XAVIER UNIVERSITY
SCHOOL OF MEDICINE
ARUBA

Student Handbook

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Overview

Welcome to the Xavier University School of Medicine Student Handbook.

All students should read the whole handbook at least once because it will be very useful to you throughout your time at XUSOM.

Because there is a great deal of information in the handbook, we have divided it into a number of sections. Please refer to the table of contents.

Disclaimers

The XUSOM's MD program is structured to provide an education that meets faculty's expected standards for the attainment of the Doctor of Medicine degree. The XUSOM is an ACCM accredited institution. Its graduates in general do not have difficulty securing residency or meeting state licensure curricular requirements. However, completing MD program at XUSOM does not guarantee residency or state licensure.

All legal matters arising from enrollment in, participation in, or completion of the MD program shall be governed by the laws of Aruba and shall be subject to the exclusive jurisdiction of the courts of Aruba.

U.S. Visa Disclaimer for Clinical Rotations

Xavier University School of Medicine does not guarantee the issuance of a U.S. visa, nor is it responsible for the revocation of any existing U.S. visas. However, the university will make every effort to support students in securing clinical placements in qualified hospitals in other countries, should U.S. visa-related challenges arise.

Curriculum Progression and Semester Placement

Xavier University School of Medicine follows a semester-based, integrated organ systems based curriculum. While the curriculum is designed to progress sequentially from MD1 through MD5 (MD6 for cohorts entering prior to May 2026), course offerings in any given semester may vary based on institutional scheduling and enrollment needs.

Students may be placed in the semester above or below their current standing, depending on the status of their completed courses and the courses being offered in a given term. This flexible placement ensures continued academic progress and aligns with program requirements.

Section I: MD program at XUSOM

Introduction

The Student Academic Policies and Procedures Handbook is copyrighted and published by Xavier University School of Medicine, Aruba (XUSOM).

Xavier University School of Medicine reserves the right to change tuition and adjust fees or to establish additional fees or charges as well as change or modify any academic or administrative policy whenever in their opinion such action is deemed necessary. The rules and regulations outlined herein are binding on, and must be adhered to by, all XUSOM students, including those on leave. All international students from Xavier University affiliated programs have to follow the rules and regulation set forth in the handbook and the local laws of Aruba will be binding to all.

The rules and regulations of this University are reviewed and revised periodically. Students will be bound by any change, amendment, revision, addition or deletion of XUSOM rules and regulations. Students are expected to be familiar with the most recent revisions of these rules and regulations. Although it is our intention to inform students in advance of any changes to these rules and regulations, to XUSOM's policies and procedures and/or to our curriculum and grading, XUSOM reserves the right to make such changes in this handbook. XUSOM reserves the right to make such changes prior to publication of any revisions of the handbook when it is determined by the University to be in the best interest of our students.

THE CONTENTS OF THIS HANDBOOK SUCCEED AND REPLACE ANY OLD POLICY OR PROCEDURE PREVIOUSLY IN PLACE AT XAVIER UNIVERSITY SCHOOL OF MEDICINE.

Message from the President

Welcome to the MD program at Xavier University School of Medicine, Aruba. Our program is designed to create 21st century physicians who are well-trained, knowledgeable, have the appropriate skills and are compassionate. The medical curriculum at Xavier University School of Medicine is highly integrated, system-based, and flexible to assist students to learn the art and science of medicine. Our sole purpose is to prepare you well for the future challenges and gain essential training to thrive in modern health care environments.

The path you have chosen is an arduous one. However, we will provide you with all the learning opportunities and tools you will need to succeed. At your disposal, you will have an ever growing list of hospital affiliations and access to world class minds in medicine. You will be constantly assessed, and through these assessments, you will gain confidence in yourself. You will be prepared for all the obstacles that lie before you. You will definitely succeed if you are committed and put in the hard work every day.

You have joined us at a very special time. Xavier University has been undergoing positive changes for the past 8 years and our saplings have started to bear fruit. We have secured accreditation from world renowned accrediting bodies and this is just the beginning.

We promise to provide you with all the help necessary to realize your dreams to serve humanity.

Ravi Bhooplapur

President, Xavier University School of Medicine, Aruba

Message from the Chief Academic Officer and Deans of Basic and Clinical Science

You are embarking on a career and profession with a long and valued history. The education you undertake only begins with your time at XUSOM. You will be expected to learn every day of your careers, adjusting your knowledge base, treatments and recommendations to families based on what you learn with us, what you learn after you leave, and your own broad experience.

Remember that you are a health care professional, and a valued member of the health care team. At times you will be the leader, and at times others will be leading the care of the patient. In all instances you must be respectful of the team.

We stand ready to assist you on your journey. But as with every complex and difficult task, you are the person most responsible for your success. Work hard, devote yourself to the profession and apply your skills to becoming the best physician you can be.

Arun Dubey, MD
Chief Academic Officer

Ahmad Abazid, MD
Dean of Clinical Sciences

Prasad Vijayashankar, MD
Dean of Basic Sciences

Mission and vision of the MD program

Mission

The mission of Xavier University School of Medicine, Aruba is to prepare future physicians with the knowledge, skills, attitudes, and professionalism required to provide compassionate, evidence-based patient care, to advance medical knowledge through inquiry and research, and to serve the needs of diverse communities with integrity and cultural sensitivity.

Vision

“Advancing Excellence, Empowering Global Physicians.”

Over the next five years, Xavier University School of Medicine envisions itself as a globally recognized center of medical education excellence, known for its competency-based learning environment, strong research culture, and enduring commitment to student success and societal well-being.

Through innovation in teaching, continuous quality improvement, and international collaboration, Xavier will continue to rise as a model of integrity, academic rigor, and global citizenship in medical education.

MD Program Educational Objectives

XUSOM has characterized its physician competencies in six domains corresponding to competency domains described by the Accreditation Council on Graduate Medical Education. The program educational objectives are in alignment with XUSOM physician competencies. The specific program learning objectives incorporate all of the objectives identified as particularly relevant for the graduates.

XUSOM Physician Competencies	Program Educational Objective	Program Learning Objective
The Science and Practice of Medicine (SPM)	Apply scientific principles and knowledge for effective patient care	SPM1: Apply scientific principles and a multidisciplinary body of scientific knowledge to the diagnosis, management, and prevention of clinical, epidemiologic, social and behavioral problems in patient care and related disciplines.
		SPM2: Recognize the variation in the expression of health and disease through critical evaluation of both patients and the scientific literature.
		SPM3: Apply knowledge of study design and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
Clinical Competence (CC)	Use own learned knowledge, research, and proper technology to treat patients	CC1: Assemble the obtained medical knowledge to apply basic facts, concepts, and principles to competent medical practice.
		CC2: Demonstrate the highest level of efficiency in data gathering, organization, interpretation and clinical decision making in the prevention, diagnosis, and management of disease.
		CC3: Communicate effectively using caring and respectful behaviors when interacting with patients, families and members of the health care team.
		CC4: Perform all technical procedures accurately and completely, to the extent considered essential for the area of practice and level of education.
		CC5: Apply the knowledge of information technology into appropriate use in medical practice.
		CC6: Effectively use the resources of the entire health care team in treating disease, preventing future health problems and maintaining the health of individuals.
The Social Context Of Medicine (SM)	Display an understanding of how social, behavioral, and economic factors can influence health and the health care system	SM1: Identify and respond to factors that influence the social, behavioral, and economical factors in health, disease and medical care working to be able to provide care that is of optimal value.
		SM2: Advocate for quality patient care and assist patients in dealing with system complexities.
		SM3: Relate to the complexities of the entire health care practice and delivery system, managers, payers, providers, organizations and bureaucracy in defining access, cost, value and outcomes.
Communication (C)	Explain and share information with patients, their families, and fellow team members	C1: Demonstrate effective and compassionate interpersonal communication skills toward patients and families necessary to form and sustain effective medical care.
		C2: Present information and ideas in an organized and clear manner to educate or inform patients, families, colleagues and community.
		C3: Understand the complexity of communication including non-verbal, explanatory, questioning and writing in a culturally appropriate context.
Professionalism (P)	Judge situations in an ethical and critical manner to ensure that the correct steps are taken in each case	P1: Display the personal attributes of compassion, honesty and integrity in relationship with patients, families, and the medical community.
		P2: Adhere to the highest ethical standards of judgment, conduct and accountability as each applies to the health care milieu.
		P3: Demonstrate a critical self-appraisal in his/her knowledge and practice of medicine, as well as received and give constructive appraisal to/from patients, families, colleagues and other healthcare professionals.
		P4: Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
		P5: Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
Lifelong Learning (LL)	Actively pursue new knowledge even when deep into a career	LL1: Identify the limits of personal knowledge and experience and demonstrate the intellectual curiosity to actively pursue the acquisition of new scientific and clinical knowledge and skills necessary to refine and improve his/her medical practice, assure excellent care of patients, or to contribute to the scientific body of medical knowledge throughout a career.
		LL2: Qualify in analyzing practice experience and perform practice-based improvement activities using a systematic methodology.

LL3: Identify methods to obtain and use information about their own population of patients and the larger population from which their patients are drawn.

School Contact Info

ADMINISTRATIVE SERVICES:

XAVIER ADMISSIONS LLC, REPRESENTATIVE FOR XAVIER UNIVERSITY SCHOOL OF MEDICINE

1000 Woodbury Road, Suite 109
Woodbury, New York 11797
Telephone: 516-333-2224
Fax: 516-921-1070
Toll Free: 877-592-8437
Email: info@xusom.com
Website: www.xusom.com

ARUBA CAMPUS & ADMINISTRATIVE OFFICE:
XAVIER UNIVERSITY SCHOOL OF MEDICINE, ARUBA

Santa Helenastraat #23,
Oranjestad Aruba Dutch Caribbean
Telephone: 011-297-588-7766
Fax: 011-297-588-6222

Jurisdiction for all legal matters will be XUSOM, Aruba campus

The Academic Calendar

The academic calendar, including registration information and schedule, is posted on XUSOM's website at www.xusom.com and www.xusomstudents.com.

Students and faculty should review the Calendar regularly for changes.
The University reserves the right to revise the academic calendar. All revisions will be posted to the official university website, www.xusom.com and www.xusomstudents.com.

Code of Conduct and Professional Attributes of a Medical Student

STUDENT HONOR CODE

The School believes that ensuring the appropriate behavior of the student body is a matter for both staff and students. In conjunction with Xavier University School of Medicine, the Student Government Association is responsible for the development of the Student Honor Code. This Code is to be accepted by all students of Xavier University School of Medicine. The Honor Code currently states: "Upon my honor, I will uphold the ideals of the medical profession and protect the name of Xavier University School of Medicine for the duration of my career. Continuing its tradition of excellence I vow to leave the School better than it was left to me and expect others to do the same". Students will be required to sign the following statement confirming adherence to the Honor Code: "I pledge, on my honor, to uphold the Honor Code of Xavier University School of Medicine."

MEDICAL STUDENT PLEDGE OF PROFESSIONAL CONDUCT

AS A MEMBER OF THE MEDICAL PROFESSION:

"I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;"

"THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;"

"I WILL RESPECT the autonomy and dignity of my patient;"

"I WILL MAINTAIN the utmost respect for human life;"

"I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing, or any other factor to intervene between my duty and my patient;"

"I WILL RESPECT the secrets that are confided in me, even after the patient has died;"

"I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;"

"I WILL FOSTER the honor and noble traditions of the medical profession;"

"I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;"

"I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;"

"I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard;"

"I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;"

"I MAKE THESE PROMISES solemnly, freely, and upon my honor."

PROFESSIONAL ATTRIBUTES OF A XUSOM MEDICAL STUDENT

<u>Reflective skills</u>

- Demonstrate awareness of limitations
- Admits errors or omissions
- Solicits and accepts feedback
- Maintains composure in a difficult situation

Relationship skills

- Listens actively to patients
- Shows respect for faculty/patients/staff
- Advocates on behalf of patients and/or family members
- Maintains appropriate boundaries with patients/colleagues/faculty/staff

Interprofessional Relationship skills

- Maintains appropriate appearance
- Maintains patients confidentiality
- Addresses own gaps in knowledge, attitude and skills
- Avoids derogatory language

Time management

- Is on Time
- Is available to patients and classmates
- Completes tasks in a reliable fashion

Section II: Starting Medical School

Language Policy

All courses at Xavier University School of Medicine Aruba, including clinical activities, are taught and examined solely in English. The clinical interaction, including personal contact with patients, their families and other healthcare professionals, which takes place as part of the course of study, is conducted in English.

Technical Standards for the MD Program

Applicants and enrolled medical students must possess the general physical health necessary for performing the duties of a medical student and physician in training without endangering the lives of patients and/or colleagues with whom the student might have contact. Candidates for the MD. Degree must have somatic sensation, the functional use of the senses of vision and hearing, sufficient sensory and motor function, intellectual, and interpersonal skills to permit them to carry out the activities described in the sections that follow. They must be able to integrate consistently, quickly, and accurately all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

A candidate for the M.D. degree must have abilities and skills in five areas: observation, communication, motor, intellectual (conceptual, integrative and quantitative), and behavioral and social. Technological compensation can be made feasible for some disabilities in certain of these areas but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary, a person trained to perform essential skills on behalf of the candidate, or a person used such that a candidate's judgment must be mediated by someone else's power of selection and observation, is not permitted.

1. Observation: The candidate must be able to observe required demonstrations and experiments in the basic sciences, including but not limited to anatomic dissection, microscopic studies, and patient demonstrations. A candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision, hearing, and somatic sensation.
2. Communication: A candidate must be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communication. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but also reading and writing in English. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.
3. Motor: A candidate must have sufficient motor function to carry out the basic laboratory techniques and to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers, perform a dissection of a human cadaver, and have sufficient motor ability to use a microscope. A candidate should be able to perform a complete physical examination (including pelvic examination); diagnostic procedures (e.g., venipuncture and basic laboratory tests) A candidate must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of treatment reasonably required of physicians are cardiopulmonary resuscitation, the administration of intravenous medication, the application of pressure to stop bleeding, the suturing of simple wounds, assisting in surgical operations, and the performance of simple, general obstetrical and gynecological procedures. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch, vision, and hearing.
4. Intellectual- (Conceptual Integrative and Quantitative Abilities): Problem solving, the critical skill demanded of physicians, requires that a candidate be able to learn, retrieve, analyze, sequence, organize, synthesize and integrate information efficiently, and reason effectively. In addition a candidate should possess the ability to measure and calculate accurately, to perceive three-dimensional relationships and to understand the spatial relationships of structures.

5. Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients and their family members, staff, and colleagues. Each candidate must be able to work effectively as a member of a health-care team. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, collegiality, interest, and motivation are all personal qualities that are necessary for the successful physician

The Admission Committee has continued to reaffirm that all students must possess the intellectual, physical and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner, without having to rely on intermediaries, and that all students must be able to achieve the levels of competence required by the faculty. All candidates for admission, both those with and without disabilities, are expected to be competitive with others in the applicant pool in academic, personal, and extracurricular dimensions and to meet these technical standards.

It is the students' responsibility to disclose any disabilities during the admissions process and before classes begin. XUSOM has the right to deny admissions or withdraw a student form the program and will not be liable for such action.

Admission Guidelines: Policies and Procedures

Non-Discrimination policy:

Xavier University School of medicine follows consistent criteria for the admission of students to the school of medicine, without discrimination in age, gender, religion, disability or any other factors.

Introduction:

Xavier University School of Medicine, Aruba (XUSOM) employs a holistic approach to selection of Medical students. Defined by the AAMC, holistic review is a flexible, individualized way for medical schools to consider an applicant's capabilities, providing balanced consideration to experiences, attributes, and academic metrics. These factors are considered in combination with how the individual might contribute value as a medical student and physician.

General Criteria for Selection

Following AAMC's holistic guide to admissions, XUSOM uses the following general criteria for selection of medical students. These criteria balance both academic accomplishments and personal factors in applicants designed to achieve mission-related goals, with evidence of how (and why).

1. Academic background (e.g., major, grade point average and grade trend, MCAT scores, science background, other academic interests, enthusiasm of recommenders, quality of undergraduate institution, quality of essay, area and difficulty of undergraduate course selection, and coursework loads).
2. Personal attributes (e.g., culture, socioeconomic status, geography, rural/inner city, race/ethnicity, sex, gender identity, sexual orientation, faith, family status, national origin, individual interests, values and beliefs, maturity, leadership, being multilingual, etc.)

3. Personal experiences (e.g., overcoming hardship, work history, community service, health care experience, research experience, success in prior career[s], and life experiences).

Key Elements of Admission committee criteria:

1. Admission criteria are aligned with school's mission and goals
2. Are approved by the faculty
3. Balance both academic accomplishments and personal factors in applicants designed to achieve mission-related goals,
4. Evaluation of enrollment decisions: the enrollment process should be periodically evaluated for the desired outcomes (Program completion, attrition rate, professionalism issues, performance on standardized exams, specialty selection and career plans (clinical practice, research, academic medicine)

AAMC's 4 principles for holistic admission:

The following principles published by AAMC have been adopted by XUSOM.

The AAMC's Definition and Core Principles of Holistic Review:

A flexible, individualized way of assessing an applicant's capabilities by which balanced consideration is given to experiences, attributes, and academic metrics and, when considered in combination, to how the individual might contribute value as a medical student and physician.

Four Core Principles of a Holistic Admissions Process:

1. In a holistic admissions process, selection criteria are broad-based, are clearly linked to school mission and goals, and promote diversity as an essential element to achieving institutional excellence.
2. A balance of experiences, attributes, and academic metrics (E-A-M) is
   a. used to assess applicants with the intent of creating a richly diverse interview and selection pool and student body;
   b. Applied equitably across the entire candidate pool; and
   c. Grounded in data that provide evidence supporting the use of selection criteria beyond grades and test scores.
3. Admissions staff and committee members give individualized consideration to how each applicant may contribute to the medical school learning environment and the practice of medicine, weighing and balancing the range of criteria needed in a class to achieve the outcomes desired by the school.
4. Race and ethnicity may be considered as factors when making admission-related decisions only when such consideration is narrowly tailored to achieve mission-related educational interests and goals associated with student diversity, and when considered as part of a broader mix of factors, which may include personal attributes, experiential factors, demographics, or other considerations.

XUSOM will consider for admission any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform the skills listed in technical standards, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and the Rehabilitation Act. This policy conforms as well to the AAMC guidelines for medical schools, "The Americans with Disabilities Act (ADA) and the Disabled Student in Medical School," approved for distribution by the AAMC Executive Council in June, 1993.

The Admission Committee has continued to reaffirm that all students must possess the intellectual, physical and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner, without having to rely on intermediaries, and that all students must be able to achieve the levels of

competence required by the faculty. All candidates for admission, both those with and without disabilities, are expected to be competitive with others in the applicant pool in academic, personal, and extracurricular dimensions and to meet these technical standards.

XUSOM believes that medical schools should educate a diverse group of medical students recognizing that in such diversity lies excellence. Included in this group are qualified students who have impairments, functional limitations and/or disabilities. The medical school's obligation is to produce effective and competent physicians and to seek candidates who will be best able to serve the needs of society. Therefore, applicants with disabilities should be held to the same admission standards, with accommodation if needed, as their nondisabled peers.

It is the students' responsibility to disclose any disabilities during the admissions process and before classes begin. XUSOM has the right to deny admissions or withdraw a student form the program and will not be liable for such action.

Technical Standards for the Student of Medicine:

Technical Standards for the MD Program

Medical Applicants Procedure:

Students apply using a standard application form available from the XUSOM Office of Admissions or Web Site. This provides standard demographic and career preparation information.

All applicants applying for 4 year MD Program are required to finish at least 2 academic years with a minimum of 90 credit hours of undergraduate studies including the following subjects:

- (8 hours) of Inorganic or General Chemistry (with labs)
- (8 hours) of Organic Chemistry (with labs)
- (8 hours) of General Biology (with labs)
- (8 hours) of Physics (with labs)
- (3 hours) of English
- (3 hours) of Pre-Calculus/Calculus or statistics
- (3 hours) of behavioral or social science

Applicants are encouraged to take the MCAT examination, but it is not required. Applicants are encouraged to have a strong volunteer background in healthcare in order to allow them to understand the specific demands of practicing medicine, as well as to provide them exposure to healthcare as a career field.

Once the application is complete, it is referred to the Admissions Committee. Committee evaluation includes overall academic performance measured by cumulative GPA, science GPA, shadowing or volunteer experience in a medical facility, results of an in-person or telephone interview, and an overall assessment of readiness and ability to undertake a medical education. The Committee makes a recommendation for admission.

Xavier University has a program for providing exceptions to its usual admissions requirements. Highly motivated students who do not meet the traditional admissions criteria are interviewed in-depth by the admissions committee. If chosen for admission, they are monitored beginning from the start of the first semester, and may be given assistance in terms of tutoring, or a decreased course load. This is done to ensure an adequate education with slightly decreased stress, optimizing the chance of completing the basic science curriculum and passing the USMLE step 1.

Pre-Medical Applicants Procedure

Xavier University also provides for an accelerated 5.5 year MD degree, for motivated High School students.

These students must have:
High School Diploma
GPA: 3.0
SAT: 1200 (old system) 1800 (new system) or ACT 26
TOEFL: 231 (for other than USA, UK, or Canadian students)
IELTS: 6.0 (for other than USA, UK, or Canadian students)

Students apply using a standard application form available from the XUSOM Office of Admissions or Web Site. This provides standard demographic and career preparation information.

Once the Pre-Med application is complete, it is referred to the Admissions Committee. Committee evaluation includes overall academic performance, shadowing or volunteer experience in a medical facility, results of an in-person or telephone interview and an overall assessment of readiness and ability to undertake an accelerated medical education. The Committee makes a recommendation for admission.

All students successfully completing the Pre-Med Program will automatically gain advancement into the Basic Science Component of our MD program.

Publication:

The Admission policy and procedures along with technical standards is included in the Admissions Bulletin distributed to all applicants and appears on the school web site www.xusom.com

Policy on Transfer Credits

Policy Statement

Transfer credits are credits earned for courses completed at another institution and accepted by Xavier University School of Medicine (XUSOM) toward meeting the requirements of the Doctor of Medicine (MD) degree program.

XUSOM may grant transfer credit in accordance with institutional policies and applicable Educational Commission for Foreign Medical Graduates (ECFMG) requirements. Students are responsible for understanding that acceptance of transfer credit by XUSOM does not guarantee eligibility for ECFMG Certification, which remains subject to ECFMG policies in effect at the time of application.

Eligibility Requirements

1. Transfer credit may be awarded only for courses that have been successfully completed and passed at the originating institution.
2. Transfer credit will be considered only for courses that are substantially equivalent in content, scope, learning outcomes, and academic rigor to courses offered at XUSOM.
3. Transfer applicants must submit official transcripts and any additional documentation requested by the University, including course descriptions, syllabi, assessment information, and evidence of satisfactory academic standing.

4. Transfer credits accepted toward the MD degree may be awarded only from one prior medical school. Credits from multiple medical schools will not be combined toward advanced standing in the MD program.
5. Applicants seeking advanced standing are subject to review and approval by the Admissions Committee and/or the appropriate academic committee. The University reserves the right to require placement examinations, competency assessments, remedial coursework, or repetition of courses when equivalency cannot be adequately demonstrated.
6. Students who have failed a comparable course at another institution may be required to repeat the course at XUSOM and satisfy all progression requirements established by the University.
7. XUSOM does not accept transfer students for direct entry into the fourth year of the MD program. Applicants may not transfer directly into Year 4, regardless of the number of credits, clinical rotations, or other coursework completed at another medical school.

Disclosure and Documentation Requirements

Students who are granted transfer credits toward the MD degree are responsible for fully disclosing and documenting all transferred credits to ECFMG when applying for ECFMG Certification, regardless of when the credits were earned.

Failure to disclose transferred credits to ECFMG may result in delays in credential verification and certification and may lead to other consequences as determined by ECFMG under its policies and procedures regarding irregular behavior.

ECFMG Certification Considerations

Students should note that ECFMG may impose additional requirements regarding transfer credits depending on the accreditation status of the medical school awarding the final degree. Such requirements may include, but are not limited to:

- Transfer credits originating from a medical school located in the United States and listed in the World Directory of Medical Schools; or
- Transfer credits originating from a medical school listed in the World Directory of Medical Schools with an ECFMG Sponsor Note indicating that it meets ECFMG eligibility requirements;
- Documentation that all transferred courses were successfully completed and passed; and
- Restrictions limiting transferred credits toward the final medical degree to credits originating from only one medical school.

Where applicable, students may also be required by ECFMG to provide additional documentation for credits transferred to the pre-medical portion of the curriculum.

Because ECFMG requirements may change periodically, students are strongly encouraged to review current ECFMG policies and consult the Office of the Registrar before transferring credits or applying for ECFMG Certification.

Institutional Authority

The awarding of transfer credit and advanced standing is at the sole discretion of XUSOM. The University reserves the right to accept, deny, limit, or revoke transfer credit if information provided by the student is inaccurate, incomplete, or inconsistent with institutional policies, accreditation standards, or applicable ECFMG requirements.

Policy on Readmisson

Policy:

Any student who has voluntarily withdrawn or has been withdrawn from Xavier University School of Medicine and wishes to reapply for the MD program must follow the procedures of the readmission.

Procedures:

The application of readmission should be submitted to the Grievances Committee. The committee will carefully review the application and provide decision with terms and conditions of readmission.

Applications for readmission must be supported by the following documents:

1. Cover letter providing explanation about reason for withdrawal, purpose of readmission and remediation plan if the student was academically struggling (failed courses, low grades, and/or low attendance).
2. Transcripts from remedial courses, additional courses, or formal academic training taken since withdrawal.

Consideration is given to the academic record of the applicant, the length of absence, and the activities undertaken during the absence.

Readmission, if approved, may be conditional subject to terms and conditions that may require the student to perform specific tasks at a specific standards, either prior to or following readmission.

Failure to comply with the terms and conditions of readmission will result in cancellation of readmission and denial of further appeals for readmission.

The readmission is subject to readmission fee as set by the Student Finance in addition to the other course fee.

Policy Contact: Chair, Grievances Committee

Policy for Diversity and Inclusiveness

Xavier University School of medicine acknowledges that it operates in a diverse community of multiple nations, ethnicities, economies and religions. In valuing the diversity of its student and staff population, the university believes in equality of opportunity in staff and students recruitment, access of resources and academic growth. It strives to provide an environment that is free of harassment and discrimination and adopts measures to respect heterogeneities in thoughts and practices due to variations in gender, culture, ethnicity, socioeconomics, religions and geographic backgrounds

Positive Learning Environment Policy

Policy Statement:

The XUSOM, Aruba is committed to providing and maintaining a safe and effective learning environment in which students, faculty, instructors, healthcare staff and administrative staff work together to both educate and learn in a manner that promotes the highest level of patient care. As an institution that trains the primary

care physicians of tomorrow, we expect members of our community to uphold an academic environment that encourages mutually respectful relationships those that are conducive to learning, and is free of mistreatment, unlawful discrimination and harassment, and threats of retaliation.

We hold with the Mistreatment Guidelines of the Group on Student Affairs of the Association of American Medical Colleges in stating that, "The medical learning environment is expected to facilitate students' acquisition of the professional and collegial attitudes necessary for effective, caring and compassionate health care. The development and nurturing of these attitudes are enhanced and, indeed, based on the presence of mutual respect between teacher and student. Characteristic of this respect is the expectation that all participants in the educational program assume their responsibilities in a manner that enriches the quality of the learning process."

It is, therefore unacceptable for a teacher (e.g., faculty member, resident, or others acting in a teaching role) to engage in unlawful discrimination or harassment, and/or mistreatment of students, or fail to adhere to university policies, procedures, and guidelines that establish standards for professionalism and conduct, as well as those principles of professionalism and ethics generally accepted within the medical profession.

All members of the medical education community have a shared responsibility to protect the integrity of the learning environment, a right to work and learn free of unlawful discrimination, harassment and mistreatment, and to report any incident in which that positive learning environment has been compromised.

Scope:

This policy is applicable to all students enrolled in, all faculty, staff and administrators employed by, and all other teachers holding appointments with the XUSOM, Aruba.

Characteristics of a Positive Learning Environment

The learning environment of the medical education program should be "conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty and staff at all training locations", whether in the classroom, laboratory, or clinical settings, and "is one in which all individuals are treated with respect". As such, XUSOM recognizes that each member of the medical school community should be accepted as an autonomous individual and treated civilly and with respect.

Role of Teachers:

The role of the teacher is to create an environment that facilitates learning by

1. ensuring responsibility and accountability;
2. demonstrating respect for students as individuals and adhering to their proper roles as intellectual and practice guides and counselors;
3. making every reasonable effort to foster honest academic/professional conduct;
4. ensuring that their evaluations of students accurately reflect each student's competence;
5. respecting the boundaries of the relationship between teacher and student; and
6. avoiding any exploitation, harassment, discrimination and/or mistreatment of the student.

Please click on the link below for:

Code of Professional Conduct | Xavier University School of Medicine (live-xusom-faculty.pantheonsite.io)

Role of Students:

Students also have a responsibility in creating and maintaining a positive learning environment by:

1. Complying with all applicable policies, procedures, and guidelines establishing expectations for student professionalism and other standards of conduct;
2. Attending, being prepared and on time for, and participating in all academic and clinical activities and learning experiences consistent with the expectations of the faculty member, department, medical school, and/or experiential site;
3. Respecting teachers, staff and fellow learners as individuals, without regard to race, color, religion, sex, national origin, ancestry, age, order of protection status, genetic information, marital status, disability, sexual orientation, gender identity, or unfavorable discharge from the military or status as a protected veteran;
4. Seeking out, accepting and learning from feedback, in a respectful and receptive manner;
5. Understanding and, when not certain, seeking clarification on what does and does not constitute student mistreatment; and
6. Immediately reporting incidents of student mistreatment experienced or observed.

Student Mistreatment:

Certain behaviors are inherently destructive to the teacher-learner relationship. Behaviors such as violence, sexual abuse or harassment, inappropriate conduct or discrimination based on personal characteristics must never be tolerated. Other behavior can also be inappropriate if the effect interferes with professional development. Behavior patterns such as making habitual demeaning or derogatory remarks, belittling comments or destructive criticism fall into this category. On the behavioral level, abuse may be operationally defined as behavior by medical school faculty, residents, or students which is disapproved by society and by the academic community as either exploitive or punishing.

Examples of inappropriate behavior or situations that would be unacceptable include:

- Physical contact, including any physical mistreatment or assaults such as hitting, slapping, kicking, throwing objects or threats of the same nature
- Verbal abuse (attack in words, or speaking insultingly, harshly)
- Comments and jokes of stereotypic or ethnic connotation, visual harassment (display of derogatory cartoons, drawings or posters)
- Inappropriate or unprofessional conduct that is unwarranted and reasonably interpreted to be demeaning or offensive
- Requiring a student to perform tasks intended to humiliate, control, or intimidate the student
- Unreasonable requests for a student to perform personal services
- Grading or assigning tasks used to punish a student rather than to evaluate or improve performance
- Purposeful neglect or exclusion from learning opportunities as means of punishment
- Sexual assault or other acts of sexual violence
- Sexual harassment
- Disregard for student safety

While constructive criticism is appropriate in certain circumstances in the teacher-learning process, it should be handled in such a way as to promote learning, avoiding purposeful student humiliation. Feedback that has negative elements is generally more useful when delivered in a private setting that fosters discussion and behavior modification. All feedback should focus on behavior rather than personal characteristics and should avoid pejorative labeling.

Reporting Mistreatment & Other Learning Environment Concerns:

Due to the sensitive nature of such complaints and the need to occasionally deal with these issues either without the consent of the reporter or without revealing the identity of the reporter, a number of mechanisms need to be in place for resolution and communication of the resolution of the issue.

The faculty and administration must be able to assure learners that they will be "protected" when making truthful reports of abuse or unprofessional behavior on the part of others, even when their identity must be disclosed. Such reporting is a professional obligation on the students' part as members of our educational community. Members of our educational community including faculty and staff who witness others being abusive to learners or exhibiting unprofessional behavior are also expected to report these incidents. This will help to create a better learning environment for all.

A complaint should be reported as soon as possible but not more than 90 (ninety) days after the alleged incident. Several avenues (listed below) are open to the student who experiences an incident of inappropriate behavior and mistreatment or is the witness to unprofessional behavior. The same pathways may be used by faculty and staff who witness abusive and/or unprofessional behavior. In situations where the observed behavior does not involve a learner the faculty and staff members also have the option of addressing the issue with a supervisor of the person exhibiting the behavior.

A. Informal Pathway

1. Addressing the Issue Directly:
   The student may consider speaking directly with the person. If the behavior stems from a misunderstanding or a need for increased sensitivity, the person will often respond positively and stop. Open communication may clarify any misunderstanding or issue(s) and lead to a successful, informal resolution.
2. Counseling and Guidance:
   A student, who has concerns about the learning environment, may speak with the Course or Clerkship Director, the Assistant Dean for Student Affairs, or a Faculty Mentor. All involved parties must agree upon all informal resolutions. For tracking purposes, a written record of the resolution must be filed with the Assistant Dean for Student Affairs; however, this can be done without reference to specific names.
3. Consultation with the Assistant Dean for Student Affairs:
   If Steps 1 or 2 are not successful or appropriate, a student must refer the complaint to the Assistant Dean for Student Affairs, who may make one last attempt at informal resolution.

B. Formal Resolutions via University Policy

Once an alleged mistreatment has been identified there are multiple tiers of formal resolution. Resolution of reported actions which are not egregious or reported in an anonymous fashion will be up to the discretion of the course or clerkship director and other members of XUSOM administration. For tracking purposes, a written record of the resolution must be filed with the Assistant Dean for Student Affairs. Any actions identified in the University Policies on sexual assault, sexual harassment, bullying and other types of harassment, or other violations of ethics or codes of conducts, must be reported and handled in accordance with policies that address these violations. Resolution of reported actions which are recurrent or egregious will be reviewed by the Dean who will follow the procedures below:

Initial Inquiry

1. Inquiry into a violation of these standards of conduct committed by any individual will be initiated after a written complaint is filed with the Dean. The complaint should be filed within 90 (ninety) days of the violation.
2. The complaint must be detailed and specific, and accompanied by appropriate documentation. The Dean has the responsibility to protect the position and reputation of the complainant.

3. Upon receipt of a properly documented complaint, which has been made in good faith, the Dean shall inform the respondent of the nature of the charges and identify the complainant. The Dean shall also appoint an inquiry officer, who may not be a member of the same department as, or collaborator with, the complainant or respondent. The inquiry officer shall have no conflicts of interest or appearance of conflict of interest in the matter and have appropriate background to judge the issues being raised. He/she must be a faculty member of the Xavier University School of Medicine. An inquiry officer will be appointed within two weeks of the receipt of a properly documented complaint and the complainant and respondent will be notified. The Dean shall also make every effort to protect the identities of both complainant and respondent with respect to the larger community.
4. The inquiry officer shall gather information and determine whether the allegation warrants a formal investigation. He/she shall then submit a written report to the Dean, the complainant, and the respondent. The report shall state what evidence was reviewed, summarize relevant interviews, and include conclusions. This report shall ordinarily be submitted within 30 calendar days of receipt of the written complaint by the Dean. If the inquiry officer finds that a formal investigation is not warranted, the complainant shall be given the opportunity to make a written reply to the officer within 15 calendar days following receipt of the report to the Dean. If the inquiry officer finds that a formal investigation is warranted, the respondent shall be given the opportunity to make a written reply to the report within 15 calendar days following submission of the report to the Dean. Such replies shall be incorporated as appendices to the report. The entire preliminary inquiry process shall be completed within 60 calendar days of the receipt of a properly documented complaint by the Dean unless circumstances clearly reveal that in the interests of the parties involved the process be expedited or warrant a delay. In such cases the record of inquiry shall detail reasons for the delay.
5. If the report of the inquiry officer finds that a formal investigation is not warranted, the Assistant Dean may (i) initiate a formal investigation despite the recommendation of the preliminary inquiry officer, or (ii) not initiate a formal investigation, but take such other action as the circumstances warrant, or (iii) drop the matter. The Dean ordinarily shall complete the review within 10 days of receipt of the report. The Dean shall inform the concerned parties of the decision. In the event the Dean determines not to initiate a formal investigation, the Dean shall, as appropriate, protect the position and reputation of the complainant if the complaint is found to have been made in good faith.
6. If no formal investigation of the respondent is conducted, sufficient documentation shall be kept on file to permit a later assessment of the reasons that a formal investigation was not deemed warranted.
7. If the report of the inquiry officer finds that a formal investigation is warranted or the Dean decides the matter should be pursued through a formal investigation the Dean shall:
    - notify the complainant and respondent;
    - initiate a formal investigation.

