Weill Cornell Medicine-Qatar

Student Handbook

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About Weill Cornell Medicine-Qatar

Message from the Dean

Dear Students,



The WCM-Q Student Handbook outlines the policies, regulations, programs, and practices you need to know as a student. It is important that you read this handbook in its entirety and become familiar with its contents.

Every member of the WCM-Q family is committed to providing you with academic, administrative, social, cultural, and recreational support to help you succeed in your endeavors. A good understanding of this handbook's contents will assist you in accessing this support.

We wish you the best for your continued success.

Sincerely,

Javaid I. Sheikh, M.D., M.B.A.
Dean and Professor
Weill Cornell Medicine-Qatar

About the Institution

Welcome to Weill Cornell Medicine-Qatar (WCM-Q, the Medical College or the Medical School). We invite you to discover how WCM-Q is contributing to Qatar's objective to become a knowledge-based society by advancing our mission of excellence in education, research and patient care.

Weill Cornell Medicine-Qatar (WCM-Q) is an international campus of Cornell University and was established in 2001 as a groundbreaking partnership between Cornell University and Qatar Foundation. WCM-Q admits students in accordance with the admissions standards of Weill Cornell Medicine in New York, delivers a similar curriculum, and uses the same student assessment methods. WCM-Q offers an integrated program of pre-medical and medical studies leading to the Doctor of Medicine degree conferred by Cornell University.

Through the generous support of Qatar Foundation, we are becoming a significant contributor to the renaissance of education, research and state-of-the-art patient care in Qatar and the region.

We have graduated nineteen classes of physicians who have continued their graduate medical training in residencies and clinical research at outstanding institutions in the United States and Qatar. Many of these young physicians have begun to return to become leaders and innovators in the planning and delivery of medical care in Qatar and the region.

We have a world-class biomedical research team who are conducting basic, translational and clinical research that focuses on diseases and disorders that are among the most frequent and challenging issues for patient care in Qatar.

Our Mission

Weill Cornell Medicine-Qatar, a pioneering joint venture between Qatar Foundation and Cornell University, is a research-intensive, academic medical institution. We leverage our unique programs, progressive partnerships, and strategic location to:

- Develop outstanding physicians, scientists, and future healthcare leaders,
- Generate significant discoveries that transform healthcare, and
- Promote population health through deeply-rooted community engagement.

Partnerships

Ministry of Public Health

The Ministry of Public Health (MoPH) was given the responsibility to guide reform in Qatar in order to establish one of the world's most admired and renowned health systems. The role is to create a clear vision for the nation's health direction, set goals and objectives for the country, design policies to achieve the vision, regulate the medical landscape, protect the public's health, set the health research agenda, and monitor and evaluate progress towards achieving those objectives.

Previously known as the Supreme Council of Health, the MoPH is also embarking on an ambitious program to enhance the wellness of the people of Qatar so that a vibrant, healthy, and productive society can be established for today and for the future. The essence of that program is 'Caring for the Future'.

Caring for the Future means promoting public health, encouraging healthy lifestyles, providing community-based primary care, and ensuring that, when needed, some of the world's most advanced and highest quality care is available in tertiary medical facilities. These tertiary facilities will not only provide quality care but also are expected to be research leaders on the frontiers of science. https://www.moph.gov.qa

WCM-Q Affiliations

Hamad Medical Corporation

Established by Emiri decree in 1979, Hamad Medical Corporation (HMC) is the principal public healthcare provider in Qatar. The corporation manages three community hospitals and nine specialist hospitals. HMC was the first public healthcare system outside the United States to achieve Joint Commission International (JCI) accreditation for all hospitals simultaneously.

Hamad has an active program of medical education, and HMC physicians appointed to WCM-Q faculty positions make a major contribution to the students' clinical education. Through an affiliation agreement signed in 2004, educational activities at HMC were extended to include medical students of WCM-Q. Since 2006-, third- and fourth-year students have joined HMC teams to do their clinical clerkships and some electives.

HMC is also the first hospital system in the Middle East to achieve institutional accreditation from the Accreditation Council of Graduate Medical Education - International (ACGME-I).

In 2011, a joint initiative was launched between WCM-Q and HMC to transform HMC into an Academic Health System (AHS). Implementation of this new healthcare, education and research system was completed in 2016.

A growing number of WCM-Q clinical faculty see patients as part of their teaching activities at HMC. Weill Cornell Medicine faculty in New York and Qatar are also collaborating with HMC in biomedical research activities. http://www.hamad.qa

Sidra Medicine

Sidra Medicine is a state-of-the-art facility committed to providing women and children in Qatar with world-class tertiary health care services. Located in Education City, Sidra Medicine is emblematic of Qatar Foundation's interest in health and well-being of Qatar's community and it is poised to raise the standard of healthcare in Qatar through academic and research partnerships.

In collaboration with WCM-Q, leading research institutions worldwide, and Qatar's health sector,

Sidra provide a diversity and quality of care conducive to training medical students and highly skilled clinicians and highly skilled clinicians and will deliver leading clinical and translational research of value to the population of Qatar and the world.

The state-of-the-art building includes an outpatient clinic and a main hospital and a research institution. Sidra opened its Outpatient Clinic on 1 May 2016 with the launch of three clinics – Dermatology, Pediatric General Surgery Consultation and Obstetrics. The main hospital opened on January 14, 2018. http://www.sidra.org

Aspetar

Aspetar is the first specialized Orthopedic and Sports Medicine Hospital in the Gulf region. It provides the highest possible medical treatment for sports-related injuries in a state-of-the-art facility, staffed by some of the world's leading sports medicine practitioners and researchers. The hospital provides a comprehensive range of services, from injury prevention to injury management and performance improvement. The agreement signed between Aspetar and WCM-Q in 2009 allows WCM-Q students to receive clinical training at Aspetar and grants our students access to their facilities during Ambulatory care rotations.

This agreement helps promote medical education in primary care, utilizing Aspetar's exemplary credentials in musculo-skeletal understanding and treatment, and facilitates further collaborative research.
http://www.aspetar.com

Primary Health Care Corporation

In 1978 the MoPH (previously Ministry of Health) developed a comprehensive scheme for building a primary health care system. This scheme, submitted to the Council of Ministers, included the launch of primary health care services through nine health centers covering different parts of the country and capable of providing basic and essential health and medical services (preventive and curative).

Currently, the Primary Health Care Corporation (PHCC) is operating through 31 primary healthcare centers. WCM-Q students have received clinical training at the various PHCC centers since 2013.https://www.phcc.qa

Important Numbers

Dean's Office 974-4492-8000
Office of Vice Dean for Academic and Curricular Affairs 974-4492-8329
Office of Curriculum Support (OCS) Reception Desk 974-4492-8336
OCS - Foundational Sciences Courses 974-4492-8347
OCS - Clinical Courses and Clerkships 974-4492-8367
OCS – Areas of Concentration Course/Program 974-4492-8397
Office of Evaluation, Assessment, and Student Informatics (OEASI) 974-4492-8363
Office of Admissions 974-4492-8500
Office of Student Affairs 974-4492-8529
Office of the Registrar 974-4492-8514
Information Technology Services Help Desk 974-4492-8711
Health Sciences Library 974-4492-8100
Human Resources 974-4492-8600
WCM-Q Security Office 974-4492-8150
WCM-Q Security – North Hall 974-4492-8175
WCM-Q Security - South Hall 974-4492-8176
Qatar Foundation Security 974-4454-0999
QF Primary Healthcare Center operated by Al Farid Hospital 974-4454-0222
Hamad Medical Corporation Emergency Department ..... 974-4439-7803 ICAS International Counselors 00-800-100-250

Emergency Numbers

Ambulance-Fire-Police (In QF Education City)	**4454 0999**
Ambulance-Fire-Police (Landline within WCM-Q)	**8999**
Qatar Emergency Services (Outside Education City)	**999**
WCM-Q Emergency Line	**4492 8778**

Emergencies, Safety and Security

Safety & Security Handbook

Every student is issued with a copy of the WCM-Q Safety & Security Handbook during orientation, which includes information on procedures for reporting crimes and emergencies, policies and procedures for emergency response and evacuation, including fire and for addressing crimes on the WCM-Q campus. The handbook is updated periodically.

WCM-Q Safety and Security Handbook

Reporting Crimes, Emergencies, and Suspicious Behavior

Incidents of crime and other emergencies occurring on the WCM-Q campus should be reported as soon as possible to WCM-Q Security at 4492-8150, and to the Manager of Environmental Health, Safety and Security at 3359-3782. The Medical College encourages its students and employees to call WCM-Q Security in the event of any crime, emergency or non-emergency security related matter.

Emergency Alerting

In an emergency, WCM-Q will notify students using the Emergency Notification System (ENS) – see Section 4 of the Safety & Security Handbook. All students are responsible for ensuring that their contact information held by the Office of the Registrar is accurate.

Campus Security Report

The annual Campus Security Report which also has information on procedures for reporting crimes and emergencies; policies and procedures for emergency response and evacuation; as well as information on addressing crimes on the WCM-Q campus can be found at: Campus Security Report

Crime statistics from local law enforcement authorities and QF is also available.

Fire Safety

Please refer to the Safety & Security Handbook, Sections 8.9 for information on fire safety. Remember your "CARE" Procedures: If you discover a fire or smoke condition: Contain the fire by closing all doors as you leave; Activate the nearest alarm point; Report the fire by calling 4454-0999 from a safe location; Evacuate the building via the nearest exit. Emergency phones are located throughout the building and can be used in the event of an emergency.

Emergency Phone Numbers

WCM-Q Security Control Room.....4492-8150

QF Security Control Centre.....4454-0999

Qatar Emergency Services 999

Academic Policies and Procedures

Academic Policies and Procedures Applicable to All Students

Academic Regulations, Policy and Procedures

Applicability: All Students

Students at the Medical College are required to complete a rigorous academic program that will enable them to demonstrate a mastery of the substantive fields of study, the technical skills of a medical practitioner and the personal demeanor and character suitable to the practice of medicine. The Medical College has developed a set of regulations to govern academic achievement and fitness to be a doctor. It is the responsibility of each medical student to be fully familiar with the Medical College's academic requirements and standards, the regulations in this document and the procedures that guide the application of these policies to students.

The faculty of the Medical College is vested with the primary responsibility for developing, interpreting, and applying these policies and procedures to medical students. In conjunction with the Medical College's administrators, the faculty considers how to assist a student who is not meeting the academic standards and the manner in which the policies of the Medical College will be enforced.

The policies and procedures apply to students while matriculated as a student in the Medical College, when at the campus and when engaged in programs or activities related to Medical College studies and professional experiences even if away from campus. Certain conduct by the students and by members of the Medical College community may be closely connected to academic integrity and/or fitness for professional duties and may involve more than one of the established policies; these crossovers can be complex and multifaceted so that from one vantage point the conduct affects the academic standards, while from a different perspective it is viewed as pertaining to standards of professional conduct. The Dean of the Medical College, in such instances, will make the final decision as to which of the relevant procedures is applicable for adjudicating the matter.

In many cases, and to the extent feasible, the initial approach with a student may be a direct conversation between the student and an appropriate administrator or faculty member, with the goal of achieving agreement on a course of action to resolve the situation. When an informal approach satisfactorily resolves a problem, it may be possible to conclude the matter at that stage. The Medical College will invoke formal procedures to address unresolved matters and, in those circumstances, where an informal process is not realistic.

These are the general standards applicable to study at the Medical College and for professional preparation; they do not and cannot anticipate every issue that may arise, either substantively or procedurally. The Medical College reserves the right to interpret how these policies and procedures shall apply in specific situations, has the authority to adjust time frames as needed, shall determine the staffing of committees, shall designate which bodies will consider a matter, and will provide guidance on how the review is to be conducted, in accordance with these rules, the complexity of a case and the resources available.

Technical Standards: Admission and Retention

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: All Students

Introduction

The WCM-Q faculty believes that our educational mission is to graduate physicians who are broadly capable and skilled in general medicine and ready to start residency training. This principle applies irrespective of any future plans for specialization or non-clinical careers. To this end, graduates of WCM-Q must demonstrate certain essential abilities, attributes and characteristics in order to fulfill our overall program learning objectives. As medical education differs from many other forms of higher education in that graduates must be able to practice medicine and to care for patients; candidates for admission, retention, promotion and graduation must possess not only intellectual but also physical, emotional and interpersonal abilities.

For the purpose of this document, the term "candidate" applies both to applicants to medical school and to matriculated students who are under consideration for retention, promotion or graduation. The faculty has identified five essential domains in which candidates must demonstrate ability. A student may receive reasonable accommodation to demonstrate these abilities. However, the use of an intermediary, a person performing a task on the candidate's behalf in a manner that compromises the candidate's independent judgment, is not permitted.

Technical Standards

- **Observation**. The candidate must be able to observe required demonstrations in the curriculum. The candidate must also be able to observe patients accurately and to perform a complete medical interview and physical examination. These skills require the use or functional equivalent of vision, hearing, and touch.
- **Communication**. The candidate must be able to communicate effectively with all persons, including faculty, staff, colleagues, patients and families. The candidate must be able to speak, listen, read and write effectively in English, and to interpret non-verbal communication.
- **Motor Function**. The candidate must be able, after appropriate training, to perform anatomic dissection, a complete physical examination and basic clinical procedures. The candidate must be able to respond promptly to clinical situations. These skills require a degree of physical mobility and neuromuscular coordination.
- **Cognitive, Intellectual and Quantitative Abilities**. The candidate must be able to assimilate the vast knowledge required of physicians, to solve complex problems and to analyze and integrate information.
- **Behavioral and Social Attributes**. The candidate must demonstrate the maturity and emotional stability required for scientific

learning, capable and compassionate patient care and interaction with the healthcare team. The candidate must be able to contribute to collaborative learning environments, to accept constructive feedback and to take responsibility for learning and improvement. The candidate must also be able to tolerate demanding workloads, to function effectively under stress, to display flexibility and to adapt to changing environments.

The candidate must also possess the general physical and mental health necessary for performing the duties of a physician-in-training capably and safely.

All candidates must meet the goals and objectives of WCM-Q, with or without accommodations.

Ability to Meet Technical Standards

All candidates are informed of WCM-Q's technical standards and policies. Before matriculation, every candidate must sign a document indicating that he or she has read the technical standards policy and meets WCM-Q's technical standards. WCM-Q students must continue to meet the Medical College's technical standards throughout their enrollment.

Equal Access to the Educational Program

WCM-Q has a history of providing equal educational opportunities to qualified applicants and enrolled medical students with disabilities. WCM-Q is committed to complying with the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and federal and state regulations, which require institutions such as WCM-Q to provide reasonable accommodations for students with diagnosed and documented disabilities. These acts cover applicants, students with disabilities and students who develop disabilities throughout their education at WCM-Q.

Candidates with disabilities are reviewed individually on a case-by-case basis in order to determine whether they satisfy the technical standards with or without reasonable accommodation.

Accommodation Process

See Disability Accommodation Policy

Admission and promotion at WCM-Q is conditional on the candidate's willingness and ability to satisfy the technical standards, either with or without reasonable accommodation. Candidates are required to accept ongoing responsibilities for planning, managing and expressing accommodation needs. They must immediately contact the Division of Student Affairs if they wish to request accommodations.

It is the responsibility of the candidate to provide current documentation of the general nature and extent of the disability as well as the specific functional limitations that may require accommodation. WCM-Q reserves the right to request new or additional information.

Once the Division of Student Affairs gathers the appropriate documentation, it will work in consultation with Student Health and Wellness Services and the Promotions and Graduation Committee to determine whether the candidate meets WCM-Q's technical standards, with or without accommodations.

Parent Contact Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: All Students

Weill Cornell Medicine in Qatar reserves the right to contact students' parent(s) and/or legal guardian(s) in cases including, but not limited to: 1) excessive course failures which might jeopardize their enrollment in the college, their scholarship, or their sponsorship; 2) in the case of repeatedly violating WCM-Q honor code, rules and regulations; 3) the student poses an imminent threat to himself/herself or others.

Purpose

This policy outlines the situations in which WCM-Q administrators may choose to contact a student's parent(s) and/or guardian(s) to discuss the student's educational/professional performance. Generally, these measures will be taken only after a significant number of unsuccessful interventions have escalated the issue, but WCM-Q administrators may contact the parent(s)/guardian(s) on a case-by-case basis depending on the severity and urgency of the issue.

Administration

Foundational, Pre-Medical and Medical

- When a student earns two or more ineligible course grades, or has a GPA <2.0 and does not improve satisfactorily in the following semester, or refuses to attend a mandatory advising meeting due to poor performance (Foundation/Pre-Medical Curriculum) or obtains three or more non-passing grades for courses/clerkships (Medical Program) they may be given a letter from the Chair of the relevant Promotion and Graduation (P&G) committee to inform their parents of their academic situation. This would be after being previously offered all means of support provided by Foundation/Pre-Medical Education or Medical Education and Student Affairs.
- Contact with a student's parent(s) and/or guardian(s) may be initiated by Student Affairs when a student receives the letter from the Chair of the relevant (P&G) committee described in 1. and refuses to inform their parents about their academic situation.
- Contact with a student's parent(s) and/or guardian(s) may be initiated when a student receives warning letters from Foundation/Pre-Medical Education or Medical Education and/or Student Affairs for violating the WCM-Q standards of conduct, policies, rules, or regulations as outlined in the Student Handbook.
- The contact with student's parent(s) and/or guardian(s) described in 2. and 3. will only occur after such contact has been discussed with the student.
- Contact with a student's parent(s) and/or guardian(s) may be initiated when a student poses an imminent threat to himself/herself or others.

Health and Immunization Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: All Students

The Medical College is dedicated to providing medical care to its students through its affiliated hospital and health centers. All students have comprehensive health care coverage and WCM-Q provides national health cards for all international students. Local students should receive the national health card from their parents or guardians.

Administration

Student Pre-Registration Requirements:

- Completed Student Identification Form.
- Completed Health and Immunization Form signed and stamped by a licensed physician prior to entry.
- Completed Immunization History Form signed and stamped by a licensed physician.
- Copies of childhood immunization records and most recent immunizations should be attached to the Immunization History Form as supporting documentation.
- Copies of all laboratory results documenting titers (namely for Measles, Mumps, Rubella, Varicella, Hepatitis B Surface Antibody). Health and Immunization Form

Important:

- WCM-Q does not provide immunizations for students.
- It is each student's professional responsibility to verify that all required documentation is received by WCM-Q no later than the deadline date provided on their admission letter.
- There is no "moral objection" permissible for vaccination of health workers. If there is a contraindication to any of the vaccines or vaccine components, you will need to provide documentation from a physician not related to you confirming such a contraindication to the vaccine or vaccine component.
- Students who do not comply with the above stated health and immunization requirements will not be allowed to register for classes.
- Students will not be allowed to register for classes if they fail to submit their health and immunization records by the end of the orientation week.
- We will notify you of any additional changes in WCM-Q's health and immunization requirements.

Any questions should be directed to the Office of the Registrar.

All students are required to have the following immunizations / titers / screening:

Measles, Mumps and Rubella

WCM-Q requires proof of immunity by serologic titer for Measles, Mumps and Rubella (Student should be IgG positive for Measles, Mumps and Rubella). Any student who is non-immune to any of the three above by titer (e.g. negative, inconclusive or equivocal) will require boosters. If you have had titers drawn previously, please provide copies of the lab reports to the Registrar, in addition to your immunization records.

Hepatitis B:

WCM-Q requires antibody titer results for Hepatitis B (Anti-HbS hepatitis B surface antibody). Students who have no immunity for Hepatitis B or who have

never been vaccinated for it must receive 3 injection series of the vaccine at 0, 1, 6 months apart. A titer should be not less than one month and no later than three months after the final injection.

Meningitis:

New York State Public Health Law requires all college and university students to complete a meningitis information response form. It acknowledges that you have received information about meningococcal meningitis and the availability of a vaccination. While WCM-Q strongly recommends meningitis vaccination, it is not mandatory.

Varicella:

WCM-Q requires proof of Immunity by serologic titer for Varicella. Any student who is non-immune by titer (e.g. negative, inconclusive or equivocal) will require 2 doses of the vaccine at least 1 month apart and a repeat of the blood titer after another month. NOTE: Clinical history of disease is not sufficient proof of immunity for our campus.

Tetanus–diphtheria (Td) or tetanus toxoid–diphtheria–acellular pertussis (Tdap):

Completion of the childhood series and a booster within the last 10 years (e.g. Age 14-15 years). Tdap is required within the last 10 years, for clinical students.

Influenza Vaccination:

It is strongly encouraged for students in the health professions to take the influenza vaccine annually and preferably by October/November.

Polio Vaccine:

It is the student's responsibility to ensure that they get respective titers done and submit all required proof of immunization to be deemed compliant.

Completion of the childhood series and a booster within the last 10 years (e.g. Age 14-15 years).

Tuberculosis Testing

WCM-Q requires students to be tested for tuberculosis (TB) within 90 days of enrollment unless there is a prior documentation of a positive TB test and treatment.

The preferred TB test is an interferon gamma release assy (IGRA) blood test known commercially as Quantiferon Gold or Quantiferon Gold Plus. On-Clinical students may also provide the results of a T-spot IGRA assay but will need Quantiferon testing prior to clinical activities in NY. Student shall provide copies of the complete lab report and not only the result.

Students with a positive IGRA must obtain a chest-x-ray (CXR) and provide documentation from their physician that they are free from tuberculosis symptoms, and whether or not preventive medications have been offered.

Students who have previously had a documented positive TB test and/or treatment must provide a chest x-ray report performed within the 12 months prior to enrollment in addition to any documentation of completion of prior treatments as well as completing a Tb symptoms questionnaire.

All documentation should be sent to the WCM-Q Registrar as soon as possible, and no later than two weeks after receipt of the report.

Please note that all students must have proof of immunity of serological titers for Measles, Mumps, Rubella, Varicella and Hepatitis B Surface Antibody prior to start of their clinical rotations in Qatar.

Covid-19 vaccination

Weill Cornell Medicine-Qatar highly recommends all students, including those newly admitted annually, be vaccinated against Covid-19.

WCM-Q follows the guidance of the MoPH (Qatar) on its Covid-19 vaccination policy.

Health & Immunization Requirements for Student in Qatar

Clinical Activities/Rotations at our Local Affiliate Hospitals and Clinics

Please note that our affiliated clinical sites (e.g., SIDRA, PHCC, Aspetar) may require additional immunizations and testing for participation in clinical rotations. These requirements must be met before starting the major clinical phase of the curriculum, or students may face restrictions in clerkship activities.

Health & Immunization Requirements for Students Traveling to NY Clinical Rotations/Sub-internships at WCM-NY

WCM-Q students traveling to WCM-NY for required and elective clinical experiences are expected to meet all health and immunization requirements in place by the WCM-NY campus, and will be advised of any additional requirements beyond those of WCM-Q.

Disability Accommodation Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee
Applicability: All Students

Disability is defined by The Americans with Disabilities Act of 1990 as "… a physical or mental impairment that substantially limits one or more major life activities." Such impairments may include physical, sensory, and cognitive or intellectual impairments. Mental disorders (also known as psychiatric or psychosocial disability) and various types of chronic diseases may also be considered disabilities. A disability may arise during a person's lifetime or may be present from birth.

Weill Cornell Medicine in Qatar (WCM- Q) is dedicated to assisting all students achieve their full potential and succeed in the WCM-Q learning environment by providing equal educational opportunities. In accordance with United States federal law, "No otherwise qualified individual with a disability…shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program."

The WCM-Q Division of Student Affairs coordinates student requests for reasonable accommodation and is committed to protecting the privacy of all students. The Division of Student Affairs is also committed to collaborative dialogue with students throughout the entire process of evaluation and implementation of approved accommodation.

Administration

Making an Accommodation Request:

1) Students who would like to request an academic accommodation must begin the process by submitting a completed *Accommodation Request Form* and all supporting documents to mailto:disabilityaccommodation@qatar-med.cornell.edu
2) After submitting the appropriate paperwork, the student will meet with the Director of Student Affairs. The purpose of this meeting is to understand the challenges the student has faced, to review the documentation the student has submitted, and to discuss the desired accommodations.
3) The Disability Services Committee will review the request and make a formal determination of the need for accommodation.
4) Accommodation requests will be reviewed within 2 weeks; however, there may be delays before a final decision may be made (i.e. the need for additional information).

Accommodation Process

Once a request for accommodation has been approved:

1) Notification of accommodation will be sent to the student.
2) A student's diagnosis(es) and/or disability will not be disclosed in the notification of accommodation. Also, a student's diagnosis(es) and/or disability will not be disclosed without signed consent from the student.
3) It is the student's responsibility to meet with the individual faculty for the course where

accommodations are being sought to discuss the implementation of the approved accommodation(s). In the case of centralized NBME exams during the clerkship years, the student should meet with the Director of Medical Education and Continuing Professional Development. Meetings with the appropriate faculty and/or staff must take place *at least seven business days* in advance of needed accommodations.

4) *At least seven business days* before any subsequent activity requiring accommodation, the student should reconfirm arrangements for accommodation with the appropriate faculty or staff.
5) If any concerns or questions arise, the student should contact the Director of Student Affairs for assistance.

Documentation

1) A student must provide documentation of disability. Documentation must be sufficient to establish that the requested accommodation is appropriate for the student's condition. If a student previously received accommodations from other academic institutions or testing agencies, then the student should submit this information.
2) Forms for requesting and verifying disability are available on the Student Affairs website.
3) The completed WCM-Q verification of disability form and supporting documentation from a licensed, credentialed examiner must include all of the following:
    i. Diagnostic statement identifying the disability (Note, a condition by itself may not automatically qualify as a disability)
    ii. Description of the diagnostic methodology
    iii. Description of the current functional limitation
    iv. Description of the expected duration and progression of the condition
    v. Rationale and justification for all requested accommodations
4) WCM-Q maintains the right not to accept documentation that does not meet the criteria stated above and may seek a confidential third- party professional opinion regarding documentation or implementation of requested accommodations.
5) Documentation of disability accepted by WCM-Q is valid as long as a student is continuously enrolled at the school. However, if there is a break in the student's enrollment, the student may be required to present updated documentation to the Disability Services Committee prior to receiving accommodation. Additional documentation may be necessary to support requests for changes to existing accommodations or to support accommodations if the educational context has substantially changed.
6) All documentation of disabilities is received and held solely by the Director of Student Affairs. Documentation of disability is treated as confidential information and is protected as per Family Educational Rights and Privacy Act (FERPA) guidelines. Documentation is destroyed six years after the last semester the student is enrolled.

Academic Policies and Procedures Applicable to Students in the Pre-Medical Curriculum and the Foundation Program

Academic Advancement and Promotion from the Foundation Program to the Six-Year Medical Program

Applicability: Students who complete the Foundation Program

The Premedical Promotion and Graduation Committee reviews the Foundation Program students at the end of the academic year. The students satisfying all of the following three criteria:

- they have obtained a cumulative GPA of 3.20 or above, and
- they have passed all the required courses with a grade of C or better, and
- have taken the TOEFL test as required by the Foundation Program,

will be recommended for automatic promotion to the Six-Year Medical Program.

The students who do not fulfill these requirements will be thoroughly reviewed by the Promotion and Graduation Committee who will recommend, or not, their promotion to the Six-Year Medical Program after considering detailed reports of the faculty on student performance, professionalism, and commitment.

The recommendations of the Promotion and Graduation Committee will be reviewed by the Executive Committee on Admissions, who will make the final decision on each student.

Academic Advancement and Promotion from the Pre-Medical Curriculum to the Medical Curriculum

Applicability: Students in Pre-Medical Curriculum

The Promotion and Graduation Committee (P&G) evaluates the performance of each student who has completed the Pre-Medical Curriculum. At the end of the Pre-Medical Curriculum, a student will be automatically promoted to the Medical Curriculum if the student meets the following criteria:

- The student has received no grade below C in any course
- The student has obtained a cumulative GPA of 3.30 or higher

- The student has obtained an MCAT score of 500 or higher (50% percentile or higher)
- The student does not have violations of the Code of Academic Integrity

If a student does not meet the criteria for automatic promotion, the P&G Committee will evaluate the student. The P&G Committee may recommend a promotion or remediation path. Remediation may include completion of targeted reviews of appropriate coursework and relevant tests, deceleration, or other activities.

All students are encouraged to avail themselves of the resources provided to them, including faculty, teaching specialists, the writing center, peer tutors, and the support of the Office of Student Affairs.

It is important to recognize that the primary goal of the Pre-Medical Curriculum is to prepare students for the Medical Curriculum. WCM-Q does not offer a degree to students at the end of the Pre-Medical Curriculum. For that reason, students who are not likely to be competitive for the Medical Curriculum should re-think their career plans as soon as possible. WCM-Q will do everything it can to help every student achieve success.

NOTE: Although grades of "C-" and "D" are considered passing grades in many undergraduate academic programs, they are NOT acceptable grades in certain key courses required for eligibility to the Medical Curriculum. To be eligible to the Medical Curriculum, students MUST earn grades of "C" or better in all required courses. These are:

- Introduction to Biology I and II with lab
- General Chemistry II
- First-Year Writing Seminars (two semesters)
- Organic Chemistry for the Life Sciences (Lectures) I
- Introduction to Experimental Organic Chemistry (Lab)
- Principles of Biochemistry: Structure and Function of Biomolecules
- Principles of Biochemistry
- Fundamentals of Physics for Premedical Students
- Physiology and Physics
- Capstone Lab Experience

A grade of "C-" or lower in any required course will mean that the student will have to repeat the course or its equivalent in order to be eligible for promotion to the Medical Curriculum. Remediation plans or course substitutions are reviewed on an individual basis by the P&G Committee.

In addition, in order to be eligible for promotion to the Medical Curriculum, students must take the Medical College Admissions Test (MCAT), and obtain a composite score of 488 or higher.

Each student's academic performance in the Pre-Medical curriculum is reviewed by the P&G Committee regularly. The Committee reviews each student's record and, when a student has had difficulties in one or more courses, recommends an appropriate course of action or curricular change.

Students often ask, "How am I doing in the Pre-Medical Curriculum? Am I making sufficient progress that I am likely to be promoted to the Medical Curriculum?" These are two very different questions. At the very minimum, students are allowed to continue taking Pre-Medical courses at WCM-Q as long as they have a cumulative GPA of above 2.0. However, experience has shown that a cumulative GPA anywhere near this level is not competitive for promotion to the Medical Curriculum. Listen carefully to the advice you receive from your faculty advisor and from the counselors in Student Affairs. They are experienced professionals who are able to give you a realistic view of your academic status, and will advise you on how to make alternative plans, if necessary. Please do not hesitate to reach out to your Pre-Medical Deans as well.

Standards of Conduct and Academic Integrity

Applicability: Students in Pre-Medical Curriculum and the Foundation Program

Standards of Conduct

The Medical College requires that faculty, students, and staff abide by fundamental standards of conduct expected of the members of the Medical College community in their interactions with each other. Membership in the Medical College community for students is more than an academic commitment; it connotes a willingness by the student to act as a responsible medical professional. Participation in the Medical College community by faculty is more than instructing the next generation of medical professionals; it is a commitment to serve as mentor and role model of the standards of the medical profession. Inherent in the concept of a medical professional is an underlying integrity and ethical foundation that defines the tone and culture of the teacher-learner environment at the Medical College.

The Medical College's standards of conduct also enable students to begin to encounter and wrestle with the difficult moral and ethical questions that arise continuously throughout one's medical career. In this capacity, the standards of conduct promote expected behaviors, challenge unprofessional behaviors, and educate students, as well as faculty, to confront these challenges.

It shall be the responsibility of the students and faculty of the Medical School to uphold the integrity and ethical standards of the community to the fullest extent possible. The standards of conduct listed below set forth general responsibilities of students and faculty in a teacher-learner environment. The full range of responsible conduct cannot be set forth in any policy document.

Accordingly, students and faculty should view these enumerated responsibilities as an illustration and should strive to comply with both the letter and the spirit of these standards of conduct.

Student Responsibilities

In order for students to be permitted to continue their studies at the Medical College, students must demonstrate a range of skills and abilities, such as, good judgment, a sense of responsibility and morality, sensitivity and compassion for individual needs, the ability to synthesize and apply knowledge, and evidence that they are capable of becoming safe and effective physicians. Two values of particular importance that must be upheld by the entire Medical College community are professionalism and academic integrity. Although these terms are often used interchangeably, they are distinct in nature and have broad application. For the purposes of this document, professionalism covers expected attitudes, behaviors and characteristics. Academic integrity includes the quality and honesty of all academic course submissions.

The following are examples of conduct that is not suitable for students at the Medical College. The list below includes examples of breaches in professionalism and academic integrity. It is the student's responsibility to know what is expected and when in doubt, to discuss the concern with the faculty, academic advisor, or education deans.

Examples of unprofessional conduct include:

- Repeatedly or egregiously failing to fulfill the professional requirements and responsibilities of a course such as, but not limited to:
    - Being repeatedly absent or unexcused from required course activities.
    - Failing to attend any other assigned activity.
    - Failing to report absences in a timely manner (excused or unexcused that could potentially affect course activities).
    - Being consistently late for scheduled course activities and exams.
    - Failing to submit assignments on time.
    - Failing to adhere to the appropriate dress code.
- Failing to respond in a timely way to communications (phone calls, emails or other correspondence) from the administration, faculty, course leadership or their representatives.
- Breaking patients' confidentiality or posting of confidential or inappropriate information (including but not limited to photos, images, text or video) on the internet (including but not limited to Facebook, blogs, LinkedIn and other social media), including any breach of Health Insurance Portability and Accountability Act (HIPAA), FERPA or other applicable U.S. and Qatar laws and regulations on privacy and confidentiality.
- Being disruptive in class, especially if repeated.
- Breaching exam conditions, which includes failing to respond to an examiner's or proctor's instructions, being disruptive, communicating with another examinee, or bringing unauthorized materials into the exam room.
- Failing to provide information or complete the necessary paperwork required for courses or on any other curricular activity.
- Committing an act of verbal or physical abuse of any kind.
- Failing to maintain high ethical and moral standards of conduct.
- Failing to maintain a professional boundary with peers, staff, faculty, healthcare staff and patients.

Code of Academic Integrity

The WCM-Q policy has been excerpted and adapted from the Cornell University Code of Academic Integrity

PRINCIPLE

Absolute integrity is expected of every Cornell student in all academic undertakings. Integrity entails a firm adherence to a set of values, and the values most essential to an academic community are grounded on the concept of honesty with respect to the intellectual efforts of oneself and others. Academic integrity is expected not only in formal coursework situations, but in all University relationships and interactions connected to the educational process, including the use of University resources. While both Cornell faculty and students assume the responsibility of maintaining and furthering these values, this document is concerned specifically with the conduct of students.

A Cornell student's submission of work for academic credit indicates that the work is the student's own. All outside assistance should be acknowledged, and the student's academic position truthfully reported at all times. In addition, Cornell students have a right to expect academic integrity from each of their peers.

1) GUIDELINES FOR STUDENTS

A. General Responsibilities

a. A student shall in no way misrepresent his or her work.
b. A student shall in no way fraudulently or unfairly advance his or her academic position.
c. A student shall refuse to be a party to another student's failure to maintain academic integrity.
d. A student shall not in any other manner violate the principle of academic integrity.

B. Examples of Violation

The following actions are examples of activities that violate the Code of Academic Integrity and subject their actors to proceedings under the Code. This is not a definitive list.

a. Knowingly representing the work of others as one's own.
b. Using, obtaining, or providing unauthorized assistance on examinations, papers, or any other academic work.
c. Fabricating data in support of laboratory or field work.
d. Forging a signature to certify completion of a course assignment or a recommendation to graduate school.
e. Unfairly advancing one's academic position by hoarding or damaging library materials.
f. Misrepresenting one's academic accomplishments.

C. Specific Guidelines for Courses

1. Examinations. During in-class examinations no student may use, give, or receive any assistance or information not given in the examination or by the proctor. No student may take an examination for another student. Between the time a take-home examination is distributed and the time it is submitted by the student for grading, the student may not consult with any persons other than the course professor and teaching specialists regarding the examination. The student is responsible for understanding the conditions under which the examination will be taken.

2. Course Assignments. Students are encouraged to discuss the content of a course among them and to help each other to master it, but no student should seek or receive help in doing a course assignment that is meant to test what he or she can do without help from others. Representing another's work as one's own is plagiarism and a violation of this Code. If materials are taken from published sources the student must clearly and completely cite the source of such materials. Work submitted by a student and used by a faculty member in the determination of a grade in a course may not be submitted by that student in a second course, unless such submission is approved in advance by the faculty member in the second course. If a student is submitting all or part of the same work simultaneously for the determination of a grade in two or more different courses, all faculty members in the courses involved must approve such submissions.

3. **Classroom Misconduct and Other Behavior Disruptive to the Educational Process**. A faculty member may impose a grade penalty for any misconduct. Students are not authorized to replicate, reproduce, copy, or transmit lectures and course materials presented, or "derivative" materials including class notes, for sale or general distribution to others without the written consent of the faculty or academic staff member or class participant who is the original source of such materials. Other examples of classroom misconduct include, but are not limited to, talking during an examination, bringing unauthorized materials into the examination room, using unauthorized electronic technology during an examination, and disruptive behavior in the classroom.

   a. The faculty member must promptly notify the student of the reason for the imposition of a penalty for classroom misconduct and the degree to which his or her grade will be affected.

   b. Classroom misconduct is not a violation of academic integrity. The student may, however, seek review by the WCM-Q Academic Integrity Hearing Board on the basis either that the finding of guilt is arbitrary and capricious or that the penalty for misconduct is excessive or inappropriate to the circumstances involved. ("Arbitrary and capricious" describes actions which have no sound basis in law, fact, or reason or are grounded solely in bad faith or personal desires. A determination is arbitrary and capricious only if it is one no reasonable mind could reach.)

   c. This section does not limit a faculty member's prerogative to remove a disruptive student from classroom under appropriate circumstances.

