use of the covered device.

Students are required to maintain a functional device throughout the first three component years of the medical degree program. When the three-year AppleCare or AppleCare+ coverage expires, it is the student’s responsibility to maintain a functional device. At the end of the fourth component year of the medical degree program, the laptop computer will be removed from enrollment in the mobile device program management software and become the property of the student.

Specifications of Creighton-Issued Laptop Computer (AY2018-2019)

- MacBook Pro 13-inch with Retina Display
- 2.7GHz Dual-core Intel
- Core i5, 128GB
- 2.7GHz Dual-core Intel Core i5, Turbo Boost up to 3.1GHz
- 8GB 1866MHz LPDDR3 SDRAM
- 128GB PCIe-based Flash Storage
- Intel Iris Graphics 6100
- Force Touch trackpad
- Backlit Keyboard (English) / User’s Guide (English)

Installed Software

- MS Office 2016 Client
  - Outlook, Word, Excel, Power Point
  - One Drive (1 TB)
  - One Note
  - SharePoint
- Adobe Reader
- Chrome
- Firefox (Mozilla)
- Canon Drivers (Printers)
- Virtual Private Network (VPN)

https://medschool.creighton.edu/about/medical-education/academic-computing
XI. PEER-TO-PEER FILE SHARING

The use of file-sharing networks and software to download and share copyrighted works like software, music, movies, television programs, and books can violate copyright laws. Both the person who makes an illegal copy of a copyrighted work available and the person who receives or downloads an illegal copy have violated the law and Stanford policies. Many file-sharing programs have default settings that share copyrighted files, such as music and movies, through the Internet. Before enabling any of these programs students, faculty, or staff must read the fine print, make sure to understand the program itself, and only use such programs lawfully. Under the Digital Millennium Copyright Act (DMCA), copyright owners are entitled to notify Internet service providers, such as Creighton University, that IP addresses linked to the Creighton network are sharing copies of music, movies, or other content without authorization. The law requires the University to respond to such complaints by eliminating access to the infringing materials.

XII. ALCOHOL AND SUBSTANCE USE/ABUSE

A. Alcohol Use

Alcohol use by medical students is forbidden on the premises of the School of Medicine and in the clinical settings unless an appropriate officer of the School of Medicine or the clinical site specifically approves it. Any alcohol use by students must be done in a responsible and legal manner. Students are referred to and are responsible for adhering to all policies as set forth on alcohol and substance use and abuse in the Creighton University Student Handbook & Medical Curriculum.

B. Events Providing Alcohol

Prior approval must be obtained from the Dean’s Office of the School of Medicine for any School of Medicine activity where alcohol is served within School of Medicine facilities. Any alcohol use by students must be done in a responsible and legal manner. During all events in which alcohol is served, nonalcoholic beverages as well as food/snacks must be available to the students. Drinking of alcohol during approved events must be done in a responsible manner. Students must be free from any effects of alcohol prior to engaging in clinical activity.

C. Alcohol Abuse

Creighton University defines the abuse of alcohol as: “Any alcohol-related behavior that adversely affects a person’s life in regard to physical health, feelings of self-esteem, personal or family relationships, educational and occupational goals, or one’s standing in regard to local, state, or federal laws.” Students suspected of alcohol abuse problems will be counseled by the Associate Dean for Student Affairs and may be referred for mandatory evaluation and treatment. Students who fail to follow through or experience continuing problems will be subject to a hearing before the Advancement Committee. Possible
recommendations include, but are not limited to, referral for further evaluation and counseling, and temporary withdrawals.

D. Substance Use/Abuse

As an academic institution, Creighton University’s goal is to alleviate the problem of illegal drug use, preferably in a manner that educates rather than one that punishes. However, Creighton community members are subject to the same local, state, and federal laws that govern all citizens, including those laws that concern the use, sale, and possession of drugs. Therefore, persons engaging in such illegal actions will be subject to disciplinary action up to and including suspension and expulsion. Individuals cannot be protected by the University from the possible additional legal consequences of their acts.

The Creighton University policy concerning illegal drugs is as follows:
1. Creighton University considers the use, possession, cultivation, sale, distribution, or transfer of any unlawful drug, including marijuana, unacceptable behavior that is incompatible with the educational goals of the University.
2. Students are considered to be adult citizens, and as such, are subject to civil law. In accordance with federal as well as state and local laws, the illegal use, possession, cultivation, sale, distribution, or transfer of any drug, narcotic, or hallucinogenic substance including marijuana is strictly prohibited on University property.
3. Knowledgeable association in an environment where illegal substances are being used constitutes grounds for disciplinary action.
4. Misconduct resulting from the illegal possession, consumption, sale, or transfer of drugs or narcotics renders the person subject to action ranging from rehabilitation, probation, dismissal from residence halls, and up to and including suspension or dismissal from the University.
5. The University’s disposition of individual cases does not preclude criminal prosecution in accordance with federal and/or state laws. Due process guaranteeing fundamental fairness, as determined by the University community, shall be adhered to in the treatment of these matters.

XIII. CRIMINAL BACKGROUND CHECKS

Creighton University School of Medicine requires a background check on all of its students in order to enhance the health and safety of patients, students, faculty, and staff in the academic and clinical environments, to adhere to applicable healthcare regulations, and to attest to affiliated clinical facilities and licensure entities a student’s background and eligibility status. The background check will determine whether there are incidents in an applicant’s or student’s history that would pose a risk to patients or others or would prohibit the individual from being licensed in the future.

