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Student Academic Policies and Procedures Handbook

Welcome

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.

Section I gives the general guidelines for the proper behavior at our institution, a message from the President, our Chief Academic Officer and Deans. This will provide an introduction about what students should expect.

Section II offers a panoramic view about everything that is needed before coming to Aruba, such as documents and credits. It also informs students about codes of conduct, use of IT and school policies.

Section III lays out the basics of our curriculum and grading policy.

Section IV deals with financial matters, leaves of absences, transcripts, and similar concerns.

Section V is concerned with more academic matters, such as library resources, advice and counseling. It also deals with important topics such as pharmacies, facilities, and student organizations.

Section I

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. Students will be notified when such changes take place by email.

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

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.

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 two 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.

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

Richard Pestell, MD
VP Of Academic Affairs & Dean of Clinical Sciences

Shankar Majhi, MD
Dean of Basic Sciences

Mission Statement, Competencies and Objectives for Medical Education

MISSION STATEMENT

The mission of Xavier University School of Medicine at Aruba is to prepare physicians to practice compassionate primary care medicine of the highest standard. The Xavier trained physician shall be an excellent clinician and advocate for public health in

whatever country they practice. The Xavier trained physician shall also have an inquiring, scientifically trained mind ready to identify and propose solutions to fundamental questions in the mechanisms, prevention and treatment of disease, as well as the social and economic consequences of the health care decisions that are made.

COMPETENCIES AND OBJECTIVES FOR MEDICAL EDUCATION

1. The Science and Practice of Medicine

- 1.1 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.
- 1.2 Understand the variation in the expression of health and disease through critical evaluation of both patients and the scientific literature.
- 1.3 Apply knowledge of study design and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness

2. Clinical Competence

- 2.1 Obtain a sufficient level of medical knowledge to understand the basic facts, concepts, and principles essential to competent medical practice.
- 2.2 Exhibit the highest level of effective and efficient performance in data gathering, organization, interpretation and clinical decision making in the prevention, diagnosis, and management of disease.

2.3 Communicate effectively using caring and respectful behaviors when interacting with patients, families and members of the health care team.

2.4 Perform all technical procedures accurately and completely, to the extent considered essential for the area of practice and level of education

2.5 Understand and appropriately use medically related information technology

2.6 Effectively use the resources of the entire health care team in treating disease, preventing future health problems and maintaining the health of individuals.

3. The Social Context of Medicine

3.1 Understand 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.

3.2 Advocate for quality patient care and assist patients in dealing with system complexities

3.3 Begin to understand the complexities of the entire health care practice and delivery system, managers, payers, providers, organizations and bureaucracy in defining access, cost, value and outcomes.

4. Communication

4.1 Demonstrate effective and compassionate interpersonal communication skills toward patients and families necessary to form and sustain effective medical care.

4.2 Present information and ideas in an organized and clear manner to educate or inform patients, families, colleagues and community.

4.3 Understand the complexity of communication including non-verbal, explanatory, questioning and writing in a culturally appropriate context.

5. Professionalism

5.1 Display the personal attributes of compassion, honesty and integrity in relationship with patients, families, and the medical community.

5.2 Adhere to the highest ethical standards of judgment, conduct and accountability as each applies to the health care milieu.

5.3 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.

5.4 Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices

5.5 Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

6. Lifelong Learning

6.1 Understand 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.

6.2 Understand the concepts of analyzing practice experience and perform practice-based improvement activities using a systematic methodology

6.3 Understand methods to obtain and use information about their own population of patients and the larger population from which their patients are drawn

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

Reflective skills

- 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

Technical Standards for the MD Program

Technical Standards for the Student of Medicine -- Xavier University School of Medicine

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 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.

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.

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.

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.

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.

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.

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. Barry Adunmo

Head of Emergency / Disaster Committee

+297 597 7766

Ms. Hilda Statia

Emergency / Disaster Committee Member (Female)

+297 593 6266 / +297 597 7775

Mr. George Viryllo

Emergency / Disaster Committee Member (Male)

+297 597 7767

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. Barry Adunmo (Head of Emergency / Disaster Committee). Mr. Barry Adunmo 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
- SHAI00246294 – 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

Graduation Requirements

The Doctor of Medicine degree is conferred upon students who satisfactorily complete the following requirements:

- Basic Sciences: 5 semesters of 15 weeks each (MD1-MD5).
- Semester 6: A 15-week semester for transition to Clinical Medicine.
- Clinical Sciences: 48 weeks of clinical core rotations and 36 weeks of elective rotations over 7 semesters.
- United States Medical Licensing Exam (USMLE) Steps 1, and 2 (CK & CS).

Students are reminded that success in all course work, clinical rotations and any other activity related to their role as a student at XUSOM will be evaluated using the Student Competencies. Failure to perform adequately in any of the six domains may result in academic probation or dismissal.

International Student Requirements

Canada

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

1. Comprehensive Basic Science Examination; a requirement to complete XUSOM Basic Sciences;
2. USMLE-1; a requirement to complete XUSOM Basic Sciences;
3. Comprehensive Clinical Sciences Examination; a requirement to complete the Clinical Sciences;

4. USMLE-2 CK and CS; 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:
- Comprehensive basic Science Examination; a requirement to complete XUSOM Basic Sciences;
- USMLE-1; a requirement to complete XUSOM Basic Sciences;
- Comprehensive Clinical Sciences Examination; a requirement to complete the Clinical Sciences.
- USMLE-2 CK and CS; a requirement to complete XUSOM Clinical Sciences;

Students intending to do a residency in any country other than the United States must inform the Dean of Basic or Clinical Sciences within six months of matriculation. This will allow time to ensure that all necessary requirements for smooth transition to residency are completed.

Health Insurance

You 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. At XUSOM, as part of the curriculum you will be required to attend clinical and hospital visits wherein you will be exposed to patients with infectious diseases. Health insurance covers any such hospital acquired infections or any other uneventful incident.

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 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>

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.

