The Doctor of Medicine Degree Program

Admission

The George Washington University School of Medicine and Health Sciences seeks to admit intellectually gifted, empathetic, and mature students who have the capacity to excel in the science and art of medicine. Updated information on admission requirements, the application process, the program, and the curriculum is provided in a brochure available on the admissions website www.gwumc.edu/admis/. Applicants are encouraged to review this document carefully. The Office of Admissions can be reached via e-mail at medadmit@gwu.edu.

Admission Requirements

To be considered for admission to the Doctor of Medicine (M.D.) degree program, applicants must have successfully completed a minimum of 90 credit hours, including all required premedical course work, at an accredited U.S. or Canadian institution of higher education. Professional school credit may be applied toward fulfillment of this minimum requirement by approval of the Committee on Admissions. In most instances, applicants should complete four full years of undergraduate study; only unusual applicants are accepted upon completion of the minimum requirements.

The following course work must be completed with satisfactory achievement before the applicant can be certified for matriculation. All required science courses must include sufficient laboratory work to ensure familiarity with the experimental methods and techniques of the disciplines.

Biology—eight credit hours, including two credit hours of laboratory, in general biology or zoology, but not in botany.

Chemistry—eight credit hours of general inorganic chemistry (which may include qualitative analysis), including two credit hours of laboratory, and eight credit hours of organic chemistry, including two credit hours of laboratory.

Physics—eight credit hours, including at least two credit hours of laboratory.

English—six credit hours in composition and literature, which may be the standard introductory college courses or their equivalents.

The number of required courses has been kept to a minimum to enable undergraduates to pursue their own interests in depth. The admissions committee has no preference with regard to the applicant’s major area of study. The committee does expect, however, that work in the student’s chosen area as well as in required science courses will reflect scholarly interests and show evidence of significant achievement.

Applicants must submit scores on the Medical College Admission Test (MCAT). MCAT scores will be valid only if the test was taken within three years of the date of expected matriculation.

Application Procedure

For Admission to the First-Year Class—The School participates in the American Medical College Application Service (AMCAS). Applications for a place in the first-year class can be obtained only from AMCAS, at www.AAMC.org. The AMCAS application deadline is December 1 of the year preceding that for which admission is sought.

Upon receiving the AMCAS application, the Office of Admissions will send the applicant a supplemental application. The supplemental application and letters of recommendation must be returned with the nonrefundable supplemental application fee ($125) no later than January 1. Applicants are informed of receipt of the supplemental application and letters of recommendation. The admissions committee will then invite the most promising candidates to come for personal interviews. Applicants will be informed of the committee’s final decision as soon after the interviews as possible.
The School also participates in the AMCAS Early Decision Program. Interested applicants should read the AMCAS information booklet included with the AMCAS application materials. Early decision applicants should be aware that (1) they must submit their AMCAS application by August 1 of the year preceding that for which admission is sought, and (2) their supplemental application and all letters of recommendation and transcripts must be received by the Office of Admissions no later than September 1. Decisions on these applications are made by October 1.

Applicants should refer to AMCAS information, the admissions brochure, and the admissions website for the most up-to-date information available at the time of application. Details included in those sources supersede information contained in this Bulletin.

All applicants are reminded that the submission of false or misleading information on application forms or in connection with the application process will be grounds for rejection. Applicants must report all institutional actions and legal violations. If such submission is discovered after entrance into the School or award of a degree, it will be grounds for dismissal or for revocation of the degree.

For Admission with Advanced Standing—Information and applications for admission with advanced standing are available online.

Applications may be submitted for either the second or third year. Applicants for advanced standing must meet all requirements for admission to the first and/or second year of study in the School of Medicine and Health Sciences (see Admission Requirements). Applicants must be currently enrolled in good standing or eligible to return to their prior medical school.

All applicants must submit the advanced standing application and the application fee by May 1, along with three letters of recommendation. If accepted, official transcripts will be required. The admissions committee will request an interview with selected students.

Selection Procedures
To process first-year applications fairly and expeditiously, the School uses an evaluation procedure that reviews undergraduate grades, MCAT scores, graduate course work, extracurricular activities, work experience, research, and health care and service activities. Some additional consideration is given to applicants from the Washington metropolitan area and to applicants from George Washington University. There are no age limits.

Following this initial screening, the Admissions Committee invites about 1,000 applicants for personal interviews.

When all credentials and interview reports are available, the application is reviewed by the admissions committee. Although grades and MCAT scores are considered, the committee reviews all portions of the application, including essays, letters of evaluation, and interview reports in assessing those motivational and personal characteristics it feels are important in future physicians.

Applicants who are offered a place in the class are required, within two weeks, to return the signed contract, indicating acceptance of the offer. A deposit ($100) used to reserve a student’s place in the class is due no later than May 15. Applicants may only hold one offer after May 15, per AAMC guidelines. In addition, a tuition prepayment is required by June 15 and is credited toward the first semester’s tuition.

Program of Study
The curriculum leading to the Doctor of Medicine degree is designed to provide a medical education that prepares graduates comprehensively for residency training, provides them the experience on which to base their career selection, and prepares them for professional lives of continuous learning.

The Practice of Medicine, a course that spans all four years, provides early patient exposure and the means to develop outstanding clinical thinking, techni-
cal skills, and a sense of professionalism. In the first two years, The Practice of Medicine offers a clinical apprenticeship, in which each student is placed with a practicing clinician one day every other week; on alternate weeks, students meet in small groups with faculty mentors to learn clinical assessment skills and to consider ethical, social, and professional issues. In addition, problem-based learning is conducted through small-group, case-based tutorials.

The balance of the curriculum in Years I and II is devoted to didactic basic science instruction. In Year I, that instruction is concentrated on the study of normal human biology and function, with specific courses in gross and microscopic anatomy, biochemistry/genetics, physiology, neurobiology, and immunology. In Year II, instruction is focused on the study of abnormal human biology, with specific courses in pathology, pharmacology, psychopathology, and microbiology. Year II concludes with Introduction to Clinical Medicine, an interdisciplinary course organized in terms of organ systems.

During the final two years, the M.D. program consists primarily of a series of required clerkships and elective sequences designed to prepare students for graduate training in any field of their choice, while at the same time providing them with extensive exposure to a variety of fields sufficient to enable them to make appropriate career decisions. Basic science content is reexamined and reinforced in the continuing Practice of Medicine course where, among other multidisciplinary considerations, the implications and applications of the basic sciences to the understanding and management of clinical problems are explored and topics of professionalism, ethics, and patient management are handled on a more sophisticated level.

Third-year required clerkships of eight weeks each include medicine, surgery, pediatrics, obstetrics and gynecology, psychiatry, and primary care. In the fourth year, students are required to complete an acting internship in medicine, pediatrics, or family medicine; 4-week clerkships in clinical neuroscience and emergency medicine; two weeks in anesthesiology; two weeks in a clinical or basic science didactic course; two weeks of POM IV (The Practice of Medicine and Medical Decision Making); and at least 16 weeks of additional electives. A variety of elective experiences is available to meet these requirements at the University and its affiliated hospitals; permission may also be granted to take a limited number of electives elsewhere.

Honors

Students will be graduated “with distinction” if they have received no failing or conditional grades during the four-year program leading to the Doctor of Medicine degree and either (1) have received Honors grades in at least 50 percent of the total credit hours earned in required courses during the first three years or (2) have received Honors grades in more than 45 percent of the total credit hours earned in required courses during the first three years and have demonstrated a strong fourth-year performance in required and elective courses.

Early Selection, Integrated, and Dual-Degree Programs

GW Early Selection Program—An early selection program enables GW undergraduates to apply to the medical school at the end of the sophomore year. Those students accepted create a broad and vigorous program tailored to promote intellectual growth during their last two years in college. After graduation, they enter the M.D. program. Applications and letters of evaluation are due in March. The application and guidelines are available at www.gwumc.edu/admis.

Admission to Other Early Selection Programs—Early selection programs are available in conjunction with other select undergraduate institutions. A complete list is available at www.gwumc.edu/admis.
GW Integrated Bachelor of Arts/Doctor of Medicine—The University offers a seven-year integrated B.A./M.D. program for students of high ability and maturity who have decided, before applying to college, that they wish to become physicians and want to accomplish that goal in a shorter amount of time and at a lower overall cost than is usual. Detailed information on this program is available at gwired.gwu.edu/adm.

B.S./M.D. Program with St. Bonaventure University—The George Washington University and St. Bonaventure University have established an eight-year B.S./M.D. program. Students meeting all requirements have a provisional acceptance to GW’s M.D. program upon graduating from St. Bonaventure University. More information is available at www.sbu.edu.

Dual Doctor of Medicine and Doctor of Philosophy—In cooperation with Columbian College of Arts and Sciences, a dual program is available to qualified students who seek both the Doctor of Medicine and Doctor of Philosophy degrees. The requirements that must be fulfilled for both degrees are identical to those currently and separately established in the School of Medicine and Health Sciences and Columbian College of Arts and Sciences.

To enter the joint degree program, a prospective student must apply for and gain admission to both Columbian College of Arts and Sciences and the School of Medicine and Health Sciences. If admitted to both schools, the student may apply for affiliation with the joint degree program. Work toward the Ph.D. is performed under the jurisdiction of a departmental doctoral committee and is available in more than 20 research fields.

A student working toward these degrees may apply up to 24 credit hours of approved work taken in the M.D. program toward the minimum of 48 hours of course work required to qualify for the General Examination for Ph.D. candidacy. The student’s research for the dissertation may begin concurrently with the final 24 credit hours of graduate course work. The estimated time for completion of this joint program is six years.

Details of the requirements for the Doctor of Philosophy degree are included in the Graduate Programs Bulletin of the University, available at www.gwu.edu/~bulletin.

Dual Doctor of Medicine and Master of Public Health—Students who wish to pursue the Master of Public Health degree in conjunction with the Doctor of Medicine degree must apply separately to each program. The M.D./M.P.H. program can be completed in five years of full-time study. The M.P.H. program can be entered at any point prior to beginning the fourth year of medical education. Comprehensive details of course scheduling, co-crediting, and tuition rates can be obtained by contacting the director of the program through the Office of the Dean, SMHS. For specific requirements of the M.P.H. program, contact the School of Public Health and Health Services, Office of Recruitment and Admissions, Ross Hall, Suite 202, 2300 Eye Street, N.W., Washington, D.C. 20037. Information is also available at www.gwumc.edu/sphhs.