Affiliate Sites

For faculty and staff at affiliate sites the Dean will inform the Assistant Dean or designated educational site director at the affiliated site responsible for overseeing the training of Xavier University School of Medicine students of any complaint that is brought and findings of the initial inquiry. Formal investigations and resolutions of these matters involving faculty and staff at affiliate sites will be determined by the appropriate administrators at those sites in keeping with their institutional policies.

Procedures

1. If the Assistant Dean for Student Affairs or the Dean is the respondent or in any other way has a conflict of interest or the appearance of a conflict of interest, he or she is obligated to remove him or herself from the case during any inquiry, investigation, or resolution, and the Dean shall appoint someone else to assume responsibility for monitoring and carrying out these procedures.
2. Complete records of all relevant documentation on cases treated under the provisions of this policy shall be preserved in the Office of the Dean for at least ten years.

3. Retaliation against any member of the school community who comes forward with a complaint or concern is prohibited. If an individual believes that he or she is being subjected to retaliation as a result of coming forward with a concern or a complaint, he or she should refer the matter to the Deans and/or the CAO.

False Complaints and Refusal to Cooperate:

The intentional filing of a false complaint is a violation of this and other University policies and may subject such person to discipline up to and including termination or, in the case of a student, dismissal from the School. Refusal to cooperate with/or participate in an investigation is a violation of this policy and may subject such person to discipline, except for refusal to participate by victims of sexual violence. Anyone who believes that he/she has been the subject of a false complaint may file a complaint with the Dean. If evidence of an intentional false complaint has been found, appropriate disciplinary action will be undertaken.

This provision is not intended to discourage complaints in those instances where an individual believes in good faith that discrimination, harassment and/or inappropriate conduct in the learning environment has occurred.

Education and Prevention

A. To promote an environment respectful of all individuals, the Xavier University School of Medicine will provide ongoing education to students, residents, fellows, faculty, and other staff that emphasizes the importance of professional and collegial attitudes and behavior. The materials and methods for providing this education will be the responsibility of the Office of the Student Affairs.

B. Education of the Xavier University School of Medicine community concerning mistreatment and professional behavior serves to promote a positive learning environment. This is characterized by attitudes of mutual respect and collegiality. Education will alert all members of the Xavier University School of Medicine community to expected standards of behavior. Education will also inform persons who believe they have been mistreated of the avenues for redress and will inform all concerned parties of the policies and processes for responding to allegations of mistreatment and unprofessional behavior.

C. The methods for disseminating and providing information and education to the specific groups are described below, subject to annual review by the Dean:

1. Medical Students

- The policy will be included in the Student Handbook.
- The topic will be addressed at all orientations.
- Each department will be required to include this topic in the course policies for each preclinical course and each clinical rotation.

2. Residents and Fellows

- The policy will be sent to the Program directors and Deans at the Affiliate hospital site who in turn share it with Residents and Fellows.
- The clinical department chairs will be encouraged to ensure all their fellows and residents are cognizant of the policy.

3. Faculty and Graduate Students

- An informative written message will be sent each year from the Dean's Office to all departmental chairs.

- The Dean will direct the chairs to distribute the information to all faculty and graduate students within their respective departments and a member of the Dean's Office will present the policy at departmental meetings on an annual basis.
- Chairs will also direct the course directors, clerkship directors, and program directors to convey this information to all adjunct faculty who participate in the teaching process in order to ensure that all faculty are cognizant of the policy.

4. Nursing and Other Clinical/Support Staff

- An informative written message will be sent each year from the Dean's Office to the Chief Academic Officer and Chief Medical Officer at University Hospital to explain the policy and to request its distribution to all staff interacting with Xavier University School of Medicine trainees.

5. Faculty and Staff at All Affiliate Sites

- Affiliation agreements with all training sites will reference the policy and delineate expectations regarding distribution of the information contained in the policy to faculty and staff at the site. An informative written message will be sent each year from the Dean's Office to the Assistant Dean or designated educational site director and Chief Medical Officer at each training site to explain the policy and to request its distribution to all staff interacting with Xavier University School of Medicine trainees.

D. The Basic science and Clinical Science curriculum sub-committees will monitor influences (positive and negative) throughout the learning environment. They will review the results of student feedback/evaluations of courses and clerkships as it relates to the learning environment and may choose to survey students and other groups to ascertain further information regarding positive and negative influences in this arena. Based on these sources of information the Basic science and Clinical Science curriculum sub-committees will make recommendations regarding the need for interventions (e.g., faculty and staff education and development) to address issues that are leading to a sub-optimal learning environment and these will be presented to the Curriculum Committee for consideration. The decision and final recommendations of Curriculum Committee will be presented to the Faculty Senate. Feedback on the success of implemented changes and programs is monitored by the Basic science and Clinical Science curriculum sub-committees, the Faculty Senate, the Deans Cabinet and the CAO.

Plans for monitoring and assessment

The Curriculum Committee will monitor positive and negative influences on the learning environment and make recommendations regarding corrective interventions.

Policy Contact: Dean of Student Affairs/Chair, Curriculum Committee

Last updated: February 2022

International Student Requirements

Canada

Students matriculating from Canada must complete the following standardized examinations to be able to graduate from XUSOM.

1. CCSA -1; a requirement to complete XUSOM Basic Sciences;
2. Comprehensive Basic Science Examination; a requirement to complete XUSOM Basic Sciences;

3. USMLE-1; a requirement to complete XUSOM Basic Sciences;
4. Comprehensive Clinical Sciences Examination; a requirement to complete the Clinical Sciences;
5. USMLE-2 CK; a requirement to complete XUSOM Clinical Sciences;
6. CCSA 2; a requirement to complete XUSOM Clinical Sciences

Pursuing Residency in Canada

In order to apply for the Residency positions in Canada the students are required to fulfill all the standard requirements.

1. Medical Council of Canada Qualifying Examination (MCCQE) Part 1: As of 2019, all candidates, including IMGs, can apply directly to the MCCQE Part I without first having to take the MCCEE. The exam is delivered in Canada and internationally in over 80 countries through Prometric.
2. National Assessment Collaboration Examination (NAC): The NAC Examination is a one-day exam that assesses your readiness to enter a Canadian residency program. It is a national, standardized examination that tests the knowledge, skills, and attitudes essential for entrance into postgraduate training in Canada. It is an Objective Structured Clinical Examination (OSCE) that includes a series of stations where you are presented with typical clinical scenarios. It includes problems in: Medicine, Surgery, Pediatrics, Obstetrics and Gynecology, Psychiatry, and Preventive Medicine and Public Health.
3. Canadian Resident Matching Service (CaRMS): After this successfully clearing these exams, the students can apply to residency programs through the Canadian Resident Matching Service, which provides a fair, objective and transparent application and matching service for medical training throughout Canada.

For more information, please see:

- https://mcc.ca/
- https://www.carms.ca/

Other Countries

Students matriculating from all other countries must complete the following standardized examinations:

1. CCSA -1; a requirement to complete XUSOM Basic Sciences;
2. Comprehensive Basic Science Examination; a requirement to complete XUSOM Basic Sciences;
3. USMLE-1; a requirement to complete XUSOM Basic Sciences;
4. Comprehensive Clinical Sciences Examination; a requirement to complete the Clinical Sciences;
5. USMLE-2 CK; a requirement to complete XUSOM Clinical Sciences;
6. CCSA 2; a requirement to complete XUSOM Clinical Sciences

Students intending to do a residency in any country other than the United States must inform the Registrar, CAO and the Deans within six months of matriculation. This will allow time to ensure that all necessary requirements for smooth transition to residency are completed.

U.S. Visa Disclaimer for Clinical Rotations

Xavier University School of Medicine does not guarantee the issuance of a U.S. visa, nor is it responsible for the revocation of any existing U.S. visas. However, the university will make every effort to support students in securing clinical placements in other countries, should U.S. visa-related challenges arise.

MD Program Graduation Requirements

The degree of Doctor of Medicine (MD) is awarded to students who have satisfactorily completed the prescribed curriculum and demonstrated the knowledge, clinical skills, professional behaviors, and competencies expected of a physician, as determined by the faculty of Xavier University School of Medicine (XUSOM).

The standards for graduation are applied uniformly to all students, irrespective of citizenship, country of origin, or intended jurisdiction of future medical practice. Completion of the MD program does not guarantee placement in a residency program or eligibility for medical licensure in any particular jurisdiction.
To be eligible for the award of the Doctor of Medicine degree, a student must satisfy all of the following requirements:

Academic Requirements

• Successfully complete all Basic Sciences coursework (MD1 through MD5 for the May 2026 cohort and onward, or MD1 through MD6 for cohorts preceding May 2026), including all required assessments and CCSA-1 (OSCE).
• Pass the Comprehensive Basic Science Examination (CBSE).
• Pass the United States Medical Licensing Examination (USMLE) Step 1.
• Successfully complete all required clinical clerkships totaling seventy-six (76) weeks of clinical training.
• Pass the Comprehensive Clinical Science Examination (CCSE).
• Pass CCSA-2 and all other required institutional clinical assessments.
• Pass the United States Medical Licensing Examination (USMLE) Step 2 Clinical Knowledge (CK).
• Pass the Occupational English Test (OET).

Professionalism Requirements

• Demonstrate the professional attributes, ethical conduct, and behaviors expected of a Xavier University School of Medicine student and future physician.
• Meet all essential requirements and technical standards established by the Faculty Senate.
• Have no unresolved professionalism concerns, conduct violations, or pending disciplinary matters.

Administrative and Financial Requirements

• Satisfy all admission and matriculation requirements of the University.
• Be discharged of all financial obligations and indebtedness to the University.
• Complete all required administrative and graduation clearance procedures.

Additional Requirement

• Be at least twenty-one (21) years of age at the time the Doctor of Medicine degree is conferred.

The Promotions and Progress Review Committee shall review the complete academic and professional record of each candidate and recommend eligible students for graduation. The Registrar and Chief Compliance Officer shall verify that all graduation requirements have been satisfied prior to the conferral of the Doctor of Medicine degree.

The graduation requirements of Xavier University School of Medicine are designed to align with applicable Educational Commission for Foreign Medical Graduates (ECFMG) requirements and certification policies.

Policy Contact: Chair, Promotions and Progress Review Committee
Approved by: Faculty Senate

Health Insurance

Students studying in Aruba will have the Aruban National Health Insurance (AZV) once you receive you student permit. In addition all students in Aruba will be put on the University's IMG Student Health Advantage Plan. The price is based on age and will be billed with your tuition. Students are not able to opt of out this regardless of other medical insurance they may have. This insurance is secondary to the AZV and other medical insurance you may have. It will be used in case of any medical emergency you may have and includes evacuation coverage. Please read your IMG policy carefully for list of coverages. Students are also encourage to have a medical insurance from home and keep all plan documents and ID cards with you at all times.

Students in Clinical Rotations in the USA will need to have current health insurance to provide to the hospital. This insurance is obtained directly by student. It can be from a family plan, exchange or purchased specially for students doing clinical rotations in the USA.

The school does not require medical students to purchase disability insurance policies, but we highly recommend such policies, particularly for those of you who have a family. We are required to provide access to sources of such coverage for you. The list below is a compilation of insurers who will provide individual or group disability policies to medical students. Each policy has slightly different coverage parameters, restrictions, and costs, so please evaluate these carefully to select the best policy for your individual situation. If you have questions about such policies, please see the student finance office.

American Medical Association Student Disability Income Insurance
http://www.amainsure.com/products/disability-protection/student-disability-income-insurance.html
1-888-627-5883

AMA Med Plus Advantage Disability Income Insurance for Medical Students
http://medplusadvantage.com
1-888-627-6618

Doctor Disability
http://www.doctordisability.com/insurance/medical-student

Clinical Rotations Emergency Medical Coverage and Malpractice Insurance Policy

Effective March 1, 2026
Applies to All Students Participating in Clinical Rotations

1. Mandatory Coverage Requirement

As a condition of participation in clinical rotations, all students are required to maintain:

1. Emergency Medical Coverage
2. Malpractice Insurance Coverage

Students may not begin, continue, or resume clinical rotations without satisfying these requirements.

The University reserves the right to verify, approve, reject, require supplemental coverage, or modify insurance requirements at any time.

2. Emergency Medical Coverage

A. Non-U.S. Citizens

All non-U.S. citizen students are required to enroll in the University-designated IMG Emergency Medical Coverage Plan.

- Enrollment is automatic and mandatory.
- Students may not opt out.
- No substitutions or alternative policies will be accepted.

B. U.S. Citizens

U.S. citizen students may request exemption from the University Emergency Medical Coverage requirement by submitting proof of comparable insurance coverage.

The following conditions apply:

- Documentation must be submitted and approved prior to the start of clinical rotations.
- Coverage must remain active and continuous throughout the entire clinical training period.
- The University retains sole and absolute discretion to determine whether submitted coverage is adequate.
- The University may deny exemption or require supplemental coverage if deemed necessary.
- Once the annual fee has been assessed, no retroactive exemptions or adjustments will be granted.

If exemption is approved, the student remains responsible for the malpractice insurance portion of the annual fee.

3. Annual Coverage and Applicable Service Fees

The required annual fee for clinical students is **$3,000 per year**, which includes required insurance coverage and all applicable administrative and service fees.

This annual amount consists of:

- **$1,500 – Emergency Medical Coverage and applicable service fees**
- **$1,500 – Malpractice Insurance Coverage and applicable service fees**

This fee:

- Is assessed annually
- Is mandatory for as long as the student is enrolled in clinical rotations
- Covers the full 12-month period, including all scheduled breaks, unscheduled gaps, leave periods occurring during rotations, and transition time between rotations
- Is not subject to proration, reduction, or refund, except as expressly stated in the transition provision
- Is non-refundable once assessed

Failure to pay may result in:

- Immediate administrative hold
- Suspension or delay of clinical rotations
- Withholding of transcripts, evaluations, or official records

4. Claims Determination and Limitation of Liability

All claims under the Emergency Medical Coverage policy are subject solely to the terms, conditions, limitations, exclusions, and determinations of the applicable insurance carrier, including the IMG insurance provider.

- Approval, denial, and payment of claims are made exclusively at the discretion of the insurance company.
- The University does not guarantee coverage for any specific medical service, treatment, or claim.
- Students are solely responsible for understanding the policy terms and coverage limitations.

Xavier University School of Medicine and Xavier Admissions LLC are not insurers and shall not be liable for:

- Denial of any claim
- Partial payment of any claim
- Coverage exclusions
- Policy limitations
- Deductibles, co-payments, or uncovered medical expenses
- Any action or inaction of the insurance provider

Enrollment in the University-designated plan does not create any liability on the part of Xavier University School of Medicine or Xavier Admissions LLC for medical expenses or insurance determinations.

5. Automatic Enrollment and Termination

Students will be automatically enrolled in required coverage.

Coverage will terminate only upon:

- Official completion of the student's final required clinical rotation, and
- Confirmation by the University that all academic and rotation requirements have been satisfied.

Withdrawal, leave of absence, scheduling gaps, or delayed rotations do not trigger fee reduction or refund.

6. Current Clinical Students – Transition Provision

For students enrolled in clinical rotations as of March 1, 2026:

- The first year of Emergency Medical Coverage may be prorated solely to align with the existing malpractice insurance cycle.
- Thereafter, the full annual $3,000 fee will apply.
- All other provisions of this policy apply immediately.

7. Pricing Adjustments

All fees, coverage amounts, administrative charges, and associated service fees are subject to change at the discretion of the University.

Students will be notified in advance of any changes to required fees. Continued enrollment in clinical rotations constitutes acceptance of any updated pricing.

8. Institutional Authority

The University reserves the right to:

- Change insurance providers
- Modify required coverage limits
- Adjust administrative and service fees
- Amend this policy to comply with accreditation standards, hospital affiliation requirements, regulatory obligations, or risk management needs

All determinations regarding coverage adequacy, exemptions, billing, compliance, and enforcement are made at the sole discretion of the University.

Immunization Policies

The students must make sure that they are up-to-date on routine vaccines. These vaccines include measles-mumps-rubella (MMR) vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and the yearly flu shot.

Xavier University mandates the students to be vaccinated with one of the CDC recommended COVID vaccinations.

Centers for Disease Control and Prevention (CDC) recommends Hepatitis A and Typhoid vaccines

Depending on the age, health status, or lifestyle, the following vaccinations may also be recommended: Meningococcal Meningitis, Pneumococcal Pneumonia, Herpes Zoster, Haemophilius influenza type B, Rotavirus and Human Papillomavirus.

Students are required to submit copies of immunization records to the school at the time of application.

Recommended Immunization Schedule for Adults Aged 19 Years or Older,
United States, 2018
Adult Immunization Schedule by Age Group (Subject to Change)

1. Tetanus, Diphtheria and Acellular Pertussis Vaccination

General information

- Administer to adults who previously did not receive a dose of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap) as an adult or child (routinely recommended at age 11–12 years) 1 dose of Tdap, followed by a dose of tetanus and diphtheria toxoids (Td) booster every 10 years

2. Measles, Mumps and Rubella Vaccination

General information

- Administer 1 dose of measles, mumps, and rubella vaccine (MMR) to adults with no evidence of immunity to measles, mumps, or rubella
- Evidence of immunity is:
  - Born before 1957 (except for health care personnel, see below)
  - Documentation of receipt of MMR
  - Laboratory evidence of immunity or disease
- Documentation of a health care provider-diagnosed disease without laboratory confirmation is not considered evidence of immunity

Special populations

- **HIV infection and CD4 cell count ≥200 cells/μL for at least 6 months** and no evidence of immunity to measles, mumps, or rubella: Administer 2 doses of MMR at least 28 days apart
- **Students in postsecondary educational institutions, international travelers, and household contacts of immunocompromised persons:** Administer 2 doses of MMR at least 28 days apart (or 1 dose of MMR if previously administered 1 dose of MMR)
- **Health care personnel born in 1957 or later** with no evidence of immunity: Administer 2 doses of MMR at least 28 days apart for measles or mumps, or 1 dose of MMR for rubella (if born before 1957, consider MMR vaccination)
- Adults who **previously received ≤2 doses of mumps-containing vaccine and are identified by public health authority to be at increased risk for mumps in an outbreak:** Administer 1 dose of MMR

3. Varicella vaccination

General information

- Administer to adults without evidence of immunity to varicella 2 doses of varicella vaccine (VAR) 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose
- Evidence of immunity to varicella is:
  - U.S.-born before 1980 (except for pregnant women and health care personnel, see below)
  - Documentation of receipt of 2 doses of varicella or varicella-containing vaccine at least 4 weeks apart
  - Diagnosis or verification of history of varicella or herpes zoster by a health care provider
  - Laboratory evidence of immunity or disease

Special populations

- Administer 2 doses of VAR 4–8 weeks apart if previously received no varicella-containing vaccine (if previously received 1 dose of varicella-containing vaccine, administer 1 dose of VAR at least 4 weeks after the first dose) to:
  - **Pregnant women without evidence of immunity:**
    Administer the first of the 2 doses or the second dose after pregnancy and before discharge from health care facility
  - **Health care personnel without evidence of immunity**
- Adults with **HIV infection and CD4 cell count ≥200 cells/μL:** May administer, based on individual clinical decision, 2 doses of VAR 3 months apart
- VAR is contraindicated for pregnant women and adults with severe immunodeficiency

4. Zoster Vaccination

General information

- Administer 2 doses of recombinant zoster vaccine (RZV) 2–6 months apart to adults aged 50 years or older regardless of past episode of herpes zoster or receipt of zoster vaccine live (ZVL)
- Administer 2 doses of RZV 2–6 months apart to adults who previously received ZVL at least 2 months after ZVL

5. Human Papillomavirus Vaccination

General information

- Administer human papillomavirus (HPV) vaccine to **females through age 26 years and males through age 21 years** (males aged 22 through 26 years may be vaccinated based on individual clinical decision)
- The number of doses of HPV vaccine to be administered depends on age at initial HPV vaccination
    - **No previous dose of HPV vaccine:** Administer 3-dose series at 0, 1–2, and 6 months (minimum intervals: 4 weeks between doses 1 and 2, 12 weeks between doses 2 and 3, and 5 months between doses 1 and 3; repeat doses if given too soon)

Special populations

- Adults with **immunocompromising conditions (including HIV infection)** through age 26 years: Administer 3-dose series at 0, 1–2, and 6 months

6. Pneumococcal vaccination

General information

- Administer to immunocompetent adults aged 65 years or older 1 dose of 13-valent pneumococcal conjugate vaccine (PCV13), if not previously administered, followed by 1 dose of 23-valent pneumococcal polysaccharide vaccine (PPSV23) at least 1 year after PCV13; if PPSV23 was previously administered but not PCV13, administer PCV13 at least 1 year after PPSV23
- When both PCV13 and PPSV23 are indicated, administer PCV13 first (PCV13 and PPSV23 should not be administered during the same visit);

7. Hepatitis A vaccination

General information

- Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 2-dose series of single antigen hepatitis A vaccine (HepA; Havrix at 0 and 6–12 months or Vaqta at 0 and 6–18 months; minimum interval: 6 months) or a 3-dose series of combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months; minimum intervals: 4 weeks between first and second doses, 5 months between second and third doses

Special populations

- Administer HepA or HepA-HepB to adults with the following indications:
    - Travel to or work in countries with high or intermediate hepatitis A endemicity

8. Hepatitis B vaccination

General information

- Administer to adults who have a specific risk (see below), or lack a risk factor but want protection, 3-dose series of single antigen hepatitis B vaccine (HepB) or combined hepatitis A and hepatitis B vaccine (HepA-HepB) at 0, 1, and 6 months (minimum intervals: 4 weeks between doses 1 and 2 for HepB and HepA-HepB; between doses 2 and 3, 8 weeks for HepB and 5 months for HepA-HepB)

Special populations

- Administer HepB or HepA-HepB to adults with the following indications:
  - **Chronic liver disease** (e.g., hepatitis C infection, cirrhosis, fatty liver disease, alcoholic liver disease, autoimmune hepatitis, alanine aminotransferase [ALT] or aspartate aminotransferase [AST] level greater than twice the upper limit of normal)
  - **HIV infection**
  - **Percutaneous or mucosal risk of exposure to blood** (e.g., **household contacts** of hepatitis B surface antigen [HBsAg]-positive persons; adults younger than age 60 years with **diabetes mellitus** or aged 60 years or older with diabetes mellitus based on individual clinical decision; adults in pre-dialysis care or receiving **hemodialysis or peritoneal dialysis; recent or current injection drug users; health care and public safety workers** at risk for exposure to blood or blood-contaminated body fluids)
  - Receive care in **settings where a high proportion of adults have risks for hepatitis B infection** (e.g., facilities providing sexually transmitted disease treatment, drug-abuse treatment and prevention services, hemodialysis and end-stage renal disease programs, institutions for developmentally disabled persons, health care settings targeting services to injection drug users or MSM, HIV testing and treatment facilities, and correctional facilities)
  - **Travel** to countries with high or intermediate hepatitis B endemicity

9. Meningococcal vaccination

Special populations: Serogroups A, C, W, and Y meningococcal vaccine (MenACWY)

- Administer 2 doses of MenACWY at least 8 weeks apart and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - **Anatomical or functional asplenia** (including sickle cell disease and other hemoglobinopathies)
  - **HIV infection**
  - **Persistent complement component deficiency**
  - **Eculizumab use**
- Administer 1 dose of MenACWY and revaccinate with 1 dose of MenACWY every 5 years, if the risk remains, to adults with the following indications:
  - **Travel to or live in countries where meningococcal disease is hyperendemic or epidemic**, including countries in the African meningitis belt or during the Hajj
  - At risk from a **meningococcal disease outbreak attributed to serogroup A, C, W, or Y**
  - **Microbiologists** routinely exposed to Neisseria meningitidis
  - **Military recruits**
  - **First-year college students who live in residential housing** (if they did not receive MenACWY at age 16 years or older)

General Information: Serogroup B meningococcal vaccine (MenB)

- May administer, based on individual clinical decision, to young adults and adolescents aged 16–23 years (preferred age is 16–18 years) who are not at increased risk 2-dose series of MenB-4C (Bexsero) at least 1 month apart or 2-dose series of MenB-FHbp (Trumenba) at least 6 months apart
- MenB-4C and MenB-FHbp are not interchangeable

Special populations: MenB

- Administer 2-dose series of MenB-4C at least 1 month apart or 3-dose series of MenB-FHbp at 0, 1–2, and 6 months to adults with the following indications:
  - **Anatomical or functional asplenia** (including sickle cell disease)
  - **Persistent complement component deficiency**
  - **Eculizumab use**
  - At risk from a **meningococcal disease outbreak attributed to serogroup B**
  - **Microbiologists** routinely exposed to Neisseria meningitides

10. Haemophilus influenzae type b vaccination

Special populations

- Administer Haemophilus influenzae type b vaccine (Hib) to adults with the following indications:
  - **Anatomical or functional asplenia** (including sickle cell disease) or undergoing elective splenectomy: Administer 1 dose if not previously vaccinated (preferably at least 14 days before elective splenectomy)
  - **Hematopoietic stem cell transplant** (HSCT): Administer 3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant regardless of Hib vaccination history

11. COVID vaccination

General information:

On August 23, FDA approved the Pfizer-BioNTech (COMIRNATY) COVID-19 Vaccine for people aged 16 years and older.

Xavier University mandates the students to be vaccinated with one of the following CDC recommended vaccinations:

Vaccine Brand Name	Who Can Get this Vaccine	How Many Shots You Will Need	When Are You Fully Vaccinated?
Pfizer-BioNTech	People 12 years and older	2 shots - Given 3 weeks (21 days) apart	2 weeks after your second shot
Moderna	People 18 years and older	2 shots - Given 3 weeks (21 days) apart	2 weeks after your second shot
Johnson & Johnson's Janssen	People 18 years and older	1 shot	2 weeks after your shot

You should get a COVID-19 vaccination as soon as possible. Do not wait for a specific brand. All currently authorized and recommended COVID-19 vaccines are safe and effective, and CDC does not recommend one vaccine over another.

COVID-19 vaccines are not interchangeable. If you received a Pfizer-BioNTech or Moderna COVID-19 vaccine, you should get the same product for your second shot.

Who Should NOT Get Vaccinated

- **If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction**, even if it was not severe, to any ingredient in an mRNA COVID-19 vaccine (such as polyethylene glycol), you should not get either of the mRNA COVID-19 vaccines.
- If you had a severe or immediate allergic reaction **after getting the first dose of an mRNA COVID-19 vaccine**, you should not get a second dose of either of the mRNA COVID-19 vaccines.
- A severe allergic reaction is one that needs to be treated with epinephrine or EpiPen or with medical care.

- An immediate allergic reaction means a reaction within 4 hours of exposure, including symptoms such as hives, swelling, or wheezing (respiratory distress).

If you aren't able to get an mRNA COVID-19 vaccine, you may still be able to get a different type of COVID-19 vaccine.

Special Populations:

The CDC continues to recommend the vaccine under an emergency use authorization (EUA) for adolescents 12 through 15 years old, as well as an additional mRNA dose for moderately to severely immunocompromised people.

Students who wish to appeal against vaccination due to underlying medical conditions, religious or personal beliefs should send an appeal to the Grievances Committee seeking approval for the same. A decision made by the Grievances committee is final.

References:

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

Emergency and Disaster Management Protocol & Contacts

- First aid and Emergency treatment: First aid will be provided to students, faculty, staff and visitors. At least 2 faculty are available all the time, who are trained in cardio-pulmonary resuscitation and first aid by the competent authorities like American heart association or American Red cross.
- Faculty are trained of the appropriate procedures to handle emergencies such as asthma attacks and epileptic seizures.
- The school building has first aid kits, defibrillator kit, epinephrine auto injector and asthma inhalers at various places to be used for the appropriate medical emergencies.
- In case students suspect an infectious disease, they inform the dean of the student affairs and then he will inform the dean of the institution. The dean will then notify the same to the local health bodies.
- The school has a dedicated quarantine room to isolate the suspected or a confirmed case of infectious disease before handing over to the respective health authorities.
- School has a trained microbiologist and an epidemiologist service all the time, to train the faculty, staff and students about the appropriate precautions to be followed during an outbreak of an infectious disease.
- During Major Natural disasters like a Hurricane or flood, all the academic activities will be suspended. The school has a dedicated vehicle to transfer all the students and the faculty to a secure location and provide them with necessary medicine, food and water till the situation comes under control.
- XUSOM, Aruba will adapt to any changes to the protocol as needed based on the local governments action plans.

Faculty, staff and students are also provided with hospital, police contact information in case of emergencies as indicated below:

Xavier Contact phone numbers

Main Line: +297 588 7766
Campus Emergency Line: +297 597 7770
Campus Security: +297 582 7252
Health Clinic: Dr. Alvarez Quezada
Avicenastraat #15
Tel. +297 583-9119

Mr. Jason Croes
Head of Emergency / Disaster Committee
+297 597 7766

Ms. Hilda Statia
Emergency / Disaster Committee Member (Female)
+297 593 6266 / +297 597 7775

US Office Phone Numbers
+1 516 333 2224 – Main office line during normal business hours
+1 516 858 9822 – Office Cell phone 24 hours a day
+1 516 643 4545 – In House Legal Counsel
+1 516 417-5678 – President's Office

Aruba Contact Phone Numbers
General Emergency = 911
Local Fire Number = +297 529-1108 or 911
Local Police Number =+297 582-4000 or 911 or 100
Local Ambulance Number = +297 582-5573 or 911
Information number = 118

US Consulate in Curacao (covers Aruba)
Outside of Curacao: +5999 461 3066 ex 2225 or 2241

Canadian Embassy in Caracas, Venezuela (covers Aruba)
+58 212 600 3000

India Consulate in Curacao (covers Aruba)
+00-5999-4612262

Other country consulates will be shared based on student population list and will be updated every semester.

Local Hospital
Horacio Oduber Hospital
Dr. Horacio Oduber Boulevard #1
Oranjestad, Aruba
+297-527-4000

How to Prepare

Standard procedures and essentials

- Get weather related disasters updates from local radio or television stations. Also check the Xavier website and Facebook page.
    - Local Radio Stations – 101.7 FM, 90.0 FM, 95.1 FM
- Make sure to stock up on items on the emergency check list
- Adjust fridge and freezer to highest setting. Only open as necessary
- Protect important documents including passports, pictures, visa but keeping them in watertight containers and in your possession at all times.

Weather Related Disaster

- All students should report to main auditorium on campus as soon as they are notified of a potential weather-related disaster or the occurrence of a weather disaster.
- Students who are unable to make it to university should contact the schools emergency disaster line to notify the school they are safe and their location
- If students are injured, in danger or need emergency help while not on campus they should first contact the Police department then the University.
- For medical emergencies students should go to Dr. Horacio Oduber Hospital and let them know you are a student at Xavier and to contact Mr. Jason Croes (Head of Emergency / Disaster Committee). Mr. Jason Croes will account for you and notify the school. In the event of medical evacuation students should call IMG Medical Insurance and notify the school
- In the event the school is damaged from a weather-related disaster or deemed to be of potential threat by local authorities, students will be evacuated to the nearest evacuation center. An emergency alert will go out to all students where to meet who are not already on campus.

IMG Medical Insurance for Evacuations

All students are insured under IMG Insurance to cover Medical Evacuations. Please call the number below and give the certificate number listed.

- Outside USA: 317-655-4500 (collect call)
- Inside USA: 800-628-4664 (toll free)
- SHAAI00218367 – US citizens
- SHAII00246294 – All other citizens

Emergency Notifications

- All emergency alerts and notifications will be updated in real time on our Facebook Page or any other available methods.
- All emergency and alert notifications will go out via email to all students personal and school email that is registered on Student Management System

Suggested Emergency Checklist:

- Batteries
- Battery-operated radio
- Bottled water (one gallon of water per person a day)
- Cash (credit card readers and ATMs may be down after the storm)
- Duct tape
- First aid kit
- Insect repellent
- Full tank of gas
- Non-perishable food: canned food, energy bars, crackers, cookies, cereal, etc.
- Manual can opener
- Medicine (over-the-counter and prescription)
- Watertight bags and containers
- Trash bags

Depending on your accommodations you may be moved to a designated shelter. If evacuated you are allowed to bring one bag only. Remember to pack:

- Clothes for up to 3 days
- Fully charged portable electronics: laptop, phone, etc
- Important documents and money (passport, ID, credit cards, cash etc.) stored in a watertight container

- Non-perishable food for up to 3 days
- Toiletries: toothbrush, toothpaste, toilet paper, soap, deodorant, etc.
- Pillow and blanket
- Prescribed and over-the-counter medication
- Towel
- Water for up to 3 days

It is mandatory for all students to carry their AZV card at all times

- AZV card will provide free medical treatments at Horacio Oduber Hospital
- Receive free prescribed medication from local pharmacy on the island

Work Hours

Policy:

The CC will develop, implement and monitor policies related to the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships. The CC will review guidelines regarding the requirements for adequacy of clinical experience in each required clerkship.

Work Load: Basic Sciences

To ensure enough preparation time for students, estimated total workload for each course block in the pre-clerkship curriculum should not exceed 60 hours per week.

1. Total workload hours include all scheduled in-class activities, required out-of-class activities, and an estimate of the time needed to achieve learning goals each week and on exams.
2. In-class scheduled activities include: lecture, large group, patient interviews, small group discussions, review sessions, labs, health systems improvement project time, preceptorships, work-place learning, and exams.
3. Out-of-class required activities include: assigned reading to prepare for in-class sessions, online lessons, other independent modules, and weekly Checkpoints.
4. The expected overall workload per week should aim to be reasonable, providing time to fully engage in a challenging curriculum and time of learning, while also recognizing personal health needs.
5. The overall workload per week, including all activities across all elements, should be calculable based on a tally of scheduled in-class activities, required out-of-class activities, and an estimate of the independent preparation/study time necessary to master the learning requirements each week.
6. All scheduled and required activities must consider the fact that fatigue impairs learning, and time for self-directed learning and study is critical for learning.

Faculty leadership of each course have responsibility for monitoring workload and ensuring that across all course elements their workload is in alignment with the policy. (Subject to change)

Basic science student attendance policies

Attendance at classes held on/off campus and all small group sessions are mandatory.

Students are encouraged to attend all of their classes. Attendance records are kept by the School and are released to licensing authorities or government bodies if requested. It is mandatory that an attendance level of at least 90% is maintained as some states may request this information prior to offering a license.

If the student's attendance falls below 90% they will not be allowed to sit for the final examination and will obtain the grade of "F" for that class. They will have to repeat that class again next semester with 95% class attendance.

Attendance officially begins on the first day of Orientation. Students who fail to register on the First day and go to class the following days without registering will be marked absent. Students are responsible for maintaining their attendance requirement.

Students are responsible for making certain minimum attendance requirements are being met by keeping their own record. It is not the duty of the instructor, registrar or administration to inform a student when they are approaching the number of acceptable absences.