4. **Academic Misconduct**. Academic misconduct related to integrity in the conduct of scholarly and scientific research and communication is addressed in Cornell University Policy 1.2

Policy 1.2 applies to faculty, staff, and students.

D. Principles for Computer Use and Network Systems

The use of computers and network systems in no way exempts students from the normal requirements of ethical behavior in the Cornell University community. Use of a computer and network system that is shared by many users imposes certain additional obligations.
In particular, data, software and computer capacity have value and must be treated accordingly.
Although some rules are built into computer and network systems, such

restrictions cannot limit completely what students can do. In any event students are responsible for their actions whether or not rules are built in, and whether or not they can circumvent them.

Standards of behavior include:

1. Respect for the privacy of other users' information, even when that information is not securely protected.

2. Respect for the ownership of proprietary software. For example, unauthorized copies of such software for one's own use, even when that software is not protected against copying is inappropriate.

3. Respect for the finite capacity of the system and limitation of use so as not to interfere unreasonably with the activity of other users.

4. Respect for the procedures established to manage the use of the system.

E. Variances

A faculty member is responsible for informing his or her students and teaching specialists of variances from this Code that apply to work in his or her course. These variances should be clearly stated in writing at the beginning of the course or activity to which they apply.

F. Jurisdiction and Penalties

The authority to determine whether a specific action shall be treated as a violation of the Code of Academic Integrity lies with the WCM-Q Academic Integrity Hearing Board (the Hearing Board).

Those who violate the Code of Academic Integrity will be subject to penalties under this Code and may also be subject to applicable penalties under state and federal and Qatar laws.

2). ORGANIZATION AND PROCEDURE

A. Reporting

Students and staff members discovering an apparent violation should report the matter to the faculty member in charge of the course or to the chairperson of the WCM-Q Academic Integrity Hearing Board who shall then inform the faculty member in charge of the course. The chairperson is responsible for ensuring that all members of WCM-Q know to whom the report should be made.

B. Primary Hearing

1. Primary hearings are to be held by the faculty member unless the penalties available to him or her are inadequate, in which case, she or he may refer the case directly to the Hearing Board.

2. Notification

If after preliminary investigation, possibly including discussion with the student, a faculty member believes that a student has violated the Code of Academic Integrity, the faculty member shall present the

student with the charge. The charge shall include notification of a primary hearing to be held as soon as practical after the alleged infraction has come to the attention of the faculty member, but with at least one week's notice to the student. This notification period may be shortened by the agreement of both parties. The charge shall also include notice of the availability of the Judicial Codes Counselor.

3. Composition

At the primary hearing the following shall be present: the faculty member concerned, the student in question, and a third- party independent witness. The independent witness shall be a faculty member or a student appointed by the Hearing Board Chairperson or the Associate Dean for Premedical Education. The student may also bring to the hearing an advisor and additional witnesses to testify to his or her innocence.

4. Procedure

a. At the primary hearing, the faculty member shall present evidence in support of the charge against the student. The student shall be given the opportunity to respond and, if he or she wishes, to present evidence refuting the charge.
b. The function of the independent witness is to observe the proceedings impartially, and in the event of an appeal from the judgment of the faculty member, be prepared to testify as to the procedures followed.
c. After hearing the student, the faculty member may either dismiss the charge or if there is clear and convincing evidence that the student has violated this Code, find the student guilty. ("Clear and convincing" as a standard of proof refers to a quantum of evidence beyond a mere preponderance but below that characterized as "beyond a reasonable doubt" and as such that it will produce in the mind of the tier of fact a firm belief as to the facts sought to be established.) If the student is found guilty, the faculty member may impose any suitable grade punishment including failure in the course.
d. A student wishing to seek review of the decision may bring the case before the WCM-Q Academic Integrity Hearing Board.
e. A faculty member who gives a penalty for a violation of academic integrity *shall immediately report this action and the nature of the violation in writing to the student and to the record keeper of WCM-Q Academic Integrity Hearing Board.*
   This record-keeper shall then be responsible for its communication to the
   record-keeper in the student's college.
f. If the student fails to attend the primary hearing without a compelling

excuse, the hearing may proceed in his or her absence.

g. A student charged with violating the Code of Academic Integrity in a course may not drop that course without the consent of the instructor unless the student has subsequently been cleared of the charges.

C. WCM-Q Academic Integrity Hearing Board

1. Composition

The WCM-Q Committee on Academic Integrity consists of the following:

a. A chairperson who is a member of the faculty and appointed by the WCM-Q Dean for a two-year term.

b. Three faculty members appointed by the WCM-Q Dean for three-year terms.

c. Three students elected by the student body of the college or appointed by the WCM-Q Dean for at least one year, and preferably two-year terms. When possible, student terms should be staggered.

d. A nonvoting record- keeper responsible for keeping clear and complete records of the proceedings.

2. Jurisdiction

a. The student may seek review of the decision of the primary hearing if:
   i. He/she believes the procedure was improper or unfair
   ii. He/she contests the finding of the faculty member.
   iii. He/she believes the penalty was too strict considering the offense.

b. After holding a primary hearing, the faculty member may bring the case to the Hearing Board if she or he believes a failing grade is too lenient considering the offense.A student found guilty of more than one violation of the Code may be summoned before the Hearing Board by the Senior Associate Dean for Pre-Medical Education. The Hearing Board may impose an additional penalty for such repeated offenses.

c. If the WCM-Q Dean receives a report that a student has committed a violation of academic integrity while attending another academic institution or while enrolled in a WCM-Q-sponsored off- campus

program, she or he may, if she or he feels the situation warrants, summon the student to appear before the Hearing Board. The Hearing Board may impose any penalty, including an additional penalty, it feels appropriate for the violation involved.

d. The Hearing Board shall hear all cases that come before it de novo. While the Hearing Board may recommend an increase in any penalty imposed at the primary hearing, it should consider raising the penalty, if it is the student seeking review, only in the exceptional case.

e. The individual seeking review shall notify the chairperson of the Hearing Board within ten working days of the primary hearing. An exception to this deadline may be granted at the discretion of the chairperson of the Hearing Board on a showing of good cause.

3. Procedures

a. The Hearing Board shall convene as soon as practical after notification of a request for review, although seven days' notice should be given to all parties if possible. If a grade for the student in the course must be submitted before a case can be decided, the faculty member shall record a grade of incomplete, pending a decision by the Hearing Board.

b. Those present at the hearing shall be:
   i. The student, who has the right to be accompanied by an advisor and/or relevant witnesses
   ii. The faculty member, who has the right to bring relevant witnesses
   iii. The third-party independent witness, if a primary hearing was held
   iv. Any other person called by the chairperson

c. Should the student or faculty member fail to appear before the Hearing Board, the Board shall have full authority to proceed in his or her absence.

d. The Hearing Board members shall hear all available parties to the dispute and examine all the evidence presented. The Hearing Board may solicit outside advice at the discretion of the chairperson. The chairperson shall preside over the hearing to ensure that no party threatens, intimidates, or coerces any of the participants.

e. The student shall have the right to present her or his case and to challenge the charges or the evidence. The student's advisor may assist the student in the presentation and questioning.

f. At least two-thirds of the Hearing Board members shall be present at every hearing, including two students and two faculty members. Both parties may agree in writing to waive this

quorum. Of those present, a simple majority shall decide the issue. The chairperson shall vote only in the case of a tie vote. The Board shall find the student guilty only if there is clear and convincing (see the explanation of this terminology at section II.B.4.c.) evidence indicating that the student has violated this Code.

g. The chairperson shall notify each party to the dispute, in writing, of the Board's decision and, if appropriate, the penalty imposed. If the judgment of the faculty member is affirmed by the Board, or if the Board decides a different penalty is warranted, the WCM-Q Dean shall also receive the report.

4. The Hearing Board may act in one or more of the following ways:

a. Find the student innocent of the charge
b. Find the student guilty of the charge and:
   i. Recommend to the faculty that she or he reduce the penalty given
   ii. Affirm the faculty member's decision
   iii. Recommend that the faculty member record a failing grade for the course, or for some portion of it from the transcript
   iv. Recommend to the WCM-Q Dean that the student be placed on probation
   v. Recommend to the WCM-Q Dean that the student be suspended from the University for a period of time
   Recommend to the WCM-Q Dean that the words "declared guilty of violation of the Code of Academic Integrity" be recorded on the student's transcript. The Hearing Board may set a date after which the student may petition the Board to have these words deleted from the transcript
   vi. Recommend to the WCM-Q Dean that the student be expelled from the University
   vii. Recommend to the WCM-Q Dean any other suitable action, including counseling, community service, or reprimand
c. The WCM-Q Dean shall be notified of the decision of the Hearing Board within seven days. Unless an appeal is filed under the guidelines established below, the WCM-Q Dean shall ensure that the decision of the Hearing Board is carried out and shall notify all parties of the implementation and the decision.

5. Review of Decision.

The student may appeal a decision of the Hearing Board. The appeal must be directed to the WCM-Q Dean, in writing, and shall be constructed according to one or both of the guidelines established below. The appeal shall normally be submitted within four weeks of notification of the Board's decision, but exceptions to this deadline may be granted by the Dean on showing of good cause.

a. Appeal of a finding of guilt. A student who has

received a finding of guilt from the Board, or whose finding of guilt in a Primary Hearing was upheld by the Board, may appeal on one or both of the following grounds:

i. Additional evidence that might have affected the outcome of the hearing became available following the hearing.

ii. A violation procedure by the Hearing Board that might have prejudiced the outcome of the hearing.

The Dean may deny the appeal or send the case back to the Hearing Board for reconsideration.

b. Appeal of a penalty. The student may appeal the findings of the Hearing Board regarding penalties. The appeal shall specify the reasons why the student believes the penalty is inappropriate. After consultation with the Hearing Board, the Dean may take one of the following actions:

i. If a grade has been exacted (2.C4.b.i-iii), the Dean may recommend to the faculty member that the grade penalty be reduced.

ii. If another penalty has been exacted (2.C.4.b.iv-viii), the Dean may modify or decline to carry out the recommended penalty.

In all but the most unusual circumstances, it is the expectation that the findings and recommendations of the Hearing Board will be upheld by the Dean. The Dean's decision cannot be appealed.

6. Annual Reports. The WCM-Q Academic Integrity Hearing Board shall submit a summary report of its proceedings (without identifying any particular student) to the Dean of WCM-Q at the end of the academic year. The names of the members of the Board and any significant departures in procedure should be reported as well.

7. Records of Action. If the student is found guilty, a record of the outcome of the case and the nature of the violation shall be kept by the Hearing Board, and copies shall be placed in the student's file. The record keeper shall disclose this record to Hearing Boards considering other charges against the same student, to deans or associate deans of colleges in furtherance of legitimate educational interests, to the WCM-Q Registrar for notation on the transcript when provided by the decision of the Hearing Board and the Dean, but to no one else unless specifically directed by the student.

If the student is found not guilty by the Hearing Board, all records of the case, including the report of the primary hearing, shall be expunged from the files of the record keeper.

Grading System

Applicability: Students in the Pre-Medical Curriculum and the Foundation Program

The course instructor determines the final grade for each student after evaluation of the student's performance in all aspects of the course work.

The official university grading system uses letter grades with pluses (+) and minuses (-). Passing grades range from A+ to D-; F is failing and earns no credit.

Letter Grades and Grade Points

Every letter grade from A+ to D-is assigned points that are used in calculating a student's Grade Point Average (GPA; see below). Failing grades (F) have no point value. Letter grades have the following point values:

A+= 4.3 points	B+= 3.3 points	C+= 2.3 points	D+= 1.3 points	
A = 4.0 points	B = 3.0 points	C = 2.0 points	D = 1.0 point	F = 0.0 points
A-= 3.7 points	B-= 2.7 points	C-= 1.7 points	D-= 0.7 point	

Calculating a Grade Point Average (GPA)

GPAs are calculated in this manner:

Multiply the Grade Points earned for each letter grade by the number of credits earned in the course. The result is "Total Grade Points Earned".

Divide the sum of Total Grade Points Earned by the sum of the credits attempted. The result is the GPA. For example:

Student: Name ID: 001-02-0003

Course	Grade	Grade Points	Credits	Total Grade Points Earned
Biology	C	2.0	3	6.0
Math	A	4.0	3	12.0
Chemistry	B	2.7	3	8.1
SUM:			9	26.1

GPA: 26.1 divided by 9 equals 2.90.

Special Categories of Student Status

Aside from the normal status of being in good academic standing, two special categories of student status are recognized. They are "Dean's List" (for a high GPA) and "Probation" (for a low GPA).

Dean's Honor List

Full-time students whose GPA for the semester is 3.75 or above are placed on the Dean's Honor List for that semester. The Dean's Honor List is kept by the Office of the Registrar.

On occasion, students may be ahead of their course schedule, for instance by having taken courses in the summer session. As a result, they might not be registered as full-time students in the semester. In such cases, it is the prerogative of the committee to still nominate the students to the Dean's Honor List if their semester GPA is 3.75 or higher.

Students who are behind their course schedule and are not registered as full-time students are not eligible to be on the Dean's Honor List.

If in the semester a student is cross-registered at an Education City institution, the credits thus received will count towards full-time status for the purpose of the Dean's List, and the grades received in cross-registration courses will be included in the calculation of the semester GPA.

Being placed on the Dean's Honor List is a mark of distinction. Students and faculty alike regard it as a sign of exemplary academic achievement.

Academic Probation and Duration of Enrollment

A student is automatically placed on Academic Probation when the student's overall (cumulative) GPA falls below 2.0. The Pre-medical Promotion and Graduation Committee (P&G) may also place a student on probation when the student receives a grade of D+, D, D- or F or violates a WCM-Q policy. Academic probation is a warning to the student. Failure to comply with the conditions set forth by the P&G Committee for removal of probationary status can (and typically does) result in dismissal from the Medical College.

Similarly, failure to complete the pre-medical curriculum and gain promotion to the medical curriculum within seven semesters of enrollment or four years since matriculation in the Six-Year program will be deemed unsatisfactory performance, resulting in dismissal.

Special Grade Categories

Incomplete (INC)

A grade of "INC" (Incomplete) may be recorded on a student's transcript when a student has performed substantial work (as determined by the instructor) at a passing level in the course, but is prevented by circumstances such as illness or family emergency from completing all of the course requirements on time.

A grade of Incomplete will not be given merely because a student does not complete all course requirements on time or is unprepared to take the final exam. The purpose of an Incomplete is to protect the student who truly cannot fulfill all of the course requirements through no fault of his/her own. Although it is the student's responsibility to request an Incomplete, it is up to the instructor to approve the request and to establish specific makeup requirements and deadlines.

It is WCM-Q policy that incomplete coursework must be made up by the start of the next full semester. Failure on the part of the student to do so will result in conversion of the "INC" to an "F". If a student needs more time than is allowed by the agreement with his or her instructor or by WCM-Q policy, he or she must inform the instructor prior to the expiration of the allocated time. The instructor, in consultation with the Associate Dean for Pre-medical Education, will make a determination.

Withdrawal from a Course (W)

Students may withdraw from most courses until the end of the 12th week of the semester. Withdrawal requires the approval and signatures of the course instructor, the student's academic advisor, and the Associate Dean for Pre-Medical Education.

If the student withdraws before the end of the 7th week of the term (the half- way point), the course will not appear on the student's transcript.

If the student withdraws between the beginning of the 8th week and the end of the 12th week, a "W" will be recorded on the student's official transcript. A "W" indicates only that a student was initially enrolled in the course but then withdrew. It does not affect either credit earned or Grade Point Average.

After the 12th week a student cannot withdraw from a course.

For courses taught for only a half of a regular academic term, the withdrawal dates are also reduced by half. That is, the last date to withdraw with no record of the course on the transcript is at four (4) weeks, and the last date to withdraw with a "W" is at six (6) weeks.

Changing a Course Grade

Changes in a grade may be made only to assign a grade to previously incomplete coursework or if the instructor made an error in assigning the original grade. **A Change of Grade Form** should be completed and signed by the instructor, then submitted to the Office of the Registrar. The Registrar will amend the student's record to reflect the change and issue the student a revised "Grade Report". In the event that a grade change results in a change of student status (example: the student's GPA falls below 2.0), then the Registrar will advise the Chairperson of the Promotion and Graduation Committee for committee review.

Transcripts and Grade Reports

Official University Transcripts

Official Cornell University Transcripts will be issued upon request or at the end of the academic year. ***A Transcript Request Form*** can be found on the website of The Office of the Registrar.

Students should complete the form and return to the WCM-Q Registrar Office. The official transcript will be given to the student in a sealed envelope. The Registrar's seal and signature will be on the back of the envelope.

Note: If the envelope is opened by anyone other than the intended recipient, it ceases to be official. Official transcripts may also be sent directly from the university to other schools and agencies at the student's request. Since official transcripts are sent from Cornell University in Ithaca, New York, please allow a minimum of two weeks for delivery. Should a transcript be needed sooner, the Registrar will assist the student in expediting the request.

Student Grade Reports

Foundation and Pre-medical Students are able to check their grades and the "unofficial grade reports" at the end of each term by accessing their accounts on the WCM-Q Student Information System "QLearn".

Class Attendance and Absences

Applicability: Students in the Pre-Medical Curriculum and the Foundation Program

Students are expected to attend all classes, seminars and labs in which they are officially registered. The right to excuse a student from class rests with the faculty member in charge of that class. E*xcept in the case of acute injury or illness for which advance notice cannot be given, students should notify the course instructor as soon as they can.* If the course instructor is not available, a request for an excused absence should at least be reported to the Student Academic Counselors.

Students should read each course syllabus carefully so that they fully understand the consequences of unexcused absences from class. Some classes require attendance and include it as a component of the course grade; others may only take attendance and then make the attendance records available to the P&G Committee. For students who are not performing well in the program, the P&G Committee is likely to view a poor attendance record as an indication of a lack of professionalism and/or a lack of commitment to the educational program.

Students are required to be present at the time of a regularly scheduled test in order to pass the course unless they have made previous arrangements with the course instructor.

Withdrawal from the Medical College

Applicability: Students in the Pre-Medical Curriculum and the Foundation Program

Student Exit Process:

Students may withdraw from the College any time by completing the Exit Process and documenting that they have cleared all financial or personal obligations to Qatar Foundation and Weill Cornell Medicine-Qatar.

Purpose

The purpose of this policy is to outline the guidelines for all exiting students.

Applicability

- QF Housing
- QF Finance Department
- ITS
- Health Sciences Library
- Immigration
- Student Affairs
- Office of the Registrar

Definitions

QF	**Qatar Foundation**
ITS	**Information Technology Services**

Administration

If a student decides to withdraw from Weill Cornell Medicine-Qatar (WCM-Q), with no intention of returning, or when a student is graduating from our program, then students must complete the **Exit Process** documenting that they have cleared all financial or personal obligations to Qatar Foundation and Weill Cornell Medicine-Qatar. Otherwise, they will not receive their official transcript and the Office of Registrar will not support future education and career applications. We use DocuSign to document that a student is cleared from all different departments.

Academic Policies and Procedures Applicable to Students in the Medical Curriculum

Mission Statement of the Division of Medical Education

In alignment with the tripartite mission of Weill Cornell Medicine–Qatar, the Division of Medical Education, aims to promote excellence in education, patient care and research. To this end, the mission is to[1]:

- Inspire and graduate a diverse, inclusive, and socially competent community of outstanding physicians dedicated to life-long learning and leadership in caring for patients and alleviating suffering,
- Provide a robust foundation for our graduates that equips them with the knowledge and skills to enter graduate medical education, and allows them to succeed in any branch of medicine,
- Contribute to biomedical and population-based research that addresses the needs of our local community and the region, and aligns with developments in global health,
- Contribute to the advancement of the healthcare sector and the development of healthcare policies.

[1] *In seeking to attain the mission, the Division of Medical Education works in close collaboration with: The Division of Student Affairs, which serves to support and enrich the holistic growth and development of our students; The Institute for Population Health, which seeks to advance health care in the State of Qatar through education, research and community care programs; The Division of Continuing Professional Development, which aims to provide high quality professional development opportunities for healthcare professionals leading to improved healthcare for patients, and The Division of Research, which undertakes biomedical research at basic, translational and community levels, with the aim of tackling the most pressing health needs in Qatar and the region.*

Preparation to Learn

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

Policy

All students in the medical curriculum at Weill Cornell Medical Medicine-Qatar (WCM-Q) must be aware of key institutional and medical curriculum policies, learning objectives and important information relating to the learning environment and health and safety; particularly in the clinical setting. This policy ensures students are aware of their rights and responsibilities as medical students.

Administration

All students in the medical curriculum are required to participate in the online course, Preparation to Learn, that is administered and monitored centrally by the Division of Medical Education. Students will be expected to complete the course twice in their four-year medical curriculum program; once as part of their initial orientation to the medical curriculum and once just prior to commencing the clinical clerkships. Content of the course includes: the student honor code; conduct and professionalism policies; medical curriculum learning objectives; feedback and grading policies; student course and duty hours; and safety in the clinical environment. For a few selected policies, there are a small number of associated multiple-choice questions to reinforce understanding. Content is reviewed and updated annually. Compliance is reviewed by the Division of Medical Education and the Division of Student Affairs.

Monitoring

The overall Preparation to Learn process is monitored by the Division of Medical Education and the Division of Student Affairs. Students' individual scores in components of the course are not recorded, however, completion of the entire course is mandatory and a record is kept for compliance purposes.

Should students fail to complete the course in the required timeframe their records will be placed on academic hold by the Office of the Registrar until such time as they complete the course.

Student Honor Code

The Qatar Student Honor Code was adapted from the New York Honor Code. It was reviewed and approved by Medical Students in Weill Cornell Medicine-Qatar in March 2018. The code sets the professionalism expectations from Medical Students detailing situations that account for a breach of the Honor Code. The Honor Code serves as a guideline of the dos and don'ts in line with Weill Cornell Medicine–Qatar's professionalism standard.

As the next generation of medical professionals, students are expected to maintain the highest integrity and ethical standards that are associated with their future profession and that are representative of our school. Students are entrusted to assume responsibility for upholding the school's culture of integrity by being honest, respectful, and accountable in their academic and non- academic endeavors. They are expected to follow the school's standards of conduct (see Student Handbook) - to adhere to an "unwritten" honor code of absolute academic integrity.

Below are just some examples of common scenarios that illustrate activities in which a student would be violating the honor code.

Writing Papers, Reports, Patient Write-ups

- Forging an attending's or resident's signature on your patient write- ups
- "Inventing" a patient to include as a patient write-up
- On a patient write-up, stating you conducted a complete physical exam when you actually did not; stating the patient is "fine" but, in effect, you cannot be sure since you did not do the full exam, e.g., saying pulse is normal, but never checked the patient's pulse; lying about respiratory rate when you never even listened to the patient's lungs - just cutting and pasting a normal patient exam results when you only did a limited exam on this patient.
- Ghostwriting - having someone write your paper for you or you writing a paper for a colleague
- Plagiarism - knowingly representing the work of someone else as your own, without proper acknowledgement (see Student Handbook)

Exams and PBLs (Practice Based Learning)

Students are responsible for understanding the specific conditions for individual course quizzes and examinations (including triple jump exams), both in-class and take-home. For example, some TJEs have policies that allow students to collaborate at certain points during the exam period. However, unless otherwise stated, the following examples would involve a violation of the honor code:

- For an in-class exam, using, giving, or receiving any assistance or information (voluntary or otherwise) from any source (e.g., classmate, previous "test-taker," notes, textbooks, electronic devices, or any other unauthorized materials) other than information provided by the course director or in the examination itself
- Copying or photographing or memorizing the content and/or answers of posted exams in courses and passing them on to future test-takers
- Consulting with persons other than the course director (e.g., experts in the field) between the time a take-home exam is

distributed and the time it is submitted by the student
- PBL: telling the next year's class details of PBL cases or triple jump exams that might be repeated, including diagnosis and treatment
- OSCE: sharing with the next class the details of the OSCE cases that might be repeated, including diagnosis and the details of the examination

Research

- Falsifying or fabricating data in support of laboratory or field work
- Not giving proper credit to research collaborators on an abstract, poster, presentation, or publication

False Statements to Faculty, Staff, or Other Students

- Telling faculty you had an excused absence (e.g., illness or religious observance) when, in fact, that was not the case
- telling a course director you saw a patient or went to a preceptor's office when you actually did not
- signing a colleague's name on an attendance sheet or asking a colleague to sign your name to an attendance sheet
- purposely telling other students incorrect content/concept explanations in order to lower the average exam scores
- suspending evaluation questions just to get through them quickly

Curricular Materials Including Manuals, Lecture Transcripts, Slides, Videos, Podcasts etc

Curricular materials including slides, manuals, case scenarios, videos, on-line modules or self-assessment programs, podcasts, images etc., are provided for use by students and faculty enrolled in specific courses. These materials are not to be shared with others, including students or faculty at other institutions, or uploaded onto websites or social networking sites. These materials are copyrighted and may contain sensitive information. Failure to adhere to this policy constitutes a violation of the honor code and may constitute an infringement of copyright law. In addition, taking extra course packets and lecture notes or taking bone boxes or other anatomy resources and not returning them so that other students may use them, will also be considered a violation of the honor code.

Patient Confidentiality

Students should familiarize themselves with the laws governing patient confidentiality found in the Health Insurance portability and Accountability Act (HIPAA), a U.S. federal law, and laws and regulations of the State of Qatar on privacy and confidentiality. Students are expected to abide by these policies fully. Misuse of patient confidential information or unauthorized access to patient records constitute a violation of the honor code and applicable laws of the State of Qatar and U.S.

ITS (Computing, E-mail, Software) Policies

Students are expected to follow all policies as outlined by Information Technologies and Services regarding the use of computers, e-mail, iPads, software etc.
ITS Policies

Teacher Learner Environment Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

The Medical College is committed to providing an environment that fosters mutual respect and the values of professionalism, ethics, and humanism in the practice of medicine. An environment conducive to learning requires that faculty, students and administrative and support staff treat each other with civility. Faculty must treat students fairly and with respect in all settings where students are educated and maintain an academic environment conducive to the pursuit of free inquiry, academic integrity and the advancement of patient care. The standards of conduct set forth below are intended to prohibit teaching and other practices that are discriminatory, generally offensive and that undermine professionalism, without limiting appropriate teaching techniques and styles that advance and stimulate the educational environment.

Examples of conduct that is not appropriate include:

- Verbally abusing a student, including belittling and/or humiliating a student, or speaking disparagingly about a student's economic or cultural background, gender, sexual orientation or preference, race or religion;
- Exploiting students in any manner, including requesting that students perform personal errands or directing students to perform a large number of routine hospital procedures on patients not assigned to the student, particularly where performing the procedures interferes with a student's attendance at educational activities such as teaching rounds and classes;
- Intentionally singling out a student for arbitrary or selective treatment;
- Pressuring a student to perform medical procedures for which the student is insufficiently trained;
- Interfering with a student's need to attend properly to a potentially serious health problem, including not permitting a student to leave a hospital unit or operating room to seek attention for a needle stick injury or a splash with bodily fluids; or
- Committing an act of physical abuse or violence of any kind.

Faculty shall educate and advise students about the specific standards that govern professional conduct in a clerkship, a course or in a hospital setting, and, by his or her own conduct, set an example of the standards expected of the student.

If a student believes that a faculty member has violated the standards of conduct, the student may file a written request for an investigation with the Vice Dean for Academic and Curricular Affairs. The Vice Dean for Academic and Curricular Affairs will notify the Associate Dean for Student Affairs, who shall serve as the student's advocate. The Director for Medical Education at Hamad Medical Corporation (HMC) or the WCM-Q Dean, as well as the appropriate Assistant Dean for Curriculum together with the Associate Dean for Student Affairs will investigate any such complaints. The Director for Medical Education at HMC or the WCM-Q Dean and the Vice Dean for Academic and Curricular Affairs are committed to establishing the facts fairly and promptly and will respect the rights and confidentiality of the involved parties. Students who wish to come forward and report inappropriate behavior on the part of a faculty member may do so without

fear of retaliation or reprisal. The Vice Dean for Academic and Curricular Affairs, appropriate Assistant Dean for Curriculum, Director for Medical Education at HMC or the WCM-Q Dean, and the Associate Dean for Student Affairs will take prompt action, normally within ten days from the written request for an investigation, in resolving the matter.

Faculty Reporting Requirement

Faculty members are also required to inform the Vice Dean for Academic and Curricular Affairs, in writing, of any alleged violation by a faculty member of the standards of conduct outlined above. Faculty members, upon appointment to the Faculty, shall be bound by the standards of conduct set forth in this section and shall be presumed to be familiar with its provisions.

Standards of Conduct

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

Standards of Conduct in the Medical Curriculum

The Medical College requires that faculty, students, and staff abide by fundamental standards of conduct expected of the members of the Medical College community in their interactions with each other. Membership in the Medical College community for students is more than an academic commitment; it connotes a willingness by the student to act as a responsible medical professional. Participation in the Medical College community by faculty is more than instructing the next generation of medical professionals; it is a commitment to serve as mentor and role model of the standards of the medical profession. Inherent in the concept of a medical professional is an underlying integrity and ethical foundation that defines the tone and culture of the teacher-learner environment at the Medical College.

The Medical College's standards of conduct also enable students to begin to encounter and wrestle with the difficult moral and ethical questions that arise continuously throughout one's medical career. In this capacity, the standards of conduct promote expected behaviors, challenge unprofessional behaviors, and educate students, as well as faculty, to confront these challenges.

It shall be the responsibility of the students and faculty of the Medical College to uphold the integrity and ethical standards of the community to the fullest extent possible. The standards of conduct listed below set forth general responsibilities of students and faculty in a teacher-learner environment. The full range of responsible conduct cannot be set forth in any policy document. Accordingly, students and faculty should view these enumerated responsibilities as an illustration and should strive to comply with both the letter and the spirit of these standards of conduct.

This section also describes the guidelines and policies that will apply when there has been a failure to comply with the standards.

Student Responsibilities

In order for students to be permitted to continue their studies at the Medical College, students must demonstrate a range of skills and abilities, such as, good judgment, a sense of responsibility and morality, sensitivity and compassion for individual needs, the ability to synthesize and apply knowledge, and evidence that they are capable of becoming safe and effective physicians. Students must also assume responsibility for the integrity of the content of academic work performed and submitted, including papers, examinations and reports.

The following are examples of conduct that is not suitable for students at the Medical College. It is the student's responsibility to know what is expected and when in doubt, to discuss the concern with the course/clerkship director or curriculum dean. Examples include, but are not limited to:

- Repeatedly or egregiously failing to fulfill the professional requirements and responsibilities of a course or clerkship such as, but not limited to:
    - Being repeatedly absent or unexcused from required courses, clerkships, sub-internships and related activities.
    - Failing to attend any assigned clinical activity.
    - Failing to report absences in a timely manner (excused or unexcused that could potentially affect course/clerkship schedules).
    - Being consistently late for scheduled course/clerkship activities and exams.
    - Failing to submit assignments on time.
    - Failing to adhere to the appropriate dress code.
    - Failing to respond in a timely way to communications (phone calls, emails or other correspondence) from the administration, faculty, course/clerkship leadership or their representatives.

- Breaking patients' confidentiality or posting of confidential or inappropriate information (including but not limited to photos, images, text or video) on the internet (including but not limited to Facebook, blogs, LinkedIn and other social media), including any breach of HIPAA or FERPA or applicable U.S and Qatar laws regulations on privacy and confidentiality.
- Being disruptive in class, especially if repeated.
- Breaching exam conditions, which includes failing to respond to an examiner's or proctor's instructions, being disruptive, communicating with another examinee, or bringing unauthorized materials into the exam room.
- Failing to provide information or complete the necessary paperwork required for courses, clerkships on any curricular activity.
- Committing an act of verbal or physical abuse of any kind.
- Failing to maintain high ethical and moral standards of conduct.
- Failing to maintain a professional boundary with peers, staff, faculty, healthcare professionals and patients.
- Knowingly or carelessly representing the work of others as one's own; examples include copying text, graphs, PowerPoint presentations or other materials from a reference book, the internet, solution manuals, and fellow students, as well as using any sources without proper citation (plagiarism, including Artificial Intelligence (AI) tools).
- Submitting the same work for a different course without permission from all faculty involved (self-plagiarism).
- Receiving or giving unauthorized assistance in any academic work.
- Cheating in an exam or course assignment by any means, including but not limited to purposely copying answers from a co-examinee or using unauthorized material.
- Restricting the use of material used to study in a manner prejudicial to the interest of other students.
- Purposely misleading or giving false information.
- Fabricating data in support of laboratory, coursework or fieldwork.

- Forging a signature, for example, to certify completion of a course assignment or signing an attendance sheet on behalf of another student.
- Providing assistance for any of the above.
- Otherwise committing a breach of academic integrity.
- Failing to report or take action in the case of a breach of academic integrity by others in your academic community.

Reporting

A student or a group of students, knowing of any situation in which a violation of any of the standards of conduct set forth above may have occurred is responsible for providing any such information in writing to the Vice Dean for Academic and Curricular Affairs or Associate Dean for Student Affairs. Faculty is required to report a violation to the Vice Dean for Academic and Curricular Affairs. Each student matriculated at the Medical College shall be bound by the standards of conduct described above and shall be presumed to be familiar with the above provisions.

Review Process

When a student's conduct while matriculated at the Medical College raises a question about his or her suitability for the practice of medicine, the matter is directed to the Committee on Promotion and Graduation for consideration. On a request by the Committee on Promotion and Graduation, the Vice Dean for Academic and Curricular Affairs, shall appoint an ad hoc committee of faculty, composed of not less than two faculty members, to review the matter. The ad hoc committee is charged and briefed on the circumstances of the case by the Vice Dean for Academic and Curricular Affairs. The ad hoc committee will determine the scope, manner and extent of its review, consistent with the information provided by the Vice Dean for Academic and Curricular Affairs and the Committee on Promotion and Graduation. The committee conducts a thorough investigation of the facts of the case with the assistance of the relevant WCM-Q administrative office and prepares a report with its findings and recommendations.

The student involved shall receive, in writing, notice of the Committee on Promotion and Graduation's request for the appointment of the ad hoc committee, the membership of the ad hoc committee once constituted, and the details of the concerns under consideration by the ad hoc committee regarding the student's suitability for the practice of medicine.

The student shall have the right to appear before the ad hoc committee in order to present his or her position on the claims raised and his or her continued suitability. The student may be accompanied by an advisor/support person (such as a family member, faculty member and/or counsel) who may assist the student but will not be a participant in the proceeding before the ad hoc committee; the student will remain responsible for acting on his or her behalf in the process.

The ad hoc committee provides the Vice Dean for Academic and Curricular Affairs with a report of its findings and recommendations. These recommendations are reviewed and acted on by the Promotion and Graduation Committee which may adopt, reject or modify the Committee's recommendations, or request that the Committee conduct further review. The Vice Dean for Academic and Curricular Affairs informs the student of the decision of the Promotion and Graduation Committee. The student has the right to appeal the decision, and the appeal would be heard by an Appeals Committee as outlined in

the Appeals Process set out below.

Appeals Process and Related Procedures

When a student's conduct is under review, the Medical College is committed to providing a fair process of review and, when requested, appeal. Determinations are based on the record as a whole before the decision-making entity and the standard of proof that underlies a decision is a preponderance of the credible information or evidence. A decision regarding a student's dismissal, required leave of absence or repetition of a course or year is final unless overturned after an appeal.

A student may appeal a decision that has a serious adverse effect such as a required leave of absence, repetition of a course or year, or dismissal. The student must make the appeal in writing within fourteen (14) calendar days from written notification to the student of the decision that the student is appealing and deliver it by hand or email to the office of the Vice Dean for Academic and Curricular Affairs. If the appeal is submitted by Qatar mail, U.S. mail, or a delivery company (such as Federal Express), it must be postmarked by the date it is due to be submitted by hand to the Office of the Associate Dean.

The appeal is heard by the Appeals Committee within thirty (30) days of receipt of the appeal statement. The Appeals Committee will provide the student with at least seven (7) calendar days' advance written notice of the date, time, and place of the meeting of the Appeals Committee, which will consider the appeal. Prior to the meeting, the student may submit a written response and evidence to the Committee. The student may attend the Committee meeting and may be accompanied by an advisor or counsel. Any such advisor or counsel shall be an observer of the proceeding but may not expect to be able to participate in or speak at the Committee meeting. The student or the Committee may invite other persons to appear and provide information. The student will have access, upon request, to the written minutes of the meeting with the Appeals Committee that pertain to the student appeal.

The Appeals Committee will decide if the prior decision is to be upheld or overturned and will report its decision within fourteen (14) days of the last Committee meeting to the Dean of the Medical College who will make a final determination in the matter. Prompt written notice of the final decision will be sent to the student.

Medical Student Dress Code Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

Background

WCM-Q is a multicultural community and it is important that each of us demonstrates at all times, the highest professional image, respect for others, and tolerance for different cultural beliefs and practices.

Purpose

The purpose of this policy is to ensure that WCM-Q provides a suitable and comfortable working and educational environment for its diverse multicultural community, while respecting Qatar's local culture.

Applicability

Applies to all students in the medical curriculum.

General Guidelines

- Dress code for males is conservative, avoiding sleeveless shirts, shorts and tight/revealing clothing.
- Dress code for females is conservative, avoiding short skirts, shorts, low-necked garments, sleeveless dresses and tight/revealing clothing.
- Clothes including prints of racist, vulgar, political symbols/words are not permitted.

Formal Dress Code

- Students are expected to be clean, well groomed, and dressed in a manner appropriate to their academic and clinical responsibilities.
- Recommended acceptable attire includes: collared shirts, ties, slacks, skirts, blouses, sweaters, and dresses.
- Students must wear a short white coat (unless otherwise specified) with their name badge and appropriate identification, as required by the university or hospital, visible at all times.
- Students must maintain personal hygiene and a professional appearance at all times, to include clean white coats.
- In environments that include contact with patients, the following are NOT appropriate for the workplace: jeans, overalls, sweat shirts, sweat pants, shorts, leggings, halter or tank tops, non-collared T-shirts, workout clothes, sandals or open-toe shoes, caps, bandanas, baseball hats, or body or facial piercings other than ears and those required by a student's religious or cultural beliefs.
- Students must follow the local hospital/site policy and procedures for scrubs including wearing of scrubs outside the designated/restricted areas.
- When in the OR, students must follow the local hospital/site policy and procedures with regards to attire, which may include no long-sleeved undershirts or nail polish, and the use of all protective gear to follow universal precautions.