Doctor of Medicine Special Programs

A special division has been created to allow flexibility in the pace at which selected students may proceed toward the M.D. degree. In most U.S. medical schools, including GW, students are required to take a full load of courses each semester or quarter. The Doctor of Medicine Special Programs offer the opportunity to take courses at a decelerated pace. At the present time, it is not a division to which students may apply directly. Access is offered by administrative action, on advice of the Admissions Committee, or in some cases, following faculty review of academic performance.
Decelerated Program

The Decelerated Program enables a small number of selected students to spread the highly compressed work of the first year of the M.D. program over two years. Applicants are invited to enter this program if, in the view of the Admissions Committee, they show great promise but present cause for concern because of weaknesses or aberrances in academic preparation. Typical examples would be an applicant with relatively low or inconsistent grades or MCAT scores, or a long period intervening between completion of undergraduate work and application to medical school. If in the view of the Admissions Committee there is a reasonable expectation that the student’s preparation for the remainder of the program would be strengthened by deceleration in the first-year program, the student may be invited into the program. Courses are taken with students in the four-year program. To continue beyond the first year, five-year program students must achieve grades not lower than one standard deviation below the mean for all medical students in each course of more than two credits.

Following successful completion of the decelerated first year, students enter the second-year program under the regulations for all four-year students.

Tuition—Tuition in the Doctor of Medicine Special Programs is based on the number of credit hours taken. The fee per credit hour is derived by dividing the annual tuition for M.D. candidates by the number of credit hours regularly taken by students in that year. Thus, for students in the Five-Year Program, the tuition for first-year courses is divided over two years.

International Programs

Application to the International M.D. Program is available to a select number of international applicants who have completed a minimum of 90 credit hours, including all required premedical course work, at an accredited U.S. or Canadian college or university. This course of study is designed to prepare non-U.S. citizens for medical practice and leadership positions in their home countries. The curriculum follows that of the five-year decelerated program. The School of Medicine and Health Sciences will accept applications from international students solely through the International M.D. Program. Applicants must be sponsored by their government and/or a medical institution within their home country and must complete the same prerequisites as regular M.D. candidates. Canadian applicants should apply through the regular M.D. admissions process.

International Electives—The Office of International Medicine Programs offers international elective programs in various locations including China, France, and various countries in Africa and Latin America to medical students in their fourth year of study. Please see the listings for Interdisciplinary Courses for more information.

For additional information about the above programs, please see www.gwumc.edu/imp or contact the Office of International Medicine Programs, 2300 Eye Street, NW, Suite 708, Washington, D.C. 20057; phone (202) 994-2796; fax (202) 994-0074; and e-mail imphma@gwumc.edu.

Regulations for M.D. Candidates

Preamble

Students enrolled in the M.D. program are required to conform to, and are entitled to the benefits of, the Guide to Student Rights and Responsibilities (hereinafter “the Guide”), as well as other rules, regulations, and policies with University-wide applicability. However, because of the unique curriculum and degree requirements of the School of Medicine and Health Sciences, the University Board of Trustees has established the following Regulations for M.D. Candidates (hereinafter “Regulations”). Certain procedures in these Regulations are designed to
supplement policies established by the Guide. For instance, the process set forth in Section 7 of Article B of these Regulations is designed to provide protection against improper academic evaluation as guaranteed by Article II, Section B of the Guide (Protection Against Improper Academic Evaluation). Other procedures in these Regulations are meant to replace procedures set forth in the Guide in most instances. For example, all cases involving alleged misconduct by M.D. candidates will be processed under these Regulations, unless the School of Medicine and Health Sciences dean or his/her designee (hereinafter “dean”) decides in a particular case to have the case processed under the Guide’s Code of Student Conduct. In the case of any inconsistency or ambiguity between these Regulations and University-wide rules, regulations, and policies, including the Guide, these Regulations shall govern.

A. General

1. The minimum requirement for the M.D. degree will be the completion of all courses designated by the School’s Faculty Senate to be required, and a passing grade in all courses taken, whether required or not, other than electives in the first and second years. (Minimum requirements for M.D. candidates in the Doctor of Medicine Special Programs are different, and such students are referred to Article I of these Regulations for a statement regarding modified minimum requirements.)

2. Using the guidelines below, the Committee for Undergraduate Medical Curriculum will periodically determine and report to the School’s Faculty Senate on the appropriate number of credits for all courses.

First- and Second-Year Courses:
   a. One credit hour for each hour of lecture time per week per semester, adjusted as appropriate.
   b. One credit hour for each two or three hours of laboratory and/or small group teaching time per week per semester, adjusted if appropriate.

Third- and Fourth-Year Courses:
   c. Five credit hours for each four-week experience; three credit hours for each two-week experience.

B. Evaluation of Academic Performance

1. The faculty is responsible for evaluation of the performance of students in a meaningful, useful, and timely manner. The authority for assignment of grades rests with academic departments or with faculty of interdisciplinary courses. Exceptions are the notations of Incomplete and Withdrawal (see below), which require the concurrence of the dean.

2. Departments are responsible for the assignment of grades on a basis that is rational, just, and unbiased.

3. The grading system for all nonrequired electives will be:
   - Pass (P)
   - Fail (F)

For all required courses and senior electives, the grading system will be:
   - Honors (H)
   - In Progress (IPG)
   - Pass (P)
   - Incomplete (I)
   - Conditional (CN)
   - Withdrawal (W)
   - Fail (F)
   - Exempt (EX)

4. The following definitions apply:
   - **Honors (H)** — Those students whose performance in a subject is determined by the responsible department to be of superior quality may be assigned the grade of Honors (H).
   - **Pass (P)** — All students, with the exception of those defined above, whose performance in a subject meets the requirements established by the responsible department shall be assigned a grade of Pass (P).
**Conditional (CN)**—Those students who do not meet the minimum requirements established by the responsible department, but who could reasonably be expected to do so through a limited program of remedial work, may be assigned the grade of Conditional (CN).

**Fail (F)**—Those students whose performance in a subject clearly falls so far below departmental passing standards that limited remedial work would be inadequate to correct the deficiencies shall be given a grade of Fail (F).

**In Progress (IPG)**—The notation of IPG will be assigned to students in courses that require more than one semester for completion. A grade will be assigned upon completion of the entire course in a subsequent semester.

**Incomplete (I)**—The notation of I will be assigned by the faculty member or department when a student fails to complete all the required work in a course. Assignment of an Incomplete requires the concurrence of the dean on a case-by-case basis. A student in the first or second year may not proceed in the work of the following year until a grade of I has been converted; a student in the third or fourth year must remove a grade of I prior to graduation. If not converted to a Pass, a grade of I will be changed automatically to a grade of F after one year.

**Withdrawal (W)**—The notation of W will be assigned only when a student is unable to continue in the course for reasons acceptable to the dean. Such reasons may not include poor scholarship.

**Exempt (EX)**—The notation of EX will be assigned when a student proves competent in a subject and is excused by the responsible department; or when a student is given credit for passing an equivalent course in another institution acceptable to the department and the dean.

5. All departments must submit F and CN grades to the Office of the Dean as soon as possible after the student has completed a course or clerkship.

A definition of work required to convert an F or CN shall be developed by the department, reviewed by the Committee on Medical Student Evaluation (otherwise known as the Medical Student Evaluation Committee, or MSEC), and approved by the dean. Any F or CN grades must be converted at a minimum to a Pass grade. A grade of F requires that the student repeat the course or complete an equivalent remedial experience. A grade of CN may be converted by a program of more limited work, as developed by the responsible department and approved by the MSEC.

No student may proceed from the first to the second year or from the second to the third year of the M.D. program without having first upgraded all grades of F and CN. Students with failing or conditional performances in third-year clerkships may remedy those deficiencies during the fourth year with the approval of the dean. Conditional or failing grades in fourth-year courses shall be remedied in the fourth year prior to receiving the M.D. degree.

Performances upgraded from the conditional to the passing level will be graded as CN/P. A student may elect to repeat the course, provided it is being offered, rather than undertake a limited remedial program to convert a Conditional grade. In that case, the initial grade remains CN and the repeated course is listed and graded separately.

Failure to convert a CN within the period as proscribed by the dean shall result in automatic conversion of a CN to CN/F.

6. The dean will inform the MSEC of the names of all students receiving grades of F or CN and submit their records to the Committee for evaluation and recommendations.

7. Any student who considers a grade or evaluation to be unjust or inaccurate may, within 14 calendar days from the time the grade is posted on the GWUMC student grade reporting system, appeal in writing to the signer of
the evaluation with a copy to the dean. The student is deemed to have
received the grade three days after mailing of the official grade form. If the
issue is not resolved to the student's satisfaction within 14 calendar days of
receipt of the appeal, the student may appeal it in writing to the chair of
the responsible department, setting forth the reasons for reconsidering
the grade or evaluation. The student shall send a copy of this written statement
to the dean.

The chair shall conduct a review, consulting as appropriate with other
faculty, staff, and the student, and convey a determination to the student
in writing, with a copy to the dean. If the issue is not resolved to the stu-
dent's satisfaction within 14 days of receipt of the appeal to the chair, and
s/he wishes to appeal it further, s/he shall do so in writing to the dean. In
considering the student's appeal, the dean is limited to determining whether
or not the evaluational or grading procedures used were essentially the
same as those used for other students in that course; and, independent of
that conclusion, whether or not there is sufficient evidence of unjust or erro-
neous evaluation. In carrying out this task, the dean may, at his/her sole
discretion, seek advice from an ad hoc committee formed to review the
complaint. There should be both student and faculty representation on
such a committee, but no member may be from the department in
question.

Should the dean find that the grade or evaluation is unjust or inaccurate,
s/he will, in consultation with the chair of the department, determine an
appropriate reevaluation procedure and/or grade for the student. The deci-
sion of the dean is final.

Failure of the student to comply with these procedures, including the
stated time limits, indicates acceptance of the grade.