Students are allowed a maximum of 10 minutes of tardiness in a class. Most of the classes are of 90 minutes' duration divided into two blocks with 15 minutes' break in between. A student has to be present in both blocks. It will be left to the discretion of the faculty to lock the door or allow the student to enter the classroom after 10 minutes and be marked absent. Students are not allowed to sign for another student.

Personal computers are permitted in the lecture rooms if approved by the Faculty as long as the use is related to the lecture topics at hand and students using personal computers do not disturb their fellow students. To open the computers, permission must be granted first by the Faculty member in charge. Food and drinks are not permitted in the lecture rooms at any time. Video recording of classes is not permitted. Audio recording is permitted at the discretion of the instructor. Any student, who records and subsequently publishes material on the World Wide Web which is detrimental to the University or any of its Faculty, is subject to suspension/ dismissal.

Faculty evaluations by students are required each semester for every Faculty member and are anonymous. This is the proper forum for any adverse comments and is reviewed and responded to by Administration.

Community Service Requirement

During their stay at XUSOM Aruba, students will be required to complete 32 hours of community service prior to the granting of the doctor of medicine (MD) degree.

Community service can be defined as anything that directly benefits the community of Aruba and has no direct benefit to the University. Examples: Visits to orphanages or retirement homes, health fairs, charity fund raisers.

Starting September 2015, any student entering XUSOM as a new or transfer student will be required to complete a total of 84 weeks of rotations while a registered XUSOM student.

Work Load: Clinical Sciences

Xavier University school of medicine we value the Mission of providing excellent educational opportunities for students. We strive to balance respect and safety for the students and the patient's with the service and educational needs of the clinical sites. We understand the need for supportive work environment, and the need to provide for adequate contact time for the educational goals of rotation to be met.

Work hours are defined as that time spent with inpatient or outpatients doing notes, the filling-in of administrative duties and didactic teaching. This does not include preparing to go to work, commuting or study at home.

The policies are as outlined below.

- Total duty hours will be limited to not more than 80 hours per week this includes all direct patient care activities whether completed in house or at home
- Medical students must be provided with 24 hours off after every 7 days of duty.
- Continuous on-site duty including in house call cannot exceed 24 consecutive hours.
- The guidelines will be communicated to all students prior to their beginning rotations and will be known and agreed upon by those supervising the students including residents and attending physicians
- The supervisory staff including residents and attending's will be appropriately trained, and we will treat students in such a manner as to promote a safe and conducive learning environment

Students will have access to our reporting form, by which they can report violations in writing, this can be done anonymously.

Clinical Sciences Attendance Policies

Students are expected to be in attendance one hundred percent (100%) of the time during all clinical rotations. Although the Clinical Attestation form and the Clinical Guidelines reinforce the requirement for 100% attendance in all clinical rotations, the fact is, emergent situations do come up. If for some reason a student is excused for a period of time by his/her preceptor, he/she needs to inform the Clinical Coordinator and send a letter approving the absence from the preceptor or attending along with the make-up dates listed. Otherwise, it will appear that the student has abandoned a rotation. This will also eliminate any issues with evaluations and the number of weeks being credited to the clerkship requirements.

Students failing to report to a clinical clerkship to which they have been assigned or taking an unauthorized absence during clerkship rotations may be dismissed from the clerkship and receive a failing grade.

A student will incur the cost of the full rotation for (a) failing to appear for the first day of a scheduled rotation or (b) canceling scheduled rotations after the Letter of Good Standing has been issued, and may be charged for the rotation.

Work Hours

The minimum number of hours of classes in a week is 30 hours. The classes are scheduled from 8:00 am to 3:00 pm. Classes after 3:00 pm are rarely scheduled unless absolutely needed. Adequate time is given to the students for preparation leave before any exam (You can refer to the Examination Policy for preparation hours)

Policy Contact: Chair, Curriculum Committee

Marketing Materials

All students agree that they will allow their inclusion in any marketing materials as the University sees fit in perpetuity. This is included but not limited to using their picture, posting their accomplishments, and anything else the University sees fit.

Student Email

Each student will be provided with his/her own official XUSOM email address for their use to communicate with faculty and administration. Faculty and staff will not read or reply to student emails from a non-XUSOM account. Students are required to check their school email daily and respond promptly if needed. All official communications with XUSOM will come to the student's email.

Student Portal

Each student will be provided with his/her own login information to XUSOM's student portal. The domain is www.xavierstudent.com. All class notes, syllabi, library materials, and other official University material will be published there. Students not in good standing will lose access. Any material posted will be considered official communication from the University. This information is solely for the student and not allowed to be shared with anyone including other students. All content is owned by the University and not allowed to be reproduced or redistributed. Students who do not adhere to these rules will be dismissed from the University immediately.

Policy on Uniforms

1. The prescribed uniforms are – White Xavier University Polo shirts, khaki pants for men and khaki skirts no shorter than knee length.
2. Scrub suits may ONLY be worn during scheduled labs.
3. For all hospital and clinic visits, students must wear their uniforms with a lab coat (if required) and wear their student IDs.
4. Open-toe shoes are not authorized for any student.
5. Uniform policy is in effect from 8:00 AM until 5:00 PM.
6. Students are provided their IDENTIFICATION CARDS that should be worn at all times while inside the campus.
7. Students who fail to comply with the uniform policy will be counseled and appropriately disciplined.
8. After 5:00 PM students can come to school in casual Professional attire provided they have their ID on them. Security can deny student entry without ID.
9. Hats, caps, bandana, skull caps are not allowed inside premises at all times.
10. Students are required to dress professionally at all times and are forbidden to wear any attire that is deemed inappropriate.
11. If any students intend to seek exceptions to the uniform policy, they should contact the Deans or Chief Academic Officer.

Policy on Uniforms for students who use Library

For Pre-Med 1 to MD5 (MD1–MD6 for cohorts entering before May 2026):

1. During School hours (between 8 AM to 5 PM) the students are required to be present in School Uniform with valid student ID.
2. After School hours (after 5 PM) the students can be present in casual professional attire, but are required to have valid school ID.
3. Students are required to dress professionally at all times and are forbidden to wear any attire that is deemed inappropriate.

For students in ASP and LOA:

1. Students are not required to be present in the school uniform, however they are required to have valid student ID on them at all times when they are on campus.
2. Students are required to dress professionally at all times and are forbidden to wear any attire that is deemed inappropriate.

Damages to University Property

Any student found to be responsible for the damage or destruction of Xavier property including accidental damage must meet all costs of replacement or if possible repair. Students are responsible to return all materials

in the same manner in which materials were received. Students are responsible to leave the facilities in the same manner in which they were found. **(Inside or outside damages including intellectual properties or access provided to them)**

Non Discrimination Policy and Procedures

Policy statement

Xavier University School of Medicine, Aruba, is firmly committed to maintaining an environment free from discrimination. Discrimination on the basis of race, color, sex, gender identity, sexual orientation, religion, creed, national origin, age, ancestry, disability unrelated to job requirements, genetic information, military service, or any other legally protected basis is prohibited.

Reason for policy

To provide a learning and working environment that is free of all forms of harassment and discrimination and is supportive of the right of all individuals to be treated with respect and dignity.

Entities affected by this policy

The policy and procedures for resolution apply to all employees, students and individuals who are authorized to conduct business with and/or perform other services on behalf of the University who believe they may have been harassed or discriminated against on the basis of race, color, creed, religion, gender (including pregnancy, childbirth, or related medical conditions) age, sexual orientation, gender identity and expression, genetic information, national origin, disability, ancestry or any other characteristic protected by law.

Scope

The Medical School has designated Office of the Dean of Student Affairs and the "Grievances Committee" as having primary responsibility for receiving and investigating complaints of harassment and discrimination and acting upon them through both informal and formal processes.

Responsibilities

Complainant Responsibilities

A formal complaint should be filed as soon as possible following the occurrence(s) of the harassment or discrimination; prompt filing within ninety (90) days of the incident or the last occurrence is strongly encouraged. However, the Medical School retains the right to review a complaint of harassment or discrimination that is filed beyond the recommended time period.

Office of the Dean of Students Affairs and Grievances Committee Responsibilities

A staff of the above person initiates the investigation of the complaint within ten (10) working days of receipt of the formal/written complaint or within a time frame after the informal complaint has been filed by the complainant. Documents relevant to the investigation are held in a confidential case file. Information is shared with all parties on a need-to-know basis during the investigation of the complaint.

The Dean of student affairs or his designee/ Chair of the Grievances Committee will inform the party against whom the complaint is made that a harassment or discrimination complaint has been filed against him/her. The respective managers of the complainant and the accused will be informed on a need-to-know basis.

Upon completion of the investigation, the chair reviews the findings with all of the appropriate parties. Every effort is made to complete the review within forty-five (45) working days after the complaint is filed.

If the Chair determines through its investigation that the allegations in the complaint are probable, it will recommend to the appropriate person that disciplinary action be taken against the accused individual. Disciplinary action, which may include expulsion or discharge, will be appropriate to the offense and individuals involved. The complainant will be notified either verbally or in writing of the disposition of the investigation. The accused will be notified either verbally or in writing of the findings and, where/when appropriate, the recommended sanctions.

Procedures

If any individual(s) (complainant) believes he/she has been subject to harassment or discrimination, the individual should initiate a complaint immediately by calling or visiting the Dean of Students affairs to arrange an appointment as soon as possible. The longer the period of time between the incident and the initiation of a complaint, the more difficult it is to reconstruct what occurred. A complaint should be filed as soon as possible following the occurrence(s) of the harassment or discrimination; prompt filing within ninety (90) days of the last occurrence is strongly encouraged. However, the Medical School retains the right to review a complaint of harassment or discrimination that is filed beyond the recommended time period.

The presence/involvement of legal counsel is not permitted at any time during the harassment or discrimination complaint procedures. However, the representative is not a part of the proceedings, but they may be available for support. All parties involved in an investigation, are required to keep information related to the investigation confidential.

Types of complaints

Informal complaint

During the informal complaint process, a complainant shares his/her concern with the office of the Dean of Student affairs / Chair of the Grievances committee or member. The staff member may suggest ways the complainant can resolve the issue(s) in an informal, non-adversarial approach that satisfies all concerned parties.

When filing an informal complaint, the individual must provide the following information:

1. the name of the complainant;
2. the specific nature of actions/behaviors leading to the allegation of harassment or discrimination;
3. the date(s) and time(s) of the occurrence(s) of harassment or discrimination;
4. a detailed description of the occurrence(s) of the harassment or discrimination;
5. the name(s) of the person(s) the complainant is accusing of the harassment or discrimination;
6. the name(s) of other individual(s) who have knowledge of the occurrence(s) of the harassment or discrimination brought forth in the complaint; and
7. the remedy or relief that is being sought.

Formal Complaint

If at any time the complainant considers the informal complaint procedure unsatisfactory, he/she may elect to forego the informal procedure and request that a formal complaint be initiated. The complaint can be emailed at appeals@xusom.com.

The individual(s) accused by the complainant is/are provided a copy of the written report of the complaint and given an opportunity to respond to the allegation(s). The appropriate managers are informed of the filing of a formal complaint on a need-to-know basis.

Retaliation

Retaliation against an individual for filing a complaint of harassment or discrimination, or against any individual for cooperating in an investigation of a complaint, is against the Medical School policy and it is against the law. If retaliation is found to have occurred, appropriate action(s) will be taken.

Appendix:

Formal complaint form against Discrimination

USMLE Score Reporting

The University will accept and recognize USMLE score reports and transcripts only if they are received directly from the Federation of State Medical Boards (FSMB) or the official USMLE reporting entity. Score reports or transcripts submitted by students, third parties, or obtained from unofficial sources will not be accepted for academic or administrative purposes.

Following completion of USMLE Step 1 and USMLE Step 2 CK, students must order an official USMLE transcript through the FSMB and request that it be sent directly to the Office of the Registrar at registrar@xusom.com. In addition, students must notify the Office of the Registrar within two (2) weeks of each USMLE examination administration that they have completed the examination.

Failure to ensure timely submission of official USMLE transcripts and notification to the Registrar may result in delays in graduation, degree conferral, or other academic administrative processes.

Section III: Curriculum

MD program Curriculum

Xavier University School of Medicine – MD Program Overview

XUSOM offers a modern, integrated curriculum designed to prepare graduates for residency training in the United States and global medical practice. Our program combines strong foundational sciences, early clinical exposure, and professional development to train competent, compassionate, and community-responsible physicians.

The curriculum aligns with the University's Mission, Vision, and Educational Objectives and emphasizes:

- **Vertical integration** – Basic and Clinical Sciences linked from day one.
- **Horizontal integration** – Interdisciplinary collaboration within Basic Sciences.
- **ICMPD (Integrated Clinical Medicine and Physical Diagnosis)** in every organ system.
- **OSCE (Objective Structured Clinical Examination)** for clinical skill development and assessment.
- **CARE (CATCH-UP; ASSIST; REACH-OUT; EMBRACE) program** – 32 hours of community engagement in preventive health, outreach, and service learning.

Program Structure

The **Doctor of Medicine (MD)** program is completed over four years:

- **Years 1–2 (Basic Sciences)** – Aruba campus
- **Years 3–4 (Clinical Sciences)** – Affiliated U.S. teaching hospitals

Basic Sciences Curriculum

The Basic Sciences curriculum at Xavier University School of Medicine is delivered through an integrated organ-system–based model that combines foundational biomedical sciences with clinical medicine, physical diagnosis, professionalism, and healthcare quality improvement. The curriculum emphasizes active learning, early clinical exposure, and preparation for the USMLE Step 1 examination.

A. Curriculum for Cohorts Matriculating Prior to Summer 2026

The previous pre-clinical curriculum was completed over six semesters (MD1–MD6).

MD1 – Fundamental Concepts, Renal & Metabolic Systems (15 Weeks)

Fundamental Concepts

Introduction to the foundational sciences of medicine including anatomy, physiology, biochemistry, histology, pathology, microbiology, immunology, genetics, and pharmacology.

Renal & Metabolic Systems

- Kidney structure and function
- Fluid, electrolyte, and acid-base balance
- Renal physiology and pathology
- Metabolic disorders

Clinical Skills

- Introduction to history taking
- General physical examination
- Recording of vital signs

Longitudinal Courses

- Patient–Doctor–Society I (PDS I)
- Healthcare Quality Improvement I (HQI I)

MD2 – Musculoskeletal, Endocrine & Reproductive Systems (15 Weeks)

Musculoskeletal System

- Bones, joints, and muscles
- Movement physiology
- Musculoskeletal pathology and pharmacology

Endocrine & Reproductive Systems

- Hormonal regulation
- Growth and metabolism
- Reproductive physiology and pathology

Clinical Skills

- Focused history taking
- Examination of thyroid, breast, and musculoskeletal systems

Longitudinal Courses

- PDS II
- HQI II

MD3 – Nervous System (15 Weeks)

Nervous System

- Neuroanatomy
- Neural pathways
- Sensory and motor systems
- Neurological disorders

Clinical Skills

- Neurological history and examination
- OSCE assessments

Longitudinal Courses

- PDS III
- HQI III

MD4 – Gastrointestinal & Respiratory Systems (15 Weeks)

Gastrointestinal System

- Digestion and absorption
- Liver and pancreatic physiology
- Gastrointestinal diseases

Respiratory System

- Mechanics of breathing
- Gas exchange
- Respiratory diseases and ventilatory management

Clinical Skills

- Gastrointestinal and respiratory examination
- OSCE assessments

Longitudinal Courses

- PDS IV
- HQI IV

MD5 – Cardiovascular & Hematopoietic Systems (15 Weeks)

Cardiovascular System

- Cardiac anatomy and physiology
- Hemodynamics and electrophysiology
- Cardiovascular disorders

Hematopoietic System

- Hematopoiesis and immunity
- Blood disorders
- Transfusion medicine

Clinical Skills

- Cardiovascular examination
- OSCE assessments

Longitudinal Courses

- PDS V
- HQI V

MD6 – USMLE Step 1 Preparation & Transition to Clinical Sciences (15 Weeks)

Dedicated semester focused on integration and transition to clinical sciences.

Components Include:

- Comprehensive review of all organ systems
- USMLE Step 1 review program
- NBME assessments
- Integrated clinical case discussions

- Comprehensive OSCE (CCSA-1)
- Basic Life Support (BLS)

Objective

Preparation for:

- USMLE Step 1
- Clinical clerkships
- Transition to patient-centered clinical care

B. Revised Curriculum for Cohorts Matriculating from Summer 2026

Beginning Summer 2026, the Basic Sciences curriculum is delivered over five semesters (MD1–MD5). Foundational sciences are fully integrated into organ-system instruction throughout the curriculum.

MD1 – Musculoskeletal, Endocrine & Reproductive Systems (15 Weeks)

Musculoskeletal System

- Structure and function of bones, joints, and muscles
- Movement physiology
- Musculoskeletal pathology and therapeutics

Endocrine System

- Hormonal regulation and signaling
- Growth, metabolism, and stress physiology
- Endocrine disorders and pharmacologic management

Reproductive System

- Reproductive anatomy and physiology
- Embryology and reproductive endocrinology
- Fertility, contraception, and reproductive pathology

Clinical Skills

- Introduction to medical interviewing
- General physical examination
- Focused musculoskeletal and endocrine examination

Longitudinal Courses

- Patient–Doctor–Society I (PDS I)
- Healthcare Quality Improvement I (HQI I)

MD2 – Nervous & Renal Systems (15 Weeks)

Nervous System

- Central and peripheral nervous systems
- Neuroanatomy and neural pathways
- Sensory and motor integration

- Neurological disorders

Renal System

- Renal anatomy and physiology
- Fluid and electrolyte balance
- Acid-base regulation
- Renal pathology and pharmacology

Clinical Skills

- Neurological examination
- Renal-focused clinical correlations
- OSCE assessments

Longitudinal Courses

- PDS II
- HQI II

MD3 – Gastrointestinal & Respiratory Systems (15 Weeks)

Gastrointestinal System

- Digestion and absorption
- Hepatic and pancreatic physiology
- Nutrition and metabolism
- Gastrointestinal diseases

Respiratory System

- Pulmonary physiology
- Gas exchange and oxygen transport
- Respiratory diseases and ventilatory management

Clinical Skills

- Gastrointestinal and respiratory history taking
- Physical examination
- OSCE assessments

Longitudinal Courses

- PDS III
- HQI III

MD4 – Cardiovascular & Hematopoietic Systems (15 Weeks)

Cardiovascular System

- Cardiac anatomy and physiology
- Hemodynamics and electrophysiology
- Cardiovascular pathology and therapeutics

Hematopoietic System

- Hematopoiesis and immunology
- Blood disorders and transfusion medicine
- Hematologic malignancies

Clinical Skills

- Cardiovascular examination
- Interpretation of clinical findings
- OSCE assessments

Longitudinal Courses

- PDS IV
- HQI IV

MD5 – Comprehensive Review & Transition to Clinical Sciences (15 Weeks)

The final semester focuses on integration, consolidation, and preparation for clinical sciences.

Components Include:

- Comprehensive review of all organ systems
- Kaplan USMLE Step 1 preparation program
- NBME-style assessments
- Integrated clinical case discussions
- Clinical reasoning and diagnostic integration
- Evidence-based medicine and test-taking strategies

Clinical Skills

- Comprehensive OSCE examination (CCSA-1)
- Advanced clinical communication
- Basic Life Support (BLS)

Objective

Preparation for:

- USMLE Step 1
- Clinical clerkships in affiliated U.S. teaching hospitals
- Transition to clinical practice

Clinical Sciences

Year 3 (52 weeks)

- Pre-Clinical Clerkship – 4 weeks
- Core Clerkships – 48 weeks:
    - Internal Medicine (12)
    - Surgery (12)
    - Family Practice (6)
    - OB/GYN (6)

- Pediatrics (6)
- Psychiatry (6)

Year 4 (24 weeks)

- Elective Clerkships – 24 weeks
- Optional Sub-Internships – Up to 12 weeks

Last Updated: May 2026

Examination Policies and Procedures

BASIC SCIENCES EXAMINATIONS (YEARS 1 & 2)

EXAMINATION FORMAT AND GENERAL POLICIES

1. All exams are computerized and conducted in a separate area called the Test Centre.
2. All exams will be in the USMLE MCQ format.
3. Every question will be allotted a time of 80 seconds as per the USMLE timing.
4. All examinations will be taken by students on the date and time scheduled by the school and specified in the school calendar.
5. Stipulated days of preparation leave are given for the exams (For details see below under "Scheduling policies")
6. Examinations in MD 1-5 include integrated quizzes, comprehensive exam and final exam in every system as well as the PDS exams for every semester
7. Each of these exams should be a reflection of the course objective covered during the preceding duration of teaching.
8. The three exams for every system (IQ, CQ and Final exam) will have questions from all subjects pooled and presented to students as one single exam (or as two units of the same exam)
9. Integrated quizzes (IQ) are conducted once in every two-three weeks in every system. These quizzes are unit-based and NOT cumulative. The quiz will not extend beyond 3 hours.
10. Comprehensive quiz (CQ) is a cumulative quiz conducted towards the end of a system in preparation for the final exam. The comprehensive quiz will not extend beyond 4 hours
11. Objective Structures Clinical Examination (OSCE) is conducted for one system per semester. Trained Standardized patients are utilized as the part of examination and the students are given 7 minutes for History taking and 10 to 15 min (depending on the OSCE) for Physical examination.
12. The final exams or system ending exams (SEE) will be NBME-CAS exams. NBME- CAS is the Customized Assessment Services (CAS) provided by the National Board of Medical Examiners (NBME).
13. Integrated quizzes are reviewed in the classrooms by the respective faculty members after the quizzes. However, comprehensive quizzes and final exams will not be reviewed.
14. In MD6 (MD5 for cohorts entering May 2026 or later), examinations include diagnostic test, Subject specific NBME shelf exams, SIM final exam, OSCE, CBSE and USMLE step 1 exam
15. **Kaplan Diagnostic Test** is a preliminary "Check where you stand" test for MD6 (MD5 for cohorts entering May 2026 or later) students which may be used as a MD6 (MD5 for cohorts entering May 2026 or later) exam preparation tool
16. **Subject specific NBME shelf exams** are exams based on specialties by NBME and covers eight subjects (Anatomy, Behavioral Science, Biochemistry & Genetics, ICM, Microbiology & Immunology, Pathology, Pharmacology and Physiology). Each exam will follow a series of Kaplan online lectures for that subject
17. **OSCE (Objective Structured Clinical Examination):** Students are required to take an OSCE exam (CCSA-1) towards the end of the semester. This OSCE will be a comprehensive exam of all the OSCE-systems from MD1-5

18. **NBME Comprehensive Basic Science Examination (CBSE)** is administered at the conclusion of MD6 (MD5 for cohorts entering May 2026 or later) and serves as the MD6 (MD5 for cohorts entering May 2026 or later) semester ending exam. USMLE Step 1 eligibility: To be certified for USMLE Step 1, a student must achieve (a) a CBSE score of at least 67%, and (b) a score of at least 65% on each of the NBME subject (shelf) examinations in Pathology, Physiology, Pharmacology and Microbiology/Immunology. The Registrar will not process a USMLE Step 1 application until all of these scores are on file. NBME shelf exam scores are valid for one year.
19. **USMLE Step 1:** To qualify for core clinical clerkships, students are required to pass the USMLE Step 1 exam. STUDENTS WILL NOT BE CONSIDERED 'COMPLETED THE BASIC SCIENCES' UNTIL THEY HAVE PASSED USMLE STEP 1. STUDENTS CAN ONLY BEGIN CLINICAL SCIENCES ROTATIONS IN THE USA AND CANADA AFTER HAVING PASSED USMLE STEP 1, UNLESS GRANTED A WAIVER BY THE PROMOTIONS AND PROGRESS REVIEW COMMITTEE, THE DEAN OF BASIC SCIENCES AND THE DEAN OF CLINICAL SCIENCES.
20. In the Clinical Science, examinations include CCSE and the CCSA–2 (Internally administered assessment)
21. **NBME Comprehensive Clinical Science Examination (CCSE)** is administered after passing the USMLE Step 1. Students who pass the CCSE score of 226 and has finished all core rotation will be allowed to take USMLE Step 2 CK.
22. Kaplan's USMLE 2 live assessment has to be completed by the student. Passing the Kaplan's live assessment is determined by the Clinical Dean's analysis of exam result.

EXAMINATION PROCEDURE TO BE FOLLOWED AT TEST CENTRE

1. All examinations are conducted in the NBME approved test center and are on security camera and recorded.
2. Students will receive a seat-terminal number fifteen minutes before the exam.
3. During the examinations, students are requested to place their bags at the front or back of the examination room as directed.
4. Electronic devices e.g. computers, PDA's, and cell phones are not permitted in the examination room.
5. Students will receive an access examination sheet with username and password. Students must use the username and password to login for the examination.
6. Examinations will be proctored by faculty members allocated by the Dean, Student Affairs.
7. Students who arrive more than 5 minutes after the commencement of the examination will not be allowed to take the examination.
8. Students are not permitted to leave the examination room unattended once the exam has begun. Students who leave the examination room are not permitted to return, for any reason.
9. Communication between students is NOT permitted during the course of an examination.
10. Students found communicating with each other by whatever means, whether or not the communication is relevant to the examination, will be deemed to be using unfair means and will be required to leave the examination room. Such students may be subject to disciplinary proceedings by the Promotional Committee. The student may appeal the decision of the committee to the Dean, Basic Sciences or CAO.
11. Students are not permitted to bring eatables or drinks inside the test center. A prior permission has to be sought from the Promotions committee if the student requires special test accommodations.
12. Students are required to seek prior permission in-order to take breaks during examination. During the breaks, the integrity of the exam has to be maintained. If a student is found to have broken the integrity of the exam during the break (discussing with others, looking into learning resources, etc), then the student will not be permitted to re-enter the exam.
13. At the conclusion of each examination all exam sheets should be submitted to the proctor in charge.
14. For all the exams conducted via Web-conferencing due to COVID, appropriate testing environment rules mentioned above that are related to integrity of the exam will be applicable.
15. If the student is appearing the exam remotely via Web-conferencing then any form of communication (including reading the questions) during the test is forbidden.

EXAMINATION SCHEDULING POLICIES:

SCHEDULING POLICIES FOR MD 1-5:

1. Scheduling decision lies with the team comprised of coordinator (Eg. System chair, OSCE director, etc), Chair, curriculum committee and Dean, Student Affairs and shall be final and binding to students. However, Dean, Basic Science and CAO can revoke a rescheduling decision.
2. Schedules for all exams will be intimated to students at the beginning of the system/semester in the school calendar that will be posted on the student server. However, it shall also be specified in the calendar that exam dates are subject to change as deemed necessary by the system chairs/ Deans/ CAO.
3. The scheduled date and/or time of the integrated quiz is subject to change:
4. If there is a clash in scheduling of examination for many courses at the same time
5. If there is a public holiday on the scheduled date
6. If there were unforeseen situations/accidents in the test center (technical difficulties, laptop issues, server issues, internet issues and/or weather issues have the potential to delay examination)
7. At the discretion of Deans and CAO
8. **Integrated quizzes:**
9. Integrated quizzes (IQ) are conducted once in two or three weeks in every system.
10. Each system will have a minimum of one integrated quiz
11. Integrated quizzes are unit-based and NOT cumulative. For example, if the first integrated quiz is scheduled on the Monday of week 3 of a system, it will cover all areas taught in weeks 1 and 2. The second integrated quiz will cover all areas taught after the first quiz and so on.
12. As far as possible, integrated quizzes will be scheduled as the first school event (preferably 8 am) on the Monday of the scheduled week, to allow students enough preparation time over the weekend.
13. If an integrated quiz cannot be conducted on the Monday of the scheduled week, the syllabus covered during exam week preceding the examination will be omitted from the exam. (Eg: If the Integrated quiz is scheduled on a Tuesday, the syllabus covered on the Monday of the same week will not be included for the integrated quiz)
14. If multiple batches have integrated quizzes scheduled on the same day and for this reason, if one or more integrated quizzes need to be scheduled after 8 am (Eg. 10 am, 1 pm, etc), no teaching-learning sessions will be scheduled for the preceding hours of quiz, in other words, the quiz will still remain the first school event of the day.
15. **Comprehensive quizzes:**
16. A comprehensive quiz (CQ) will be conducted towards the end of most systems.
17. Where the final exam is an in-house exam there may be no separate comprehensive exam for the system.
18. Where the final exam is NBME- CAS exam, a comprehensive exam will be scheduled for the system a week before the NBME-CAS exam
19. Comprehensive quizzes are cumulative and include all the contents covered in the entire system.
20. A comprehensive exam is scheduled keeping in mind that a minimum of two days of preparation is allocated for students.
21. Scheduling of the exam is at the discretion of the Chairs, Deans and/or CAO.
22. **Final exams (NBME-CAS):**
23. For all the systems MD2 onwards, students are required to take the NBME-CAS as the final exam of the system.
24. A final exam is scheduled keeping in mind that a minimum of three days of preparation is allocated for students. Preparation leaves are allocated at the rate of one day per every running week of the system. In general, number of preparation leaves are as per the following guidelines:
25. Immediately after the comprehensive exam, every student of the system will receive all details about the NBME exam from the system chair in his/her school email. Every student is expected to periodically check their school emails for exam updates

Duration of the system	Minimum preparation leaves for final exam
3-5 weeks	3 days
5-7 weeks	4 days

> 7 weeks	5 days

7. **Objective Structured Clinical Examination (OSCE):**

OSCE is administered as a part of the final exam for selective systems and is a part of the final grade of that Organ System.

1. It is a one-time exam at the end of the system.
2. may be scheduled before or after the comprehensive exam of the system and if absolutely necessary, after the NBME CAS for the system
3. dates are intimated to students at least two weeks in advance
4. is scheduled keeping in mind that a minimum of one day of advance preparation is allocated to students
5. **Exams under Patient, Doctor, Society (PDS):**
6. Exams under PDS include CASL (Critical appraisal of scientific literature) and epidemiology exams.
7. CASL exam is a one-time final exam at the end of every semester and will follow a single CASL lecture session also scheduled at the end of the semester
8. Epidemiology exam is a one-time final exam at the end of every semester and will follow a series of lecture sessions with in-built practice quizzes that will contribute to the final score

9. Students failing two or more courses in a semester must repeat the course/semester with total attendance. They are not eligible for remake exams. Student failing one class in a semester is eligible for a remake taken at the beginning of thee following semester. The passing score of the NBME remake exam is 60%. Students entering MD5 (MD6 for cohorts entering before May 2026) should not have any backlogs.

SCHEDULING POLICIES FOR MD6 (MD5 for cohorts entering May 2026 or later)

1. **The Kaplan Diagnostic Test:** This will be held within the first week of commencement of the Live Lectures.
2. **Subject specific NBME shelf exams:** Scheduling of subject specific NBME shelf exams including Introduction to Clinical Sciences will be done by the MD6 (MD5 for cohorts entering May 2026 or later) system chair in consultation with Dean, Basic Sciences or CAO
3. **MD6 (MD5 for cohorts entering May 2026 or later) OSCE exams:** The dates of MD6 OSCE will be scheduled depending on availability of SPs, towards the end of the semester, and announced to students two weeks in advance.
4. **NBME CBSE:**
5. The first attempt for the CBSE is given at the conclusion of MD6 (MD5 for cohorts entering May 2026 or later).
6. Students will be allowed a maximum of 2 attempts to pass this CBSE. Retake exams must be taken within 90 days of payment or the retake fee payment will be lost and the retake exam will be considered a failed attempt.
7. Students will be provided 6 months upon passing MD6 (MD5 for cohorts entering May 2026 or later) finals to pass CBSE with a score of 67% or higher.
8. **USMLE Step 1 Exam:**
9. XUSOM will not process a request from any student to write USMLE Step 1, without a passing score of CBSE on file with the Registrar's Office.
10. Students are required to take the USMLE Step 1 Exam within 3 months of passing the CBSE.
11. Students who do not take the USMLE Step 1 Exam in the stipulated 3 month timeline, will be required to repeat CBSE and pass the exam before they take their USMLE Step 1 exam. Failure to comply will result in academic dismissal.

12. Students failing USMLE Step 1 exam will have to enroll into remedial program as suggested by the Promotions and Progress Review Committee (PPRC) before they can be approved to take another attempt. The final decision is made by the Promotions and Progress Review Committee. This policy supersedes all the other policies related to the approval of USMLE Step 1 exam after a failure.

EXAMINATION RESCHEDULING POLICIES (for all semesters):

1. An exam date is subject to change based on several influencing factors including logistic issues, scheduling requirement of other student batches, technical issues in the test center, to name a few.
2. Nobody will be allowed to take the examinations EARLIER than scheduled for whatever reasons.
3. Rescheduling decision lies with the team comprised of coordinator (Eg. System chair, OSCE director, etc), Chair, curriculum committee and Dean, Student Affairs and shall be final and binding to students. However, Dean, Basic Science and CAO can revoke a rescheduling decision.

EXAMINATION GRADING AND ASSESSMENT POLICIES

GRADING AND ASSESSMENT POLICIES FOR MD1 to MD5 (MD1–MD6 for cohorts entering before May 2026):

1. For all exams, the following grading policy applies:
2. The following grid may be regarded as a general assessment policy for all system ending exams, with points to be noted listed under the grid

BELOW 70%	Fail
70%-89%	Pass
≥90%	Honors

MCQ based exams (65%)	**Continuous assessment (a + b + c = 35%)**		
	Assessment during small group session (a %)	**Interactive assessment during lectures (b %)**	**Assignment (c %)**
System ending NBME CAS exam = 50%	**(Note: a = x + y + z)** PBL/TBL sessions = x %)		
Quizzes = 15% (CQ 7 or 8%, other IQs and subject quizzes 8 or 7 %)	Anatomy practical + small group lab sessions = y %	b % of total marks	c % of total marks
	Clinical case presentation (CCP) = z %		

The above grid is subject to change for different systems based on the components of teaching involved in the particular system.

In addition, for the Organ systems involving OSCE, 60% of the final theory grades will contribute to the final organ system grade and 40% of the final OSCE grade will contribute to the final organ system grade.

Final Theory Grade	Final OSCE Grade	Final Organ system grade
60%	40%	60% + 40% = 100%

The students have to attain a minimum score of 60% in System ending exam of each organ system, in addition to attaining a cumulative score of 70% overall in every organ system to be deemed as pass in Organ system.

3. The following grid for PDS may be regarded as a general assessment policy for all system ending exams

PDS components	MD1	MD2	MD3	MD4	MD5
CASL	25%	30%	50%	50%	50%
Professionalism + Medical humanities	25%	30%	50%	50%	-
Early clinical exposure- Outside XUSOM (Eg: GP score, neurologist score, hospital observership score, etc)	25%	-	-	-	50%
Early clinical exposure- Logbook					
Epidemiology	25%	40%	-	-	-

The students have to attain 70% in each of the PDS components in order to pass PDS course.

PROMOTIONS POLICIES FOR MD1 TO MD5 STUDENTS:

1. The decision towards promotion of student into higher term is made at the discretion of PPRC.
2. Students having multiple Organ system backlogs (failed courses) will not be promoted to higher term.
3. Students cannot carry any backlogs into MD6 (MD5 for cohorts entering May 2026 or later) semester. Students are required to repeat pending courses and complete all the backlogs before they can be promoted to MD6 (MD5 for cohorts entering May 2026 or later) semester.
4. Students failing the same course for the second time are subject to Academic Dismissal.