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, Haemophilus 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)

Vaccine	19-21 years	22-26 years	27-49 years	50-64 years	≥65 years
Influenza ³	1 dose annually				
Tdap ⁴ or Td ⁴	1 dose Tdap, then Td booster every 10 yrs				
MMR ⁴	1 or 2 doses depending on indication (if born in 1957 or later)				
VAR ⁶	2 doses				
RZV ⁵ (preferred) or ZVL ⁵					2 doses RZV (preferred) or 1 dose ZVL
HPV-Female ⁸	2 or 3 doses depending on age at series initiation				
HPV-Male ⁸	2 or 3 doses depending on age at series initiation				
PCV13 ²					1 dose
PPSV23 ²	1 or 2 doses depending on indication				1 dose
HepA ¹	2 or 3 doses depending on vaccine				
HepB ¹	3 doses				
MenACWY ¹⁰	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains				
MenB ¹⁰	2 or 3 doses depending on vaccine				
Hib ¹¹	1 or 3 doses depending on indication				

Recommended for adults who meet the age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended for adults with other indications

No recommendation

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/ μ L 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/ μ L:** 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**
 - **Ecuzumab use**
 - At risk from a **meningococcal disease outbreak attributed to serogroup B**
 - **Microbiologists** routinely exposed to *Neisseria meningitidis*

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

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)

Policies for 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 take into account 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)

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.

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.

Clinical Sciences

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.

Clinical Medicine Year 3 (Core Clerkships - 48 weeks)

- Internal Medicine (12 weeks)
- Surgery (12 weeks)
- Family Practice (6 weeks)
- Obstetrics and Gynecology (6 weeks)
- Pediatrics (6 weeks)
- Psychiatry (6 weeks)

Clinical Medicine Year 4 (Elective Clerkships - 24 weeks)

- The student will select from a variety of disciplines, including subspecialties of the core clerkships and medical research.
- Research elective is mandated for all students beginning with the graduation cohort of 2020
- The majority of elective rotations are 4 weeks.

Students are required to pass all six Core Clerkships and nine Elective Clerkships in order to graduate. In addition, students must pass USMLE-2CK and USMLE-2CS prior to graduation.

Clinical Sciences Attendance

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.

Scheduling Clinical Core and Elective Rotations

Because the scheduling of Core Rotations is handled by the Clinical Department, students must not contact XUSOM-affiliated hospitals to schedule Core Rotations. For Elective Rotations only, the student may inquire from hospital or other health care site as to availability of an Elective Rotation.

Students who have an opportunity to participate in Elective Rotations in a hospital that is not affiliated with XUSOM may be allowed to participate in such a rotation. However, prior to doing so, they must contact the Clinical Department so that an evaluation of the hospital's educational program can be made to determine whether or not it meets XUSOM's standards for clinical clerkship sites.

A student who participates in a clerkship setting without prior permission from XUSOM will not be considered an XUSOM student while doing so and will not receive credit for the clerkship. Furthermore, neither the student nor the hospital will be covered under the XUSOM clinical clerkship insurance policy.

Specific information for Clinical Science curriculum scheduling can be found in the Clinical Science Course Catalog.

Clinical Rotation Requirements

XUSOM expects students to observe and comply with all rules and regulations mandated by the participating hospitals and preceptors.

Policy for medical student work hours for clinical rotations and third fourth years

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.

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.

Uniforms

The students are required to wear the prescribed uniforms – White Xavier University Polo shirts, khaki pants for men and women with khaki skirts no shorter than knee length. Scrub suits may ONLY be worn during scheduled labs. For all hospital and clinic visits, students must wear their uniforms with a lab coat (if required) and wear their student IDs. Open-toe shoes are not authorized for any student. Uniform policy is in effect from 8:00am until 5:00pm. Students are provided their IDENTIFICATION CARDS that should be worn at all times while inside the campus. Students who fail to comply with the uniform policy will be counseled and appropriately disciplined. After 5:00pm students can come to school in casual attire provided they have their ID on them. Security can deny student entry without ID.

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)**

University Committee Policies Affecting Students

Academic Policy Guidelines 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 curriculum. See www.ECFMG.org for details on transfer credit policy.

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 maximum final grade allowable for re-examination is 70% (Pass).

Students failing 2 or more systems in a semester may not be promoted to the next term for Pre-Med.

The student will be placed on academic probation and will remediate both classes the following semester. For Med courses, students have to successfully complete the system-ending integrated exams to be promoted to the next term.

A student placed on Academic Probation will be required to pass (P) all assigned classes the following semester. Failure to Pass (P) all assigned classes will result in academic dismissal.

Students failing will be placed on academic probation and will be reviewed by the Promotions and Grievances 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 Promotions and Grievances Committee. (Please reference section "Promotions and Grievances Committee" below)

All Students are required to successfully pass the Standardized Comprehensive Basic Science Examination conducted by NBME and 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.

Curriculum Committee

The Curriculum Committee is responsible for the content and format of the Academic Program.

The Committee is responsible for ensuring that the Academic Programs are up to date and relevant with regard to adequate preparation of students. It is the responsibility of the Committee to report all recommended changes to the Chief Academic Officer. After review, the Board of Trustees are presented the recommendations for final action only for major curriculum changes. The Curriculum Committee shall meet at least twice every semester. The Curriculum Committee has different working groups to formulate, conduct and monitor active small group learning activities. It also has a quality assurance group which will monitor the quality of the academic program. The committee meets every week/two weeks with faculty members to ensure integration. Frequent meetings are also held with the block directors. There is a minimum of two student representatives to the committee to ensure greater student participation in the process.

Promotions and Grievances Committee

Xavier University maintains an on-going Promotions and Grievances Committee. The Committee shall consist of three to five (3-5) members:

In cases involving Basic Science students, the committee shall include the following three members:

- The Dean of Student Affairs
- Two Faculty members from the Basic Sciences Program

- Where required, Dean of Basic Sciences shall be requested to act as an ex officio, non-voting member

In cases involving Clinical Science students, the committee shall include the following additional members:

- Two Faculty members from the Clinical Sciences Program
- Where required, Dean of 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 Promotions and Grievances Committee, and shall provide a recommendation for appeals involving any student in the Clinical Sciences.

The Committee has the power to subject students to the following disciplinary action:

- Dismissal from the School.
- Suspension from the School
- Probationary period of up to 12 Calendar Months.