C. Academic Dismissal

1. A student is at risk for academic dismissal under any of the following cir-
cumstances:
   a. The student receives grades of CN and/or F in two or more required
courses in the first semester of Year I;
   b. The student receives grades of F in two or more required courses (or
senior electives) of greater than 3 credits in any academic year;
   c. The student receives grades of CN and/or F in three or more required
courses (or senior electives) in any academic year;
   d. The student receives a grade of F in one or more required courses (or
senior electives) totaling 12 or more credit hours in any academic year
or totaling 20 or more credit hours in the M.D. program;
   e. The student receives grades of CN and/or F in required courses (or
senior electives) totaling 20 credit hours or more of work in any academ-
ical year, or totaling more than 30 credit hours in the M.D. program;
   f. The student receives a grade of CN or F in a required course or senior
elective, when that student has previously been at risk for academic dis-
missal;
   g. The student receives a Fail grade on the USMLE Step I exam on three
attempts;
   h. The student, if matriculating in the fall 1999 semester or thereafter, does
not receive a passing grade on the USMLE Step II Exam prior to gradu-
ation;
   i. The student fails to meet any special requirement(s) previously speci-
fied for that student by the dean as a condition for continuation in the
M.D. program.
2. All conditional (CN) and failing (F) grades in required courses and senior electives contribute to risk for academic dismissal, including those that have been upgraded. A CN downgraded to CN/F shall count as an F in determining whether a student is at risk for academic failure. A failure in a course that was taken to remedy a grade of F in a required course will count as an additional F.

3. A student at risk for academic dismissal will receive notification from the dean that s/he is at risk. Notification will be made upon report of the grade that puts the student at risk for academic dismissal.

4. The MSEC, in an advisory capacity to the dean, shall conduct a review of the student’s academic record and any written statement the student may wish to submit to the dean in a timely fashion. The review shall include an opportunity for the Committee to meet with the student; since the meeting is not adversarial, neither the University nor the student shall have legal representation present. Thereafter, the MSEC will meet in executive session and develop a recommendation to the dean. The written recommendation will be submitted to the dean, along with the written documentation reviewed by the MSEC.

5. The dean will decide on a student’s dismissal from, or continuation in, the M.D. program. The dean, at his/her sole discretion, may meet with the student prior to making a determination. The decision of the dean shall be in writing and will include the reasons for the decision.

6. The dean is not bound by the MSEC recommendation. In the case of a student who is allowed to continue in the M.D. program, the dean may modify the academic program and/or impose special conditions that may be continuing in nature. The decision of the dean is final.

D. Irregular Progress

1. Repetition of a Year
   Upon advice of the MSEC, the dean may require that a student in academic difficulty repeat a year, or s/he may permit a student at risk for dismissal to repeat a year. Requiring repetition of a year would be an option if there was a pattern of academic problems that would be difficult or impossible to remedy before the beginning of the next academic year. Permitting repetition of a year would be an option if the student was subject to dismissal on academic grounds but showed promise of mastering academic material on an additional attempt and of proceeding without further major difficulty toward becoming a competent physician. A student eligible for promotion may be allowed to repeat a year at his/her own request.

2. Leave of Absence
   Leave of absence, including the conditions and timing of the return, may be granted at the discretion of the dean.

3. Withdrawal from the M.D. Program
   In the event that a student who withdraws from the M.D. program subsequently changes his/her mind and wishes to re-enter the program, s/he must reapply through the admissions process, as would any other applicant for medical school.

E. Evaluation of Professional Comportment

Occasionally, a student’s behavior, or pattern of behavior, may raise concerns as to the student’s suitability to continue in the study of medicine. The process described below is intended to deal with behavior that may be unacceptable to the School of Medicine and Health Sciences or raise questions about the student’s fitness for the practice of medicine.
1. When a problem with professional comportment (other than academic dishonesty) regarding a student is perceived, the observer will communicate this concern to the dean. If the communication is verbal, it must be confirmed immediately by a signed written statement or else it will not be pursued further.

2. Upon receiving such a communication, the dean will create a confidential file in which all documents pertaining to the matter will be placed. The contents of the file will be preserved for a period of time not less than five years from the date of separation or graduation from the School of Medicine and Health Sciences. Access to this file will be restricted to the student under consideration; the dean and his/her staff; the MSEC; the Subcommittee on Professional Comportment of the MSEC, if one is constituted; and attorneys for the University and student.

3. The dean will notify the student in writing that s/he has received a communication from someone who perceives that the student has a problem with professional comportment. The notice will include a copy of these Regulations.

4. The dean will meet informally with the student as soon as possible. At that meeting, or as soon thereafter as possible, the dean may do one or more of the following:
   a. Advise the student.
   b. Recommend that the student seek professional assistance, at the student’s expense.
   c. Develop additional information through contacts with the student, his/her peers, faculty, professional consultants, and/or any other source deemed to have relevant information. With the student’s concurrence, s/he may be referred for a medical, psychiatric, and/or psychological evaluation. The cost of such an evaluation will be paid by the University, and the student will be asked to authorize the professional consultant to make a written report to the dean for inclusion in the student’s confidential file. This authorization of the release of information regarding a psychiatric or psychological evaluation shall be made only after the student has had a chance to review the written report.
   d. Refer the case to a Subcommittee on Professional Comportment.
   e. Suspend the student pending investigation and recommendation of the Subcommittee on Professional Comportment and/or the MSEC.

5. The involvement of, and actions taken by, the dean may be continuing in nature.
   
   Paragraphs 6 through 19 apply if the student is referred to a Subcommittee on Professional Comportment.

6. A Subcommittee on Professional Comportment and its chair will be named by the chair of the MSEC. The Subcommittee will consist of two students from the third and/or fourth year of the M.D. Program and two faculty, at least one of whom shall be a member of the MSEC.

7. The dean will notify the student in writing of the composition of the Subcommittee. The student will be allowed ten calendar days from the mailing of this notice to object to any person’s appointment to the Subcommittee. Such objection must be sent to the dean in writing. The dean will, at his/her sole discretion, determine whether an objection warrants the appointment of one or more different persons to the Subcommittee, who shall be selected as set forth in paragraph 6.

8. The Subcommittee will investigate the allegation. The Subcommittee will review the student’s confidential file and interview him or her. The Sub-
committee also may gather and review other material and interview any other person who the Subcommittee, at its sole discretion, has reason to believe may have relevant information to contribute. The Subcommittee, when it deems appropriate, may ask the dean to refer the student for a medical, psychiatric, or psychological evaluation so that the Subcommittee may consider information such an evaluation would reveal.

9. If the Subcommittee requests such an evaluation, the dean will make such referral. No student may be compelled to be evaluated; the cost will be borne by the University and the student will be asked to authorize the professional consultant to make a written report to be included in the student’s confidential file. This authorization of the release of information derived from the evaluation shall be made only after the student has had a chance to review the written report.

10. The student under review and/or the student’s attorney or advisor may attend the information-gathering sessions. These sessions are not in the nature of an adversarial proceeding; the student and/or his or her attorney or advisor may submit questions to be answered by persons interviewed by the Subcommittee, but the procedure regarding their questioning is left to the sole discretion of the Subcommittee. The student may speak on his/her behalf and may submit other material. The legal rules of evidence, including, but not limited to, those rules regarding relevancy and hearsay, are not applicable. The student may suggest that the Subcommittee interview additional persons, but the decision to interview such persons is left to the sole discretion of the Subcommittee. The student and the student’s attorney or advisor cannot be present when the Subcommittee meets in executive session.

11. Meetings of the Subcommittee are confidential. Minutes of the Subcommittee will be placed in the student’s confidential file upon the completion of the Subcommittee’s review.

12. The chair and all members shall be required to be present for all meetings of the Subcommittee.

13. The Subcommittee will make its final recommendation(s) to the dean. Such recommendation(s) will be in writing and shall include findings of fact and the reasons for the recommendation(s). The recommendation(s) could include, but is (are) not limited to, one or more of the following:
   a. Advising the student.
   b. Recommending that the student seek professional assistance, at the student’s expense.
   c. Recommending conditions with which the student must comply in order to continue in the M.D. program.
   d. Recommending temporary suspension from the M.D. program.
   e. Recommending dismissal from the M.D. program.

The Subcommittee shall make an additional recommendation regarding whether or not the confidential file will be made a part of the student’s permanent academic file.

14. If the Subcommittee recommends suspension or dismissal from the M.D. program, or any modifications of the academic program, the matter will be referred to the MSEC. The MSEC will review the confidential file and the report of the Subcommittee. The chair of the Subcommittee will present the Subcommittee report to the MSEC and will respond to inquiries from the MSEC members. The student and/or his or her attorney or advisor may be present during the presentation of the Subcommittee chair and may submit a written statement to the MSEC. The student and/or his or her attorney or advisor will not be able to question the Subcommittee chair or the
MSEC members, or present additional witnesses, and cannot be present when the MSEC meets in executive session. The student may be interviewed by the MSEC if the student attends the meeting; however, this meeting shall not be a de novo hearing of the matter. The MSEC will either remand the matter back to the Subcommittee if additional information is required, or it shall submit its written recommendations, along with those of the Subcommittee, to the dean.

15. The dean will review the student's confidential file, the report of the Subcommittee, and the report of the MSEC, if one has been produced. The dean, at his/her sole discretion, may meet with the student prior to making his/her determination.

16. The dean will take whatever action s/he deems appropriate, including dismissal of the student from the M.D. program. The dean will inform the student in writing of his/her decision.

17. The student shall have 15 calendar days in which to appeal the decision of the dean. Such appeal shall be in writing and sent to the vice president for academic affairs. The scope of this appeal is for the vice president for academic affairs or his/her designee to determine whether the procedures set forth in these Regulations have been followed. Failure to appeal the decision shall be deemed a waiver of any and all rights to challenge the dean's decision, and shall be deemed an acceptance of the same.

18. The vice president for academic affairs or his/her designee will make his/her decision on the written record of the proceedings. His/her decision shall be final.

19. At any time during the process, if the student in question is accompanied by an attorney, the University will have its attorney present. The student, therefore, is required to inform the Office of the Dean two days in advance of the hearing if counsel is to be present.

F. The Honor Code

1. Purpose
   The objective of the Honor Code is to foster a sense of trust, responsibility, and professionalism among students and between students and faculty. Its fundamental goals are to promote ethical behavior, to ensure the integrity of the academic enterprise, and to develop in students a sense of responsibility to maintain the honor of the medical profession. This code of behavior is designed to assist in the personal and intellectual development of the medical student on the journey to becoming a physician and member of the medical community. All members of the medical community must be accountable to themselves and others.