GRADING AND ASSESSMENT POLICIES FOR MD6 (MD5 for cohorts entering May 2026 or later):

1. **Kaplan Diagnostic test:** Those who fail to score 45% and above in the Diagnostic Test will be listed for customized monitoring for the rest of the semester.
2. **NBME subject based shelf exams**: A grade of 65% is considered as a Pass for the subject based shelf exams
3. **OSCE:** A grade of 70% is considered as a Pass in MD6 (MD5 for cohorts entering May 2026 or later) OSCE. Those who fail the OSCE will have to take an OSCE remake. Those who fail OSCE twice will repeat the MD6 (MD5 for cohorts entering May 2026 or later) course.
4. **MD6 CBSE Final Exam:**
5. A grade of 60 is considered as a Pass in the CBSE MD6 (MD5 for cohorts entering May 2026 or later) Final exam.
6. Students with less than 60 will repeat MD6 (MD5 for cohorts entering May 2026 or later) and live in Student Housing.
7. Students who score 60 and above in the CBSE final exam will proceed to school-approved Preparatory Leave (PL) for 6 months if not previously on Leave of Absence (LOA). This period will be 4 months for students previously on LOA. The LOA period will commence after Week 16 and applicable LOA fees will apply.
8. **NBME CBSE:**
9. USMLE Step 1 eligibility: To be certified for USMLE Step 1, a student must achieve (a) a CBSE score of at least 67%, and (b) a score of at least 65% on each of the NBME subject (shelf) examinations in Pathology, Physiology, Pharmacology and Microbiology/Immunology. The Registrar will not process a USMLE Step 1 application until all of these scores are on file. NBME shelf exam scores are valid for one year.
10. Students have to pass the NBME CBSE in the first 12 weeks of their PL.
11. If a student does not score 67 or above in the first attempt, he/she will be required to remake the CBSE exam.
12. Students in their second and third attempts of CBSE will be charged a remake exam fee. Retake exams must be taken within 90 days of payment or the retake fee payment will be lost and the retake exam will be considered a failed attempt.
13. If a student does not pass CBSE after 2 attempts, he/she will be required to repeat MD6 (MD5 for cohorts entering May 2026 or later) with full attendance in Aruba or be administratively withdrawn from XUSOM.

14. Following the repeat of MD6 (MD5 for cohorts entering May 2026 or later), the student must pass the CBSE on the first attempt, within 4 months with a score of 67. Failure to score 67 will be deemed as a failure of the MD6 (MD5 for cohorts entering May 2026 or later) course and administrative withdrawal from the school.
15. Students with four failures of CBSE will be dismissed from XUSOM for academic reasons. The student may apply for readmission in the basic sciences, and the Admissions Committee will determine what advanced credit the student will receive.
16. Students taking IFOM exam in place of CBSE are required to score a minimum of 78 in order to be allowed for USMLE Step 1.

6. USMLE Step 1 Examination

1. On passing NBME CBSE, students will be allowed to register for the USMLE Step 1 Examination.
2. Upon passing USMLE Step 1, they will be considered to have passed MD6 (MD5 for cohorts entering May 2026 or later).
3. Students who do not pass NBME CBSE and/or Step 1 within the 16 weeks of school approved PL will pay a LOA fee every month after week 16 till they pass MD6 (MD5 for cohorts entering May 2026 or later), i.e. CBSE followed by Step 1.
4. Students failing Step 1 have to enroll into a remedial program as suggested by the PPRC.
5. If the student does not pass Step 1 after 3 attempts, students is academically dismissed from XUSOM.

POLICIES FOR RELEASE OF GRADES (For all semesters):

1. Grades from integrated and comprehensive exams in MD 1-5 will be made available to the students by the system chair as soon as the exams are over.
2. At the conclusion of each final examination in MD 1-5, the consolidated results will be forwarded to the Registrar and will be available within 4 days of the end of the examination period ONLY on the SMS. A student will get access to the final exam results on the SMS ONLY after he/she has completed the system feedback questionnaire survey
3. Grades from all MD6 (MD5 for cohorts entering May 2026 or later) exams will be made available to students by the MD6 (MD5 for cohorts entering May 2026 or later) chair as soon as the same is received by the system chair from NBME website
4. Grades from USMLE step 1 will be directly accessible to the students from USMLE

EXAMINATION REMAKE POLICIES (for all semesters):

1. Students failing to attend at the specified date and time of examinations for any reason will be treated as having failed the examination.
2. A remake exam is scheduled by the Dean, Student affairs, if a student:
3. has failed an exam in the first or subsequent attempts as per the grading policies of the school
4. has missed an exam with prior permission from the Dean, Student Affairs, Dean, Basic Sciences or CAO
5. has missed an exam without prior permission and the reason for missing is deemed by the Dean, Student Affairs/ Dean, Basic Sciences/ CAO to be due to genuine reasons/ unavoidable circumstances (Eg. Family emergencies)
6. with multiple remakes has exam conflicts
7. is nominated by the school to attend professional events such as conferences, volunteering, etc during a scheduled exam
8. has been permitted by the school to pursue a second-degree program with another university and the exam/ graduation/ convocation for that program conflicts with the XUSOM scheduled exam
9. may take only one remake exam per semester

10. A prior permission for missing an exam must be addressed to Dean, Student Affairs explaining the reasons for doing so, in writing. The decision to accept or reject the request lies with the Dean, Student Affairs and shall be final and binding to the student
11. All missed examinations without prior intimation must be reported to the Dean, Student Affairs within 12 hours.
12. It is the responsibility of the student who has missed/failed an exam, to make a letter of appeal to the Grievances Committee, with accompanying documents as soon as possible and request a schedule for a remake.
13. The remake exam will be scheduled only in the first week of the following semester. The students must attempt their remake exam on that date, failing which the student has to repeat the course.
14. No 'remake-eligible' student will be entertained to miss the remake or request for a reschedule of the remake except if there are conflicts of date and timings in case of multiple remakes.
15. In principle, all remake examinations will be different and more difficult than the regular examinations.
16. The students approved for remake of Organ system exam will be given one attempt to pass the Organ system remake exam. This remake exam will be a NBME exam (applicable for all the organ systems except Fundamental concepts where the student will be required to take the System ending exam). The student has to attain a minimum passing score of 60% in the Remake exam in-order to be deemed as pass in the remake exam. Students failing an Organ system remake exam is required to repeat the entire course in the following semester.

Clinical Science Examinations (YEARS 3 & 4)

METHODS OF EVALUATION

1. Evaluation of Clinical Science involves assessment during core and elective Rotations, the Comprehensive Clinical Science Exam (CCSE), Comprehensive Clinical Skills Assessment (CCSA-2) and the USMLE Step 2 Clinical Knowledge (CK).
2. Assessment at the core rotations involves:
3. Preceptor evaluation
4. Comprehensive exam and timely submission of patient logs
5. NBME final exam
6. Preceptor evaluation: Students are supervised by preceptors who monitor two oversights during core rotations – hospital oversight and central oversight.
7. Hospital oversight:

- Assessment methods include monitoring of attendance, knowledge of differential diagnosis, initial & ongoing therapies, attitude, professional behavior, patient evaluation, case presentation and summaries (written and oral), technical skills.
- Supervising faculty and Residents complete evaluations of students, including numerical ratings and narrative comments about performance across competencies, compiled by the clerkship director working with the grading committee.

2. Central oversight:

- Students are responsible for maintaining an electronic log of clinical experiences in an ongoing manner for each required clerkship, in accordance with that clerkship's requirements.
- Failure of a student to maintain a log of required experiences and/or complete all required experiences or their equivalent on a daily basis will result in loss of credit for the patient log portion of the final grade.
- All patient logs must be submitted within one day of seeing that patient. After two SMS log delinquency warning emails are sent out, the student will be placed on academic probation for that rotation. After three warnings of delinquency, the student will lose credit for the patient log portion of their final grade.

- It is the student's responsibility to get their logs signed by their preceptor at the competition of the clinical rotation.
- It is the student's responsibility to schedule a time to go over their Mid Rotation Feedback and have that form completed and signed by their preceptor at the midway point of the rotation. This form must be kept by the student, and a copy shall be sent to the clinical department for record. This feedback must include review of the electronic log of clinical experiences as well as an assessment of the student's performance in comparison to clerkship objectives and School of Medicine performance milestones.

4. NBME final exam: There is a final exam required to be taken by students at the end of every core rotation.
5. NBME (CCSE): is administered at the conclusion of all core rotations. Students must pass the CCSE in order to be allowed to sit for the USMLE Step 2 CK.
6. CCSA-2 will be scheduled by the clinical department once a student has completed a minimum of FM, IM, and Surgery cores.

SCHEDULING AND GRADING POLICIES FOR CLINICAL ROTATIONS:

FOR CORE ROTATIONS

1. At the end of week 3, 6 and 9, the student should request a **formal feedback** session from the preceptor on their progress.
2. At the start of any core rotation, the student should ensure that the Shelf Examination (NBME) has been scheduled for the last week of their rotation. Exam scheduling instructions will come from the clinical department, and the NBME permit will come directly from NBME.
3. **Final exam (NBME)** has to be taken within 2 weeks of completion of every core rotation.
4. **Failed NBME policy:** The student has two attempts to pass the Shelf Examination, after which the student must repeat the rotation, with a "Fail" grade. After one failed NBME attempt, the student must retake the exam within 90 days. They will need to pay the retake exam fee and submit proof of a passing self-assessment to be scheduled. If the student does not take and pass the retake exam within 90 days the student will have to repeat the core rotation and the retake fee payment will be lost. It is the student's responsibility to schedule the retake exam on time. After two failed NBME attempts, the core rotation will need to be repeated, and a third shelf attempt will be taken at the end of that course. Tuition for the course retake will be billed at the prevailing rate. A failed third attempt at the NBME will result in academic dismissal from the University.
5. *Following the completion of all core rotations students will be allowed 4 weeks of study leave for USMLE step 2 CK.*
6. *In a situation resulting in significant delay in reporting of the USMLE Step 1 result by the NBME, students might be allowed to proceed to pre-clerkship elective rotation. This includes eight weeks of Research elective.*
7. *Credits for the pre-clerkship rotation will be only given when the students achieve a passing score in these electives and also pass USMLE Step 1.*
8. *Students are required to pass USMLE Step 1 before starting the core rotations.*
9. *Students shall not be able to claim financial refund in case they fail to successfully complete the pre-clerkship rotations and fail USMLE Step 1.*
10. The final grade in the clerkship represents a contribution from two major components as follows:

The grading policy for clinical rotations:

Core rotations:

Preceptor evaluation	75%
Clinical Logs	10%
NBME	10%
Attendance	5%

Elective Rotations:

Preceptor evaluation	85%
Clinical Logs	10%
Attendance	5%

Preceptor evaluation: Preceptor evaluation includes two major components:

1. Six ACGME competencies (Medical knowledge, Patient care, Communication skills, System based practice, Professionalism, Lifelong learning skills)
2. Narrative evaluation: This is a non-numerical evaluation of the student on academic standing, ethical behavior and professional values in the student and is an important parameter in the final evaluation of the student
3. NBME final exam contributes to 10% of the total grade. The minimum passing score for any NBME Shelf exam is a 63.
4. Evaluation of student performance should use the following grades: Fail, Pass and Honors

BELOW 70%	Fail
70%-89%	Pass
≥90%	Honors

9. By school policy, Honors are assigned to no more than 45% of students in each core clerkship.

FOR ELECTIVE ROTATIONS

1. For Elective Rotations, examinations are at the discretion of the preceptor, and the information obtained is used in the overall preceptor evaluation of the student.

SCHEDULING AND GRADING POLICIES FOR CCSE/STEP 2 CK

NBME CCSE:

1. Students are required to submit proof of a passing self-assessment to be scheduled for the CCSE. A passing score of 226 on the CCSE is required to be academically eligible for USMLE Step 2 CK, without exception.
2. The first attempt for the CCSE is given at the conclusion of all core rotations.
3. Students will be allowed 3 attempts to pass CCSE.
4. Students who fail in the first attempt will go through a remedial plan and will be given a second attempt.
5. Students in their second and third attempts of CCSE will be charged remake exam fee. Retake exams must be taken within 90 days of payment or the retake fee payment will be lost and the retake exam will be considered a failed attempt.
6. A student who fails CCSE at the third attempt will be academically dismissed from Xavier University School of Medicine Aruba.

USMLE Step 2 CK:

1. USMLE Step 2 CK needs to be taken within 4 months of passing the NBME CCSE.
2. Students who do not take the USMLE Step 2 CK in the above-mentioned time period will be required to repeat CCSE and pass the exam. Students failing to comply to this are subject to administrative withdrawal.

3. Students failing first attempt will have to take remedial courses in consultation with Dean of Clinical Sciences, before being allowed second attempt.
4. Failing second attempt will require repeating core rotations/ remedial plans as approved by the Dean of Clinical Sciences.
5. A Student who fails the USMLE Step 2 CK three times will be academically dismissed from Xavier University.

NBME Exam Scheduling Policy – Prometric Test Center

This policy applies to all NBME exams taken at a Prometric Test Center.

1. Scheduling of Exam Window
   A Xavier University Faculty or Staff member will schedule a 7-day exam window during which the student must take their NBME exam at a Prometric Test Center.
   - The exam order has to be submitted at least 28 days prior to the start of the window period.
   - Once the exam window is scheduled, the student will be notified immediately, and
   - The exam period will be entered into the SMS system under the Exam Request Portal.
2. Requesting a Change to the Exam Window
   - Students have until 4:00 PM on the third business day following notification to request a change to their exam window.
   - Requests must be submitted through the school's appeal module.
   - Changes are not guaranteed and will be reviewed in accordance with school policies.
   - If no appeal is submitted by the deadline, or if the appeal is denied, the exam window becomes final.
3. Prometric Scheduling Responsibility
   - It is the student's responsibility to schedule their exam at a Prometric Test Center during the assigned 7-day window.
   - If a student's preferred test center is unavailable, they must select an alternative test center.
   - The exam window will not be adjusted due to lack of availability at the student's desired location.
4. Failure to Schedule or Take the Exam
   - If a student fails to schedule the exam or schedules but does not take the exam within the assigned window, it will be recorded as an exam attempt and a failure.
   - The student will be required to pay for a retake and may be required to repeat the exam or related coursework, depending on academic standing and program requirements.
   - If the student misses the exam due to extenuating circumstances, they may appeal. The decision made by the Appeals Committee will be final.

Revised in: May 2025

Section IV: Registration, Leave of Absence, Transcripts and Code of Conduct

Course Registration and Course Withdrawal

Registration Information

Basic Sciences/Aruba

All students are required to officially register for basic science classes online via the SMS system. Any students registering after the registration dates will be subject to a late registration fee. It is important that a student have all identification documents in possession at registration. Submission of all official transcripts is a requirement for continued attendance at XUSOM. Outstanding documents may result in Administrative Withdrawal.

Please refer to www.xusom.com for the specific dates of registration. Contact the Registrar for further information and other questions regarding registration.

XUSOM identification cards are distributed to students during registration and they are required to carry the card at all times on campus and in clinical-related environments. Students are also required to present the ID card when requested to do so by XUSOM officials.

Students must be officially registered for the semester or they will not be permitted to attend classes. Students must be officially registered and currently enrolled for the semester to live in student housing.

Please note: Official clearance from the student finance must be obtained prior to commencing the registration process; all students are advised to settle all university charges well in advance of registration.

Note: A student cannot register for classes in either the Basic Sciences or Clinical Sciences until tuition is paid, and all prior charges are paid and up to date. Unless otherwise noted, all tuition and fees must be paid one month prior to the start of a semester, or clinical rotation.

Clinical Medicine

Information regarding Clinical Sciences registration (CM1–CM6) is delivered via XUSOM email. Each Clinical Science student is then contacted by the assigned Clinical Coordinator regarding clerkship placements.

In order for a student to be registered:

- All relevant documents must have been submitted to and received by the Clinical Coordinator in the New York Office
- Student required document list is located in the Clinical Science Course Catalog and provided to students via email from the clinical department upon entrance into clinical medicine.
- All XUSOM tuition accounts must be settled.
- All XUSOM tuition payments must be received three weeks prior to the start of rotation.
- The students are expected to start clinical rotation within 6 weeks of passing Step I
- It is mandatory for all the students to attend Clinical Orientation Programs online
- The clinical coordinator will not begin assigning any rotations until tuition accounts are settled.

Withdrawing from a Course

Students who wish to withdraw from one or more of the courses for which they are registered in a given semester must complete a request form. Request forms are available from the Registrar to whom completed forms must be returned. The Registrar will forward all completed forms to the appropriate Dean. Students who

withdraw from a course will be required to take that course in the following semester. Students should bear in mind that this may preclude their taking certain courses in the following semester; the course graced will be “withdrawn”. Students may request to withdraw from a course at any time during the semester prior to the final examination. Students must continue to attend classes and examinations until approval to withdraw from a course is granted. Failure to attend the appropriate number of classes for each course will result in a failing grade being recorded on a student’s transcript, unless permission to withdraw (W) from the course has been granted.

Withdrawing from XUSOM

Students who wish to withdraw from the School should contact the Registrar. Students will be required to complete a program withdrawal form, a copy of which will be kept in the student’s file. Based on eligibility, a student’s tuition may be returned to them upon withdrawal from the School, subject to the following policy:

Students will only be officially withdrawn from the School if they are in good financial standing with the School.

Transcripts are sent to other institutions if requested, and after any outstanding payments have been received.

Students who withdraw from XUSOM must re-apply if they wish to return to the Program. Students who are re-admitted to the Program will be subject to the policies and procedures then in place, and not necessarily those in place at the time that the student originally matriculated. The date and time of withdrawal will be taken when it is officially submitted to the University.

ALL REQUESTS MUST BE SUBMITTED ONLINE

Students are required to keep a printed copy for their file.

Please refer to Refund Policy for further details on eligibility.

Leave of Absence

Leave of Absence from the Academic Program

XUSOM is a full-time medical program based upon enrollments all year. per year. Students are required to submit a Leave of Absence form to take any time off once enrolled in XUSOM. The acceptable reasons for approval of Leave of Absence are listed below. Students are cautioned that any gaps in education, including leaves of absence, must be justified to licensing bodies and other accrediting organizations. Students may apply for a leave of absence from the Academic Program for one of the following reasons, if and only if he or she is in good financial standing with XUSOM. Acceptable reasons for approved Leave of Absence do not waive any fees. Students are required to pay the fees associated with the type of leave. During any approved Leave of Absence, the student remains actively enrolled in the program. The associated fees reflect the cost of maintaining active enrollment status, including academic oversight, examination eligibility management, administrative support, and compliance with institutional and accreditation requirements. Students on a leave of absence must remain current on all associated fees; continued enrollment is contingent upon full payment.

- Illness or injury of a student which affects their ability to study;
- Illness or injury of a dependent or family member which affects the student’s ability to study.

Basic Sciences Leave - "In-School LOA":

- In-School LOA applies to all students who are currently enrolled in MD1 – MD5 (MD6 for cohorts entering before May 2026). In-School LOA allows the student to take a semester off from school while maintaining their status as a student with Xavier and their student immigration status.
- In-School LOA fee is $3,200 USD per semester. Payment is required before the leave semester starts.

- Students may not take consecutive semesters off.
- In-School LOA must be requested and approved by the appropriate dean.
- Unapproved leaves will result in administrative withdrawal from the University and will require re-admission.
- Unpaid Approved LOA will result in administrative withdrawal from the University and will require re-admission.
- Unapproved LOA will result in loss of immigration status.
- Students on In-School LOA will not be covered under the school's IMG insurance policy.
- Students on In-School LOA will not be permitted on campus.

USMLE Step 1 Study Leave - "Med 6 (Med 5 for cohorts entering May 2026 or later) LOA"

- Students have to pass their Step 1/ CBSE within 3 years of matriculation into medical school.
- Students have 2 attempts and 6 months to pass CBSE after passing their MD6 (MD5 for cohorts entering May 2026 or later) CBSE finals with 60% and Comprehensive Clinical Skills Examination 1 (CCSE 1). Those students who are in 4 Month LOA receive 1 attempt of CBSE.
- Students will get a scheduling permit during the 6 month LOA on the date of their choice. Students can request the CBSE exam during any month of LOA. Students who are in LOA need to pay the LOA fees in the first month.
- After passing the CBSE Final Exam at the end of MD6 (MD5 for cohorts entering May 2026 or later) for the first time, all students are granted up to four months (1 semester) of leave to study and prepare for their USMLE Step 1 examination, without charge. This is applicable to students who studied the whole basic sciences right from MD1 at Xavier University. This policy is not applicable to transfer students.
- After 6 months post- MD6 (MD5 for cohorts entering May 2026 or later) CBSE finals, any unused CBSE attempts will be nullified, and they will be required to actively engage in academics by enrolling into Academic Support Program. This program is provided only In-person in Aruba. Failure to comply will result in academic dismissal.
- Students who pass the ASP exit exam will be given 4 months to take and pass the CBSE/IFOM. Students who fail to pass the ASP exit exam can enroll in ASP for 1 more semester.
- Students failing to pass CBSE/IFOM after ASP have to repeat MD6 (MD5 for cohorts entering May 2026 or later) in person.
- The maximum allowable number of attempts of CBSE for a student is limited to five (5).
- The entire LOA period, with multiple attempts, will not exceed 12 months.
- Students have the right to appeal to the "Grievances Committee" in case of unexpected circumstances. The committee's decision will be final.
- Leave is given automatically and may not be broken up even if the student passes the Step 1 examination.
- Students must take USMLE Step 1 within three months of passing CBSE, failing which the student have to retake and pass CBSE again for them to attempt Step1.
- Once the student passes USMLE 1, there is no further leave time granted.
- Native [non-transfer] students will be charged for Med 6 (Med 5 for cohorts entering May 2026 or later) LOA on the 1st of the month after 4 months of completion of MD6 (MD5 for cohorts entering May 2026 or later).
- Med 6 (Med 5 for cohorts entering May 2026 or later) LOA is $800 per month.
- Med 6 (Med 5 for cohorts entering May 2026 or later) LOA invoices are due on the 10th of the month.
- Med 6 LOA invoices are automatically generated on SMS and will not be mailed to student. Student is responsible for accessing and paying their invoice.
- Past due Med 6 (Med 5 for cohorts entering May 2026 or later) LOA invoices will result in administrative withdrawal from the University and will require re-admission.
- Students will continue to be charged Med 6 (Med 5 for cohorts entering May 2026 or later) LOA after they take USMLE Step 1 until their score is reported to XUSOM. Once score is reported to XUSOM and student

has passed, no more Med 6 (Med 5 for cohorts entering May 2026 or later) LOA will be charged. Student will be credited back payments to the date of USMLE step 1 exam. If student fails USMLE Step 1, Med 6 (Med 5 for cohorts entering May 2026 or later) LOA will continue to be charged.
- All students are required to provide a credit card when registering for MD6 (MD5 for cohorts entering May 2026 or later). This card will be auto charged for any extensions of Leave of Absence. Students whose card expires or becomes no longer valid will need to replace the card immediately. Failure to maintain an active card on file can result in student being administratively withdrawn. Credit card declines will result in student being administratively withdrawn.
- Med 6 (Med 5 for cohorts entering May 2026 or later) LOA fees are associated with continued enrollment during the USMLE Step 1 preparation period, including academic monitoring, examination coordination, and institutional support required for progression. Students on a leave of absence must remain current on all associated fees; continued enrollment is contingent upon full payment.

USMLE Step 2 CK Leave

- After completion of all Core Rotations clinical students are given a total of four weeks of leave to prepare for the Step 2 CK Examination, without charge;
- Students must request leave from the clinical department before the start of leave at least 3 weeks in advance.
- Step 2 CK/CS Leave is only for 4 weeks;
- Leave is only granted after completion of all core examinations. It must be used prior to the student's last clinical rotation.
- If a student chooses not to use the study leave within the designated time frame, they automatically forfeit the opportunity to use it all together.
- Unapproved leaves will be billed at $200.00* per week;
- Additional leave time will be billed at $200.00* per week;

Clinical Medicine Leaves of Absence - "Clinical LOA":

Xavier University encourages students to not take long gaps between rotations; however the University recognizes that there may be circumstances for why the student is not in a rotation.

- If there is a gap of two weeks or more between rotations, which is the fault of the student, the student will be invoiced for Clinical LOA;
- Leave will be billed at $200.00* per week
- Extraordinary circumstances such as documented medical leave or death in the family will be evaluated by the Dean of Clinical Sciences on an individual basis;
- All LOA invoices must be settled before the student will be allowed to continue with rotations;
- Failure to pay LOA fees will result in dismissal from the University.

Completed Clinical Medicine Leaves of Absence - "Completed Clinical LOA":

Xavier University encourages all students to take there USMLE Step 2 CK and CS exams during their rotations. For students who have completed all their clinical rotations but have not completed all their graduation requirements they will automatically be placed on Completed Clinical LOA.

- Completed Clinical LOA is $800 per month.
- Completed Clinical LOA invoices are due on the 7th of the month.
- Completed Clinical LOA invoices are automatically generated on SMS and will not be mailed to student. Student is responsible for accessing and paying their invoice.
- Failure to pay this invoice on time may result in loss of good standing and or administrative withdrawal.

- Student will remain on Completed Clinical LOA until all requirements are met for graduation.
- This status applies to students who have completed all required clinical rotations but have not yet fulfilled all graduation requirements. During this period, the student remains actively enrolled in the program. The associated fee reflects continued enrollment, academic oversight, and administrative support necessary for completion of licensing examinations and graduation requirements. Students on a leave of absence must remain current on all associated fees; continued enrollment is contingent upon full payment.

Amount subject to change without notice

Clinical Rotation Start Requirements

After the students pass USMLE Step 1 and begin the journey into Clinical Rotations, it is important for the students to adhere to the following schedule, timelines and requirements:

The first Clinical rotation the student will take will be 4 weeks of Introduction to US Healthcare System. This program is mandatory for all students starting clinical rotations, as part of a total of 76 weeks of clinical rotations.

The Clinical Track start dates:

Mentioned on the website

Clinical Track Core Rotations:

Family Medicine	6 weeks
Psychiatry	6 weeks
Internal Medicine	12 weeks
OBGYN	6 weeks
Pediatrics	6 weeks
Surgery	12 weeks
Total	**48 weeks**

After taking Step 1, all students have a maximum of 30 days from the date of their exam to begin their clinical rotations. Please make note of the above start dates, and plan your exam date accordingly. Any delay in beginning clinical clerkship training beyond 30 days will lead to automatic dismissal.

The student will move on to clinical rotations first available track and the tuition for CM1 will be automatically billed.

Non- compliance with the timely payment of tuition and financial dues will also lead to automatic dismissal. It is the student's responsibility to regularly check the finances and remain in good standing.

Xavier University School of Medicine has proudly received approval from New York State, which means students can now rotate without limit in New York State. We have affiliations with well-known hospitals in NY State. Students will be placed in core rotations based on availability, barring any delay in tuition payment, or clinical required document submission.

If you have questions about clinical rotations, please feel free to reach out to the clinical coordinator Ms. Chelsea Lennon at clennon@xusom.com

Policies and Procedures for Access to Student Educational Records

PURPOSE

Each student has a right of access to his or her education records, except confidential letters of recommendation and financial records of the student's parents. These rights include:

- The right to inspect education records.
- The right to limit disclosures of personally identifiable information contained in educational records, except to the extent that FERPA authorizes disclosures without consent (i.e. directory information, faculty members and administrators of the School who have an appropriate need to review a student's attendance or progress)
- The right to request correction of the educational record.

POLICY and PROCEDURES

The University adheres to the mandates of the United States Family Educational Rights and Privacy Act (FERPA):

The student has the right to inspect and review his or her educational record within 45 days of the University receiving a written request for access. Students must submit this written request to the appropriate Dean identifying the records they wish to inspect, who will then notify the students of the time and place where the record may be inspected.

Students have the right to request an amendment to his/her educational records. Students may write to the Appropriate Dean to identify the part of the record they wish to have corrected and specify why it is inaccurate.

If the University decides not to make the requested amendment, it notifies the student and advises the student of his/her right to a hearing. The University provides additional information about the hearing with the notification.

The student has the right to consent to disclosures of personally identifiable information contained in his/ her educational record, except to the extent that FERPA authorizes disclosure without consent.

One exception is disclosure to school officials with legitimate educational interest. A school official is a person employed by the University in an administrative, supervisory, academic, research or support position (including law enforcement personnel and health staff); a person or company with whom the

University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as the Professional Standards or Grievance Committee, or assisting another school official in performing his/her tasks.

A school official has a legitimate educational interest if she/he needs to review an educational record in order to fulfill his/her professional responsibility. Upon request, the University may disclose directory information from educational records without consent to officials of another school in which a student seeks to enroll or attend.

Information to be Disclosed

The University may disclose the following “directory” information without prior approval from the student: Name, address and telephone number; date and place of birth; dates of attendance and honors and awards.

A student who does not wish to have the above information released must advise the school in writing accordingly. A FERPA form must be filed with the Registrar’s Office.

SCOPE

This policy applies to:

- Medical students
- Deans
- Dean for Student Affairs
- Registrar
- System chairs
- Faculty

POLICY CONTACT Dean of Student Affairs

Transcripts

Xavier University School of Medicine will provide transcripts upon formal request for all students who are currently or have previously been registered and have met all financial obligations to Xavier. Transcripts represent the official record of a student’s performance while at the School.

Transcripts contain the following information:

- Date transcript issued
- Student name
- Student date of birth
- Initial matriculation date
- Courses taken and grades achieved
- Date of Conferral of Degree
- Record of Transfer Credit & Institution
- Degree Awarded
- US Registrar’s Signature & Seal of Xavier University School of Medicine, Aruba

The transcripts are graded as follows:

- H – Honors
- P - Pass
- F - Fail
- TC - Transfer Credit
- I - Incomplete
- W - Official Withdraw
- CR - Credit by Examination
- CPR - Failed Course Credit by Re-Examination
- IP - In Progress

Students may request official copies of their transcript to be sent to other educational establishments, including the ECFMG, as required. Students should refer to the Annual Prospectus for updated information regarding transcript fees. Students in good financial standing may view their unofficial transcripts on the Student Management System.

Students must complete a Student Transcript Request Form, which is available through the Student Management System. If all obligations are met by the student the Official Student Transcripts will be issued no later than 2 weeks after receipt of a completed request form and payment.

For student confidentiality purposes, a student must submit a Transcript Request Form and payment of

$100 USD by any of the accepted payment methods made to Xavier Admissions LLC. Additional charges may apply for ECFMG verification, all records requests or expedited services.

A request for an official transcript release cannot be honored if administrative documents are missing or if a student is in financial arrears.

Upon receipt of the Transcript Request form and payment, the Registrar in New York will process the request accordingly and within the business week.

For transcript requests to institutions overseas, a student will be notified of the appropriate overseas postal costs, which are to be incurred by the student.

Students can receive a student (unofficial) copy of his/her transcript from SMS.

Please note: the transfer credits might be verified by ECFMG, depending on individual schools status with ECFMG, students might need to obtain an "exemption letter from ECFMG". It will be student's sole responsibility to get exemption letter from ECFMG, if required, XUSOM Aruba will have no responsibility in this regard.

ECFMG will not accept incomplete transcripts. If required, students have to pay and complete the missing courses at XUSOM, Aruba. This decision of the "Promotions and Grievances Committee" of XUSOM, Aruba will be final in this regard.

Any misrepresentation of facts, falsifying documents will be dealt as per the guidelines and existing policies at XUSOM, Aruba.

Please note that your acceptance into Xavier is provisional, based upon the completion of your student file. These outstanding documents being listed below are to be submitted to the Admissions Department in New York.

Note:

Xavier will provide transcripts of the rotations completed and name of the facility they have completed along with the name of the preceptor.

It is the student's responsibility to obtain hospital or program rotation approval with the hospital seal and stamp from the responsible entity. Xavier will not be responsible or liable for obtaining source certification for individual students. In case of licensing or other agencies requiring specific verification other than transcripts, it remains the sole responsibility of student to obtain such documents.

Specific Student Conduct, Health and Other Policies

Student policy on AIDS, HIV, HBV, HCV

All students will be issued a copy of Xavier University School of Medicine, Aruba's official policy on AIDS, HIV, HBV, and HCV. Xavier University School of Medicine (XUSOM) recognizes blood borne pathogens and in particular, Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV),

Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV) as serious public health threats and is committed to encouraging an informed and educated response to issues and questions concerning HIV/AIDS, HBV, and HCV. In furtherance of its commitment, XUSOM has adopted a policy and procedural steps to both prevent the spread of infection and to protect the rights and well-being of those students, employees, and patients who may be infected with HIV, HCV, or HBV.

Any work done at XUSOM which exposes students or employees to blood borne pathogens is performed in accordance with the Occupational Safety and Health Administration (OSHA) Blood borne Pathogens Standard (29 CFR 1910.1030, http://www.osha.gov/pls/oshaweb/ owadisp.show_document?p_table=stan-dards&p_id=10051).

OSHA Standard requires that XUSOM develops an Exposure Control Plan, to protect employees from blood borne pathogens by reducing occupational exposure and providing appropriate treatment and counseling for employees potentially exposed to these pathogens. The plan covers all students and employees who could reasonably anticipate contact with blood and other potentially infectious materials during the course of their work or studies. These infectious materials include body fluids, such as semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluid; any body fluid where blood is apparent; saliva from dental procedures; body fluid where it is difficult to differentiate body fluids; unfixed human tissues and organs other than intact skin and human cell line.

XUSOM recognizes the US Federal guidelines that discuss the interpretation of the Americans with Disabilities Act (ADA) particularly as amended in 2008 (ADA Amendments Act of 2008, Pub. L. No. 110- 325, 110th Congress, Second Session), and the Rehabilitation Act of 1973 as it concerns coverage for people with HIV/AIDS and make a note of the fact that a disability, including those such as early HIV disease with no visible manifestations, is the basis for protection from discrimination against those who, while living with a disability, are otherwise able to work or participate in programs and services.

Policy on Service Animals

Service animals are not permitted within campus facilities, student housing, or any other premises of Xavier University School of Medicine.

Drug and Alcohol Policy

Drugs and Alcohol Policy and Procedures for XAVIER UNIVERSITY SCHOOL OF MEDICINE

Purpose

The purpose of this policy is to establish procedures to support a safe, healthy and productive work environment for all XUSOM students, free from the effects of substance abuse. The reasons for this are:

The use of controlled substances is against the law [Landsverordening verdovende middelen (AB 1990 no. GT7)].

The use of controlled substances and the misuse of alcohol increases the risk of accidents, jeopardizes the safe learning environment, and causes harm to an individual's health and personal life

The abuse of alcohol and controlled substances impairs the Student's judgment, resulting in increased safety risks, injuries and faulty decision-making.

The abuse of these substances also imposes an integrity risk on the student.

Scope

This policy applies to all XUSOM students.

For the execution of this policy XUSOM has contracted Medwork Caribbean N.V. and/or Laboratorio Familiar.

For the purpose of these procedures "Donor" or "Student" shall be considered any of the persons as described under 2 (a) here above.

For the purpose of these procedures a Donor's sample of saliva, urine, blood or hair will be referred to as "Specimen".

Students may be subject to testing throughout the year at any time XUSOM's Administrators deems it necessary.

A controlled substance can be defined as any substance of which the use or possession is prohibited pursuant to the Landsverordening verdovende middelen (AB 1990 no. GT7).

Evidence of the presence of a controlled substance will be determined by analysis of the Donor's sample of saliva, urine, blood or hair, and confirmed by gas chromatography / mass spectrometry by the designated laboratory

Evidence of the presence of alcohol will be from a breath test and/or analysis of the Donor's urine and/or saliva and/or confirmation by a blood analysis.

The Student shall, when drugs are prescribed by a medical professional, inquire at the prescribing professional whether the drug prescribed has any side effects which may impair the Student's physical and mental abilities. If the answer from the medical professional is affirmative, the Student shall obtain a written statement from the medical professional indicating any restrictions and their duration. For privacy reasons, the statement does not have to contain the name or type of medication used. However the Student will give the MRO permission to contact the prescribing professional and gain necessary information. The Student shall present the statement to the Dean of Basic Sciences and it will be forwarded to the Dean of Student Affairs.

