

UPSOM Code of Professionalism Outline

This document is meant to serve as a supplement to the University's Student Code of Conduct (https://www.studentaffairs.pitt.edu/wp-content/uploads/2017/08/Code-of-Conduct_10-1-2020.pdf) as well as the University Guidelines Academic Integrity (https://www.provost.pitt.edu/sites/default/files/academic_integrity_guidelines.pdf), specifically to address the unique environment of the medical school. Any violations of the Student Code of Conduct, as outlined in Chapter 4 of the University document, will be referred to the Office of Student Conduct by School of Medicine officials.

The School of Medicine will communicate with students primarily via their University-sponsored e-mail accounts. As such, students are responsible for checking their e-mail on a regular basis.

This Code is not a contract.

I. Introduction

The School of Medicine has an obligation to ensure that the learning environment can operate in accordance with the highest standards of quality, institutional integrity, and freedom of expression. In order to carry on our work of teaching, research, advocacy, leadership and service. With our legacy of caring about the global human family, we are committed to the values of altruism, integrity, excellence, accountability, respect, advocacy, fairness, service, compassion, truthfulness, and leadership. We embrace these values, for they are the foundation of the covenant of trust that we publicly declare to keep in service to our patients.

We expect full recognition by all concerned of the rights and privileges, as well as the responsibilities of all who are part of the Pitt Med community. As PittMed students you assume these privileges and responsibilities upon matriculation and must adhere to them throughout your matriculation as a demonstration of your commitment to keeping the ethical principles, standards and fundamental values enumerated in the PittMed Code of Professionalism. The PittMed Student Code of Professionalism has been developed to create and maintain a supportive and inclusive campus community and learning environment. As medical professionals in training, you must strive to uphold the highest standards of the medical profession. These standards of behavior are articulated by of the American Medical Association (AMA), American Medical Student Associations (AMSA) and the Accreditation Council for Graduate Medical Education (ACGME).

When constitutionally protected speech is concerned, the SOM will apply this Code in a manner consistent with the First Amendment.

II. Professionalism

In this document, we have set out to define professionalism and professional behavior, in an inclusive way – trying to shed the historical pervasiveness of white norms and culture that explicitly and implicitly discriminates against non-Western and non-white standards related to speech and communication style, behavior, dress code, hair styles, and work style. While in the past traditional white standards and values have been believed to be objective and unbiased, we know better. We acknowledge that there is often increased scrutiny of non-white students to adhere to traditional standards (i.e., being monitored more

closely and therefore facing more penalties). Accordingly, the SOM first sets out to describe what professional behavior is, in an inclusive and equitable manner, rather than what it is not.

Pitt Medical Students should strive for excellence continually in the domain of professionalism. At Pitt Med, the aspirational values, attributes, and skills that define a professional medical student and physician are below:

For attributes, you might choose either a verb or a noun to describe all (i.e., not a mix).

Values	Examples of Attributes/Skills (not inclusive)
Effective communication and completion of student responsibilities	<ul style="list-style-type: none"> • Reliably communicates effectively. • Fulfills responsibilities that are essential to being a medical student UPSOM without repeated reminders (e.g., responding to emails, completing immunization or USMLE exams by the required dates).
Honesty and integrity in all interactions	<ul style="list-style-type: none"> • Behave in a trustworthy manner and aspire to the highest standards of academic and research integrity. • Honesty in all interactions, whether in an educational setting or through the course of patient care. • Commit to patient confidentiality and adhere to HIPAA guidelines at all times.
Embracing teamwork	<ul style="list-style-type: none"> • Intentionally work to create an atmosphere of optimal learning in all settings. • Treat all team members, regardless of discipline or training, as equally valuable co-workers.
Respect for others (staff, patients, peers, teachers, residents, attendings,)	<ul style="list-style-type: none"> • Civility in conversation in all settings (lecture, small group, lab, virtual conference settings, clinical experiences) • Active and empathic listening • Patience • Understand the importance of respecting other peoples' time by replying to emails, voicemails and other forms of communication in a timely fashion (within 48 hours)
Effort toward self-improvement and adaptability	<ul style="list-style-type: none"> • Attend to one's own physical and emotional well-being • Seek and accept feedback and constructive instruction with a curious and open mind • Be accountable for one's own conduct • Demonstrates awareness of one's own inadequacies