All students accepted and enrolled in the Creighton University School of Medicine must meet admission and technical standards. As part of the AMCAS application process for medical school, all students accepted into
a medical school must submit to a background check conducted by CertiPHI Screening, Inc. Once a student is accepted to Creighton University School of Medicine the results of the background check are forwarded to the School of Medicine’s Office of Student Affairs. Additional checks may be performed when required by law or by affiliated clinical facilities (e.g., CHI -Creighton Health) or if criminal behavior is suspected of a student.

In cases where a criminal record appears in the results of the background check, a copy of the report will be given to the prospective or current student and he/she will be allowed to respond to the information contained within the report. The background check and any student response will be forwarded to the Backgrounds Standards Committee of the School of Medicine for consideration and action.

Confidentiality: The handling of all records and subject information will be strictly confidential and will adhere to the Family Educational Rights and Privacy Act (FERPA). Adverse findings that result in action taken by the Advancement Committee will become part of the student’s academic record. Absent adverse findings, background investigation records will be stored for three years after the student leaves Creighton University and will then be shredded.

“Background checks” is defined as, but not being limited to, a combination of the following screenings for every state and county of residence:

- Social Security Report (name/address search)
- County Criminal Record History
- National Criminal Database
- Federal Criminal Record History
- Nebraska Child Abuse/Neglect Central Register
- Nebraska Adult Protective Services Central Registry
- FACIS® Level 1 includes, but not limited to:
  - (OIG) Office of Inspector General List of Excluded Individuals/Entities
  - (GSA) General Services Administration Excluded Parties Listing
- National Sex Offender Registry

Procedures:

A. Admission Application Procedures

1. All students applying to medical school through AMCAS permit a background check conducted by CertiPHI Screening, Inc. The background check commences upon acceptance into Creighton University School of Medicine or any other LCME-accredited medical school.

2. CertiPHI Screening, Inc. will then forward the completed background check to Creighton University School of Medicine Office of Student Affairs.
3. In cases where no criminal records appear, the accepted student’s record will reflect that the investigation was completed and satisfactory.

4. In cases where a criminal record appears in the results of the background check, the student will be contacted by email.
   a. The accepted student must submit a written response to the Background Standards Committee within 10 business days of this notification. Such written response should be sent to the School of Medicine Background Standards Committee, in care of the Associate Dean for Student Affairs. Any student who fails to provide a response that may be reviewed by the Background Standards Committee prior to matriculation may have their acceptance rescinded by the School of Medicine.
   b. The accepted student may contest the results directly with Certiphi Screening, Inc., but this must be completed within 10 business days of receipt of their Notification.
   c. The Associate Dean for Student Affairs shall submit the Student’s AMCAS and Creighton University SOM Secondary applications, background report, the submitted written student response, and any vendor response to the Background Standards Committee for action.
   d. The Background Standards Committee will review the information and will then make a recommendation to the Admissions Committee to allow matriculation or rescind admission to any student based on the timing, severity, number, and nature of any findings.

The Committee shall make this decision based on:
- Number of convictions;
- Nature, seriousness and date(s) of occurrence of the violation(s);
- Rehabilitation;
- Relevance of the crime committed relative to medical profession standards;
- State or federal requirements relative to the medical profession;
- All known information regarding the accepted student, including the written explanation;
- Any other evidence demonstrating an ability to perform academic and clinical expectations competently and free from posing a threat to the health and safety of others.

**NOTE:** Any identified misrepresentation, falsification, or material omission of information from the application discovered during the criminal background review process may result in a recommendation to rescind the admission of the student.

e. The Admissions Committee will notify the student in writing of its decision within 10 days of its decision.

5. No student will be allowed to matriculate until a background check is completed and approved by the School of Medicine.

6. All accepted students are responsible for updating the Office of Student Affairs within the School of Medicine of arrest or conviction that occurs between the time of the initial background check and
matriculation date to the School of Medicine. Students who fail to report such incidents may result in a recommendation to rescind their admission to the School of Medicine.

B. Frequency of Background Checks

Background checks will be conducted following acceptance and prior to matriculation. Once a background check is completed on a student awaiting matriculation, the student is responsible for notifying the Background Standards Committee immediately, through the Office of Student Affairs, of any new misdemeanor or felony arrests/indictments for their review and action up to and including rescinding acceptance. Once a background check is completed on a current student, the student is responsible for notifying the Advancement Committee, through the Associate Dean for Student Affairs, of any new misdemeanor or felony arrests/indictments for their review and action. Failure to do so will result in action by the Advancement Committee. The Associate Dean for Student Affairs may request a background check on any student at any time based on reasonable suspicion.

The Background Check will be maintained in the student file for future reference. Also, as determined by the Advancement Committee, any official action taken by the Advancement Committee is subject for inclusion within the student’s file and the Medical Student Performance Evaluation (MSPE).

XIV. DRUG TESTING

Medical students must submit to a drug screen prior to their participation at clinical sites. Medical students may be subject to additional testing if due cause is noted or if additional testing is required by clinical sites. Students with positive results will have their case forwarded to the Advancement Committee for action.

A. Medical students in the Health Sciences Schools (Medicine, Dentistry, Nursing, and Pharmacy and Health Professions) may be required to take a drug test if mandated by the clinical training site. Any student who is required to take a drug test in this instance will sign a release authorizing that the results of the drug test be shared by the testing agency with the School of Medicine’s Office of Student Affairs.