If clothing fails to meet these standards the student may be sent home to change and will be asked not to wear the inappropriate item again. A continued pattern of incidents, despite specific intervention, may result in the Course or Clerkship Director completing a professionalism assessment.

Assessment and Remediation of Professionalism Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

Background

Professionalism is essential for medical students and physicians. WCM-Q has updated its assessment and remediation of professionalism based on the growing national experience and literature regarding this areas.

Defining Professionalism

WCM-Q defines Professionalism as demonstrated competency in the following four domains.

Responsibility, Integrity and Ethics

- Attendance at required classes or clinical encounters
- Reliable, timely performance of educational and clinical responsibilities
- Accurate honest reporting of information
- Personal demeanor: dress, grooming, hygiene, conduct

Self-improvement

- Accepting constructive criticism
- Modifying behaviors appropriately

Relationships with patients

- Establishing rapport
- Sensitivity to patient needs and perspectives
- Advocacy
- Confidentiality and decorum

Relationships with faculty and staff, colleagues, the healthcare team and systems

- Respect for, and cooperation with, all colleagues
- Appropriate use of medical records

Refer to the WCM-Q Student Conduct Policy and Standards of Conduct in the Medical Curriculum Policy for examples of conduct that is not suitable for students at the Medical College.

Assessing Professionalism

WCM-Q expects that all medical students will demonstrate professional behavior in all four domains at all times. The faculty will evaluate student professionalism in each of the four domains at every course or clerkship assessment, as pertinent to the course goals and objectives.

Identifying Lapses in Professionalism

A lapse in professionalism is defined as:

1. A breach of professional conduct; OR
2. Insufficient demonstration of professional attributes.

A lapse in professionalism might be observed or suspected by anyone in the WCM-Q community. This could include a faculty member, resident, staff, administrator, other health professional, patient, or fellow student.

While any single incident may have greater or lesser importance, WCM-Q also identifies four levels of lapses in professionalism, with increasing degrees

of significance:

- Isolated incident
- Pattern of incidents
- Continued pattern of incidents despite specific intervention
- Continued pattern of incidents; unable to correct behavior reliably

Administration

For all courses in which students are assessed the following points should be addressed in the Student Assessment form:
Student demonstrated a lapse in professional and/or ethical behavior in regard to responsibility (i.e., attendance, reliability, reporting, personal comportment).
Student demonstrated a lapse in professional and/or ethical behavior as it applies to self-improvement, including accepting constructive criticism.
Student demonstrated a lapse in professional and/or ethical behavior in his or her relationships with patients (i.e., demonstrate rapport, sensitivity, advocacy, confidentiality).
Student demonstrated a lapse in professional and/or ethical behavior in his or her relationships with colleagues, the healthcare team, and the use of health care systems.

If any answer is Yes to any of the above, please inform the Course/Clerkship Director or appropriate Assistant Dean immediately

Protocol for student with an observed or suspected lapse in professionalism

A. If a lapse is observed or suspected **within a course or clerkship:**

1. The Course/Clerkship Director (CD) and/or Assistant Dean (AD) or delegate (as appropriate) assesses the incident.
2. The CD/AD or delegate determines whether or not a lapse has occurred.
3. If lapse has occurred, the CD/AD or delegate meets with the student to discuss.
4. Depending on the level of the incident the CD/AD or delegate will communicate with the student and the matter is agreed to be resolved (Informal resolution). A record of that informal discussion will be sent to the Manager, Office of Curriculum Support to upload to a secure repository.
5. If the matter is not resolved and/or if the lapse is defined as being of a high level or of frequent re-occurrence the CD/AD or delegate will complete the issuing (formal resolution) of a 'Professionalism Assessment Form' (PAF) (Appendix 2).
6. The CD/AD or delegate decides the nature of the remedial action and this is recorded on the PAF. Remedial action could include:
    a. Monitoring the student's future behavior more closely
    b. Input into the student's course assessment and grade
    c. Direct observation of the student
    d. Standardized patient assessment
    e. Requiring a written reflection essay or literature review
    f. Assignment to a faculty coach
    g. Referring the student to the Vice Dean for Academic and Curricular Affair
    h. Referring the student to medical or mental health services
7. The CD/AD or delegate sends the PAF to the Manager, Office of Curriculum Support to upload to a secure repository. The student

is notified and will have continuous access to the PAF.

8. If after a defined period of time, the student is deemed by the CD/AD, or delegate, to have satisfactorily remediated, no further action is taken.
9. If the student does not remediate, the CD/AD sends a copy of the PAF to the P&G Committee.
10. If the student repeats the lapse in professionalism whilst the remediation period is still active, a second PAF will be issued, and a copy of the PAF will be forwarded to the P&G Committee.
11. The P&G Committee determines whether or not the lapse is of such magnitude that it should be sent to the Office of the Registrar to be placed as a permanent, formal record on the student's file. The P&G committee will also determine what further action is required (e.g., a formal remediation period, review of fitness etc).

B. If a lapse is observed or suspected **<u>outside a course</u>**:

1. The Associate / Assistant Dean for Student Affairs (ADSA) or delegate will assess the incident.
2. The ADSA or delegate determines whether or not a lapse has occurred.
3. If lapse has occurred, the ADSA or delegate meets with the student to discuss.
4. Depending on the level of the incident the ADSA or delegate will communicate with the student and the matter is agreed to be resolved (informal resolution). A record of that informal discussion will be sent to the Manager, Office of Curriculum Support to upload to a secure repository.
5. If the matter is not resolved and/or if the lapse is defined as being of a high level or of frequent re-occurrence the ADSA or delegate will complete the 'Professionalism Assessment Form' (PAF – see Appendix 3) (formal resolution).
    a. The ADSA or delegate decides the nature of the remedial action and this is recorded on the PAF. Remedial action could include:
    b. Monitoring the student's future behavior more closely
    c. Input into the student's course assessment and grade
    d. Direct observation of the student
    e. Standardized patient assessment
    f. Requiring a written reflection essay or literature review
    g. Assignment to a faculty coach and/or student academic counselor
    h. Referring the student to the P&G Committee
    i. Referring the student to the Vice Dean for Academic and Curricular Affair
    j. Referring the student to medical or mental health services
    k. The PAF is sent to the Manager, Office of Curriculum Support to be uploaded to a secure repository. The student will be notified, along with all the Assistant Deans. The student will have continuous access to the PAF.
6. If after a defined period of time, the student is deemed by the ADSA to have satisfactorily remediated, no further action is taken.
7. If the student does not remediate the ADSA sends a copy of the PAF to the P&G Committee.

8. The P&G Committee determines whether or not the lapse is of such magnitude that it should be sent to the Office of the Registrar to be placed as a permanent, formal record on the student's file. The P&G committee will also determine what further action is required (e.g., a formal remediation period, review of fitness etc).

C. If a student accumulates three or more PAFs **during enrolment in the medical curriculum** then:

1. Receiving a third or subsequent PAF will result in a marginal grade being awarded in the course or clerkship in which the student is currently enrolled.
2. Should the issuance of a third or subsequent PAF coincide with an existing course or clerkship marginal grade, the student will be referred to the P&G Committee for further remedial action.

Procedures for Handling Lapses in Attendance, Late Submission of Reports and Missed AOC Deadlines

Approved as an addendum to the Assessment and Remediation of Professionalism Policy by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

Attendance Lapses in Mandatory Sessions[1]

Note: Phase 1 = includes EPOM and HID I and II
Phase 2 = clinical clerkships
Phase 3 = AOC, ACE, TS, HCP, TTR, electives
PAF = Professionalism Assessment Form

	Phase 1 or 3 Course	Phase 2 as a Whole[1]	Sub-Internship
FIRST Unexcused Absence[2]	Content must be made up to satisfaction of unit lead, course or AOC director Warning email from Unit Lead, Course or AOC director or AOC program coordinator	Content must be made up to satisfaction of course / clerkship director. If involves didactic seminar/tutor group, e-mail warning from clerkship director If involves patient care, PAF (including remedial action) and meeting with clerkship director	NEW YORK Professionalism report issued (signed by student and director) Meeting with course director to discuss remedial assignment and consequences for subsequent unexcused absences Marginal grade assigned (removed upon successful remediation) Associate Dean, Academic Affairs issues letter
SECOND Unexcused Absence	Content must be made up to satisfaction of unit lead, course or AOC director PAF (including remedial action) and meeting with unit lead, course or AOC director Warning email from assistant dean[3] (or delegate) AOC director Reduction in grade, according to syllabus, in unit where second unexcused	Content must be made up to satisfaction of course / clerkship director PAF (including remedial action) and meeting with director of clerkship where second absence occurred Warning email from assistant dean	

[1] Accounts for length of course and direct care of patients (Sub-I) in sanctions

[2] Absences accrue across Phase 2, i.e., are not "reset to zero" for each clerkship. The sanction(s) relevant to the accrued number of absences are issued by the clerkship director in which that absence occurs (e.g., if a student incurs a first unexcused absence in pediatrics, a second in neurology, and a third in surgery then the sanctions for a third unexcused absence would be administered by the surgery director.

[3] Unexcused absences from multiple required activities on the same day count as one absence

[4] The Assistant Dean responsible for ACE, TS, HCP, TTR and Electives is the Assistant Dean for Clinical Learning

	Phase 1 or 3 Course	Phase 2 as a Whole[1]	Sub-Internship
	absence occurs (Phase 1 only)		
THIRD Unexcused Absence	Content must be made up to satisfaction of unit lead, course or AOC director PAF (including remedial action) and meeting with course or AOC director Required meeting with assistant dean or AOC director with outcomes documented and sent to student Marginal grade in unit where third unexcused absence occurs (Phase 1 only) Referral to P&G committee Letter of notification to student from P&G chair	Content must be made up to satisfaction of course / clerkship director PAF (including remedial action) and meeting with director of clerkship involved Required meeting with assistant dean with outcomes documented and sent to student Marginal grade in clerkship where third unexcused absence occurs Referral to P&G committee Letter of notification to student from P&G chair	

[1] See also Attendance Standards Policy

Late Submission of Reports

Missed major deadlines for submission of reports (all curricular phases) – e.g. essays, case write-ups, required self-assessment quizzes or modules, or other written assignments)

	All curricular phases[7]
FIRST Missed Deadline	PAF (including remedial action) and meeting with unit lead / course director Course director sends email notification of 72-hour automatic deadline extension Student must submit assignment within 72 hours of deadline extension
SECOND Missed Deadline	PAF (including remedial action) and meeting with unit lead / course director to discuss new deadline.
THIRD Missed Deadline	PAF (including remedial action) and meeting with unit lead / course director Marginal grade assigned Required meeting with assistant dean to discuss new deadline, with outcomes documented and sent to student Referral to P&G committee Letter of notification to student from P&G chair

	Missed minor AOC deadline (such as Progress Reports and AOC Encounters)
Missed initial deadline	AOC Program Coordinator contacts student to inquire
Non-responsive to program coordinator	AOC Director contacts to inquire/remind
Non-responsive to AOC director	Meeting with AOC director to complete PAF and discuss remedial action

5. Excepting the AOC

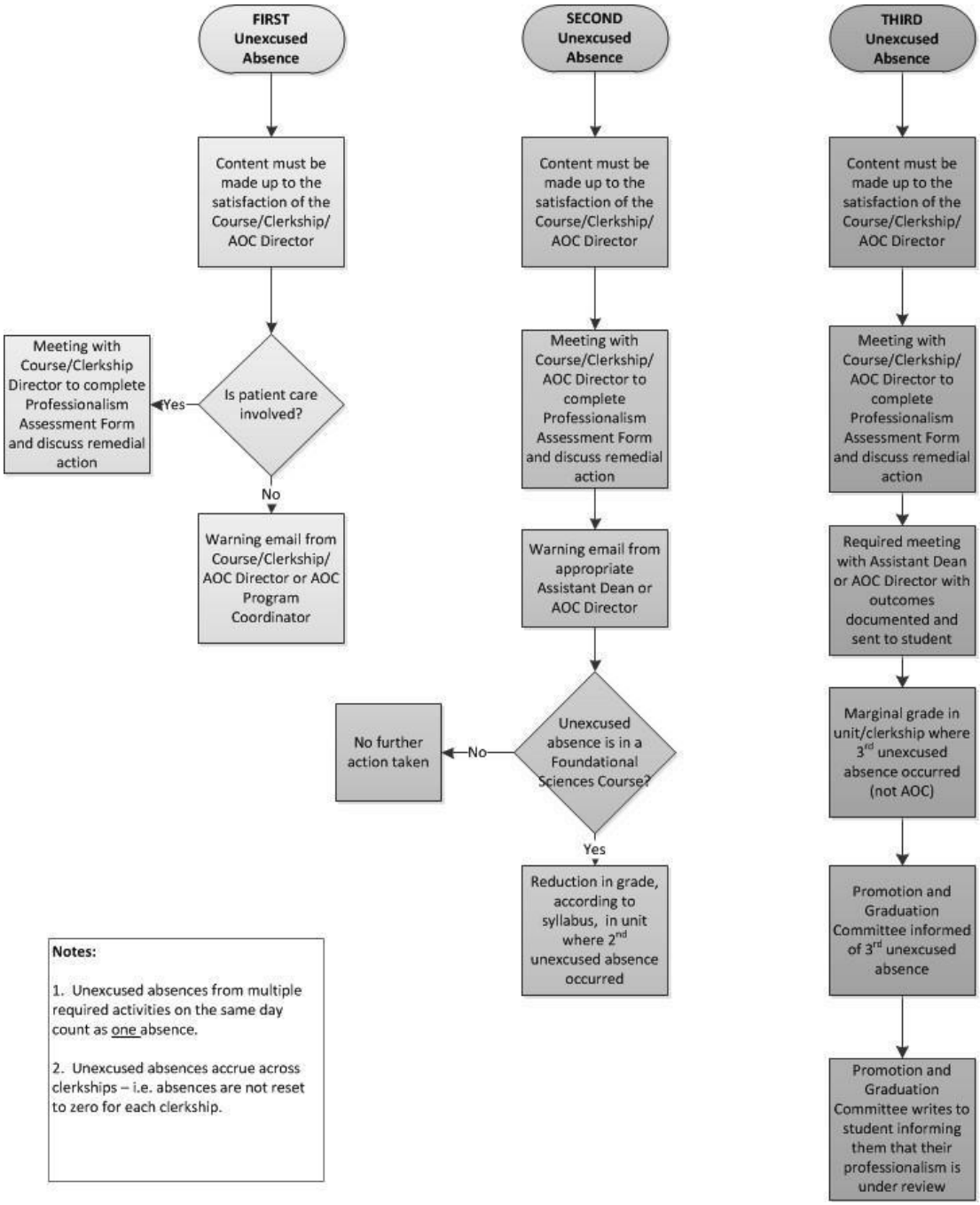
	Missed major AOC deadline (i.e. 1. AOC Declaration/Mentor, 2. Submission of Proposal, 3. Submission of Final Report)
FIRST Missed Deadline	Meeting with AOC Director to complete PAF and discuss remedial action AOC Director sends email notification of 72-hour automatic deadline extension Student must submit in QLearn within 72 hours of deadline extension
SECOND Missed Deadline	Meeting with AOC Director to complete PAF and discuss remedial action
THIRD Missed Deadline	Meeting with AOC Director to complete PAF and discuss new deadline and remedial action, with outcomes documented and sent to student "Marginal" grade assigned Referral to P&G committee Letter of notification to student from P&G chair

See also Promotion and Graduation Standards and Procedures

Procedures for Handling Attendance Lapses in Mandatory Activities

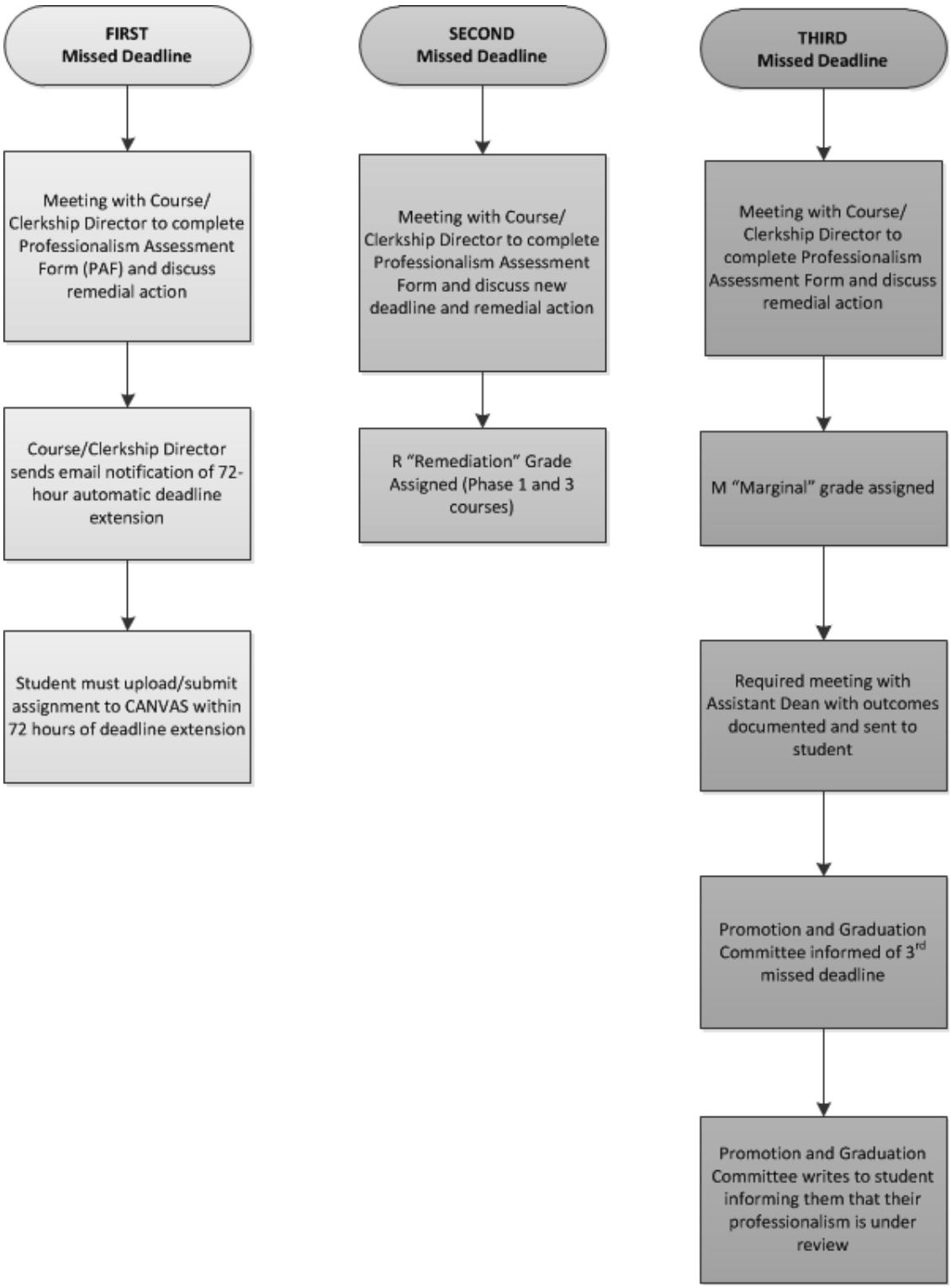
Applicability: Students in the Medical Curriculum

See also Consequences of Unexcused Absences



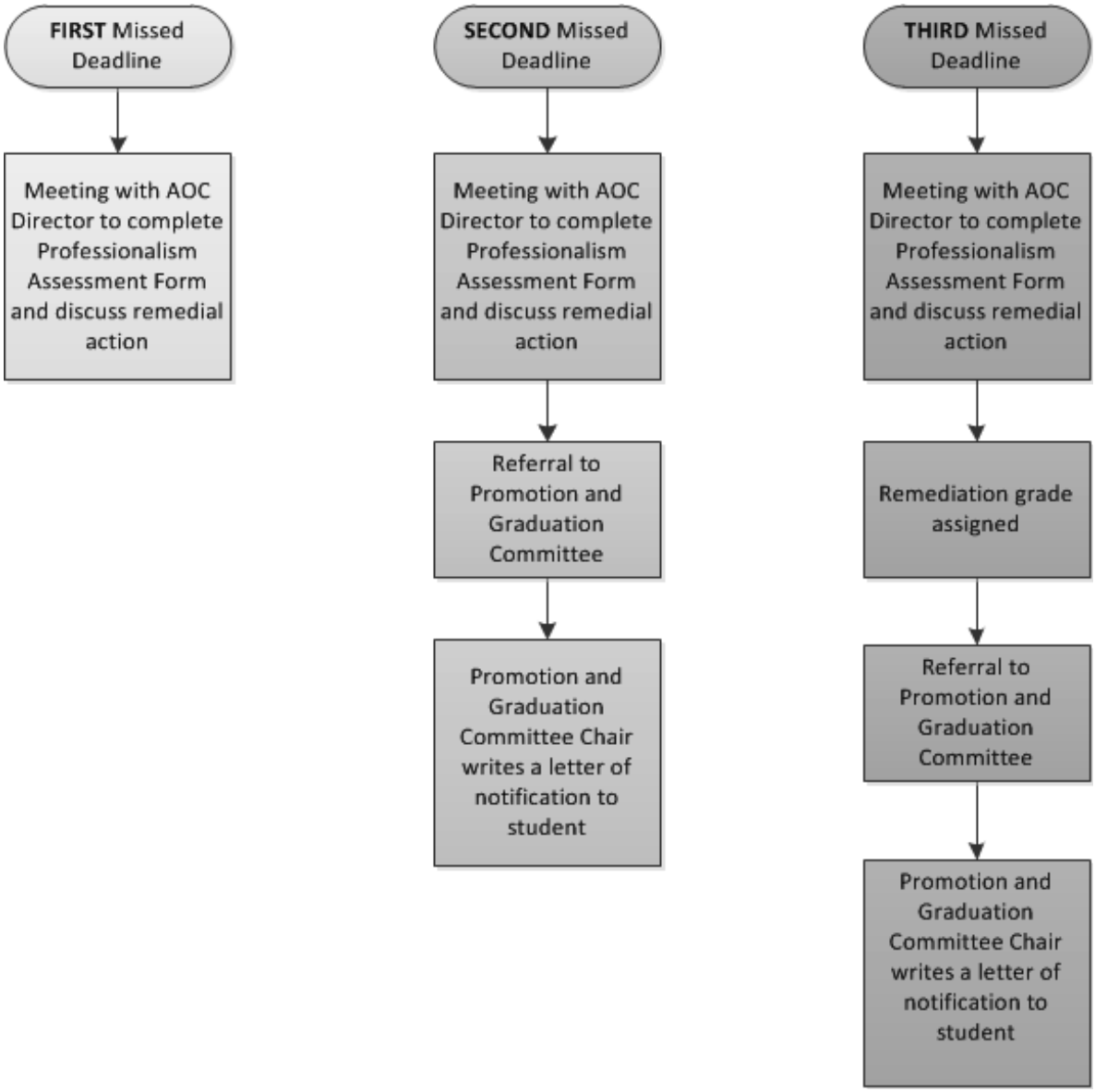
Procedures for Handling Late Submission of Reports

Applicability: Students in the Medical Curriculum



Procedures for Handling Missed Major AOC Deadlines

Applicability: Students in the Medical Curriculum



Medical Education Student Assessment Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

The Medical Executive Curriculum and Policy Committee (MECPC) and its subcommittees ensure a comprehensive, systematic, fair, and uniform approach to student formative and summative assessment is used, and that it is based on well-established principles and practices.

The curriculum governance committees (i.e., Foundational Science Curriculum Committee — FSCC, Clinical Curriculum Committee — CCC, and Scholarship and Science Committee —SSC) ensure that a multimodal assessment strategy is used in each phase of the curriculum. The strategy must use a broad range of principles and methods, where possible, to support students' acquisition of the key knowledge, skills, and attitudes required to meet the program competencies and objectives.

Purpose

The purpose of this Medical Education Student Assessment Policy is to establish students' assessment principles within the MD program of studies at Weill Cornell Medicine-Qatar (WCM-Q). Specific procedural details for courses and clerkships are outlined in the relevant policy, procedure, and or syllabi documents. These documents are guided by this overarching policy, while at the same time accommodating the specific needs of the courses and curricula elements.

Administration

Principles

Assessment methods should be appropriate for assessing the learning objectives and seven core competencies: Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-based Learning and Improvement, Healthcare Systems, and Scholarship. All courses should utilize the following as guideline for its assessment(s):

2.1 Each assessment should be suitable for the intended learning objectives.

2.2 A course-level assessment map (a document outlining the linkage between learning objectives and assessment methods) should be used to ensure congruence between the assessment activities. This map should also be reviewed periodically to maintain concordance.

2.3 All courses must have a transparent mechanism for publishing and disseminating its assessment plan and rubric, for example via course syllabi, which should be available to both students and the curriculum governance committee(s).

2.4 Multimodal assessments (e.g., quiz, mini-CEX, case presentation, etc.) should be utilized, where feasible, as part of formative and summative assessments.

2.5 Assessment validity and integrity should be maintained using multiple methods such as pre-quiz review of concepts, random selection of relevant questions from item bank, use of multi-raters and proctors, student feedback on test item, plagiarism detection, and post-assessment analysis. In addition to these processes, students' adherence to the honor code should be monitored.

2.6 Assessment data such as item bank, quiz instrument, student performance profile, system access-logs, and various analytical reports should only be accessible by the appropriate/authorized individual(s).

2.7 Assessment instruments (e.g., quiz) that contribute towards the final grade of the course may not be released to students outside of the examination venue, unless required for formative purposes.

2.8 Students' performance should be monitored throughout the course, and under-performing student(s) should be closely monitored and offered support per the Academic Enrichment in the Medical Curriculum and Remediation in the Medical Curriculum Policies.

2.9 Timely formative and summative feedback should be provided to the students on their performance and progress in relation to the intended learning objectives.

2.10 The Course Director in consultation with the Assistant Dean should periodically review the passing grade (i.e., cut score) for their assessments to determine minimal competence.

2.11 Cohort course-level performance should be shared with the relevant curriculum governance committees.

2.12 Course leadership in their annual review should report the relevant information about students' assessment performance, assessment-related feedback, and action plan for the next administration of course.

Calculation of Grade Point Average Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

In the Foundational Sciences, a weighted year-1 and year-2 Grade Point Average (GPA) is calculated, taking the length of each course unit into account. The GPA in year-3 and year-4 is based on a grade value which is derived from the Final Grade in the Clerkship. The GPA will be computed on the scale of 4.30. The GPA will be kept with the Office of the Registrar and shared with external entities for the purpose of scholarships, sponsorship, and financial aid, while students are enrolled at WCM-Q. GPAs are calculated annually, and term GPAs are not applicable. Furthermore, WCM-Q does not calculate a cumulative GPA due to the nature of the curriculum.

Administration

The GPA will be calculated using the duration weighted average of all units in Year-1 / Year-2 of the Foundational Sciences. The formulas and year-wise courses are listed below:

Year 1

1. Essential Principles of Medicine (EPOM), Part A
2. Essential Principles of Medicine (EPOM), Part B
3. Health, Illness, and Disease I (HID), Part A
4. Health, Illness, and Disease I (HID), Part B

The Year 1 (duration-weighted) GPA will be calculated as:

$$\left(\frac{[Unit\ Performance\%_{\ 1} \times Unit\ Hrs_{\ 1}] + \cdots + [Unit\ Performance\%_{\ n} \times Unit\ Hrs_{\ n}]}{Sum\ of\ all\ Unit{-}Hours\ in\ Year\ 1}\right) \times \mathbf{4.3}$$

Where:
n = Number of units in Year 1 Course(s)

Year 2

1. Health, Illness, and Disease II (HID), Part A
2. Health, Illness, and Disease II (HID), Part B

The Year 2 (duration-weighted) GPA will be calculated as:

$$\left(\frac{[Unit\ Performance\%_{\ 1} \times Unit\ Hrs_{\ 1}] + \cdots + [Unit\ Performance\%_{\ m} \times Unit\ Hrs_{\ m}]}{Sum\ of\ all\ Unit{-}Hours\ in\ Year\ 2}\right) \times \mathbf{4.3}$$

Where:
m = Number of units in Year 2 Course(s)

Year 3 and 4

Grade values are assigned based on the final grade in a clerkship and correspond as follows:

- Final grade of Fail = 0
- Final grade of Pass = 2
- Final grade of High Pass = 3
- Final grade of Honors = 4

The Year 3 and 4 GPA will be calculated as:

$$\left(\frac{\frac{(Grade\ value\ x\ Clerkship_1\ weeks) + \cdots + (Grade\ value\ x\ Clerkship_a\ weeks)}{Total\ Weeks\ Completed}}{4}\right) \times \mathbf{4.3}$$

Where:
a = Number of clerkships completed

Foundational Sciences Dean's List

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

Being placed on the Foundational Sciences Dean's List (Dean's List) is a prestigious recognition, symbolizing outstanding academic performance. This honor is highly regarded by both students and faculty as it reflects exceptional academic achievement and exemplary professionalism within the Foundational Sciences Curriculum.

To be eligible for nomination to the Dean's List, students must consistently demonstrate exceptional academic performance and generally rank within the top quartile of their cohort, with final eligibility determined at the conclusion of phase 1 of the curriculum.

Nominations will be reviewed and approved by the Promotion and Graduation Committee, and announced by Student Affairs Division. The Office of Registrar will maintain the record of the Dean's list.

Faculty Evaluators and Potential Conflicts of Interest Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

A conflict of interest (COI) is defined as a relationship in which an individual has competing interests or loyalties that have the potential to undermine their ability to act in an impartial manner.

Medical school faculty must disclose and recuse themselves from participating in activities which involve any assessment of a student's academic performance if they have a conflict of interest, including a financial relationship, a familial/personal relationship, or if they have previously treated or are currently treating that student as a patient.

All faculty are required to attest knowledge of this policy when undergoing their periodic teaching credentialing.

Purpose

Weill Cornell Medicine-Qatar is committed to promoting a positive learning environment and to managing and avoiding actual or potential conflicts which may arise in supervisory relationships that could unduly impact student grading, academic promotion, or the awarding of special awards such as special recognition.

Administration

If faculty are assigned to serve as a small group facilitator, clinical preceptor or oral examiner for a student with whom they have a conflict of interest, including a financial or familial/personal relationship or are treating or have previously treated, they must notify the course or clerkship director for reassignment at the earliest opportunity.

Faculty participating in standing or ad hoc committees related to academic standing or advancement must recuse themselves from discussions and assessments of a student's academic performance if they have a conflict of interest, including a financial or familial/personal relationship or if they are currently treating or have previously served as that student's physician.

Students who perceive a conflict with a faculty member serving in an instructional capacity with whom there is conflict of interest, including a financial or familial/personal relationship, or from whom they have received or are receiving treatment, should report this conflict at the earliest opportunity to the course or clerkship director or the Associate Dean for Student Affairs/Assistant Dean for Medical Student Affairs.

If a student perceives a conflict with a faculty member serving on an ad hoc committee the student should report that conflict at the earliest opportunity to the Associate Dean for Student Affairs/Assistant Dean for Medical Student Affairs.

Should a conflict be reported to Student Affairs, the Associate Dean for Student Affairs/ Assistant Dean for Medical Student Affairs or their delegate will consult with the Vice Dean for Academic and Curricular Affairs or delegate to decide the appropriate action.

Promotion and Graduation Standards and Procedures

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

The Medical College curriculum represents the academic standards students are required to achieve. In addition, it is important to note that students are also assessed on and must satisfactorily demonstrate professionalism as set forth in the Standards of Conduct, adherence to the Attendance Standards, and compliance with all policies set forth in the Student Handbook to complete the educational program for the M.D. degree.

Compliance with all policies of the Medical College is expected throughout the duration of the educational program. Failure to meet academic standards, professional standards of conduct, and compliance with Medical College policies may be grounds for disciplinary action, including dismissal, from the Medical College. Compliance with all policies of the Medical College, and where relevant, with affiliated hospitals of the Medical College, is expected across all instructional sites and throughout the duration of the educational program and is a requirement for advancement and graduation.

Administration

The curriculum is divided into successive academic courses across four years, each course building on the subject material and experiences of preceding years. The courses are: Essential Principles of Medicine A and B (EPOM A and B), Health Illness and Disease Part 1 A and B (HID-1 A and B), Health, Illness, and Disease Part 2 A and B (HID-2 A and B) (collectively Phase I – Foundational Science), the Clerkships (Phase II - Clerkships), and the final courses of the program including sub-internships, electives and the Areas of Concentration (collectively Phase III – Scholarship and Advanced Clinical Skills).

A student is expected to exhibit mastery of learning unit or course objectives set by the faculty and to complete required clerkships and rotations as determined by faculty. A student's progress is assessed and monitored on an on-going basis. If a student does not demonstrate an acceptable level of proficiency or has not made timely progress toward the satisfactory completion of the curricular requirements, the faculty body represented in the Committee on Promotion and Graduation will determine a student's continued status in the Medical College.

Phase 1 of the curriculum consists of six courses (EPOM A and B, HID-1 A and B and HID-2 A and B), each of which is further comprised of sequential integrated learning units. Phase II largely consists of required clinical clerkship rotations of varying lengths. Upon the completion of each course and clerkship, a student's performance and professionalism are reviewed with the purpose of making recommendations for improving student performance during each course, and determining if remediation of a course or portion of a course is necessary. Progress in meeting milestones for the longitudinal Areas of Concentration (AOC) course is monitored across all four years by the AOC Director. In addition, several times each year, the Committee on Promotion and Graduation convenes scheduled meetings to review the ongoing progress of each student.

The following general principles guide faculty during consideration of a student's status: A student must successfully complete all of the learning units or course work of the current year before he or she can be approved for promotion to the next year, except as otherwise specified in these standards. In addition, all students must satisfactorily complete EPOM A and B, HID-1 A and B and HID-2 A and B before beginning the Clerkships. The Medicine, Surgery and Pediatrics clerkships, which are pre-requisites to many advanced courses, must be taken during the clerkship year and cannot be deferred to curricular Phase III Post-Clerkship. Students must satisfactorily complete all required clerkships prior to beginning the initial Area of Concentration (AOC) Scholarly Project (SP) Block I.

The P&G Committee reviews students' final course performance and academic progress longitudinally across all courses of the curriculum to determine if students may advance to the next course of the curriculum. The P&G Committee will identify patterns of poor performance across courses of the curriculum, and make decisions regarding global remediation or learning interventions as appropriate. If the issues regarding a student's performance are sufficiently serious, the P&G committee may recommend to the Vice Dean for Academic and Curricular Affairs the appointment of an ad hoc committee to review the student's suitability for the practice of medicine. In addition, the P&G Committee will review cumulative student performance to nominate the candidates for graduation to the Dean.

Faculty Principles

The following general principles guide the faculty during consideration of a student's status:

A student must successfully complete all of the foundational course work (curricular Phase I) before he or she can advance to the next phase of the curriculum, ie, the clerkships, except as otherwise specified in these standards.

Remedial work and re-examination may be offered to a student who fails a course, as provided for in these standards.

A student will have access to a review process, and an appeal, in cases where a denial of academic advancement or dismissal from the Medical College is at issue.

Any student who, in the judgment of a faculty member, lacks suitability to enter the medical profession, can, pursuant to an applicable policy or procedure, be dismissed from the Medical College.

Academic Advancement (Progression through the Curriculum) and Graduation

Students must achieve a passing grade, (defined as either "Pass", "High Pass", or "Honors") in all required courses prior to graduation. Any student who is unsure how this policy applies in a given situation should contact the Assistant Dean for Foundational Sciences or the Assistant Dean for Clinical Learning for clarity. Any adjustments made in the academic advancement of students must be approved by the appropriate Assistant Dean(s) and the Vice Dean for Academic and Curricular Affairs.

Foundational Courses

Students must satisfactorily complete, i.e. receive a grade of "Pass", in each of the foundational phase courses, EPOM Parts A and B, HID-1 Parts A and B, and HID-2 Parts A and B prior to beginning the clerkship year. Students are expected to complete the foundational courses sequentially.

Students must pass each learning unit

within each of the foundational courses (described above) in order to achieve a "Pass" grade for the course.

If a student receives a non-passing grade of either "Marginal" (M), "Incomplete" (I), or "Fail" (F) in EPOM A or B, the student is permitted to progress to HID-1 A and B. A student who receives a grade of "Marginal", "Incomplete" or "Fail" in HID-1 A is permitted to progress into HID-1 B.

If a student has a grade of "Fail" in EPOM A, EPOM B, or HID-1 A, they are not permitted to progress to HID-2 A and B. If a student has a grade of "Fail" in HID-1 B, they are permitted to enter HID-2 A and B and can remediate HID-1 B after HID-2 B has been completed.

In the event that a student has a grade of "Fail" in a foundational course, the student will have to retake that course when it is next offered again.

Remediation of units and courses will be at a time agreed upon by the Assistant Dean (FS) and the Course Director. This is to ensure that a student's education is not unduly interrupted or extended since each foundational course is held only once a year and there is the potential opportunity for remediation between the first and second year of medical school.

Students are ineligible to participate in the Summer Extended Curriculum for Research between Year 1 and 2 if they have not yet passed EPOM A and B and HID-1 A and B prior to the start date of the Summer Extended Curriculum for Research. This is to ensure ample remediation time prior to the HID-2 start date so that a student's education is not unduly interrupted or extended.

Areas of Concentration (AOC) Milestones

The AOC is a single longitudinal course with interim required milestones throughout the curriculum. A final grade is given after the end of the six-month Scholarly Project (typically completed during Year 4).