	<ul style="list-style-type: none"> • Admit to and assume responsible for mistakes in a mature and honest fashion • Work to become comfortable with ambiguity and uncertainty
Equity and social justice	<ul style="list-style-type: none"> • Asking for and using preferred names and pronouns in order to build an inclusive community • Be respectful of the values, cultures, lifestyles, opinions, and choices of others, even when they differ from your own • Be an active bystander when witness to microaggressions and discrimination • Normalize involving and including diverse cultures within medicine • Challenge stereotypes and bias civilly when they arise in lecture and small group discussions • Advocate for antiracist policies and procedures
Worthiness to serve others	<ul style="list-style-type: none"> • Treat all members of the University and clinical affiliates, including staff, patients, teachers, residents, faculty, with respect, compassion, and dignity • Commit to the highest standards of competence for oneself • Recognize the importance of life-long learning to build and maintain competency in one's profession • Maintain appropriate relationships with patients, staff, peers, teachers, residents, and faculty • Demonstrate humble curiosity about others • Aspiring to these values both in and out of school and the clinical setting (including on internet platforms like social media)

All Pitt Meds students are expected to adhere to all University of Pittsburgh policies, procedures and guidelines, including but not limited to the Student Code of Conduct (https://www.studentaffairs.pitt.edu/wp-content/uploads/2017/08/Code-of-Conduct_10-1-2020.pdf).

III. Definitions

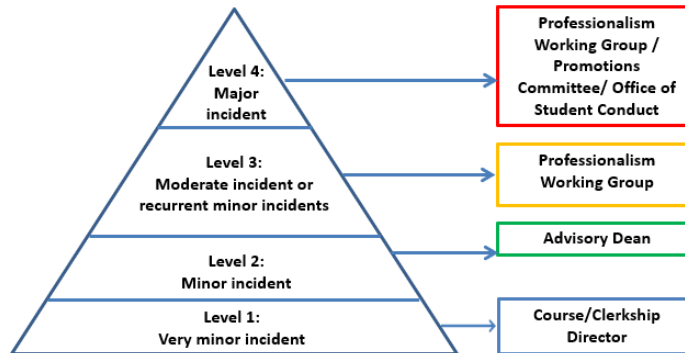
- The Deans
 - Dean of the School of medicine – oversees and manages the functions of the school of medicine, including the development of strategic initiatives, and participates in the long-term planning and policy setting of the university.

- Dean of Students (or Dean for Student Affairs) – is involved with student advocacy; creating, disseminating, and implementing institutional policies and procedures; representing the institution and medical profession to students; advising students; and serving as a role model for students.
- The Ombudsperson – provides a safe, welcoming, confidential, and unbiased resource for students to relay their concerns and explore options available to them for informal resolution within the School of Medicine. The ombudsperson assists medical and graduate students and postdocs with resolving conflicts and issues that arise in the course of their education and training that they believe have not or cannot be addressed within their academic department. The ombudsperson can help mediate conflicts and provides information about institutional policies related to the student’s issues, including the University’s grievance procedures. The ombudsperson directs students and postdocs to further resources on campus as appropriate. A detailed explanation of their role and a list of School of Medicine Ombudsperson’s can be found at [Ombuds Office | School of Medicine | University of Pittsburgh](#).
- The Professionalism Working Group - a designated group of faculty members well-versed in professionalism standards and the educational program (n= 8-10). Subsets of this group (n=3-5) will be called upon to review reported lapses of professional behavior if they are recurrent or of moderate-major in severity. They will review the circumstances of the behavior and present a recommendation for remediation or dismissal at the next meeting of the Committee on Student Promotions.
- The Committee on Student Promotions consists of elected member, ex-officio members, and one representative from each of the preclinical course blocks and clerkships. The committee meets 5 times per year for the purpose of officially promoting each class of students, based on academic performance and/or to recommend disposition of unsatisfactory students to correct their deficiencies. For the full policy on the committee, please refer to https://www.omed.pitt.edu/sites/default/files/updated_policy_on_structure_and_function_of_the_committee_on_student_promotions.pdf
- The Office of Student Conduct (<https://www.studentaffairs.pitt.edu/conduct/>) is a University-wide office that promotes good citizenship by educating students on behavioral expectations at the University of Pittsburgh. They oversee impartial judicial procedures and opportunities for personal development and improvement when the University Student Code of Conduct is violated.