2. Student Responsibilities
   a. Students will not:
      (1) Give or receive aid during an examination.
      (2) Give or receive unpermitted aid in assignments.
      (3) Plagiarize any source in the preparation of academic papers or clinical presentations.
      (4) Falsify any clinical report or experimental results.
      (5) Infringe upon the rights of any other students to fair and equal access to educational materials.
      (6) Violate any other commonly understood principles of academic honesty.
   b. No code can explicitly enumerate all conceivable instances of prohibited conduct. In situations where the boundaries of proper conduct are unclear, the student has the responsibility to seek clarification from the appropriate Honor Code Council member(s), faculty member(s), or deans.
c. Each student has the responsibility to participate in the enforcement of this Code. Failure to take appropriate action is in itself a violation of the Code.

d. The student must agree to participate in the enforcement of this Honor Code and, prior to matriculation, must sign a statement agreeing to uphold its principles while enrolled at The George Washington University School of Medicine and Health Sciences.

3. Faculty Responsibilities

Each faculty member has the responsibility to participate in the enforcement, promotion, and clarification of the Honor Code. The faculty plays an integral role in the maintenance of the Honor Code. To this end, faculty will endeavor to:

a. Define the types of aid or collaboration permissible in course work.

b. Avoid procedures or ambiguities that may create undue temptation to violate the Honor Code.

c. Reinforce the tenets of the Honor Code.

4. The Honor Code Council

The Honor Code Council (hereinafter the “Council”) shall consist of six faculty members and twelve students. Each year’s class shall be represented by three students. These students shall be nominated by the Medical Center Student Council in consultation with the Council and approved by the dean. The faculty shall be selected by the chair of the MSEC and approved by the dean. The chair of the Council, who shall be a member of the faculty, shall be appointed by the dean. To ensure continuity, faculty and chair terms of appointment will be three years and staggered, with the possibility of two contiguous terms of appointment. Students will be encouraged to re-nominate their representative members.

Members of the Council shall serve as reference persons for students and faculty. Furthermore, the Council as a whole shall be charged with the continued monitoring of the Honor Code system. It will review all cases of alleged Honor Code violations that have been submitted to a Subcommittee on Professional Comportment in order to educate the academic community following the resolution of each case. It shall meet periodically during the academic year and report its findings to the MSEC, including suggested amendments to the Honor Code. Members of the Council shall serve on a Subcommittee on Professional Comportment convened as an Honor Code Committee either to review an alleged violation of the Honor Code or to recommend sanctions in established cases of Honor Code violations.

G. Academic Dishonesty and Violations of the Honor Code

1. When a student, member of the faculty, or Medical Center staff member observes something that appears to be a violation of the Honor Code, that person shall do one or more of the following:

a. Confront the individual(s) to receive an explanation and to gain satisfaction that there was no intention of breaching the Code (it is hoped that most events will be dealt with in this manner);

b. Consult with a member of the Council regarding the witnesses’ observation in order to determine whether a written report should be made; and/or

c. Submit a signed written report of the alleged infraction to the dean.

2. When the dean receives such a report, s/he will create a confidential file in which all documents pertaining to the matter will be placed. The contents of the file will be preserved for a period of time not less than five years
from the date of separation or graduation from the School of Medicine and Health Sciences. Access to this file will be restricted to the student under consideration; the dean and his/her staff; the MSEC; the Council; the Subcommittee on Professional Comportment, if one is constituted; and attorneys for the University and student.

3. The dean will notify the student in writing that s/he has received a written report alleging a violation of the Honor Code. The notice will include a copy of the report and these Regulations for M.D. Candidates.

4. The dean will meet with the student as soon as possible. At that meeting, or as soon thereafter as possible, the dean may do one or more of the following:
   a. If the witness filing the report, the student concerned, and the dean agree on the accuracy of the charges, the fact of this agreement shall be noted in writing by all three parties, and the case will be referred to a Subcommittee on Professional Comportment sitting as an Honor Code Sanctions Committee. The recommended sanctions will then be referred to the MSEC for its consideration and action for modification of the student’s academic program if necessary (see Section 11 of this Article G).
   b. If upon reviewing the charge and any supporting evidence, the dean believes that there is insufficient evidence of academic dishonesty to warrant further review, s/he may dismiss the charge without further investigation or review.
   c. If the student denies the accuracy of the charge, and the charge is not withdrawn or dismissed, the case will be referred to the MSEC for review by a Subcommittee on Professional Comportment sitting as an Honor Code Hearing Committee.

Paragraphs 5 through 15 apply if the student is referred to a Subcommittee on Professional Comportment. Paragraph 12 does not apply if the Professional Comportment Subcommittee is sitting as an Honor Code Sanctions Committee.

5. The Subcommittee on Professional Comportment and its chair will be named by the dean in consultation with the chair of the Honor Code Council. The Subcommittee will consist of at least two student members of the Honor Code Council and at least two faculty members of the Honor Code Council.

6. The dean will notify the student in writing of the composition of the Subcommittee. The student will be allowed five calendar days from the mailing of this notice to object to any person’s appointment to the Subcommittee. Such objection must be sent to the dean in writing. The dean will, at his/her sole discretion, determine whether an objection warrants the appointment of one or more different persons to the Subcommittee, who shall be selected as set forth in paragraph 5.

7. The Subcommittee will investigate the alleged Honor Code violation. The Subcommittee will review the student’s confidential file and provide the student with the opportunity to be interviewed. The Subcommittee also may gather and review other material and interview any other person who the Subcommittee, in its sole discretion, believes may have relevant information to contribute.

8. The student under review and/or the student’s attorney or advisor may attend the information-gathering sessions. These sessions are not in the nature of an adversarial proceeding; the student and/or his or her attorney or advisor may submit questions to be answered by persons interviewed by the Subcommittee, but the procedure regarding questioning is left to the sole discretion of the Subcommittee. The student may speak on his/her behalf and may submit other materials. The legal rules of evidence, includ-
ing, but not limited to, those rules regarding relevancy and hearsay, are not applicable. The student may suggest that the Subcommittee interview additional persons, but the decision to interview such persons is left to the sole discretion of the Subcommittee. The student and the student’s attorney or advisor cannot be present when the Subcommittee meets in executive session.

9. Meetings of the Subcommittee are confidential. Minutes of the Subcommittee will be placed in the student’s confidential file upon the completion of the Subcommittee’s review.

10. The chair and all members shall be required to be present for all meetings of the Subcommittee.

11. The Subcommittee will make its final recommendation(s) to the dean. Such recommendation(s) will be in writing and shall include findings of fact and the reasons for the recommendation(s). The recommendation(s) could include, but are not limited to, one or more of the following:

a. Advising the student.

b. Recommending that the student seek professional assistance, at the student’s expense.

c. Recommending conditions with which the student must comply in order to continue in the M.D. program.

d. Recommending that the work product be discarded, which might result in an Incomplete, with the requirement that the student satisfactorily complete compensatory work, or be re-evaluated on relevant material.

e. Recommending that a grade of F be awarded, with the remedy for the F being the repetition of the entire course (i.e., not the summer remedial), with a notation of “Failed the course for academic dishonesty” (or “violation of the Honor Code”) appearing on the transcript, and with the notation to be expunged at the option of the MSEC at a later date or upon graduation.

f. Recommending that a grade of F be awarded, with the remedy for the F being the repetition of the entire course (i.e., not the summer remedial), with a notation of “Failed the course for academic dishonesty” (or “violation of the Honor Code”) placed permanently on the transcript.

g. Recommending temporary suspension from the M.D. program, with the notation of “Suspended for Academic Dishonesty” (or “violation of the Honor Code”) placed permanently on the transcript.

h. Recommending permanent dismissal from the M.D. program, with the notation of “Dismissed for Academic Dishonesty” (or “violation of the Honor Code”) placed permanently on the transcript.

The Subcommittee shall make an additional recommendation regarding whether or not the confidential file will be made a part of the student’s permanent academic record.

12. Should the Subcommittee on Professional Comportment decide that no infraction of the Honor Code has occurred, there will be no further review.

13. If the Subcommittee recommends suspension or dismissal from the M.D. program, or any modifications of the academic program, the matter will be referred to the MSEC. The MSEC will review the confidential file and the report of the Subcommittee. The chair of the Subcommittee will present the Subcommittee report to the MSEC and will respond to inquiries from the MSEC members. The student and/or his or her attorney or advisor may be present during the presentation of the Subcommittee chair and may submit a written statement to the MSEC. The student and/or his or her attorney or advisor will not be able to question the Subcommittee chair or the MSEC members, or present additional witnesses, and cannot be present
when the MSEC meets in executive session. The student may be inter-
viewed by the MSEC if the student attends the meeting; however, this meet-
ing shall not be a de novo hearing of the matter. The MSEC will either
remand the matter back to the Subcommittee if additional information is
required, or it shall submit its written recommendations, along with those
of the Subcommittee, to the dean.

14. The dean will review the student’s confidential file, the report of the Sub-
committee, and the report of the MSEC, if any. The dean, at his/her sole
discretion, may meet with the student prior to making his/her determina-
tion.

15. Should the dean concur with the Subcommittee on Professional Comport-
ment’s conclusion that a violation of the Honor Code has occurred, one or
more sanctions must be invoked by the dean. This may range from
discarding the work product to dismissal of the student from the M.D.
program, with an appropriate notation placed on the transcript.

16. The dean will take whatever action s/he deems appropriate, including dis-
missal of the student from the M.D. program. The dean will inform the
student in writing of his/her decision.

17. The student shall have 15 calendar days in which to appeal the decision of
the dean. Such appeal shall be sent in writing to the vice president for aca-
demic affairs. The scope of this appeal is for the vice president for aca-
demic affairs or his/her designee to determine whether the procedures
set forth in these Regulations have been complied with. Failure to appeal
the decision shall be deemed a waiver of any and all rights to challenge
the dean’s decision and shall be deemed an acceptance of the same.

18. The vice president for academic affairs or his/her designee will make his/
her decision on the written record of the proceedings. His/her decision will
be final.

19. At any time during the process, if the student in question is to be accom-
panied by an attorney, the University will have its attorney present. The stu-
dent, therefore, is required to inform the Office of the Dean two days in
advance of the hearing if counsel is to be present.

20. Should the review procedures not be completed before the date on which
grades are submitted by the department, the notation Incomplete will be
recorded for the student in that course until charges have been fully adju-
dicated.