Students ordinarily are not permitted to advance to curricular Phase II (Clerkships), until the AOC milestones within Phase I (Foundational Sciences), have been completed. Students ordinarily are not permitted to advance to curricular Phase III (Post-Clerkships), which includes the AOC Scholarly Project (SP) Block I, until the AOC milestones within the curricular Phase II (Clerkships), have been completed.

Clerkships

Students will complete all required clerkships prior to beginning the initial Areas of Concentration (AOC) Scholarly Project (SP) Block I. The Medicine, Surgery and Pediatrics clerkships, which are pre-requisites to many advanced courses, must be taken during the clerkship year and cannot be deferred to curricular Phase III (Post-Clerkship).

There may be individual circumstances in which a student does not complete all clerkships (i.e., achieve a passing grade) prior to the initial AOC Block, but is allowed, with Assistant Dean level permission, to progress to the AOC Block. For compelling academic reasons, typically involving remediation of academic encumbrances, these circumstances need to be discussed and approved by the Assistant Dean for Clinical Learning and the Vice Dean for Academic and Curricular Affairs. For compelling personal/medical reasons, the circumstances need to be discussed and approved by the Assistant Dean for Medical Student Affairs in consultation with the Associate Dean for Student Affairs.

A student who has not yet taken, or who has taken but has not achieved a passing grade in a clerkship or clerkships (including "Marginal", "Fail" and "Incomplete" grades), may be permitted to progress to curricular Phase III, beginning with the AOC SP Block 1/ Translational Science (TS) and Advanced Clinical Ethics (ACE) Courses, as

permitted by the Assistant Dean for Clinical Learning and the Vice Dean for Academic and Curricular Affairs with the expectation that the student will achieve a passing grade at a future opportunity to do so.

Areas of Concentration, Translational Science (TS), and Advanced Clinical Ethics (ACE) Courses

Based on individual circumstances, the AOC, Translational Science (TS) and Advanced Clinical Ethics (ACE) Course Directors, in consultation with the Assistant Dean for Clinical Learning, may permit a student to make minor alterations in the time during which the student may take these courses. This is to ensure that a student's education is not unduly interrupted or extended since the AOC SP Block I and the TS and ACE courses are held only once a year.

Students may fulfill the AOC SP during a subsequent year of training (for example, due to an approved Extended Curriculum for Research), based on the approval of the AOC Course/Program leadership. These students are permitted to complete Phase II courses or take other Phase III courses during their original AOC SP Block in consultation with the Assistant Dean for Clinical Learning for academic reasons or the Assistant Dean for Medical Student Affairs for personal/medical reasons.

Students who have non-passing ("Marginal", "Fail" or "Incomplete") grades in the AOC, TS, and ACE courses may be permitted to progress in the curriculum, based on the approval of the Assistant Dean for Clinical Learning and the Vice Dean for Academic and Curricular Affairs or in cases of personal/medical reasons, in consultation with the Assistant Dean for Medical Student Affairs. However, students need to achieve a passing grade in these course(s) prior to graduation.

Electives

Students who have a non-passing ("Marginal", "Fail" or "Incomplete") grade in an elective course may be permitted to progress in the curriculum, based on the approval of the Assistant Dean for Clinical Learning and the Vice Dean for Academic and Curricular Affairs or in cases of personal/medical reasons, in consultation with the Assistant Dean for Medical Student Affairs. However, students need to achieve a passing grade in the elective course prior to graduation.

Students who have non-passing grades in any required course may be permitted to enroll in WCM-Q-sponsored electives, in order to enhance specific knowledge and skills to address academic deficiencies. The elective enrollment requires the approval of the Assistant Dean for Clinical Learning and the Vice Dean for Academic and Curricular Affairs. Students must meet any elective pre-requisites in order to enroll in the course. Students who have non-passing grades in any course are not permitted to enroll in international electives or non-WCM-Q-sponsored electives until a passing grade in that course is obtained.

Addendum[1]

On a one-time basis, up to four weeks of online non-clinical electives will count toward the Class of 2028's graduation requirements. This measure was introduced in response to disruptions resulting from the regional crisis of 2026. The development of structured online non-clinical electives provides students with alternative learning opportunities and ensures continuity of the educational program. This enables students to meet graduation requirements in a timely manner.

Required Sub-Internship and Transition to Residency Course

Students who have non-passing "Marginal" or "Fail" grades in any prior course will not be allowed to progress to the required sub-internship. Students who have an "Incomplete" grade in any prior

[1] April 2026

course may be allowed to progress to the required sub-internship, based on the approval and recommendation of the Assistant Dean for Clinical Learning and the Vice Dean for Academic and Curricular Affairs.

Students who have any prior non-passing grades or who fail to otherwise meet graduation requirements, will generally not be permitted to progress to the Public Health Clerkship and the capstone Transition to Residency Course. Exceptions may be made by the Vice Dean for Academic and Curricular Affairs for instances in which, for example, the MD degree is anticipated to be conferred off-cycle.

Registering a Score for USMLE Step 1 and Step 2 CK or IFOM Basic and Clinical Science Exams

Students in the Class of 2025 and following, who enter the medical curriculum in 2021 or later, are required to register a score for either the United States Medical Licensing Exams (USMLE) Step 1 and Step 2 CK, or the International Foundations of Medicine (IFOM) Basic Science and Clinical Science Exams prior to March 1 of the year in which they are graduating. Note: passing these exams is not a graduation requirement.

Conferral of M.D. Degree

Satisfactory completion of all courses and required academic milestones must be achieved prior to the conferral of the M.D. degree.

Grades and Grade Review

Student Assessment and Grades

Each course or clerkship director determines the final grade of a student after evaluation of the student's performance in all aspects of the course work or clerkship. This should include results of examinations, if applicable, as well as narrative descriptions of student performance and non-cognitive achievement in all required learning units, courses and clerkships where teacher – student interaction permits this form of assessment.

Faculty members are also expected to evaluate each student early enough during a course to allow time for remediation.
Students will be required to be present at the time of regularly scheduled examinations or other course activities in order to complete the learning unit, course or clerkship unless they have made previous arrangements with the learning unit, course director or clerkship director, as detailed in the Attendance Standards.

Time Frame for Grade Reporting

Course and Clerkship Directors set the timeframe for grade submission within their own course/clerkships. However, in order to meet accreditation benchmarks that final grades are available to students within six weeks of course completion, WCM-Q encourages grade submission for all courses and clerkships as soon as possible and requires that grades must be submitted and

available to students no later than six weeks from the end of a course or clerkship. The Office of Curriculum Support regularly monitors the timeliness of final grade submissions and reminds all Course or Clerkship Directors if they have not submitted grades after five weeks, informing the Assistant Dean for Foundational Sciences for Phase I Foundational Courses and the Assistant Dean for Clinical Learning for Phase II Clerkship Courses and Phase III Post-Clerkship Courses. Any foundational course or clerkship not submitting grades after five weeks after a course ends has individual centralized meetings with the pertinent Assistant Dean to discuss the situation. Any outstanding grades at post-course week 5.5 may be brought to the attention of the Vice Dean for Academic and Curricular Affairs.

Clinical Grade Reporting Guidelines

Narrative comments, in the form of official summative assessment, should be included as part of the final grade for each clinical course. Additional narrative comments as formative, constructive feedback should be provided to students for core clinical clerkships of more than two weeks in length as outlined in the Mid-Clerkship Feedback Policy.

All clinical courses should adopt a consistent narrative format. This is to ensure consistency in grading information and feedback to students across all clinical courses. In addition, official, summative comments from core clerkships are used for the Medical School Performance Evaluation (MSPE), also known as "the Dean's Letter." Consistency in the narrative summative comments portion of the final grade gives the MSPE a more professional and uniform look, making it a more effective document in the residency application process.

Narrative Assessment Guidelines:

1. For the official, summative comments section, write 1-2 paragraphs, synthesizing the feedback.
2. Use whole sentences in proper English in the same tense (past) with correct spelling.
3. Write in the third, not first, person.
4. Do not number sections.
5. Use the student's formal first name; do not use nicknames.
6. Do not enter grading rubrics in the summative assessment section. These should be delineated on the course site.
7. For courses with exams, do not routinely report the exam score.
8. If discussing a student's outstanding written exam score, use the correct phrase "NBME clinical subject exam" instead of "shelf exam". If referencing that a score is above a mean, make sure to state what the reference mean is.
9. Constructive/formative comments section: Enter helpful and constructive suggestions for areas of improvement.
10. For students who fail the NBME clinical subject exam, report to the Assistant Dean Clinical Learning and the student: the failed grade, the minimum passing grade, and the remediation recommendation.
11. Grades (Final Grade including narrative comments) are due to be submitted to the Office of Curriculum Support no later than five weeks after the course ends.

In the first year and a half of the curriculum students may receive the following grades: "Pass" (satisfactory performance), "Marginal" (a non-passing, interim grade based on less than satisfactory performance in one or more components and/or activities comprising the final grade), or "Fail" (below satisfactory performance in all or a preponderance of the components and/or activities comprising the final grade). In the evaluation of clinical clerkships, an additional grade of "Honors" (outstanding performance) and "High Pass" (excellent performance) can be assigned. Certain courses are graded only on a "Pass/Fail" basis. In addition, the temporary grade "Incomplete" may be assigned to a student

in any course in which the student has been unable, due to an emergent event or a planned and excused activity, to attend and/or complete a required component or activity that the course director has agreed may be completed at a subsequent agreed-upon date. The grade "Incomplete" is not available in the event that the failure to attend and/or complete a required component or activity results from unexcused absences or activities.

If a student receives a non-passing interim grade of "Marginal" or "Incomplete," the learning unit leader, course director or clerkship director will discuss the performance with the student and will notify the relevant Assistant Dean (see Section below entitled "Faculty Determinations Regarding Unsatisfactory Academic Performance"). The opportunity to do remedial work, or complete necessary work, generally will be presented to the student, in accordance with the procedures described in these regulations. The work that is necessary to address an "Incomplete", "Marginal" or "Fail" grade should be undertaken before progressing to the next course of the curriculum. It should take place at the first available opportunity (as determined by the learning unit leader, course director or clerkship director in consultation with the student and Assistant Dean for Foundational Sciences or the Assistant Dean for Clinical Learning), but may not conflict with any other scheduled academic activity. In the case of a "Marginal" grade, if a student completes the remedial or missing work satisfactorily, a "Marginal" interim grade will revert to a grade of "Pass"; if not, the grade will convert to "Fail." In the case of an "Incomplete" grade, if a student completes the missing work satisfactorily within the time extension period specified a priori, the "Incomplete" interim grade can convert to either a "Pass," "High Pass" (if available) or "Honors" (if available) grade; if not, the grade may convert to either a "Marginal" or a "Fail" grade. If a student receives a grade of "Fail," the learning unit leader, course director or clerkship director will notify the relevant Assistant Dean and will discuss with the student the need to repeat the course or other remediation if appropriate. In the event a student's performance is deemed unsatisfactory, the Medical College may follow other procedures, also described in these regulations, to assess continued participation in the M.D. program.

"Incomplete" Grade Reporting Guidelines

1. The course director should submit in the narrative comments a description of what portion of the course:
    a. has already been completed
    b. is left to complete upon return, including the number of weeks needed
2. In order for coursework credit to be given up to the time prior to the student's leaving the course and to assess the final course grade when completed, there needs to be documentation of the quality of the work the student has already completed.
    a. Foundational courses: course directors should keep on file any completed Unit grades and quiz scores Clerkship and other courses: clerkship/course directors should obtain and keep on file Student Performance Evaluations (SPEs) and any other grading forms for that portion of the clerkship/course the student has completed
3. Please discuss the plan for completion, including timing and scheduling with:
    a. the Assistant Dean for Medical Student Affairs for "Incomplete" grades due to personal/medical issues
    b. the Assistant Dean for Foundational Sciences or

the Assistant Dean for Clinical Learning, for "Incomplete" grades due to academic issues

4. Once a student has completed the course, in addition to submitting the final grade, the clerkship/course director should update all narrative comments, eliminating any mention of the initial "Incomplete" grade in the summative comments section.

Student Request for a Course Evaluation/Grade Review

If a student believes that there is a credible basis to assert that a course evaluation, including examination and narrative assessment, or grade awarded does not reflect the student's objective course performance, the student must first seek the guidance of the course director. This must be done within 30 days of the posting of the grade. If a discussion with the course director does not resolve the issue within 15 days, the student must present the concerns in writing to the Vice Dean for Academic and Curricular Affairs or his/her representative for a request for review of the grade or evaluation no later than 45 calendar days following the posting of the grade. Grades may not be appealed after this 45-day deadline has passed. The student should set forth the reasons for his or her request for review of the grade. In consultation with the faculty involved, the Vice Dean for Academic and Curricular Affairs, or his/her representative, has discretion to request documents and relevant information that would be needed to conduct a full and fair assessment of the evaluation or grade under review. The Vice Dean for Academic and Curricular Affairs shall determine a final resolution and communicate this to the student and to the appropriate course director within 30 days of the request for course evaluation/grade review. The decision of the Vice Dean for Academic and Curricular Affairs shall be considered final and is not subject to further appeal.

Unsatisfactory Academic Performance in a Course

Actions During a Course / Clerkship

Any student who is having academic difficulty with a learning unit, course or clerkship (or his or her overall academic performance) should consult with faculty or administrators at the Medical College. Depending upon the problem, a student may wish to seek advice or assistance from a learning unit leader, course director or clerkship director, the relevant assistant Dean, a member, the Division of Student Affairs, the Office of Curriculum Support or the Learning Enrichment Office (LEO). Early intervention with academic difficulties may provide a wider range of solutions and is in the student's best interest. It is the responsibility of a student to seek advice or assistance when such student is having difficulty with a learning unit, course or clerkship (or his or her overall academic performance). If a student exhibits unsatisfactory performance during a learning unit or course, and generally before a non-passing grade is assigned, the learning unit leader, course director or clerkship director shall make an effort to notify the student and the Assistant Dean for Foundational Sciences or the Assistant Dean for Clinical Learning. Faculty in the learning unit, course or clerkship may meet with the student and outline a program to address deficiencies in the student's performance. The Assistant Dean for Foundational Sciences or the Assistant Dean for Clinical Learning also may make an effort to address this with the student.

Submission of Assignments After the Designated Deadline ("Late Submissions")[9]

All written assignments are due on the date and time as specified by the faculty.

Written assignments typically include essays, papers, case write-ups, problem sets, required self-assessment quizzes or web-based modules, mentor declarations and research proposals or reports. Students who incur personal emergencies or illnesses that would preclude their timely submission of a written assignment should notify the course director immediately to describe the nature of the situation and request a reasonable time extension. Students who submit a report past the deadline who have not received an extension will fall under the following operational protocol with the relevant sanctions. In addition, in some courses, students may have their scoring of their assignment adjusted for late submission, which may be reflected in the final grade assigned to the student for that course.

[9] AOC Director handles AOC related deadlines

Late Submission of Reports

Missed major deadlines for submission of reports (all curricular phases) – e.g. essays, case write-ups, required self-assessment quizzes or modules, or other written assignments.

	All curricular phases[10]
FIRST Missed Deadline	PAF (including remedial action) and meeting with unit lead / course director Course director sends email notification of 72-hour automatic deadline extension Student must submit assignment within 72 hours of deadline extension
SECOND Missed Deadline	PAF (including remedial action) and meeting with unit lead / course director to discuss new deadline.
THIRD Missed Deadline	PAF (including remedial action) and meeting with unit lead / course director Marginal grade assigned Required meeting with assistant dean to discuss new deadline, with outcomes documented and sent to student

	Missed minor AOC deadline (such as Progress Reports)
Missed initial deadline	AOC Course/Program Coordinator contacts student to inquire
Non-responsive to Program Co-ordinator	AOC Director contacts to inquire/remind
Non-responsive to AOC Director	Meeting with AOC director to complete Professionalism Assessment Form and discuss remedial action

	Missed major AOC deadline (i.e. 1. AOC Declaration/Mentor, 2. Submission of Proposal, 3. Attending Work-In-Progress meetings, 4. Submission of Final Report)

FIRST Missed Deadline	Meeting with AOC Director to complete PAF and discuss remedial action AOC Director sends email notification of 72-hour automatic deadline extension Student must submit in QLearn within 72 hours of deadline extension
SECOND Missed Deadline	Meeting with AOC Director to complete PAF and discuss remedial action
THIRD Missed Deadline	Meeting with AOC Director to complete PAF and discuss new deadline and remedial action, with outcomes documented and sent to student "Marginal" grade assigned Referral to P&G committee Letter of notification to student from P&G chair

[10] Excepting the AOC

Actions upon Completion of a Course / Clerkship

The Committee on Promotion and Graduation (the "Committee") is responsible for assessing the overall performance of students in the Medical College on an ongoing basis. In the event of unsatisfactory work (Marginal, Incomplete or Failure), the grade will be reported in writing to the Office of the Registrar upon the completion of a course. At his or her discretion, the Vice Dean for Academic and Curricular Affairs, or his or her designee, will meet with a student who has earned non-passing grades to discuss the reasons for the student's unsatisfactory work. The Registrar shall assemble and present information to the Committee about the students with non-passing grades to assist the Committee in its deliberations. If time permits, a student will have the option of submitting, through the Vice Dean for Academic and Curricular Affairs, or designee, his or her own independent written information to the Committee. Generally, a student will not have an opportunity to appear before the Committee during this stage of the process, unless requested by the Committee.

Faculty Determinations Regarding Unsatisfactory Academic Performance

Remedial work, re-examination or repetition of a course or clerkship are not to be regarded as a right for a student who has an unsatisfactory record in a course or clerkship, but are options which may be offered to individual students, in the judgment of the faculty, based on the student's academic record and consideration of circumstances related to completion of the course or clerkship. The Assistant Deans for Foundational Sciences and Clinical Learning will review each student's performance, and will make decisions, in consultation with the learning unit leader, course director or clerkship director, about an opportunity for remedial work within a course. When there is a pattern of poor performance longitudinally across courses or failure of remediation, the Committee on Promotion and Graduation will make decisions about whether to permit a student to have an opportunity for remedial work, re- examination, repetition of a course, or other appropriate alternatives.

Good Academic Standing

An enrolled student is in good academic standing if they are making satisfactory progress through the medical curriculum. Students are not considered to be in good academic standing if they have an outstanding non-passing course grade ("Marginal," "Fail," or "Incomplete"). Receiving a "Warning", "Reprimand" or being placed on probation/suspension removes a student from good academic standing. Students who are not in good academic standing are ineligible for academic leave, extended research curriculum, international SubInternships/electives, and WCM-Q sponsored extracurricular trips outside Qatar until they return to good academic standing. Students may not graduate with the MD degree if they are not in good academic standing.

P&G Actions

The P&G may impose any of the following actions if a student is not meeting the standards of academic performance, professionalism, or conduct:

Warning – A documented notice that the student is not meeting standards of professionalism or conduct. A warning is NOT noted on the student's permanent record*. The P&G may impose additional sanctions on a student who has received a warning and continues to lapse.

Reprimand - A written reprimand for violation of the standards of professionalism or conduct. A reprimand may be recorded on the student's permanent academic record which may have implications for subsequent certification and licensing requirements. The P&G may impose additional sanctions on a student who has received a reprimand and continues to lapse.

Remediation - A course of action which is required by the P&G to address a student's professional conduct, discipline and/or academic issue.

Academic Monitoring – this status designates deficiencies in a student's academic progress.

A student who has accrued 3 non-passing grades will be placed on academic monitoring. Academic Monitoring status is not noted on the student's permanent academic record. When placed on Academic Monitoring, the student must meet with the Office of Student Affairs to seek appropriate support/resources and must submit a letter to the P&G detailing an actionable plan for change geared at improving their academic performance.

Probation - A student may be placed on Probation for a designated period due to not meeting standards of professionalism or conduct. This formal designation serves as a notice to address deficiencies and is recorded in the student's permanent academic record* which may have implications for subsequent certification and licensing requirements. The P&G sets the probationary period duration to allow time for critical evaluation. Further disciplinary actions, up to and including dismissal, may be imposed by the P&G if the student demonstrates ongoing inability to meet the standards of professionalism or conduct during the probationary period. The P&G determines the conditions for removal of probation and determines whether the conditions have been met.

Suspension - A student may be placed on suspension is prohibited from attending classes and all other activities of the medical program for a designated period due to not meeting standards of professionalism or conduct. This formal designation serves as a notice to address deficiencies and is recorded in the student's permanent academic record. The P&G sets the suspension period duration. The P&G sets the conditions for removal of suspension and determines whether the conditions have been met. Students who reenter the medical program from suspension will be automatically placed on probation.

- Reprimand, probation, suspension, and dismissal need not be successive steps. A student on probation/suspension may be required to extend their course of study or may be dismissed.
- *The WCMQ permanent record is comprised of the Medical Student Performance Evaluation (MSPE) and the official transcript.
- In cases where any of the above actions are rendered following the release of the MSPE, the P&G may decide to addend and re-release the MSPE to programs and/or notify the student's residency program director and provide details regarding the incident(s) that warranted the disciplinary action.

Remedial Course Work

Remedial work, including re-examination, for courses in which a student has not received a passing grade will ordinarily be offered at times which do not conflict with regularly scheduled academic activities. Generally, remedial work, including re-examination, will be available only if the student has successfully completed the majority of course work required for a passing grade in the course. Remedial work and any re-examination needed in first year courses generally will be scheduled during winter or spring break or during the following summer. Re-examination in the foundational sciences courses will be scheduled to occur prior to beginning clerkships. A course failure in a designated foundational science course will have to be remediated prior to the beginning of the clerkships. A clerkship that is failed usually will, if applicable, be repeated as soon as possible.

In the case of a "Marginal" grade, the remedial work may be targeted in scope, as determined at the discretion of the learning unit leader, course director or clerkship director in consultation with the learning unit leader or course/clerkship faculty. A student who successfully completes remediation for a "Marginal" grade is eligible only for a grade of "Pass." However, if the first attempt by a student at remediation of a "Marginal" grade is not satisfactory, the course grade converts to a "Fail" and remediation for a grade of "Fail" must ensue. In the case of an "Incomplete" grade, completion within the period specified by the faculty can result in a grade of "Honors, (if available)" "High Pass" (if available), "Pass," "Marginal" or "Failure." An "Incomplete" grade not successfully addressed within the specified period shall revert to either a "Marginal" or "Fail" grade, and appropriate remediation must be undertaken. In the case of a "Fail" grade, the remediation will be broad in scope and must result in the satisfactory demonstration of competence in all aspects of the course. The nature of the remediation lies solely in the province of the learning unit or course director

in consultation with the learning unit or course faculty. The grade of "Honors" or "High Pass" (where applicable) is not awarded when a student has repeated a course or clerkship.

Criteria for Continuation in the Academic Program

In the Foundational Years (first 1.5 years of the curriculum) faculty use a wide array of formats to assess a student's performance including quizzes, essay exams, laboratory practicals, clinical write-ups, and case analyses. Students must complete satisfactorily all required learning units of the major foundational year courses (Essential Principles of Medicine and Health (A&B), Illness and Disease (parts 1A&B and 2A&B), before advancing to the Clinical Clerkships. Ordinarily, students who fail the first offering of unit will receive a "Marginal" grade for the relevant course and must then undergo a more structured remediation program, as prescribed by the course leadership. Failure of the structured remediation program of one or more units results in the student receiving a "Fail" grade for the course. The failed course(s) ordinarily must be retaken in class in its entirety when that course is offered again or at a time specified by the Assistant Dean for Foundational Sciences. Failure of any one unit when it is retaken results in a second "Fail" grade in that course, and results in automatic dismissal from the Medical College, subject to confirmation by the Committee on Promotion and Graduation.

Students who fail half or more of the units such that their overall course score is considered failing according to the syllabus will receive a "Fail" grade in that course. The student must successfully complete a structured remediation program for each of the failed units. Failure to pass any unit in a course that is retaken results in a second "Fail" grade in that course, and results in automatic dismissal from the Medical College, subject to confirmation by the Committee on Promotion and Graduation.

Students must satisfactorily complete all required clerkships, which use several methods to assess performance. A student who receives a "Marginal" grade in a required clerkship will ordinarily be given an opportunity for remediation, as arranged by the clerkship leadership and the Assistant Dean for Clinical Learning. If the remediation is successful, the "Marginal" grade will convert to a "Pass" grade. If the remediation is unsuccessful, the "Marginal" grade will convert to a "Fail" grade and will require that the student re-take the entire clerkship. A student who receives a "Fail" grade in a required clerkship will not be offered remediation and must re-take the failed clerkship. Any student who must repeat a clerkship and does not initially achieve a passing grade, will receive a second "Fail" grade in that clerkship, without opportunity for remediation, and will automatically be dismissed from the Medical College, subject to confirmation by the Committee on Promotion and Graduation.

A student who accumulates a "Fail" grade in three of the required clerkships will not be given an opportunity for additional remediation for the third failed clerkship and will be automatically dismissed from the Medical College, subject to confirmation by the Committee on Promotion and Graduation.

Students are required to consult the specifics of assessment/remediation processes and policies for their individual foundational years courses, clerkships, and other core curriculum activities (e.g., AOC) on the Learning Management System.

Students are also required to complete a series of elective courses, a sub- internship, and for students who have been enrolled in the curriculum, the advanced biomedical science requirement, Students in the Class of 2020 and beyond are required to complete the Areas of Concentration. Successful completion of 16 weeks of elective courses is necessary for graduation from the Medical College. Students who fail an elective course may repeat that course or, with the approval of the Vice Dean for Academic and Curricular Affairs, substitute

another course(s). A student may not take elective courses concurrently with any other courses to satisfy the 16-week requirement.

Students who accumulate three or more grades of "Marginal" or "Fail" in different courses may be at risk for further "Marginal" or "Fail" grades which could result in unsatisfactory overall academic performance as defined in the section below. The performance of students who receive three or more grades of "Fail" or "Marginal" in different courses over the course of their study, even if those grades have been successfully remediated, shall be reviewed at the next scheduled meeting of the Committee on Promotion and Graduation to determine if further action is indicated, such as a formal review of the student's suitability for the practice of medicine for continued study in the Medical College. The Committee on Promotion and Graduation reserves the right to specify the nature of the intervention(s) recommended based on its evaluation of the student's performance.

Students may repeat no more than the equivalent of two academic years and students must complete the academic work of the first three years in five academic years. Students must complete the entire Medical College curriculum in six academic years (4-in-6 rule). Students who are in good academic standing and who are seeking to engage in a unique or exceptionally enriching experience that may prolong the length of time it will take to complete the M.D. degree may petition the Vice Dean for Academic and Curricular Affairs for an exemption from the 4-in-6 rule. In these rare cases, the petition must be submitted in writing no later than three months prior to the planned experience. The Vice Dean for Academic and Curricular Affairs will review the petition. If the petition is granted, the rules of notification pertaining to leaves of absence will remain in effect.

Students in good academic standing who wish to postpone graduation, either to take a personal leave of absence or to undertake additional electives or academic courses related to their studies, must obtain permission from the Vice Dean for Academic and Curricular Affairs. An application form and guidelines are available from the Office of the Registrar.

Unsatisfactory Academic Progress and Dismissal

In addition to the academic performance standards that lead to dismissal from the Medical College described in the previous section, unsatisfactory overall academic performance will also be grounds for dismissal from the Medical College.

Unsatisfactory overall performance is defined as a combination of multiple "Fail", "Marginal", "Incomplete" or "Withdrawal" grades in a significant number of courses, clerkships, electives or the sub-internship (even if non-passing grades are remedied). Generally, a total of six non-passing grades will result in dismissal. Similarly, failure to complete the curriculum within six years will be deemed unsatisfactory performance, resulting in dismissal, subject to confirmation by the Committee on Promotion and Graduation.

The faculty of the Medical College takes the position that an overall failing performance as described above documents a quality of work unsatisfactory for admission to the medical profession.

Administrative Hold

When a student is being considered for dismissal from the Medical College, the Vice Dean for Academic and Curricular Affairs may place that student on an Administrative Hold from all activities involving patient care while the dismissal decision is being adjudicated by the Promotions and Graduation Committee.

Leave from Academic Program

Involuntary Student Leave for Unsatisfactory Academic Performance

Consequences of unsatisfactory academic performance can include, but need not necessarily be limited to, dismissal from the M.D. program, involuntary leave of absence, and/or other remedial work, at the discretion of the Vice Dean for Academic and Curricular Affairs and/or the Committee on Promotion and Graduation.

A student may be required by the Vice Dean for Academic and Curricular Affairs to take a leave of absence for up to one year, due to unsatisfactory academic performance, depending upon the needs of the student and the demands of the curriculum, or recommend dismissal of a student, subject to confirmation by the Committee on Promotion and Graduation. The Vice Dean for Academic and Curricular Affairs may renew an involuntary leave of absence for a total leave of absence not longer than two years. The Vice Dean for Academic and Curricular Affairs shall specify the terms for re-entry to the Medical College.

If the Vice Dean for Academic and Curricular Affairs recommends dismissal, a student objects to a required leave of absence or the Vice Dean for Academic and Curricular Affairs decides against re- entry after a required leave, the student can appeal to the Committee on Promotion and Graduation through the process outlined in these Standards.

Involuntary Student Leave of Absence for Reasons of Community Safety

When there is an actual, or the threat of, community disruption of the Medical College or learning environment, including for example risk of harm to patients, the Medical College may place a student on an involuntary leave of absence. The Medical College is committed to protecting the learning environment. Separation of a student from the Medical College and its facilities may be necessary, if there is sufficient evidence that the student is engaging in, or is likely to engage in, conduct and behavior that disrupts the learning environment of others.

Placing a Student on Involuntary Leave of Absence due to Reasons of Community Safety

The Vice Dean for Academic and Curricular Affairs may be alerted to a student's disruptive or unsafe behavior from a variety of sources on campus. The Vice Dean for Academic and Curricular Affairs can identify a designee to act on his/her behalf under this policy. If the Vice Dean for Academic and Curricular Affairs deems it appropriate, these procedures will be initiated:

1. The Vice Dean for Academic and Curricular Affairs will notify the student that an involuntary leave is under consideration and the reason(s) why an involuntary leave is under consideration. The student will have the opportunity to respond.
2. The Vice Dean for Academic and Curricular Affairs will discuss with the student the implications of and procedures relating to an involuntary leave of absence.
3. The Vice Dean for Academic and Curricular Affairs will gather information necessary to make an individualized assessment of the student's ability to safely participate in the Medical College program and to meet the Medical College's requirements for professionalism and adherence to technical standards. The Vice Dean for Academic and Curricular Affairs may confer as feasible and when appropriate in a particular matter with other administrative units regarding the need for a leave of absence.
4. During these consultations, these individuals will pay particular attention to the criteria for invoking an involuntary

leave, specifically whether the student's behavior is disruptive of the Medical College's learning environment and whether the behavior poses a direct threat to the safety of others. Consideration will also be given to accommodations that may reasonably be provided that will mitigate the need for the involuntary leave.

5. The Vice Dean for Academic and Curricular Affairs may require a mental or physical evaluation if he or she believes it will facilitate a more informed decision.
6. Following these consultations, the Vice Dean for Academic and Curricular Affairs will make a decision regarding the involuntary leave of absence and must provide written notice of this decision to the student.
7. Within five days of receiving the decision of the Vice Dean for Academic and Curricular Affairs, the student may submit an appeal of the decision in writing to the Associate Dean for Student Affairs. After reviewing the matter fully, the Associate Dean for Student Affairs will issue a written decision, which shall be final.
8. When safety is an immediate concern, the Vice Dean for Academic and Curricular Affairs or designee may remove a student from the Medical College pending final decision on involuntary leave. If this action is deemed necessary, the student will be given notice of removal. An opportunity to be heard by the Vice Dean for Academic and Curricular Affairs and appeal the decision will be provided at a later time.

If Involuntary Leave is Imposed

The Vice Dean for Academic and Curricular Affairs will inform the student, along with the notice of the decision, as to the steps that must be taken when the student wishes to re-enroll (see "Request for Re-enrollment").

If Involuntary Leave is Not Imposed

The Vice Dean for Academic and Curricular Affairs may impose other conditions and/or requirements under which the student is allowed to remain at the Medical College.

Implications of an Involuntary Student Leave of Absence for Reasons of Personal or Community Safety

Leave in effect - Until the student complies with the pre-requisites to enrollment mandated by the Vice Dean for Academic and Curricular Affairs. An individualized assessment will be made for the student to determine if the pre- requisites have been satisfied.

Duration of leave - To be determined by the Vice Dean for Academic and Curricular Affairs based on the facts and circumstances leading to the imposition of the involuntary leave. Student must leave campus within the time frame set forth by the Vice Dean for Academic and Curricular Affairs. Student may visit campus only as authorized in writing by the Vice Dean for Academic and Curricular Affairs, for the duration of the leave.

Notification - The Vice Dean for Academic and Curricular Affairs reserves the right to notify a parent, guardian, or other person, if notification is deemed appropriate. In addition, the parent, guardian, or other person may be asked to make arrangements for the safe removal of the student from the university environment.

Transcript Notation would read "Leave of Absence."

Financial Obligations - A student taking a leave of absence will continue to have certain financial obligations.

Request for Re-enrollment

A formal request for re-enrollment must be submitted to the Dean of the Medical College, with a copy sent to the Vice Dean for Academic and Curricular Affairs. The student's re-enrollment request will be reviewed by the Vice Dean for Academic and Curricular Affairs, who, in consultation with the Dean of the Medical College, must approve the re-enrollment.

The Vice Dean for Academic and Curricular Affairs may consult with other units or individuals as appropriate regarding the re-enrollment decision and may impose such conditions as they may recommend to help ensure the student's successful return to Medical college.

Appeals Process and Related Procedures

When a student's academic performance and progress is under review, the Medical College is committed to providing a fair process of review and, when requested, appeal. Determinations are based on the record as a whole before the decision- making entity and the standard of proof that underlies a decision is a preponderance of the credible information or evidence. A student may appeal a decision by the P&G Committee and decisions by the Vice Dean for Academic and Curricular Affairs that have serious adverse action such as a required leave of absence, repetition of a course or year, or dismissal. A decision regarding a student's dismissal, required leave of absence or repetition of a course or year is final unless overturned after an appeal.

The student must make the appeal in writing within fourteen (14) calendar days from written notification to the student, of the decision that the student is appealing, and deliver it by hand or email to the office of the Vice Dean for Academic and Curricular Affairs. If the appeal is submitted by Qatar mail, U.S. mail, or a delivery company (such as Federal Express), it must be postmarked by the date it is due to be submitted by hand to the Office of the Vice Dean for Academic and Curricular Affairs.

The appeal is heard by the Appeals Committee within thirty (30) days of receipt of the appeal statement. The Appeals Committee will provide the student with at least seven (7) calendar days' advance written notice of the date, time, and place of the meeting of the Appeals Committee which will consider the appeal. Prior to the meeting, the student may submit a written response and evidence to the Appeals Committee. The student may attend the Appeals Committee meeting and may be accompanied by an advisor or counsel. Any such advisor or counsel shall be an observer of the proceeding but may not expect to be able to participate in or speak at the Appeals Committee meeting. The student or the Appeals Committee may invite other persons to appear and provide information. The student will have access, upon request in writing, to the written minutes of the meeting with the Appeals Committee that pertain to the student appeal.

The Appeals Committee will decide if the prior decision is to be upheld or overturned and will report their decision within fourteen (14) days of the last Appeals Committee meeting to the Dean of the Medical College who will make a final determination in the matter. Prompt written notice

of the final decision will be sent to the student.

Reserved Rights/Changes to Policy

The Medical College reserves the right to determine whether existing policies and procedures address a particular situation. It is recognized that the Executive Committee reserves the authority to intervene in the application of these standards and procedures, although it is not anticipated that the Executive Committee will exercise this inherent authority unless the Executive Committee determines that existing policies and procedures do not address the situation; or circumstances are of such magnitude as to require the action of the Executive Committee.

Attendance Standards Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

Students at the Medical College are physicians-in-training who are expected to carry out all academic responsibilities in a professional manner. Professional demeanor is an essential and required component of becoming an effective physician. Students must handle absences from required Medical College activities in a manner that reflects a standard of professional responsibility for practicing physicians. At the same time the faculty of the Medical College recognize that students learn in different ways that include in-class and clinical experiences, independent study, digital media, scientific investigation and presentations, to name a few - many of which may compete for a student's time. A central concept to the attendance policy is that students provide the faculty with a timely and valid request and/or notification for absences from any required curricular activities. The faculty considers a student's honesty in presenting a reason for an absence to be the core principle that underlies all professional communication regarding the absence policy. Likewise, the student can expect that the faculty will apply the attendance policy in a way that is both fair and consistent, but which also considers a student's individual situation. When a student does not attend a required session, and has not provided in advance an appropriate request for permission or explanation of the absence, as described below, the student is in violation of the standards of conduct required for students at the Medical College. This policy on student absences sets out the criteria and process for handling absences from academic duties; it also applies to students taking courses at the Medical College who are from other medical schools.

The integrated curriculum of the Medical College in the foundational years (first year and half) is designed to promote an engaging, collegial interchange of ideas among students and faculty in all sessions including large group formats such as lectures. Students are expected to attend all sessions and to participate. In some formats that involve collaborative work, attendance and participation will be assessed and both comprise an important element in the satisfactory demonstration of competence. The faculty have identified small groups that meet one or more of the following rationales as those learning formats in which attendance and participation will be assessed: 1) sessions that involve collaborative teamwork (e.g., anatomy dissection, case-based formats such as PBL or its equivalent, etc.) 2) sessions that involve interactive discussion (e.g., seminars that depend on student analysis, presentations, or discussion such as PBL, journal club, problem-solving, clinical case or ethics case analysis, etc.) or 3) demonstration of a skill (e.g., microbiology or physiology lab activities, interviewing, patient examination, OSCEs, simulations, first responder training etc.). Because respect for patients' time and participation in the learning process are paramount, attendance will be assessed at all sessions, in large groups or small group formats that involve patients. In addition, students shall attend, on time, all sessions that specifically involve written or oral examinations. A student who arrives late will not ordinarily be allowed additional time on an examination. The faculty leadership of each foundational course (i.e., Essential Principles of Medicine A and B; Health, Illness, and Disease I(A and B), and Health, Illness, and Disease II(A and B)) will inform students in advance of which sessions meet the above rationale and involve the assessment of student attendance and participation.