UPSOM Student Professionalism Response Pyramid

Response depends on:

- the severity of the incident
- whether the incident is recurrent



Adapted from the UPSOM Mistreatment Response Pyramid; based on [Hickson GB, et al. Academic Medicine, 2007](#) and the Stanford Medical Student Mistreatment Program, 2014
Approved by the UPSOM Professionalism Standards Committee, [DATE]

IV. Types of Lapses in Medical Student Professional Behavior

Below is a categorization of lapses in professional behavior from minor (Level 1) to major (Level 4). There are examples of each level/type of lapse, and those lists are not meant to be exhaustive but rather to exemplify each category. The parties most likely to report the lapses are indicated for each category, as are the parties to whom the lapses are relayed in order to provide formative and corrective feedback to the student.

LEVEL 1: Very minor or initial lapses in professional behavior

1. Tardiness to mandatory session (infrequent)
2. Unexcused absence or leaving a group early (infrequent)
3. Mildly disruptive/borderline zoom etiquette (e.g., brushing teeth)

Reports of Level 1 lapses may come from: peers, course/rotation faculty

LEVEL 2: Minor lapses in administrative professional behavior and inappropriate behavior in educational setting

Minor lapses in administrative professional behavior

1. Late or missing course evals (2-3 or more)
2. Late or missing medical clearances (2-3 or more)

Minor inappropriate behavior in the educational setting

1. Tardiness (2-3 instances documented over a semester)
2. Unexcused absences (2-3 over documented a semester)
3. Minor disruptive behavior

4. Lack of participation in class (in person or virtual)
5. Class assignments completed after the deadline

Reports of Level 2 administrative lapses may come from: staff in the OMED or OSA.

LEVEL 3: Moderate inappropriate behavior in course or rotation without improvement after being addressed at Level 2

1. Pattern of tardiness or unexcused absences
2. Pattern of disruptive behavior
3. Recurrent lack of participation
4. Recurrent late or missing course assignments
5. Repeated failure to submit course evaluations
6. Consistent defensiveness or ignoring of constructive feedback

Reports may come from peers, residents, fellows, staff, patients, family members, community members, or others either directly or via the PAIR website (<https://www.omed.pitt.edu/PAIR>)

LEVEL 4: Major professionalism concerns

1. Intentional bias/mistreatment
2. social media violation
3. Cheating
4. Plagiarism
5. Dishonesty (sign-in without attendance, copied reports, making up data on patients)
6. Negative impact on the learning environment
7. Abuse
8. Sexual misconduct

Reports may come from other students, staff, or faculty member via the PAIR website (<https://www.omed.pitt.edu/PAIR>). All reports relating to Sexual Misconduct or Harassment shall be reported to Title IX for further inquiry.