The faculty members are elected by the full-time faculty and serve one year term. The Deans will not serve on the Promotions and Grievances Committee, but may attend meetings and provide information. The Committee will be chaired by the Dean, Student Affairs or his/her Appointee. All materials and discussions are confidential and will not be discussed by any member outside the meeting of the Committee.

All materials are returned to the Chair at the end of the meeting/hearing.

Responsibility

- The Promotions and Grievances Committee is in charge of: Hearing all appeals/grievances;
- Hearing cases of alleged unethical behavior within or outside the classroom and outside the school premises all disciplinary matters recommending resolution of appeals/grievances to the Dean or CAO.
- Decisions made by the Promotions and Grievances Committee can be appealed.

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.

The decision of the Chief Academic Officer will be final on all matters.

Referral/Appeal to the Promotions and Grievances Committee

- All matters to be addressed to the Committee, must be submitted in writing to the Chair of the Committee (promotionschair@xusom.com) and all materials must be fully documented.
- 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.
- Types of matters addressed by the committee:
- Violation of established academic policies and regulations (e.g. examination policies, advisory policies, registration policies, probation, dismissal, etc.);
- Violation of student's academic freedom;
- Failure to meet obligations to students;
- Arbitrary and capricious grading practices;
- Grievance related to ethical or behavioral violations or Sexual harassment;
- Appeal of being placed on Academic Probation or dismissal from the program.
- Disciplinary matters on and off campus
- Financial and procedural matters may not be appealed to the Promotions and Grievances Committee

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 grievance shall also be forwarded to the Dean and the Promotions and Grievances Committee. The grievance should be presented in person to the faculty member involved as soon as possible after the grievant feels that an abridgement 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 Promotions and Grievances Committee. Within five (5) working days of receipt of the appeal, the Promotions and 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 Promotional Committee within five (5) days of receiving the dismissal letter. Within five (5) working days of receipt of the appeal, the Promotions and 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 Promotions and Grievances Committee may attend classes, however academic credit will only be granted if the appeal is granted.

Hearing Procedures

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.

Prior to the hearing, the student and involved parties have the right of access to information that will be used by the committee in the hearing.

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 Associate Dean of Basic Science or his/her Appointee.

The Chair of the Promotions and Grievances Committee will ensure that all necessary packets of pertinent information are filed.

Having the right to question all participants on pertinent matters.

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.

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.

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.

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.

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 of the recommendation(s) made by the Promotional Committee must be instituted in writing within ten (10) working days of receipt of the Committee's recommendation to the Dean of Basic Science.

The appeal of the Committee's decision to the Dean must be in writing and must explicitly identify the basis for appeal

The decision of the Dean may also be appealed to the Chief Academic Officer whose decision is final.

If a student is dismissed from the program, he/she cannot enroll in or attend classes pending resolution of the appeal process.

Admission Committee at XUSOM Aruba

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 to 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. Current committee members can be found on the website. www.xusom.com/admissions-committee

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 send out a call for meetings at minimum once a month and has the right to call meetings as needed. The secretary will take the minutes for the meeting and distribute the minutes to the committee prior to the next scheduled meeting. The Secretary is an interviewing member of the committee. They will review applications and move forward those students that meet our qualifications to 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 meeting. They will review applications and move forward those students that meet our qualifications to 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 file and send recommendation for admission or rejection.
2. The committee is responsible for periodic evaluation of the policies and procedures of admission and suggest changes

Procedures

- All applicants whose primary application has been verified by the admission staff in New York office, are invited to complete the application file.
- Applicants are assigned to two members of the admission committee for interview.
- The interviews may be by telephone, Skype, or in person at the office in Woodbury, New York or in Aruba.
- 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.
- The members, each independently, review and render their decisions (accept, defer, or reject) and provide supporting comments.
- With a combination of acceptable GPA and acceptable interviews, the applicant is offered conditional acceptance
- Once accepted, the student is informed of the process of registration and travel to Aruba for the Basic Sciences
- Details of admission policies and procedures are published on the school website and included in the faculty handbook.

Appeals Against Decisions of Committees

All students have a right of appeal being placed on Academic Probation, decisions of the Promotions and Grievances Committee or any disciplinary action that may be taken against

them. (See Hearing Procedures in the Promotions and Grievances Committee document).

Occupational Disclosure

Xavier University School of Medicine prepares students with the knowledge they need to be successful physicians. We cannot guarantee academic outcomes, residency placement, employment or salary.

Policy for Teacher/Learner Environment Standards

The following statement is excerpted from a report by the AMA Section on Medical Schools in cooperation with the AMA Student and Resident Sections and reflects the policy of XUSOM, Aruba.

The teacher-learner relationship should be based on mutual trust, respect and responsibility. This relationship should be carried out in a professional manner in a learning environment that places strong focus on education, high quality patient care, and ethical conduct.

In the teacher-learner relationship, each party has certain legitimate expectations of the other. For example, the learner can expect that the teacher will provide instruction, guidance, inspiration and leadership in learning. The teacher expects the learner to make an appropriate professional investment of energy and intellect to acquire the knowledge and skills necessary to become an effective physician. Both parties can expect the other to prepare appropriately for the educational interaction and to discharge their responsibilities in the educational relationship with unfailing honesty.

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.

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

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

2. Resident Physicians and Fellows

- a. The policy will be included in the Resident Handbook.
- b. The topic will be addressed at the annual resident physician orientation.
- c. The clinical department chairs will be encouraged to ensure all their fellows and residents are cognizant of the policy.

3. Faculty and Graduate Students

- a. An informative written message will be sent each year from the Dean's Office to all departmental chairs.
- b. 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.
- c. 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 Learning Environment Subcommittee of the Curriculum, Academic Programs and Policies Committee will monitor influences (positive and negative) throughout the learning environment. They will meet quarterly and report to the Curriculum, Academic Programs and Policies Committee. They will review the results of student 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. They also will review the AAMC GQ results relating to the learning environment. At these quarterly meetings the Assistant Dean for Student Affairs and the Dean will report on incidents that have been brought to them regarding concerns about the learning environment and unprofessional behavior with personal identifiers redacted. Based on these sources of information the Learning Environment Subcommittee 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, Academic Programs and Policies Committee for consideration. The decision and final recommendations of this committee will be presented to the Faculty Council and Dean for consideration. Feedback on the success of

implemented changes and programs is monitored by the Curriculum, Academic Programs and Policies Committee, the Faculty Council and Dean.