B. In addition to being required to take a drug test prior to participating in clinical training, medical students may be asked to take a drug or alcohol test at clinical sites or if there is a reasonable suspicion that the student is impaired. Any medical student who is required to take a drug or alcohol test in this instance will sign a release authorizing that the results of the test be shared with the Associate Dean for Student Affairs, who will forward results to the Advancement Committee.

C. Refusal to be tested or to provide results as required under this policy shall be considered a violation of this policy equal to a positive test result and will be forwarded to the Advancement Committee.

D. In any case where a drug or alcohol test is performed, if the test has positive results:
   1. The medical student will be immediately removed from all patient care.
   2. In the clinical setting, the clinical site’s decisions regarding status of the medical student while test results are pending shall be the decision of the clinical site.
3. If the medical student is able to present satisfactory evidence of the reason for the positive result to the medical review officer of the testing agency, the Associate Dean for Student Affairs may permit the medical student to continue to participate in education (with approval of the clinical site where required) while the matter is being considered by the Advancement Committee.

4. If the test was performed prior to the medical student’s participation in clinical training, then the medical student may request that the same sample be retested at a certified lab of their choice. If the medical student chooses to seek retesting, he or she must authorize the certified lab to send the results of the retesting directly to the school. The costs for any retesting will be the student’s responsibility. The medical student must make any request for retesting within three business days of being notified of the positive test result.

5. If the test was performed pursuant to paragraph D.3 above, or if the medical student does not request that the results be re-tested, or if the results remain positive after the specimen is retested, the issue will be referred to the Advancement Committee. The Advancement Committee will be charged with the responsibility to assess and recommend action up to and including dismissal from the School of Medicine.

6. The committee will present its recommendation and findings to the Dean of the School for final approval and action. The Dean’s decision is final.

It is the intent of the Health Sciences Schools that this policy, which applies to all of the Health Sciences Schools, and any policy adopted by the school in which the student is enrolled, should both apply to any situation involving a student and a drug or alcohol test. However, if in any case, the application of the two policies gives rise to a conflict, the policy adopted by the school in which the student is enrolled will take precedence.

A student may be dismissed from the School for failure to submit to testing if he/she is requested to submit to a test for any reason. In the event a student refuses to submit to testing, the matter will be referred to the internal committee within the Health Sciences School in which the student is enrolled, which will assess the situation and recommend action to the Dean of the School. The Dean’s decision is final.

The Health Sciences Schools reserve the right to modify, amend or terminate this policy at any time.
11. REVIEW OF ACADEMIC AND PROFESSIONAL PERFORMANCE

I. ADVANCEMENT

Students are advanced to the next component if they achieve satisfactory performance as measured by both Academic and Professional Standards. Promotion to the next component or graduation requires a record of at least Satisfactory academic performance, with no failure outstanding in any course, clerkship or elective, completion of all requirements for graduation as noted in Part 8, Section VIII A, and a record of professional conduct that indicates suitability to assume the responsibilities of the medical profession. Advancement to Component III also requires a passing score on the USMLE Step 1 examination.

II. ONGOING REVIEW OF ACADEMIC STATUS

A. If a student receives an Unsatisfactory (UN) grade in any course, clerkship, or elective, the Advancement Committee determines the conditions under which the student can remediate (or retake) the course.

B. If a student does not meet the academic standards of the School of Medicine, the Associate Dean for Student Affairs officially notifies the student by email that his/her academic status will be reviewed by the Advancement Committee. The Associate Dean for Student Affairs acts in the capacity of student advocate during these proceedings in order to educate the student about the proceedings and to assure that due process occurs. Within 10 calendar days of this notification, the student must submit any documentation relevant to his or her academic performance (e.g., personal, family, or medical hardship) for consideration by the Advancement Committee. At the next meeting of the Advancement Committee, faculty members are reminded by the chair that anyone who has provided health services, including psychiatric/psychological counseling, to a medical student are to have no involvement in the academic assessment or promotion of the medical student receiving those services and, thus, must recuse him/herself from taking part in decisions regarding the student’s case or promotion. The student may make a presentation to the members of the committee. The committee may ask questions and/or invite other persons to the meeting who may provide relevant information pertaining to the case. Committee members will then review all relevant information and determine what, if any, remedial action or change of student status (up to and including dismissal from the School of Medicine) is appropriate. Remedial action may include:

1. Under Review – A student who is placed “under review” is required to follow all recommendations of the Advancement Committee. The student’s academic performance will be monitored by the Advancement Committee for one year. “Under review” status will not be reported in the student’s Medical Student Performance Evaluation as an Adverse Action.

2. Probation – A student who is placed on probation, which may occur without having previously been “under review,” is required to follow all recommendations of the Advancement Committee. The student’s academic performance will be monitored by the Advancement Committee for a period as designated by the Committee. “Probation Status“ will be reported in...
the student’s Medical Student Performance Evaluation (MSPE) as an Adverse Action. If a student is placed on Probation following the completion and release of the MSPE to ERAS or other parties and prior to graduation from the School of Medicine, then the MSPE will be revised to include the adverse action.

C. The Chair of the Advancement Committee notifies the student of the decision by email. The student may accept the recommendations of the Advancement Committee or may request, in writing, a review of the decision by a Review Committee based on the guidelines, described in section IV below. The student must submit the request for review, including any new evidence and letters of support, to the Associate Dean for Student Affairs within ten (10) calendar days of notification of the Advancement Committee’s decision. If the student fails to request a review by the Review Committee within the 10-day period, his/her right to request a review is forfeited and the Advancement Committee’s decision is final. Any student recommended for dismissal by the Advancement Committee may be placed on an administrative leave of absence according to policies set forth in Part 6, Section VIII in the Student Handbook & Medical Curriculum.