Types of testing

XUSOM may execute the following 5 types of testing:

Pre admission testing

XUSOM may include a testing before the admission or as part of the admission process. The pre-admission testing is part of the medical examination prior to admission. Pre admission testing will include controlled substances only.

Post-accident testing

This testing may be performed on a Donor involved in an accident. The Donor at hand shall not consume a controlled substance or alcohol after the accident, unless 8 hours have expired, the Donor has been, or has determined that the Donor's performance could not have contributed to the accident, whichever comes first. Post-accident testing may include both controlled substance and alcohol use.

Random testing

Students may be subject to testing at any time on a random basis. Upon being notified of selection the student must follow the applicable instructions and immediately proceed to the testing facility. Random testing will be spread reasonably throughout the year. Donors are selected at random by a software application which uses the Student Numbers. Random testing may include controlled substance and alcohol use.

Reasonable suspicion / Reasonable cause testing

A Student may be required to submit to a testing upon reasonable suspicion. Reasonable suspicion means that the actions, appearance or conduct of the Student are indicative of the use and/or presence in the Student's body of a controlled substance or alcohol. Reasonable suspicion is based on specific, contemporaneous, observations concerning the appearance, behavior, speech or body odors of the Student.

Integral testing

As often as XUSOM's management deems necessary, all Students will be tested, integral testing may include controlled substance and alcohol use.

TESTING PROCEDURES

General

All testing will be conducted by a Medical Review Officer (the MRO) or a Sample Collector (the SC) designated by Medwork/Laboratorio Familiar and, in the event the testing by the MRO/SC turns out to be positive, by the Laboratory, unless indicated otherwise by XUSOM at the time of testing.

The testing will be executed under strict privacy, confidentiality and accuracy standards. Donors will be tested only for alcohol and controlled substances (e.g. Marijuana, Cocaine, Opiates, Amphetamines and Phencyclidine (PCP). The testing will not disclose private medical facts about the Donor, such as pregnancy or disability. The MRO will only provide XUSOM with a positive or negative test result (for drugs and/or alcohol)

Controlled substance

The following materials will be used to perform the test:

- Specimen containers
- Test kit with relevant accessories
- Material for sealing of containers
- Name and numerical list of those to be tested
- Release form for use of prescription medication and consent to being tested and approval for Disclosing outcome of test to XUSOM (Exhibit 1 hereto).

The Students to be tested are called in as scheduled and instructed to be present at the designated testing facility with a prior notice of one hour. In the event of a post-accident testing the Student will be called in immediately after the accident. When the Donor arrives he/she will be informed of the reasons for the testing and the testing procedures that will be followed.

The Donor shall bring proper identification when presenting him or herself at the testing facility.

Prior to the testing the Donor will sign the top part of Exhibit 1 hereto, stating whether or not he/she is using prescription medication that could influence the outcome of the test to be performed.

The MRO/SC will inform the Donor which test will be performed (e.g. urine, saliva or any other test).

Donor will be asked to confirm that the numbers on the labels to be used to seal the containers are identical to the number noted on Exhibit 1. Donor will be asked to sign both labels for confirmation.

The Donor is not allowed to take purses, bags or containers with him/her into the collection site and will be requested to empty his/her pockets. The MRO/SC will take any other reasonable measures as he/she deems necessary to prevent adulterating or tampering of the specimen.

Donor will be requested to wash his/her hands under observation. Donor will select the containers and test kits to be used for the testing.

The Donor will be invited to enter the appointed collection site at the designated testing facility. A collection site may include a single-toilet room. The door to the toilet will be left slightly ajar, allowing the MRO/SC to supervise the adequate obtaining of a urine specimen from the Donor.

Immediately after having obtained the urine specimen the Donor will hand the specimen (container 1) over to the MRO/SC. MRO/SC will pour part of the contents of Container 1 into a second container (Container 2) and will seal this second container with one of the numbered labels.

If applicable the MRO/SC will read and record the temperature of provided specimen within four (4) minutes of collection and will look for evidence of tampering or adulterating.

MRO/SC will collect some urine from Container 1 and apply this to the test kits that Donor has selected. After having performed the tests MRO/SC will seal Container 1 with the second numbered label.

Donor is asked to read and sign the bottom part of Exhibit 1 hereto, to confirm that procedures were executed correctly, that Donor did not tamper or adulterate the specimen and that Donor consents to MRO of informing the HRM unit of the outcome of the test performed. After this the Donor is allowed to leave the testing facility.

At no time during the entire procedure is Donor allowed to leave the testing facility without permission of MRO/SC to do so.

If tampering or adulterating of the specimen is suspected or if the temperature of the specimen is outside of the acceptable range, the MRO/SC will immediately request of the Donor to provide a new specimen. A second suspected tampered specimen will be considered a refusal to test.

The MRO/SC can require collection under direct observation (“monitored collection”) whereas the Donor must allow the MRO/SC to establish that the urine flows from the body into the collection container.

If a Donor is not able to produce a urine specimen, he/she may drink water and wait until he/she is able to provide the urine specimen. Donor will remain in waiting area under observation and is at no time allowed to leave the testing facility. If Donor leaves the facility without having provided the MRO/SC with a urine specimen, this will be considered a refusal to test and MRO will inform HRM unit that Donor has failed to provide a urine sample

Alcohol testing

Evidence of alcohol can be determined by breath, urine, saliva and blood analysis. The laboratory technician may conduct a breath, saliva or urine test.

For alcohol testing Article 4.1 (a), (b), Article 4.2 (b), (c), (e), (o) apply.

If a test kit for urine is used, Article 4.2 (a), (d), (g), (h), (i), (j), (l), (n),(o), (p), (q) apply in the understanding that a second suspected urine tampered specimen will be immediately followed by a saliva and/or blood test.

If a test kit for saliva is used, the specimen shall be given in the presence of the MRO/SC and a witness.

If a breath analyzer is used for detection of alcohol, the Donor shall exhale into the breath analyzer in the presence of the MRO/SC and a witness.

Immediately after the specimen is obtained by the MRO/SC, he/she will proceed with the actual testing in the presence of the witness.

Refusal to test

The following behaviors by the Donor constitute a refusal:

- Refusal to appear for testing.
- Failure to remain at the testing site until the testing process is complete.
- Failure to provide urine, saliva, blood and/or any other specimen and/or failure to take a breath and/or any other alcohol test.
- In case of Monitored Collection, refusal to allow the direct observation.
- Refusal to sign the forms that are part of testing procedures. (f) Failure to take a second test as instructed.
- Otherwise fail to cooperate in the testing process.
- Perform any actions which prevent the completion of the test.
- A test reported by the MRO as a verified adulterated or substituted specimen
- Inability to provide sufficient quantities of urine to be tested without a valid medical explanation.
- Tampering with, attempting to adulterate or substitution of the specimen, or interference with the collection procedure.
- Not reporting to the testing facility in the time allotted.

RESULTS

General

The first result of a test will be read by the MRO/SC and confirmed by the MRO. The MRO, based on the result, will certify the first result as positive or negative. If the first result is negative, the specimen will be disposed of as well as the specimen containers and test kits used for the testing. Notwithstanding the previous XUSOM may decide, at its sole discretion, to send the specimen to the Laboratory if the first result is negative.

Controlled substances

If the first result is negative and Article 4.2 (p) does not apply, the specimen will be disposed of immediately. If the test kit used for the testing signals a positive outcome, the first test result is considered positive.

In case of a positive first test result, the specimen will be sent to the Laboratory for Gas Chromatography - Mass Spectrometry (GC-MS) confirmation, or perform any other relevant tests for further verification and confirmation.

The specimen in Container 2 will be kept for contra expertise.

In case of a positive first result for controlled substances, the Donor has the possibility to request a re-test (contra expertise) on the provided specimen, kept in Container 2, within two weeks after the first testing by the MRO/SC was executed, at his/her own expense. The laboratory engaged to perform the re-test must be approved by XUSOM.

Upon written request within seven (7) days after being notified of a positive test, confirmed by the Laboratory, the Donor may obtain copies of any records pertaining to his or her test.

If the first test result was positive, but could not be confirmed by the Laboratory, the specimen will be disposed of immediately after the Laboratory has notified XUSOM of the negative final result.

If the Laboratory has confirmed the positive test result, the specimen will be disposed of sixty (60) days after the Donor has been notified of the confirmation by the Laboratory of his/her positive test.

Alcohol

Article 6.A applies

A result will be considered positive if a Donor's alcohol concentration is greater than 0.02%w/v (20g/dl weight/ volume ration.

If the first test result is positive for alcohol, the Donor will be requested by the MRO to immediately submit him/herself to a collection of a specimen of his/her blood or any other required specimen to be performed by the MRO or other designated physician. The specimen will be sent to the Laboratory for GC-MS verification or any other relevant test method to confirm the test result.

Positive results

For the purpose of this XUSOM policy and procedures a refusal to test will be considered a positive test result.

Students presenting to Xavier Faculty or Administration acknowledging a dependency on drugs and/or alcohol are allowed to withdraw from the academic curriculum without penalty. They are referred to the private Rehabilitation Program of their choice at their expense. The school is to be advised as to the name of the Program, its location, the medical director and the projected length of stay. Periodic updates as to progress are to be forwarded to the Dean of Student Affairs.

Upon completion of the Program and at the recommendation of the Medical Director, the student may resume the academic curriculum but must submit to random chemical testing by the Dean of Student Affairs. Positive screens will result in expulsion from the school.

Students found to have used either of the substances to excess are subject to the disciplinary actions as stated in the Student Handbook under those headings.

Undisclosed drug / alcohol use offense or suspension/expulsion from any institutions prior to admission will be automatic dismissal from XUSOM, Aruba. If a student has gone through counselling or rehabilitation, student must inform and submit necessary documents prior to admissions.

Policies for preparing for and for dealing with emergencies or diseases.

The school's policies to deal with emergencies and infectious diseases, are summarized below:

First aid and Emergency treatment: First aid will be provided to students, faculty, staff and visitors. At least 2 faculty are available all the time, who are trained in cardio-pulmonary resuscitation and first aid by the competent authorities like American heart association or American Red cross.

Faculty are trained of the appropriate procedures to handle emergencies such as asthma attacks and epileptic seizures.

Faculty, staff and students are also provided with hospital, police contact information in case of emergencies as indicated below:

Fire department, Ambulance and Police: 911
Hospital toll free: 587-4300
XUSOM telephone number: 588-7766

The school building has first aid kits, defibrillator kit, epinephrine auto injector and asthma inhalers at various places to be used for the appropriate medical emergencies.

In case students suspect an infectious disease, they inform the dean of the student affairs and then he will inform the dean of the institution. The dean will then notify the same to the local health bodies.

The school has a dedicated quarantine room to isolate the suspected or a confirmed case of infectious disease before handing over to the respective health authorities.

School has a trained microbiologist and an epidemiologist service all the time, to train the faculty, staff and students about the appropriate precautions to be followed during an outbreak of an infectious disease.

During Major Natural disasters like a Hurricane or flood, all the academic activities will be suspended. The school has a dedicated vehicle to transfer all the students and the faculty to a secure location and provide them with necessary medicine, food and water till the situation comes under control.

Section V: Financial Requirements and Services

Acceptable Methods of Payment

Wire Transfer:
Wire Transfer Payment Info: https://xusom.com/wire-transfer/ (Subject to change, please confirm before sending.)

Personal check, bank draft, or money order:
Make checks payable to: Xavier Admissions LLC
Mail to:
Xavier Admissions LLC
1000 Woodbury Road, Suite 109,
Woodbury, New York 11797

All major credit cards:
All credit card payments must be made online. No phone payments are accepted.
Students can make payments directly through their SMS system.
Credit card payments are subject to a 4% surcharge fee.
Students waive the right to dispute any payments. Any and all disputed payments may result in student dismissal.
Students who previously disputed a charge will not be allowed to make payment by credit card for any future payments.

NO CREDIT CARD PAYMENTS OR PERSONAL CHECKS WILL BE ACCEPTED FROM WITHDRAWN OR DISMISSED STUDENTS. ONLY WIRE TRANSFER OR CERTIFIED CHECKS WILL BE ACCEPTED AS PAYMENT FROM WITHDRAWN OR DISMISSED STUDENTS.

Payment Plan Policy

Application Process:
Students wishing to enter into a payment plan must apply to the Finance Department and provide all required documentation.

Payment plans are awarded based on:

- Demonstrated financial need
- Determination of the student's ability to meet payment obligations

Note: Approval is at the sole discretion of the Finance Department and is not guaranteed.

Semester-Based Approval:
Payment plans are approved on a semester-by-semester basis.
Students must reapply each semester at least 45 days before the start of the semester.
Prior approval does not guarantee future approvals.

Eligibility and Coverage:
Payment plans are available only for:

- Tuition

- Housing

Eligible programs:

- Pre-Health
- MD 1–6 (MD 1-5 for May 2026 Cohort & Beyond)

Not eligible for payment plans:

- Clinical Medicine
- Any other fees outside of tuition and housing

Excluded Fees:
The following fees must be paid in full at the beginning of each semester and are not eligible for inclusion in any payment plan:

- Administrative & Facility Fee
- Student Permit Servicing Fee
- Insurance Fee
- All other semester fees not specifically listed as eligible

Payment Plan Structure:

- Enrollment Plan Fee: $500 (in addition to the regular invoice)
- Final Payment Due: By the end of the first month of the semester
- 30-Day Extension: Additional $500
- 60-Day Extension: Additional $1,000

Missed Payment Plan Fees:
If a scheduled payment is late, the following late fees will apply:

- 1–10 days late: $150
- 11–20 days late: $300
- 21–30 days late: $500

Non-Compliance Consequences:
Students who fail to fulfill their payment plan obligations or carry a balance will be:

- Ineligible to enroll in future semesters
- Ineligible to apply for a new payment plan

Student Loans

Xavier is not responsible for loans not being available or withdrawal of previously approved loans and students are responsible to pay their tuition in full. Xavier provides debt counseling to all students during all normal working days and can be reached at 516-333-2224 or by email at studentfinance@xusom.com.

Students must remain in good academic standing and maintain satisfactory academic progress each semester in order to remain eligible for the student loan program

Students are obligated to repay all debt regardless of their Enrollment Status Working Status, graduation status or residency match status.

Financial Obligation

Students acknowledge and agree to the following financial obligation terms statement:

I understand and agree to make full payment for all amounts owed to Xavier University School of Medicine (XUSOM) pursuant to the completion of the Doctor of Medicine program, including but not limited to tuition, fees, insurance, and other miscellaneous charges that may become due. I understand that student loans are not guaranteed by Xavier University School of Medicine and can be cancelled or suspended at any time without prior notice. I understand that failure to make full payment will jeopardize my ability to continue to attend classes and may result in late payment fees being added to my account. I further understand and agree that if I withdraw from XUSOM I am still responsible for any unpaid balance, and that continued non-payment will result in my account being placed in collections with all reasonable collections costs, including attorney fees and other charges, becoming due and payable. XUSOM will not release any transcripts to students with unpaid balances. All disputes will be under the jurisdiction of Aruba. campus.

I understand that by bouncing a check, providing a credit card that is not valid, disputing a credit card charge I will forfeit any scholarships I have and not be eligible for any scholarships in the future. I understand that until I have paid my balance in full or was granted a payment plan by the Controller and made necessary payments, I will not have health insurance. I will be responsible for all medical bills I may incur because of this. Once I make payment I will be enrolled for health insurance on that day.

Late Payment Fees

Basic Science Late Fees: The due date is the 1st of the month prior to semester starting. The due date does not change based on invoice creation date.

- 1–10 days late: $250
- 11–19 days late: $500
- 20–29 days late: $750
- 30+ days late: $1,000

Clinical Science Late Fees: Tuition due 28 days before rotation.

- 20–27 days: $250
- 15–21 days: $500
- 8–14 days: $750
- 1–7 days: $1,000
- LOA charges for Clinical LOA still apply even when a later fee is paid. Please see LOA section in handbook for definition of Clinical LOA

Refund Policy

Eligibility:
Refunds apply only to Pre-Health and MD1–5 (MD 1-4 for May 2026 Cohort & Beyond) tuition, and only when a student officially withdraws from the Basic Science or Pre-Health Programs.
Students who withdraw while in MD6 (MD 5 for May 2026 Cohort & Beyond), on Leave of Absence (LOA), or during Clinical Science are not eligible for refunds.

Refund Process:
A withdrawal form must be completed and submitted to the Registrar's Office for Pre-Health and Basic Science students.

Tuition Refund Amounts:

- 100% Pre-Health and MD1–5 (MD 1-6 for Cohorts prior to May 2026) tuition only refund: If official withdrawal occurs before the first day of registration.
- 50% Pre-Health and MD1–5 (MD 1-6 for Cohorts prior to May 2026) tuition only refund: If official withdrawal occurs after registration begins and before the withdrawal deadline (submitted by 4 PM Local Aruba Time on the deadline date posted on the school calendar).

Housing Refund Policy:
Students who do not move into their assigned room at all:

- Charged a $1,000 housing termination fee
- Charged storage fees of $1,500
- Remaining housing fees may be refunded

Students who move into housing:
Once a student has used their assigned key card to access their housing unit, they are considered to have officially moved in. From that point forward, no refunds will be issued for housing fees, regardless of the duration of stay or circumstances surrounding early departure.

Definition of Move-In:
A student is considered to have moved in upon their first recorded use of their assigned key card to access their room or housing unit.
Students are encouraged to carefully review their housing agreement and ensure all questions are addressed before activating their key card.

Student Housing Storage Fees During Breaks:
Students who leave personal contents in their room during a semester break will be charged storage fees of $1,500

Non-Refundable Items:

- Semester seat deposit ($1,000 USD)
- Immigration and permit servicing fees
- Registration fees
- Insurance fees
- Exam fees
- Leave of absence fees
- Facility fees
- Lab fees
- Meal plan fees
- Academic supplies (unless student withdraws before the first day of registration)
- Housing fees (if student has moved into housing)
- Administrative fee
- Leave of Absence
- Clinical Medicine tuition
- MD6 (MD 5 for May 2026 Cohort & Beyond) Semester tuition
- Academic Support Program (ASP) tuition
- All other fees not mentioned here are non-refundable unless otherwise mentioned as refundable

Any specific written agreement regarding tuition or refunds entered into between the student and the University shall govern and take precedence over this general refund policy.

Processing Fee:
All refunds due to students will be subject to a 15% processing fee.

Refund Timeline & Application:
Refunds will be issued within 45 days from the official date of withdrawal.
Any refundable amount remaining after deduction of the 15% processing fee will first be applied to any open invoice balances owed by the student. Only the remaining credit, if any, will be disbursed to the student.
If a student paid using a student loan, any refund due will be returned directly to the loan company.

Jurisdiction of Financial Matters

All disputes and legal issues relating to payments are under the jurisdiction of Aruba and Xavier University School of Medicine Aruba.

Student Record and Privacy Disclosure

Xavier University School of Medicine (the "University") maintains the confidentiality of student records in accordance with Aruban law and internal policies that mimic U.S.-style privacy standards. The University will not share academic, financial, or disciplinary records with third parties—including parents, guardians, or sponsors—without the student's written consent, except as needed for internal academic, administrative, or legal purposes.
To authorize disclosure, students must submit a Voluntary Record Release Form to the Registrar's Office, specifying:

- What information may be shared
- With whom it may be shared
- How long the authorization remains in effect

This authorization is optional and may be revoked in writing at any time.

Administrative and Financial Management Disclosure

Xavier Admissions LLC is the designated and authorized management company for Xavier University School of Medicine (the "University") in Aruba. Xavier Admissions LLC operates solely as the administrative and financial processing entity on behalf of the University, including but not limited to admissions, billing, and student account management. While affiliated for operational purposes, Xavier Admissions LLC is a separate legal entity and does not confer academic degrees or hold educational authority. All academic governance, curriculum, and accreditation remain solely under the jurisdiction of Xavier University School of Medicine in Aruba.

Student Financial Services Contact Info

Email: studentfinance@xusom.com
Phone: 516-333-2224

Section VI: Student Resources

Medical Student Support Strategy

The XUSOM Medical Program seeks to deliver impactful student support which is fully aligned with program delivery. It aspires to assist students in times of need, and also to inspire and motivate medical students during their time at XUSOM. From a broader perspective, it is anticipated that student support initiatives will leave a lasting legacy for graduates as they progress into the medical workforce.

The mission of Office of Student Affairs is to help the students with academic and non academic needs. We are a source of information, support and guidance. We are committed to helping the students make the most of their time while they are in XUSOM. We also emphasize on students maintaining a good study / life balance in order to maintain their overall well being.

The supports provided by the Office of Students Affairs are:

1. Care and Support

Personal mentoring: Every student is allocated a faculty mentor who serves to take care of both academic and non academic needs of the student.

Acclimatization to the island life: As an effort to help students acclimatize to the island, we support the students from the time they land on the island.

Accommodation: Xavier has build dorms with modern amenities and provide students with all the help they require with regards to living in the island. Additionally if the students wish to stay independently the University helps to find an apartment.

Student Wellbeing: XUSOM strives to help students maintain overall well being. Further information can be found under the section Student Wellbeing.

Dean's Alpha Omega Student Mentor Program: The 4th year students in good academic standing, who have gathered the knowledge to share with incoming clinical students who are preparing to start their clinical rotations are selected to be part of the Dean's Alpha Omega Student Mentor Program. As an Alpha Omega Mentor, students will guide and advise the incoming 3rd year clinical students assigned to them.

2. Academic Support

The Office of Student affairs strives to work collaboratively with system chairs, faculty, who are responsible for providing course specific advice, identifying students at risk, and providing any remedial academic or clinical training. To safeguard student confidentiality and remove perceived barriers to seeking help, the Office of Student affairs will not play any role in academic progression decision-making.

For more details can be found under the section Academic Support

3. Community:

XUSOM seeks to build strong alliances with the local community to deliver integrated and transformative support to our Aruban students. Several scholarships are provided to the local students in this regards.

Values

The Medical Student Support Strategy exemplifies the values of the XUSOM:

1. The pursuit of excellence through applying a comprehensive suite of student support services which is evidence based and world standard.
2. Creativity and independent thinking though supporting students to create their own aspirations and strategies for success, and welcoming the expertise of support staff.
3. Honesty and accountability through authentic conversations regarding student support needs, and a determination to address these and evaluate their success.
4. Mutual respect and diversity through robust initiatives to embed a culture of student support, and a respect for the diversity in the needs of XUSOM Medical Students.
5. Supporting our people through providing student support infrastructure and staff educational opportunities.

Xavier Students Academic Support Policies

The MD program at XUSOM strives to be renowned for excellent quality of education and outcome of the graduates. We aim to provide exemplary academic support that enables the students to become effective practitioners and life-long learners committed to improving patient and public health. We recognize that the enormity and pace of the medical curriculum can present difficulties for many students. The intensity of the program requires changes in long held habits of the students, and the academic success in medical school is determined by the adaptability of the student to efficient ways of learning. For students to reach their full potential, the XUSOM acknowledges the importance of supporting students throughout their studies. This support facilitates students to achieve their best, enjoy their medical program experience, and compliments their academic journey to becoming a medical practitioner.

The academic support provided under the purview of the Office of the Student Affairs is as follows:

A. Support to students on-campus

1. Academic counselling and advising:

XUSOM has taken a pro-active approach to provide counseling to the Students enrolled in Aruba campus via Academic counseling (Mentoring) program. The keys features of this program are as follows:

Each student is assigned a faculty mentor at the beginning of the semester who will guide them and be their support throughout the semester.

The mentors are subject to change every semester.

The Students are required to meet their mentors for a minimum of 2 times per month, once before the Quiz and once after the Quiz.

During the meeting, the students can discuss various issues ranging from work-life balance in medical school, keeping good health, time management, attendance, approach towards exams, learning the material, resources, improvement of grades, maintaining consistency, career guidance, etc.

Students are required to report/address issues related to the living and studying in XUSOM that may directly or indirectly affect their education at XUSOM.

All the issues, highlights of the conversations of the meeting, attendance, grades, outcomes and assessments will be documented in a formal way.

If a student wishes to discuss matters with someone other than their mentor, he or she may approach the Dean of Basic Sciences or Dean of Student Affairs.

2. Academic Enhancement Program (Peer-Tutoring)

Tutoring is offered to students in the form of Peer tutoring / AEP. The following are the key features of this program:

Peer tutors are medical students who have already completed a course of study and have demonstrated their mastery of the material by obtaining Honors or Near Honors grade distinction for that course.

The peer tutors assist the students in the respective subjects they have been assigned.

The assistance could be in the form of mentoring, conceptual learning, time management, monitoring the studies, conducting a group discussion, etc.

The duration of mentoring hours and type of mentoring will be recorded for each session.

Students can avail additional tutoring from their peers.

Prospective peer tutors have to submit their application form to the Office of the Student affairs.

The position for peer tutoring will be filled based on the competency of the applicants. The positions will be awarded to the meritorious applicants.

3. Academic Probation Program

The students who have performed poorly and have failed academically are put under academic probation program. The students under academic probation are required to follow the instructions as stated below

Meet with Academic Advisor/Mentor at least twice a month.

Submit a written remediation plan, detailing how you will improve your performance.

Meet with individual professors once per week.

Submit to the Promotions Committee at the conclusion of the semester a written request that the academic probation be terminated detailing the reasons for such.

Maintain a minimum of 95% attendance.

The progress of any student on academic probation is strictly monitored and the steps are taken are regular intervals to remediate if found inappropriate.

4. Personal counselling:

Licensed psychologist provide confidential, personal counseling. Counseling is provided without cost to medical student and offers both short and long-term therapy to manage and cope with the challenges in their lives and support their personal and professional success. In addition MD students can be referred to, and meet with, the local psychiatrist free of charge (in conjunction with insurance / AZV coverage), if it appears that medication may be an appropriate course of treatment. Strict discretion is maintained regarding all matters related to the personal counselling and no data is sought by the school or shared by the counsellors.

(Please refer to Student Wellness Section for further information)

5. Policy on Separation of Student Health Services and Academic Evaluation:

Xavier University School of Medicine (XUSOM) is committed to ensuring that all medical students have access to confidential health, psychiatric, and psychological services without risk of academic conflict or compromise.

All sensitive health services, including but not limited to psychological counseling, psychiatric care, substance use support, and management of personal health concerns, are provided by licensed healthcare professionals who are independent of the medical school's academic and administrative structure. These providers are not employees of XUSOM in any academic, evaluative, or decision-making capacity.

To maintain strict confidentiality and prevent conflicts of interest:

- Healthcare providers delivering sensitive services to students shall not participate in any aspect of student assessment, including academic evaluation, grading, clinical performance reviews, or competency assessments.
- Such providers shall not serve on committees or bodies responsible for student promotion, remediation, disciplinary action, or graduation decisions (including but not limited to Promotions and Progress Committees or equivalent bodies).
- XUSOM faculty members, and evaluators shall not have access to any individual student health records or counseling information, except where disclosure is required by law or authorized in writing by the student.
- All personal health information, including the identity of students utilizing such services, shall remain strictly confidential and maintained solely by the external provider in accordance with applicable professional and legal standards.

Students may access these services directly or through referral mechanisms facilitated by the Office of Student Affairs. At no time will seeking or receiving health or counseling services have any impact on a student's academic standing, evaluation, or progression within the program.

B. Support to students off-campus: Support to Med 6 Leave of Absence (LOA) students

We recognize that learning vast amount of material can present difficulties for many students, particularly when they finish their MD6 (MD5 for May 2026 Cohort & Beyond) program and go back homes. XUSOM therefore seeks to support the students in a proactive manner. Each student is assigned to a faculty mentor.

Mentor serve as point of contact for discussion of all academic matters related to the student. Mentors are subjects experts or / and USMLE tutors can help students either by organizing a webinar or by setting up a one on one review sessions with the subject experts. Mentors also follow-up with the students on a regular basis and the students are required to reciprocate to all the communications made.

The support offered to the students off-campus are as follows:

1. Learning strategies

- Appropriate resources
- Effective use of question banks
- Active learning strategies

2. Time management

- Creating realistic and individualized study plans
- Appropriate time allocation for active learning and review

3. Test taking skills

- Practice exam strategies
- Feedback on practice exams

4. Maintaining wellness:

- Management of performance anxiety
- Stress management skills
- Concentration and motivation strategies
- Preventing burnout

Trainings are provided to the students via phone calls and facetime / skype. Areas of weakness are assessed based on their NBME scores. A student can request from the USMLE tutors or subject experts any of the following:

- One on one review sessions
- Group webinars
- Formulating an individualized study plan / preparatory schedule based on the scores, weakness, areas of improvement and high yield topics
- Assessment of exam preparedness

Following up with students off-campus:

- Any remote student is followed up on a regular basis.
- The communication is done via e-mail.
- The e-mail is sent out to the student who are not in touch with the school at regular interval.
- If the student does not respond to the email then the faculty contacts the student via the phone.
- If the student does not respond to the phone calls then the faculty will leave a voice message.
- The students are expected to respond any such communications made by the school / faculty to reach out to them.

C. Support to Clinical students

XUSOM Clinical Buddy Program

This program is being set in place for the new students at Xavier University stepping into their clinical rotations. This a “student helping students” type of program which will consist of mentors; students who have completed or are almost done their clinical core rotations, and will be for students starting their clinical rotations.

How will this work?

Students will either choose their respected mentor OR can be assigned a mentor based on the rotations (location, hospital, preceptors) so the mentors can provide useful information to help the student excel in that particular rotation.

Criteria to become a mentor:

Must have finished ALL core rotations.

Must be willing to dedicate minimum of 2 hrs to a student during each core rotation.

Must be in good academic standing and student at XUSOM

Agree to provide honest, useful tips and tricks to help the student excel

Each mentor will be assigned up to maximum 3 students at a time.

Mentor Duties:

Be an honest friend to the student

Provide useful tips and tricks to help the student perform well during the rotation

Provide information regarding study material to be used for the rotation

Schedule 1 meeting per rotation: 1) before start of core rotation, 2) Mid-rotation 3) Near end rotation. 4) When the student requires assistance.

Can host more meetings based on availability and need of student/availability of mentor.

Criteria for students:

New clinical students; Mentors will be picked/assigned either prior to or during IM1/FM1 rotation, once the student has a tentative schedule.

Students:

Please understand that the mentors are put in place to guide you and answer your questions as they have recently gone through the same process. Keep in mind, each student's experience is different, each students study habits are different, however the material is the same. The mentors will provide you with information so you do not have to go searching on google and ask other students for help. Please be respectful to one another and of each others time.

Setting up appointments:

Appointments will be set up through email address; on Google calendar.

Each student and Mentor is responsible for coordinating the best time suitable for both.

Contact through whatsapp, skype, facetime- Preferred method can be decided once assigned a mentor.

CONTACT:

Office of Student Affairs:

Dr. Sabin Kumar Ranabhat, Dean of Student Affairs: Sabinmd@xusom.com

For students off campus:

Dr. Sabin Kumar Ranabhat, Dean of Student Affairs: Sabinmd@xusom.com

Ms. Yvette Aal, Registrar, XUSOM, Aruba: yaal@xusom.com

For students in clinical rotations:

Dr. Ahmad Abazid, Dean of Clinical Science: abazidmd@xusom.com

Academic Support Program for LOA students

ACADEMIC SUPPORT PROGRAM:

INTRODUCTION:

The Academic Support Program is an integrated organ system-based interdisciplinary courses organized by the XUSOM faculty solely for the purpose of helping our students with challenges on passing the Board exams. It is designed to prepare and enhance the student's knowledge of the fundamental concepts of the Basic Medical Sciences in order to succeed in the CBSE and /or USMLE Step 1.

We recognize that the amount of material can present difficulties for students, particularly when they finish their MD6 (MD5 for May 2026 Cohort & Beyond) program and go back home for preparation for CBSE and / or Step 1. Therefore the Academic Support Program was carefully designed to provide academic assistance to the students who have fallen behind in their progress and help them prepare for their CBSE and / or USMLE Step 1. The main focus of this program is to provide a through and through support to the students in exam preparation and enable them to clear their CBSE and / or USMLE Step 1.

The preparation of the CBSE and / or USMLE Step 1 requires a student to be rigorous but at the same time be more efficient and use effective strategies. ASP helps the students to adapt their study and personal habits, and work on their test-taking skills to the demands of the CBSE and / or USMLE Step 1.

STRUCTURE & OUTLINE:

The ASP is chaired by USMLE tutors, who work closely with the students in small groups, one on one and as class. Where ever deemed appropriate, subject experts are called in for providing USMLE based coaching in particular subject and on a particular topic. This may include teaching the high yield topics, concepts, discussion of the common presentations and clinical scenarios, etc. The students enrolled in ASP will have access to the faculty at all times, faculty mentoring, and in-class tutoring of over 300 hours, daily practice sessions, and intermittent subject and/or system NBMEs. The program will be flexible and individualized to the student's needs. All the students enrolled into the ASP are required to be present in Aruba and live in Student Housing until the completion of the program. Students are not eligible to take ASP if they do not live in student housing.

Some of the salient features of the program are:

1. Duration – The program is designed for a period of 4 months
2. Individualized academic support and mentoring: The students are offered individualized academic support and mentoring from the USMLE tutors and Subject experts.
3. Diagnostic IFOM exam in the beginning of the program: A diagnostic IFOM helps our program coordinators assess the needs and deficiencies of the students and enables them to work in an individualized fashion.
4. The students will be given subjects based practice NBME's so that they can work on their weaker areas. This also helps the program coordinators to identify the weaker areas of the students.
5. Daily discussion on USMLE questions and structured lectures on high yield topics.
6. Focused guidance on auditing of classes and in-house faculty support.
7. Step 1 review lectures.
8. 4 month access to Kaplan Q Bank
9. Students who score 60% or more on the final CBSE or IFOM exam will be promoted to Med 6 LOA for a period of 4 months in which the student will have 1 free CBSE or IFOM attempt. USMLE Step 1 eligibility: To be certified for USMLE Step 1, a student must achieve (a) a CBSE score of at least 67%, and (b) a score of at least 65% on each of the NBME subject (shelf) examinations in Pathology, Physiology, Pharmacology and Microbiology/Immunology. Students who take the IFOM must score 78% or higher. The Registrar will not process a USMLE Step 1 application until all of these scores are on file. NBME shelf exam scores are valid for one year.

COMPONENTS:

The Academic Support Program offers support to the students in the following areas:

1. Learning strategies
    a. Appropriate resources

   b. Effective use of question banks
   c. Active learning strategies
2. Time management
   a. Creating realistic and individualized study plans
   b. Appropriate time allocation for active learning and review
3. Test taking skills
   a. Practice exam strategies
   b. Feedback on practice exams
4. Maintaining wellness:
   a. Management of performance anxiety
   b. Stress management skills
   c. Concentration and motivation strategies
   d. Preventing burnout

CONTACT:

1. Ms. Yvette Aal, Registrar, XUSOM, Aruba: yaal@xusom.com

Student wellness

STUDENT WELLNESS

Our mission at the Office of Medical Student Affairs is to provide comprehensive and integrated support services to medical students through partnerships with the local fitness clubs, organizations, physicians, clinics and hospitals. We are an effective and responsive team who work collaboratively to ensure our student's wellness and personal success.

Health Insurance

Students should have a health insurance plan separate from the AZV which is the plan provided by the Aruban Government after the student residency permit is received. As part of the curriculum, the students will be required to attend clinical and hospital visits wherein students will be exposed to patients with infectious diseases. Health insurance covers any such hospital acquired infections or any other uneventful incident.