V. Procedures and Processes

a. Proceedings for Level 1 and 2 Lapses

Level 1 lapses shall be addressed by an appropriate SOM faculty member and Level 2 lapses shall be addressed by the students advisory dean. In each case, the report of the lapse shall be reviewed with the student in detail during a conference(s) and the student shall have an opportunity to ask questions and present relevant information through personal and/or witnesses' statements. The faculty member or advisory dean may ask questions regarding any information provided. Using a preponderance of evidence standard, the faculty member and/or advisory dean will determine if the student is responsible for a Level 1 or 2 Lapse in professionalism. Depending on the severity of the lapse, the student may be subject to a professionalism sanction to be determined by the faculty member or advisory dean, such as, but not limited to, completing an educational session, preparing a white paper, receiving a 0 on class assignment, etc.

b. Proceedings for Level 3 and Level 4 Lapses:

Level 3 lapses in professional behavior will be referred to the Professionalism Working Group as outlined below. Level 3 Lapses may be noted in the MSPE.

Level 4 lapses will be referred to the Professionalism Working Group as outlined below. The Professionalism Working Group will decide whether to **refer to the Office of Student Conduct immediately and/or to conduct SOM based proceedings outlined below.**

The finding of a **Level 3 may be sent to the Committee on Student Promotions and may be noted in the MSPE. Findings of a Level 4 Lapses will be sent to the Committee on Student Promotions and will be noted in the MSPE.**

Disciplinary proceedings for Level 3 or 4 lapses of professionalism may be initiated by a formal complaint made to the Dean for Student Affairs **via web-based reporting portal**. Any student, faculty member, administrative officer, or staff of the School of Medicine should submit a report within 30 days of the incident. Reports submitted past 30 days of the incident may be considered under this Code, depending on the severity of the allegation and extenuating circumstances that led to the delay in reporting.

Upon receipt a formal report of a lapse in professional behavior which sets form nature, time, and place of the violation, the student shall be notified within a reasonable period of time, in writing to their University-sponsored e-mail account. The notification shall be accompanied with a date, time, and place for a conference with the Professionalism Working Group. The date for the Working Group conference should generally occur within 30 days of the submission of the formal report. The notice will be accompanied by the following statements of the rights of the accused:

1. The student shall have adequate time to prepare their response to the allegations and review any evidence to be presented by the School of Medicine during the conference. The student may request an opportunity to review evidence by contacting the OSA Office Manager.
2. The student is permitted but shall not be required to take any examinations between the time one is provided written notice of an allegation of a Level 3 or 4 Lapse and five days after the final decision is delivered to the student.
3. During the conference, the student may have a member of the University community act as their representative. The representative may actively participate in the conference but may not answer questions on behalf of the student. Participation of legal counsel is restricted to an advising, not a participatory role. Failure of the student to timely identify a representative will not delay the conference.
4. The student shall be presumed innocent until proven responsible by preponderance of the evidence presented to the Professionalism Working Group.
5. The accused shall have the right to call a reasonable number of witnesses and present evidence. The accused, or their representative from within the University, shall be allowed to question and cross examine witnesses and shall have a fair opportunity to present his or her defense. The student must provide a proposed witness list, containing a brief description of each witnesses' proposed testimony no

less than 5 business days before the conference. It is the responsibility of the student to coordinate any witness participation and the OSA Office Manager may provide reasonable assistance in facilitating witness participation. The student shall provide any proposed evidence to be used in the conference to OSA Officer Manager no less than 5 business days before the conference.

6. The accused shall not be restrained in any manner from the full exercise of their rights of appeal.

In order to expedite disposition of a matter, any person charged may, may request in writing to expedite the conference and related deadlines. Official University vacations, holidays, or weekends will not be counted as part of the time limit specified for dealing with any case.

Conference with the Professionalism Working Group:

- a. The Chairperson will convene the conference and introduce the parties involved.
- b. The student may object to participation of any member of the Working Group or to the procedures and the Chairman will make any necessary decisions regarding the validity of such concerns or objections.
- c. The Chairman shall read the statement of reported lapse in professional behavior and asks the student whether they admit or denies the substance of the report.
- d. When the student admits the substance of the charge, the student, or their representative may then make any statement in mitigation or extenuation. A reasonable number of witnesses may be called and/or evidence presented in substantiation of this statement. In executive session, the Working Group shall then consider and determine the sanctions, if any, to be recommended to the Dean of the Medical School.
- e. When the student denies the substance of the reported behavior, the Working Group proceeds to hear evidence and witness testimony as to the matter in dispute. This will normally occur in the following order:

Evidence and witnesses in support of the charge is presented by the School of Medicine representative bringing the charges.