III. REVIEW OF PROFESSIONAL CONDUCT

A. Any faculty member, staff, or student within the University may forward allegations of unprofessional conduct to the Associate Dean for Student Affairs. Acts of unprofessional conduct include, but are not limited to those defined in Part 9 of this Handbook.

B. Upon receipt of an allegation of unprofessional conduct on the part of a student, the Associate Dean for Student Affairs examines the allegations and relevant documentation. At that time, the Associate Dean for Student Affairs may resolve the case informally with the student and other parties, without right of review by the student, or may recommend that the Advancement Committee consider the case.

C. The Associate Dean for Student Affairs notifies the student by email if he/she recommends that the allegation be reviewed by the Advancement Committee. The Associate Dean for Student Affairs acts in the capacity of student advocate during these proceedings in order to educate the student about the proceedings and to assure that due process occurs. Within 10 calendar days of this notification, the student may submit any documentation relevant to the allegation of unprofessional conduct for consideration by the Advancement Committee. At the next meeting of the Advancement Committee, faculty members are reminded by the chair that anyone who has provided health services, including psychiatric/psychological counseling, to a medical student are to have no involvement in the academic assessment or promotion of the medical student receiving those services and, thus, must recuse him/herself from taking part in decisions regarding the student’s case or promotion. The student may make a presentation to the members of the committee. The committee may ask questions and/or invite other persons to the meeting who may provide relevant information pertaining to the case. Committee members will then review all relevant information and determine what, if any, action or penalty (up to and including dismissal from the School of Medicine) is appropriate. Action may include:
1. **Under Review** – A student who is placed “under review” will be required to follow all recommendations of the Advancement Committee. The student’s professional conduct will be monitored by the Advancement Committee for one year. “Under review” status will not be reported in the student’s Medical Student Performance Evaluation as an Adverse Action.

2. **Probation** – A student who is placed on probation, which may occur without having previously been “under review,” will be required to follow all recommendations of the Advancement Committee. The student’s professional conduct will be monitored by the Advancement Committee for a period as designated by the Committee. “Probation Status” will be reported in the student’s Medical Student Performance Evaluation (MSPE) as an Adverse Action. If a student is placed on Probation following the completion and release of the MSPE to ERAS or other parties and prior to graduation from the School of Medicine, then the MSPE will be revised to include the adverse action as an addendum.

D. The Chair of the Advancement Committee then notifies the student of this decision by email. The student may accept the recommendations of the Advancement Committee or may request, in writing, a review of the decision by a Review Committee based on the guidelines described in section IV below. The student must submit the request for review, including any new evidence and letters of support to the Associate Dean for Student Affairs, within 10 calendar days of notification of the Advancement Committee’s decision. If the student fails to submit this information within the 10-day period, his/her right to request a review is forfeited and the Advancement Committee’s decision is final. It should be noted that any student recommended for dismissal by the Advancement Committee may be placed on an administrative leave of absence according to policies set forth in Part 6, Section VIII in the Student Handbook & Medical Curriculum.

### IV. REVIEW OF ADVANCEMENT COMMITTEE DECISION

A. **Review Committee**

A Review Committee may be appointed ad hoc to review decisions of the Advancement Committee to determine

1. whether the Advancement Committee adhered to the Policies and Procedures of the School of Medicine.
2. if evidence unavailable to the Advancement Committee warrants a modification of a decision of the Advancement Committee.

A Review Committee is composed of the Associate Dean for Student Affairs (non-voting), the Associate Dean for Medical Education (non-voting), either the Assistant Dean for Student Affairs or the Associate Dean for the Phoenix Regional Campus (non-voting) for a review requested by a Phoenix campus student, three faculty members (one of whom will be a faculty member at the Phoenix Regional Campus) for a review requested by a Phoenix campus student, and two students. The faculty and students are appointed ad hoc by the Dean of the School of Medicine. The Dean of the School of Medicine will appoint a chair from the faculty selected to be on the committee. The Assistant Dean for
Medical Education may substitute for the Associate Dean for Medical Education. Eighty percent of members must be present for official action. Faculty members on the Review Committee are reminded by the chair that anyone who has provided health services, including psychiatric/psychological counseling, to a medical student are to have no involvement in the academic assessment or promotion of the medical student receiving those services and, thus, must recuse him/herself from taking part in decisions regarding the student’s case.

Recommendations of the Review Committee are forwarded to the Dean of the School of Medicine.

B. **Review of Advancement Committee Decisions**

1. A request for a review of a decision of the Advancement Committee must occur within 10 calendar days of the Advancement Committee decision and will be accepted only if the proposed action is serious (i.e., dismissal, suspension, or a request for withdrawal). If accepted for review, the Review Committee may only consider information presented by the student that specifically pertains to the following: (1) failure of the Advancement Committee to follow procedural due process, and/or (2) new evidence that indicates that the academic performance or the conduct of the student was unduly impaired by a significant and previously undiagnosed medical condition or personal or family hardship. In the latter case, the evidence should indicate how the impairment can be removed by accommodation or other means consistent with the Technical Standards of the School of Medicine.