AZV: Aruba has universal health coverage for its habitants since 2001 and was the first country in the Kingdom of the Netherlands to have so. AZV offers everybody who lives legally in Aruba access to quality health care. When you live in Aruba and you're registred in de Population Registration (Census) you are entitled to AZV. Although the AZV is a mandatory insurance, it still requires you to register personally at the AZV to get your proof of insurance, choose your (family) doctor, pharmacy and dentist.

For further details you can log into https://www.azv.aw/index.php/en

Medical Disability Insurance

The school does not require medical students to purchase disability insurance policies, but we highly recommend such policies, particularly for those students who have a family. We are required to provide access to sources of such coverage for students. The list below is a compilation of insurers who will provide individual or group disability policies to medical students. Each policy has slightly different coverage parameters, restrictions, and costs, so please evaluate these carefully to select the best policy for individual situation. If you have questions about such policies, please see the financial controller.

American Medical Association Student Disability Income Insurance

http://www.amainsure.com/products/disability-protection/student-disability-income-insurance.html

1-888-627-5883

AMA Med Plus Advantage Disability Income Insurance for Medical Students

http://medplusadvantage.com

1-888-627-6618

Doctor Disability

http://www.doctordisability.com/insurance/medical-student

Student Fitness

Fitness center

XUSOM has state of the art dormitories with basketball court, swimming pool, tennis court, volleyball court, golf and gymnasium.
XUSOM is also affiliated with a Private Gym in Aruba which is accessible to students at discounted prices. The gym also has an inbuilt Basketball court, Zumba center, Boxing and Cross fit centers. The students can choose to indulge in fitness program based on their preferences.

Yoga Club

Yoga club is a student club run by the SGA to support students interested in learning and practicing Yoga.

Others

Aruba being an island with scenic beauty, the students based on their interests can also choose to involve themselves in several water sports. Based on the expertise and interests, the students can take up snorkelling, sea diving, swimming, etc.

Aruba also has a jogging track which is on the beachfront and in close proximity to the school.

Intramural sports competition

XUSOM hosts intramural football match annually in order to promote fitness amongst the students and faculty.

Personal /Psychological counseling:

Licensed psychologist provide confidential and personal counseling. Counseling is provided to students without any additional cost and offers both short and long-term therapy to manage and cope with the challenges in their lives and support their personal and professional success. Counseling is provided over general as well social and personal issues. Issues regarding to the living and adjustment to the island life, personal matters, stress management, etc are discussed with the students.

In addition MD students can be referred to, and meet with, the local psychiatrist free of charge (in conjunction with insurance / AZV coverage), if it appears that medication may be an appropriate course of treatment.

Strict discretion is maintained regarding all matters related to the personal counseling and psychiatric consultation and no data is sought by the school or shared by the counselors.

The counselors visit the campus for a minimum of 2 days per week between 3 PM to 5 PM. In addition the students can request an appointment on a need basis. Students can meet the counselors in their office during these times.

CONTACT:

Office of Student Affairs:

1. Dr. Sabin Ranabhat, Dean of Student Affairs: **sabinmd@xusom.com**

For personal psychological counseling:

1. Ms. Diana C. Wever-Salcedo: d.salcedo@xusom.com, d.salcedo@mindplus.aw

Library Resources

As students of XUSOM you will have access to Library Resources via the Student Portal, IP range, and other methods. All these resources are only available to you as a student. They are not allowed to be shared to anyone including other students. Students who do not adhere to these rules will be dismissed from the University immediately.

Library Policy for Borrowing Books

1. All students in good standing may borrow books from the library.

2. Books can be borrowed for a two (2) week initial loan period.

3. Books may be renewed up to two (2) times, a total of 4 weeks, if no other patrons want the book.

- If a student requests a book currently checked out to another, the book can be recalled only during the "Renewal Period." This means the student with the book has 3 days to return the item.
- Books checked out in the initial "Loan Period" cannot be recalled.

4. All students are responsible for the items checked out to them. If an item is overdue, not returned, or returned damaged, students bear the financial responsibility.

Library Policy for Overdue Books

The process for dealing with students with overdue (or lost) books will be as follows:

1. Students have a 3 day grace period to return books.

2. On the 4th day, students will be charged $5 a day until the book is returned.
3. Students who have lost a book will be charged the full price of the book plus shipping.
4. After a month overdue, the book will be considered 'lost" and students will be charged the full price of the book plus shipping.
5. Students who have books a month overdue will be banned from borrowing books for the rest of the semester and/or the following semester.
6. At the end of the semester, unreturned books on a student account that have not been checked in on the last day of finals by 10am will be charged the full price of the book plus shipping to the student's account, regardless of being slightly or grossly overdue.

XUSOM Network Domain Policies

Intentionally interfering with normal operation of the network, including the propagation of computer viruses, or sustained high volume network traffic which substantially hinders others in their use of the network is strictly prohibited.

Examples would be:

- Downloading movies / Uploading to external server
- Downloading music / Uploading to external server
- Downloading any software or electronic files
- Uploading, downloading or otherwise transmitting commercial software or copyrighted material in violation of its copyright
- Using the Internet for gambling or illegal activities
- Using the Internet for on-line game
- Using the Intranet [LAN] for on-line game
- Video streaming / Torrent usage Etc…

If you are aware of a potential inappropriate use, please direct the information to itsupport@xusom.com
Management will carefully investigate potential violations before taking action. Depending upon the severity of the violation and the history of the account involved, management may take any reasonable disciplinary action, including, but not limited to, one or more of the following actions:

- Issuance of a verbal or written warning
- Suspension of the offending account

The University reserves the right to take any disciplinary action against any violators.

One caveat if you are "caught" in the act of violating the above procedure your Internet access will automatically be suspended, notification will be sent to the administration and the Dean of Student affairs.

If after a one semester suspension, a violation once again occurs, suspension will be permanent for the remainder of time in Aruba.

General Rules Regarding Acceptable Network Use

University provided Internet/Intranet and e-Mail privileges, like computer systems and networks, are considered university resources, and are intended to be used for educational purposes only. Students should be aware that usage is monitored for unusual activity.

Data Waiver Form

The student hereby grants permission to Xavier University School of Medicine to store and process personal data and sensitive personal data in a manner appropriate to the continuance and progression of my medical education. The student accepts that Xavier University School of Medicine will not abuse this information. The student accepts that Xavier University School of Medicine will not transfer this information to any third parties without their written permission. The student accepts that by requesting copies of their student transcript to be sent to third parties, such as other medical education establishments or the ECFMG, the student grants permission for Xavier University School of Medicine to transfer data relating to them to third parties. The student accepts that Xavier University School of Medicine will store personal and sensitive personal data for a reasonable period of time following their departure from the School and that their photographs may be used for continued advancement of the University.

Facilities (Labs)

On campus, we have an Anatomy lab, histology lab and a biochemistry lab available to the students for practicals. The anatomy lab has all the necessary samples, plastinated full cadaver, prosected plastinated specimens and an anatomage table to provide a state of the art facility. The Anatomy department also has several cadavers available at the hospital morgue for dissection. The Histology lab is actively used by both premed and medical students for histology and microbiology classes. We have 35 microscopes, an extensive collection of slides available to the students and also use the large collection of slides that are available on the anatomage table. There is also a camera and projector available for demonstration purposes. The university also just recently updated the Biochemistry lab which is sectioned as wet lab area, virtual lab area, microbiology and sterile section. The Microbiology and sterile sections are for those Microbiology sessions which require biochemical equipments and autoclaving and hence need to be conducted in the Biochemistry lab.

Rules and Regulations for the Laboratory

- Never work alone in the laboratory without permission and prior knowledge of the instructor.
- Do not engage in rowdy, playful, or unprofessional activities in the laboratory. This includes not being disrespectful of your instructor or classmates.
- Students should wash hands thoroughly after first entering the lab and before leaving the lab.
- Never eat, chew gum, or drink anything in the laboratory without explicit permission from the instructor.
- When doing body fluid labs, work surfaces must be disinfected at the beginning and end of the lab period. Following dissections, work surfaces must be cleaned with alcohol.
- Wear appropriate clothing at all times in the laboratory, including gloves and safety glasses as advised by your instructor.
- Scrubs are required for all anatomy labs
- During dissections, when handling cadavers, or during body fluid labs, students will be required to wear examination gloves, safety glasses, and closed-toe shoes that cover the top of the foot.
- Keep hands away from your face, eyes, and mouth when working with cadavers, chemicals, preserved specimens, or body fluids. This includes not applying cosmetics, not adjusting contact lenses, and not biting your finger nails.
- If any chemicals or other agents splash into your eyes, immediately go to the nearest sink and flush your eyes with water.
- Report ANY and ALL accidents, spills, BREAKAGES, or injuries to the instructor, no matter how trivial they appear.
- Scalpels and other sharp objects can be used only if authorized by the instructor and only after given proper handling instructions. Use small trays to carry all sharp objects. When handling sharp objects, point their tips down and away from other people.
- While wearing examination gloves, students must not leave the laboratory and must not touch any equipment such as microscopes, writing utensils, any personal items such as cell phones, or any door knobs.

- Do not use any lab equipment without instruction and authorization from the instructor. Report any damaged or broken equipment to your instructor immediately.

Parking Policy and Restricted Areas

Parking of personal motor vehicles is a privilege granted by the University. In order to maintain safe and clear means of movement, parking slots are provided to the students. Students are not allowed to park in areas designated for faculty and staff. Students are not allowed to enter administrative and faculty offices without permission.

Doctors and Pharmacies

Every XUSOM student reaches Aruba with the travel insurance and after he/she receives the student's residency permit, gets an AZV health insurance card. This card allows students with access to family physician, Dentist, ER and other medical services. In addition, Dr. J. Croes MD and Dr. Mrs. Alvarez MD are part time faculty who run family clinics within 5-10 minutes from the campus and have facilities for consultation and psychotherapy. The Family physicians also provide referral services for specialty care. Most of the prescription drugs and consultation is provided at no additional cost to the students who have AZV cards. The IMG Insurance of the students provides facilities for reimbursement.

Student Organizations

SGA (Student Government Association)

The purpose of this body is to provide a forum for student concerns and opinions, and to increase communication between the student body and the rest of Xavier University School of Medicine community.

FMIG (Family Medicine Interest Group)

The purpose of the FMIG is to educate and promote the various specialties at Xavier University School of Medicine (XUSOM). FMIG currently provides speakers with topics of interest relating medicine, organizes XUSOM health fairs, provides interested medical students with the opportunity to attend workshops for blood pressure, BMI, vision, hearing, blood glucose, and suturing, and organizes events to raise fund-raising for charities.

PMIG (Pediatric Medicine Interest Group)

The mission of the Pediatric Medicine Interest Group (PMIG) is to provide service to the Aruban pediatric community and promote the field of pediatrics at Xavier University School of Medicine (XUSOM). Our members fulfill our goals by attaining hands-on experience and exposure to careers in pediatrics, shadowing local physicians in clinical settings, participating in fundraising activities, and receiving education from guest lecturers around the world.

AMSA (American Medical Students Association)

The objectives of the Association shall be as follows:

To be committed to the improvement of health care and health care-delivery to all people; to promote the active improvement of medical education; to involve its members in the social, moral and ethical obligations of the profession of medicine; to assist in the improvement and understanding of world health problems; to contribute to the welfare of all members, including premedical students, medical students, interns, residents

and post-M.D./D.O. trainees; to advance the profession of medicine; to work to ensure that medicine reflects the diversity of society, with diversity including but not limited to differences in age, culture, race/ethnicity, sexual orientation and gender identity, gender and disability.

SAO (Student Ambassador Organization)

As prospective physicians, SAO feels that medical students should develop expertise beyond medicine to compete in a dynamic health care market. Our goal is to promote dual degrees in the XUSOM medical student population and expand student community outreach. To enhance personal and professional integrity by building stronger community ties while enriching professional experiences.

AEP (Academic Enhancement Program)

The Academic Enhancement Program (AEP) offered at XUSOM is a service available to students, led by students. It is a tutoring program where students can assist their peers and juniors in areas they might find more challenging. Through AEP, the tutor will help their tutee better understand the course material by taking extra time to explain concepts to them. This is a free service offered to all XUSOM students.

SNMA (Student National Medical Association)

SNMA has a special consultative status within the United Nations, and has been recognized as worldwide medical student representatives by the World Health Organization and the World Medical Association on several occasions. The SNMA's activities range from raising awareness on public health, human rights and reproductive health issues to involving students actively in medical curricula reforms and medical education.

Medical licensure in the UNITED STATES

Medical Training and Licensure in the United States

Xavier University School of Medicine (XUSOM) prepares students for careers in medicine in the United States and other jurisdictions. Students intending to pursue residency training and medical practice in the United States should understand that graduate medical education and physician licensure are governed by external organizations and regulatory authorities and are subject to change.

Educational Commission for Foreign Medical Graduates (ECFMG)

The Educational Commission for Foreign Medical Graduates (ECFMG) is the organization responsible for assessing whether graduates of international medical schools have met the requirements necessary to enter accredited graduate medical education programs in the United States.

In general, international medical graduates seeking ECFMG Certification must satisfy the requirements in effect at the time of application, which may include:

- Graduation from, or enrollment in, a recognized and appropriately accredited medical school;
- Verification of medical education credentials and identity;
- Passing the United States Medical Licensing Examination (USMLE) Step 1;
- Passing the United States Medical Licensing Examination (USMLE) Step 2 Clinical Knowledge (CK);
- Satisfying any clinical and communication skills requirements established by ECFMG; and
- Meeting all other eligibility and documentation requirements established by ECFMG.

ECFMG Certification is generally required for international medical graduates to:

- Enter Accreditation Council for Graduate Medical Education (ACGME)-accredited residency and fellowship programs in the United States;
- Participate in the National Resident Matching Program (NRMP), when applicable; and
- Pursue physician licensure in the United States, subject to the requirements of individual state medical boards.

Graduate Medical Education (Residency Training)

Following completion of the MD degree and satisfaction of applicable ECFMG requirements, graduates may apply for residency training programs in the United States through established application and matching processes.

Residency selection is competitive and is based on multiple factors that may include:

- Academic performance and clinical evaluations;
- USMLE performance;
- Letters of recommendation;
- Professionalism and interpersonal skills;
- Research, leadership, and extracurricular activities; and
- Program-specific eligibility requirements.

Completion of the MD program at XUSOM does not guarantee placement into a residency program.

Medical Licensure in the United States

Medical licensure in the United States is regulated by individual state and territorial medical boards. There is no single national medical license, and requirements may differ significantly among jurisdictions.

Although specific requirements vary, physician licensure generally requires:

- Graduation from a recognized and appropriately accredited medical school;
- Satisfaction of applicable ECFMG certification requirements;
- Successful completion of the required components of the United States Medical Licensing Examination (USMLE);
- Completion of the minimum amount of accredited postgraduate medical training required by the jurisdiction;
- Demonstration of professional and ethical conduct;
- Compliance with state-specific documentation, background check, and other regulatory requirements.

Certain jurisdictions may impose additional requirements, including:

- Limits on the number of attempts permitted for licensing examinations;
- Time limits for completion of the USMLE sequence;
- Specific postgraduate training requirements;
- Medical school eligibility or recognition requirements; and
- Other statutory or regulatory conditions established by the state medical board.

Students are strongly encouraged to familiarize themselves with the licensure requirements of the states in which they intend to pursue residency training and medical practice.

Student Responsibilities

Students are responsible for:

- Understanding the requirements for ECFMG Certification and physician licensure in their intended jurisdiction of practice;
- Monitoring changes to ECFMG, USMLE, NRMP, FSMB, and state medical board requirements;
- Ensuring timely completion of all examinations, documentation, and credentialing requirements; and
- Seeking guidance from the Office of the Dean of Clinical Sciences and the Office of Student Affairs regarding residency preparation and licensure planning.

Important Notice

Requirements for ECFMG certification, residency eligibility, and physician licensure are established by external organizations and regulatory authorities and may change without notice. Completion of the MD program at Xavier University School of Medicine, attainment of ECFMG Certification, or completion of residency training does not guarantee residency placement or eligibility for physician licensure in any particular jurisdiction.

Additional Information

Educational Commission for Foreign Medical Graduates (ECFMG)
https://www.ecfmg.org

Federation of State Medical Boards (FSMB)
https://www.fsmb.org

Contact a State Medical Board
https://www.fsmb.org/contact-a-state-medical-board

United States Medical Licensing Examination (USMLE)
https://www.usmle.org

Accreditation Council for Graduate Medical Education (ACGME)
https://www.acgme.org

National Resident Matching Program (NRMP)
https://www.nrmp.org

The information provided in this section is intended for general guidance only and does not constitute legal, licensure, or immigration advice. Students should consult the appropriate organizations and regulatory authorities for the most current requirements applicable to their individual circumstances and intended jurisdiction of practice.

Section VII: University committees, policies affecting students and related procedures

Admissions Committee

Description and Charge

1. The charge of the Admissions Committee is to select a sufficient number of well-qualified students that best represent the mission of the XUSOM, Aruba
2. The Committee has the complete and final authority to evaluate and admit medical students.
3. The selection of students will be unbiased and not be influenced by political or financial factors.
4. The Committee reports to the Deans (Basic Sciences and Clinical Sciences) and Chief Academic Officer

Membership

1. The admission committee is a standing committee. Members are recommended by the Deans and the Chief Academic Officer makes the appointment.
2. Committee members serve one-year terms and may be reelected with no maximum term of service.
3. The committee consists of Chair, Secretary, Admissions Coordinators, Faculty, and general members

Duties

1. The Chair will have authority of the committee and designate assignments as needed. The Chair will be the signatory on all acceptance letters and welcome the students to the University.
2. The secretary will take the minutes for the meeting and distribute the minutes to the committee prior to the next scheduled meeting. They will review applications and move forward with those students that meet our qualifications for the interview process. The Secretary will review all acceptance and rejection recommendations from the faculty and make their recommendation to the Chair.
3. The Admissions Coordinators will be required to attend all meetings. They will review applications and move forward with those students that meet our qualifications for the interview process. They will keep the committee aware of trends in applications, issues with applications, common questions from applicants, and general questions from prospective students.
4. Faculty members, including the Chair, are required to attend all committee meetings. Faculty members will be responsible for interviewing prospective students that have been recommended for interview by the Secretary and the Admissions Coordinators. Faculty members will complete a prospective student interview assessment and make their recommendation to the committee of acceptance, rejection, or defer. Faculty members will report back to the committee trends in interviews, issues, or areas of improvement to the interview process, and recommend changes that will benefit the students and the University.
5. General members will be responsible for making recommendations to the committee, updating the committee on possible improvements based on feedback.

Actions

1. The faculty members of the committee are responsible to interview each applicant, evaluate each interviewed applicant, complete the file and send a recommendation for admission or rejection.

2. The committee is responsible for periodic evaluation of the policies and procedures of admission and suggests changes

Procedures

1. All applicants whose primary application has been verified by the admission staff in the Aruba office, are invited to complete the application file.
2. Applicants are assigned to a member of the admission committee for an interview.
3. The interviews may be by telephone, Skype, Zoom, or in-person at the office in Woodbury, NY, or in Aruba.
4. The faculty members use a standardized form to give a rating to each student. The scoring considers the academic qualifications, attributes and personal experience along with evaluation of personal statements and LOR.
5. The members, each independently, review and render their decisions (accept, defer, or reject) and provide supporting comments.
6. With a combination of acceptable GPA and acceptable interviews, the applicant is offered conditional acceptance
7. Once accepted, the student is informed of the process of registration and travel to Aruba for the Basic Sciences
8. Details of admission policies and procedures are published on the school website and included in the faculty handbook.

Meeting Procedures

Frequency and Duration of Meetings

Meetings will be held at least once every semester. Additional meetings may be convened in a semester at the call of the Chair.

Quorum

A simple majority of the total membership of the committee shall constitute a quorum. A quorum shall be required to take any action.

Conflict of Interest

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. A declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

Lines of Accountability

The Admissions Committee is accountable to the Deans and the Chief Academic Officer.

Minutes and Reports

Minutes of notes of all meetings are kept with the Chair of Admissions. Minutes are circulated to all members.

Revision

By-laws will be reviewed and revised by the Admissions Committee annually, and presented in Faculty Senate for approval.

Curriculum Committee

Curriculum Committee

Mandate and Responsibilities

Mandate

Curriculum Committee is responsible for identifying the curricular content, integration and implementation of all components in both Basic and Clinical science program. Along with this the committee sets up the Educational objectives required in each course, method of instruction and assessment methods to measure the achievement of these objectives. The mandate of the Curriculum Committee is to coordinate the design, management, approval, integration, evaluation and enhancement of a dynamic curriculum that ensures students are equipped with the necessary knowledge, skills and attitude and behavior to get into the residency program. This Mandate of Curriculum Committee is in alignment with standard 6.2 of the revised ACCM standards.

Organization of the committee:

The following organizational chart defines the organizational hierarchy of the committee:

Table: Organization of the Curriculum Committee

Table: Functions / Responsibilities of Curriculum Committee

Responsibilities:

The functions/ responsibilities of the curriculum committee are formed in alignment with standards 6.2, 6.3 and 6.4 of revised ACCM standards.

Curriculum Designing: The Curriculum Committee is responsible for structuring the curriculum in a manner that addresses the established goals, competencies and educational objectives of the medical school. The curriculum committee designs the academic program for the semester approves the academic Calendar which will guide the system chairs to coordinate the activities of the organ system. The committee will ensure that the curriculum complies with the accreditation standards and provide evidence for such compliance.

Curriculum Review: The committee will constantly review, evaluate and periodically update the curriculum ensuring that there is comprehensive coverage of all the content/competencies throughout the curriculum. The efficient way of reviewing the curriculum is by mapping of learning objectives of each organ system and

clerkships to educational objectives, educational objectives to competencies and competencies to the school's mission. The committee works closely with all the system chairs and discusses whether the content or competencies distribution in the organ system is logical and coherent.

Curricular Integration: The committee will ensure that there is adequate vertical and horizontal integration of the curriculum. This integration will ensure that the students are taught everything from a clinical perspective. This two-way integration will also help students understand the content better, as correlation and interpretation are better.

Curriculum Delivery and Monitoring

Scheduling: The curriculum committee is responsible for preparing and dynamically revising checklists that define action plans/expectations for system chairs for the smooth running of the system. The curriculum committee in liaison with the sub-committee will prepare a schedule for 2 weeks. This schedule is discussed in the bi-monthly integration meeting for any conflicts, identify lacunae of topics and prevent unwanted redundancy.

Timely Assessment: The curriculum committee creates, approves and shares the Academic Calendar with the system chairs and the faculty. This calendar will guide the system chairs and the faculty on the conduction of Assessment. Students are assessed by both formative and summative assessment, but the academic outcome is decided by the summative assessment.

Monitoring: The committee closely monitors the content of the syllabi of individual systems. These syllabi specify the content and workload of the respective system. The syllabi will clearly state the standard for the content depth and content relevance dynamically and temporally.

Curriculum Evaluation

The curriculum committee work and provide relevant evidence towards the school's compliance with those accreditation standards that are directly or indirectly relevant to the curriculum. Timely Evaluation of curriculum is one of the major standards set by most of the accrediting agencies and hence this component becomes a very important responsibility of the curriculum committee.

Curriculum Evaluation is done under 3 subheadings

1. Process Evaluation: Student feedback at the end of every clerkship or at the end of every organ system is used to prepare a report on the process. Block Evaluation report for every organ system (in Basic Sciences) and Clinical Clerkship Data report at the end of a specific clerkship (in Clinical Sciences) are the tools to review the Educational process. These reports are used by the curriculum committee to find the lacunae in the process and address them subsequently.
2. Outcome Evaluation: Student summative scores in the assessments form the basis for outcome evaluation. The following assessment scores are used by the committee for its outcome evaluation.

1. Student scores on internally developed examinations
2. Results of USMLE / NBME Exams
3. Student performance in CCSA1 / CCSA2

3. Need Evaluation: Any deficiencies/shortcomings noted either in process evaluation or outcome evaluations are noted, discussed and addressed under "Need Evaluation.

Policy Development and Communication

Defining and implementation of policies: The Curriculum Committee defines and implements policies for Curriculum design, Curriculum content, Methods of delivery of the curriculum, Duration of delivery of the curriculum, Review of the curriculum and recommends them to the Deans, for perusal and approval.

Directing the functioning of the sub-committees: The curriculum committee is authorized to direct the functioning of the basic science and clinical science sub-committees and to request the sub-committees to convene meetings when required.

Liaising with teaching faculty: Establishing a faculty leadership structure that functions towards the achievement of curricular goals and compliance with accreditation standards

Timely communication to all teaching faculty either directly or through the established faculty leadership, about revisions, if any, to the curricular structure and content.

Leadership & Membership

Appointment: The members and the chair of the committee are appointed by the Chief Academic Officer based on their academic qualification, academic rank in the institution and experience in Medical education.

Leadership: The Curriculum Committee is led by the Chair. Where the Chair is absent for any reason, an Acting Chair may be appointed by the Chair.

Responsibilities of Members: All members will participate actively in the committee by reviewing all pre-circulated material. The members will ensure to attend at least 70% of the meetings and also participate in working groups as requested by the chair.

Term of Membership: Appointed members will normally serve a three-year term following which their membership can be renewed.

Meeting Procedures

Frequency and Duration of Meetings: Meetings will be held at least once every semester. Additional meetings may be convened in a semester at the call of the Chair.

Conflict of Interest: Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. The declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

Decision-Making:

1. Decisions that establish modifications to the curriculum/ curriculum committee policies, directions to subcommittees, directions to faculty members will be discussed in the context of specific motions.
2. Motions shall be passed by a majority vote of members and recorded in the minutes.
3. Where consensus-based decision-making is required, everyone involved in the decision must agree on the individual points discussed before they become part of the decision. The following principles apply during consensus-based decision making:
4. Not every point will meet with everyone’s complete approval. Unanimity is not the goal, although it may be reached unintentionally.

5. Everyone may not be satisfied with consensus-based decisions but everyone's ideas should be reviewed thoroughly. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.
6. Arguments over individual ranking or position will be avoided. However, a position will be presented as lucidly as possible, respecting the feelings of all groups
7. A 'win-win' approach will be adopted. When an impasse occurs, the next most acceptable alternative for both parties will be looked at.
8. Views that have no basis in logic or the supporting data shall not be entertained.
9. Holding of different views by group members shall be considered natural and healthy.

Communication

- Agenda and minutes of committee meetings are to be distributed to the committee members by Secretary.
- Minutes are normally distributed electronically to all members within one week of meetings.

Evaluation

Terms of reference will be reviewed by the Curriculum Committee periodically

Responsibilities of sub-committees:

Basic science sub-committee:

1. All system chairs are members of the basic science sub-committee by default.
2. System chairs are appointed every semester by the Dean, Basic science, in consultation with the Chair, curriculum committee.
3. The Secretary of the main curriculum committee will chair the sub-curriculum committee by default.
4. Student representatives of Years 1 and 2 are appointed by the CAO based on the academic performance of the student.
5. The basic science sub-committee will support the main curriculum committee by convening meetings as requested by the latter.
6. The basic science sub-committee will support the main curriculum committee by proposing suggestions for dynamic modifications of the basic science curriculum.
7. A consensus reached during the sub-committee meetings will be passed to the main committee for final approval.

Clinical science sub-committee:

1. All Clinical chairs are members of the clinical science sub-committee by default.
2. Clinical science chairs are appointed by the Dean, Clinical science, in consultation with Dean, Basic science and Chief academic officer. The term of clinical chair-ship will continue for as long as deemed necessary by the Dean, Clinical science.
3. The Chair and the Secretary of the clinical sub-committee are appointed by the Dean, Clinical science in consultation with the Dean, Basic science and Chief academic officer on an annual basis.
4. Student representatives of Years 3 and 4 are appointed by the CAO based on the academic performance of the student.
5. The Clinical science sub-committee will support the main curriculum committee by convening meetings as requested by the latter.
6. The Clinical science sub-committee will support the main curriculum committee by proposing suggestions for dynamic modifications of the clinical science curriculum.

7. A consensus reached during the sub-committee meetings will be passed to the main committee for final approval.

Grievances Committee

Mandate:

The Grievances Committee holds the responsibility of addressing all the student grievances related to academic, non-academic, and disciplinary issues, and violation of professionalism, teacher learner environment, code of conduct and non-compliance towards ACCM accreditation standards. It is of utmost importance to maintain the learning environment free of harassment, discrimination and provide fair and equal opportunities to all students by providing them a forum to express their grievances and seek redressals.

Membership: The Grievance Committee shall abide by the University statement on Academic Freedom, Responsibilities and Policies that govern the School of Medicine.

Xavier University maintains an ongoing Grievances Committee. The Committee shall consist of three to five (3-5) members of the Faculty Senate:

1. Dean of Student Affairs is an ex-officio member and chair of the Committee
2. Two Faculty members from the Basic Sciences Program
3. Two Faculty members from the Clinical Sciences Program
4. Where required, Deans of Basic and Clinical Sciences shall be requested to act as an ex officio, non-voting member

In addition, the Clinical Chairs Committee shall serve as a subcommittee of the Grievances Committee and shall provide a recommendation for appeals involving any student in the Clinical Sciences.

Responsibility: Matters appropriate for consideration by the Grievance Committee include, but are not limited to matters relating to:

1. Discrimination, harassment, improper treatment related to gender, race, religion, sexual orientation, or disability.
2. Non-compliance with accreditation standards
3. Alleged unethical behavior within or outside the classroom and the school premises
4. Violation of established academic policies and regulations (e.g. examination policies, advisory policies, registration policies, probation, dismissal, etc.);
5. Violation of student's academic freedom;
6. Failure to meet obligations;
7. Arbitrary and capricious grading practices;
8. Grievance related to ethical or behavioral violations or Sexual harassment;
9. The appeal of being placed on Academic Probation or dismissal from the program.
10. Disciplinary matters on and off-campus
11. Violation of policies mentioned in the Student and Faculty Handbooks
12. Non-compliance towards ACCM standards

Financial and procedural matters may not be appealed to the Grievances Committee

Procedures of the Committee

It is a recognized right of the student to be granted due process following any disciplinary action. Students have a right to appeal any adverse action.

Referral/Appeal to the Grievances Committee

1.
    1. All matters to be addressed to the Committee must be submitted in writing to the Chair of the Committee (appeals@xusom.com) and all materials must be fully documented.
    2. The statement must include a summary of not more than one typewritten page stating the specific policy or policies violated or the exact nature of the grievance, the specific actions upon which it is based, and the remedy being sought. Supplementary materials may be presented to support the grievance.

Informal Resolution

Before submission of a written complaint, the student/faculty member should attempt to resolve the matter through negotiation with the appropriate party or immediate superior (e.g., Faculty, Clinical Preceptors, Chairs). If negotiation is unsuccessful, the student/faculty member may take the matter to the next in authority (e.g., Deans or the CAO).

Formal Complaint

The student shall discuss the grievance with the faculty member involved who shall attempt to resolve the grievance and shall render a written decision to the student promptly after receipt of the grievance. Copies of the grievance shall also be forwarded to the Deans and the Grievances Committee. The grievance should be presented to the faculty member involved, as soon as possible after the grievant feels that an abridgment of the grievant rights has occurred, but in no case shall it be later than (5) working days following the grievant knowledge of the act, event, or commencement of the conditions which is the basis for the grievance, except in the case of final grades then no later than the fifth (5) day of the next semester.

If the grievance is not resolved, the student may submit the grievance in writing, within five (5) working days of the grievant receipt of the decision of the faculty member involved, to the Grievances Committee. Within five (5) working days of receipt of the appeal, the Grievances Committee will schedule a hearing, notifying the student and the faculty member(s) of the time and place of the hearing (see hearing Procedure). In the case of a dismissal, the student must submit a written appeal outlining the reasons for the appeal to the Chair of the Grievances Committee within five (5) days of receiving the dismissal letter. Within five (5) working days of receipt of the appeal, the Grievances Committee will schedule a hearing, notifying the student and the faculty member(s) of the time and place of the hearing through emails and telephone calls (see Hearing procedure). Students awaiting action on their dismissal appeal to Grievances Committee may attend classes, however, academic credit will only be granted if the appeal is granted.

Hearing Procedures

1. Prior to the hearing, the Chair of the committee shall notify the affected parties in writing, outlining the concerns before the committee. All written materials must be available to the committee members and affected parties forty-eight (48) hours before the hearing. The student shall notify the chair forty-eight (48) hours before the hearing who his/her advocate(s) will be.
2. The Chair of the Grievances Committee has the right to question all participants on pertinent matters.
3. The student has the right to be present throughout the entire hearing, except during the deliberation and final recommendations of the committee. She/he has the right not to testify or appear, though the committee shall proceed with its deliberations and recommendations. However, at any time any of the committee members may request an executive session in which case, all non-committee members will be asked to leave.

4. Students may select an advocate to appear with the student at the hearing, the advocate may be a faculty member, staff member, or student. The advocate does not have deliberation privileges. Under no circumstances will legal counsel be permitted.
5. Witnesses may elect not to make verbal presentations, but rather submit a written statement that must be submitted to the chair seventy-two hours prior to the hearing giving the chair time to distribute to all concerned.
6. Once people are finished presenting collateral information, they will leave the hearing room. Recommendations of the committee will be by majority vote, though consensus will be sought.

Documentation:

1. Prior to the hearing, the student and involved parties have the right to access information that will be used by the committee in the hearing.
2. All material(s) distributed at the hearing shall be returned to the chair of the committee at the conclusion of the inquiry. These materials will be stamped confidential and are not for distribution. The materials will be placed in a file in the office of the Dean of Basic Science or his/her Appointee.
3. The Chair of the Grievances Committee will ensure that all necessary packets of pertinent information are filed.
4. This is not a legal process, and the rules of evidence and discovery do not apply. The process will be guided, at the Chair's direction, by notions of fairness and reason.

Voting/Report:

The Grievances Committee shall decide the merits of the complaint and, where appropriate, recommend remedial actions or sanctions. All findings and recommendations by the Grievances Committee shall be decided by a vote of two-thirds of the members of the Grievance Committee. The Chair of the Grievance Committee or his or her designee shall reduce to writing the findings and recommendations of the Grievance Committee and send the report to the Dean. The report should include the facts upon which the Committee's decision is based. The report should be signed by the Grievance Committee members. In the event that two-thirds consensus cannot be reached, the grievance will be referred to the Deans and/or Chief Academic Officer for decision. All deliberations of the committee are, by nature, confidential.

Notice of Grievance Committee Findings:

The chair will send the student written notification within five (5) working days. A copy of the decision will be forwarded to the faculty advisor and Chief Academic Officer.

Appeals against the recommendations:

1. Decisions made by the Grievances Committee can be appealed.
2. Appeals of the recommendation(s) made by the Grievances Committee must be instituted in writing within ten (10) working days of receipt of the Committee's recommendation to the Deans.
3. The appeal of the Committee's decision to the Dean must be in writing and must explicitly identify the basis for appeal
4. The decision of the Dean may also be appealed to the Chief Academic Officer whose decision is final.
5. If a student is dismissed from the program, he/she cannot enroll in or attend classes pending resolution of the appeal process.

Confidentiality:

All deliberations of the Grievances Committee are, by nature, confidential.

Conflict of Interest:

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. A declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

Revision of By-laws

By-laws will be reviewed and if necessary revised by the Committee periodically, and presented in Faculty Senate for approval.

Non-Compliance towards ACCM standards:

Issues related to non-compliance towards ACCM standards can also be directly reported to ACCM via office@accredmed.org

Research Committee

Mandate:

The Research Committee of Xavier University School of Medicine has the mandate to promote research in the institution especially research that can improve teaching-learning activities in the institution and which can benefit the local Aruban community. The committee actively seeks the cooperation of other organizations on the island and abroad to develop research skills and aptitude.

Composition:

1. Chair: The chair of the Committee is appointed by the Chief Academic Officer.
2. 3-5 faculty members: The Chair, in consultation with the deans, appoints the other members to the committee.
3. Students.