The clinical phase of the curriculum mandates the full-time commitment of the student in all patient-care and didactic activities. The student's presence on the clinical floors of the hospital, clinics and physician offices is critical to the learning

experience because it provides opportunities to observe and to participate in medical management decisions.
Students are required to attend lectures, rounds, case presentations, conferences, clinics, on-call periods, and other experiences as designated by the course director.

The AOC Scholarly Project block time requires that students engage full-time in work related to their scholarly project at an officially approved primary site. During the total duration of this AOC Scholarly Project block time, the student's schedule will be largely shaped by the needs of their research project, including the requirement that they attend all activities (e.g., lab or research meetings) directed by their research mentor. In addition, students are required to attend all required AOC-related sessions and activities throughout the years of their medical curriculum as specified by the AOC Course/Program leadership.

Similarly, during the Translational Science, Advanced Clinical Ethics, and Transition to Residency Courses, attendance will be assessed in small groups that involve collaborative teamwork, interactive discussion or demonstration of a skill, and in large group or small group formats that involve patients, and in any session as specified by the course director.

Operational Issues

Students have the right to speak with the Vice Dean for Academic and Curricular Affairs or delegate at any time about questions they may have about the attendance policy itself or the concerns about the fairness in the application of the attendance policy.

Responsibilities of Students Regarding the Attendance Policy

Students are expected to have read the attendance policy, to abide by it, inquire in advance of the course leaders if they are uncertain how it might apply in their situation, handle all inquiries and evaluations by the faculty in a timely and honest manner, and follow through with counseling and/or satisfactory completion of missed course work. Attendance is expected unless excused.

Responsibilities of the Faculty Regarding the Attendance Policy

Faculty course and clerkship leaders are expected to implement the attendance policy as described above in way that is fair, transparent, consistent and measured in consequences for any violations. Faculty are expected, a priori, to indicate to students enrolled in their units how the policy will be implemented in their units. This should be done by a clear statement in the course, clerkship or AOC website and supplemented, if necessary, through class orientations, email clarifications, or other means.

Faculty leaders responsible for implementing the policy are expected to respond to student inquiries about the policy in a timely manner, consult with education deans as needed for advice, and evaluate student absences fairly and without preconceived assumptions or judgments.

Types of Absences

Excused absences: Emergent

Generally, the Medical College recognizes that emergent absences due to illness, personal emergency, or family emergency are not under the control of students and that it may be impossible for students to consult with course leaders prior to being absent for these reasons ("unplanned absences"). Nevertheless, it is incumbent upon the student to notify the designated faculty or course leader or the Associate Dean for Student Affairs as soon as these events occur or are known and no later than 24 hours after the missed session so

that the Medical College may be assured of the student's well-being and may make plans with the student regarding the resumption of regular activities.

Students with emergent absences must notify course directors as soon as the event is known. The "no later than 24 hours" clause does not mean that a student routinely has up to 24 hours after an emergent missed activity to notify the course director; rather it allows a feasible time frame for those students who are in a serious emergency that precludes immediate notification.

In addition, students with a recurrent pattern of excused absences, whether for illness or personal emergencies, will be referred to the Associate Dean for Student Affairs by the Clerkship Director for evaluation and/or counseling

Emergent events are not to be confused with other absences that can be anticipated and planned for in advance.

These include:

1. Major family events or celebrations such as weddings involving immediate family, graduations, other family events of significance
2. Professional events and academic activities- presenting at a professional meeting, remediation of an academic encumbrance, NBME exam, residency interviews
3. Scheduled medical appointments
4. Religious holidays

In the clinical curriculum, there should be a request for permission a minimum of 30 days in advance of the beginning of the clerkship or sub-internship or as soon as the event is known. Students may also request to be excused for scheduled medical appointments and to observe religious holidays. Since religious holiday dates are well known in advance, students should request an excused absence for religious observances at least 30 days in advance of the beginning of the clerkship or sub-internship. In the case of scheduled medical appointments, students should request an excused absence as soon as the date of the event is known.

During the AOC Scholarly Project block time, students are expected to work full-time during weekdays on their scholarly projects at the primary site. Students must notify and/or request permission of the AOC Course/Program director for all emergent ("unplanned") and planned absences from work on their scholarly projects. Notification/request of the faculty mentor alone is NOT sufficient. In the rare case that a student needs to work on his or her project away from the primary site, he or she must obtain permission from the AOC Course/Program Director in advance.

Unexcused Absences

Absences without proper notification, including planned absences without prior request for permission or unplanned (emergent) absences without proper notification within 24 hours of the missed required session are considered "unexcused absences." In the clinical curriculum, requests for permission for planned absences must be made a minimum of 30 days in advance of the beginning clerkship or sub-internship or as soon as the event is known. Unexcused absences will result in sanctions that may include, but are not limited to, receiving a zero grade for the activity missed, receiving an official citation for unprofessionalism, receiving a "Marginal" grade in the learning unit or course or in serious cases, such as those affecting or interfering with patient care, receiving a "Fail" grade. Some voluntary absences are not considered reasonable by the Medical College. Actions such as purchasing tickets for travel to leave early or return later, or solely to obtain discounted fares or engaging in other elective activities on course instruction days are not acceptable practice. Students who engage in such conduct must assume full responsibility for whatever

ramifications in their performance assessment result from their actions, as described above, since these actions result in unexcused absences. Course leaders are not required to administer make-up examinations, equivalent or extra sessions to accommodate these voluntary unexcused absences.

Duration

Generally, the time frame for an absence is expected to be no more than two consecutive days (including a Thursday-Sunday sequence). Emergent absences expected to last more than two days require that the student notify the Associate Dean for Student Affairs. Planned absences of more than two days require that the student first obtain the permission of the Vice Dean for Academic and Curricular Affairs or delegate before requesting permission of the designated faculty or course leader. When a student is uncertain about whether an absence will be considered potentially excusable, he or she should consult one of the Associate Dean (Student Affairs) or Vice Dean for Academic and Curricular Affairs or their delegates for advice.

Request and Notification

Permission to be excused from a scheduled activity is to be sought by the student in writing (e-mail is acceptable). Students must ask for permission individually for themselves; they may not request permission for absences on behalf of other students. Emergent absences require written notification and planned absences require both permission and written notification in order to be considered excused. To ensure that the attendance policy is implemented fairly and consistently, students must notify and request permission of the course director or his/her designee (small group leader, preceptor, curriculum office staff, etc. are not sufficient). In the clinical curriculum, this means that students must notify and request permission of the Clerkship Director (e.g., Site Director, Clerkship Coordinator are not sufficient) or Sub- Internship Director. Students may not negotiate an absence with the teaching faculty (e.g., a small group facilitator, office preceptor, ward attending, etc.), nor are the teaching faculty permitted by the policy to negotiate or arrange such absences (see "Faculty Observation and Reporting of Absences" below).

Students who will be absent emergently (or are absent for reasons beyond the student's control), i.e., "unplanned absences," are expected to notify the course director or his/her designee before missing the required activity and no later than 24 hours of the missed session. In the case of planned or voluntary absences, students are expected to request permission of the designated faculty or course director at least 30 days in advance of start of course or as soon as the date of the event is known in order to have the absence up for consideration as an excused absence. In the notification or permission discussion with the student, the course director will determine how the appropriate faculty or administrators are to be notified and the role of the student in this process.

In any discussion of a requested absence, the student must include an explicit discussion of:

1. The reason for the absence;
2. The student's plan to acquire the information missed;
3. The arrangement by the student for coverage of all clinical or course responsibilities;
4. The student's arrangements to identify and notify all teaching and clinical faculty, house staff, and students affected by the absence (typically those involved in a team effort or presentation); and
5. The duration of the absence.

If the course director or their designees to be notified are not available in a timely fashion, are on vacation, or are away from the Medical College for

other professional duties, the student should notify the Office of Curriculum Support in writing (e-mail).

Once a student has received an excused absence from the designated course directors, he or she should inform all teaching and clinical faculty, house staff, and students affected by the absence (typically students involved in a joint presentation). In the case of unplanned, emergent absences, notification of all affected faculty and students may not be possible in advance.

Categories of Absences

Illness/Medical issues: Emergent and Non-Emergent

In the case of an individual's emergent illness, the student must notify the designated faculty or course director as soon as the student feels the illness will interfere with attendance ideally before the required activity and no later than 24 hours after the missed session. The student must discuss the points included under Request and Notification. If the student is unable to reach the course director or designated faculty member, the student must notify the Associate Dean for Student Affairs. If the student is too ill to attend scheduled educational activities, the faculty member may recommend that the student consult with the Associate Dean for Student Affairs, or be seen by an appropriate healthcare practitioner. Students should see an appropriate healthcare practitioner for evaluation after 2 consecutive days of illness. This is to ensure proper diagnosis and treatment and to avoid cases of under-treatment for serious illness. Making up the missed work to the satisfaction of the learning unit or course leadership is mandatory.

Students should make every effort to schedule non-emergent medical appointments for times that do not conflict with class sessions or required clinical activities. The Medical College recognizes that this may not always be possible. For scheduled non-emergent medical appointments, students must notify the course director or his/her designee as soon as the student is aware of the appointment date in order for this to qualify as an excused absence. Course directors and faculty are not permitted to penalize students who miss class or required clinical activities as a result of attending to medical appointments.

Personal/family emergency

In the case of personal or family emergency, the student must notify the designated faculty or course director(s) as soon as the student is aware of the emergency and no later than 24 hours after the missed session. The student must discuss the anticipated length of the absence as fully as possible with the designated faculty or course director, and must arrange for a way to be in communication with the Medical College to monitor the course of events. As noted above, if the absence exceeds or is expected to exceed two days the student must notify the Associate Dean for Student Affairs. In cases where the time frame is not clear, the student must discuss a plan to provide periodic updates on the situation. Making up the missed work to the satisfaction of the designated faculty or course leadership is mandatory.

Major family events

Absences from class to attend major family events (which are scheduled by others without consideration of the student's schedule) require permission of the designated faculty or course leader(s). In the clinical curriculum, there should be a request for permission a minimum of 30 days in advance of the beginning of the clerkship or as soon as the event is known. If the activity extends for more than two days, the student must consult with the Vice Dean for Academic and Curricular Affairs or delegate. Making up the missed work to the satisfaction of

the course leadership is mandatory and the course director's decision is final.

Professional off-campus events

Academic activities (professional meetings, paper/research presentations) that interfere with course instruction days must be discussed with the designated faculty or course leader(s). In the clinical curriculum, there should be a request for permission a minimum of 30 days in advance of the beginning of the clerkship or as soon as the event is known. The discussion, which is a request for permission to attend the academic activity, must include a statement of the student's exact role in the academic activity, the mechanism for making up missed course content, the student's plan for covering all responsibilities, and notifications as discussed above. With timely notification and permission, a student will ordinarily be excused if he or she is presenting a poster or oral session. Students generally are not excused to allow simply attending the conference. In the case of professional conferences, the student should describe how the conference would provide added value above that of the required curriculum to the student's learning and/or career plans. In the foundational science curriculum, discussion with the designated faculty or course leader(s), the student must also obtain permission from any learning unit leaders or small group leaders that will be impacted by the absence. The course leadership may take into account the student's academic standing in the course in the decision to grant permission for these types of absences. If the activity extends for more than two days, the student must consult with the Vice Dean for Academic and Curricular Affairs or delegate. Making up the missed work to the satisfaction of the course leadership is mandatory and the course leadership decision is final.

Other off-campus events

The Medical College recognizes that students may wish to participate in many off-campus events such as charity fundraisers, political campaigns, athletic competitions, etc. The faculty understands that these activities may be rewarding and valuable, but considers that a student's first priority is his or her immediate scholarly preparation to become a competent physician. Accordingly, whether or not attendance at events such as these on instructional days in which attendance and participation is assessed (e.g. specified small groups, clinical work, exams etc.) will be considered excused or unexcused absences will be at the discretion of the Course Leadership and will depend on the nature of the event, the level of the student's participation and the attendance or assessment activity that would be missed. Making up the missed work to the satisfaction of the course leadership is mandatory.

Residency interviews

It is not recommended that students schedule required course work during the time that they will be interviewing for residency programs. There should be a request for permission as soon as the interview event is known, and any absences attributed to interviews for residency programs must be discussed with and approved by the course/clerkship director prior to their occurrence.

Sub-internships

Because of the high level of responsibility on sub-internships, sub-interns are expected to work each day for the entire rotation. They are not excused on Medical College holidays. If the student must miss clinical responsibilities for any reason, the request for permission or notification should be made as soon as the event is known and the student must help in making coverage arrangements. The sub-internship director has full discretion to determine if the work performed by the student satisfies the course requirements.

Religious Holidays

The Medical College recognizes that the members of its community, including students, observe a variety of religious faiths and practices. Few of the various religious days of observance are part of the Medical College's holiday calendar. However, the Medical College recognizes and respects the religious beliefs and practices of its students and will accommodate them reasonably within the requirements of the academic schedule. As a result, the Medical College will not penalize a student who must be absent from a class, examination, study, or work requirement for religious observance. Students who anticipate being absent because of religious observance must, as early as possible and in advance of an anticipated absence of a day, days or portion of a day, request permission for the absence from the designated faculty or course leader(s).

Whenever feasible, faculty will attempt to avoid scheduling examinations and assignment deadlines on religious holidays. A student absent from a class because of religious observance shall not be penalized for any class, examination, or assignment deadline missed on that day or days.

In the event an examination or assignment deadline is scheduled on a day of religious observance, a student unable to attend class shall be permitted the opportunity to make up an examination or to extend any assignment deadline missed. No fees of any kind shall be charged by the Medical College for making available an opportunity to make up an examination or assignment.

No adverse or prejudicial effect shall result to any student who takes advantage of the provisions of this policy. If a student believes that he or she is not being granted the full benefits of the policy, and has not been successful resolving the matter with the course director, the student may confer with the Vice Dean for Academic and Curricular Affairs or delegate. In the event a student continues to believe that he or she is not receiving the benefits of this policy, the student may file an appeal under the appeal provision of the policy on Promotion and Graduation.

Time Conflicts between Classroom and Clinical Activities

In the foundational years (first 1.5 years of the curriculum) classroom sessions and clinical activities are usually not scheduled simultaneously.

In the clinical years (clerkships and sub-internships) when students are part of a patient care team, as a general rule, the care of one's patient takes precedence over attendance at in-class didactic sessions or conferences. However, because these conflicts can never be totally free of ambiguity, students are advised to follow the directives of the clerkship directors and their faculty supervisors.

Faculty Observation and Reporting of Student Absences

To ensure that the attendance policy is fairly and consistently implemented, the teaching faculty in learning units and clerkships are not allowed to excuse students from class or clinical sessions. All requests for an absence should be referred to the course directors or their designee for evaluation. Faculty members who note that a student is absent from a session in which attendance is being assessed and is not known to have the permission of the course director should notify either the course director directly or the curriculum office in the foundational years, the clerkship director in the clinical years, the AOC Course/Program director, or the course director of the required courses in the AOC Scholarly Project block time (i.e., Advanced

Clinical Ethics and Translational Science). Faculty mentors of students in the AOC Scholarly Project should notify the AOC Course/Program director of any mentees who are absent from required activities specified by the research mentor (e.g., lab meetings, team research presentations, etc.). These course directors, in turn, should notify the Office of Curriculum Support of any unexcused absences of more than one day's duration. In order to track absences longitudinally and for potential P&G purposes, both excused and unexcused absences should be reported by the course and clerkship directors to the Office of Curriculum Support (OCS@qatar-med.cornell.edu).

Making up Absences and Reporting

The work or activities that are missed from academic programs, regardless of the reason for the absence, must be made up. In the foundational science curriculum, the student is required to make up all course assignments, and may be required to make up additional activities at the discretion of the unit and/or course director. If there is an issue with resolving an absence or with the process for making up missed course work that is not resolved with the learning unit or course leadership, the student may confer with the Vice Dean for Academic and Curricular Affairs or delegate.

In the clinical curriculum, for emergent absences and excused absences related to professional events or academic activities, students will be responsible only for making up required coursework. For any excused absence related to major family events, any unexcused absence, and when total time for excused absences exceeds 10% of the total time of the clerkship, both required coursework and clinical time must be made up. The clinical activities that constitute the make-up time are at the discretion of the clerkship directors and should be scheduled during the timeframe of the clerkship.

Consequences of Unexcused Absences

In the foundational years, and in phase 3 courses[12] (with the exception of the Areas of Concentration Course/Program), students who incur an unexcused absence will receive an email warning from the Course Director advising them of their violation of the attendance standards. A second unexcused absence in a foundational sciences, or phase 3, course will result in a meeting with the Course Director where a Professionalism Assessment Form (PAF), including a remedial action, is completed, followed by a written or email warning from the Assistant Dean[13]. The student's grade will be reduced, according to the syllabus, in the unit where the second unexcused

[12] Advanced Clinical Ethics, Translational Science, Health Care and Public Health, Transition to Residency

[13] The Assistant Dean for Clinical Learning is responsible for Phase 3 courses (with the exception of the Areas of Concentration)

absence occurred. A third unexcused absence in a foundational sciences or phase 3 course will result in the student receiving a grade of "Marginal" for that course. In addition to the Course Director completing a PAF, the student will be required to meet with the appropriate Assistant Dean for further evaluation of the reasons for persistent absences. The student will also be referred to the P&G Committee for review of his or her professionalism. For **all** unexcused absences, content must be made up to the satisfaction of the Course Director.

In the clinical years, where patient care responsibilities are the primary focus of the student, any unexcused absence will result in immediate evaluation and investigation by the clerkship director. If the first unexcused absence occurs in a non-patient setting, for example, didactic seminar or tutor group session, the student will receive an email warning from the Clerkship Director. If the first unexcused absence occurs in a patient-care setting, the student will be required to meet with the Clerkship Director where a Professionalism Assessment Form (PAF), including a remedial action, is completed. Each unexcused absence will be reported to the Assistant Dean for Clinical Learning who will track these across clerkships. In keeping with the policy for the foundational science curriculum, two unexcused absences across clerkships (i.e. during the clerkship years) will result in a PAF being completed by the Clerkship Director, followed by a written or email warning from the Assistant Dean for Clinical Learning. A third unexcused absence in a clinical curriculum course will result in the student receiving a grade of "Marginal" in the course where the third unexcused absence occurred. In addition to the Course Director completing a PAF, the student will be required to meet with the Assistant Dean for Clinical Learning for further evaluation of the reasons for persistent absences. The student will also be referred to the P&G Committee for review of his or her professionalism.
Depending on the scope and circumstances of unexcused absences and clinical activities missed, a student may also receive a "Marginal" or "Fail" in either a clerkship or sub-internship. This is at the discretion of the Assistant Dean for Clinical Learning in consultation with the Clerkship Director. For **all** unexcused absences, content must be made up to the satisfaction of the Clerkship Director.

The course directors of electives that students take as part of the required course for the completion of the MD degree program, after appropriate determination that an absence is unexcused, should report such absences to the Assistant Dean for Clinical Learning for further evaluation and/or measures.

Students who incur an unexcused absence from required sessions/activities in the Areas of Concentration (AOC) Course/Program will receive an email warning from the AOC Director or AOC Course/Program Coordinator advising them of their violation of the attendance standards. A second unexcused absence in the AOC Course/Program will result in a warning email from the AOC Director followed by a meeting where a PAF, including a remedial action, is completed. A third unexcused absence in the AOC Course/Program may result in the student receiving a grade of "Marginal" for that course. The AOC Director will complete a PAF and the student will be required to meet with the AOC Director for further evaluation of the reasons for persistent absences. The outcomes of this meeting will be documented and sent to the student. The student will also be referred to the P&G Committee for review of his or her professionalism. For **all** unexcused absences, content must be made up to the satisfaction of the AOC Director.

Remediation may include reflective writing, increased monitoring of the student, meetings and/or counseling by one or more of the Vice Dean for Academic and Curricular Affairs, the Associate Dean for Student Affairs, the Assistant Dean for Medical Student

Affairs, the Assistant Dean for Foundational Sciences, the Assistant Dean for Clinical Learning, the AOC Director and the Student Academic Counsellors, or any other action that the Course, Clerkship or AOC Director deems appropriate. All missed assignments and clinical activities will be made up, and may include the possibility of repeating a clerkship or sub-internship in part or in its entirety and this plan will be at the discretion of the Assistant Dean for Clinical Learning in consultation with other relevant deans and the Clerkship Director.

Students who take electives or pursue degree programs at institutions other than WCM-Q are expected to comply fully with the absence policy as set forth by that institution and to incur consequences of its violation as determined by that institution. Evaluations/grades received from the institution will become part of the student's official academic record at WCM-Q.

These consequences are also set out in the policy on Assessment and Remediation of Professionalism.

These consequences are also set out in the policy on Assessment and Remediation of Professionalism.

Student Visa/Residency Guidelines

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum who are not Qatari nationals

To study in the medical curriculum at Weill Cornell Medicine-Qatar, students must meet residency requirements of the State of Qatar.

This includes that the student:

1. Meets and maintains all eligibility requirements to possess a visa, as set by the Government of Qatar,
2. Possesses a valid residency visa/permit, and
3. Is compliant with other Qatari governmental regulations and policies.

Failure to do so will result in automatic withdrawal from the Medical College.

Registration Continuity Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

The registration status of every student enrolled in the medical curriculum will be monitored by the Office of the Registrar. Any student who is not registered in a course[15] or clerkship[16] for a period of more than six weeks, excluding scheduled breaks, will be placed on an involuntary leave of absence, except in exceptional circumstances, conditional on the approval of the relevant associate dean, or his or her designee.

Definitions

Enrolment
The process of being enrolled as a student at Weill Cornell Medicine-Qatar (WCM-Q) in the Doctor of Medicine degree conferred by Cornell University

Registration
The process of registering for a specific course or clerkship

SubI
Subinternship

[15] Including a Extended Curriculum for Research

[16] Excluding the Areas of Concentration Course/Program, periods of extended remediation and approved leaves of absence for academic, medical or personal reasons.

Administration

Foundational Sciences Curriculum

Students enrolled in the Foundational Sciences Curriculum are pre-registered in the requisite courses at the beginning of the academic year. Students must remain registered in these courses for the academic year unless approval is given for a Leave of Absence.

Clinical Curriculum

Students enrolled in the Clinical Curriculum and undertaking the clerkship year should be registered in the following clerkships:

- Ambulatory Care
- Anesthesia and Critical Care
- Medicine
- Neurology
- Obstetrics and Gynecology
- Pediatrics
- Ambulatory Care
- Psychiatry
- Surgery

Clerkship deferrals may only be made for compelling personal/medical reasons upon recommendation of the Associate Dean for Student Affairs, or his or her designee, or for compelling academic reasons upon the recommendation/approval of the Vice Dean for Academic and Curricular Affairs, or his or her designee.

As outlined in the Add/Drop Policy for All Clerkships, Sub-Internships and Electives, the Medicine and Surgery clerkships are pre-requisites to many advanced course (SubI and Electives) and need to be completed during the regularly scheduled clerkship phase and not deferred beyond this period. Deferral of the Medicine and Surgery clerkships beyond this phase may only be made upon the approval of the Vice Dean for Academic and Curricular Affairs, or his or her designee.

During the fourth year, students must maintain their enrolment status at WCM-Q by being registered in a clerkship, SubI, offered elective or an independent elective (including an Extended Curriculum for Research). A student in the fourth year who is not registered in a course for a period of more than six weeks will be placed on an involuntary leave of absence.

Withdrawal

In exceptional circumstances, students may be permitted to withdraw from a course or clerkship, or from the program as a whole. Applications to withdraw will be considered on a case-by-case basis by the Vice Dean for Academic and Curricular Affairs or his or her designee.

Leaves of Absence Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

A leave of absence is defined as "a temporary period of non-enrollment," and may take three forms: academic, personal, and medical. Students may apply for a leave of absence as detailed below. The leave of absence does not relieve the student of obligation to comply with the policies and procedures of the Medical College, including but not limited to, those standards governing course remediation and repetition, completion of academic work and time frames for completion of the Medical College curriculum. All leaves of absence will be entered on the transcript as "Leave of Absence" with no distinction among the different types of leave.

Purpose

Taking a leave of absence may have implications for scholarship or student loan deferment/repayment status, housing, health coverage, or financial aid eligibility. Prior to applying for a leave of absence, students must investigate these implications as they may pertain to their personal situations. The Associate Dean for Student Affairs has discretion regarding a leave status and the continuation of Medical College benefits or services, such as housing, medical coverage, and utilization of Medical College facilities. The Vice Dean for Academic and Curricular Affairs is responsible for reviewing and approving the requests for academic leaves of absence. The Associate Dean for Student Affairs is responsible for reviewing and approving the requests for medical and personal leaves of absence. All students who are approved for any type of leave of absence will be charged a fee in order to continue their student status with the Medical College. Students on leave may also be charged other fees to continue to receive Medical College benefits or services. Some types or duration of leave may require the consent of the WCM-Q Dean.

Administration

Duration of Leave

Leaves generally are granted for a defined period. Students who wish to change the leave dates or request an extension of their leave of absence must seek approval from the relevant Associate Dean. Students who do not return to full-time status at the end of an approved leave, and who have not applied for and been approved for continuation of their leave of absence status, will be considered to have withdrawn from the Medical College. Under certain circumstances, a student who wishes to return from a leave may have to satisfy conditions for reentry that were established prior to taking the leave.

Types of Leave

Academic Leave of Absence

Students who have been granted admission to pursue a different course of study or degree at another institution may request an academic leave of absence for the period they are matriculated at the institution for the course of study (for example, one academic year). A student with a "Marginal," "Fail," or "Incomplete" course grade is not considered to be a student in good academic standing, and is ineligible to go on an academic leave of absence until a passing grade is obtained in the pertinent course(s).To apply for an academic leave, a student must submit a copy of the letter of admission to the degree program, along with a written request for a leave, to the Vice Dean for Academic and Curricular Affairs. The request must include the beginning and ending dates of the program to which the

student has been admitted. At the time of application, students must complete a re-entry plan which is intended to outline the steps needed to successfully re-enter the curriculum. Students are expected to return to the medical school curriculum as full-time students after the end date of the academic leave. Academic leaves will not exceed two academic years.

Students who are in the pre-clinical phase of the medical curriculum and who wish to pursue a bachelor's degree at another institution may request an academic leave of absence for the period of matriculation at the other institution. To apply for such leave, a student must submit a copy of the letter of admission to the degree program, along with a written request for leave, to the Vice Dean for Academic and Curricular Affairs. The request must include the beginning and ending dates of the program to which the student has been admitted. On return to the medical curriculum, the student will resume study at the entry point of the pre-clinical curriculum.

Medical Leave of Absence

A medical leave of absence is granted by the Associate Dean for Student Affairs upon the recommendation of the student's treating physician and/or an administrative physician consultant appointed by the Medical College. The purpose of the medical leave is to enable students to seek treatment for a health-related condition that interferes with the student's ability to undertake the curriculum or that poses a threat to the health and safety of the student or others. The term of the leave is for a period up to one year, based upon the recommendation of the treating physician and/or administrative physician consultant. The leave may be extended for up to a second and final year based upon the recommendation of the treating physician and/or an administrative physician consultant. To apply for a medical leave, a student must meet with the Associate Dean for Student Affairs who can provide the student with the name of an administrative physician consultant if needed. At the time of application, students must complete a re-entry plan which is intended to outline the steps needed to successfully re-enter the curriculum.

To return from a medical leave, the student must provide the Associate Dean for Student Affairs with a letter from the treating physician confirming that the student is able to resume the curriculum requirements. Student medical issues are confidential and not maintained as a part of the academic record. Details of medical history are never disclosed to the administration, faculty or members of the P&G committee.

Personal Leave of Absence

The Associate Dean for Student Affairs grants a personal leave of absence. A personal leave enables a student to take time off, in extenuating circumstances, to address issues of a personal nature, including those related to the health and well-being of a family member or partner. Ordinarily, personal leaves may not exceed one year; however, requests by students to extend their personal leave into a second year will be considered under exceptional circumstances. To apply for a personal leave of absence, students are required to discuss their needs with the Associate Dean for Student Affairs. At the time of application, students must complete a re-entry plan which is intended to outline the steps needed to successfully re-enter the curriculum.

Leaves Initiated by the Medical College

Under certain circumstances, a student experiencing difficulty in the medical curriculum may be permitted, or required, to take a leave of absence. The process for the leave is explained in the Promotion and Graduation Standards and Procedures.

Return to Medical Studies from Leaves of Absence

At the time a leave of absence is granted, the Medical College determines the length of the leave and the conditions, if any, for a return from the leave of absence. Extensions of a leave of absence are not automatic, even if within the time frame

permitted for the category of leave. A student who determines that he or she is not returning at the time scheduled for a leave to end should consult with the relevant Associate Dean as early as possible before the scheduled return date. This will enable a student to learn whether or not an extension of the leave of absence can be granted, or if the student needs to make other arrangements. Similarly, if conditions have been set for a student's eligibility to return from a leave, the student should demonstrate, in a timely fashion to the relevant Associate Dean, that he or she has satisfied the readmission requirements.

If a student does not return from a leave at the conclusion of the set time period, and has not received an extension in writing, the individual will be deemed to have withdrawn from the Medical College. Similarly, if a student has not satisfied the criteria to return, if any, and has not received an extension in writing, he or she will be deemed to have withdrawn. No further action will be necessary to finalize the withdrawal. A student who has been classified as withdrawn after a leave of absence generally may apply for readmission.

Extended Curriculum for Research

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

An Extended Curriculum for Research is a defined period in which students may pursue an approved research project. Students are considered enrolled in the Medical College during this time as long as they are enrolled in the Extended Curriculum for Research and making degree progress. Participating in an Extended Curriculum for Research does not relieve the student of their obligation to comply with the policies and procedures of the Medical College, including but not limited to those standards governing course remediation and repetition, completion of academic work and time frames for completion of the Medical College curriculum.

Purpose

Undertaking an Extended Curriculum for Research may have implications for scholarship or student loan deferment/repayment status, housing, health coverage, or financial aid eligibility. Prior to applying for an Extended Curriculum for Research, students must investigate these implications as they may pertain to their personal situations. All students who are approved for an Extended Curriculum for Research will be charged a fee in order to continue their student status with the Medical College. Other fees may also be charged to continue to receive Medical College benefits or services.

Administration

Applying for an Extended Curriculum for Research

The Associate Dean for Student Research approves participation in an Extended Curriculum for Research. A student with a "Marginal," "Fail," or "Incomplete" course grade is not considered to be a student in good academic standing, and is ineligible to participate in an Extended Curriculum for Research until a passing grade is obtained in the pertinent course(s).

The procedure for securing an Extended Curriculum for Research is by formal application, which may be obtained in the Office of the Registrar. The application requires the student to submit an outline of the proposed research project that will be completed during the course of the Extended Curriculum and supportive correspondence from the faculty member who will be overseeing the project. Applications for an Extended Curriculum for Research are ordinarily restricted to students who have completed Phase 2 of the curriculum. Exceptional requests may be reviewed on a case-to-case basis. Applications for an Extended Curriculum for Research must be submitted at least 2 months before the Research is due to begin. Students who wish to change the dates or request an extension of their Extended Curriculum must seek approval from the Associate Dean for Student Research.

At the time of application, students must complete a re-entry plan which is intended to outline the steps needed to successfully enter the next phase of the curriculum.

If students wish to engage in research prior to the submission of their formal application for an Extended Curriculum for Research, this work must be done either in accordance with elective guidelines or, if the student has unscheduled time, on a not-for-credit basis. If work is begun before the application is submitted, approval of the Extended Curriculum for Research will

recognize the date that the application was submitted as the start date of the Extended Curriculum for Research.

Duration

While the terms of the Extended Curriculum for Research are generally for one academic year, approval may be given for a longer period of time (dependent on applicable immigration rules and visa requirements) that may not exceed two academic years.

Termination

If for any reason, the research is terminated during the Extended Curriculum, the student is obligated to notify the Associate Dean for Student Research, and the Office of the Registrar immediately.

Conducting the AOC Scholarly Project During an Extended Curriculum for Research

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

To obtain a more extensive opportunity for research, students may conduct part or all of their required AOC Scholarly Project (SP) during a year-long Extended Curriculum for Research, provided the necessary approvals are obtained in advance. The SP begins at the usual time (SP block 1) and then continues into an Extended Curriculum for Research. The student would be exempt from the other SP blocks requirement since the student would have conducted the SP research for sufficient additional time during the Extended Curriculum for Research.

Administration

General Policy

1. An Extended Curriculum for Research extending or replacing the AOC SP research must usually be at least 10 months in duration and no more than 12 months.
2. The Extended Curriculum for Research will not start until after the end of SP Block 1.
3. In order to graduate, all students must take the Translational Science (TS) and Advanced Clinical Ethics (ACE) courses at their usual time.
4. Similarly, all students must participate in the AOC Work-in-Progress (WIP) discussion groups, and the Poster Session in the standard time frame.
5. Unrelated to the AOC Course/Program, it remains possible to conduct an Extended Curriculum for Research on an independent topic, unrelated to the student's AOC SP and with a different mentor.
6. All students contemplating an Extended Curriculum for Research with AOC implications at any time are strongly encouraged to discuss their plans as far in advance as possible with the Director of the AOC Course/Program, Associate Dean for Student Affairs and the Associate Dean for Student Research. Note that all required paperwork must be submitted no less than 2 months in advance of the start of the first SP block.
7. Any exceptions to this policy must be approved by the Director of the AOC Course/Program, Associate Dean for Student Research and Vice Dean for Academic and Curricular Affairs.

Specific Requirements and Timeline

<u>The SP is conducted during Block 1 and continues into an Extended Curriculum for Research</u>

1. Standard deadlines apply for both the SP proposal and Extended Curriculum for Research application:
    - Mentor-approved SP proposal is submitted in January of year 3 for review, feedback, and approval by AOC administration.

- *At least* 60 days in advance of the proposed Extended Curriculum for Research, the student submits a Letter of Intent (LOI) to the Registrar's office indicating the proposal title, mentor's contact details, and length and duration of the anticipated Extended Curriculum for Research. If approval of the Extended Curriculum for Research plan is granted by the Registrar's office, the mentor approved Extended Curriculum for Research Application form should be submitted to the AOC administration at least 1 month before the projected start date of the Extended Curriculum for Research. The research description required in this application can contain text already used in the SP proposal, although it may be more extensive in scope. Student must notify the Registrar's office and AOC administration of the change of timeline for completion of SP research.

2. Students participate in the AOC Work-in-Progress (WIP) discussion groups, and the poster session, as per their normal schedule.
3. A final written report of the research conducted must be submitted to the AOC administration, with approval from the SP/Extended Curriculum for Research mentor, no later than the last day of the approved Extended Curriculum for Research and should be in the required format of the AOC Scholarly Project Written Report.

Academic Enrichment Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

On entering the medical curriculum, some students cope well with the academic demands of coursework and may wish to enhance their learning experience through academic enrichment during their education. Some students may have difficulty adjusting to the academic demands of the medical curriculum and may struggle for a number of reasons: gaps in prior knowledge; difficulty understanding how knowledge is structured in a particular subject area; difficulty identifying relationships between major concepts; sense of being lost in the details; having problems imposing meaningful organization of the material; test anxiety; poor test-taking strategies; time demands, especially during clinical service; or simply inadequate study skills.

Administration

Referring Students to Learning Enrichment Office (LEO)

A student may self-identify him/herself as benefiting from LEO services and can make a self-referral to LEO. In addition, the following individuals may identify and refer students: a member of faculty, academic advisors, course/clerkship directors and unit leaders, the promotion and graduation (P&G) committee, student affairs deans and officers, and academic deans.

Criteria for referral of students with academic difficulty may include the following: students with course averages more than 1.0 standard deviation below the class mean in a foundational sciences course; remediation of a unit in a foundational science course; students whose performance during the foundational science courses causes concern regarding performance on upcoming shelf exams; failure of a USMLE or IFOM exam; or a non-passing grade in a clerkship due to failure of a shelf exam or poor clinical skills such as critical reasoning or oral presentation skills. Students identified as having difficulty with clinical skills (e.g., communicating with patients, writing notes, organization, and time-management) may also be assigned a tutor.

LEO Service Initiation

Once a referral is made, LEO will assign a peer tutor for the relevant content area and communicate this to the tutored student and tutor. In some instances, the student may have an initial meeting with LEO faculty who may provide basic study, guidance and strategies pertaining to the needs of the student.

During the subsequent peer tutoring sessions, tutors may provide content review, as well as basic study, test-taking, and time-management strategies, as appropriate. Students may also be referred to the Clinical Skills and Simulation Center for additional help.

Students under LEO guidance may have an individualized Learning Plan (ILP) that will be developed in conjunction with the student and/or other relevant faculty to best meet identified learning needs.
Learning plans may have specific goals, a defined timeframe, and plan for evaluation. Learning plans may include various elements such as regular meetings with faculty, tutoring sessions, or referral to student affairs. Learning plans may span fixed support periods or, in some cases, may be in place for longitudinal support. Learning plans may be shared with academic advisors if deemed appropriate.

Students who are identified as possibly having learning disabilities or other special needs will be referred to the Division of Student Affairs for further support.

Responsibilities of the Tutored Student

If a student accepts a tutor, he/she must adhere to the following:

The tutored student is responsible for contacting the assigned tutor via email to set up the initial tutoring session.

The tutored student should identify the specific content areas and skills on which he/she would like to focus and explain that to the tutor during the initial session. LEO Faculty can also assist the student in assessing those need.

Students are expected to show a commitment to the learning process by coming prepared to each session (e.g., bringing any assignments, questions, or materials agreed upon by the tutor/faculty and tutored student).