2. The Associate Dean for Student Affairs notifies the student of the date, time, and location of the Review Committee meeting. The student must submit any new evidence relevant to the review prior to the meeting. The student may make a presentation to the Review Committee and may be accompanied by a School of Medicine student, faculty member, or other person as designated by the student. The student must notify the Associate Dean for Student Affairs prior to the meeting whether he/she will be accompanied by a third party. The Review Committee may ask questions and/or invite other persons to the meeting who may provide relevant information pertaining to the case. The Review Committee reviews all pertinent facts and may request additional information before deciding, by majority vote, on a decision. The student may accept the decision or may request that the decision be reviewed by the Dean of the School of Medicine. Students requesting a review by the Dean must submit a written request to the Dean within 10 calendar days, with a copy to the Associate Dean for Student Affairs. The Dean will have the option to accept or deny a review. If the Dean decides to review the case, the Dean will review the case and notify the student by email of the findings, which are final. The filing of any further review does not confer the right to continue a course of study that has been suspended by a decision of the Advancement Committee or Dean. For serious penalties, the student may have the right to appeal to the University Provost subject to the provisions in the Creighton University Student Handbook & Medical Curriculum.
12. STUDENT HEALTH

I. HEALTH CARE PROVIDED BY CREIGHTON FACULTY

A. Students who are uncomfortable being treated by a faculty health care provider who may be responsible for evaluation of the student or who may participate in Advancement Committee decisions regarding the student may request a referral to another health care provider.

B. A student who has been treated by a faculty health care provider for a sensitive medical condition or a psychiatric/psychological problem may request assignment to another faculty preceptor or small group facilitator.

C. A faculty health care provider who has treated a student for a sensitive medical condition or psychiatric/psychological problem must recuse him/herself from taking part in decisions regarding the advancement and/or graduation of that student.

II. BLOOD AND BODY FLUID EXPOSURE

In case of suspected exposure to potentially infectious blood or body fluids, the student must stop any current activity since evaluation and treatment should begin immediately, but no later than one-hour post incident. Students should then cleanse the wound with soap and water and flush eyes with water after any splash. Students are then to report the incident to their supervisor/faculty preceptor and the appropriate facility supervisor. In the laboratory setting, students are to follow posted safety rules and the advice of their supervisor/faculty preceptor. In clinical settings, appropriate institutional contact is made so informed consent may be obtained and appropriate blood testing of source the source patient and the student may occur. These tests should include HIV, Hepatitis B, and Hepatitis C.

The student must complete an incident report. The completed incident report must be submitted to the institution with a copy faxed to the Center for Health and Counseling (402-280-1859). The incident report should include:

- Name of student
- Time, date, and place of incident
- Name and medical record number of source patient
- Name of clinical supervisor/faculty
- Description of incident

A. Procedure to Follow at CHI Health clinical sites
   1. Stop current activity since evaluation and treatment should begin within one hour of the incident
   2. Cleanse wound with soap and water, and flush eyes with water after any splash
3. **Report** to supervisor/faculty and the appropriate facility supervisor
4. Locate a red “source Body Fluid Exposure” folder
5. Call 402-717-OUCH (6824) – the OUCH line is answered 24/7
6. Do not go to the ER! The OUCH nurse will provide direction to the student for follow-up care.
7. All students must notify the Center for Health and Counseling (402-280-2735) within 24-48 hours to coordinate follow-up procedures.

B. **Procedure to Follow at St. Joseph Hospital and Medical Center – Phoenix**
   1. Monday-Friday (7:00 a.m. – 3:30 p.m.) – students shall go directly to Employee Health in the 222 Building located east of the hospital across 3rd Avenue (Room 212)
   2. Evenings, night shifts, and after hours – students shall go directly to the Emergency Department located on the 1st floor
   3. Weekends and holidays – students shall go directly to the emergency Department.
   4. All students must notify Employee Health (602) 406-3172) within 24-48 hours to coordinate follow-up procedures.

C. **Procedure to Follow at Other Hospitals**
   1. Contact the nursing supervisor at that hospital and follow their procedure for exposure. All Omaha campus students must notify the Center for Health and Counseling (402-280-2735) within 24-48 hours to coordinate follow-up procedures. All Phoenix campus students must notify SJHMC Employee Health (602-406-3172) within 24-48 hours to coordinate follow-up procedures.

D. **Payment for Services**
   Creighton Health Sciences students are required to have both inpatient and outpatient health insurance which covers accidents and illnesses. All charges for evaluation and treatment shall be submitted to the student’s health insurance company for payment. Prescribed initial diagnostic testing and initial prophylactic treatment, which is not paid by the student’s insurer, will be paid for by the School until the source test results are received, but for no longer than five business days. This includes payment for any student co-pays and deductibles incurred during the first five days after initial diagnostic testing and initiation of prophylactic treatment. All other evaluation and treatment services and/or prophylactic treatments ordered are the responsibility of the student or his/her insurer. The student is responsible for submitting original billing receipts as supporting documentation to the Dean’s Office within 30 days of their receipt in order to be eligible for reimbursement.

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### III. HEALTH INSURANCE AND HEALTH RECORDS

Creighton University requires that all students carry a comprehensive health insurance policy. The University offers sickness and accident insurance to regular full-time students, their spouses, and family members. Health insurance is required as part of a total health care plan at the University. If a student does not have
health insurance, the cost of the student insurance will be added to the student’s tuition and fees. Those students who have comparable health insurance must submit a waiver to the Student Health Service prior to September 19 of the year of matriculation. Waiver cards, explanatory folders with details of the student insurance coverage, and rates for spouses and family coverage are available at the Mutual of Omaha Center for Health and Counseling at the Mike and Josie Harper Center for Student Life & Learning, 402-280-2735.