Responsibilities:

1. The committee works closely with the institutional review board to promote ethical research in the institution.
2. To monitor the research activities.
3. The committee requests the school administration to support research by providing modest requirements, such as the software and other support. Authors may also be supported by the publication charges.
4. The committee has student members to encourage research among students.
5. The committee works closely with the student-run Society for Research to encourage research events.
6. One of the members is in charge of sessions on Critical Appraisal of Scientific Literature which is important in inculcating a critical attitude of scientific inquiry among students.

7. The committee in association with the Society for Research organized a XUSOM Research Day. After an introductory session about a research topic faculty and students present their posters in the school auditorium. The posters are judged by invited judges from outside the institution and prizes are awarded to the best poster in the faculty and the student section.
8. The committee works closely with the editorial team of Xavier times, the school newsletter and the Dean of Student Affairs to disseminate information about research events and research projects conducted in the institution and published in various journals.

Meeting Procedures

Frequency Meetings

Meetings will be held at least once every semester. Additional meetings may be convened in a semester at the call of the Chair. The Chair will send out the agenda before each meeting.

Quorum

A simple majority of the total membership of the committee shall constitute a quorum. A quorum shall be required to take any action. The members from remote locations will partake in the committee proceedings via web conferencing.

Conflict of Interest

Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. A declaration may be done at a meeting or in writing to the Chair. If the declaration is accepted by the Chair, the concerned member/s will be excused from the respective meetings and excuses will be recorded in the minutes.

Lines of Accountability

The Research Committee is accountable to the Deans and the Chief Academic Officer.

Minutes and Reports

The secretary will take minutes to summarize each meeting and distribute the minute electronically to all Committee members.

Revision

By-laws will be reviewed and revised by the Research Committee annually, and presented in Faculty Senate for approval.

Institutional Review Board

Mandate:

The Institutional Review Board (IRB) of Xavier University School of Medicine has the mandate to ensure that all approved research proposals meet internationally agreed standards for conducting research and that all research is conducted ethically and no harm to the research subjects ensures due to the conduct of the research.

Terms of Reference:

The chair of the IRB is appointed by the Chief Academic Officer (CAO). The chair in consultation with the CAO appoints other IRB members. The IRB has designed a proposal submission form that researchers can use to submit research proposals. The researcher has to complete the form and submit to the IRB for review as xirb@xusom.com. The IRB has also prepared a form that reviewers can use for reviewing proposals. The reviewer submits their reviews to the chair through email. Based on the recommendations of the members, a proposal may be either accepted or the authors may be asked to revise the same. All correspondence is electronic and the IRB aims to provide a first decision within 2 weeks of proposal submission.

The IRB works in close co-operation with the research committee to promote ethical research in the institution. As the institution is small, there may be a certain degree of overlap of membership between the Research Committee and the IRB.

Policy for consistency in academic progress

Students are required to successfully pass each and every class in XUSOM. Transfer credit may be accepted if the credit adheres to ECFMG transfer credit policy. Transfer credit will be applied in accordance with the XUSOM policy on transfer credits.

See transfer credit policy for further details.

Students who academically fail one system will be promoted to the next term provided the student passes a re-examination given within the first week of the subsequent semester. If the student successfully completes the examination, the student will be promoted. A re-examination fee will be imposed regardless of pass/fail outcome and based upon re-examination attempts. The pass mark is 60%, and the maximum final grade allowable for re-examination is 70%. Student failing a re-make exam will be required to repeat the entire course.

Students failing 2 or more systems in a semester may not be promoted to the next term. The student will be placed on academic probation and will remediate the failed courses in the following semester.

Students have to successfully pass the failed courses to be promoted to the higher term.

A student placed on Academic Probation will be required to pass (P) all assigned classes the following semester.

Students failing will be placed on academic probation and will be reviewed by the Promotions and Progress Review Committee. The outcome of this review can be placement on academic probation and/or other academic remedies, which may include academic dismissal.

A class may not be attempted more than 3 times. If a student fails or withdraws from a class 3 times (including re- examination) the student is subject to dismissal.

Students have the right to appeal academic dismissal to the Grievances Committee. (Please reference section “Grievances Committee”)

All Students are required to successfully pass all the courses, the Comprehensive Basic Science Examination conducted by NBME and Comprehensive OSCE administered by XUSOM in order to register for the United States Medical Licensure Examination Step 1.

All medical students are required to complete the Basic Sciences within 3 years of admission to MD program. All medical students are required to complete the Clinical Sciences within 3 years of promotion or admission to the Clinical Sciences program The maximum duration to graduate from the medical school is 7 calendar years. Exceeding these limits in the duration of medical education program may result in dismissal from the program, or the requirement to repeat some or all courses falling outside the specified limits of time.

Policy Contact: Chair, Curriculum Committee

Policy on Promotion and Progress Review of the Students

A student is considered to be achieving satisfactory academic progress as long as he or she passes the sequence of courses and clerkships established by the Curriculum Committee and meets the performance standards of the Curriculum Committee. The assessment of academic progress includes the domains of knowledge, skills, behaviors, and attitudes – as expressed in the form of XUSOM's Program Educational Objectives. Hence, professionalism is an integral component when considering academic progress.

Independent of the final grade, unprofessional behavior may be the sole criterion for which a student may be recommended for academic sanctions as described throughout this document.

Promotions and Progress Review Committee

The Promotions and Progress Review Committee monitors the progress of students during the MD program and certifies that students are performing at an acceptable level to successfully complete their present semester and advance to the next semester of the MD program. In the process of these reviews, the Promotions and Progress Review Committee will make the final decision as to whether a student is allowed to advance with or without probation or if a student will be repeat a semester with an academic probation.

These decisions made by the Committee can be appealed to the Chief Academic Officer (CAO). The decision made by the CAO is final.

Student Participation in the Committee

1 Appointee of Student Government Association acts as non-voting member of the Promotions and Progress Review Committee.

Academic Advancement

At the completion of each phase of the curriculum, the Registrar will provide the Chair of the Promotions and Progress Review Committee with a list of students who are scheduled to advance to the next phase of the academic curriculum. The Promotions and Progress Review Committee will then determine if the students meet criteria to advance to the next phase by considering all aspects of a student's performance, including course grades and adherence to the XUSOM Conduct Code, Honor Code and medical school student policies.

The students will not be allowed to progress to a higher class, if they have any backlog courses to be completed. However, students failing a single course will have the opportunity to take a remake exam at the beginning of the following semester. They will be allowed to progress to the higher class if they pass the remake exam, failing which they must repeat the failed course with full attendance. For courses with duration

of 5 weeks or less, the students will be eligible for an extra attempt of the remake exam, failing which they may be academically dismissed. Students who fail 2 courses in a semester must repeat the failed courses in the coming semester and they will not be allowed to take a remake exam.

During the semester, the Promotions and Progress Review Committee will regularly review the progress of all students to assess whether they are making adequate progress toward attaining the achievement levels required for promotion to the next semester. The Promotions and Progress Review Committee members will also determine during the semester if students are performing below standards, and may determine that a student should be placed on academic probation according to the criteria outlined below.

The Promotions and Progress Review Committee make decision towards individual student's promotion using the following criteria:

1. Adequate Progress: Students with passing grades in all courses/clerkships.
2. Inadequate Progress (these students would not be promoted and/or be placed in academic probation):
    1. Students with performance below expectations who did not complete the course requirements: These could be the students who did not meet the attendance requirements, missed quizzes/exams, failed quizzes/exams, passed theory but missed/failed OSCE's
    2. Students placed on academic probation who did not satisfactorily complete the necessary remediation outlined in their probation, or;
    3. Students who are on suspension.
    4. Students who fail 2 courses in a semester.
    5. Students will not be allowed to progress to MD6 (old curriculum before Summer 2026) / MD5 (new curriculum from Summer 2026) with any backlogs.

Guidelines for Consistency in Academic Progress:

A student is considered to be achieving satisfactory academic progress as long as he or she passes the sequence of courses and clerkships established by the Curriculum Committee and meets the performance standards.

The academic progress of students are periodically reviewed by the promotions and progress review committee, who may impose upon students' academic sanctions, if their academic progress is deemed insufficient. The academic sanctions are associated with terms and conditions.

Academic Sanctions:

Letter of warning will be considered when the Promotions and Progress Review Committee has concerns about a student's performance, but feel that the concern is not indicative of a pattern of underperformance, or lapses in professional behavior. The following is a list of reasons why a student would automatically be issued a letter of warning:

- Fail in a single course
- Attendance shortage in the first course of the semester or during mid-semester review
- Have a professionalism or ethical issue
- When a student is noted to have a deficiency in their clinical skills over several clerkships or courses (e.g., difficulty synthesizing clinical information)
- When students take more than 4 months of LOA after their Basic Sciences and/or Clinical Rotations

The entirety of the student's academic performance, ethical and professional behavior is factored into decisions by the Promotions and Progress Review Committee, and an academic warning may also be

recommended if a student had difficulties in the Basic Sciences, and continues to struggle academically in the Clinical Rotations. An academic warning is intended to alert the student that, without improvement, they are in danger of more serious academic sanctions such as probation.

Academic probation will be considered when the Promotions and Progress Review Committee is concerned about a student's performance and, without improvement, the student is in danger of being suspended or dismissed. The following is a list of academic difficulties for which a student would automatically receive an academic probation:

- Students who have two or more backlogs at any stage in Basic Sciences shall be required to repeat a semester with academic probation.
- Attendance shortage for 2 or more courses in a semester
- Repeated ethical and professional misconduct as deemed by the Promotions and Progress Review Committee
- During clinical rotations if they receive F in a clerkship or course. The student will not progress in the phase until they have completed remediation of the clerkship or course. The period of probation will continue until they have successfully completed the phase.
- Any student who repeats a phase will be recommended to be placed on academic probation while they are repeating the phase.

Academic probation serves the following functions:

1. It is official documentation that the student is deficient in areas related to academic performance;
2. It provides a pathway and defines a timeline that the student must follow in order to regain good standing. This may include, but is not limited to, remediation, maintaining appropriate performance standards and/or adhering to professional expectations;
3. It describes the consequences that will result if a student does not meet stated expectations during the period of academic probation.
4. Self-reflection after discussion with the faculty mentors, Deans and/or Chair of Promotions Committee and submit an academic plan of remediation to the Promotions and Progress Review Committee in writing.

Repetition allows the student to repeat a phase of the curriculum.

There are two primary reasons for repetition.

1) Students may voluntarily repeat a semester/course because of specific events (e.g., health, personal or family issues). This voluntary repetition should be approved by Promotions and Progress Review Committee. In these cases, the student can be allowed to repeat semester/course without any academic penalties at the discretion of the Promotions and Progress Review Committee.

2) Repetition of a semester/course as recommended by the Promotions and Progress Review Committee, due to a concern that the student has not mastered the academic skills of that semester/course. The following is a list of actions for which the Promotions and Progress Review Committee would require a student to repeat a phase or course in the curriculum:

- Required remediation of two or more courses at any stage in Basic Sciences
- Grade of F during clinical rotations
- Failure in USMLE Step 1, USMLE Step 2 CK or CCSA exams

Suspension is considered for serious academic issues when the Promotions and Progress Review Committee has information regarding the student's academic performance or professional behavior that would support the student benefitting from a period to manage external distractions or other concerns. The period of suspension is recommended by the Promotions and Progress Review Committee and will include the conditions for restarting the medical school curriculum. Students who are on academic suspension cannot proceed to the next phase, and can only re-start their program after the concerns that placed them on suspension have been resolved.

Dismissal is considered for either serious breaches in professional conduct or academic concerns including repeated failure of a course and/or clerkship.

The following is a list of actions that would automatically lead to dismissal:

- Any student in the Basic Sciences who has repeated a course/semester consecutively 3 times.
- In the Clinical Rotation, any student who receive F in any courses 2 times consecutively.
- The Promotions and Progress Review Committee would recommend dismissal for a professionalism violation that the Promotions and Progress Review Committee members consider gross negligence which could include negligence that, in the mind of the committee, could have led to the death or serious injury of a human, or behavior in the clinical setting that is grossly inappropriate by the standards of the profession.
- When students take more than the recommended "Time to complete" (as mentioned in the student handbook) their Basic Sciences, Clinical Rotations, USMLE Step 1 and/or USMLE Step 2
- A student may be dismissed if they do not pass a semester in three attempts
- A student who accrues 3 or more backlogs at any point of time during Basic Science.
- Any student who receives suspension from the USMLE /NBME /ECFMG.
- Any student receiving a failing grade in multiple courses worth more than 2 semesters of course load.
- A student might be withdrawn from the program, if there are serious concerns about the motivation of the student to pursue MD program and repeatedly demonstrates lack of attendance, readiness to take the exams and pass the course in a timely manner.

Student Right to Appeal Promotions and Progress Review Committee Decisions

Students may appeal any academic sanction. If a student wishes to appeal an academic sanction, this request should be presented in writing to the Grievances Committee within 14 calendar days of receiving the academic sanction from the Promotions and Progress Review Committee. The appeal may be based on the following grounds:

1. To consider new information, sufficient to alter the decision, or other relevant facts that the person appealing the decision feels the Promotions and Progress Review Committee may not have known, but should have taken into account, in considering their academic sanction.
2. To allege a procedural error within the process that led to the Promotions and Progress Review Committee decision that may have substantially impacted the fairness of the decision.

After the decision is made by the Grievances Committee towards the student appeal against academic sanctions, if not agreeable, then the decision can be appealed to the CAO. All appeal decisions made by the CAO are final.

It should be noted that any and all appeals should be conducted in a professional manner by the student involved; that is, demonstrating respectful disagreement with the perspective and judgment used by faculty members. Failure to exhibit appropriate professional attitudes may immediately terminate the appeal process and lead to an unprofessional conduct report.

Time to Complete Degree

All medical students are required to complete the Basic Sciences within 3 years of matriculation into Basic Sciences of MD program.

All medical students are required to complete the Clinical Sciences within 3 years of promotion into clinical sciences or matriculation into Clinical Sciences program

The maximum duration to graduate from the medical school is 7 calendar years.

The standard MD program at XUSOM takes four years to complete. However, students may apply to postpone graduation for a year if they:

1. Want to obtain another degree (e.g., MPH)
2. Want to spend a year doing a scholarly project (or extended Discovery)
3. Want to take an additional year of formal coursework

Students who need time off for extenuating medical/personal issues are advised to take a Leave of Absence (LOA) from medical school. Students may be eligible to be enrolled at XUSOM for additional periods for purposes of remediation or completion of degree requirements.

Students who plan to obtain the MD degree with no additional degrees or certificates must complete all academic requirements of the MD degree within no more than seven academic years from the date of matriculation into Basic Sciences. The academic records of students who are approaching the deadline of "Time to Complete" for the MD degree will be reviewed by the Registrar and the Promotions and Progress Review Committee, with enough notice to enable the student to complete the requirement by the end of "Time to Complete". Exceeding these limits in the duration of medical education program may result in dismissal from the program, or the requirement to repeat some or all courses falling outside the specified limits of time.

Policy contact: Chair, Promotions and Progress Review Committee

Policy on Oversight and Approval of Extramural Electives

PURPOSE

The XUSOM, Aruba has the responsibility to screen all extramural electives to ensure student safety by assessing potential risks to the health and safety of patients, students, and the community; the availability of emergency care; the possibility of natural disasters, political instability, and exposure to disease; the need for additional preparation prior to, support during, and follow-up after the elective; the level and quality of supervision; and any potential challenges to the code of medical ethics adopted by the home institution. To this end, the following policies and procedures will guide the oversight and approval of extramural electives.

POLICIES AND PROCEDURES:

Students are permitted to take certain electives at non-XUSOM Affiliated institutions. These electives may be completed during the during the clinical years of our curriculum. To receive credit, the school must provide oversight and final approval of these electives.

Applications for all extramural electives must be completed via the SMS

EXTRAMURAL ELECTIVES

1. Students must request permission for extramural electives at least 3 months prior to the first day of the elective. Students must provide a course description and Syllabus to the clinical dean be considered for approval.
2. The XUSOM will only approve electives taking place in a safe, academic or clinical environment. The XUSOM will not approve electives where the safety of students or patients is at risk including if the area is usually prone to natural disasters, poor availability of emergency care, political instability, exposure to disease (more than the expected at any clinical site), the level or quality of supervision is inconclusive or if there seems to be any potential challenges to the code of medical ethics.

STUDENT SAFETY

For extramural, the XUSOM requires an affiliation letter or agreement stipulating that the host institution is expected to commit to and provide evidence of:

1. Mechanisms in place to ensure student and patient safety: The elective is not in an area prone to natural disaster, political instability or on highly infectious environment.
2. System for level supervision that is adequate and appropriate.
3. Availability of emergency care. The tenets of professional ethical conduct endorsed by the host institution and its clinical sites.

STUDENT AND ELECTIVE ASSESSMENT

1. Student evaluations by faculty must be filled out in the approved XUSOM Student Evaluation Form and returned, directly from the host-institution, in either hardcopy or electronic format, to the clinical dean's office. Evaluations handed in by the student will not be accepted.
2. Students will be required to fill out an Extramural Course Evaluation at the end of rotation. The School of Medicine uses evaluation data provided by participating students to assess elective experiences in an ongoing fashion.

Note: Extramural electives include both U.S. and international (non-U.S.) rotations. International electives are subject to additional institutional limitations, including a maximum of 8 weeks and up to two electives, and require prior approval by the Dean.

Policy on Authoring of Medical Student Performance Evaluation

PURPOSE

Medical students should be provided with an option for having an alternate person prepare their MSPE.

POLICY and PROCEDURES

Each medical student's Medical Student Performance Evaluation (MSPE) will be written by the Dean/ Assistant Dean during the summer beginning the final academic year of medical school. The Dean has no role in summative assessments during medical school.

If a medical student does not want their assigned Dean to write their MSPE, the student must notify the Dean for Student Affairs and the registrar of their request for a different MSPE author by May 1 of the year in which the MSPE is to be written. To provide the student with someone who is experienced in writing an MSPE, the Assistant Dean of Student Affairs will assign a different Dean to author the student's letter. The student will be notified of the assignment and work with that Dean in the letter creation and review.

A student has right to review MSPE, and has right to challenge and request correction of the MSPE.

To request a review or inquire about their MSPE, the student must contact the Dean of student's affairs or Clinical Dean. A meeting is set between the student and one of the above designees. The CAO grants final approval of any challenges to information on the MSPE. All XUSOM Students are required to review their MSPE before submission to ERAS.

SCOPE

This policy applies to:

- Medical students
- Deans
- Dean for Student Affairs

POLICY CONTACT

Dean of Student Affairs

REFERENCES

LCME Element 11.1 Academic Advising: A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, course and clerkship directors, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or promotion decisions about them.

APPROVALS

Faculty Senate

CAO, XUSOM, Aruba

Date

13th Aug 2021

Academic Integrity Policy

Purpose

For the Xavier University School of Medicine to maintain its standards of academic integrity, it is important to hold students accountable to the highest standards of ethical behavior.

Policy

Students play an active role in their own education and the care of patients, and each student bears responsibility for their own work and behavior. A student who commits any act of academic dishonesty, including knowingly helping another student to commit such an act, or failing to report when another student has committed such an act, is deemed to have violated this policy and is subject to disciplinary action.

Scope

This policy applies to all medical students.

Policy Violations

The following conduct is prohibited by this policy:

Any action or attempted action that may result in creating an unfair academic advantage for oneself or an unfair academic advantage or disadvantage for another member or members of the academic community. This includes a wide variety of behaviors such as cheating, plagiarism, altering academic documents or transcripts, gaining access to materials before they are meant to be available, helping another individual to gain an unfair academic advantage, and research misconduct.

Note also that students are required to report known or suspected academic misconduct.

Procedure

If a student is suspected of academic misconduct, the faculty member responsible for the course in which the misconduct allegedly occurred must, if feasible, review the facts of the case promptly with the student. If the faculty member believes that academic misconduct has occurred, the faculty member must first contact the relevant dean (Dean for Basic sciences or dean of clinical sciences) to determine whether the offense is a first offense, or a second or subsequent offense. If a first offense, the faculty member may – in consultation with the dean – choose to resolve the case directly with the student in accordance with this section (i.e., the faculty

member and student may reach an agreement on the resolution of the alleged misconduct. Note, neither the faculty member nor the student is obligated to resolve an allegation of academic misconduct under this section). If such an agreement is reached, the faculty member must promptly provide the student with a letter outlining the resolution that includes the charges, a summary of the evidence, the findings, and the sanctions agreed upon, and must also simultaneously provide a copy of that letter to the dean as noted above.

The faculty member may also decline this option and defer to the dean. If the faculty member attempts to resolve the case directly but cannot reach an agreement with the student (e.g., the student denies cheating or the student does not agree with the proposed sanction, etc.); if the offense is a second or subsequent offense; or if in the case of a first offense, the faculty member believes that the sanction warranted is more severe than failure in the course, the faculty member must promptly notify the dean in writing of the alleged violations, evidence, including potential witnesses, and other pertinent details of the case. In such instances, the case will proceed to the next phase of resolution as outlined below.

Hearings

The relevant dean will be assigned to gather information regarding the alleged academic misconduct to determine the appropriate means of resolution. The dean may dismiss a case for a lack of sufficient information or if the alleged conduct does not fall within conduct prohibited by this policy. Absent these circumstances, the case will be resolved as explained below.

The dean will, after the initial inquiry, meet the respondent. The dean may also meet with witnesses and others involved and obtain and review relevant evidence. The dean will review the allegations and evidence with the respondent and give the respondent an opportunity to respond. The dean will determine based on preponderance of the evidence whether the respondent is responsible for the alleged policy violation(s), and, if so, issue (an) appropriate sanction(s).

Appeals

The respondent may appeal against the sanction(s) made by the Dean. A respondent must file any appeal within five (5) days of the date of the notice of outcome.

Any appeal must be filed in writing with the Chief Academic Officer. The decision made by the CAO is final.

Sanctions

The following factors may be considered in the sanctioning process:

1. the specific academic misconduct at issue;
2. the student’s academic misconduct history; and
3. other appropriate factors.

The following is a list of possible sanctions. The conditions related to the sanction will depend on the specific facts and circumstances of each case and is under the discretion of the Dean who provides the sanction.

1. Formal Warning: The student is notified in writing that his or her actions constitute a violation of this policy, and may be subject to other actions (e.g., re-taking an exam or failure in a course).
2. Probation
3. Suspension
4. Expulsion

Records

Academic sanction given to the student will be recorded in the student's file.

Policy contact: Dean of Student Affairs

Updated: December 2021

Policy on Continuous Quality Improvement

POLICY STATEMENT

As part of commitment to the highest standards of quality, XUSOM will engage in a process of continuous quality improvement (CQI) to ensure that the medical education program activities and the administrative activities align with the XUSOM's mission, vision, goals and Strategic Plan, and to ensure compliance with accreditation standards.

PURPOSE

1. This policy ensures that the Xavier University School of Medicine is engaging in a continuous and intentional process aimed at supporting medical educational program improvement and ensuring a positive outcome during accreditation review.
2. To describe the processes that will be used, the frequency of monitoring, and the committee responsible for managing the process and receiving/acting upon the results.
3. This policy also ensures the medical school complies with Accreditation Commission on Colleges of Medicine (ACCM) standards for Continuous Quality Improvement.
4. To ensure that all of the above supports the XUSOM's achievement of its programmatic and institutional goals and objectives.

SCOPE

1. Continuous Quality Improvement efforts related to the educational mission of the school are the responsibility of the CARQI Committee who are under the purview of the Chief Academic Officer.

2. All employees, faculty, administrators, support staff, and non-employees are responsible for complying with this policy and, when appropriate, participating in the CQI process.

PROCEDURES

Monitoring of XUSOM's medical education program will occur regularly. Areas of monitoring include, but are not limited to:

1. Engage in ongoing monitoring of ACCM accreditation standards
2. Coordinate quality improvement initiatives associated with deficiencies in meeting ACCM standards
3. Identification of risk areas based on current ACCM Standards
4. Ongoing citations of Standards from prior accreditation visits
5. Institutional strategic plan objectives that impact the medical education program, services, or resources in such instances where they overlap or align with accreditation standards

Policy Contact: Chair, CARQI Committee

Approved in the Faculty Senate: January 2020

Updated: August 2021

Exposure to Infectious and Environmental Hazards Policy

Purpose

The purpose of the Medical Student Exposure to Infectious and Environmental Hazards Policy is to promote the health, safety, and well-being of medical students. This policy establishes XUSOM requirements for preparing, preventing, and responding to exposure incidents, and ensures that the MD program meets the following ACCM accreditation standards:

10.2.7. Medical students may be exposed to infectious and environmental hazards during their educational program. The school has a policy in place that informs all students about methods of prevention, the procedures for care and treatment to be followed after potential exposure BEFORE undertaking any educational activities that would place them at risk. The school also informs students who may have an infectious/environmental disease or disability of any implications for their educational activities.

Principles

XUSOM acknowledges that its faculty, staff, and students can be exposed to infectious and environmental hazards. As such, the development and implementation of this policy is guided by the principles of preparedness and safety.

Definitions

Exposure Incident: refers to an injury or exposure to an infectious and environmental hazard.

Scope of this Policy

This policy applies to all students applying to or registered in the MD program, faculty and staff at XUSOM irrespective of the geographically distributed site to which they are currently located.

Policy and procedures:

1.0 Preparedness of students: Education and Training

The faculty will provide education and training to all students in appropriate methods to prevent the transmission of communicable diseases, including blood-borne pathogens, that is consistent with the CDC's guidelines for standard and additional precautions.

Medical students should be introduced to the concepts of infectious and environmental hazard, prevention, and control in their basic science of MD program. Furthermore, medical students should be educated in universal precautions and techniques for infectious and environmental hazards prior to beginning clinical rotations.

The students starting clinical rotations should complete Blood borne Pathogen Certification - Annually

The following are the certifications that students are required to complete:

For OSHA:

https://www.cprtoday.com/course_outline.php

For Infection Control:

https://blxtraining.com/courses/infection-control/

Additional student self-study is encouraged via the following internet sites:

CDC infection control: Guidelines & Guidance Library

https://www.cdc.gov/infectioncontrol/guidelines/index.html

2.0 Prevention of Environmental Hazards

Medical students can be exposed to infectious and environmental hazards. They are expected to take reasonable precautions to avoid environmental hazards and take appropriate preventative measures (Universal precautions) to protect themselves and from infectious disease.

It is the responsibility of all faculty, staff, and medical students to notify the Deans in a timely manner of the existence of any infectious or environmental hazards that might affect the medical students, other faculty or staff.

Universal Precautions

As students enter patient care settings, it is important for students to establish common sense habits to protect themselves and their patients from the spread of infectious agents. The commonly used term for the methods used is universal precautions – universal in that one uses these precautions with all patients, not just those with known or suspected infectious disease. The agents associated with many infectious diseases are transmitted by superficial physical contact; others require intimate contact with blood or other body substances (e.g. Hepatitis B and C, HIV).

All students enrolled in the XUSOM must complete the school's program on universal precautions. The purpose of this program is to ensure that students have been informed of the appropriate handling of blood, tissues, and body fluids during medical school. Opportunities for training in universal precautions are included as part of a required pre-orientation online session, all clinical courses and experiences, and all required clerkships. As part of professional development, students are responsible for incorporating these into routine practice while in patient care situations, and for being certain they understand what is available at each hospital.

The following precautions are to safeguard both students and patients, and are appropriate for the level of patient contact starting in basic science of the curriculum:

- Immunizations: Required for matriculation into medical school are the vaccine recommendations according to CDC.
- Hep. B vaccine: Students are Obligated to comply with hepatitis B immunization policies and requirements as outlined by the Immunization policy. This policy requires that all students receive the hepatitis B vaccine and test positive on the subsequent quantitative serology titer. Further testing is provided for those students who still do not respond to a second series of the vaccine.
- Students are mandated to comply with the Communicable Disease Protocol according to the most current CDC recommendations.
- Required to use standard precautions and additional practices in order to prevent the spread of blood-borne pathogens and other infections.
- Routine hand washing: Hand washing is performed frequently to protect both patients and health care workers. Hands are washed before and after touching patients, performing invasive procedures, and eating; hands are also washed after glove use, working with bodily substances, using the toilet, and the computer. Skin is a natural barrier to infectious agents, and products that protect and promote skin integrity can be used. It is important to establish the practice of hand washing upon entering a patient's room, before touching the patient, when leaving, and before eating.

Additional precautions that may be required in specific clinical settings include:

- Barrier protection
- Gloves are worn for anticipated contact with all body substances and are changed between patients.
- Gowns and/or plastic aprons are used to cover areas of the skin or clothing that are likely to become soiled with body substances.
- Facial barriers, including masks, glasses/goggles and face shields are worn whenever splashing or splatter of body substances into the mouth, nose, or eyes is likely to occur. Specialized masks and individual respiratory devices are also used for certain airborne diseases such as meningococcal meningitis and tuberculosis.
- Other barriers such as hair covers, shoe covers, and boots may be used when extensive exposure to body fluids may occur. (e.g., cystoscopy, vaginal delivery, multiple trauma).
- Sharps management: Sharps management refers to safe use of sharp agents such as needles, scalpel blades, etc. Dispose of them in appropriate rigid, impervious containers, and learn to handle them safely.

The healthcare environment may cause students to be exposed to airborne infectious conditions. Students receive training during orientation and annually thereafter regarding the use of particulate respirator masks to decrease the likelihood of exposure.

Radiation Precautions

- Ionizing radiation is produced during the performance of many diagnostic imaging studies. Students should make an effort to minimize their exposure to ionizing radiation through time, distance and shielding.

- Time: Seek to minimize the amount of exposure to ionizing radiation. Pay special attention to exposure during procedures using fluoroscopy.
- Distance: When ionizing radiation is in use, stay as far away from the source as practical.
- Shielding: Always make use of any physical barriers (lead glass, lead aprons) that are available.
- Ionizing radiation presents special hazards to developing fetuses. Pregnant students should consult with the Deans for further guidance.

3.0 Exposure to Environmental Hazards

Medical students in basic science who experience an exposure incident should notify the Deans in a timely manner. Further as suggested by the deans, a timely follow-up has to be done directly to the deans.

Medical students in clinical rotations who experience an exposure incident should follow the reporting and follow-up requirements of the relevant hospital environmental health and safety policies then in effect.

Protocol

This serves to instruct students about what to do in case of a bodily substance (blood, tissue, or body fluids) exposure, e.g. a needle stick, or an environmental exposure (e.g., a spill, solvents, radiation), including how to receive appropriate counseling and prophylactic treatment:

Exposure Instructions:

- DO NOT PANIC: Needle stick and other types of exposures are common, and risks can be appropriately mitigated.
- Time matters so proceed swiftly as follows.
- Remove all soiled clothing.
- Wash wounds and skin with soap and water (>5 minutes).
- Flush mucous membranes copiously with water (>2 minutes).
- Write down the following information on “source patient:” Name, hospital or clinic number, date of birth, and patient location.
- Notify supervising physician/clinical preceptor/Program director, deans, and CAO.
- Report to Occupational Health/Emergency Department for blood/body fluid exposure for:
- Risk assessment of exposure
- Baseline laboratory work
- Occupational health evaluation of “source” patient
- Institution of post- exposure prophylaxis (PEP) if appropriate (within one to two hours of exposure).

Students should follow up as directed by their treating healthcare provider. Ongoing follow up may take place at the initial treating facility or the student may be referred to a healthcare provider with expertise in infectious disease.

All students who experience an injury or exposure at a clinical site must submit appropriate documentation to the Office of Student Affairs as soon as possible. Students should not delay prompt evaluation and treatment to complete paperwork.

4.0 Reporting of Environmental Hazards

Medical students are required to disclose, as per school policy, if they are potentially exposed to a blood-borne pathogen in a clinical setting and provide a blood specimen if indicated.

In addition to the complying with the local authority reporting requirements, medical students who experience an exposure incident should also submit an Incident Report the Clinical chairs, Deans, and the CAO. The students at the clinical rotation should follow the reporting requirements of the respective hospitals.

Contact:

- Dr. Sabin Kumar, Dean of Student affairs: sabinmd@xusom.com
- Dr. Ahmad Abazid, Dean of Clinical Sciences: abazidmd@xusom.com
- Dr. Dubey, CAO: dubeymd@xusom.com

Students are ethically and professionally responsible for knowing their serological status with respect to blood-borne pathogens and to inform the Deans if they are positive for a blood-borne pathogen infection.

The faculty and administration should maintain confidentiality to the greatest extent possible regarding information disclosed by students concerning their serological status and disclose relevant information only with appropriate consent.

The deans/CAO may set up an Expert Review Panel for guidance, keeping the name of the student confidential. Disclosure may be necessary if there is reason to believe that the infected individual has declined or has failed to follow the provisions of this policy in regards to personal notification of appropriate personnel or fails to respond within a reasonable amount of time to a recommendation that they personally notify the person in charge of a particular clinic or department.

5.0 Effects on Medical Student Learning Activities

Students are expected to be in a state of health such that they may participate in the academic programs, including patient care, without posing a risk to themselves of others.

Medical students whose learning activity is interrupted as a result of an exposure incident should contact the Deans as soon as possible. Upon verification, the Chair in collaboration with the Deans should communicate with related faculty regarding the medical student's absence and, where necessary, to accommodate an alternative educational or clinical activity.

Fitness for Clinical Contact

Students are professionally and ethically obligated to inform the deans of any blood-borne infection.

The opportunity to participate in direct patient care carries with it the responsibility to ensure that patients are not placed at risk due to a student’s mental illness, physical illness, or impairment from drugs or alcohol.

It is the responsibility of faculty, residents, medical students, and XUSOM staff members who know of or observe student behavior that has the potential to place a patient, other medical students, staff or the student him/herself at risk to immediately report the concern to the course or clerkship director and the Deans.

XUSOM educates future physicians while adhering to procedures established by the Centers for Disease Control to maintain the health and safety of patients while protecting the personal rights of students with contagious infections and/or diseases. The School, in consultation with the clerkship directors, monitors, and, when appropriate, modifies clinical activities of infected students who may pose unwarranted risks to patients. Infections that must be reported to the clerkship director and the deans include, but are not limited to: viral

hepatitis, HIV/AIDS, varicella, rubeola, mumps, rubella, influenza, acute bacterial conjunctivitis, pertussis, tuberculosis and scabies. In all instances, every effort is made to maintain the integrity and equivalency of the student's modified educational experience.

Medical students infected with blood-borne pathogens:

May pursue their studies only as long as their continued involvement does not pose a health or safety hazard to themselves or others. It is expected that all students can be accommodated as needed with some modification to their program of study to reduce the risks of blood-borne pathogen transmission.

Will have their condition reviewed and monitored by an Expert Review Panel at the request of the Deans/CAO.

May have clinical duties or clinical exposure modified, limited or abbreviated based on recommendations from an Expert Review Panel as outlined in the CDC guidelines – particularly as it relates to the performance of exposure prone procedures and the status of the blood borne infection (e.g. viral loads etc.).

Required to immediately disclose if they accidentally expose a patient to their blood-borne pathogen in a clinical setting. Pre-notification to patients is neither suggested nor required.

Must be offered advice and counseling that will assist them regarding clinical practice and career choices.

Have the right to appeal decisions made by the Deans or Expert Panel by submitting, in writing to the Grievances Committee, a proposed amendment to the decision and the rationale supporting such amendment. The student may submit additional documentation from their personal physician or other health care provider in support of their appeal. In the case where the student's appeal is denied by the Grievances Committee, the student may appeal to CAO.

6.0 Financial Responsibility

Financial costs for investigations, post-exposure prophylaxis, and ongoing treatment should the consulting Infectious Diseases physician deem it warranted, will be covered via the health insurance plan or borne by the student.