Communication of Complaints and Resolution Mechanisms

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 Vice 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 Vice 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 as provided below:

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 Vice Dean and/or the Ethics and Compliance Helpline.

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 and/or the Ethics and Compliance Helpline. 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.

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 for Non-Discrimination and Inclusiveness/Diversity

Xavier University School of Medicine undertakes to protect students from being bullied, discriminated against or harassed on the grounds of gender, sexual orientation, race, nationality, religion or ethnic origin. Harassment can be defined as a hostile act or expression or a series or combination of hostile acts or expressions against a person relating to gender, sexual orientation, race, nationality, religion or ethnic origin. This may include derogatory name-calling, jokes, verbal abuse, unwanted or abusive written communication on social media or chats, physical attacks and ridicule. Harassment on the grounds of gender may also include suggestive looks, compromising invitations, or aggressively foul language. Students who feel that they have been the victim of discrimination or harassment on these grounds - whether by administration, faculty or students - should contact their Faculty Advisor or their Student Government Association Representative, who will take the matter to the appropriate senior member of staff. Students are advised to keep a written log

of any actions that they feel were discriminatory or constitute harassment and to provide details of any witnesses to these actions. Students are advised that any allegation of harassment or discrimination will be dealt with promptly. The Promotions and Grievances Committee will investigate allegations against students; the Deans of each program will investigate allegations against their respective administrative staff or faculty. Students who allege discrimination or harassment may be required to attend an investigative hearing of either the Promotions and Grievances Committee or the respective Dean to provide details of the alleged harassment or discrimination. Students who are found to have harassed or discriminated against fellow students may be subject to immediate dismissal from the School. Administrative staff or faculty members who are found to have harassed or discriminated against a student will be disciplined in accordance with the procedures laid down in the Xavier University School of Medicine Faculty Handbook.

Nondiscrimination 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.

Diversity and Inclusiveness Policy:

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

Section III: Curriculum

Course and Curriculum Requirements

BASIC SCIENCE

First Semester (MD1)

- Fundamental Concepts
- Musculoskeletal System
- Patient, Doctor, and Society I
- Healthcare Quality Improvement I

Second Semester (MD2)

- Nervous System
- Nutrition and Metabolism
- Patient, Doctor, and Society II
- Healthcare Quality Improvement II

Third Semester (MD3)

- Gastrointestinal System
- Respiratory System
- Patient, Doctor, and Society III
- Healthcare Quality Improvement III

Fourth Semester (MD4)

- Cardiovascular System

- Hematopoietic System
- Patient, Doctor, and Society IV
- Healthcare Quality Improvement IV

Fifth Semester (MD5)

- Renal and Metabolic System
- Endocrine & Reproductive System
- Patient, Doctor, and Society V
- Healthcare Quality Improvement V

Sixth Semester (MD6)

- Transition to Clinical Medicine
- Comprehensive Integration of Clinical Judgment
- Foundations of Medicine
- BLS (Basic Life Support) & HIPAA (Health Insurance Portability and Accountability Act)
- Getting into Residency
- USMLE Step 1 review
- Comprehensive Basic Science Examination (CSBE)
- After passing USMLE Step 1, the student is promoted to Clinical Medicine and will begin their rotations.

CLINICAL SCIENCES

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.

Clinical Medicine Year 3 (Core Clerkships – 48 weeks)

- Internal Medicine (12 weeks)
- Surgery (12 weeks)
- Family Practice (6 weeks)
- Obstetrics and Gynecology (6 weeks)
- Pediatrics (6 weeks)
- Psychiatry (6 weeks)

Clinical Medicine Year 4 (Elective Clerkships – 24 weeks)

- The student will select from a variety of disciplines, including subspecialties of the core clerkships and medical research.
- Research elective is mandated for all students beginning with the graduation cohort of 2020
- The majority of elective rotations are 4 weeks.

Students are required to pass all six Core Clerkships and nine Elective Clerkships in order to graduate. In addition, students must pass USMLE-2CK and USMLE-2CS prior to graduation.

(All of the above is subject to change)

XUSOM Examination Procedures and Policies 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
 - a. Each of these exams should be a reflection of the course objective covered during the preceding duration of teaching.
 - b. 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)
 - c. 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.

- d. 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
 - e. 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.
 - f. 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).
 - g. 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.
7. In MD6, examinations include Kaplan diagnostic test, Subject specific NBME shelf exams, Kaplan SIM final exam, OSCE, CBSE and USMLE step 1 exam
- a. **Kaplan Diagnostic Test** is a preliminary “Check where you stand” test for MD6 students which may be used as a MD6 exam preparation tool
 - b. **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
 - c. **OSCE (Objective Structured Clinical Examination)**: Students are required to take an OSCE exam towards the end of the semester. This OSCE will be a comprehensive exam of all the OSCE-systems from MD1-5
- d. **Kaplan SIM Final exam** is a Kaplan conducted USMLE Step 1 simulated exam and will be considered as the end of Kaplan course. Students who pass this exam and the MD6 OSCE exam will be allowed to take the CBSE exam.
 - e. **NBME Comprehensive Basic Science Examination (CBSE)** is administered at the conclusion of MD6 and serves as the MD6 semester ending exam. Students who pass both the MD 6 Kaplan SIM Final exam and CBSE exam will be allowed to sit for the USMLE Step 1.
 - f. **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 COMMITTEE, THE DEAN OF BASIC SCIENCES AND THE DEAN OF CLINICAL SCIENCES.
8. In the Clinical Science, examinations include CCSE and the Kaplan’s USMLE 2 live assessment
- a. **NBME Comprehensive Clinical Science Examination (CCSE)** is administered after passing the USMLE Step 1. Students who pass the CCSE score of 216 and has finished all core rotation will be allowed to take USMLE Step 2 CK.
 - b. Kaplan’s USMLE 2 live assessment has to be completed by the student and pass to be

allowed to take the Step 2 CS. 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. At the conclusion of each examination all exam sheets should be submitted to the proctor in charge.