Evidence in support of the student is presented under direction of the student and/or their representative.

Witnesses may be presented, and cross examined by the Working Group, the accused, and/or their representative.

Closing oral arguments may then be made by the student or their representative.

Closing oral arguments may then be made by the School of Medicine representative bring the charges.

In executive session, and in absence of the student and/or student advocate, the Working Group will then determine whether a violation has occurred and what sanction, if any, should be recommended to the Dean of the School of Medicine or their designee.

General Rules of Procedure and Rights Secured to The Student

a. *General Conduct of Conference.* The Chairperson of the Working Group presides and makes all rulings with respect to questions of practice and procedure. Control is maintained by recognition of the participation of members of the Council and others in the conference.

b. *Quorum for Conference and Voting Privileges.* Five members of the Working Group constitute a quorum. All members of the Working Group have full voting privileges when deciding a case. Selected members from the Working Group for conference would include individuals without conflicts of interest.

c. *Evidence.* No attempt shall be made to apply technical legal rules of evidence. In general, any evidence, whether oral testimony or documentary, which is considered by the Chairperson to be relevant to the charge or defense should be received. The Chairperson may exclude frivolous, repetitive, or merely cumulative testimony. Reasonable limits may be imposed on the number of material witnesses and the amount of cumulative evidence that may be introduced. Hearsay evidence (testimony by a witness regarding what a person does not present at the conference has stated) should be received and evaluated with caution, since no opportunity exists to question the absent person.

d. *Burden and Standard of Proof. Number of Working Group Members Required to Determine Violation.* The Board members have a responsibility to assure that the evidence presented is clear and convincing to vote for a finding in support of the charges. Members may not consider evidence not presented in the conference itself. If the student denies the charge, three quarters (3/4) of the Board members conference the matter must concur on a guilty finding.

e. *Right to Question Witnesses.* The Working Group, and the student or their representative shall have the right within bounds of general relevance, to question witnesses who testify at the conference.

g. *Right to Assistance.* The accused has the right to be advised, assisted, or represented at the conference, by an individual from the University community (excepting an attorney or law student) who may take an active part in the proceedings.

h. *Provision of Record for Review.* The OSA staff member assigned to keep notes of the meeting will prepare a written summary of the proceedings at all conferences. If agreeable to all parties, the conference may be recorded via Zoom or a similar platform. These will be maintained by to the Associate Dean for Student Affairs.

i. *Number of Working Group Members Required to Recommend Particular Sanctions.* In order to recommend the sanction of indefinite or definite suspension, two thirds of the members of the Working Group sitting on the particular conference must concur in its imposition. Other sanctions may be recommended by a simple majority.

Notice of Action of the full Working Group

The Working Group may inform the person charged orally of its disposition of the charge following its determination, or it may defer giving any notice for a reasonable period of time following the formal closing of the conference. The notekeeper, not later than five days after formal closing of the conference, gives to the accused, the person bringing the charge, and the Dean of the School of

Medicine a written Notice of Finding and Recommendation. This shall include, if violation was not admitted, an entry: "Violation as Charged-Found" or "Violation as Charged-Not Found", and in any case where a sanction is recommended, an entry: "Sanction Recommended" (specified with clarity).

Sanctions for Violations

When a violation of the Professionalism Policy is found by the Working Group, the matter is referred to the Dean of the School of Medicine or their designee for a final decision on sanctions. The range of permissible sanctions for disciplinary action, whether imposed by administrative action or recommended by Conference Board action includes but is not limited to:

1. Lesser Sanctions

Although suspension for a definite or an indefinite time will usually be the sanction imposed for willful violation of the Professionalism Policy, lesser penalties may be imposed because of extenuating or mitigating circumstances, or if the Working Group finds that a more appropriate penalty applies better to the circumstance.