21. If the student voluntarily withdraws from the institution prior to comple-
tion of the review process, the following notation will be placed on his or
her transcript:
   “Withdrew following accusation of academic dishonesty (or Honor
   Code violation) and prior to complete review and determination.”

H. Policy on Promotions and Graduation—Academic Requirements

1. In general, promotion from one year to the next for regular M.D. candi-
dates—and recommendation to the School’s Faculty Senate for award of
the M.D. degree—will be automatic upon completion of academic require-
ments. As indicated in Section 1 of Article A of these Regulations, the min-
imum requirement for the M.D. degree will be the completion of all courses
designated by the School’s Faculty Senate to be required, and a passing
grade in all courses taken, whether required or not, other than electives in
the first and second years. When evaluation of professional comportment
and/or academic dishonesty is pending or completed under procedures
described in Articles E and G of these Regulations, promotion and gradu-
ation may be postponed, denied, or subject to additional requirements set
for individual students by the dean.
Additional requirements may be set for all students by the faculty and/or the dean.

2. Specific Requirements
   a. Year I to Year II: Successful completion of all required work of the first year, with performance at least at the passing level. The student may not begin the work of the second year until all deficiencies of the first year have been satisfactorily remedied.
   b. Year II to Year III: Successful completion of all required work of the second year, with performance at least at the passing level; and successful completion of the requirements set by the School’s Faculty Senate as a prerequisite to entering the third year. At present these include receipt in the Office of the Dean of a passing score on Step I of the United States Medical Licensing Examination (USMLE) and certification of computer literacy by the Department of Computer Medicine. Additional requirements may be established and implemented by the MSEC and the School’s Faculty Senate action alone. The student may not proceed with the work of the third year until all deficiencies in work of the second year have been satisfactorily remedied.
   c. Year III to Year IV: Successful completion of all required clerkships of the third year with performance at least at the passing level. A student may be permitted to matriculate in the fourth year despite unremedied deficiencies in the third year performance; however, those deficiencies must be remedied prior to graduation during time that would otherwise be available to the student as elective time or vacation.
   d. Beginning with the class of 2003, all students are required to report a passing grade on USMLE Step II prior to graduation.

3. Eligibility for Graduation
   a. Students will be recommended to the School’s Faculty Senate to be awarded the M.D. degree upon completion of the minimum academic requirements described in Section 1 of Article A of these Regulations and fulfillment of any additional conditions relating to professional comportment and/or academic dishonesty imposed by the dean pursuant to Articles E and G of these Regulations.
   b. A candidate is required to be present at the commencement ceremony unless a written request for graduation in absentia is approved by the dean.

4. USMLE Policy
   As of 1994, the United States Medical Licensing Examination (USMLE), comprising three “step” examinations, has become the sole examination pathway to licensure for physicians. The National Board of Medical Examiners (NBME) Part Examinations and the Federation Licensing Examination (FLEX) have been phased out. This major change in medical licensure procedures, plus the recognition that the majority of medical schools require passing the USMLE Step I (NBME Part I) exam as a separate requirement for promotion to clinical clerkships or for graduation, has led to a reconsideration of the role of the USMLE at The George Washington University School of Medicine and Health Sciences. Passing the USMLE Step I exam is essential to obtaining a license to practice medicine in the U.S.; and, while our graduates may not choose to practice, we believe passing these exams should ultimately be among criteria for graduation.

   As of 1998, USMLE exams are administered by computer and are scheduled directly by students on a first-come, first-served basis. In the following policy, the dates will be strictly enforced. It is the student’s responsibility to establish and complete the exam prior to dates noted. Excuses based on inability to schedule the exam will not be accepted.
USMLE Step I. All students are required to take USMLE Step I by June 30 of Year II. All students will be allowed to begin the Year III program, but a Pass grade is required as a prerequisite to being allowed to continue beyond the first clerkship of Year III. (Students who receive a CN and/or F grades in one or more required course(s) of three or more credits in Year II may petition the dean to extend the deadline to September 30 of that year.)

Students who received a Fail (F) grade on Step I in the exam(s) taken prior to June 30 of Year II are to complete the first clerkship of Year III in July and August and then have the following two options:

Option A: To take a leave of absence from the School for the month of September and retake the exam by September 30. The student will resume Year III in October, while awaiting the score to be recorded. If this is the student’s second attempt at Step I, and s/he does not achieve a Pass grade, the student is placed on leave of absence until recording a passing score. A passing score must be recorded by June 30 of the following year.

Option B: To take a leave of absence from school until a passing grade is recorded. The score must be recorded by June 30 the following year.

Students who fail Step I three times or who do not meet these testing deadlines are at risk for academic dismissal. Section C of the Regulations for M.D. Candidates will apply in these situations.

USMLE Step II. Students matriculating in the fall 1999 semester and thereafter are required to record a passing grade on Step II prior to graduation. Students are encouraged to submit applications for USMLE Step II by July 1 of the year prior to graduation and to schedule the exam no later than December 31 of their fourth year. (The exam is not offered during the first two weeks of January.) This scheduling will allow adequate time for processing of the application and for results to be reported well in advance of graduation. In the event of a failing grade, it will allow time to repeat the exam. Students who fail Step II three times will be at risk for academic dismissal; Section C of the Regulations for M.D. Candidates will apply in these situations. No student will be allowed to receive the Doctor of Medicine degree without a passing grade on Step II. If a student chooses to take Step II after January 1 of the fourth year and fails the exam, NBME restrictions on processing time, rescheduling of the exam, and reporting of scores will not allow sufficient time to permit the student to graduate on time. It is unlikely that a student with a delayed graduation will be allowed to start the scheduled residency.

I. Doctor of Medicine Special Policy

Within the School of Medicine and Health Sciences, a division exists to accommodate certain M.D. candidates in special situations. These include students who are not carrying a full academic load, but who are repeating courses during the academic year. Also included are students in a decelerated program that allows them to complete the work of the first two semesters across the span of two academic years. Other special programs may be developed for inclusion in this division. The Regulations for M.D. Candidates apply to all students in the Doctor of Medicine Special Programs, with the following exception for students in the decelerated program.

For all required courses of the first two years in the decelerated program—normally taken during the first two semesters of the regular four-year program—students are required to achieve better than a minimally passing performance as evidence of the likelihood of success when later carrying a full academic load. To be allowed to continue from one semester to the next, the student must achieve a grade in each course of three or more credit hours that is passing by departmental standards and that, in addition, is not more than one standard deviation below the mean for the whole class (being all those
students in both the regular and decelerated program taking that course). Any student who fails to meet this standard may be dismissed summarily by action of the dean without review by the MSEC.

Upon successful completion of the entire (traditional) first-year curriculum, students will be transferred into the regular M.D. program and will be graded as all other medical students. At that point, the exception regarding dismissal without review by the MSEC no longer applies.

Policy and Procedures Concerning Mistreatment of Medical Students*

Policy

Principles

The George Washington University School of Medicine and Health Sciences is committed to maintaining a positive environment for study and training, in which individuals are judged solely on relevant factors, such as ability and performance, and can pursue their educational and professional activities in an atmosphere that is humane, respectful, and safe. The School’s mission statement states that “We will achieve our mission through our commitment to the following principles: altruism, collaboration, compassion, innovation, integrity, respect, and service excellence.” Medical student mistreatment is destructive of these fundamental principles and will not be tolerated in the Medical School community.

Objectives

This policy and related procedures are intended to inform members of the School community what constitutes medical student mistreatment and what members can do should they encounter or observe it. In addition, the policy and related procedures are intended to: (i) prohibit medical student mistreatment by any employee of the University, Hospital, or Medical Faculty Associates (MFA), including faculty members (pre-clinical and clinical), clerkship directors, attending physicians, fellows, residents, nurses and other staff, and classmates in the School community; (ii) encourage identification of medical student mistreatment before it becomes severe or pervasive; (iii) identify accessible persons to whom medical student mistreatment may be reported; (iv) require persons (whether faculty, staff, or student) in supervisory or evaluative roles to report medical student mistreatment complaints to appropriate officials; (v) prohibit retaliation against persons who bring medical student mistreatment complaints; (vi) assure confidentiality to the full extent consistent with the need to resolve the matter appropriately; (vii) assure that allegations will be promptly, thoroughly, and impartially addressed; and (viii) provide for appropriate corrective action.

The ultimate goal is to prevent medical student mistreatment through education and the continuing development of a sense of community. But if medical student mistreatment occurs, the School will respond firmly and fairly. As befits an academic community, the School’s approach is to consider problems within an informal framework when appropriate, but to make formal procedures available for use when necessary.

What Constitutes Medical Student Mistreatment

The School has defined mistreatment as behavior that shows disrespect for medical students and unreasonably interferes with their learning process. Such behavior may be verbal (threats, swearing, humiliation), emotional (neglect, a hostile

* The formal document, which is available separately in the Office of the Vice President for Health Affairs, includes the means of dissemination of this statement.
environment), or physical (physical harm). When assessing behavior that might represent mistreatment, students are expected to consider the conditions, circumstances, and environment surrounding such behavior. Medical student training is a rigorous process where the welfare of the patient is the primary focus that, in turn, may impact behavior in the training setting.

Examples of mistreatment include but are not limited to:

Harmful, injurious, or offensive conduct;
Verbal attacks;
Insults or unjustifiably harsh language in speaking to or about a person;
Public belittling or humiliation;
Physical attacks (e.g., hitting, slapping, or kicking a person);
Requiring performance of personal services (e.g., shopping, babysitting);
Intentional neglect or lack of communication (e.g., neglect, in a rotation, of students with interests in a different field of medicine);
Disregard for student safety;
Denigrating comments about a student’s field of choice;
Assigning tasks for punishment rather than for objective evaluation of performance (inappropriate scutwork);
Exclusion of a student from any usual and reasonable expected educational opportunity for any reason other than as a reasonable response to that student’s performance or merit;
Other behaviors which are contrary to the spirit of learning and/or violate the trust between the teacher and learner.

Violation of this policy may lead to disciplinary action, up to and including expulsion or termination. Nothing in this policy or these procedures shall be deemed to revoke any right that any member of the University community may have to seek redress of a disciplinary action, such as a faculty member’s right to maintain a grievance under the Faculty Code.