If students anticipate arriving late for a tutoring session or need to cancel/reschedule, they must contact the tutor/faculty as soon as possible.

Students are under no obligation to continue tutoring or to continue with the same tutor. Students who find the tutoring session(s) not helpful and wish to discontinue tutoring or be matched with another tutor should contact LEO.

At the end of the tutoring block, tutored students will provide feedback about the tutoring experience.

Responsibilities of the Tutor

Whenever possible, tutors should be more senior students and not in the same class as the students they tutor. Tutors typically are in high academic standing, have excelled in the content area, have a strong interest in teaching, and have good study habits and time-management skills.

If tutors anticipate arriving late for a tutoring session or need to cancel/reschedule, they are expected to contact their tutoring student as soon as possible.

Tutors are expected to contact LEO with any concerns that may arise regarding the tutored student's progress or behavior.

Tutors are required to provide a summary of the sessions (e.g., content areas, teaching materials) and a signed log of content hours spent tutoring the assigned student.

Outcome Measures

Outcomes will be measured using student satisfaction feedback and self-assessment of perceived improvement.

Confidentiality and Academic Standing

Tutors are expected to maintain confidentiality and not share any information about whom they tutor or the content of the tutoring sessions with anyone other than LEO. Tutors may reach out to course leadership for advice on specific content areas on which to focus but without reference to the specific student being tutored.

LEO Faculty will ensure that there is no conflict of interest or bias in the formal assessment of student performance or promotion decisions. Tutoring sessions or any other contact with LEO are not recorded on the student's transcript.

Remediation Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

There are clear assessment and evaluation guidelines for each course and clerkship in the medical curriculum. Students are made aware of these guidelines at the onset of each course and clerkship.

Early identification of academic difficulties is a key component of the support offered to medical curriculum students. Students who are identified as potentially being at risk of needing formal remediation, for example by failing several quizzes or achieving course averages more than one standard deviation below the class mean are encouraged to seek support from the Learning Enrichment Office (see Policy on Academic Enrichment) and the student academic counsellors.

Students may require formal academic remediation for a variety of reasons which may be short-term, for example, specific difficulties with one particular topic or component of a course or missing classes and falling behind in course work due to illness or other personal reasons, or occur over a longer period for reasons such as; low motivation, poor study skills, exam anxiety, an under-developed ability to synthesize and apply theoretical knowledge, or an inability to act as a self-learner.

This policy is solely concerned with the remediation of academic difficulties. Lapses in professionalism and the remediation of professionalism are covered in the Assessment and Remediation of Professionalism policy.

Purpose

This policy outlines a consistent approach and set of expectations for students who fail a unit, course or clerkship.

Administration

Guiding Principles

1. Remediation should be considered as an additional component supporting the learning pathways of students, when necessary, rather than as a punitive or disciplinary activity.
2. Students who accumulate one or more non-passing grades in their clerkships may be required, at the discretion of the Assistant Dean for Clinical Learning, to drop further clerkships until the appropriate academic assessment is provided and successful clerkship remediations are completed.
3. Students are offered remediation and supplemental assessment at the discretion of the Course/Clerkship director and in accordance with the Promotion and Graduation standards.
4. The Course/Clerkship director, co- director or associate director will develop the remediation plan, which should be individualized, interactive, and able to be delivered in a meaningful context, and will include a timeline for completing the remediation and assessment process. The remediation plan will be agreed upon by the Course/Clerkship director and the student.
5. The Course/Clerkship director retains the right to specify the nature of any supplemental assessment, which may not be in the same form as the original assessment.
6. Where the assessment is in the form of a subjective assessment

(e.g. oral exam), where possible the assessor will be a different individual from the original assessor.

7. Remediation cannot occur whilst a student is enrolled in an ongoing unit or course, so as not to compromise performance in the current or subsequent units/courses. That is, remediation should take place in designated periods. (During a designated time as per the agreed upon remediation plan).
8. Students must undertake remediation in the specified time-frame and sit for examination on campus at the designated time the exam is offered. Students who do not take the exam on the date offered, without prior approval from the Course/Clerkship Director or Assistant Dean, will receive no credit and no opportunity for make-up. Times will be selected that do not conflict with formal curriculum events.
9. A student who fails a course or clerkship will be required to repeat it at a time when it is regularly offered.
10. All students who require remediation will be referred to the P&G Committee for discussion.

Academic Advising Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

The Academic Advising Program has two components, Longitudinal Advising and Career Advising, that extend across the four years of instruction.

Longitudinal advisors are WCM-Q faculty who are responsible for facilitating the transition of students into the medical curriculum. They provide guidance and support to students on a personal, academic and professional level, beginning in phase 1 of the medical curriculum and continuing longitudinally throughout phases 2 and 3.

Mid-way through phase 2, students are assigned a career advisor based on the student's choice of specialty.

Purpose

The purpose of academic advising policy is to support students as they develop their professional, academic and career identities as physicians-in-training.

Administration

Longitudinal advisors are given an orientation to the program by the Director for Student Advising with roadmaps of milestones and common stress points in order to provide specific guidance and resources based on individual student need. Students are required to meet with their advisor at least once a semester Outside the one formal meeting per semester, faculty and/or students may initiate meetings if and when a need arises.

Students are encouraged to explore specialties throughout their first and second years in the medical curriculum. Half-way through their third year, students are encouraged to declare their specialty preferences. Based on their declared specialty, the Director for Student Advising, will assign a dedicated specialty advisor who is able to provide individualized specialty-specific guidance on career planning from career choice through matching to a residency program. If the student does not have a clear preference at this point, a clinical advisor will be assigned. Specialty career advisors and academic counsellors provide mentorship and assistance with fourth year planning, the residency application process, an assessment of a student's relative competitiveness in the specialty, and a recommended individualized list of "good fit" programs.

The plan of study summarizes the student's academic performance to date and outlines the student's proposed coursework for the fourth year, including career-appropriate intramural and "audition" away - elective courses, elective courses outside the primary specialty, the required sub-internship, and remaining graduation course requirements.

Students are required to have a 1:1 meeting with their career advisor(s) who review and approve the fourth-year plan of study. The plan of study is then reviewed and approved by the Director for Student Advising for career specialty appropriateness, electives within and outside a student's specialty, and for overall graduation requirements.

To bolster advising, and to ensure that students are well-informed, a series of class meetings are held throughout all four years of the medical curriculum.-

Should a conflict arise, a student may request an alternate longitudinal or career advisor with the Director for Student Advising.

Student Representation Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

Weill Cornell Medicine Qatar (WCM-Q) is committed to working in partnership with students to develop its teaching and learning environment. Student representation on medical curriculum committees allows students to participate in and contribute to decision-making processes and enhances their learning experience. Student representation forms one element of WCM-Q's approach to student engagement. There are a range of other mechanisms through which students can engage and give feedback, such as completing course evaluations, attending student meetings and forums, getting involved with the Medical Students' Executive Council-Qatar (MSEC-Q) or other student organizations and taking part in focus groups. Regular informal meetings between course leadership and representatives of all year levels complement formal student representation on committees and allow for more in-depth exploration of student concerns and ideas. This policy focuses solely on the student representation aspect of engagement and sets out the formal processes and structures that facilitate and support student representation in the governance of the medical curriculum.

Purpose

To promote robust student representation in the governance of the medical curriculum and ensure appropriate student participation in the design, management and evaluation of the curriculum.

Administration

Representation

Students will be represented on medical curriculum committees in accordance with the charge of each:

Representative roles are for one full academic year. If a student wishes to continue the role into the next academic year then he/she will need to stand for election again.

If during the term of office, a student representative steps down then every effort should be made to secure a new representative from the same class for the remainder of the term.

Student Selection

Student representatives should be elected by their fellow students.

To allow for a transparent and fair process, the voting will be coordinated by Student Affairs, and to ensure that there is broad representation of the medical student body, no student should represent their peers on more than one committee.

In some cases, it may not be feasible for student representatives to be elected and an alternative system may need to be put in place, for instance, a system of open nomination. Where this is the case the process of nomination should be publicized as widely as possible to ensure all students are aware of the opportunity to participate. Student representatives should not be selected by faculty or staff.

Information about the student

representation system and the opportunity to participate should be promulgated by the student body and included in the student handbook.

A student who wishes to put his/her name forward to act as a student representative should be in good academic and professional standing.

Responsibilities of the Student Representatives

The role of a student representative is a responsible and prestigious one. Student representatives should ensure that the issues and concerns of the students they represent are addressed appropriately, and that actions and subsequent outcomes are communicated to the wider student body.

Student representatives should:

- Attend and contribute, as far as possible, to any scheduled meetings.
- If unable to attend notify the committee secretary and ask their substitute to represent them.
- Ensure that they are prepared for meetings by reading papers and consulting with the students they represent on the issues to be discussed.
- Provide feedback to the students they represent on the outcomes.
- Maintain appropriate levels of confidentiality.
- Ensure participation in committees does not have an adverse effect on their academic progress.

Responsibilities of the Committee Chair

The Committee Chair or his/her delegate should:

- Ensure that committee meetings are a safe space for ideas and issues to be discussed broadly and that there is no discussion of individual faculty, staff or students nor of personal complaints, grievances or appeals.
- Provide training to student representatives, should this be necessary.
- Ensure that student representatives have appropriate and timely access to resources and information to support their role including access to all relevant meeting information such as agendas, papers and minutes and information on actions taken in response to feedback.
- Ensure student representatives have the capacity to add agenda items to relevant meetings.
- Provide access to photocopying or printing facilities, should student representatives wish to print papers, discussion documents etc.
- Monitor and evaluate student representation on an on-going basis.
- Provide appropriate recognition of the contribution of the student representatives.

Student Course and Duty Hours Policy

Approved by the Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

Background

The Accreditation Council for Graduate Medical Education (ACGME) has established limits on the work hours of interns and residents. In addition, the Institute of Medicine (IOM), acting at the request of Congress, has issued a slightly more restrictive report regarding intern and resident work hours. The report, entitled Resident Duty Hours: Enhancing Sleep, Supervision, and Safety, was published in December 2008.

The Liaison Committee on Medical Education (LCME) established the following standard for all medical schools: "The committee responsible for the curriculum, along with medical school administration and educational program leadership, must develop and implement policies regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships."

In keeping with the WCM Policy on Student Duty Hours, WCM-Q adopts the following policy, adapted only with regards to the local organizational structure.

Policy for Hours in Required Activities in the Foundational Phases

- "Required Activities" in foundational and scholarship phases refers to time spent in classroom, clinical, laboratory, or required preparatory activities. It does not include time needed to complete homework assignments, papers, case write-ups, optional reading or self-assessment activities.
- In the foundational phase, course directors are expected to schedule most required in-class activities to occur before 3:00pm, Sunday through Thursday.
- Some clinical activities and laboratory exercises will be scheduled after 3:00pm, Sunday through Thursday.
- The curriculum also requires students to complete certain assignments in preparation for subsequent in-class activities (e.g., vodcasts and online modules).
- The maximum number of hours that a student is required to spend in classroom, clinical, laboratory, or required vodcast/online modules should ideally be less than 30 hours and not exceed 35 hours per week, on average, over the duration of a course.
- Although scheduled time in required activities is limited by this policy, students are expected to spend considerable additional time studying, reviewing material, preparing for class and engaging in a scholarly pursuit of extracurricular activities that contribute to the formation of their professional identity as physicians.

Policy for Student Duty Hours During the Clerkships, Sub-Internships, and Clinical Electives

- "Duty Hours" refers to time when a student is scheduled to participate in patient care or educational events, such as seminars, lectures, and rounds. It

does not refer to academic reading, study time, off-site skills practice, off-site preparation time, or travel time.

- The maximum number of hours that a student may be on duty in one week is 80 hours, averaged over 4 weeks.
- The maximum frequency of in-hospital call is every third night.
- In the ED, the maximum number of shift hours per week is 60 hours, with an additional 12 hours permitted for education.
- The maximum continuous on-site shift length is 16 hours.
- Work in any ED is limited to 12 continuous hours followed by a minimum of 12 continuous hours off duty.
- Students may not be scheduled for more than 6 consecutive night shifts.
- The minimum time off between scheduled shifts is 10 hours after a day shift and 12 hours after a night shift,
- As a minimum, a student must have off duty 1 day (24 consecutive hours) per week.

Student Role in Monitoring Duty Hours

Students are asked to report violations of the Student Duty Hours policy, and such reporting may be done in several ways. In the case of clerkships, where residents, attending physicians, or other hospital team members create the violation of the Student Duty Hours policy, students may make a direct report to the Course/Clerkship director. Students may also make a direct report to an Assistant Dean (Foundational Sciences, Clinical Learning). In addition, all students will be asked about course or clerkship compliance with the Student Course and Duty Hours Policy via a question on the course/clerkship evaluation form. Although student reporting on the course evaluation is anonymous, the evaluation survey is reviewed by course leaders and will allow them to identify whether a potential violation may be occurring during the course.

If a student reports the violation directly to the course or clerkship director, the Course or Clerkship director is required to investigate the situation and attempt to remedy it. If the situation is not remedied, the student must report the situation to an Assistant Dean. Evidence of violation of the Student Duty Hours policy by direct student report to an Assistant Dean will be brought to the attention of the course or clerkship director. The course or clerkship director will be required to investigate the situation and provide a report to the Assistant Dean who filed the report of the violation with a copy to the Vice Dean for Academic and Curricular Affairs indicating how the situation has been remedied.

Monitoring and Enforcement of the Duty and Course Hours Policy

The Course and Clerkship directors are responsible for disseminating the policy to course faculty, residents, and students, and regularly monitoring time spent in required activities as outlined above. The monitoring will be done by the review of schedules and required preparatory activities, direct input from student course surveys and student course representatives and in the case of duty hours, reports of violations by students themselves. Course and Clerkship directors are expected to regularly review the number of required assignments in their courses including write-ups, required readings, essays, preparing for formal in-class presentations etc. The subcommittees of the Medical Executive Curriculum and Policy Committee will report their findings annually. Based on the findings, the Medical Executive Curriculum and Policy Committee will make a determination as to the ongoing effectiveness of the policy and its enforcement, and take appropriate action.

Formative Feedback Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

It is the expectation of the Medical College that faculty will provide students with formative feedback on their overall performance during required courses and clerkships. The content of the feedback should align with areas that are included in summative assessments. At a minimum, feedback should include an assessment and/or discussion of medical knowledge, patient care, research, participation, teamwork, and professionalism.

Purpose

The purpose of the feedback is to provide the student with a sense of relative strengths and areas needing improvement in meeting the learning objectives of the course.

Administration

Formative feedback may include quizzes, case analysis exams, self-assessment questions, narrative written feedback from small group sessions, "practice" non-graded write-ups, formative patient simulation sessions, and/or one-on-one meetings with course faculty, as needed. Overall student performance is also monitored on an ongoing basis by the course directors. For students whose course performance is not satisfactory, individualized feedback is provided from the course director by email, telephone, or an in-person meeting and may also include referral for additional academic support.

During the clerkships, mid-clerkship feedback is provided at a scheduled meeting between the student and the Clerkship director, Associate director or relevant clerkship faculty. The student and relevant faculty member document successful completion of the feedback session.

Similarly, during the AOCs, the AOC faculty, pathway advisers, research mentor and/or designee provide feedback at scheduled meetings as well as documented progress reports. In the planning phase and the scholarly project (SP) phase, the student receives documented feedback from relevant faculty members/mentor and AOC administration.

Monitoring

The provision of feedback to students is monitored during each course or rotation by course leadership and curriculum coordinators and annually by the Medical Executive Curriculum and Policy Committee, its relevant subcommittees, and by the medical education deans.

Add/Drop Policy for All Clerkships, Sub-Internships and Electives

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

In the clinical curriculum, students are an integral part of the patient care team, and this makes the scheduling process complex. In order to ensure both optimal learning and patient care environments, clinical courses have minimum and maximum enrollment numbers, and clerkship directors require advanced planning to appropriately assign students to specific clinical teams.

Clerkships

During the clerkship phase, clerkship students should remain enrolled in the following core clerkships:

- Anesthesia and Critical Care
- Medicine
- Neurology
- Obstetrics & Gynecology
- Pediatrics
- Ambulatory Care
- Psychiatry
- Surgery

Clerkship deferrals may only be made for:

1. Compelling personal/medical reasons.

2. Compelling academic reasons - typically remediation of academic encumbrances.

Students must seek advice from Faculty, advisors or staff in Medical Education and/or Student Affairs before applying to defer a clerkship.

Of note, the Medicine and Surgery clerkships, which are pre-requisites to many advanced courses, need to be completed during the regularly scheduled clerkship phase and not deferred beyond this period.

Students may switch (DROP/ADD) the order of their clerkships, sub-I's and electives provided that:

1. Changes do not affect course minimum/maximum enrollment numbers.
2. The Clerkship Add/Drop form is submitted to the Registrar's Office **45 days** prior to the start of the clerkship.

It is highly unlikely that a request past the deadline will be considered except in extraordinary extenuating circumstances at the discretion of the Vice Dean for Academic and Curricular Affairs or his or her delegate.

Required Sub-Internship

Students enrolled in a required sub-internship may DROP or ADD the sub-internship provided that:
Changes do not affect the sub- internship minimum/maximum enrollment numbers.

The Sub-I Add/Drop written request is submitted to the Registrar's Office 60 days prior to the start of theSub-I.

Any adjustment to sub-internship enrollment that occurs within 60 days of the start of the course requires permission and approval from the Vice Dean for Academic and Curricular Affairs or his or herdelegate.

Electives

In order to receive academic credit for an elective, students must be officially enrolled prior to the course start date. Retroactive academic credit will not be granted for any elective work that the student has not enrolled in prior to the course start date. This applies to all electives.

Students enrolled in an elective may DROP or ADD an elective up to **45 days** prior to the start date of the elective.

Note: An addendum has been introduced for the Class of 2028; please refer to page 72 for details.

Process to Apply for Dropping and Adding Clerkships, Sub-I, and Electives

In order to meet the Add/Drop requirements, any changes must be made **45 days prior** to the start of the **Clerkship or Elective** (and **60 days prior** to the start of the **Sub-I**).

A completed Clerkship Add/Drop Form must be submitted for verification to the Office of the Registrar **at least 45 days** prior to the start of a Clerkship.
A written request (email) to Add/Drop an Elective must be submitted **at least 45 days** prior to the start of the elective to the Registrar Office
A written request (email) to Add/Drop a Sub-I must be submitted **at least 60 days** prior to the start of the Sub-I to the Registrar Office.
After verification by the Office of the Registrar, sign-off is required from the Assistant Dean for Clinical Learning and/or the Vice Dean for Academic and Curricular Affairs or his or her delegate. The Office of the Registrar will advise whether or not additional review and approval by the Assistant Dean for Clinical Learning and/or the Vice Dean for Academic and Curricular Affairs is required. If required, the student must arrange the meeting as soon as possible in order to give the Assistant Dean for ClinicalLearning and/or the Vice Dean for Academic and Curricular Affairs or his or her delegate adequate time to consider the application. Once required signatures have been obtained, the completed Add/Drop form (for clerkships) should be submitted to the Office of the Registrar. Students may not contact Clerkship Directors directly to discuss a request to add or drop a clinical rotation.

NOTE:

1. Students will not be allowed to drop an elective after the start date, without documented exceptional circumstances reviewed and approved by the Assistant Dean for Clinical Learning

Any questions about dropping or adding clinical courses should be directed to the Office of the Registrar. See also FAQs.

HIPAA and Electronic Health Record (EHR) Guidelines

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

WCM-Q requires all its members, including students, to safeguard Protected Health Information (PHI) that is entrusted to them and, as an institution, understand its responsibility to adhere to all applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA) and the laws and regulations of the State of Qatar.

HIPAA is a USA federal law that provides protection for PHI from being disclosed without the patient's or research subject's consent or knowledge.

There are three rules for protecting patient health information under HIPAA:

- *The Privacy Rule* – protects an individual's personal health information and gives patients certain rights with respect to that information. Concurrently, the Privacy Rule permits the disclosure of PHI needed for patient care and other important purposes.
- *The Security Rule* – set standards for safeguarding electronic PHI.
- *The Breach Notification Rule* – requires notification to patients when their unsecured protected health information was disclosed, used or breached.

The law sets rules and limitations on who can view and receive a patient's PHI whether it is verbal, electronic, or written. PHI includes individually identifiable health information that is created or received by health care providers, health plans, public health authorities, employers, schools, universities, or health care clearing houses and that relates to:

- the past, present, or future physical or mental health or condition of an individual
- the provision of health care to an individual; or
- the past, present, or future payment for the provision of healthcare to an individual

PHI includes, but is not limited to, information in a patient's medical record, conversations between a patient and health care providers(such a doctors or nurses), billing information, and any other data that can be reasonably be used to identify the individual. Lab results, medical bills, health histories, discharge, admittance, and death dates are just a few examples of PHI. All health information is considered PHI when it includes individual identifiers.

Qatar has also promulgated several laws and regulations that protect the privacy and confidentiality of personal data, including health, physical and psychological conditions, such as Law no. 13 of 2016 on Personal Data Privacy Protection, Law No. 2 of 1983 with respect to the Practice of the Profession of Medicine and Dental Medicine and Surgery, and the Patient's Bill of Rights and Responsibilities established by the Ministry of Public Health of Qatar are some of those regulations.

Purpose

WCM-Q medical students and faculty may have access to PHI during the course of their medical education and provision of patient care at the affiliated hospitals.
The affiliated hospitals use various systems to maintain Electronic Health Records (EHRs) for their patients.
Accordingly, WCM-Q students must learn effective and appropriate use of EHRs in order to assume roles of increasing responsibility.
The following constitute guidelines for the appropriate use of EHRs by WCM-Q medical students.

Administration

Students can access and use the EHRs of the following patient groups:

a. Patients in the care of the student's assigned team, for the purposes of patient care (e.g., documentation, review of pertinent history, preparation for rounds) and educational assignments (e.g., case write-ups).
b. Patients in the care of another medical team on the same unit or ward as the student, if directed by their attending or resident for patient care needs (e.g., cross- coverage on weekends).
c. Patients who are not in the student's care or the care of the student's assigned team but who have medical findings of high educational value as determined by a senior member (e.g., chief resident, attending) of the patient's medical team. In this case, the student should access only the minimum necessary components of the EHR and always under the supervision of the senior member of the team.
d. For research purposes in accordance with an IRB-approved protocol.

Students should recuse themselves from accessing the EHRs, or participating in the care of the following patient groups:

a. Faculty members, residents, or fellows who are known to the student or who have had or may potentially have a professional or supervisory relationship to the student in the future.
b. Fellow students or their family members.
c. Friends or family members of the student.

For educational purposes, a student may access the EHRs of a patient in his or her care for up to 90 days following completion of the student's involvement in the patient's medical care. This access is limited to:

a. Academic or educational use (e.g., completion of assigned case write-ups, follow-up on diagnostic tests).
b. The minimum necessary components of the EHRs, pertaining only to conditions for which the student participated in the patient's medical care.

For EHRs access beyond 90 days, permission from the attending physician should be obtained, followed by direct informed consent from the patient. These should be documented in the medical record.

Additional EHR guidelines and best practices for medical students:

Causes for privacy and/or confidentiality breach incidents include, but are not limited to, unauthorized access to or disclosure of patient PHI pertaining to the medical record of a fellow student, staff, faculty, friend, spouse, or other family members without their written authorization in the patient's record; sharing EHRs passwords and working or enabling others to work under the same user ID.

Potential WCM-Q sanctions for breaching privacy and/or confidentiality rules or failing to abide by WCM-Q and the affiliated institutions EHRs policies may include, in order of ascending severity: verbal/written warning, probation, suspension, or dismissal from WCM-Q.

Clinical Supervision Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

In accordance with WCM-Q's clinical supervision policy, during required clinical experiences students require supervision for all activities as defined below. In order to align expectations of the students and clinical teams, this policy is explained as part of annual and course level orientations (i.e., live sessions and required online educational modules) for teaching faculty and students and is posted on the Elentra curriculum and learning management system for each clinical course.

Dissemination and orientation to expected clinical experiences and associated levels of responsibility for any given clerkship are included as part of orientation to the "Clinical Supervision" policy.

Purpose

This policy defines the role of supervisor during clinical experiences and outlines the activities students may undertake if they are under direct or indirect (with direct immediate available) supervision.

Administration

Definition of Supervisor

- Credentialed Attending at site where clinical activity or rotation is occurring
- Credentialed Resident or Fellow at site where rotation is occurring

Indirect Supervision with Direct Immediate Available

Definition: Supervisor is physically within the location of the patient and student (i.e., the hospital or off-site location) and is immediately available to provide direct supervision.

Activities:

- History and Physical exams.
- Discussion with Patients regarding conditions and plans

Direct Supervision

Definition: Direct supervision means that the supervisor is physically present with the student and patient, and can observe and direct the care.

Activities:

- Advanced patient care discussions
- Sensitive parts of the physical exam, e.g. pelvic exam
- Consents for procedures
- Invasive procedures

All orders are co-signed by a supervisor prior to being active and available to be acted upon.

Access to Supervisors

The chain of command for patient care decisions should be clear to the student and the attending physician for each patient.

Students must be aware of who direct supervisors are for every clinical experience and understand how to contact them

Supervisors must ensure that students are aware how to contact them. If the supervisor is not available, alternative supervisors should be designated and made known to the students.

Reporting and Monitoring Related to Clinical Supervision

- Students are expected to seek immediate consultation or supervision from their clinical team or clerkship leadership in any situation where they feel they have a lack of knowledge or experience.
- Students may discuss issues related to and/or give feedback on supervision to course leadership or the Assistant Dean for Clinical Learning, through direct, i.e., face-to-face, and indirect mechanisms, i.e., anonymous course evaluations.
- Students must be provided with contact information for the site director of the clinical experience, as well as the course director. In addition, students may reach out to the Associate Dean for Student Affairs to confidentially discuss issues of supervision.
- All concerns about clinical supervision are reviewed by course leaders, relevant education deans and clinical departmental leadership. Individual feedback and/or remediation, if needed, occurs at the level of the clinical department.

Mid-Clerkship Feedback Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

Mid-clerkship feedback is a scheduled, individual, face-to-face discussion with clerkship leadership or designated clerkship faculty.

Purpose

The purpose of mid-clerkship feedback is purely formative: a discussion about overall areas of strength and areas of improvement at the mid-point of the rotation, intended to guide student performance during the remainder of the clerkship. Although the content of the feedback discussion is aligned with the components of student performance assessed to determine the final grade, the mid-clerkship feedback discussion is not meant to provide students with a formal grade.

Administration

A key component of effective mid-clerkship feedback is student reflection and self-assessment prior to the meeting with the faculty and students will be asked to complete a brief self-assessment form in addition to bringing their clinical experience (case, procedure, and direct observation of Hx and PE) logs. Additionally, if students feel they would benefit from additional academic support related to clinical skills (i.e. additional practice at the Clinical Skills and Simulation Lab (CSSL), Learning Enrichment Office (LEO)) they may reach out to course leadership and/or the Learning Enrichment Office to discuss.

In order to ensure that each student receives formal mid-clerkship feedback and to monitor this in "real time", students will also need to complete the following acknowledgement in the mid-clerkship feedback form after their session:

1. I have completed the mid-clerkship feedback session
2. I reviewed my clinical experience (case, procedure) log to-date at the mid-clerkship feedback session.

Students and the clerkship leadership or designated clerkship faculty to sign the form at the completion of the feedback session.

The completed mid-clerkship feedback forms are to be collated and retained by the Office of Curriculum Support.

Clerkship Grading Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

All clerkships use "competency-based" grading, which means grades are criterion-based and determined according to the degree to which an individual student has fulfilled the goals and objectives of the clerkship. There is no predetermined proportion of students who will receive each grade.

Clerkship Final Grades

Final grades in each clerkship represent a summary evaluation of competencies in the following broad areas:

1. Fund of knowledge and application of knowledge in clinical reasoning and patient care
2. Clinical performance in all settings (hospital floors, outpatient offices, operating and procedure areas). This includes direct patient care and functioning as an effective member of the core clinical team.
3. Overall professionalism defined as demonstrated competency in the domains of responsibility, self-improvement, relationships with patients, and relationships with healthcare teams and systems.

Once all of the assessments related to the components above have been assembled, clerkship leadership reviews each student's performance and assigns a grade.

Grades and Grade Interpretations

- *Honors (Outstanding performance), High Pass (excellent performance*) and *Pass (satisfactory performance)* – refer to the standardized Clerkship Grading System in the Clerkship Syllabi.
- *Marginal*: *Marginal* is a temporary grade that requires remediation. If remediation is successful, the grade becomes *Pass*. If remediation is not successful, the grade becomes *Fail*.
- *Incomplete*: The student has not yet completed all of the clerkship requirements (but completed > 50% of the clerkship duration). This would ordinarily apply to a student who missed parts of the clerkship due to personal or family emergency. In contrast, a student who did not submit written assignments by the specified due date might receive a grade of *Marginal* or *Fail*, but not *Incomplete*. However, once the emergency circumstance has ended, if a student's work is not completed by the time specified by the clerkship director, the grade of *Incomplete* is changed to *Fail*. Students who complete less than 50% of the clerkship duration will receive W (withdrawal) from the Registrar's Office.
- *Fail*: A failing grade in a clerkship requires the student to repeat the entire clerkship.

Non-Passing Grades

If a student receives a grade of *Marginal*, *Incomplete*, or *Fail*, the student must arrange to meet immediately with the clerkship director. Further action depends on the grade received (additional details may be found in the Promotion and Graduation Standards section of the Student Handbook):

- *Marginal*: The student must complete remediation. The remediation and its timeframe are individualized for each student and are determined by the clerkship director. If the student successfully completes the remediation, the grade becomes *Pass*. If the student does not successfully complete the remediation, the grade becomes *Fail*.

- *Incomplete*: The student must complete any work that remains outstanding. The timeframe is individualized for each student and is determined by the clerkship director. If the student successfully submits the incomplete work, the grade is determined by the student's overall performance in the clerkship. If the student does not successfully submit the incomplete work in the specified timeframe, the grade becomes *Fail.*
- *Fail*: The student must repeat the entire clerkship.

Medical School Performance Evaluation Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in the Medical Curriculum

The Medical School Performance Evaluation (MSPE), also known as the "Dean's Letter" is provided to students who are applying for residency.

Purpose

The MSPE is a narrative compilation of the medical student's academic performance. It is provided as one component of the student's application to residency programs and/or other post-graduate programs. MSPE letters are released to the Electronic Residency Application Service® (ERAS) during the student's final year in medical school.

Sections include:

1. Identifying Information
2. Noteworthy Characteristics
3. Academic History
4. Academic Progress, Professional Performance
5. Academic Progress, Foundational Sciences
6. Academic Progress, Clinical
7. Academic Progress, Area of Concentration
8. Academic Enrichment
9. Summary Paragraph
10. Appendices

The MSPE is written in a collaborative manner between the student and the Vice Dean for Academic and Curricular Affairs and/or his/her designees. If a student has concerns about issues such as confidential or sensitive information being reflected in the MSPE, the student may make a request to the Associate Dean for Student Affairs for an alternate MSPE writer. The Associate Dean for Student Affairs and Student Affairs staff are not involved in the writing or compilation of the MSPE since the Division of Student Affairs is responsible for assisting students with confidential medical and personal issues. The MSPE writing process begins in the Spring semester prior to the student's final year of medical school and ordinarily the request should take place during this timeframe. The Associate Dean for Student Affairs then informs the Vice Dean for Academic and Curricular Affairs that an alternate writer is needed. The alternate writer is then assigned by the Vice Dean for Academic and Curricular Affairs and will have access to the student's full academic record.

The Identifying Information section includes the student's name and the graduating Class year.

The Noteworthy Characteristics section includes a bulleted list of noteworthy characteristics and achievements. Challenges during medical school may be listed.

The Academic History section includes date of matriculation to medical school, date of expected graduation from medical school, and dates of research and academic Leaves of Absences. In order to protect student confidentiality, medical and personal Leaves of Absence are not listed. Courses which required repetition or remediation are also not listed. Failed courses are represented on the student transcript and in the pertinent Academic Progress section of the MSPE

The Academic Progress, Professional Performance section includes WCM-Q's definition of professionalism and what is assessed in students. Egregious breaches of standards of conduct may be listed based on assessment by the MSPE Committee.

The Academic Progress, Foundational Sciences section includes narrative information related to overall, rather than course-specific performance. If a foundational science course required repetition, that information is included.

The Academic Progress, Clinical section includes the final course grade as well as a narrative of overall performance for each of the core clinical clerkships taken to date. Clerkships are listed in chronological order taken, including any repeated courses.

The Academic Progress, Area of Concentration (AOC) section includes a description of the Area of Concentration, the title of the Scholarly Project, the name of the mentor(s), and performance to date, if available.

The Academic Enrichment section includes experiences such as community service, voluntary curricular activities, leadership roles, awards, and additional research undertaken during medical school. Individual papers are only listed if accepted for publication.

The Summary Paragraph is an overall summative assessment of the student's performance while in medical school. In the last sentence, one of four descriptors is used to indicate the overall strength of the student's academic record compared to peers: "outstanding," "excellent," "very good," and "good". This descriptor is based on a composite assessment by the MSPE Committee of the student's academic performance including professionalism.

Appendices A, B and C include graphical representations of the student's comparative performance in the preclinical/foundational sciences coursework (A), the core clinical clerkships (B), and overall comparative performance in medical School (C). Appendix D contains information about the medical school.

MSPE Committee

The MSPE Committee is comprised of the Vice Dean for Academic and Curricular Affairs, the Assistant Dean for Academic Affairs, the Assistant Dean for Clinical Learning and two faculty representatives appointed by the Vice Dean for Academic and Curricular Affairs.

Requests for Changes

Students will have the opportunity to review the final draft of the MSPE for accuracy prior to its release for residency applications. The Division of Medical Education notifies students to arrange a meeting to review the draft. Requests for content change in the course narrative must be directed to the respective course director. Other requests for change should be directed to the Vice Dean for Academic and Curricular Affairs. If there is further concern by the student, the student may discuss this with the Vice Dean for Academic and Curricular Affairs, or his/her designee, who will adjudicate the final decision about content. Changes, if approved, will be reflected in the MSPE.

MSPE Addendum

For current students whose MSPE has been submitted, certain circumstances may necessitate submission of an MSPE addendum. These circumstances may include, but are not limited to, changes to the information included in the MSPE Academic History section (e.g., course failure, professionalism violation, change in graduation date, etc.). The addendum may be submitted to the residency application organization and/or the residency program. The MCP&G will adjudicate the final decision about need for and addendum after which, the MSPE Committee will determine the addendum content. The student will be notified about the need for, and content of the addendum prior to submission.

Policy and Procedures for collecting Students' and Alumni Feedback Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students and Alumni in Medical Curriculum

Course evaluations will be gathered from students and alumni and will be used to monitor and enhance the quality of instruction and curriculum delivery. The Office of Educational Development (OED) is responsible for handling the course evaluation process.

Purpose

The primary purpose of collecting student and alumni feedback is to enhance the learning experience and provide them with the best resources to excel as physicians. The feedback also encourages self-reflection by instructors as both mentors and educators. It also enables the curriculum leadership to take steps to improve the students' learning experience. This is achieved by identifying and improving various components of learning and teaching as identified via the evaluative mechanisms that are positioned throughout the program. In sum, the overarching purpose of the evaluation processes are to enhance the quality of the medical education program.

Data Privacy

For all data collection processes, OED assures respondents/participants that any personal identifier (e.g., name, ID) is not collected, thereby ensuring anonymity at all stages of the administration and reporting process. All data collected throughout is stored in secure databases and filing systems.

Administration

This policy and procedure document is organized into four sections:

1) Contains the regular end-of-course evaluations,
2) Covers the class-representative meetings and focus-groups in foundational sciences,
3) Outlines the instantaneous feedback process, and
4) Presents the milestone evaluations.

1—REGULAR COURSE EVALUATION

Initiation and Development:

OED will develop and modify the current course evaluation forms in consultation with the Curriculum Dean (i.e., Assistant Dean for Foundational Sciences, or Assistant Dean for Clinical Learning) and or the Course Director(s). These forms will contain the questions for collecting students' feedback on the course[4]. The respective Curriculum Dean and or Course Director(s) — including co-directors, and associate course directors — will be encouraged to propose, refine, and modify existing course evaluation questionnaires that are intended to capture the effectiveness of course instruction and curriculum delivery. Every attempt will be made to maintain clarity and the use of inclusive language, when developing questionnaires. Where necessary, the instructions will be appended to elaborate on expectations from the respondents. Lengthy questionnaires will be avoided and content will be screened for redundancy. In sum, the evaluation forms succinctly collect students' views on aspects of the course instruction process, including faculty

[4] The course is defined as any foundational sciences unit, course, or clerkships in the medical curriculum.

and teaching evaluation.

Implementation:

OED utilizes an online course evaluation system to confidentially and anonymously gather the students' feedback data, and are responsible for managing the operations of the online software system. The electronic database of students' feedback will be kept in perpetuity. OED will coordinate with the Office of Curriculum Support (OCS) in the Division of Medical Education, for defining the roster of online course evaluation. The roster will be based on course-instruction and final-grade release schedules. OED will look-up the faculty in the database, and OCS will provide any missing details (full name, position title, and official email-address) of new/existing faculty member(s).

Using the timetable, the evaluation process is initiated by distributing invitations via the online course evaluation system. Students have a specified period to respond to the evaluation surveys. Weekly reminders will be sent to unanswered invitations. Invitation and reminder emails will encourage the students to volunteer their constructive feedback.

Mandatory course evaluation:

Contributing feedback for course and clerkship evaluation is mandatory, and a course requirement. Students who do not respond to the invitations and reminders by the deadline, will receive an email notice from the Office of the Assistant Dean for Foundational Sciences/Clinical Learning. Failure to respond to the notice will trigger a meeting between the student and the relevant Assistant Dean, and potential issuance of a Professionalism Assessment Form. Students who do not complete the evaluation by the time final course grades are released could receive an 'I' grade (incomplete grade) until the evaluation is completed. Course-specific processes and guidelines regarding deadlines will be included in the syllabi.