Prior to matriculation, a complete health history must be provided along with verification of the following:

- Two doses of Measles [also known as Rubeola], Mumps, Rubella (MMR) vaccine with the first given at 12 months of age or older and the second given at least one month after the first dose or documentation of a positive antibody titer proving immunity is acceptable for each disease.
- Varicella (Chicken Pox) immunity – defined as either a positive antibody titer or a series of two doses of Varicella vaccine.
- Diphtheria, Pertussis, and Tetanus immunity – defined as completion of a three-dose series with one being within the last 10 years.
- Polio vaccine series – defined as completion of a three-dose series of either OPV or IPV.
- Hepatitis B immunity – defined by documentation of a vaccine series and a positive antibody titer.
- One dose of Tdap vaccine.
- The following are required annually:
  - Annual Tuberculin skin test (PPD) – documentation is necessary of two PPDs (i.e., two step) within a one-year period of time from when the student begins the annual testing cycle. Students with a positive PPD will be required to undergo an annual provider review and may be required to include a chest X-ray and accompanying radiology report from a U.S. provider.
  - Annual influenza/Influenza A H1N1 vaccine prior to December each year.

Vaccinations not required, but highly recommended include (consult with your physician):

- Hepatitis A immunity
- Meningococcal conjugate vaccine
- Pneumococcal
- Human Papilloma Virus vaccine series

No student is allowed to matriculate into medical school or advance to the next academic year unless the student provides evidence to the Office of Student Affairs or Creighton University Center for Health and Counseling that he/she has the necessary health insurance and immunizations as required by the University and the School of Medicine. If it is determined that a student does not have the appropriate health insurance and/or immunizations at any time, the student will be withdrawn from all courses, clerkships, or electives until he/she provides evidence that the deficiency is corrected.
IV. PUBLIC HEALTH

A. Health and Safety Training

All medical students are required to participate in the following workshops. Completion of these is a requirement for advancement to the next component:

1. **M1 Students**
   - Safety and Occupational Safety Issues. The Director of Environmental Health and Safety, a faculty member/course director, and hospital personnel provide presentations on blood-borne pathogens, infectious control measures, hospital emergency procedures, safety and infection control, and basic safety training.
   - Health Maintenance. A Department of Family Medicine faculty member provides information on disease prevention issues, health maintenance, and clinical prevention.
   - Drug Testing. All students must undergo mandatory drug screening during the first year of medical school.
   - FIT Testing. This test is to fit and measure for a respiratory mask, which is a hospital and OSHA requirement.
   - Infection Control Measures and Policies. Hospital personnel from the infection control program present a workshop on the early identification of persons with tuberculosis infection, body substance isolation, and related issues.
   - HIPAA – confidentiality of patient records.

2. **M2 Students**
   - Overview of hospital requirements including regulatory entities (e.g., JCAHO, CMS), patient rights, risk management, patient safety, standards of conduct, dress code, and reporting of injuries.
   - Fire safety, OSHA, and security issues.
   - Infection control and needle stick precautions and procedures.
   - Communication and documentation.
   - HIPAA – confidentiality of patient records.

3. **M3 Students**
   - Overview of hospital requirements including regulatory entities (e.g., JCAHO, CMS), patient rights, risk management, patient safety, standards of conduct, dress code, and reporting of injuries.
   - Fire safety, OSHA, and security issues.
   - Infection control and needle stick precautions and procedures.
   - Communication and documentation.
   - HIPAA – confidentiality of patient records.
B. Infectious Diseases

1. Persons afflicted with an infectious disease are required to disclose their medical condition to other members of the community with whom they have had or are to have contact which could pose a risk of transmission of disease.

2. For additional information, please refer to the University’s policy entitled Control of Infectious Diseases, 2.2.16.

C. Hepatitis B Virus:

1. In the event a student tests positive for hepatitis B surface antigen, the following procedures are followed:

   Step 1: Student receives positive results from Hepatitis B screening at the Creighton University Center for Health and Counseling (CHC). CHC will schedule a provider visit for the student. During the provider visit the student receives a copy of CU Policies and Procedures 4.3.4, “Preventing Transmission of Blood borne Pathogens from Student to Patients” and the “Notice to Student of University Policy to Self-Report;” the latter form must be signed and then kept in CHC’s file. This form advises that the student must self-report to the Associate Dean for Student Affairs. The student is also advised to schedule rechecks with a specialist every 6 months to monitor the status of their illness. CHC will give any necessary referrals to the student for an appropriate specialist.

   Step 2: The student contacts the Associate Dean for Student Affairs. In this initial conversation, the Associate Dean for Student Affairs asks the student to follow up with his or her provider and to provide results of their circulating viral burden to the Expert Review Panel (ERP), which consists of the Creighton University School of Medicine Medical Education Management Team and the Clinical Director of the Center for Health and Counseling, a representative from the School of Medicine Infectious Disease Department, a representative from the Creighton University / CHI Health Clinic Infectious Disease Department, and the Program Coordinator for the School of Medicine.

   Results from the test will guide the ERP’s recommendations for any precautions or limitations for this student’s clinic activities based on the SHEA guidelines.

   Step 3: The Associate Dean for Student Affairs calls a meeting of the ERP to discuss the specific situation of the student and to review and recommend any “precautions and/or limitations if any that should be implemented” for this student.