2. Suspension for a Definite Time

Exclusion from classes and other activities with forfeiture of academic credit, as set forth in the notice of suspension, for a definite time beginning immediately. Sanction for cheating shall ordinarily include a recommended failure in the course involved with authorized withdrawal in other concurrent courses, regardless of the time in the school year when the offense is committed. If the suspension is for more than one term, the suspension shall begin immediately and shall be served in consecutive terms.

3. Indefinite Suspension

Termination of student's status, subject only to formal readmission, with no right to petition for readmission before the expiration of a calendar year from the date of suspension.

4. Placement of letter with Finding of Violation as Charged

Ordinarily, if the finding of violation as charged is made, the finding and sanctions will be included in the formal academic file. Any findings in the permanent file shall be included in any future report(s) concerning the student, unless specified otherwise by the Board. Alternatively, the Board could recommend that the findings and sanction be included in an impermanent file, which is maintained by the Dean for Student Affairs.

In any case, the Promotions Committee may consider the results of any findings of violation of the Code of Professionalism and imposition of sanctions by the Working Group in assessing the suitability of a student to be a physician.

Custody of Disciplinary Records Separate from Academic Records

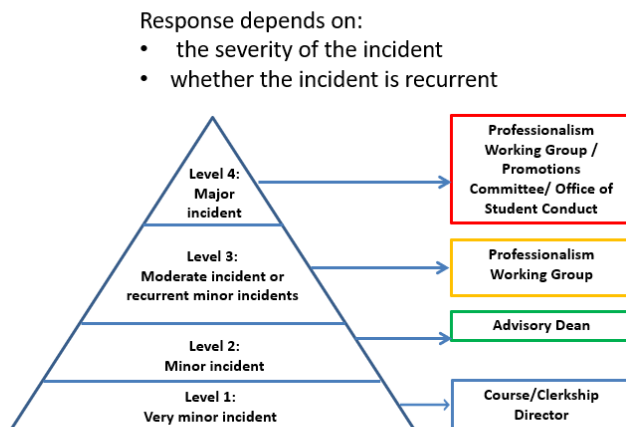
All records pertaining to disciplinary proceedings in which a student is charged with a violation will be maintained separately from the academic record. The Dean for Student Affairs shall be the sole custodian for all records involving disciplinary proceedings. To this end, all records made or considered by the Working Group in disciplinary proceedings before them shall be transmitted immediately upon completion of the proceedings to the Dean for Student Affairs.

IX. Review and Appeal

The student reported may appeal within five days of the date of a final finding and/or sanction from the Dean or their designee, to the Provost, who may seek the advice of the University Review Board. Information about how to proceed may be obtained from the Office of the Provost. The student may appeal also to the University Review Board, whose recommendation shall be made to the Provost. The action of the Provost, taken with or without the advice of the University Review Board, shall constitute an exhaustion of all required institutional remedies.

Figure

UPSOM Student Professionalism Response Pyramid



Adapted from the UPSOM Mistreatment Response Pyramid; based on [Hickson](#) GB, et al. Academic Medicine, 2007 and the Stanford Medical Student Mistreatment Program, 2014
Approved by the UPSOM Professionalism Standards Committee, [DATE]

X. Sanctions/Actions

The Professionalism Working Group will develop remediation plans based on the findings of the disciplinary procedure. Examples of a remediation plan components may include:

1. restorative justice exercise (e.g., public apology)
2. professionalism reflection assignment (e.g., writing from the perspective of a patient conference of the lapse of professionalism)
3. regular meetings with a professionalism coach by a pool of faculty who have expertise in this type of coaching

4. mandated community service
5. mental health evaluation
6. referral for disability assessment

Furthermore, sanctions may include a mandated leave or dismissal, which will be voted upon by the Committee on Student Promotions.