All evaluation-related communication with students will emphasize the respondent's confidentiality and anonymity. It will also highlight that their feedback will be a contributing factor to decisions taken related to curriculum enhancements. The templates for invitation and reminder emails are presented in *Appendices A1* and *A2*, respectively.

Surveys will be available for students to complete until: i) one week after the unit, course, or clerkship completion. Subsequently, the evaluation survey will be marked closed. Upon responding to the evaluation survey, the system will show a thank you notification on the respondent's screen; an email-acknowledgement will not be sent.

Summarizing and Reviewing:

After the release of course/clerkship final grades, the online students' summary feedback reports for unit, course, clerkship, and instructor evaluations will be shared with the relevant curriculum leaders and faculty (i.e., Vice Dean for Academic and Curricular Affairs, Assistant Dean, Course Director, Co-Director, Associate-Director, and/or Instructors). The summary reports will be generated using the online system, verbatim, without any human/offline tabulation. However, prior to releasing the reports, the students' comments will be read and screened by the Education Assessment Manager or designee. This screening-step is referred to as a **sensitivity-check**. The purpose of screening is to: i) ensure the concealment of students' identity in case the identifiable instance/information is quoted, and ii) prevent personal attacks, insulting remarks about peer-students, faculty, and/or instructors.

As a result of the sensitivity-check, if a typed response requires an edit, the feedback will be edited, but in the event of a theme, the feedback will be preserved, and both the edited and verbatim response will be stored in the online system, but only the edited response will be released as part of the course evaluation report.

The Vice Dean for Academic and Curricular Affairs and/or Assistant Deans can request further analysis (e.g., thematic analysis, sentiments-analysis, verbatim summary report, longitudinal analysis) of the feedback.

Dissemination of Evaluation Reports:

The course, clerkship, and faculty evaluation reports are *privileged communication* and as such must be circulated and treated as a *confidential document*. These reports will be distributed within the WCM-Q academic community, such

as the Dean, Vice Dean, Associate Deans, Assistant Deans, Course Directors, Faculty, Administrators and other decision-makers on a *need-to-know* basis. The evaluation reports may also be provided to governing boards, accrediting bodies and other external agencies, on the directives of the Dean and/or the Vice Dean for Academic and Curricular Affairs. At all times unnecessary copying/archiving/printing of these documents will be avoided, and online access to these report(s) will be promoted.

Access Matrix for the Online System:

The following matrix outline the access rights for the students' feedback reports. Access to the evaluation reports will be provided electronically to the relevant WCM-Q faculty and Medical Education leadership, after release of final grades. Whereas, the relevant external-faculty (e.g., faculty at Hamad Medical Centre, Sidra Medical Research Centre, Aspetar) will receive their report(s) annually at the end of academic-year in PDF format.

WCM-Q: Course, Clerkship, and Faculty evaluation reports

- The Vice Dean for Academic and Curricular Affairs will have access to all feedback reports collected from students in the Medical Curriculum.
- The Assistant Dean for Foundational Sciences will have access to all Foundational Science unit and course reports.
- The Assistant Dean for Clinical Learning will have access to all clerkship evaluation reports.
- The Course Director and Clerkship Director (including Associate- and Co-Directors), will have access to their relevant course, clerkship and faculty-evaluation reports, respectively.
- Course Directors (including Associate- and Co-Directors) will also receive additional evaluations of their course/clerkship (e.g., Director and Site evaluations).
- Other instructors will have access to their individual report(s) in the courses/clerkship in which they participated.

External Faculty Evaluation-reports

- Qatar-based external faculty members (e.g., faculty at Hamad Medical Centre, Sidra Medical Research Centre, or Aspetar) who are involved in the instruction of courses, will receive their feedback reports by email, after the end of academic year. These reports will be sent as PDF attachment(s) via the email from OED. The Course and Clerkship Directors will be notified about the release of the reports.
- For clerkships, the Program Director can forward their request via the Clerkship Director to receive the evaluation reports, only for the relevant Residents and Fellows.
- A standard cover letter will be used for the release of evaluation reports to the "recipient's institutional/official email address". In the event the official email address is invalid, or the email bounces back, OCS will be notified and requested to provide the updated information.
- Once the reports are released via email, they will be batch-copied to:

    a) The Vice Dean for Academic and Curricular Affairs

    b) The Assistant Dean for Foundational Sciences/Clinical Learning

    c) The Course Director

Special Cases

After consultation with the Vice Dean for Academic and Curricular Affairs, the WCM-Q Course Director(s) or respective Assistant Deans may share a copy of specific course, clerkship, and or faculty evaluations with:

a) WCM-NY Course Director

b) WCM-NY visiting (and video-lecture) faculty

Acquiring approval for modifying and or including new questions in the existing survey

- Requests to modify the existing evaluation form(s) should be initiated by the Course Director, or by the responsible faculty.
- The modified evaluation form should be reviewed and approved by the Course/Clerkship Director, or by the responsible faculty, before it can be released to the students.
- Minor revisions will be incorporated by the OED staff.
- Major revisions (e.g., adding, deleting questions) in the survey will be incorporated after they are approved by the OED and the respective curriculum Deans.
- If the course/clerkship director, or a faculty member, wishes to propose a new survey form, the proposal should be forwarded by the curriculum deans to the Curriculum and Program Evaluation Committee (CPEC) for approval. A notification, highlighting the decision of CPEC will be sent to the relevant curriculum leadership.

2— CLASS REPRESENTATIVES FEEDBACK

For Foundational Sciences Courses, Class Representative Meetings are organized at unit-level by the Course Director(s). These meeting are held approximately every two weeks (with longer units having more than one meeting). Each meeting is attended by the Class Representatives, Course Director(s), Unit-Leads of both the regular-unit (e.g., Pharmacology) and the longitudinal-unit(s) (e.g., Anatomy), and an OED representative. Each meeting is organized in two time-segments: *Meeting* and *Focus Group*.

Meeting: This segment enables discussion among the curriculum-faculty and Class Representatives who bring up any unit/course-level issues raised to them by their fellow class-mates. Course directors and Unit-Leads provide explanation, insights, and possible action-plans on concerns and suggestions raised by the students.

Focus Group: The last-five minutes are dedicated to the open-discussion without faculty members present. During this segment, the OED representative conducts a semi-structured questions to the Class Representatives encouraging them to provide anonymous feedback relating to topics including faculty, unit, course, or non-curriculum aspects of their experience, that they would like the Medical College to enact.

Reports from both the *Meeting* and *Focus Group* will then be developed by the OED, and disseminated as per the following matrix. At the end of academic year, all reports will be compiled at course-level and shared with the Vice Dean for Academic and Curricular Affairs and the Assistant Dean for Foundational Sciences.

3—INSTANTANEOUS FEEDBACK

Student Comment Corner:

A mechanism was introduced to enable students to relay instantaneous feedback for any unit, course, clerkship, and or non-instructional aspect of their experience at WCM-Q. The process is known as the 24/7 Student Comment Corner (SCC). The SCC is an online feedback-form that allows students to channel their anonymous feedback to Vice Dean for Academic and Curricular Affairs, Assistant Dean, Course/Clerkship Director, or to OED. SSC also allows to attach one Document (PDF, DOC, DOCX, TXT, ODT), Spreadsheet (CSV, XLS, XLSX, ODS), or Graphic (JPG, PNG, GIF) file of up to 100MB. The respondent can provide their name and email address if they wish to receive a reply on their submitted comment(s). The SCC form is appended in Appendix A4.

At the beginning of each academic-year, an email message will be sent to all students in the medical curriculum —with the web link— introducing/reminding them about the SCC. The SCC link will also be included in the top-section of the resource-page of each unit, course, and clerkship, in the learning management system (e.g., Elentra). It will be emphasized in all communication that the SCC does not replace the regular unit/course/clerkship evaluations.

4—MILESTONE EVALUATION

This section outlines the policy and procedures for the milestone feedback gather from the students and alumni. Each milestone feedback will be published as a report, which will reflect the aggregated-feedback and/or themes (where applicable). This information is used to inform WCMQ's continuous quality improvement (CQI) efforts. The report will be shared with the Vice Dean for Academic and Curricular Affairs, and to other WCM-Q Leadership, as directed by the Vice Dean for Academic and Curricular Affairs.

4a— During MD-program

During the MD program of studies, four milestone surveys are administered. These surveys are adapted from those created by the *Association of American Medical Colleges* (AAMC). An overview of each survey is provided below:

Med-Ed Entrance Questionnaire (MEQ):
Administration time: First week of M1 instruction
Adapted from the AAMC's *Matriculating Student Questionnaire*, the purpose of the MEQ is to understand the needs of the entering M1 students in areas such as well-being, personal characteristics, career plans, and research interests.

M2 Questionnaire (M2Q):
Administration time: Towards end of M2 instruction
Adapted from the AAMC's *Medical School Year Two Questionnaire*, the purpose of the M2Q is to gather students' feedback on the Pre-Medical program,as well as capture their perception and experiences about topics such as educational environment, well-being, career inspirations, and research interests.

Sub-I and Elective evaluation:
Administration time: October prior to the graduation of M4
The purpose of this milestone evaluation evaluation is to gather feedback relating to the learning experience in the i) sub-I and electives, and ii) sciences fundamental to medicine.

Graduation Questionnaire (GQ):
Administration time: Towards end of M4 instruction
Adapted from the AAMC's *Graduation Questionnaire,* the GQ covers numerous topics on which M4 students reflect and contribute to the improvement of the MD program of studies for future cohorts. Prior to administration, sections of the GQ are sent to the appropriate curriculum leadership for their review & input. The GQ prompts students to share their views and experiences on aspects of MD program, such as: i) medical program and curriculum overall, ii) skills acquisition for residency training, iii) career choice, planning, support, and iv) educational environment and well-being.

4b— Post MD-program

Graduation Reflection: Each year, M4 students are invited to volunteer their time for the graduation-interview. This process captures their perspective and experiences of the MD program, from the unique vantage-point of having completed it. It consists of a 20-minutes one-on-one semi-structured interview, conducted during WCM-Q business hours (flexibility is allowed for students opting to conduct the session via Zoom, Skype, or phone). The interview will be led by an OED representative who will encourage the graduates to share their thoughts on program-level experiences. Specifically, the objective of the interview is to obtain in-depth feedback on their experiences with the aspects of medical curriculum at WCM-Q.

Each interview will be voice-recorded to enable a free-flowing discussion in a comfortable environment. However, consent will be acquired prior to commencing audio recording. During the interview, graduates will be posed a series of semi-structured questions and are encouraged to share their constructive criticism of the program of studies and resources. Probing questions will be asked to seek clarity and/or expand on their thoughts.

After the interviews, the recorded data will be transcribed and anonymized (any identifiable information will be masked). The final report will reflect the aggregated-feedback and themes will be highlighted. In addition to student suggestions, OED will append their own suggestions from the thematic analysis

conducted, identifying possible avenues in which enhancements can be made.

Alumni Survey: Biennially, WCM-Q alumni who have completed at least one year in residency will be invited to participate in the Alumni Survey (also known as the Residency Preparedness Survey). The objective of this anonymous survey is to collect the perspectives of alumni on how well the MD program prepared them for their residency training. Specifically, the survey will capture their views on the medical education curriculum and their preparedness for the six ACGME (Accreditation Council for Graduate Medical Education) competencies. The invitation for survey-participation is released in late-summer and remains open until fall.

Elective Evaluation Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

Each student who takes a fourth-year elective is required to complete an evaluation of that elective.

Purpose

These evaluations help ensure the quality of elective offerings and also provide valuable guidance to future students in elective selection.

Administration

While each elective evaluation should be completed no later than two weeks after the course ends, evaluations will not be released to faculty until the student has received his/her final grade. Completion of all elective course evaluations for which students are issued course credit is a required academic milestone, and therefore required in order to academically advance from Phase 3-Post-Clerkship to Graduation. All elective course evaluations must be completed before the first day of the last required course of the curriculum, Transition to Residency.

Commencement Participation Policy

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

For a variety of reasons, students in their senior year may not be able to complete all graduation requirements by the deadline specified by the Office of the Registrar. Such students may wish to participate in the commencement ceremony with their class and receive their certificate of graduation with the Doctor of Medicine degree at a later date when all requirements have been met.

Purpose

This policy outlines the criteria and timeframe for student participation in the annual commencement ceremony, usually held in May of each year.

Administration

1. Any student projected to complete all program/graduation requirements by mid-April of his/her senior year, will automatically be eligible to graduate in the commencement ceremony of that year, usually held in the month of May. The diploma conferral date for a class is determined by the next day of the last day of the academic year for the fourth medical year, given all other graduation requirements are met.

2. Any student projected to complete outstanding program/graduation requirements, such as electives, or the submission of elective evaluations, after the May graduation date, but no later than August 31 in that year, and who wishes to participate in the commencement ceremony, must petition the Medical College for permission. The petition must be submitted to the Office of the Registrar, no later than the last day of February, preceding the May commencement. The diploma conferral date will be determined by one of the conferral dates used by Cornell University. The WCM-Q Registrar will choose the date depending on when a student completes graduation requirements. The Promotion and Graduation Committee will review applications and decide whether or not permission is granted.

3. Students who complete program/graduation requirements after August 31 of their senior year are eligible to participate in the next appropriate commencement ceremony.

Academic Information

General Academic Information Applicable to All Students

Research at WCM-Q

Applicability: All Students

In line with the national vision of Qatar and Qatar Foundation, the goal of the research program at WCM-Q is to establish a Center of Excellence in Basic, Translational and Clinical biomedical research with a world-class infrastructure and outstanding scientists to target the most pressing health needs in Qatar and the region.

WCM-Q offers excellent research opportunities for students who are completing the Advanced Biomedical Sciences Research (ABSR) elective course, wishing to graduate with Honors in Research or who are otherwise interested in developing their scientific investigation and clinical research skills. These experiences introduce students to approaches and tools used in research.

Students may engage with individual faculty members to develop or assist with projects. The Qatar Research and Development Institute (QRDI) Undergraduate Research Experience Program (UREP) offers funding for students who are interested in working on a yearlong research project in Qatar. Additionally, medical students may apply to the Medical Student Research Award (MSRA). Through the MSRA, WCM-Q offers funding to medical students who are interested in doing research in any part of the world for 8 continuous weeks between the summer of the first and second year of the medical curriculum. This award offers up to $10,000, which covers a stipend in addition to the awarded students' housing and travel expenses. Finally, the WCM-Q Presentation Award offers up to $3,000 stipend to students to present their research data at conferences and professional meetings.

The Student Research Mentorship Program (SRMP) is an opportunity offered by the Research division at Weill Cornell Medicine-Qatar (WCM-Q) to pre-medical students. The award aims to train students in securing labs and writing research proposals, and to give the students the tools needed to seek out research opportunities. The SRMP provides funding for yearlong research projects in any of WCM-Q's research laboratory.

Researchers commit significant time, effort and resources to their work. Students wishing to gain research experience should carefully consider their ability to commit their own time and effort.

It is also important to remember that students are bound by WCM-Q's commitment to the principles of truth, integrity and credibility in research. Adherence to these principles is essential for scientific progress, fostering public trust in science and complying with the laws and regulations of Qatar and the United States.

WCM-Q designates a faculty member as the Associate Dean for Student Research to help students explore research opportunities and understand and meet their responsibilities.

While student research is highly recommended by WCM-Q, it is important to know that only students with good academic standing are allowed to participate in research activities. Therefore, pre-medical students are required to obtain approval from their advisor indicating that their participation in research will not impact their academic progress. The following are required to consult with and obtain approval from the Division of Student Affairs and the

Associate Dean for Student Research before engaging in research activity

- Medical students planning to undertake the Advanced Biomedical Sciences Research (ABSR) elective course
- Medical students planning to undertake an independent Extended Curriculum for Research
- Medical Students intending to apply to graduate with Honors in Research

All other students interested in research are strongly encouraged to consult with Dr. Nayef Mazloum, Associate Professor of Microbiology and Immunology and Associate Dean for Student Research, +974 4492-8477.

For more information about the research program, please see the provided links:

WCM-Q Student Research and Guiding Principles

WCM-Q Research Division

WCM-Q Office of Research Compliance

WCM-Q Research Training Programs

Office of Educational Development

Applicability: All Students

The Office of Evaluation, Assessment, and student Informatics (OEASI) has the mandate to gather students' feedback for improving the curriculum and instruction for courses and clerkships.

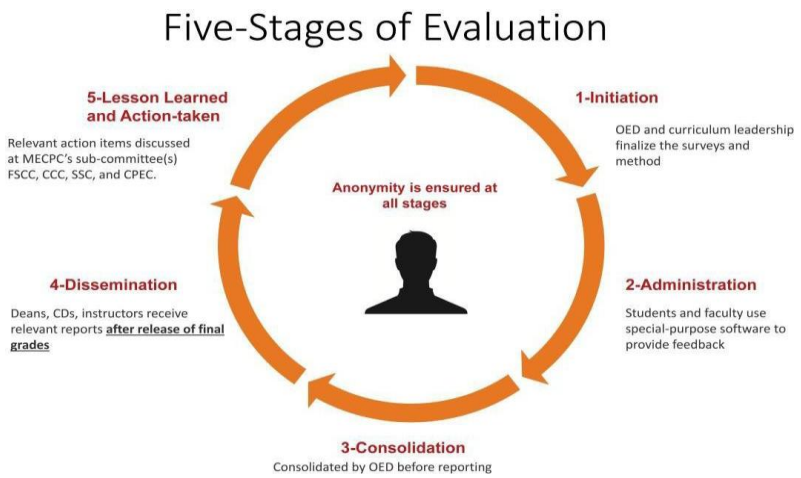
Student's participation in course evaluation is mandatory as constructive feedback is an integral input into WCM-Q's quality improvement processes. Every effort has been taken to ensure that surveys are short and easy to complete (5-10 min).

One of the special-purpose software used by OEASI is *CoursEval*. Through this, student feedback is collected while respondent anonymity and confidentiality is maintained.

To further ensure confidentiality, a member of OEASI screens the evaluation summary reports for any identifiable information. Then only after final grades are released to the students, the summary reports are shared with the curriculum Deans. Relevant sections of the report are also shared with the course/clerkship director(s) and instructor(s).

How is your feedback used? The actionable major themes from the feedback are discussed in curriculum and evaluation committees and plans are devised for enhancements and or reforms, before the next administration of the course/clerkship rotation.

Student's participation in course evaluation is mandatory as constructive feedback is an integral input into WCM-Q's quality improvement processes. The following diagram represents the five-stages of course evaluation.



MECPC — Medical Executive Curriculum and Policy Committee, **FSCC** — Foundational Sciences Curriculum Committee, **CCC** — Clinical Curriculum Committee, **SSC** — Scholarship and Science Committee, **CPEC** — Curriculum and Program Evaluation Committee.

Academic information Applicable to Students in the Pre-Medical and Foundation Programs

Learning Outcomes

Applicability: Students in the Pre-Medical Curriculum and Foundation Program

Through the Pre-Medical Curriculum, you should attain proficiency in:

- **Disciplinary Knowledge**: demonstrate a systematic or coherent understanding of the subjects studied
- **Critical Thinking**: apply analytic thought to a body of knowledge; evaluate arguments, identify relevant assumptions or implications; formulate coherent arguments
- **Communication Skills**: express ideas clearly in writing; speak articulately; communicate with others using media as appropriate; work effectively with others
- **Scientific and Quantitative Reasoning**: demonstrate the ability to understand cause and effect relationships; define problems; use symbolic thought; apply scientific principles; solve problems with no single correct answer
- **Self-Directed Learning**: work independently; identify appropriate resources; take initiative; manage a project through to completion
- **Information Literacy**: access, evaluate, and use a variety of relevant information sources
- **Engagement in the Process of Discovery or Creation**: for example, demonstrate the ability to work productively in a laboratory setting, library, or field environment

In addition, the Weill Cornell environment strives to foster collegiality, civility, and responsible stewardship. Through academic studies, and through broader experiences and activities in the university community on and off campus, Cornell graduates should develop a deeper understanding of:

- **Multi-Cultural Competence**: for example, express an understanding of the values and beliefs of multiple cultures; effectively engage in a multicultural society; interact respectfully with diverse others; develop a global perspective
- **Moral and Ethical Awareness**: embrace moral/ethical values in conducting one's life; formulate a position/argument about an ethical issue from multiple perspectives; use ethical practices in all work
- **Self-management**: care for oneself responsibly, demonstrate awareness of one's self in relation to others
- **Community Engagement**: demonstrate responsible behavior; engage in the intellectual life of the university outside the classroom; participate in community and civic affairs

Academic Calendars

Applicability: Students in the Pre-Medical Curriculum and Foundation Program

Academic calendars can be accessed on the WCM-Q website using this link:
Current year academic calender

Objectives and Course Descriptions

Applicability: Students in the Pre-Medical Curriculum and the Foundation Program

Pre-Medical Curriculum

Objectives and Course Descriptions

The Pre-Medical Curriculum has been designed to prepare students for promotion to the Medical Curriculum. It provides instruction in subjects that meet the eligibility requirements of Weill Cornell Medicine. Students receive transcripts from Cornell University identifying the courses and grades received.

The initial focus is on the sciences that are basic to medicine – biology, chemistry, statistics and physics – plus a seminar course, which explores issues in global and public health. In addition, courses are given the focus on written and oral communication. In the second year, the emphasis is closer to the study of medicine with subjects such as organic chemistry, biochemistry, genetics, psychology, physiology, human development and structure and medical ethics.

The courses are rigorous and challenging, and the standards are high.

Sessions in the laboratory form an integral part of pre-medical education at WCM-Q. Students develop an understanding of how information in science is generated and how to accurately record and analyze findings. Laboratory work also encourages students to take a questioning approach to academic studies in preparation for the mode of education of the Medical Program.

Problem-solving exercises are part of the learning experience from the outset. Students are guided by Teaching Specialists who help with laboratory work, offer review sessions and give individual tutoring.

For the detailed list of courses, please refer to the Pre-Medical Curriculum Website.

Foundation Program

Objectives and Courses Descriptions

The Foundation Program is a one-year program intended to be a pathway to entry to the Six-Year Medical Program. It allows students to study the relevant subjects they will need to help them develop the study skills, habits, critical thinking, and knowledge application to help prepare them for the Pre-Medical Curriculum.

Foundation students study biology, physics, chemistry, calculus, English. Foundation faculty are Cornell University faculty who know how to best prepare students for the challenges of our intensive Pre-Medical Curriculum.

Among the many advantages of the Foundation Program:

1. Small classes with Cornell faculty
2. Participation in Cornell's unique community of scholars
3. Access to Cornell laboratories, Health Sciences Library, and support resources
4. Introduction to research, study skills, and test preparation
5. Numerous co-curricular and leadership activities such as field trips, sports teams, faculty mentorship, theater productions, and distinguished guest lectures

For the detailed list of courses, please refer to the Foundation Program website

Academic Information Applicable to Students in the Medical Curriculum

Program Core Competencies and Constituent Learning Objectives

Approved by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: Students in Medical Curriculum

Knowledge (K)

K-1. Describe the basic scientific principles underlying normal development, structure and function of genes, cells, organs and the body as a whole throughout the life cycle.

K-2. Describe the etiology and pathophysiology of major diseases and disorders, and their clinical, laboratory, radiographic and pathologic manifestations.

K-3. Describe the epidemiology of disorders in populations and approaches designed to screen, detect, prevent, and treat disease in populations.

K-4. Describe the spectrum of therapies of common physical and mental disorders and recognize the relative efficacies and common adverse effects of those therapies, and their variations among different patients and populations.

Patient Care (PC)

PC-1. Perform both a focused and comprehensive history and physical examination, develop diagnostic hypotheses, order and evaluate diagnostic tests, and formulate an appropriate plan of care.

PC-2. Perform core technical procedures, as would be expected of a beginning intern, and describe their indications, contraindications, and potential complications.

PC-3. Recognize acute, life-threatening conditions and perform measures to stabilize the patient.

Interpersonal and Communication Skills (ICS)

ICS-1. Communicate with patients and their families; counsel them in an effective, caring, and culturally competent manner.

ICS-2. Communicate, consult, collaborate, and work effectively as a member or leader of healthcare teams.

Professionalism (P)

P-1. Maintain a professional demeanor, while demonstrating responsibility, integrity, empathy, reliability, and attention to personal wellness.

P-2. Demonstrate the ethical principles that govern the doctor-patient relationship, medical decision-making, and healthcare delivery.

P-3. Provide compassionate, unbiased care to patients from diverse backgrounds.

Practice-Based Learning and Improvement (PBLI)

PBLI-1. Utilize appropriate information technology for scientific and clinical problem-solving and decision- making.

PBLI-2. Analyze and critically appraise the medical literature.

PBLI-3. Apply principles of evidence-based medicine, medical ethics, and cost-effectiveness to diagnosis, prognosis, and therapeutics.

PBLI-4. Demonstrate the ability for lifelong self-directed learning.

Healthcare Systems (HCS)

HCS-1. Discuss the organization, financing, and delivery of healthcare services with particular awareness of healthcare disparities, the needs of the underserved, and the medical consequences of common societal problems.

HCS-2. Define the core principles of healthcare quality, patient safety, and interprofessionalism.

HCS-3. Describe how important societal factors , including racism, impact equitable healthcare delivery and patient outcomes

Scholarship (S)

S-1. Define the scientific and ethical principles of biomedical research, including basic, translational, clinical, and population studies.

S-2. Identify a scholarly area of interest, formulate an investigative question, develop and implement methods to assess it, and communicate the results.

Academic Calendars

Applicability: Students in Medical Curriculum

Academic calendars can be accessed on the WCM-Q website using this link:

Link to Current Year Academic Calenders

Office of Curriculum Support

Applicability: Students in Medical Curriculum

The Office of Curriculum Support (OCS) serves as the primary curriculum resource for the foundational sciences courses, the clinical courses/clerkships, and the areas of concerntation curriculum in the medical education program.

OCS staff members work collaboratively with the curriculum deans, course/clerkship directors, unit leaders, library, ITS and others, to provide students with the necessary support and resources needed to succeed. This includes working in liaison with the Office of Curriculum and Educational Development at Weill Cornell Medicine (WCM), and clinical affiliated health care sites in Qatar to plan and deliver the curriculum.

In addition to the provision of course/clerkship resources, OCS is responsible for administrative aspects of exams as well as collating student assessment data. OCS also assists in planning for and preparing the students for their clinical work at affiliate healthcare sites, WCM in NYC, and Weill Bugando Medical College in Tanzania.

Course/Clerkship Materials

The majority of student course/clerkship material such as the schedules and lecture handouts is available via the Learning Management System (LMS), Elentra. Students receive instructions about how to access this on-line resource during orientation week. However, at the start of each course/clerkship, students are expected to collect course material from OCS. Delivery of materials is also shared via Elentra and students will be notified when any new information is available to access.

Methods of Communication with Students

It is very important that students check their WCM-Q e-mail on a regular basis to ensure that they have the latest updates with regard to schedule changes, room assignments, exam information, and other course announcements.

Access to Grades, and Student Assessment Forms

Unless otherwise notified, results of weekly quizzes are posted on Elentra usually within 48-72 hours after the quiz date. Students will receive an individualized strengths and opportunities report.

Students are encouraged to contact their faculty members or course and clerkship directors directly should they have any questions about their grades and/or narrative assessments.

Refer to: Student Request for a Course Evaluation/Grade Review (as per the Promotion and Graduation Standards)

At the end of each course/clerkship, final grade forms are released to students via Elentra.

Student Transportation

Students are strongly encouraged to use public transportation when possible.
Transportation arrangements for travel to clinical sites will only be made where public transport is not available.

Required Courses in Curriculum

Applicability: Students in Medical Curriculum

Phase 1 – Foundational Sciences

- Essential Principles of Medicine Course – A
- Essential Principles of Medicine Course – B
- Health, Illness and Disease, Part I Course – A
- Health, Illness and Disease, Part I Course – B
- Health, Illness and Disease, Part II Course – A
- Health, Illness and Disease, Part II Course – B

Phase 2 - Clerkships

- Anesthesia and Critical Care Clerkship
- Emergency Medicine Clerkship
- Medicine Clerkship
- Neurology Clerkship
- Obstetrics and Gynecology Clerkship
- Pediatrics Clerkship
- Ambulatory Care Clerkship
- Psychiatry Clerkship
- Surgery Clerkship
- Clinical Skills Course

Phase 3 – Scholarship and Advanced Clinical Skills

- Areas of Concentration Course/Program (longitudinal program – runs over the four years of the curriculum)
- Translational Science Course
- Advance Clinical Ethics course
- Clinical Electives (16 weeks)
- Sub-internship (Medicine, Pediatrics or other specialties)
- Health Policy and Public Health Clerkship
- Transition to Residency Clerkship

Additional Course Requirements

Applicability: Students in Medical Curriculum

Advanced Biomedical Sciences Research (ABSR) elective course

The Advanced Biomedical Sciences Research (ABSR) elective course is designed to give each medical student the opportunity to pursue a personal scholarly experience in biomedical sciences (broadly defined) and to develop fundamental understanding in new areas of biomedical science relevant to clinical medicine. The research experience gives the student additional experience in understanding the principles of biomedical research. The research opportunities include clinical research, laboratory research, social science, public health projects, and other translational projects. By conducting a small research project, the student gains critical judgement in evaluating research evidence and its application to patient care.

Completing the 8 weeks of ABSR research experience will contribute to 4 weeks of clinical electives of the 3 graduation requirements.

Requirements:

- 8 weeks or more (at least 8 weeks must be continuous) of mentored biomedical science research done during the summer between first and second year of the medical curriculum.

How to apply:

- Go to Extended Curriculum for Research Online Application
- **Step 1: Complete the Research Proposal online form**
- Your Proposal will be forwarded for review and approval first by your mentor, and then by the Associate Dean for Student Research, Dr. Nayef A. Mazloum
- Once the Proposal is approved, you can proceed with your research experience as planned as long as you maintain good academic standing
- After finishing your research experience, you can proceed with Step 2: Research Report
- **Step 2: Complete the Research Report online form**
- Your report will be forwarded for review and approval first by your mentor, and then by the Associate Dean for Student Research, Dr. Nayef A. Mazloum.
- The deadline to submit the report is April 30 of the following year. A grade of Incomplete will be assigned after April 30 for students with unsubmitted reports.
- Course is completed and credits are awarded only after the final approval from the Associate Dean for Student Research, Dr. Nayef A. Mazloum, by July 31 of the following year

Extended Curriculum for Research Course

Students in their clinical years have

an opportunity to participate in an Extended Curriculum for Research. Students can opt to complete up to 12 consecutive months of research in Doha or elsewhere if approved. During this time, students are not involved with clerkships or other clinical electives. Students must secure sponsorship with a primary investigator in an area of interest to them.

Completing at least 8 weeks of Extended Curriculum for Research will count towards 4 weeks of Clinical elective credits to meet the graduation requirements provided that:

- the student did not complete the Advanced Biomedical Sciences Research courses and claimed 4 weeks of Clinical elective credits; and
- the Extended Curriculum for Research is not completed as an extended period to work on the AOC project.

How to apply:

- Go to Extended Curriculum for Researchs Online Application

• Step 1: Complete the Letter of Intent (LOI) online form

- The Letter of Intent (LOI) will be forwarded to Student Affairs for approval
- After approval from Student Affairs, you can proceed with Step 2: Research Proposal

• Step 2: Complete the Research Proposal online form

- Your Proposal will be forwarded for review and approval first by your mentor, and then by the Associate Dean for Student Research, Dr. Nayef A. Mazloum
- Once the Proposal is approved, you can proceed with your research experience as planned
- After finishing your research experience, you can proceed with Step 3: Research Report

• Step 3: Complete the Research Report online form

- Your Report will be forwarded for review and approval first by your mentor, and then by the Associate Dean for Student Research, Dr. Nayef A. Mazloum
- Course is completed and graded only after the final approval by the Associate Dean for Student Research, Dr. Nayef A. Mazloum

Areas of Concentration Course/Program

The Areas of Concentration (AOC) Course/Program provides students with dedicated time designed to enrich their medical school experience. Each student selects an area of interest in which to obtain in-depth knowledge, develops a research skill set, and conducts a scholarly project. A student is able to choose from a menu of topic areas or customize a unique topic area tailored to his or her individual interest. Once a student decides on an AOC, he/she will engage in a program of activities and research experiences typically within one of four methodologically-based pathways: laboratory sciences, clinical sciences, population sciences and medical education. These activities may include journal clubs, lecture series, site visits, field trips, online courses, grand rounds or lab meetings among others, and will bring together small communities of faculty and students with similar interests.

The AOC Course/Program unfolds over the four years of medical school. In the Exploratory Phase, in the first year of medical school, the student explores his or her interests with the guidance of the AOC leadership. In the Planning Phase, which occurs in the second and third years of medical school, the student identifies a faculty mentor within an AOC and works with the mentor to formulate a suitable research project proposal. In the Scholarly Project Phase, which consists of six months of dedicated block time in the fourth year of medical school, the student

conducts and completes the Scholarly Project. The Scholarly Project is considered the capstone requirement of the AOC Course/Program and results in a written work report that could potentially be suitable for publication (although actual publication is not a requirement).

Clinical Electives

Students are required to complete 16 weeks of clinical electives to meet their graduation requirements. Clinical electives can be completed at New Presbyterian Hospital, WCM-NY affiliate hospitals, by special arrangement at various other U.S. institutions, HMC, SIDRA, Aspetar and other global international electives offered by GEMx® and VSLO®.

All requests to add or drop an elective or clerkship must be submitted to the registrar's office at least 45 days prior to the start of the elective or clerkship. All requests to add or drop a Sub-I must be submitted to the registrar's office at least 60 days prior to the start of the Sub-I.

See: Add/Drop Policy for All Clerkships / Sub-Internships and Electives and Clinical Course Add/Drop Form.

Sub-internship(s)

Fourth year medical students have a myriad of opportunities to complete their 4-week sub-internship graduation requirement in either medicine, surgery, pediatrics, neurology, or emergency medicine. Students may choose to rotate through their sub-internship at either New York Presbyterian Hospital/Weill Cornell or other WCM-NY affiliated hospitals (depending on slot availability). The sub- internship is graded on a Pass/Fail basis; final grades take into account performance evaluations from supervising house staff and faculty. Sub-interns are fully integrated into the medical team, and work under the direct supervision of a Junior Resident. They carry out the same responsibilities as an intern, actively caring for patients from the time of admission to discharge. They serve as front line care providers for their patients: writing admitting notes and orders, facilitating continued medical workup, monitoring and charting daily progress, formulating and implementing management plans as part of the team, and arranging for discharge and follow-up plans. Students also work with consulting subspecialists and ancillary/supportive services, and attend all learning activities available to house staff. As the primary liaison between patients/families and the medical team, students fulfill an important advocacy role.

All requests to add or drop a sub- internship must be to the submitted to the registrar's office at least **60 days** prior to the start of the sub-internship.

See Add/Drop Policy for All Clerkships / Sub-Internships and Electives and form: Clinical Course Add/Drop Form.

Transition to Residency

Transition to Residency (TTR) is an immersive course for graduating medical students aimed at preparing them for residency training, and provides them with the last opportunity to practice certain key skills.

The rotation focuses on three key areas:

- Practical Clinical Learning
- Interpersonal Communication
- Implicit Curriculum Made Explicit

Practical Clinical Learning entails students being exposed to skills they were taught and which they may have forgotten or not had a chance to learn during their clinical rotation. Emphasis is made on key clinical skills that may be lifesaving and that they may be expected to perform at the start of intern year with minimal supervision. Students get to review and practice their teamwork, clinical reasoning and medical decision-making skills via a series of immersive simulations of commonly encountered patient complaints, where they learn to recognize

emergent conditions and provide their first 10 minutes of care while waiting for expert help to arrive. A series of hands-on procedural skills station allows them to review procedures such as placing IV lines, central lines, performing LPs, etc.

Interpersonal Communication aims to help the students improve their communication skills by exposing them to some of the common communication challenges they are expected to face in residency (e.g., leading a team, calling a consult, giving and receiving sign out).

Implicit Curriculum Made Explicit serves to discuss topics that are often overlooked in the medical curriculum but nevertheless are important to residency success. These include sessions on end-of-life discussions, financial planning and career guidance.

The teaching happens at WCM-Q, and the simulations occur in the Clinical Skills and Simulation Lab.

Note: An addendum has been introduced for the Class of 2026; please refer to page 73 for details.

International Electives

Applicability: Students in Medical Curriculum

International electives are considered a privilege and only students in good academic standing can participate in an international elective. Courses that result in a failing or marginal grade must be repeated or remediated prior to travel. Students who take required clerkships late in the fourth-year and receive the grade "Fail" or "Marginal" will not have time to remediate or repeat the course before their international travel.

All international electives must be pre-approved by the Assistant Dean for Clinical Learning and the Associate Dean for Student Affairs.

Global Elective Opportunities

Visiting Student Learning Opportunities (VSLO®)

VSLO® is an international program of the Association of American Medical Colleges (AAMC), comprised of a network of collaborating institutions in over 43 countries, with nearly 2,000 clinical, public health and research opportunities.

VSLO® facilitates global mobility for final year medical and public health students pursuing electives outside their home countries.

The AAMC recognizes that with ever-increasing globalization in medicine there is growing interest on the part of medical students and medical schools to incorporate international electives into their educational curriculum. Cross-border exchanges in the health professions enable students to work with different patient populations, develop cross-cultural understanding, and learn about health systems and approaches to wellness and illness in other nations.

WCM-Q is a VSLO® participating institution offering elective opportunities in a host capacity for international medical students, and home capacity to support WCM-Q students who wish to take up an elective in another VSLO® participating institution. Further information about elective opportunities at participating VSLO® institutions can be found at https://www.aamc.org/services/ghlo

Students who are interested in taking up a VSLO® elective, should contact the Office of the Registrar.

See International Elective Application Form available at Office of The Registrar Forms.