   Step 4: The Associate Dean for Student Affairs meets one-on-one with the student to discuss the ERP’s guidelines and expectations:
a. The expectation that the student self-report to all clerkship directors to receive information on restrictions, precautions and career advice. In addition, an email will be sent to the student’s clerkship or elective director notifying him/her of the student’s status.
b. The student will be referred to a physician familiar with the management of HBV infection and the recommended treatments.
c. The student is expected to have his or her viral load checked every 6 months and provide those results to the ERP for review (see Step 5).
d. The student will receive career counseling (to avoid specialties such as surgery and Ob/Gyn).
e. The student will be expected to sign a contract/letter from the ERP that characterizes his or her responsibilities regarding self-reporting, clinical precautions, and limitations

Step 5: After a 6 month period, the student should again visit his or her specialist and provide circulating viral load information to the Associate Dean for Student Affairs and the ERP. If there has been any change in the student’s viral load the ERP may need to meet and discuss any changes in the recommended precautions and/or limitations for this student.

2. Composition of the Expert Review Panel:

The review panel should include, but not necessarily be limited to, members of the Medical Education Management Team, the Clinical Director of the Center for Health and Counseling, a representative from the School of Medicine Infectious Disease Department, a representative from the Creighton University / CHI Health Clinic Infectious Disease Department, and the Program Coordinator for the School of Medicine.

3. Functions of the Expert Review Panel:

a. Evaluation of the infected student’s clinical status
b. Assessment of the student’s viral burden data
c. Assessment of the student’s experience and expertise
d. Assessment of the procedures performed by the student and the specific techniques used to perform these procedures
e. Determination of the extent to which the student adheres to accepted infection control precautions
f. Provisions of recommendations about the use of specific barriers, work practice controls, and infection prevention strategies for the conduct of specific procedures and assess the student’s willingness to adhere to these recommendations
g. Provisions of counseling to the student about her or his ethical obligation to report a patient exposure, should one occur, and about the appropriate procedures to follow, should an exposure occur
h. Develop and execute a contract between the infected student and the ERP and/or institution
i. Notify Risk Management should a breach in procedure or patient exposure occur
4. Responsibilities of HBV Infected Students:
   a. Students who know they are positive for Hepatitis B Surface antigen shall consult the Expert Review Panel as to procedures to be followed.
   b. All HBV infected students in the School of Medicine who engage in patient care must self-report their medical condition to the Associate Dean for Student Affairs.
   c. The Associate Dean for Student Affairs will by way of the Expert Review Panel (ERP) assist HBV infected students in managing occupational risks and obtaining education and career counseling.
   d. Students who in retrospect learn they have performed invasive procedures while HBV infected shall notify the Associate Dean for Student Affairs who shall consult the ERP to ascertain if a “look-back” program and patient notification are appropriate.
   e. Refusal by HBV infected students in the School of Medicine to adhere to this policy constitutes grounds for disciplinary action, up to dismissal, in accordance with CU policy.

5. Responsibilities of Creighton University School of Medicine to HBV Infected Students:
   a. The School of Medicine has a commitment to confidentiality, protection against unlawful discrimination, and reasonable accommodation for its students in accordance to applicable state and federal law.
   b. The Associate Dean for Student Affairs shall appoint an Expert Review Panel to make recommendations concerning “look-back” programs and patient notification.

V. STUDENT DISABILITY INSURANCE

A long-term disability plan is provided to all medical students free of charge. Benefits begin 90 days following the date of total disability and last until the student’s normal social security retirement age so long as he/she remains disabled. Benefits will be paid for 24 months if the student is diagnosed with a mental, nervous, or substance abuse disorder. The benefit is $1,000 per month for M1/M2 students and $1,500 for M3/M4 students. For information on other benefits associated with this policy, students should contact the Associate Dean for Student Affairs.
13. STUDENT LIFE

I. WELLNESS

A. Wellness Council
   The School of Medicine supports a Wellness Council comprised of two elected students from each class. The Council is responsible for organizing wellness events and contributing to the Wellness Chronicle, which is a quarterly publication on medical student wellness.

B. Counseling and Psychological Services
   On the Omaha campus, the Center for Health and Counseling services are intended to help students in their normal adjustments to medical school life and to the academic rigors of medical school. Specific resources available include individual counseling, educational and psychological testing, special programs in study skills, test taking, career choices, weight control, assertiveness training, relaxation training, and marital and relationship counseling.

   Hours are Monday, Thursday, and Friday (8:00 a.m. – 4:30 p.m.), Tuesday (10:00 a.m. – 6:30 p.m.), and Wednesday (8:00 a.m. – 6:30 p.m.). Summer hours are from 8:00 a.m. – 4:30 p.m. Monday through Friday. Appointments can be made in person (Mutual of Omaha Center for Health and Counseling, Mike and Josie Harper Center for Student Life & Learning) or by phone (402-280-2735). Confidential information is not shared with parties outside the Center without express written consent, unless there is clear and imminent danger to the student or society.