XI. Title IX Policies and Procedures

The University of Pittsburgh has policies and procedures in place to protect students, faculty, and staff. All potential violations of these policies will be referred to the Office of Diversity and Inclusion. The University's individual policies and procedures can be accessed at:

<https://www.diversity.pitt.edu/civil-rights-title-ix-compliance/policies-procedures-and-practices/title-ix-policies-and-procedures>

XII. UPSOM Social Media Policy

In the use of Social Media, the value of the School of Medicine and the medical profession must be affirmed. The following guidance is provided for making decisions about your use of social media.

Specifically, this social medial guidance provides students with the information required to be informed about participation in social media and the professional, ethical and personal issues that must be considered. The guidance will also provide information and resources to assist in the appropriate utilization of social media. As members of the University of Pittsburgh School of Medicine community you have the responsibility to uphold professional standards and the UPSOM legacy beyond the classroom. In an era of pervasive use of social media, it is critical that you are mindful of the potential career impact it may have.

The term "social media" here is intentionally broad. Students should consider potential consequences before interacting in any internet public forum, including but not limited to Facebook, Instagram, Twitter, LinkedIn, YouTube, Reddit, blogs, comment sections of news sources, Tik-Tok, chat rooms, Vimeo, podcasts, and other online social media networking sites. When interacting on social media, students are urged to think critically about how they would like to be perceived publicly, or by a broader audience than they may initially anticipate. Asking questions like, "would I want my parents, grandparents, friends, co-workers, school administrators, clinical evaluators, program directors, patients, etc. to see this?" before posting is a helpful exercise. Avoid engaging in conduct that could be viewed by others as defamatory, harassing, or an infringement of the rights of others. When constitutionally protected speech is concerned, the University will apply this Policy in a manner consistent with the First Amendment.

Students should use particular caution when referencing their experiences in or events associated with the medical school, the medical center or with patient care. Always be transparent, making clear your posts are your opinion unless you are authorized to speak on behalf of the medical school. The use of the official UPSOM or University School of Medicine logo must be approved by the School prior to any post.

Furthermore, students must adhere strictly to social media policies of the medical center and specific clinical sites, hospitals, and University in their social media. It is extremely important to remember the sharing of personal health information is strictly prohibited under the federal Health Insurance Portability and Accountability Act (HIPAA). Any violations of these guidelines using social media will be handled according to the specific University UPSOM or medical center policy violated.

In addition to the above, the Social Media Guidelines for Medical Students and Physicians, created by the American Medical Student Association, should be followed. These guidelines are included here: <https://www.amsa.org/2016/09/15/social-media-guidelines-medical-students-physicians/>

XIII. References and Other Documents

- UPSOM Student *Clinical* Code of Professionalism <https://navigator.medschool.pitt.edu/api/navpage/514154856/files/105143105/Student%20Code%20of%20Professionalism.pdf>
- Class 2024 Class Oath
- University Code of Conduct https://www.studentaffairs.pitt.edu/wp-content/uploads/2017/08/Code-of-Conduct_10-1-2020.pdf
- ACGME Statement on Professionalism <https://knowledgeplus.nejm.org/blog/acgme-core-competencies-professionalism/>
- UPMC Social Media Policy (link)
- Gray A. The Bias of “Professionalism” Standards. Stanford Social Innovation Review. Published online 6/4/2019. Accessed at https://ssir.org/articles/entry/the_bias_of_professionalism_standards_on_5/11/2021.
- Ufomata E, et al. A Policy Statement of the Society of General Internal Medicine on Tackling Racism in Medical Education: Reflections on the Past and a Call to Action for the Future. JGIM. 2021; 36:1077-1081.
- International Ombudsman Association. <https://www.ombudsassociation.org/what-is-an-organizational-ombuds>

APPROVALS

Education Policy Council, revision approved September 2, 2021.

Executive Committee, revision approved October 29, 2021.

Dean, School of Medicine, revision approved July 8, 2022