7.0 Administration Responsibilities

The Deans and CAO, are responsible for providing oversight to the overall administration of the Medical Student Exposure to Infectious and Environmental Hazards Policy at XUSOM. They are also responsible for the implementation, monitoring, maintenance, and evaluation of the Medical Student Exposure to Infectious and Environmental Hazards Policy. This includes the development and stewardship of the standard operating procedures associated with this policy.

Handbook and By-laws Committee is responsible for evaluating, reviewing, and updating this policy every three years.

8.0 Non-compliance

Instances or concerns of non-compliance with the Medical Student Exposure to Infectious and Environmental Hazards Policy should be brought to the attention of the Deans and the CAO.

Policy Contact: Dean of Student Affairs

Policy updated: December 2021

Social Media Policy

Purpose

Social-media offers valuable opportunities for collaboration, education, and communication. However, it also poses risks related to professionalism, confidentiality, and reputation management. This policy provides clear guidance for students of Xavier University, including those enrolled in the MD, Veterinary Medicine, Pre-Med, and Nursing programs, to use social media responsibly in alignment with the ethical standards of their respective professions and the values of the university.

Scope

This policy applies to all Xavier University students- Med, Veterinary, Premed and Nursing, and covers all online platforms, including but not limited to Facebook, Twitter, Instagram, LinkedIn, YouTube, WhatsApp, TikTok, blogs, forums, and professional networks.

General Principles

1. **Professionalism**
    - Students are expected to adhere to the highest standards of professionalism on all social media platforms.
    - Content shared online must align with the principles outlined in relevant professional guidelines such as but not limited to, the *American Medical Association Code of Medical Ethics* and the *Medical Council of Canada Professional Expectations for Physicians and Learners, American Veterinary Medical Association and American Nurses Association*.
2. **Confidentiality**
    - All patient or client-related information, whether anonymized or not, is strictly confidential and must never be disclosed online. This includes human patients and veterinary clients.
    - This policy aligns with the Health Insurance Portability and Accountability Act (HIPAA) and similar privacy standards globally.
3. **Integrity and Respect**
    - Students must communicate respectfully and avoid any language or content that could be interpreted as discriminatory, harassing, defamatory, or otherwise harmful.
4. **University Representation**
    - The use of XU's name, logo, or imagery on personal social media accounts must be pre-approved. Students must not imply that their personal views are endorsed by the university.

Prohibited Activities

1. **Fake Accounts and Fraudulent Representation**
    - Students are strictly prohibited from creating or managing fake social media accounts that misrepresent or impersonate Xavier University.
    - Any such cases will be investigated and prosecuted to the fullest extent applicable by law.
    - Students found guilty of creating fake accounts will be responsible for all associated costs of the investigation, including legal fees.
2. **False and Disparaging Remarks**
    - Students are strictly prohibited from using social media to spread false information or make disparaging remarks about XU's board, faculty, clinical preceptors, or staff.
    - Such actions are considered severe violations of this policy and may result in disciplinary measures.

3. **Patient Information**
    - Sharing any information, photos, or case details from clinical or veterinary settings is strictly prohibited, even if patient or client identifiers are removed.
4. **Unprofessional Content**
    - Posting offensive material, participating in heated online arguments, or sharing misinformation is not permitted.
5. **Academic Dishonesty**
    - Do not share exam questions, answers, or other academic materials online.
6. **Unauthorized Use of University Branding**
    - Using XU's logo or other official materials for personal purposes without permission is prohibited.

Guidelines for Social Media Use

1. **Educational and Professional Content**
    - Social media can be used to share academic achievements, engage in medical education, and participate in professional discussions.
    - Cite credible sources when sharing medical information, ensuring compliance with evidence-based practices.
2. **Personal and Professional Boundaries**
    - Maintain separate personal and professional accounts to avoid conflicts of interest.
    - Avoid friending or following patients on personal social media accounts to maintain professional boundaries.
3. **Privacy Settings**
    - Regularly review and update privacy settings to control the visibility of your content.
    - Be aware that "private" posts can still become public through screenshots or sharing by others.
4. **Avoidance of Plagiarism**
    - Always credit original authors when sharing articles, graphics, or other media.

Enforcement and Disciplinary Action

Violations of this policy will be addressed through the following steps:

- **Investigation:** The university will investigate reported violations.
- **Disciplinary Measures:** Depending on the severity of the violation, consequences may include:
    - Formal warnings or reprimands.
    - Probation, suspension, or dismissal from the academic program.
    - Reporting violations to medical licensing or professional organizations.
    - Legal action in cases involving fake accounts or false and disparaging remarks.

Students found responsible for violations requiring legal action will bear the full costs of investigations, including legal fees.

References to Professional Guidelines

This policy is informed by and aligned with the following professional guidelines:

1. American Medical Association (AMA):
    - Code of Medical Ethics on Social Media Use
2. Canadian Medical Protective Association (CMPA):
    - Social Media Guidelines for Physicians
3. Federation of State Medical Boards (FSMB):
    - Model Guidelines for the Appropriate Use of Social Media
4. World Medical Association (WMA):

    - Declaration of Geneva: Medical Professionalism in the Digital Age
5. American Association of Colleges of Nursing (AACN):
    - Professionalism
6. American Veterinary Medical Association (AVMA):
    - Social Media Policy
    - Code of Conduct
7. **Canadian Veterinary Medical Association (CVMA):**
    - Guidelines for Professional Conduct
8. **Nursing and Midwifery Council (NMC):**
    - Code of Conduct

Acknowledgment of Policy

By enrolling in any program at Xavier University: MD, Veterinary Medicine, Pre-Med, or Nursing, students acknowledge and accept the terms outlined in this Social Media Policy. It is the responsibility of each student to familiarize themselves with these guidelines and ensure their adherence. Non-compliance may result in disciplinary action, as detailed above.

Policy contact

Dean of Student Affairs, Xavier University, Aruba

Updated: 16 Jan 2025

Policy on Review of Academic Performance and Grade Appeal

Policy on Review of Academic Performance and Grade Appeal

Purpose

To ensure transparency, fairness, and due process, Xavier University School of Medicine (XUSOM) provides students with the opportunity to review their academic performance and to appeal examination results or final course/clerkship grades when warranted.

Policy Statement

XUSOM permits medical students to review their academic records and performance in all required courses and clerkship rotations. Students may request clarification, correction of records, or formal review of grades in accordance with established procedures. All processes are conducted in a timely, confidential, and impartial manner.

Procedures

1. Review of Academic Performance

Students may request to review their examination performance, course assessments, or clerkship evaluations by submitting a written request to the appropriate Dean (Dean of Basic Sciences for preclinical courses; Dean of Clinical Sciences for clerkships).

- Requests must be submitted within **45 days** of grade release.

- Upon receipt of the request, the Dean (or designee) will schedule a review session within a reasonable timeframe.
- The review may include inspection of answer sheets, performance reports, and evaluator feedback, as applicable.
- For NBME examinations, review is limited to score reports and performance profiles in accordance with NBME policies.

2. Correction of Academic Records
If a student identifies a potential error in academic records, a written request must be submitted specifying the nature of the discrepancy and the proposed correction.

- The relevant faculty member/course chair will verify the concern.
- If validated, corrections will be processed through the Registrar's Office with appropriate documentation.

3. Grade Appeal Process
Students who believe that a grade has been assigned in error or in a manner inconsistent with stated evaluation criteria may initiate a formal appeal.

- The appeal must be submitted in writing within **10 working days** of the grade review.
- The appeal should clearly state the grounds (e.g., calculation error, procedural irregularity, inconsistency with grading rubric).
- The Course or Clerkship chair will conduct an initial review.
- If unresolved, the appeal will be escalated to the respective Dean.
- A final review may be conducted by the Deans, who submit recommendations to CAO, whose decision shall be final.

4. Confidentiality and Fairness
All review and appeal processes are conducted confidentially. Students will not be subject to retaliation for requesting a review or submitting an appeal.

5. Documentation and Record Keeping
All requests, decisions, and actions taken under this policy are documented and maintained by the Office of the Registrar and relevant academic offices.

Policy contact: Dean of Student Affairs

Policy on the Responsible Use of Artificial Intelligence (AI)

1. Purpose

Xavier University School of Medicine (XUSOM) recognizes that Artificial Intelligence (AI) technologies are increasingly integrated into healthcare, medical education, research, and clinical practice. The purpose of this policy is to promote the ethical, responsible, and professional use of AI while preserving academic integrity, critical thinking, patient confidentiality, and professional accountability.

This policy aligns with the principles of professionalism, evidence-based medicine, and lifelong learning expected of physicians and is informed by emerging guidance from the Association of American Medical Colleges (AAMC).

2. Guiding Principles

The use of AI within the MD Program shall be guided by the following principles:

1. Human Accountability
2. Academic Integrity
3. Transparency
4. Critical Evaluation
5. Confidentiality and Privacy
6. Professionalism

3. Definition

Artificial Intelligence (AI) refers to computer-based systems capable of generating text, images, audio, code, analyses, or recommendations based on user inputs.

Examples include, but are not limited to:

- Generative AI platforms (e.g., ChatGPT, Gemini, Claude, Microsoft Copilot)
- AI-assisted writing and editing applications
- AI-powered study and tutoring platforms
- AI-generated image or presentation tools
- AI-assisted data analysis applications

4. Permitted Uses

Students may use AI as a supplemental educational tool for:

- Explaining concepts and terminology
- Creating study guides and summaries
- Generating practice questions and mnemonics
- Organizing study schedules and learning plans
- Improving grammar and readability
- Assisting with literature summaries and data organization under faculty supervision
- Preparing presentations and developing communication skills

All AI-generated information must be independently reviewed and verified for accuracy.

5. Prohibited Uses

Unless expressly authorized by the course director or instructor, students shall not:

Academic Misconduct

- Submit AI-generated work as original work
- Use AI during examinations, quizzes, OSCEs, or assessments where unauthorized assistance is prohibited
- Fabricate references, citations, data, or sources
- Use AI to circumvent learning objectives

Clinical and Patient Information

- Enter identifiable patient information into public AI systems
- Upload patient records, images, laboratory reports, or protected information to external AI platforms
- Substitute AI-generated information for independent clinical reasoning

Professional Misconduct

- Misrepresent AI-generated content as personal work or expertise

- Generate false documentation or academic records
- Engage in plagiarism, collusion, or other forms of academic dishonesty

6. Use of AI in Assessments

Unless explicitly permitted by the course director:

- Examinations, quizzes, practical examinations, OSCEs, and graded assignments shall be completed independently.
- Unauthorized use of AI may constitute academic misconduct.
- Faculty may specify assignments in which AI use is permitted, restricted, or prohibited.

Course-specific instructions supersede this policy.

7. Disclosure Requirements

When AI use is permitted, students should appropriately acknowledge its use.

Example:

"Artificial intelligence software was used to assist in generating an outline and improving grammar. All content was reviewed and independently verified by the student."

The extent of disclosure may vary according to course requirements.

8. Confidentiality and Data Protection

Students shall not:

- Upload identifiable patient information to public AI systems;
- Upload confidential institutional documents or examination materials;
- Share protected information that may compromise privacy, security, or intellectual property.

Students are expected to comply with all applicable privacy laws, institutional policies, and professional standards concerning confidentiality and data protection.

9. Faculty Responsibilities

Faculty members should:

- Clearly communicate expectations regarding AI use in their courses;
- Specify whether AI use is permitted, restricted, or prohibited;
- Design learning activities that promote critical thinking and authentic engagement;
- Educate students regarding the limitations, biases, and ethical considerations associated with AI technologies.

10. Violations

Violations of this policy may constitute academic misconduct and may result in:

- Educational remediation;
- Assignment or examination failure;
- Referral to the Student Promotions Committee or Student Professional Conduct Committee;
- Disciplinary action in accordance with University policies and the Student Handbook.

11. Future Physician Responsibilities

Students are expected to:

- Understand the capabilities and limitations of AI technologies;
- Exercise independent professional judgment;
- Verify AI-generated information using reliable evidence;
- Protect patient confidentiality and institutional information;
- Use AI in a manner that promotes patient safety, ethical practice, and professional integrity.

12. Policy Review

This policy shall be reviewed at least annually by the MD Curriculum Committee and revised as necessary to reflect emerging educational practices, technological developments, professional guidance, and accreditation expectations.

Disclosure Statement

Generative Artificial Intelligence (AI) tools were utilized to support the development and drafting of this policy document. The final content was reviewed, revised, and approved by the appropriate University authorities and reflects the policies and positions of Xavier University School of Medicine.

Approved By: MD Curriculum Committee and Faculty Senate
Responsible Office: Curriculum Committee
Policy Contact: Chair, Curriculum Committee
Xavier University School of Medicine
Email: mhansdamd@xusom.com

Section VIII: Appendices

Formal complaint form against Discrimination

Formal complaint form against Discrimination

(To be filed within ninety (90) days of the alleged occurrence)

1. Name of Complainant:

2. Department:

3. Today's Date:

4. Name of person (s) accused of the alleged occurrence:

5. Department:

6. Date of alleged occurrence (Write the day, date, time and location):

7. Name of Person(s) who witnessed alleged occurrence:

8. Please write a detailed description of the occurrence:

9. What remedy are you seeking?

Suicide Prevention and Awareness Program

Working group:

1. Dr. Chandra Mouli Krishna Kotakala, Suicide Prevention Coordinator and Assistant Dean of Student Affairs.
2. Dr. Gopi Kumar M S, Dean of Basic Sciences
3. Dr. Arun Kumar Mohan, Dean of Student Affairs

Introduction:

The death of a medical student by suicide is devastating, shocking, and stressful to all the people involved. It is estimated that about 300-400 physicians kill themselves every year, a rate double that of the general population. Xavier University School of Medicine (XUSOM), Aruba acknowledges the seriousness of the suicide threat among Medical Students and Physicians. Protecting the health and well-being of the student community is an important mandate and an ethical imperative for XUSOM.

Because it is impossible to predict when a crisis will occur, preparedness is necessary. Furthermore, prevention programs and policies can help to deter suicide. Suicide is preventable, and we acknowledge that the deans, faculty, mentors, peers, and staff of XUSOM play a key role in its prevention.

It is important to have procedures and protocols for prevention of suicide and early identification of suicide risk among XUSOM students. It is likewise important to have programs in the curriculum that address and destigmatize suicide-related concerns. This document provides guidelines and a program design to facilitate increased awareness of suicide risk and prevention within the XUSOM community.

To address these important issues, XUSOM formed a working group consisting of its deans, experts in medical education, clinicians, psychologists and psychiatrists. Their collaboration resulted in the creation of this document in service of the prevention of suicide among medical students.

The guidelines and program design contained in this document were developed by examining the American Foundation for Suicide Prevention resource, “Model School District Policy on Suicide Prevention”[1] and the Healer Education Assessment and Referral Program, based at the University of California San Diego.[2] XUSOM ensures that these guidelines and the program design are in line with the latest research in the field of suicide prevention and embody best practices to ameliorate the risk of suicide.

Purpose

The purpose of this policy is to protect the health and well-being of all medical students at XUSOM by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

Xavier University School of Medicine:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation
- Recognizes that the rate of suicide is higher among physicians and medical students than in the general population
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide among its medical students
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components

This policy is meant to be paired with other policies supporting the overall emotional and behavioural health of students.

Scope

This policy covers actions that take place in the school and at school-sponsored functions and activities.

This policy applies to the entire school community, including faculty, staff, students, and parents/guardians.

This policy also covers appropriate school responses to suicidal or high-risk behaviours that take place outside of the school environment.

Prevention

Policy Implementation

- A Suicide Prevention Coordinator shall be appointed by the CAO or designee.
- The Suicide Prevention Coordinator shall be responsible for planning and coordinating implementation of this policy.
- All faculty and staff members shall report students they believe to be at-risk for suicide to the school Suicide Prevention Coordinator.

Staff Professional Development

- All the faculty and staff shall receive, at minimum, annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding medical student suicide prevention.
- The professional development shall include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.
- Additional professional development in risk assessment and crisis intervention shall be provided.

Medical Student Suicide Prevention Programming

- Student-centred education materials shall be integrated into the curriculum across all the semesters.
- Additional small group discussion sessions will be designed and administered as a part of the curriculum. Administering large group sessions in the auditorium, rather than these small group sessions, is to be avoided.

- Minimum of one lecture every year will be delivered to the students.
- The content of these materials/lectures/small group sessions shall include the importance of safe and healthy choices and coping strategies focused on resilience building, and how to recognize risk factors and warning signs of mental health conditions and suicide in oneself and others. The content shall also include help-seeking strategies for oneself and others, and how to engage school resources and refer friends for help.

Publication and Distribution

- This policy shall be distributed to the student at the time of enrolment into XUSOM and be included in the student and teacher handbooks, and on the school website.
- All school personnel are expected to know and be accountable for following all policies and procedures regarding suicide prevention.

Validation of Knowledge, Attitude, and Practices

- Knowledge, attitude, and practices will be assessed by questionnaire on an annual basis for all administrators, faculty, staff, and students of XUSOM.

Intervention

Assessment and Referral

- When a student is identified by a peer, educator, or other source as potentially suicidal (i.e., verbalizes thoughts about suicide, presents overt risk factors such as agitation or intoxication, an act of self-harm occurs, or expresses or otherwise shows signs of suicidal ideation), the student shall be seen by the Suicide Prevention Coordinator, faculty mentor, and/or psychological counsellor, within the same day to assess risk and facilitate referral if necessary.

For At-Risk Medical Students

- School staff shall continuously supervise the student to ensure their safety until the assessment process is complete.
- The CAO, deans and school Suicide Prevention Coordinator shall be made aware of the situation as soon as reasonably possible.
- The Assistant Dean of Student Affairs / Suicide Prevention Coordinator / CAO / deans shall contact the student's parent or guardian, as described in the Parental Notification Involvement
- Urgent referral may include, but is not limited to, working with the parent or guardian to set up an outpatient mental health or primary care appointment and conveying the reason for referral to the healthcare provider; in some instances, particularly life-threatening situations, the school may be required to contact emergency services, or arrange for the student to be transported to the local emergency department.

Engagement of Law Enforcement

- When a student is actively suicidal and the immediate safety of the student or others is at risk (such as when a weapon is in the possession of the student), school staff shall call 911 immediately.

- The faculty/staff calling shall provide as much information about the situation as possible, including the name of the student, any weapons the student may have, and where the student is located.
- School faculty/staff may tell the dispatcher that the student is a suicidal emotionally disturbed person, to allow for the dispatcher to send officers with specific training in crisis de-escalation and mental illness.

Parental Notification and Involvement

The Assistant Dean of Student Affairs / Suicide Prevention Coordinator / deans / CAO shall inform the student's parent or guardian on the same day, or as soon as possible, any time a student is identified as having any level of risk for suicide or if the student has made a suicide attempt (unless notifying the parent will put the student at increased risk of harm).

Following parental notification and based on initial risk assessment, the Assistant Dean of Student Affairs / Suicide Prevention Coordinator / deans / CAO may offer recommendations for next steps based on perceived student need. These can include, but are not limited to, an additional, external mental health evaluation conducted by a qualified health professional or emergency service provider.

Re-Entry Procedure

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), whenever possible, the Assistant Dean of Student Affairs / Suicide Prevention Coordinator / deans / CAO shall meet/discuss with the student's parent or guardian and, if appropriate, include the student to discuss re-entry. This meeting shall address next steps needed to ensure the student's readiness for return to school and plan for the first day back.

Following a student hospitalization, parents may be encouraged to inform the Assistant Dean of Student Affairs / Suicide Prevention Coordinator / CAO / deans of the student's hospitalization to ensure increase the likelihood of a successful re-entry.

- Any necessary accommodations shall also be discussed and documented.
- The student is required to submit a fitness certificate from psychological counsellor / psychiatrist.
- The Suicide Prevention Coordinator shall periodically check-in with the student to help with readjustment and address any ongoing concerns, including social or academic concerns.
- The administration shall disclose to the faculty and other relevant staff (without sharing specific details of mental health diagnoses) that the student is returning after a medically-related absence and may need adjusted deadlines for assignments.

In-School Suicide Attempts

In the case of an in-school suicide attempt, the physical and mental health and safety of the student are paramount. In these situations:

1. First aid shall be rendered until the patient is shifted to emergency
2. School faculty/staff shall supervise the student to ensure their safety
3. Faculty/staff shall move all other students out of the immediate area as soon as possible
4. Contact the student's parent or guardian (refer Parental Notification and Involvement).

Out-of-School Suicide Attempts

If a faculty/staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member shall:

1. Call 911 (police and/or emergency medical services)
2. Inform the student's parent or guardian (refer Parental Notification and Involvement)
3. Inform the school Suicide Prevention Coordinator, CAO and deans

If the student contacts the faculty/staff member and expresses suicidal ideation, the faculty/staff member shall maintain contact with the student (either in person, online, or on the phone) and then enlist the assistance of another person to contact the police while maintaining engagement with the student.

After a Suicide Death

Development and Implementation of a Crisis Response Plan

The crisis response team, led by a Suicide Prevention Coordinator/deans/CAO, shall develop a crisis response plan to guide school response following a death by suicide. This plan may be applicable to all suicides whether it be student (past or present), staff, or other prominent school community member. A meeting of the crisis response team to implement the plan shall take place immediately following word of the suicide death, even if the death has not yet been confirmed to be a suicide.

Action Plan Steps

Step 1: Get the Facts

- The cause of the death by suicide has to be confirmed before an announcement is made.
- If the cause of death has been confirmed as suicide but the parent or guardian prefers the cause of death not be disclosed, the school may release a general statement without disclosing the student's name.
- If the parents do not want to disclose cause of death, an administrator from the school who has a good relationship with the family shall be designated to speak with the parents to explain the benefits of sharing mental health resources and suicide prevention with students.
- If the family refuses to permit disclosure, the school may state "The family has requested that information about the cause of death not be shared at this time."

Step 2: Assess the Situation

- The crisis response team shall consider how the death is likely to affect other students, and determine which students are most likely to be affected.
- The crisis response team shall also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide.
- The crisis response team shall triage staff first, and all teachers directly involved with the victim shall be notified in-person and offered the opportunity for support.

Step 3: Share Information

- Inform the faculty and staff about the death in an all-staff meeting.
- The crisis response team shall provide a written statement for staff members to share with students and also assess staff's readiness to provide this message in the event a designee is needed.

Step 4: Avoid Suicide Contagion

- Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or batchmates), physical proximity (close friends) and pre-existing mental health issues or trauma.
- The crisis response team shall work with faculty to identify students who are most likely to be significantly affected by the death, or who exhibit behavioural changes indicating increased risk.
- In the faculty meeting, the crisis response team shall review suicide warning signs and procedures for referring students who present with increased risk.
- For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a non-judgmental, open way that encourages dialogue and help-seeking does not elevate risk.

Step 5: Initiate Support Services

- Students identified as being more likely to be affected by the death will be assessed by a psychologist to determine the level of support needed.
- The crisis response team shall coordinate support services for students and staff in need of individual and small group counselling as needed.

Step 6: Develop Memorial Plans

- Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students.
- Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and shall have prevention resources available.

Step 7: Postvention as Prevention

- Any additional changes in policies, procedures, or curriculum will be discussed in the committee meetings and amendments made as needed.
- Emphasis will be laid on future prevention of suicides and changes to policies, programs, or curricula will be brought addressed in this way.

Additional helplines and support

There are additional support options available to students. For example:

1. National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

suicidepreventionlifeline.org

2. The Trevor Lifeline: 1-866-488-7386

thetrevorproject.org/get-help-now

3. Trevor Lifeline Text/Chat Services, available 24/7

Text “START” to 678-678

4. Crisis Text Line: Text “HOME” to 741-741

crisistextline.org

References:

1. American Foundation for Suicide Prevention, American School Counsellor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention.
2. Downs N, Feng W, Kirby B, McGuire T, Moutier C, Norcross W, Norman M, Young I, Zisook S. Listening to depression and suicide risk in medical students: the Healer Education Assessment and Referral (HEAR) Program. Acad Psychiatry. 2014 Oct;38(5):547-53. doi: 10.1007/s40596-014-0115-x. Epub 2014 Apr 5. PMID: 24705825.

Approved in Faculty Senate: April 14th, 2021

Contact:

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Student Government Association & Bylaws

The Student Government Association (SGA) acts as a liaison between the students and the administration. The members of the SGA shall serve as representation of the student body to each other and to the faculty and administration of XUSOM. They shall seek to represent the concerns of the XUSOM student body while striving to foster a strong academic and extracurricular community.

The executive members of SGA are the President, Vice President, Secretary, Treasurer, Class representatives. Students partake in faculty standing committees and other XUSOM committees as voting members and participate in making policy that affects them directly or indirectly. Students are responsible for implementation of school policies and administration of matters that affect all four years of MD program.

In addition to elected class officers, SGA can appoint representatives for various committees. Students who want to serve on committees as representatives can present themselves at the meeting at which appointments will be made and indicate their interest. SGA selects its representative from those students.

SGA also oversee the student interest groups and provides support for conducting their activities. The Community outreach programs at XUSOM are implemented via these interest groups under the purview of Office of Student Affairs (OSA).

SGA shall be governed according to the precepts stated in this document while abiding by the Student Handbook as well as University policies and procedures.

Class Elections

The elections are held in the first week of November and the elected representatives serve for one year. The SGA oversees all elections. The following members of the SGA are elected: President, Vice President, Secretary, Treasurer, Class representatives.

SGA executive members

The executive officers of the SGA are – President, Vice President, Secretary, Treasurer and the Class Representatives.

Meetings are held at least once a semester. Minutes of each meeting are noted by secretary / Year 1 class representative and emailed to the President of the SGA to be reviewed and then emailed to the members of the SGA prior to the next meeting. The presence of more than half the number of executive officers constitutes a quorum, and matters are decided by a majority vote of members present. Special meetings of the SGA can be called at any time by the President, provided twenty-four hour notice of the meeting is given to every SGA member. The SGA representatives are responsible for advising their class of matters discussed at every meeting, for determining the sense of the class on issues by conducting class meetings or by other means, and for reporting class opinions accurately to the SGA. After three absences from the SGA meetings, a member can be suspended by vote of the members, and an officer will be appointed amongst the nominated candidates by the voting members in consultation with the Dean of Student Affairs, for the remainder of the term.

Any student can propose an agenda item for an upcoming SGA meeting by notifying the SGA President or other Representative at least one week prior to the meeting.

All of the SGA members meet regularly with the Deans on a monthly basis. Additionally, in conjunction with the Office of Student Affairs (OSA), the SGA is responsible for student-run activities such as: class elections, administration of Independent Student Surveys, global alumni meet, health fares and other school-wide social affairs.

The SGA is funded by the Student finance, XUSOM. With these monies, the activities such as SGA beach bash, research day, sports meet, other wellness activities approved by the OSA can be organized.

Bylaws of the SGA

Preamble:

The goals of the SGA are as follows:

- To serve as the voice of the student body.
- To serve as a liaison between the student body and the administration.
- To foster student unity.
- To provide financial support of events, projects, and organizations that benefit the medical education and wellness of the student body.
- To assist in coordination of student representation to the various intramural committees and extramural organizations requesting such representation.
- To oversee such activities as deemed necessary to ensure fair and just consideration for all students.

Article 1: Membership and Organization

1.1: The membership shall consist of President, Vice President, Secretary, Treasurer, Class representatives.

1.2: A quorum shall be required to conduct meetings. A quorum shall consist of the presence of more than half the number of executive officers of SGA.

1.3: The officers of SGA shall be as follows:

A. The President.
B. The Vice President
C. The Treasurer
D. The Secretary.
E. Class Representatives

1.4: All the executive members are elected by vote. All the class representatives shall be elected by vote. The term of each member shall run until the following November.

1.5: In the event that a vacancy occurs in the membership of SGA, an officer will be appointed amongst the nominated candidates by the voting members in consultation with the Deans of Student Affairs, for the remainder of the term.

1.6: Voting policy: The majority vote of a quorum shall be required for approval of any business conducted by the SGA. In the absence of a quorum, no business requiring a vote of the SGA shall take place, and all such business will be postponed until the next meeting of the SGA or until the presence of a quorum is obtained.

1.7: SGA reserves the right to conduct business as it deemed necessary to fulfill its goals as outlined in the Preamble to these Bylaws.

1.8: SGA shall establish committees as it deems necessary to conduct business as established by Bylaws.

Article 2: Meetings of the SGA

2.1: All meetings of the SGA shall be open to any member of the student body and Dean's Office who wishes to attend. Other non-students will be allowed to attend at the discretion of the SGA.

2.2: The Student SGA year shall run from November to November. Regular meetings of the SGA will be held every semester. Special meetings of the SGA may be called at any time at the request of the SGA President or at least three members of the SGA.

2.3: The President shall notify the members of the SGA of meetings at least one week before the date of the meeting. The student body will be notified through email from the SGA President. In case of a special meeting of the SGA, notification to all parties will be made at least twenty-four hours before said meeting is to be held.

2.4: The President shall set the agenda for meetings of the SGA. Any student who wishes to raise an issue or question before the meeting should notify the SGA President at least one week before the meeting for inclusion in the agenda.

2.5: The order of business for all meetings of the SGA shall be as follows:

A. Introduction
B. Approval of minutes from the last meeting
C. Old business
D. New business
E. Reports of committees/representatives
F. Class business
G. Date for next meeting

This order of business may only be changed by unanimous consent of the SGA members present in the meeting.

Article 3: Duties

3.1: The President of the SGA shall

A. Act as liaison between students and the Administration
B. Preside over monthly class officer meetings
C. Coordinate SGA fundraising activities in conjunction with the treasurer and Interest Groups
D. Oversee all other class officers
E. Responsible for planning and preparing for White Coat ceremony, administering Independent Student Analysis and other survey's in coordination with the OSA.

3.2: The Vice President shall

A. Preside at any SGA meeting in the absence of the President and shall assume such duties and responsibilities as requested by the President.
B. The Vice Presidents shall
C. Organize and coordinate all social events
D. Serve as a member of the Orientation program
E. Work with the Interest Groups to plan Health fares, community outreach programs and other social events

3.3: The Treasurer shall:

A. Be responsible for distribution, collection, and management of SGA funds.
B. Be responsible for keeping an up-to-date record of all financial transactions of the SGA.
C. Will make available to any SGA member upon request, and to any other interested party with the approval of majority of the SGA, all financial records.

3.4: The Secretary shall:

A. Keep a written record of all meetings in the form of minutes: attendance, business discussed and voted upon, reports of committees, and future meetings. This responsibility may be delegated to other members of the SGA at the Secretary's discretion, with the approval of the SGA
B. Email said minutes to the President by a date no more than two weeks after the meeting. The President will review the minutes and email them to the SGA before the following meeting.
C. Provide to the Office of Student Affairs, all the data and documents as requested.

3.5: The Members of the SGA shall:

A. Attend all meetings of the SGA or its committees to which the member is assigned, either in person or via internet. Absenteeism from more than three meetings may be grounds for dismissal upon review and approval of such action by the SGA.
B. Make a report to their class of the business discussed at SGA meetings.
C. Define issues and opinions of their class for presentation to the SGA.
D. Act as a liaison between their class and the Medical School administration as requested by their class.
E. Assume such duties and responsibilities as requested by the President, a majority of the SGA, or the members of their class.
F. Facilitate training of incoming Student SGA members/officers.

Article 4: SGA representation in Committees

4.1: The members of SGA shall partake in committees that directly or indirectly affect the student body.

4.2: The Committees participation shall involve but not limited to the following committees:

- Curriculum Committee
- Research Committee
- Promotions and Progress Review Committee
- Student Handbook and bylaws committee

4.3: The representatives of the committees shall be elected by the members of SGA by vote or appointed by the president of the SGA.

4.4: The committee representative shall report all the matters to the SGA in the following meeting.

Article 5: SGA Bylaws Committee and Policy

5.1: The SGA will review and revise the Bylaws as required to reflect any changes in policy or practice made during the preceding year.

5.3: The President shall organize the review each year, and shall solicit proposed revisions from the SGA and student body. The President make such revisions known to the SGA. He or she will then solicit any criticisms of any proposed revisions and determine their validity and need for change before making a final recommendations to the SGA.

5.4: The President shall be required to present a final revision to the SGA following this review process. At that time, the SGA shall then vote on the proposed revisions based on the recommendations.

5.5: Exceptions to the provision to this Article shall be considered as circumstances warrant, and only with the approval of a majority of the voting members.

Article 6: Rights of the Student Body

6.1: The student body has the right to expect that the SGA functions in the student body's best interest. The student body shall have the right to petition the SGA to bring any issue before the entire student body provided at least 25% of the body petition the SGA. In such a case, the wishes of the majority of the student body shall be followed.

Article 7: Student SGA Policy on Alcohol and/or Tobacco

The Student SGA will not fund alcohol and/or Tobacco for any organization or events where alcohol and/or Tobacco is served.

Article 8: Fundraising

If interest groups via SGA does any fundraising, they may handover the proceeds to treasurer. The treasurer shall be responsible for maintaining and disbursement of the funds to different causes. The allocation of the funds shall be decided by the members of SGA by vote.

Interest group elections

Term Duration: All positions within interest groups shall be held for a duration of one year.

Election Timing: Elections for interest group positions are to be conducted during the fall semester, specifically in the months of September and October.

Available Positions: The available positions within each interest group shall include President, Vice President, Treasurer, Secretary, and Event Coordinator.

Eligibility for Key Positions:

- Only MD students are eligible to run for interest group positions
- Students enrolled in MD 2-4 are eligible to run for the positions of President, Vice President, Treasurer, Secretary and Event Coordinator.
- Students enrolled in MD 1 are eligible to run for Vice President, Treasurer, Secretary and Event Coordinator.
- Students enrolled in MD 5 are eligible to run for the positions of Secretary and Event Coordinator.
- One student can hold maximum of two positions, one major position (President, Vice president) and one supportive position (Treasurer, Secretary and Event Coordinator)

Re-elections: Should a member step down from a position, at any point, a re-election for that position is required. Re-elections before the month of September or October shall only be allowed for interim positions.

Interim positions: Interim positions shall be served only until the next fall semester at which time they will be up for election along with all other positions.

Newly established groups: Groups that have been newly established must adhere to the same rule and hold an election in the Fall semester for all board positions. All board members will be serving in an interim capacity until that point.

Founders of a newly established group are advised to start in the Fall semester to hold their positions until the next official election.

When founding a new group, the initial positions appointed can only include the roles of President and Vice President. All other positions will be decided through an election held after the first inaugural meeting.

Funding Policy: Financial resources allocated to interest groups shall not roll over from one semester to the next. Any unutilized funding will be dissolved without exceptions.

Event Requirement: Each interest group is mandated to organize and conduct at least one event per semester.

Dissolution: Groups failing to adhere to any of these requirements may face dissolution at the discretion of the faculty advisors and SGA.

SGA Elections Rules

Election Schedule: SGA (Student Government Association) elections will be held during the first week of October.

Eligibility for Key SGA Positions:

- Only MD students are eligible to run for SGA positions

- Students enrolled in MD 2 - MD 4 are eligible to run for the positions of President, Vice President, and Treasurer.
- Students enrolled in MD 1 and MD 5 are eligible to run for the position of Secretary.

Candidate Expression of Interest: A preliminary survey will be distributed to collect the names of individuals interested in running for SGA positions before the election period.

Candidate Speech Requirement: Each candidate running for an SGA position must deliver a 5-minute speech for each position they are contesting.

Annual SGA Events:

Fall Semester

- Med ball - September
- Halloween Party - October

Spring Semester

- Xavier Day

Summer Semester

- Graduation which is organized and hosted by the school and alumni

These rules and guidelines serve as the framework for conducting interest group and SGA elections, as well as for planning and executing annual SGA events. They are intended to ensure transparency, fairness, and the effective functioning of student organizations and governance.