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:
 - a. If there is a clash in scheduling of examination for many courses at the same time
 - b. If there is a public holiday on the scheduled date
 - c. 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)

d. At the discretion of Deans and CAO

4. **Integrated quizzes:**

a. Integrated quizzes (IQ) are conducted once in two or three weeks in every system.

b. Each system will have a minimum of one integrated quiz

c. 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.

d. 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.

e. 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)

f. 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.

5. **Comprehensive quizzes:**

a. A comprehensive quiz (CQ) will be conducted towards the end of most systems.

b. Where the final exam is an in-house exam there will be no separate comprehensive exam for the system.

c. Where the final exam is NBME- CAS exam, a comprehensive exam will be scheduled for the system a week before the NBME-CAS exam

d. Comprehensive quizzes are cumulative and include all the contents covered in the entire system.

e. A comprehensive exam is scheduled keeping in mind that a minimum of two days of preparation is allocated for students.

f. Like integrated quizzes, comprehensive 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.

g. If an integrated quiz of another batch falls on the same day and time as comprehensive quiz, rescheduling of the comprehensive exam will be done, since priority is given to batches with classes still running and a batch with comprehensive exam has completed the classes for the system. However, the policy of allocating a minimum of two preparation days will be complied with.

6. **Final exams (NBME-CAS):**

a. In, nine out of the total eleven systems of MD program, students are required to take the NBME-CAS as the final exam of the system.

b. 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:

c. 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 leave 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 (One system per semester) and is a part of the final grade of that Organ System.

- a. is a one-time exam at the end of a system.
- b. is scheduled at a frequency of a minimum of one exam for every semester
- c. may be scheduled before or after the comprehensive exam of the system and if absolutely necessary, after the NBME CAS for the system
- d. dates are intimated to students at least two weeks in advance
- e. is scheduled keeping in mind that a minimum of one day of advance preparation is allocated to students

8. Exams under Patient, Doctor, Society (PDS):

- a. Exams under PDS include CASL (Critical appraisal of scientific literature) and epidemiology exams.

- b. 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
- c. 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

SCHEDULING POLICIES FOR MD6

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 system chair in consultation with Dean, Basic Sciences or CAO
3. **MD6 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:**
 - a. The first attempt for the CBSE is given at the conclusion of MD6. Students with a score 55% and above in the Kaplan Simulated exam will be given an immediate chance to take the CBSE in the school test center.
 - b. Students will be allowed 3 attempts to pass this CBSE. Those who fail first time must take second test within 4 weeks of the first attempt. On failing the second attempt, the third attempt must be taken within 4 weeks of the second attempt.
5. **USMLE Step 1 Exam.**

- a. XUSOM will not process a request from any student to write USMLE Step 1, without a passing score on file with the Registrar's Office in New York.
- b. Students are required to take the USMLE Step 1 Exam within 6 months of passing the CBSE.
- c. Students who do not take the USMLE Step 1 Exam in the above mentioned time period will be required to repeat CBSE and subject to administrative withdrawal.

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:

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

- a. The dark shaded area is the component that is included in and remains constant for all system ending exams in terms of percentage of marks that contributes to the final score

- b. The light shaded area is the component that is included in all system ending exams but the percentage of marks that contributes to the final score varies from system to system
 - c. The unshaded area is the component that may be included in some systems and absent in some systems
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%	-	-	-

GRADING AND ASSESSMENT POLICIES FOR MD6:

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 70% is considered as a Pass for each of the eight subject based shelf exams
3. **OSCE:** A grade of 70% is considered as a Pass in MD6 OSCE. Those who fail the OSCE will have to take an OSCE remake. Those who fail OSCE twice will repeat the MD6 course.
4. **Kaplan SIM Final exam:**
 - a. A grade of 68 is considered as a Pass in Kaplan Sim Final exam.
 - b. Students with less than 68 will repeat MD6.
 - c. Students who score 68 and above in the Kaplan USMLE Step 1 simulated exam will proceed to school approved Preparatory Leave (PL) for 16 weeks. Leave of Absence (LOA) period will commence after week 16 and the LOA fees will be applicable
 - d. Students who score 75 and above in the Kaplan Simulated exam will be given an immediate chance to take the CBSE in the school test center
5. **NBME CBSE:**
 - a. A passing grade of 208 on the CBSE is required to be academically eligible for USMLE Step 1, without exception.
 - b. Students have to pass the NBME CBSE in the first 12 weeks of their PL, and will be declared as PASS in MD6 semester.
 - c. If a student does not score 208 or above in the first attempt, he/she will be required to remake the CBSE exam.
 - d. Students in their second and third attempts of CBSE will be charged \$ 550.00 as exam fee
 - e. If a student does not pass CBSE after 3 attempts, he/she will be required to repeat MD6 with full attendance in Aruba or be administratively withdrawn from XUSOM.

- f. Following the repeat of MD6, the student must pass the CBSE on the first attempt, with a score of 208. Failure to score 208 will be deemed as a failure of the MD6 course and administrative withdrawal from the school.
- g. Students with four failures of CBSE will be dismissed from XUSOM for academic reasons. The student may choose to re-enroll in the basic sciences, and the Admissions Committee will determine what advanced credit the student will receive.

6. USMLE Step 1 Examination

- a. On passing NBME CBSE, students will be allowed to register for the USMLE Step 1 Examination.
- b. Students who do not pass NBME CBSE and/ or Step 1 within the 16 weeks of school approved PL will pay a LOA fee of \$600.00 every month after week 16 till they pass MD6, i.e. CBSE followed by Step 1.
- c. 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 exams will be made available to students by the MD6 chair as soon as the same is received by the system chair from NBME/ Kaplan 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
 - a. has failed an exam in the first or subsequent attempts as per the grading policies of the school
 - b. has missed an exam with prior permission from the Dean, Student Affairs, Dean, Basic Sciences or CAO
 - c. 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)
 - d. with multiple remakes has exam conflicts
 - e. is nominated by the school to attend professional events such as conferences, volunteering, etc during a scheduled exam
 - f. 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
- 3. 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

4. All missed examinations without prior intimation must be reported to the Dean, Student Affairs within 12 hours.
5. The date for a remake will be decided by the Dean, Student Affairs. However, it is the responsibility of the student who has missed/failed an exam, to make a letter of appeal to the Promotions Committee, with accompanying documents as soon as possible and request a schedule for a remake
6. 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
7. In principle, all remake examinations will be different and more difficult than the regular examinations.
8. In MD6, any student remaking a Standardized Comprehensive Basic Sciences Examination final exam will have to take all 3 exams: Exam 1 = 30%, Exam 2 = 30%, and Exam 3(SE) = 40%.