It is expected that when there is a need to weigh the right of an individual’s freedom of expression against another’s rights, the balance will be struck after a careful review of all relevant information and will be consistent with the School’s commitment to free inquiry and free expression.

Other mistreatment behaviors such as sexual harassment, discrimination based on race, religion, ethnicity, sex, age, disability, and sexual orientation will ordinarily not be covered under this policy and instead will be covered by already existing GW University policies and procedures. However, the vice president for health affairs (VPHA) has the authority to determine (on a case-by-case basis) whether or not an alleged form of mistreatment would be more appropriately covered under this policy. When a medical student is alleged to have engaged in medical student mistreatment, the assistant dean for curricular and student affairs will determine whether such cases shall be handled under this policy or the School’s policy on professional comportment.

Prevention—Dissemination of Information

The School is committed to preventing and remedying mistreatment of medical students. To that end, this policy and related procedures will be disseminated among the School’s community. In addition, the School will periodically sponsor programs to inform medical students, residents, fellows, faculty, administrators, and nursing and other staff about medical student mistreatment and its resulting problems; advise members of the School community of their rights and responsibilities under this policy and related procedures; and train personnel in the administration of the policy and procedures.

Consensual Relationships

Relationships that are welcomed by both parties do not entail mistreatment and are beyond the scope of this policy. Whether a relationship is, in fact, welcomed
will be gauged according to the circumstances; special risks are involved when one party—whether a faculty member, staff member, or student—is in a position to evaluate or exercise authority over the other. Members of the School community are cautioned that consensual relationships can, in some circumstances, entail abuse of authority, conflict of interest, or other adverse consequences that may be addressed in accordance with pertinent University policy and practice.

**What To Do**

Three procedural avenues of redress are available to medical students who believe that mistreatment has occurred: consultation, informal resolution, and formal complaint. Often, concerns can be resolved through consultation or informally resolved. If the matter is not satisfactorily resolved through the consultation or informal resolution procedure, then the person who made the allegation of mistreatment (whether a medical student or otherwise) or the person against whom the allegation was made may initiate a formal complaint.

**Consultation**—A medical student who believes she/he has been mistreated may discuss the matter with the person who has engaged in the behavior or with his/her department chair, the clerkship director, the residency director, the assistant dean for curricular and student affairs, the relevant staff supervisor, or the grievance officer assigned to cases of medical student mistreatment who shall be consulted when appropriate by any of the foregoing persons. The grievance officer will provide a copy of this document, respond to questions about it, assist in developing strategies to deal with the matter, and work in accordance with the procedures set forth in Appendix A.

**Informal Resolution Procedure**—An informal resolution procedure, which is initiated in the same manner as a consultation, entails an investigation by the grievance officer of the charges in accordance with Appendix B.

**Formal Complaint Procedure**—The formal complaint procedure is available when the informal resolution procedure fails to resolve satisfactorily the allegation of mistreatment. The person who made the allegation of mistreatment (the complainant), the person against whom the allegation was made (the respondent), or a responsible School official may initiate a formal complaint.

A formal complaint is initiated by submitting to the grievance officer a signed, written request to proceed with a formal complaint. The request is due within 15 business days after the person receives from the responsible School official a statement of the disposition of the informal resolution procedure. The grievance officer will inform the requesting party of the process that will be followed and provide a copy of the applicable procedure.

**Outcomes**

If the informal resolution procedure or formal complaint procedure results in a determination that mistreatment occurred, the findings and recommendations shall be referred to the appropriate University, Hospital, or MFA official for imposition of corrective action, including sanctions that the official is authorized to impose. A range of relevant considerations may be taken into account in determining the extent of sanctions, such as the severity of the offense, the effect of the offense on the victim and on the University community, and the offender's record of service and past offenses. Sanctions may include, but are not limited to, oral or written warning, termination of privileges to train/interact with/evaluate medical students, probation, suspension, expulsion, or termination of employment; provided that a respondent may not be dismissed except in accordance with the procedural safeguards for faculty, residents, staff, and students set forth in the relevant documents. The appropriate University, Hospital, or MFA official may impose interim corrective action at any time, if doing so reasonably appears required to protect a medical student.
Redress of Disciplinary Action—Nothing in this policy or these procedures shall be deemed to revoke any right that any member of the University community may have to seek redress of a disciplinary action, such as a faculty member’s right to maintain a grievance under the Faculty Code.

Confidentiality—The grievance officer and other investigators and decision makers will strive to maintain confidentiality to the full extent appropriate, consistent with the need to resolve the matter effectively and fairly. The parties, persons interviewed in the investigation, persons notified of the investigation, and persons involved in the proceedings will be advised of the need for discretion and confidentiality. Inappropriate breaches of confidentiality may result in disciplinary action.

Retaliation—Retaliation against a person who reports, complains of, or provides information in a mistreatment investigation or proceeding is prohibited. Alleged retaliation will be subject to investigation and may result in disciplinary action up to and including termination or expulsion.

False Claims—A person who knowingly makes false allegations of mistreatment, or who knowingly provides false information in a mistreatment investigation or proceeding, will be subject to disciplinary action (and, in the case of students, consistent with the Honor Code).

Time Limits—The School aims to administer this policy and these procedures in an equitable and timely manner. Persons making allegations of mistreatment are encouraged to come forward without undue delay.

Interpretation of Policy—The Office of the Vice President and General Counsel is available to provide advice on questions regarding interpretation of this policy and these procedures.

Procedures

Appendix A: Consultation Procedure
1. The consultation consists of one or more meetings between the grievance officer or his or her designee (the officer) and the person who requests the consultation.
2. The officer will provide a copy of the medical student mistreatment policy and procedures to the person requesting consultation and respond to questions about them. The officer may discuss the situation with the person, assist in developing strategies to deal with the matter, determine (and notify such person) that no further action is necessary, or initiate the informal resolution procedure under Appendix B.
3. The officer will prepare a record of the consultation, which will be maintained only in his or her office. Such record will (i) be maintained by the officer for a ten-year period (and thereafter may be discarded), and (ii) not be made a part of an individual’s personnel, department, or other employment related records. If the person accused of mistreatment is identified by name or can be identified by the nature of the incident, that person will be notified (by the officer) of the allegation and the name of the complainant(s) will also be disclosed. The person accused of mistreatment shall have an opportunity to review the record of the allegation, and submit a written response which will be maintained by the officer. The record will be treated confidentially to the full extent possible, consistent with fairness and the University’s need to take preventive and corrective action.
4. When the officer has reason to believe that criminal conduct may have occurred or that action is necessary to protect the health or safety of any individual, the University, Hospital, or MFA may take appropriate actions consistent with its policies to refer the matter to appropriate authorities. Under these circum-
stances, it may not be possible to maintain complete confidentiality with regard to the matter.

Appendix B: Informal Resolution Procedure
1. A person who requests consultation may pursue an informal resolution.
2. The officer will ask the person who requests consultation to provide a factual account of the alleged mistreatment and to sign a statement to such effect. The officer may assist the person in preparing a signed statement.
3. The officer will inform the person accused of mistreatment (the respondent) of the allegation in sufficient detail to enable the respondent to make an informed response.
4. The officer will (i) investigate the alleged mistreatment as promptly as circumstances permit, (ii) afford the respondent a reasonable opportunity to respond to the allegation, and (iii) advise the parties and persons interviewed or notified about the alleged mistreatment of the need for discretion and confidentiality.
5. Upon initiating an investigation, the officer may inform University, Hospital, or MFA officials who would be charged with recommending corrective and disciplinary action (responsible officials) of the fact that an informal resolution procedure is under way.
6. Upon concluding the investigation, the officer will report his or her findings on the matter to the responsible official, and may include a recommendation as to what action, if any, should be taken. Corrective or disciplinary action shall be imposed by the responsible official, in his or her discretion, consistent with his or her authority.
7. If the officer is unable to resolve the matter informally, the responsible official shall determine, based on the report obtained from the officer, whether or not to impose corrective or disciplinary action. Any corrective or disciplinary action imposed by the responsible official shall be in his or her discretion, consistent with his or her authority.
8. A responsible official will notify the parties of the disposition of the informal resolution procedure to the extent consistent with University policies, appropriate considerations of privacy and confidentiality, fairness, and applicable law.
9. If dissatisfied with the disposition of the informal resolution procedure, the person who alleged the mistreatment, the respondent, or a responsible official may initiate the formal complaint procedure.

Appendix C: Formal Complaint Procedure—Special Panels
A. Initiation of special panel procedure
1. The party requesting to proceed with a formal complaint must file a written request to such effect with the officer. The request must be filed within 15 business days after receipt of information from a responsible official of the disposition of the informal resolution procedure (see Appendix B). The written request for a formal hearing (the complaint) must state why the disposition of the matter should be modified or overturned and may include a statement of the relief requested.
2. The officer will send a copy of the complaint to the responding party and the vice president for health affairs or his or her designee (hereafter the VPHA).
3. An aim of the special panel process is to complete, if feasible, the formal complaint procedure within 45 business days of the officer's receipt of the formal complaint request.
B. Establishment of special panels
1. A complaint filed under Appendix C will be heard by a five-member panel selected by lot by the VPHA, as described in Section C below. Panelists will be selected from a pool of 15, six of whom are faculty members appointed by the VPHA, six of whom are students appointed by the assistant dean for
student affairs and three of whom are staff members appointed by the associate vice president for human resources.

2. Each appointee to the pool ordinarily will serve a two-year term. The appointing official should stagger the appointments so that, if feasible, the terms of not more than five of his or her appointees expire in any year.

3. An appointee to the pool may be removed and replaced at any time, at the discretion of the appointing official. The appointing official should promptly fill vacancies in the pool according to the procedure in Section B.1 above.

C. Selection of panel
1. Within five business days of receiving the complaint, the VPHA will select by lot the five-member panel from the pool. Two of the panel members will be drawn from the same status group as the respondent, two panel members will be drawn from the same status group as the complainant, and one panel member will be drawn from among the pool members in the remaining status group. No member of a faculty member's department may serve on the special panel. Within the five-day period, the VPHA will notify the officer of the names of the special panel members.

2. The officer will notify the parties of the panelist names. Within three business days of receipt of the notice, either party may submit to the VPHA a written objection to designation of any panel member. The objection must clearly state the reasons for the objection. The VPHA may, at his or her discretion, replace a challenged panelist with another member of the pool from the same status group.