Awards and Prizes

Academic Distinction

Academic distinction is awarded at the discretion of the Vice Dean for Academic and Curricular Affairs to students who have consistently shown outstanding academic performance. This generally equates to an overall academic performance commensurate with the top 20% of the graduating class and will appear on the student's transcript.

Academic and Non Academic Awards

Students who have excelled in one or more areas during their course of study in the medical curriculum are recognized at the ceremony. Awards are presented for academic excellence in each course in the three phases of the curriculum, as well as an overall award for excellence in the Foundational Sciences Curriculum and excellence in the Clinical Curriculum. When merited, awards may also be made *for Excellence in Professionalism in Phase I and Phase II of the curriculum* and *The Mark Pecker Award for Clinical Excellence.*

Students may be eligible for other awards such as *Leadership in Medicine, Humanism in Medicine, Class of 2008 Student Leadership, The Good Physician,* as well as *Global and Public Health Award and Outstanding Public Health and Community Medicine Research.*

Honors Designation

Honors in Research

The goal of the M.D. with Honors in Research Program is to encourage and recognize achievements in biomedical research by medical students of the Medical College. To obtain the honors designation, the student must complete successfully a clinical or laboratory research project undertaken at WCM-Q, one of its affiliates, or another approved site. The research project may be undertaken at any time during the student's tenure in the Medical College. The student's time commitment to the research may vary from elective periods undertaken during the academic years, to research performed during summer vacations, to full-time involvement in research undertaken during a one or two- year Extended Curriculum for Research (ECR). The project must have approval of a faculty mentor, as well as the WCM-Q Coordinator of Student Research. Research performed to satisfy the requirements of the summer Extended Curriculum for Research, also known as the Advanced Biomedical Science Extended Curriculum for Research should be considered for this award.

The M.D. with Honors in Research program will be administered by the WCM-Q Graduation Research Award Committee, which is appointed by the WCM-Q Dean. The Committee will have final authority in recommending students to the Dean for the degree of M.D. with Honors in Research. The determination of the WCM-Q Graduation Research Award Committee in recommending students to the WCM-Q Dean for this award is final.

Awarding of the degree of M.D. with Honors in Research will be based upon the quality of the research project completed by the student. The student should complete a body of work that will comprise a scientific paper of quality suitable for publication in a peer reviewed major scientific journal. The student will submit their application for the Biomedical Research Award & Honors Designation to the Office of Student Affairs by January of the year of the expected degree. The faculty mentor and/or supervisor of the research project must endorse the student's application. Student Affairs will then submit the application and supporting documents to the chair of the WCM-Q Graduation Research Award Committee. If awarded, the student's diploma and transcript will indicate that the student achieved an "M.D. with Honors in Research."

Honors in Service

The goal of M.D. with Honors in Service designation encourages students with an interest in, and commitment to, community service to develop their interest and abilities in service to the community and to recognize excellence in their achievement. The Honors designation will appear on the student's diploma and transcript. The requirement for the designation of MD with Honors in Service has two components including a time and commitment component and an original scholarly paper component. The time commitment component is based on the student's activity as a volunteer in the community service program. The paper must be intellectually rigorous and of similar length to a scientific paper submitted for publication.

The M.D. with Honors in Service program will be administered by the WCM-Q Graduation Service Award Committee, which is appointed by the WCM-Q Dean. The Committee will have final authority in recommending students to the Dean for the degree of M.D. with Honors in Service. The determination of the WCM-Q Graduation Service Award Committee in recommending students to the WCM-Q Dean for this award is final.

Students who wish to be considered for the M.D. with Honor in Service should apply to the Office of Student Affairs by January 1 of the year of the expected degree. The Office of Student Affairs will then forward the application to the Graduation Service Award Committee. If awarded, the student's diploma and transcript will indicate that the student achieved an "M.D. with Honors in Service."

Institutional Policies and Procedures

Prohibited Discrimination and Harassment Policy

Endorsed by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: All Students

Policy

WCM-Q does not discriminate against or permit harassment of its students, employees or applicants for employment on the basis of their protected status. Accordingly, WCM-Q will not accept, tolerate or condone actions of discrimination and/or harassment by any employee, student, patient, vendor, or visitor. In compliance with applicable U.S. federal, New York state laws, and college policy, WCM-Q maintains processes for individuals or groups to seek redress and remediation if they believe they have been the victims of these acts.

Purpose

WCM-Q's commitment to diversity and inclusiveness is grounded in providing an environment that is free from all prohibited discrimination, protected status harassment, sexual assault/violence, and bias activity, in particular when such actions are directed at a member or group of the WCM-Q community because of that individual's or group's actual or perceived age, color, creed, disability, ethnicity, gender, gender identity or expression, marital status, national origin, race, religion, sexual orientation, pregnancy or recovery from childbirth or any combination of these or related factors protected by law.

Applicability

Applies to all members of the faculty, staff, and students of WCM-Q.

Definitions

Prohibited discrimination occurs when an academic or employment decision results in negative and/or different treatment of an individual based upon his or her protected status. Prohibited harassment occurs when an individual is targeted because of his or her protected status that unreasonably interferes with their academics or work and creates an intimidating, hostile or offensive learning or working environment. Examples of such misconduct can be found in Appendix D of Cornell University Policy 6.4.

All students and employees must comply with this policy and take appropriate measures to ensure that such conduct does not occur. Violations of this policy will be deemed gross misconduct.

Students and employees of WCM-Q must also familiarize themselves with Cornell University's Policy 6.4 on Prohibited Discrimination, Protected Status Harassment, Sexual Harassment and Sexual Assault and Violence. The principles stated in University Policy 6.4 apply to WCM-Q.

Acts of prohibited discrimination and protected-status including sexual harassment and sexual violence constitute violations of U.S. federal and New York state laws. In addition, WCM-Q will not tolerate sexual abuse, rape, sexual assault, domestic violence, intimate-partner violence, stalking, sexual coercion, or other forms of sexual violence by or against students, staff members, faculty, alumni, or visitors.

Sexual harassment is discrimination and is therefore illegal under U.S. federal and New York state laws. Sexual harassment is unwelcome unsolicited conduct of a sexual nature or because of one's sex that is offensive and undesirable to the receiver. It includes unwelcome sexual

advances, requests for sexual favors, and other verbal, non-verbal or physical conduct of a sexual nature.

Unwelcome conduct of a sexual nature or related to one's sex can unreasonably interfere with work and learning performance and creates an intimidating, hostile, and offensive work and/or academic environment, which has no place at WCM-Q. No one should tolerate such behavior in the course of his or her employment or academic status. Employment or academic decisions cannot be based on either submission to, or rejection of such behavior.

Forms of Sexual Harassment

Sexual harassment can take many forms including, but not limited to the following:

- Verbal - sexual innuendo, suggestive comments, humor or jokes about sex or gender related traits, sexual propositions, insults or threats;
- Nonverbal - suggestive or insulting sounds, gestures, or looks that convey an inappropriate sexual innuendo, act or threat;
- Physical - touching of the body (i.e. brushing, patting, pinching, grabbing), coerced sexual intercourse or other sexual acts;
- Visual - displaying or attributing non work-related materials that depict or describe a sexual act or sexually provocative image.

Any person, male or female may be subject to sexual harassment. Sex-based harassment - that is, harassment not involving sexual activity or language (i.e. if a male supervisor regularly berates only female employees) - may also constitute discrimination if it is severe or pervasive and directed at employees because of their sex.

Sexual Assault - Sexual harassment, which constitutes sexual assault, will be reported to the proper authorities. Immediate action will be taken by WCM-Q to protect the safety of victims of sexual assault.

Acts of prohibited discrimination or harassment undermine WCM-Q's commitment to inclusion and diversity and threaten the careers, educational experience, patient services and well-being of all associated with WCM-Q.

Reporting of Allegations

If a student, employee or other member of the WCM-Q community believes that he/she has experienced such prohibited treatment at WCM-Q, the individual should report this to any of the following:

Assistant/Associate Dean, Student Affairs (Students only)	4492 8311
Director, Student Affairs (Students only)	4492-8518
Director, Human Resources (Faculty & Staff)	4492-8625

Complainants are assured that problems of this nature will be treated in a confidential manner.

Investigation and Corrective Action

All complaints of harassment or discrimination reported to the Director of Student Affairs, or to the Director of Human Resources, will be treated seriously and thoroughly investigated by WCM-Q. Complaints may or may not be made in writing.

The investigation may include individual interviews with parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge. The investigation will proceed with appropriate consideration given to the privacy of all involved. It must be recognized that WCM-Q will take reasonable measures to protect the confidentiality of the complaint,

testimony and witnesses throughout the investigatory process. However, WCM-Q cannot and does not guarantee that confidentiality will be maintained. If a complaint is substantiated, employees or students who engage in such inappropriate behavior will be dealt with promptly and appropriately. Responsive action may include, for example, training, referral to counseling, monitoring of the offender and/or a corrective action, or other discipline up to and including termination of affiliation with WCM-Q. At the conclusion of the investigation, the complainant and respondent will be provided with a general overview of findings.

Responsibility of Employees and Students

In order for WCM-Q to ensure that it provides a working and learning environment free from harassment and discrimination, it is imperative that each person who believes he/she has been subject to or witnessed harassment or discrimination immediately notify any of the offices above so that an investigation can be conducted. It is expected that all employees of WCM will cooperate fully with WCM-Q investigating complaints of harassment or discrimination. The mere fact that an investigation is being conducted by WCM-Q does not suggest that WCM-Q has ground to substantiate the allegations of the complaint.

Responsibility of Supervisors, Administrators, and Faculty Members

Supervisors, administrators and faculty members are expected to maintain a work environment that does not tolerate or condone any form of harassment or discrimination. If a supervisor, administrator, faculty member, or counselor receives a complaint or inquiry about illegal harassment or discrimination that is alleged to have occurred on WCM-Q property or involves a WCM-Q employee or student, he/she is to immediately contact WCM-Q's Director of Human Resources, or any of the others listed above, and report that action.

Failure to immediately notify any of the above listed persons may impede the ability of the investigators to conduct an impartial, timely, and thorough review of the complaint and inhibit the Medical College's ability to adhere to their obligations under the law.

Investigative Process

Complaints brought forward by a student or an employee will be thoroughly reviewed by one of the offices noted above. All complaints that implicate the prohibited acts under this policy, including complaints of retaliation, will be investigated. The investigation will include interviews of the complainant, the accused, and all others involved or may have knowledge of the facts and circumstances. The investigation will proceed with appropriate consideration given to the privacy of all involved. At the conclusion of the investigation, the complainant and accused will simultaneously receive a written summary of findings. Any employee found to have engaged in illegal harassment and/or discrimination will be subject to remediation, which may include retraining and/or corrective action, up to and including termination of their employment or dismissal from WCM-Q enrollment.

Retaliation

Retaliation and/or threats of retaliation or retribution against employees who raise concerns or make complaints or assist in providing information (e.g., as witnesses) about discriminatory practices, including harassment, is prohibited and must be reported to Human Resources Division. Retaliation may also violate New York State and U.S. federal laws as well as WCM-Q policies.

False Claims

Deliberately false or malicious accusations of harassment or other discriminatory conduct – as opposed to complaints that, even if erroneous, are made in good faith - may be subject to appropriate disciplinary action.

Student Conduct

Endorsed by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: All Students

Policy

WCM-Q expects all students to act professionally at all times, including and not limited to, in the WCM-Q building, Education City, Qatar Foundation Residence Halls, any affiliated hospitals and clinics where they may be assigned to, from time to time, for educational and/or employment purpose, WCM-NY and Ithaca campuses, extracurricular or academic travel and/or any other instance in which students are representatives of the MedicalCollege.

Purpose

To define and protect the rights and safeguard the environment for all students during their enrollment at the College.

Violations

The following are examples of behaviors which may generally violate the rules of conduct even though they may not be directly outlined in the Academic Policies and Standards applicable to students in the premedical and medical curriculum and may result in disciplinary action:

- Failure to comply with the instructions provided by "faculty and/or staff in charge" in a team, task, trip or project setting;
- Engagement in any act of intimidation, fighting, violence and/or abuse of students, staff and other individuals. Refer to Harassment Policy in the Student Handbook;
- Engagement in fraternization and/or physical affection with another individual and/or any behavior that might be perceived as culturally inappropriate by the State of Qatar, refer to Standards of Conduct in the Medical Curriculum in the Student Handbook;
- Violation of the WCM-Q Dress Code policy, refer to the WCM-Q dress code in the Student Handbook;
- Use and/or possession of alcohol, drugs or narcotics, refer to the WCM-Q Drug and Alcohol Abuse Policy in the Student Handbook;
- Creating unsafe or unsanitary conditions for other students, staff and faculty; or
- Theft, fraud, unauthorized destruction or misappropriation of property belonging to WCM-Q, another student, staff or a patient.

The above violations should be reported to any of the following:

Assistant/Associate Dean, Student Affairs	4492 8504/ 4492 8311
Director, Student Affairs	4492-8625

Complainants/reporters are assured that all violations, as well as the investigation process will be treated in a confidential manner.

Investigation and Corrective Action

- All violations reported to the Student Affairs Deans or Director under this policy will be treated seriously and thoroughly investigated by WCM-Q. Reporting of these violations may or may not be made in writing.
- The investigation may include individual interviews with parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge. The investigation will proceed with appropriate consideration given to the privacy of all involved. It must be recognized that

WCM-Q will take reasonable measures to protect the confidentiality of the complainant, testimony and witnesses throughout the investigatory process. However, WCM-Q cannot and does not guarantee that confidentiality will be maintained. If a complaint is substantiated, students, staff and faculty who engage in such inappropriate behavior will be dealt with promptly and appropriately. Responsive action may include, for example, training, referral to counseling, a professionalism citation, monitoring of the offender and/or a corrective action, or up to a referral to the Promotion and Graduation Committee (P&G) with a possible recommendation of dismissal of the student from WCM-Q. At the conclusion of the investigation, the complainant and respondent will be provided with a general overview of findings.

Responsibility of Staff, Faculty and Students

- In order for WCM-Q to ensure that it provides a positive and effective learning environment to its students and employees, it is imperative that each person who has been involved or witnessed any of the above violations immediately notify any of the officials above so that an investigation may be conducted.
- It is expected that all students, staff and faculty of WCM-Q will cooperate fully with WCM-Q investigating those violations. The mere fact that an investigation is being conducted by WCM-Q does not suggest that WCM-Q has grounds to substantiate the allegations of the complaint.

Responsibility of Administrators, and Faculty Members

Administrators and faculty members are expected to maintain a work environment that does not tolerate or condone any misconduct or unprofessional behavior. If the administrator, faculty member, or counselor receives a complaint or inquiry about misconduct that is alleged to have occurred on WCM-Q property or involves a WCM-Q student or staff, he/she is to immediately contact any of the above WCM-Q officials, and report that action. Failure to immediately notify any of the above listed persons may impede the ability of the investigators to conduct an impartial, timely, and thorough review of the complaint and inhibit the Medical College's ability to adhere to its obligations under the law.

Investigative Process

Complaints brought forward by a student or an employee will be thoroughly reviewed by one of the offices noted above. All complaints that implicate the prohibited acts under this policy, including complaints of retaliation, will be investigated. The investigation will include interviews of the complainant, the accused, and all others involved or who may have knowledge of the facts and circumstances. The investigation will proceed with appropriate consideration given to the privacy of all involved. At the conclusion of the investigation, the complainant (if any) and accused will simultaneously receive a written summary of findings. Any student found to have engaged in a misconduct/violation will be subject to a verbal/written warning, referral to counseling and/or up to referral to the P&G Committee which will decide the proper action to be taken against the student.

False Claims

Deliberately false or malicious accusations of misconduct/violation - as opposed to complaints that, even if erroneous, are made in good faith - may be subject to appropriate disciplinary action.

Drug and Alcohol Abuse Policy

Endorsed by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: All Students

Policy

U.S. Federal, New York State, and Qatar laws as well as Cornell University policies prohibit the illegal possession, use and distribution of illicit drugs and alcohol.

The unlawful manufacture, distribution, dispensation, possession, or use of an illicit drug or alcohol by any member of the Weill Cornell Medicine Qatar (WCM-Q) community, including employees, faculty members, students and visitors, is prohibited at all WCM-Q, Qatar Foundation, and Cornell facilities (including student residences) and activities. Appropriate action, including termination and/or dismissal, will be taken for violations of the foregoing prohibition.

Purpose

WCM-Q will not condone criminal conduct on its property, or at WCM-Q or student sponsored activities, and will take appropriate action whenever such conduct is discovered to enforce the law and its own internal regulations. Violators of U.S. Federal, New York State and Qatar laws may also be referred to appropriate authorities for prosecution.

Drug-Free Workplace Policy and Statement

The Drug-Free Work Place Act of 1988 requires Weill Cornell Medicine, as a U.S. Federal grant recipient and contractor, to certify that it will provide a drug-free workplace by, among other actions, requiring that each person engaged in a U.S. Federal grant or contract (including persons and consultants) be given a copy of this Statement and notifying such person that as a condition of participation in such grant or contract, the person will:

- Abide by the terms of this Statement; and
- Notify the person's supervisor, department chairperson, or dean of any criminal drug statute conviction (including acceptance of a guilty plea by a judicial authority) for a violation occurring in the workplace no later than five (5) days after such conviction.

Weill Cornell Medicine shall, within thirty (30) days after receipt of notice, take appropriate action against such person up to and including termination or dismissal, and/or require such person to satisfactorily participate in a drug assistance or rehabilitation program.

Applicability

Applies to all members of the faculty, staff, and students.

Sanctions

Violations of WCM-Q policies can result in termination, suspension or expulsion from the Medical College.

Faculty and non-academic staff can be subject to disciplinary action up to and including termination of employment.

Student violators can be subject to disciplinary action up to and including dismissal. Any drug or alcohol abuse violation may become part of a student's permanent record and may impact on a student's fitness or suitability for advancement.

Qatar Laws Related to Drugs and Alcohol Use

Legal sanctions include severe criminal penalties such as capital punishment, corporal punishment, imprisonment, deportation and fines. The severity of the penalty depends on the nature of the criminal act.

Examples of Legal Sanctions under Qatar Laws:

- Anyone convicted of consuming alcohol in public, public intoxication or disturbing others while intoxicated will be subject to imprisonment for up to 6 months and/or a fine of up to QAR 3,000.
- Anyone who gives a person under 16 an alcoholic beverage or incites them to drink alcohol, the penalty for conviction is no more than three years imprisonment and/or a fine up to QAR 10,000.
- Anyone convicted of importing, exporting, making, extracting or producing alcohol or alcoholic beverages will be imprisoned for no more than three years and fined up to QAR 10,000.
- Anyone who is convicted of selling or buying, delivering or receiving, transporting or possessing alcohol or alcoholic beverages, or deals with alcohol in any way for the purpose of trading or promoting alcohol will be imprisoned for no more than three years and/or subject to fine of up to QAR 10,000.

  Anyone convicted of acquiring, receiving, purchasing or producing narcotics and mind affecting agents or growing plants such as cannabis with the intention of taking them or for personal use (unless licensed) shall be imprisoned for not more than five years and fined QAR 50,000 to QAR 100,000.
- Anyone, without a license, convicted of importing or exporting, manufacturing or growing Drugs for the purpose trade (smuggling/trafficking) will be subject to capital punishment or life imprisonment and a fine between QAR 300,000 to QAR 500,000.

Health Risks

WCM-Q recognizes the convincing medical evidence that alcohol abuse and the use of illegal drugs and substances pose a significant threat to health and condemns alcohol abuse and the use of such drugs and substances as harmful to the physical and psychological well-being of the user and the well-being of the Cornell community.

The following list by category is only a short sampling of potential risks involved with using alcohol or drugs:

- **Narcotics**: Slow and shallow respiration, clammy skin, convulsions, coma, and death.
- **Stimulants**: Increased pulse rate, blood pressure and body temperature, insomnia, agitation, convulsions, possible death.
- **Cannabis**: Disorientated behavior, fatigue, paranoia, possible psychosis.
- **Alcohol**: Drowsiness, impairment of judgment and coordination, liver and heart damage, respiratory depression and death. Mothers who drink during pregnancy risk giving birth to infants with fetal alcohol syndrome, which can include irreversible physical abnormalities and mental retardation.

Counseling and Treatment

The Employee Wellbeing Program (EWP) is a short-term counseling and referral service for drug and alcohol abuse as well as other concerns. Through the contracted counseling company “ICAS”, eligible employees and their dependents, as well as students, may obtain free counseling

(five sessions) for substance and alcohol abuse issues that affect them and their families. EWP counselors will assess each case and may make a referral to an appropriate program or outside agency best suited to address the rehabilitation needs.

An ICAS counselor can be contacted in Doha by calling 00 800 100 250 or +44 203 006 6217 (from out-of-country, call backs will be arranged); contact via email: mailto:youricasmena@icasworld.com

Institutional Review

Weill Cornell Medicine – Qatar will conduct a biennial review of its drug and alcohol abuse policies and programs to determine the effectiveness of such policies and programs, implement any necessary changes, and ensure consistent enforcement of required sanctions.

Smoking and Vaping Rules Policy

Endorsed by the WCM-Q Medical Executive Curriculum and Policy Committee

Applicability: All Students

Smoking and vaping* are prohibited anywhere on the premises of Weill Cornell Medicine-Qatar, other than those outdoor areas that are specifically designated for smoking.

Purpose

To protect and enhance our indoor air quality and to contribute to the health and well-being of all employees and students.

Applicability

This policy applies to all employees, students, contractors, consultants, vendors, visitors, and guests.

Administration

Smoking and vaping are prohibited on the WCM-Q campus, other than those outdoor areas that are specifically designated for smoking and vaping. The areas in which smoking/vaping is not permitted includes anywhere in the building, on the terraces or in the courtyards, or any other area in the immediate vicinity of the WCM-Q building, including the loading docks and the underground parking garage.

WCM-Q, in consultation with Qatar Foundation, has designated two areas where smoking/vaping is permitted:

i. East end of the WCM-Q building, under the bridge to Lecture Hall 1 (against the North Hall wall)

ii. West end of the WCM-Q building, under the bridge to Lecture Halls 3 and 4 (against the South Hall wall).

Employees and/or students who observe anyone smoking/vaping on campus outside of the designated smoking areas should courteously notify the person smoking that smoking/vaping is prohibited or alert security officers or EHS (Environmental Health and Safety) to the infraction.

Employees or students seeking to quit smoking may contact the Employee Wellness Program (LifeSolutions) to receive information about smoking cessation programs.

An employee or student who does not comply with this policy will be subject to corrective action. Any employee reporting a violation of this policy is protected from retaliatory adverse employment action.

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* Inhaling or exhaling the vapor produced by an electronic cigarette or similar

Health and Safety Policies and Procedures

Applicability: All Students

WCM-Q strives to maintain a safe work environment for all students, employees, and visitors. Facilities, Health, Safety and Security (FHSS) establishes and monitors programs and activities to ensure that adequate environmental and safety measures are practiced at WCM-Q, and strives to comply with applicable U.S. regulations, Qatar laws, and best practices. It responds to various emergencies, conducts inspections and fire drills, and provides education and training in safety precautions. It monitors the use of potentially harmful substances and storage and disposal of hazardous waste. It maintains appropriate working relationships with Qatar Foundation, Weill Cornell Medicine and Cornell University safety officials and with official environmental health and safety regulatory agencies. WCM-Q laboratory safety policies and procedures are available on the FHSS web page:

Laboratory Safety

At WCM-Q, safety is everyone's responsibility. All students should be thoroughly familiar with their safety responsibilities, which include:

- Striving to learn and follow safety practices at all times;
- Attending laboratory safety training;
- Preparing for laboratory sessions in advance;
- Behaving responsibly and act proactively to prevent accidents and injuries; following instructions of professors, instructors and TA's;
- Communicating hazards to faculty supervisors and Facilities, Health Safety and Security (FHSS); and
- Being prepared for emergencies that may occur at the Medical College.

Safety in the Teaching Laboratories

Teaching laboratories are potentially dangerous environments and although accidents can happen in ways that cannot be foreseen, there are certain forms of behavior that are necessary to minimize the risk. The laboratories are provided with fume hoods and emergency irrigation systems but there is a need to wear protective clothing whenever participating in laboratory experiments.

At a minimum, lab coats (or comparable covering) must be worn while performing laboratory related work. This cover should be removed before exiting the building, entering food serving areas, restrooms, or any public area. Lab coats and other coverings must be laundered using WCM-Q provided service to avoid carrying contamination outside of the workplace.

Goggles must be worn at all times while in the laboratory. This includes clean up times and by any visitors to the laboratories.

Application of contacts, cosmetics and lotions is prohibited in labs with chemicals. Confine long hair and loose clothing.

For women in traditional dress, the abaya should be removed so that its long sleeves do not drag on the bench and its length does not drag on the floor. The Shayla must be tucked into the laboratory coat so that it will not hang or drop into a chemical, open flame or equipment. A

face veil cannot be worn due to potential dangers from chemicals or open flames. A surgical mask may be worn in place of the veil. For men in traditional dress, the ghutra must be removed so that there is no danger of it dropping into a chemical, open flame or equipment.

Wear shoes at all times in the laboratory. Do not wear sandals, open toe, or perforated shoes or sneakers in laboratories. Only closed-toed shoes should be worn in the laboratory in order to protect feet from potential spills.

Work-Related Accident and Injury Report

Procedures for Needlestick and Human Blood/Secretion Exposure at HMC or other affiliated healthcare centers

Applicability: All Students

Refer to Facilities/Environmental Health and Safety policy 2.2.4 – Occupational Exposure to Bloodborne Pathogens Exposure Control Guidelines

A. Cleanse the wound and surrounding area with soap and water (for a Needlestick), or flush eyes, noses or mouth with copious amounts of tap water (for a splash to the face).
B. Inform your supervisor or clinical instructor of the incident and obtain source individual's identity and HBV/HIV status (if known).
C. Go to HMC or other affiliated healthcare center Staff Clinic (if available). HMC Staff Clinic is open Sunday through Thursday from 7:00am-3:00pm (ground floor of Outpatient Department across from Cardiology Clinic), phone 4439-5888
D. If HMC Staff Clinic is shut or there is no available Staff Clinic at an affiliated healthcare center go to HMC Emergency Department.
E. Report to WCM-Q Student Affairs and fill out incident report as soon as possible following the incident.

Student Records and Privacy (FERPA)

Applicability: All Students

WCM-Q complies with The Family Educational Rights and Privacy Act (FERPA). It is a US Federal law that protects the privacy of student education records.

It is important for students to familiarize themselves with how this policy protects educational records and directory information.

To understand how FERPA is implemented at WCM-Q please visit the following web links:
Cornell University Policy 4.5 - Access to Student Information

Cornell University Student Record Privacy Statement

Students at WCM-Q may choose to prevent the release of their directory information by contacting the Office of the Registrar in person at the Division of Student Affairs, via phone at 44928514, or via email at registrar@qatar-med.cornell.edu. Students may revoke their no-release request at any time by contacting the Office of the Registrar.

Health Insurance Portability & Accountability Act (HIPAA)

Applicability: All Students

HIPAA (Health Insurance Portability & Accountability Act) is a United States law which establishes uniform standards for the use of all protected health information.

All medical students should be aware that as a member of the WCM-Q medical community you will be required to become familiar with and adhere to HIPAA and other applicable privacy and confidentiality laws and regulations of the United States and the State of Qatar

Foundation and Premedical students participating in the clinical observership program are required to complete the online Respect for Patient Privacy and Confidentiality Training prior to the deadline for application submission to participate in the clinical observership program. This training addresses the fundamentals of HIPAA and other applicable laws and regulations on patient privacy and confidentiality.

First year medical students are required to complete and pass the HIPAA online training program. This four-module training program includes Privacy, Security, Breach Notification rules, and the signing of a Confidentiality Agreement. Students must submit the HIPAA training program completion certificate to the WCM-Q Dean's Office within the stipulated number of days of commencement of studies (refer to WCM-Q Policy 4.1.300 - HIPAA Compliance Training Policy)

Third year Medical students are required to complete and pass the HIPAA Refresher course prior to the commencement of the clerkships.

Additional HIPAA training may be required for Students in response to new processes, procedures or technologies. Students will be notified of changes to training requirements.

Student Representation and Participation in the Elected Student Council

Approved by the Division of Student Affairs

Applicability: All Students

Policy

WCM-Q supports students' representation and participation in the elected student Council entitled the Medical Student Executive Council (MSEC-Q).

Purpose

To enhance student active representation and participation in student related issues and provide a venue where WCM-Q administration seeks students' input on matters that are applicable to the general student population.

Eligibility

- Students applying for MSEC-Q's membership should be in good academic and professional standing
- MSEC-Q members who lose their good academic or professional standing during their membership, should notify the Director of Student Affairs immediately. A meeting with the Associate Dean of Student Affairs will be held to discuss their MSEC-Q's membership status.

Administration

Membership

MSEC-Q shall consist of twenty-six members:

- 4 class representatives from each class in the Premedical and Medical program
- 2 class representatives from the Foundation program

The membership starts by interested students nominating themselves for MSEC-Q membership followed by class voting for their preferred MSEC-Q representatives

MSEC-Q members will then elect an Executive Council which will consist of a President, Vice President, Treasurer and Secretary.

Relationships

- MSEC-Q Executive Council reports to the Director of Student Affairs
- The Events and Student Development Specialist in Student Affairs will act as a Special Advisor to MSEC-Q to provide advice and guidance
- Student Affairs will allocate an annual budget for MSEC-Q's activities
- Student Affairs will act as liaison between MSEC-Q and the different divisions in WCM-Q
- Student Affairs will facilitate services provided to MSEC-Q activities
- MSEC-Q programs and activities must be reviewed and approved by the Director of Student Affairs.

Expectations

- MSEC-Q members must act as liaisons between their classmates and Student Affairs
- MSEC-Q members must act as representatives of WCM-Q.

Violations

In case of any alleged violations of WCM-Q policies and regulations, Student Affairs reserves the right to appoint an ad hoc committee formed by Student Affairs faculty and staff to investigate these allegations to stop any activities including funding until matters /allegations under investigation have been resolved.

Related Policies/Documents

- MSEC-Q's constitution

Student Participation in Clubs and Organizations

Approved by the Division of Student Affairs

Applicability: All Students

Policy

WCM-Q encourages students to participate in extracurricular activities by forming clubs and organizations according to interests and specialties.

Purpose

Clubs and organization enhance students' personal and professional development, enhance their organizational and leadership skills and help them to serve the local community.

Administration

Club Formation Eligibility

Clubs should have:

- At least five active WCM-Q Students
- An advisor (WCM-Q Faculty or Staff)
- A written constitution is required for the application
- Complete a minimal of two events during the academic year
- Complete a renewal process, if requested

Approval and Budget

- Student Affairs reviews and approves clubs' applications to ensure eligibility, its scope and to avoid duplication
- MSEC-Q reviews and approves new clubs' applications
- Any changes made by MSEC-Q should be sent back to Student Affairs for its final approval
- Student Affairs in consultation with MSEC-Q dedicates an annual budget for approved clubs and organizations to be used for events, activities and travel

Expectations

- Clubs' members have to approach Student Affairs for all logistical and administrative support for their different activities
- Clubs' members have to approach MSEC-Q to seek funding for their activities
- Clubs' members have to act as representatives of WCM-Q
- Clubs' members have to notify Student Affairs in case of any changes they incur to their constitution or leadership structure
- Engage faculty advisor on a regular basis

Violations

In case of any alleged violations of WCM-Q policies and regulations, Student Affairs reserves the right to appoint an ad hoc committee formed by Student Affairs faculty and staff to investigate these allegations and to stop any activities including funding until matters /allegations under investigation have been resolved.

Computers, Network Systems and Electronic Communications Guidelines

Applicability: All Students

The Medical College's computers, network systems equipment, data, and software are a critical portion of the Medical College's infrastructure and are to be treated accordingly.

Students and faculty are responsible for their actions when using the Medical College's computers, electronic communications and network systems, whether or not their transgressions are intentional, accidental and/or can be corrected.

Every student is allocated a Campus-Wide Identifier (CWID) upon enrollment. CWIDs are unique and are assigned to allow and/or control access to some computing resources.

CWIDs are unique and must not be shared between individual users.

Please do not use WCM-Q CWID/email and password to create an account on any external website and application including but not limited to social media. In the event any of those external websites or applications are hacked, your WCM-Q access may be accessible by external threat actors. The cybercriminals can use your CWID credentials to impersonate you and launch an attack on WCM-Q, WCM, and Cornell university technology resources.

Users of Medical College computers, networks and systems shall respect:

- The privacy of other users' information, whether or not the information is securely protected;
- The ownership and intellectual property rights of proprietary and commercial software, including not using unauthorized copies of software even where the software may not be copy protected;
- The finite capacity of a computer system and limitations of use so as not to interfere unreasonably with the activity of other users;
- Procedures (posted in computer facilities and/or online) established to manage use of the computer system;
- The rights of others not to be harassed, intimidated, or otherwise receive intrusive or inflammatory information through the computer system; and
- The Medical College's policies regarding the use of computers as specified by the Information Technologies Services (ITS). These can be viewed under the "Policies and Forms" page of WCM-Q SharePoint filtered by "Information Technology Services" division. In the absence of a specific WCM-Q policy, the policies of Weill Cornell Medicine of Cornell University will apply.

Piracy

Piracy, or unauthorized distribution of copyright materials, including by means of peer-to-peer file sharing programs, is illegal, and may subject students to civil and criminal penalties. At the Medical College, piracy is also a violation of the standards of conduct and may result in disciplinary action up to and including expulsion.

Use of Artificial Intelligence Tools

Students must not enter confidential, restricted, personal, patient, research, or institutional information into public or unauthorized artificial intelligence (AI) tools. Any use of AI-generated content must comply with the Medical College's requirements on academic integrity, privacy, confidentiality, intellectual property, and information security. Students remain fully responsible for verifying the accuracy, appropriateness, and originality of any AI-generated output before using it for coursework, communication, or any Medical College activity.

Security Incident Reporting

Students must promptly report lost or stolen devices, suspicious emails, malware infections, accidental disclosure of sensitive information, or any suspected unauthorized access to Medical College systems or data to Information Technologies Services (ITS) or the appropriate Medical College office.

ID Cards and Badges

Applicability: All Students

ID cards are the property of WCM-Q. The ID badges are to be worn at all times while on Medical College premises or on official Medical College outings. The ID badge may not be loaned to anyone else. The cards must be returned at the end of the program of enrollment. Facilities, Health, Safety and Security (FHSS) division should be notified immediately in case the badge is lost or stolen. Students must request a new Proximity ID Card Replacement from FHSS.

Student Support

Academic Counseling

Applicability: All Students

Academic Counselors provide academic counseling to students. Through presentations, information sharing, and one-on-one academic counseling, the academic counselors are available to provide students with what they need to make well-informed decisions to help them be successful. Students may request these services by contacting the Academic Counseling Office in the Student Affairs Division.

Academic Counseling Office

Financial Aid

Applicability: All Students

WCM-Q admits students on merit only, according to the principle of 'needs-blind admissions'. The Committee on Admission screens, evaluates, and accepts students without knowledge of their ability to pay. Students who require financial assistance may apply directly to the Qatar Foundation Financial Aid program.

After assessment of need, students are provided with loans that must be repaid, or they may also have the option to provide a period of service to Qatar.

Sponsorship may be available for Qatari citizens from the Higher Education Institute, Sidra, Qatar Armed Forces or Hamad Medical Corporation.

For more information see:

Financial Aid

Health and Wellness Support

Applicability: All Students

At times, the demands of medical school can feel challenging, and it is important to know that support is available. The Health and Wellness team offers confidential counseling, learning assessments, and wellness programs that promote emotional wellbeing, resilience, and personal development. For counseling support, email the psychologist directly.

Students also have access to the Lyra Wellbeing Program, an online platform with resources to support mental health, life skills,

and self-care. This may be accessed at:
https://app.lyrawellbeing.health/
with the company code of
WCMQXICAS

Wellbeing is a key part of your academic and professional journey. For updated contact information or to access support, please visit the Health and Wellness section of the WCM-Q website.

Health Sciences Library

The Health Sciences Library's Reading Room is located in the North Entrance of the WCM-Q building, behind the security desk.

For library hours, please refer to the library website to find the most up-to-date Reading Room schedule.

More information about our services and policies regarding borrowing privileges and fines can be found on our website: https://qatar-weill.cornell.edu/health-sciences-library

To access our online collection from off-campus, please use your WCM-Q email address and password.

Reading Room

The Reading Room houses all physical resources that may be borrowed, including books and multimedia materials. You can be issued with a barcode by providing your CWID to staff and use the self-checkout machine to quickly and easily take out items.

Assistance from librarians can be requested:

- In person at the Reading Room desk
- Via Chat
- email at reflib@qatar-med.cornell.edu; or
- phone 4492-8100.

SEARCH

The SEARCH tool is an online search service for the entire library collection. This tool lists not only print and multimedia resources, but also provides direct links to electronic books, articles, and journals that we subscribe to.

Library guides

The Health Sciences Library's Library guides provide access to a range of databases,

course resources, how-to guides, and other library support materials.

InterLibrary Loan

If the library does not have access to a book, book chapter, or journal article you are looking for, you can use our InterLibrary Loan (ILL) service to obtain the item on loan free of charge. Allow ten days for requested books to be received, unless the item is available in Qatar; however, journal articles can usually be obtained within four working days.

You can access our guide on placing an ILL request.

Desktops

The Reading Room has eight Apple iMac computers that are fully networked and have EndNote, and Microsoft Word, PowerPoint, and Excel installed.

Printing, photocopying & scanning

Color printing, photocopying and scanning are available during regular Reading Room opening hours.

Library etiquette

Mobile phones should be switched to silent, and calls taken outside the Reading Room as a courtesy to fellow users and videos should be watched via headphones. Users can find the full list of exceptions posted in the Reading Room.

Bibliographic Management Tools

The Health Sciences Library provides support and instruction for the following bibliographic management software:

- EndNote (on the desktop computers in the Reading Room)