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) and the USMLE Step 2 Clinical Knowledge (CK) and USMLE Step 2 Clinical Science (CS) exams.
2. Assessment at the core rotations involves:
 - a. Preceptor evaluation

- b. Comprehensive exam
 - c. NBME final exam
3. Preceptor evaluation: Students are supervised by preceptors who monitor two oversights during core rotations – hospital oversight and central oversight.
 - a. 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.
 - b. 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 by the end of the educational experiences will result in a grade of "I."
 - All logs and evaluation forms should be submitted within 2 weeks of completion of the rotation.
 - c. Students will receive feedback from supervising faculty and/or clerkship site directors midway through the rotation. 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 who pass the CCSE will be allowed to sit for the USMLE Step 2 CK.
6. Kaplan's USMLE live assessment has to be completed and passed by students to be allowed to take the Step 2 CS

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. 2 weeks before the rotation ends the student should **ensure that the Shelf Examination (NBME) has been scheduled.**
3. **Final exam (NBME)** has to be taken within 2 weeks of completion of every core rotation
4. The student has two attempts to pass the Shelf Examination, after which the student must repeat the rotation, with an "incomplete" grade.
5. Following the completion of all core rotations students will be allowed 4 weeks of study leave for step 2 CK/CS.
6. The final grade in the clerkship represents a contribution from two major components as follows:

Preceptor evaluation (90% of the final grade):
Preceptor evaluation includes two major components:

- a. Six ACGME competencies (Medical knowledge, Patient care, Communication skills, System based practice, Professionalism, Lifelong learning skills): Students are graded on a scale of 10 for each of these competencies and the total score on the six competencies contributes to 90% of the final score for the rotation
 - b. 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
7. NBME final exam contributes to 10% of the total grade.
 8. 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/STEP 2 CS

NBME CCSE:

1. A passing score of 74 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 2 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 \$ 550.00 as exam fee.
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 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.

USMLE Step 2 CS

1. Students can appear for USMLE Step 2 CS examination after completing Internal Medicine, Family Medicine and Pediatric Core Rotations.
2. Students have to pass the Step 2 CS review course with Kaplan's before being allowed for Step 2 CS.
3. Students failing first attempt will have to undergo remedial course approved by the Dean at their own expense.
4. Second failure requires repeating core rotations/ remedial plan approved by the Deans.

A student who fails USMLE Step 2 CS three times will be academically dismissal from Xavier University School of Medicine Aruba.

Section IV: Registration and Student Finance Department

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.

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 graded 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. A student’s fees tuition only 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.

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.

- Financial hardship resulting in the need for a student to take time off to find funds to continue his or her education.
- 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. 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 \$2,400.00 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 LOA"

- After completion of the basic science curriculum, all students are granted up to four months (1 semester) of leave to study and prepare for their USMLE Step 1 examination, without charge.

- Leave is given automatically and may not be broken up even if the student passes the Step 1 examination.
- Once the student passes USMLE 1, there is no further leave time granted.
- Students will be charged for Med 6 LOA on the 1st of the month after 4 months of completion of MD6.
- Med 6 LOA is \$600 per month.
- Med 6 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 LOA invoices will result in administrative withdrawal from the University and will require re-admission.
- Students will continue to be charged Med 6 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 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 LOA will continue to be charged.
- All students are required to provide a credit card when registering for MD6. 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.

USMLE Step 2 CK/CS 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 and CS Examination, without charge;
- Students must request leave from the clinical department before the start of leave;
- Step 2 CK/CS Leave is only for 4 weeks;
- Leave is only granted after completion of all core examinations;
- Unapproved leaves will be billed at \$150.00* per week;
- Additional leave time will be billed at \$150.00* 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 three 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 \$150.00* 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 \$600 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.

Amount subject to change without notice

Financial Requirements and Services Refund Policy

Refunds are only given for tuition, and only when students officially withdraw from the basic sciences of XUSOM. Refunds are not given for Leaves of

Absence. Refunds are not given for dismissal. Refunds are not given for any fees. Before any refund can be processed, a withdrawal form must be completed and submitted to the Registrar's Office in New York for Pre-Med and Basic Science students.

Official withdrawal prior to the first day of registration: full refund of tuition only. **

Official withdrawal after the start of registration and prior to the withdrawal deadline: 50% of tuition only refunded. Returning students will only receive a 50% refund after the start of registration regardless if they actually register online.

**** The withdrawal deadline date is posted on the school calendar on <https://xusom.com/academic-calendar/>. All withdrawals must be submitted by 4pm Local Aruba Time on withdrawal deadline in order to be eligible for refund.**

International Students: International students from outside of North America will not be eligible for a tuition refund regardless if they are a new student and whether or not they attend a class or classes or has withdrawn from the program.

**The semester seat deposit of \$1,000 USD and applicable fees are excluded from this refund.

**MD6 and all semesters of Clinical Medicine are non-refundable.

*** Being dismissed from the University will make you ineligible for any refunds.

Tuition and Fees

Tuition, fees, and health insurance must be in good standing prior to being allowed to complete registration with XUSOM. For the Basic Sciences, tuition must be paid 30 days prior to the start of a semester, without incurring late fees. The only exception is for students in the Basic Sciences who have requested enrollment in a tuition payment plan and have been approved. For Clinical Sciences, tuition must be paid 21 days prior to the start of any rotation, without exception.

XUSOM affiliated International Programs may have different fee structures, payment options and applicable scholarships that do not apply to the XUSOM program in Aruba.

Tuition accounts will be considered in good standing by:

- Making full payment for total balance, verified by the Student Finance Department.

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

Personal Checks, Bank Drafts, or Money Order Payments: Make checks payable to: **Xavier Admissions LLC**

Mail to the following address:

Xavier Admissions LLC

1000 Woodbury Road, Suite 109,

Woodbury, New York 11797

All major credit cards

Credit Card Payments:

All credit card payment 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 3% surcharge fee.

Students waive right to dispute any payments. All disputed payments may result in students dismissal.