3. A designated panelist who may reasonably be perceived as having a conflict of interest or is otherwise unable to serve on a special panel shall recuse himself or herself, and notify the VPHA of the recusal. For sound reasons, which shall be disclosed to the parties and panel members, the VPHA in his or her discretion may replace a panel member. The successor panel member shall be selected by lot by the VPHA from among pool members of the replaced panel member's status group.

D. Scheduling the hearing
1. Within five business days after their appointment, special panel members will select a chairperson. The special panel will set a hearing date and time. The hearing will be held within a reasonable time, normally within 20 business days after the special panel is appointed. Panel members may not communicate with either party outside the presence of the other party.

2. The special panel chairperson will notify the parties of the hearing date, time, and location at least seven business days before the hearing. Within two business days after receiving notice of the hearing, a party with a scheduling conflict may submit to the chairperson a request for postponement. The chairperson, after consulting the special panel members, has discretion to reschedule the hearing. All parties will be notified as soon as feasible if the hearing is rescheduled.

3. If a party does not appear for the hearing within 30 minutes after the scheduled time, the special panel will decide whether to reschedule the hearing or proceed.

E. Conduct of hearing
1. The special panel chairperson will preside at the hearing and decide procedural issues. Only persons participating in the proceeding may be present during the hearing except as otherwise provided in these procedures (see Sections F. Witnesses and G. Advisors, below). The hearing will be recorded on audiocassette. Either party may obtain a copy of the recording at reasonable cost, on written request. The hearing will be conducted in the following sequence:
   (a) Preliminary matters. The chairperson will introduce the parties, their counsel or advisors, and the special panel members; review the order of
proceedings; explain procedures that govern use of the tape recorder; and present a brief summary of the complaint.

(b) Opening statements. The complainant may make an opening statement. The respondent may then make an opening statement. Each opening statement shall not exceed 15 minutes.

(c) Presentation of complaint. The complainant may present to the panel testimony, witnesses, documents, or other evidence. Following the testimony of the complainant, and of each witness, the respondent may ask questions.

(d) Response to complaint. The respondent may present testimony, witnesses, documents, or other evidence to the panel. Following the testimony of the respondent, and of each witness, the complainant may ask questions.

(e) Closing statements. The complainant may make a closing statement. The respondent may then make a closing statement. Each closing statement shall not exceed 15 minutes.

2. Special panel members may ask questions of parties or witnesses at any time during the hearing.

3. The hearing will not be conducted according to strict rules of evidence. However, the special panel chairperson may limit or exclude irrelevant or repetitive testimony and may otherwise rule on what evidence may be offered.

4. When the hearing cannot be completed in one session, the special panel chairperson may continue the hearing to a later date and time.

F. Witnesses

1. Each party (and the panel) may ask witnesses to testify at the hearing, but no person may be compelled to testify. However, each party shall have a right to know prior to the hearing the contents of and the names of the authors of any written statements that may be introduced against him or her, and to rebut such statements.

2. At least three business days before the hearing, each party must provide the chairperson and the other party a list of witnesses he or she intends to present at the hearing.

3. The special panel may request that additional witnesses appear. The officer will, if feasible, arrange for the appearance of these witnesses.

4. Each party is responsible for notifying his or her witnesses of the hearing date, time, and location. A hearing will not necessarily be postponed because a witness fails to appear.

5. All witnesses will be excluded from the hearing before and after their testimony. A witness may be recalled at the discretion of the special panel chairperson.

6. A University, Hospital, or MFA employee must obtain permission from his or her supervisor to be absent from work to appear at a hearing. Employees will be paid while appearing at a hearing during working hours, but not for other time spent on the complaint during or outside working hours.

7. A student must obtain permission from his or her professor to be absent from class to appear at a hearing.

8. Supervisors and professors should be aware of the importance of hearings and not unreasonably withhold permission to appear at a hearing. If an employee or student needs assistance in obtaining permission to appear at a hearing, he or she should contact the officer.

G. Advisors

1. Each party may be accompanied by not more than two advisors, who may be University, Hospital or MFA employees or other persons the party selects.

2. Except as indicated in Section 3, below, no advisor may speak on behalf of the party, make an opening or closing statement, present testimony or exam-
ine witnesses. The advisor's role is limited to assisting the party to prepare for the hearing and providing the party private advice during the hearing.

3. Notwithstanding the preceding paragraph, in the event that a faculty member shall be involved in a hearing and such person has active representation, the other party involved in the hearing will also be allowed active representation. In that event each party shall be permitted to select an advisor, who throughout the proceeding may (but shall not be required to) speak on behalf of the party, make opening and closing statements, and examine witnesses.

4. A complainant or respondent who plans to be accompanied by an attorney or other advisor at the hearing must notify the chairperson and the other party at least five business days before the hearing.

5. The special panel may request or the University may provide an advisor to be present at any hearing to advise the special panel.

6. The University may have an observer present at any hearing.

H. Decision after hearing

1. After the hearing, the special panel will meet in closed session to review the hearing and make a decision on the complaint consistent with the substantial weight of the evidence. The decision must be approved by a majority of the special panel members.

2. The report of the special panel's decision must be in writing and must set forth findings of fact, conclusions, and, where appropriate, recommendations for corrective or disciplinary action.

3. The special panel will submit the report of its decision to the VPHA within ten business days after the hearing ends.

4. If the special panel concludes that medical student mistreatment occurred, the VPHA will forward a copy of the special panel report to an official responsible for implementing corrective or disciplinary action. After reviewing the special panel report, a responsible official will decide whether to impose corrective or disciplinary action, consistent with that official's authority. A responsible official will notify the parties of the disposition, to the extent consistent with University policies, appropriate considerations of privacy and confidentiality, and applicable law. A responsible official may, in his or her discretion, send a copy of the special panel report to the parties (at their home addresses of record, by courier, overnight mail, or certified mail). The report sent to the parties may omit portions, to maintain consistency with University policies regarding confidentiality.

I. Review of special panel decision

1. A party dissatisfied with a special panel decision may submit a request for review to the VPHA, who will transmit the request to the senior official(s) responsible for oversight of the status groups to which the parties belong.

2. The request for review must be in writing and set forth reasons why the special panel decision should be modified or overturned. The review must be based on the hearing record and may not present new evidence or testimony.

3. The request for review must be submitted within 15 business days of the party's receipt of the special panel decision. If the request is not received by then, the special panel decision will be the final University decision on the complaint.

4. The senior official(s) will strive to issue a final decision on the review within 20 business days following submission of the request for review. The decision of the senior official(s) shall be the final decision on the complaint within the University.

5. When the special panel decision is final, or when the final decision on a review is issued, the VPHA will provide a copy of it to the responsible official for implementing corrective or disciplinary action. Any corrective or disciplinary action taken by the responsible official shall be within his or her
discretion, and consistent with his or her authority. A range of relevant considerations should be taken into account in determining the extent of sanctions, such as the severity of the offense, the effect of the offense on the victim and on the University community, the consequences of the sanction to the respondent, and the offender’s record of service and past offenses. The respondent will be promptly notified of the outcome.

6. A responsible official may, in his or her discretion, send a copy of the final decision to the parties (at their home addresses of record, by courier, overnight mail, or certified mail). The copy sent to the parties may omit portions, to maintain consistency with University policies regarding confidentiality.

**Financial Aid**

All policies regarding student eligibility for financial assistance from institutional and government sources are available from the Financial Aid Office of the Medical Center. Assistance is awarded primarily on the basis of demonstrated financial need. In addition, recipients must be enrolled, in regular attendance, and making satisfactory academic progress in accordance with the Regulations for M.D. Candidates.

Information and application materials are available from the Financial Aid Office of the Medical Center, Ross Hall, Suite 711, 2300 I Street, N.W., Washington, D.C. 20037. Students who wish to be considered for the loans and scholarships listed below must complete an application for financial assistance each year. The priority deadline for submission of financial aid applications is May 1 for returning students; there is no deadline for incoming students although students should submit their financial aid applications as soon as possible.

**Satisfactory Academic Progress**

The academic requirements of the M.D. program are rigorous, and the progress of each student is carefully monitored. Academic evaluations for each course, clerkship, or elective are based upon the achievement of the course objectives. Grades of Honors, Pass, Exempt, Incomplete, In Progress, Conditional, or Fail are given for each course. Students are not allowed to continue their course work at the School if they are not considered by the faculty to be capable of attaining the M.D. degree. Therefore, matriculated students who have not withdrawn or been dismissed are considered to be in good standing and making satisfactory academic progress.

As a rule, the M.D. program is completed in four years of full-time study. In some instances, however, the student may be required or permitted to repeat a year (see Irregular Progress, above). Students making irregular progress are nonetheless considered to be making satisfactory academic progress, even though the time taken to complete the degree may exceed four years. The specific standards of progress used in determining eligibility for financial aid are as follows:

1. Students who successfully complete required course work within the academic year and move on to the next year’s set of requirements meet the satisfactory academic progress criterion for financial aid eligibility and have four consecutive academic years in which they may be eligible to receive financial aid. Students who are having academic difficulty but are able to complete necessary remediation before the beginning of the next academic year are also eligible to receive financial aid for four consecutive academic years.

2. Students may require additional time to complete course work due to academic or personal difficulties. In such situations, the Medical Student Evaluation Committee (MSEC) and the associate dean for student affairs may establish a schedule for the student that departs from the norm and may require repeating a year of study. For such students, the maximum time frame for financial aid eligibility shall be seven (not consecutive) years.
3. Any period of time spent on approved leave of absence shall be excluded from the maximum established time frame. Students are ineligible for financial aid funds while on leave of absence.

4. Students enrolled in GW early selection and integrated degree programs are not eligible for financial aid funds through the School of Medicine and Health Sciences until they begin the M.D. portion of their program. Until then, the University Office of Student Financial Assistance determines financial aid eligibility.

The director of student financial assistance has primary responsibility for the enforcement of this policy. The director also ascertains if a student is maintaining satisfactory academic progress prior to the certification of financial aid application, and at the time of each disbursement of funds.

Documentation—Certification of the satisfactory academic progress of each student receiving financial assistance will be provided to the financial aid office by the associate dean. This certification is maintained in a permanent file.

Appeals—The dean will be responsible for hearing appeals regarding satisfactory academic progress. The financial aid office will accept the decisions of the dean.