   The School of Medicine recommends that students in need of psychiatric services see a professional that is not involved in the evaluation and/or promotion of our students. Creighton University School of Medicine students may be referred to a consulting psychiatrist at Creighton University Center for Health and Counseling who is not a faculty member, or they may set up an appointment with a psychiatrist at Jones, Sedlacek, Nitcher, McGivern and McKee Psychiatric Services, P.C. who have agreed to see psychiatric referrals from the school. Appointments may be made at the Center for Health and Counseling by telephoning (402) 280-2735 or with Psychiatric Services, P.C. by telephoning (402) 399-9305 and mentioning that you are a Creighton University School of Medicine student. Psychiatric care provided at the Center for Health and Counseling is covered for students with health insurance through Creighton University. Students with outside insurance will be billed accordingly. All psychiatrists and psychologists with the Jones et al. practice are currently on the United Behavioral Health panel, therefore, students with Creighton University student health insurance are eligible to see them.

   Mental health services for students at the Phoenix Regional Campus are available through the Anxiety Resource Center at 4425 N. 24th Street, Suite 250, in Phoenix Arizona. Services including assessment and
individual counseling may be arranged by telephoning (602) 604-9440. There is no cost to students for these services.

Additional health and wellness information is also available on the eWellness site in Blueline and at the Student Health Services website: 
https://www.creighton.edu/chc/studenthealthservices/healthwellnesseducation/.

C. Chaplain
The School of Medicine chaplain is available to discuss and advise students on spiritual concerns. The chaplain may be contacted at (402) 280-4755 in Omaha and at (602) 989-2246 in Phoenix.

D. School of Medicine Wellness Center
The School of Medicine Wellness Center is open 24 hours per day, 7 days per week for student use only. It includes a lounge, kitchen, and fitness center. Students are responsible for returning all equipment to its original place and for cleaning up after themselves in the lounge and kitchen areas. Wellness Chairs will be responsible for coordinating weekly cleanings of the area. A wellness center including gym is also located in on the St. Joseph Hospital and Medical Center Phoenix Regional Campus.

E. Kiewit Physical Fitness Center
The Kiewit Physical Fitness Center is open to all full-time students and contains a complete line of aerobic, circuit and free weight equipment, five multipurpose courts, four racquetball courts, a jogging track, locker rooms, sauna, and whirlpool. The KFC number is (402) 280-2848.

II. STUDENT GOVERNMENT AND ORGANIZATIONS

A. Student Government
The Creighton Medical School Government (CMSG) is an organization that represents the School of Medicine student body to the School of Medicine administration, Creighton Students Union, and Creighton University. CMSG is responsible for communicating with the School of Medicine’s faculty and administration issues that directly affect the students. CMSG is active in evaluating faculty for the rank and tenure process, interviewing candidates for key administrative positions, and for coordinating student involvement in the LCME accreditation process. They also organize activities such as the Golden Apple awards banquet and the Orientation Picnic.

B. Student Organizations
The Creighton Medical School Government (CMSG) oversees the funding and operation of several student organizations and clubs. In addition to CMSG, the following organizations are currently approved by the Creighton Students Union:
1. American Medical Association – Medical Student Section
2. American Association of Physicians and Surgeons
3. American Medical Women's Association
4. Anesthesiology Interest Group
5. Catholic Medical Student Association
6. Christian Medical and Dental Association
7. Clinical Case Review Club
8. Clinical Skills Club
9. Creighton Medical Student Government
10. CUSOM Advocates
11. CUSOM Advocates, Phoenix Branch
12. Emergency Medicine Interest Group
13. Family Medicine Interest Group-Phoenix
14. Fit for Life
15. Global Medicine Student Interest Group
16. Internal Medicine Interest Group
17. Magis Medical Clinic
18. Married2Medicine Club
19. Maya Community Health Collaborative (MCHC)
20. Medical Anthropology and Sociology Society
21. Medical Humanities Club
22. Medical Spanish Society
23. Medical Student Research Initiative
24. Military Medical Student Association
25. Multicultural Health Sciences Student Association
26. Ophthalmology Interest Group
27. Orthopedic Surgery Interest Group
28. Partners Against Cancer
29. Pediatric Interest Group
30. Perinatal Experience
31. Phi Rho Sigma Medical Society
32. Premedical Society
33. Project CURA (Creighton United in Relief Assistance)
34. Sports Medicine Interest Group
35. Student Interest Group in Neurology
36. Student National Medical Association
37. Surgery Club
38. The Hiking Club
C. Service Opportunities

Students are encouraged to participate in a variety of community service opportunities that include the student run Magis Clinic, Project CURA, Habitat for Humanity, Siena-Francis House, Make-a-Wish run, Girls, Inc., Boys and Girls Club, and others. Students interested in participating in community service are encouraged to contact their class community service chair for information about opportunities.

III. ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES


IV. EMPLOYMENT

The curriculum of the School of Medicine requires the full time and energy of all medical students. Since it is believed that outside work interferes greatly with medical education, such work is not allowed. Any exception must be approved by the Associate Dean for Student Affairs. Summer employment is permitted following the M1 year.

V. PARKING

Students must confine their on-campus parking to areas reserved for student parking. Students must take special note as to where they are allowed to park at Creighton University Medical Center – Bergan Mercy, University Campus or other hospital sites since areas adjacent to the hospital are reserved for patient and family use only. Parking permits are required to park in University lots. Students will automatically be assessed a parking fee at registration. If a student does not want a parking permit, he/she must notify Creighton Public Safety in order to remove the charge.

Students on the Phoenix campus may park in Parking Lot 8 (PL8) for free, which is directly across from the Peppertree Building. Students have the option of receiving a metro pass in lieu of a parking permit, which must be used a minimum of 20 times per month in order for it to remain active.
## 14. CONTACT INFORMATION

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## V. OFFICE OF STUDENT AFFAIRS FACULTY & STAFF

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