Financial Obligation

Students are required to 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 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 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. All disputes will be under the jurisdiction of XUSOM, 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 by 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.

Acknowledgment and agreement to the terms statement above is done as part of the registration process.

Late Payment

Late fees on past due balances in the basic sciences will be assessed monthly based by amounts below:

- \$1 - \$1,000 past due = \$100 late fee
- \$1,001 - \$10,000 past due = \$250 late fee
- \$10,001+ past due = \$500 late fee

Students MUST pay clinical science tuition in advance. No late payments are acceptable.

Student Financial Services

For detailed information regarding available financial aid, please contact the Student Finance Department at 1-516-333-2224. The department fax number is 1-516-921-1070.

Jurisdiction of Financial Matters

For all disputes and legal matters arising from invoicing and payments will be under the Jurisdiction of Aruba.

Academic Privacy Rights Academic Privacy and Educational Rights

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.

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.

ECFMG's Transfer Credit Policy for IMGs Applying for ECFMG Certification and USMLE

To be eligible for ECFMG Certification, an international medical graduate (IMG) must have been awarded credit for at least four credit years (academic years for which credit has been given toward completion of the medical curriculum) by a school that is listed in the World Directory of Medical Schools as meeting eligibility requirements for its students and graduates to apply to ECFMG for ECFMG Certification and examination. ECFMG's transfer credit policy

places restrictions on credits transferred to the degree-granting medical school that can be used to meet this requirement.

ECFMG Policy on Transfer Credits

Transfer credits are credits earned for a course taken at one institution (such as a medical school) that are accepted by a medical school toward meeting its degree requirements. For example, a student attends a medical school for one year and earns credits for 12 courses. The student transfers to another medical school, which accepts the credits for those 12 courses toward meeting its degree requirements. The credits for those 12 courses are then referred to as transfer credits.

If you transferred credits to the medical school that awarded or will award your medical degree, you must disclose and document these credits when you apply to ECFMG for examination, **regardless of when the credits were earned**. See *Credentials for ECFMG Certification in Medical Education Credentials*. Failure to disclose and document these credits may have a number of negative consequences, including delaying exam registration and certification by ECFMG, and may result in a finding of irregular behavior and permanent annotation of your ECFMG record.

Additionally, for the purpose of ECFMG Certification, credits that are transferred to the medical school that awarded or will award your medical degree must meet **all** of the following criteria:

1. All credits must have been transferred from a medical school that is either:
 - a. located in the United States or Canada and listed in the World Directory, or
 - b. listed in the World Directory as meeting ECFMG eligibility requirements.
2. Credits must be for courses that were passed at the medical school at which the course was taken.

3. Credits may only be transferred from one medical school to the medical school which awards the final degree

If your transferred credits do not comply with all the criteria listed above, you will not meet the requirements to be registered by ECFMG for examination or the requirements to be certified by ECFMG. If your transferred credits do not meet **all** the criteria listed above, you may request an exception from the ECFMG Medical Education Credentials Committee.

Important Note: The requirement that credits must be transferred from a medical school that meets the criteria above does not apply to credits transferred **only to the pre-medical portion of the curriculum** of the medical school that awarded or will award the medical degree. If you transferred credits to the pre-medical portion of the curriculum at the medical school that awarded or will award your medical degree from an institution that does not meet the criteria listed above, you must provide ECFMG with a letter from the medical school that awarded or will award your medical degree confirming that the credits were transferred to the pre-medical portion of the curriculum only. This letter must be on the letterhead of the medical school and be signed by an authorized official of your medical school. This letter must be submitted in conjunction with the application for examination. Applications received without this letter may be rejected. **This letter is in addition to disclosing and documenting all transferred credits as described above.**

The intent of this policy on transfer credits is to preserve the appropriate education of medical school graduates applying to ECFMG for Certification. The provisions of this policy will be applied by ECFMG in its sole discretion in order to effectuate the intent of this policy.

Important Note: Transfer credits that ECFMG reviewed and deemed to have met requirements for ECFMG Certification prior to August 27, 2019, will remain acceptable, and these applicants will be allowed to proceed with Certification and the

examinations leading to Certification. All future transfer activity will be subject to the policy as stated here.

Reference: ECFMG 2020 Information Booklet: Medical Education Credentials - ECFMG Policy on Transfer Credits. <https://www.ecfm.org/2020ib/transfer-credits.html>

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=standards&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.

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 verdoevende 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 verdoevende 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: 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. Pastoral care

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 helps the students who wish to stay at the Xavier accommodation facility 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.

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** through 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.

Academic Support at XUSOM

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
- B. Support to students off-campus: Support to remote MD6 students and Leave of Absence (LOA) Med 6 students
- C. Support to Clinical students

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:

1. Each student is assigned a faculty mentor at the beginning of the semester who will guide them and be their support throughout the semester.
2. The mentors are subject to change every semester.
3. 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.
4. 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.
5. 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.
6. All the issues, highlights of the conversations of the meeting, attendance, grades, outcomes and assessments will be documented in a formal way.
7. 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:

1. 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.

2. The peer tutors assist the students in the respective subjects they have been assigned.
3. The assistance could be in the form of mentoring, conceptual learning, time management, monitoring the studies, conducting a group discussion, etc.
4. The duration of mentoring hours and type of mentoring will be recorded for each session.
5. Students can avail additional tutoring from their peers.
6. Prospective peer tutors have to submit their application form to the Office of the Student affairs.
7. 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

1. Meet with Academic Advisor/Mentor at least twice a month.
2. Submit a written remediation plan, detailing how you will improve your performance.
3. Meet with individual professors once per week.
4. 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.
5. 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:

The two licensed psychologists provide confidential, personal counseling. Counseling is provided without cost to medical 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)

B. Support to students off-campus: Support to remote MD6 students and Leave of Absence (LOA) Med 6 students

We recognize that learning vast amount of material can present difficulties for many students, particularly when they finish their MD6 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
 - 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

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:

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

Following up with students off-campus:

1. Any remote student is followed up on a regular basis.
2. The communication is done via e-mail.
3. The e-mail is sent out to the student who are not in touch with the school at regular interval.
4. If the student does not respond to the email then the faculty contacts the student via the phone.