Scholarships
Herbert and Ruth Abramson Scholarship Fund
Ella F. Andrews Scholarship Fund
Anna Bartsch Scholarship Fund
Jack I. Bender Scholarship Fund
Adolphus B. Bennett Trust
Thompson H. Boyd Student Aid Fund
Everett Lamont Bradley Scholarship Fund
Catherine Breen Student Assistance Fund
Edith P. Brown Medical Scholarship Fund
Elma B. Carr Scholarship Fund
Agnes Neuser Chowe Scholarship Fund
Dr. Edith SeVille Coale Scholarships
Naomi and Nehemiah Cohen Foundation Scholarship Fund
Joseph Collins Foundation Scholarships
Columbian Women Scholarship Funds
   Estelle M. Corbett Scholarship Fund
   Jessie Fant Evans Scholarship Fund
   Lewes D. and Myrtle H. Wilson Memorial Scholarship Fund
Oliver C. Cox Scholarship Fund
Hilda E. Drake Foundation Scholarship Fund
Morris H. and Pauline L. Goldenberg Scholarship Fund
Alec Horwitz Grant
Dr. Thelma Hunt Medical Scholarship Fund
Albert A. and Esther C. Jones Scholarship Fund
Elizabeth Sartor Kahler, M.D., and Ervin N. Chapman, M.D., Fund for Medical Students
Robert I. Keimowitz Scholarship Fund
Sidney A. Levine Scholarship Fund
Barbara Logan, M.D., Scholarship Fund
Loughran Medical Scholarship
Medical School Student Financial Assistance Fund
Dr. Arthur Minsky Medical Scholarship Fund
Esther A. Nathanson Memorial Fund
Carolyn S. and Glen Pincock Scholarship Fund
Morris H. and Helen K. Rosenberg Medical Scholarship Fund
Alvin Slipyan Scholarship Fund  
David Perry Steinman Memorial Scholarship Fund  
Carol M. and F. Henry Strayer Memorial Scholarship Fund  
Surdna Foundation Student Aid Fund  
James J. Whisman Scholarship Fund  
Gordon Fay Willey Scholarship  
Winslow Foundation Scholarship  
GW Hospital Women’s Board Monta Sommer Special Fund

**Loan Funds**

Morris and Gwendolyn Cafritz Foundation Loan Fund for Medical Students  
Carroll Memorial Loan Fund  
Consolidated Medical Student Loan Fund  
A.M.A. Medical Student Loan Fund  
Doreen and Donald Brown Loan Fund  
Carr Loan Fund  
Himes Loan Fund  
Kellogg Medical School Loan Fund  
Pfizer Loan Fund  
School of Medicine and Health Sciences Student Loan Fund  
Sommer Loan Fund  
Sutherland Loan Fund  
Wrather Loan Fund  
Robert Wood Johnson Foundation Loan Fund  
Rose and Garfield Kass Foundation Loan Fund  
Esther A. Nathanson Memorial Medical Loan Fund

In addition to the institutional loan funds listed above, two government loan programs are available to students pursuing the Doctor of Medicine degree. The Primary Care Loan Program (previously the Health Professions Student Loan Program) and the Perkins Loan Program both require that students be citizens or permanent residents of the United States, be in good standing with the School, and have exceptional financial need as determined by federal regulations.

**Veterans Benefits**

The Veterans Benefits Office, located on the third floor of Rice Hall, 2121 I Street, N.W., assists students entitled to educational benefits as active-duty personnel, veterans, or widows or children of deceased or totally disabled veterans with any problems that may arise concerning their benefits. The office also processes certification of enrollment and attendance to the Veterans Administration so that educational allowances will be paid.

When feasible, students entitled to benefits as active-duty personnel, veterans, or dependents of veterans should consult with the veterans counselor prior to submitting an application to the Veterans Administration. All such students should obtain the instruction sheet issued by the veterans counselor, which sets forth requirements to be fulfilled before certification of enrollment can be made to the Veterans Administration and includes other information of general interest.

**Awards**

*Harvey H. Ammerman, M.D. ’43, Award in the Neurosciences*—Awarded annually to a student in the M.D. or Ph.D. degree programs for outstanding accomplishments in the study of the neurosciences.

*Philip S. Birnbaum Award*—Established by the Bloedorn Foundation and awarded annually to a member of the graduating class for demonstrated interest and ability in the field of primary care.
Robert Keith Cole Memorial Award—Awarded annually to a member of the graduating class for academic excellence, community service, and support of fellow students.

Dean’s Special Recognition Award—Awarded annually to recognize an outstanding member of the graduating class.

Department of Emergency Medicine Award—Awarded annually to a member of the graduating class who has demonstrated significant interest in and aptitude for the specialty of emergency medicine.

Department of Pediatrics Award—Awarded annually to a member of the graduating class who has demonstrated outstanding ability in the specialty of pediatrics.

Dorothy De Ford Speck Award—Awarded annually to honor a medical student for his or her research while in medical school with the hope that the recipient will continue to honor the memory of Doris De Ford Speck by being a “wonderful, caring physician.”

Paul L. DeWitt Award for Surgical Excellence—Awarded annually to a member of the graduating class who has demonstrated outstanding ability and future potential in the specialty fields of surgery.

Samuel M. and Miriam S. Dodek Award—Established in memory of Professor Bernhard Zondek, the eminent discoverer of the endocrinology of the human female reproductive cycle. Awarded annually to a member of the graduating class who has attained a commendable knowledge and understanding of the field of female endocrinology.

Rachel Morris Dominick Award—Awarded annually to a member of the graduating class who has demonstrated outstanding ability in the field of obstetrics and gynecology.

Allie S. Freed Award—Awarded annually to a member of the graduating class who has demonstrated exceptional proficiency in the field of preventive medicine.

Walter Freeman Award—Awarded annually to a student in the graduating class who submits the best scientific paper based on original investigation.

Donald H. Glew Memorial Awards—Awarded annually to the winners of the Beaumont Day Competition in student research.

James Douglas Goddard Award in Pharmacology—Awarded annually to the outstanding sophomore medical student in pharmacology.

The Leonard Tow Humanism in Medicine Award Presented by the Arnold P. Gold Foundation—Awarded annually to a graduating student who consistently demonstrates compassion, empathy, cultural sensitivity, respect, and professionalism in the delivery of care of patients.

Alec Horwitz Award—Awarded annually to a senior who has demonstrated exceptional proficiency in the field of surgery.

Alec Horwitz First-Year Scholar Award—Awarded annually to the member of the second-year class who had the highest percentage of credit hours graded at the Honors level during the first year.

Alec Horwitz Memorial Award—Awarded annually to a member of the sophomore class who attains the highest score on Part I of the National Board of Medical Examiners examination.

Howard Kane–A.F.A. King–Samuel Dodek Obstetrical Society Award—Established in memory of Dr. Howard Kane and Dr. A.F.A. King, who served as professors in the School of Medicine and Health Sciences. Awarded annually to a member of the graduating class who has demonstrated outstanding ability in obstetrics and gynecology.

Dr. Harold Lamport Biomedical Research Award—Established by the Lamport Foundation in memory of the late, distinguished physiologist, Dr. Harold Lamport. Awarded annually for outstanding research done under the guidance of a member of the faculty.
Huron W. Lauson Award—Established by Mrs. Lawson in memory of her husband, who was a distinguished member of the medical staff of the University. Presented annually to a member of the graduating class who has demonstrated exceptional proficiency in the field of obstetrics and gynecology.

Benjamin Manchester Award—Established by a grateful patient in honor of Dr. Benjamin Manchester, professor emeritus of clinical medicine. Awarded annually to a member of the graduating class who has an outstanding record and shows promise of real humanitarianism in the practice of medicine.

Medical Alumni Association Award—Granted by the GW Medical Alumni Council and awarded annually to a member of the graduating class who has shown exceptional leadership ability, the potential for continuing involvement and leadership as an alumnus, and the likelihood of bringing high honor to the medical school.

Mark Millen Memorial Award—Awarded annually to a member of the graduating class who has demonstrated exceptional proficiency in the field of rheumatology.

Julius S. Neviaser Award—Awarded annually to a member of the graduating class who has demonstrated outstanding ability in the clinical aspects of orthopaedic surgery.

William Newman Award—Established in honor of the late, distinguished surgical pathologist, Dr. William Newman. Awarded annually to a member of the graduating class who has demonstrated great aptitude and interest in the field of pathology.

John Ordronaux Award—Awarded annually to the member of the graduating class who has the highest scholastic standing.

Hyman R. Postin Award—Established by Sheila Sloane Dusseau. Awarded annually to a member of the graduating class who has demonstrated outstanding sensitivity to neurologic patients and superior knowledge of neurology.

Lawrence A. Rapee Award—Awarded annually to the member of the graduating class who has the highest scholastic standing.

Jorge C. Rios Award in Internal Medicine—Awarded annually to a member of the graduating class for outstanding academic achievement in internal medicine.

Walter F. Rosenberg Award—Awarded to the senior medical student who shows the greatest interest, proficiency, and scholastic achievement in dermatology.

William G. Schafbirt Award—Awarded annually to a senior student for the best original essay or thesis on some medical subject of current public interest.

Society for Academic Emergency Medicine Award for Excellence—Awarded to a member of the graduating class who has demonstrated outstanding proficiency in the practice of Emergency Medicine.

Jerry M. Wiener Award in Psychiatry—Awarded annually to a member of the graduating class who has performed at an outstanding level in psychiatry and plans to pursue a career in the field.

Honor Societies

Alpha Omega Alpha—Third- and fourth-year candidates for the M.D. degree meeting the qualifications specified by the constitution of this national medical honor society are eligible for election to membership.

William Beaumont Medical Society—Medical students who have performed original research in the life sciences are eligible for membership, based on the submission of an acceptable abstract of the research and election by society members. Outstanding students present their research findings at the annual Student Research Day. The society also sponsors guest lectures in medical research and assists students in finding research opportunities within the Medical Center.
Arnold P. Gold Humanism Honor Society—Fourth-year candidates for the M.D. degree who are recognized by peer and faculty groups to be exemplars in their humanistic behaviors, their commitment to service, and their attitudes toward others are eligible for election to this honor society.

Kane–King–Dodek Obstetrical Society—The 15 third- and fourth-year candidates for the M.D. degree who maintain the highest grades in their work in obstetrics are eligible for membership.