5. If the student does not respond to the phone calls then the faculty will leave a voice message.
6. 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:

1. Must have finished ALL core rotations.
2. Must be willing to dedicate minimum of 2 hrs to a student during each core rotation.
3. Must be in good academic standing and student at XUSOM
4. Agree to provide honest, useful tips and tricks to help the student excel
5. Each mentor will be assigned up to maximum 3 students at a time.

Mentor Duties:

1. Be an honest friend to the student
2. Provide useful tips and tricks to help the student perform well during the rotation
3. Provide information regarding study material to be used for the rotation
4. Schedule 1 meeting per rotation: 1) before start of core rotation, 2) Mid-rotation 3) Near end rotation. 4) When the student requires assistance.
5. Can host more meetings based on availability and need of student/availability of mentor.

Criteria for students:

1. 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:

1. Dr. Prasad VN, Assistant dean of Student Affairs: nvijayashankarrmd@xusom.com
2. Dr. Segie Apacible: segiedds@xusom.com

For students off campus:

1. Dr. Fidelis Nwachukwu, USMLE coach: fnwachukwumd@xusom.com
2. Dr. Mayank Gupta, USMLE coach: mguptamd@xusom.com
3. Ms. Yvette Aal, Registrar, XUSOM, Aruba: yaal@xusom.com

For students in clinical rotations:

1. Dr. Richard Pestell, Dean of Clinical Sciences: rpestellmd@xusom.com
2. Dr. Sergey Kunkov, Assistant Dean of Clinical Science: skunkovmd@xusom.com

Academic Support Program for LOA students

ACADEMIC SUPPORT PROGRAM:

INTRODUCTION:

XUSOM has a 96 percent USMLE Step 1 first attempt pass rate. In order to help and support students who have been struggling to pass the CBSE, XUSOM, with the approval of the Board, is offering a structured Academic Support Program (ASP). In summer 2019 semester (May 2019) under the leadership of the Chief Academic Officer Dr. Dubey AK, a new program was set-up

for Xavier University School of Medicine's students who were under Med 6 Leave of Absence (Med 6 LOA) after their basic sciences program.

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 many students, particularly when they finish their MD6 program and go back homes for preparation for CBSE and / or Step 1. Therefore 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 Dr. Fidelis, and supported by Dr. Gupta. Both of them 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, an 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 until the completion of the program.

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 CBSE exam in the beginning and end of the program: A diagnostic CBSE helps our program coordinators assess the needs and deficiencies of the students and enables them to work in an individualized fashion. The Diagnostic CBSE at the end of the program helps us assess the student outcomes and efficiency of the program.
4. CBSE score of 208 or higher will be deemed as pass and the student will become eligible to take USMLE Step 1.
5. 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.
6. Daily discussion on USMLE questions and structured lectures on high yield topics.
7. Focused guidance on auditing of classes and in-house faculty support.
8. Step 1 review lectures.
9. 4 month access to Kaplan Q Bank

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. Dr. Fidelis Nwachukwu, Program Coordinator, Academic Support Program: fnwachukwumd@xusom.com
2. Ms. Yvette Aal, Registrar, XUSOM, Aruba: yaal@xusom.com

Student wellness

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 centre

XUSOM is 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 centres. The students can choose to indulge in fitness program based on their preferences.

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:

The two licensed psychologists 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. Prasad VN, Assistant Dean of Student Affairs: nvijayashankarmd@xusom.com
2. Dr. Segie Apacible: segiedds@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.

IFMSA (International Federation of Medical Students' Association)

IFMSA 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 IFMSA'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.

Definitions

ACADEMIC STATUS

Good Standing

Students will remain in good standing by complying with all academic standards, policies, and regulations set forth by XUSOM. Students must also satisfy all financial obligations to XUSOM or its affiliated lender. A student is not in good standing if they meet one or more of the following categories:

- Academic probation
- Professional probation
- Not meeting financial obligations

The University reserves the right to withhold services, transcripts and certifications from a student who is not in good standing.

ACADEMIC PROBATION

Students who do not achieve satisfactory results, GPA below 2.0 or failure in more than 1 subject will be placed on Academic Probation. The purpose of

Academic Probation is to ensure that all students successfully progress through the Academic Program. This applies whether or not students took the examinations, i.e. students who automatically fail a course due to non-attendance. Students on Academic Probation may be required to undertake any or all of the following:

- Presentation in the class
- Submission of extra work
- Extra examinations
- Academic counseling sessions

Students will be placed on Academic Probation for a minimum of one semester. The length of Academic Probation is at the discretion of the Promotional Committee in consultation with the Dean of Student Affairs. Students placed on Academic Probation will receive written notice to this effect, detailing the length of probation, the reasons for the probation, and the extra work that they will be required to complete.

Students who fail a course taken during a period of Academic Probation may be recommended for dismissal from the School due to academic inadequacy. The Promotional Committee will review these students on an individual basis and make recommendations to the appropriate Dean, who will recommend to the Chief Academic Officer whether the student should be retained or dismissed.

Students of Xavier University School of Medicine have the right to appeal being placed on Academic Probation. Students wishing to appeal being placed on Academic Probation must follow the appeals procedure detailed in this Handbook.

Appendix

MEDICAL LICENSURE in the UNITED STATES

The Role of the Educational Commission for Foreign Medical Graduates/ ECFMG

The Educational Commission for Foreign Medical Graduates/ECFMG is the definitive agency certifying the medical education of schools outside of the United States and Canada.

The Educational Commission for Foreign Medical Graduates/ECFMG's purpose is "to assess the readiness of graduates of these schools" to enter residency programs, and requires strict adherence to the following:

Passing all parts of the USMLE (Step 1, Step 2 CK and CS; and Step 3); Satisfying the medical education credential documentation requirement; ECFMG certification in order to:

Start post-graduate medical training (residency);

Secure an initial license in the state in which the residency program is located; Secure an unrestricted license for practicing medicine in the U.S.

Currently, for the examination application, a medical school student must continue to submit FORM 183, Certification Statement.

Please contact ECFMG for updates regarding policy changes, etc. at:

ECFMG

3624 Market Street, 4th floor, Philadelphia, PA
19104-2805

Phone: (215) 386 – 5900 • Fax: (215) 387 – 9963

Website: www.ecfm.org