

2025



**WINDSOR UNIVERSITY**  
**SCHOOL OF MEDICINE**  
1.844.994.6376      INFO@WINDSOR.EDU



## University Catalog and Student Handbook



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## INTRODUCTION

This Student Handbook is the official publication of the Windsor University School of Medicine (WUSOM). The document contains information about the institution, institutional governance, accreditation, administration, admissions, curriculum, graduation requirements, and course descriptions as well as other information and policies. The handbook undergoes regular review and updates to ensure its accuracy and relevance. The most recent version is always accessible on the university's website. The catalog is not intended to address all the possible applications of, or exceptions to, the policies and procedures of Windsor University of Medical Sciences, some of which are addressed in other official documents.

Students are responsible for observing any policies and regulations contained herein or in the online policy library; therefore, they must read this document carefully. This document does not contain all institutional rules, regulations, or policies for which students are responsible. Other University sources discuss expectations for and policies applicable to students.

While WUSOM strives to provide advance notice of any changes to students, it reserves the right to make modifications that are in the best interest of the student body without prior notification.

Information regarding updates is disseminated through various channels, including general announcements on the website, classroom announcements, and email notifications. The publication of this catalog does not establish a contractual relationship between Windsor University School of Medicine and any individual or organization. Granting or making exceptions to the information in the catalog is exclusively within the authority of the President, or Dean. Any exceptions granted will be provided in written form to individuals and stakeholders who have a vested interest in the matter.

Students are expected to familiarize themselves with the handbook and adhere to its guidelines throughout their academic journey.



## **PRESIDENT'S MESSAGE**

Congratulations on being accepted into Windsor University School of Medicine. Our mission is to prepare highly dedicated, compassionate, and competent students to become effective, socially responsible and successful resident applicants in order to practice medicine anywhere in the world.

Over the twenty five years, our faculty have worked with various student committees to update and improve our methods and structure. Our continuous focus on change can be linked to the latest trends in medicine such as new technology, new research, and the changing health care needs of our society.

Students must be prepared to deal with all the competing forces of a rapidly changing health care system and demonstrate the qualities of professionalism during medical school and throughout their careers. It must be clear that we are committed to the best outcome for the patient. Each student must be on guard constantly to protect, defend, and be an advocate for patients. To accomplish this, you must be diligent in your studies to acquire and ultimately enrich your medical knowledge.

Our best wishes,

**Dr. Vidya Sagar Kora**

## DEAN'S MESSAGE

Dear Students, Faculty, and Prospective Members of the Windsor University School of Medicine Community, Welcome to Windsor University School of Medicine, a vibrant and innovative institution dedicated to advancing medical education, research, and patient care. Our mission to nurture and inspire students from diverse backgrounds to become competent, caring, ethical physicians is at the heart of everything we do. We strive to provide an educational experience that prepares our graduates to make informed choices in their training and careers, ultimately improving the quality of life for individuals and society.

Our vision propels us to be a leader in medical education, offering affordable, exemplary academic programs, quality services, and enriching student experiences. We are proud of our achievements, which is a testament to our commitment to excellence and innovation.

The recent construction of our Pre-Clinical Sciences Simulation Learning Center, with state-of-the-art facilities including small group discussion rooms, mock-patient examination rooms, and a library enriched with electronic resources, exemplifies our dedication to providing cutting-edge educational environments.

Our accreditation by CAAM-HP, eligibility for OSAP and other loan programs, and the successful implementation of our Integrated Modular Curriculum underscore our commitment to structured governance and continuous quality improvement. Our affiliation with the quality clinical teaching sites in Chicago and with the University of the West Indies, a prestigious institution recognized globally, further enhances our academic stature and the opportunities available to our students and faculty.

We pride ourselves on our dynamic curriculum, supported by advanced tools such as curriculum mapping software and interactive chat rooms, fostering communication and collaboration among our educators and students. Recognition of our students through winning AAFP's 2023 Award for Excellence in Diversity, Equity, and Inclusion, as part of, International invitations to our educators, and the significant percentage of our faculty with graduate degrees in educational studies highlight the impact and innovation of our academic community.

Our commitment to research is evident through several faculty and student publications, this starts with aligning and integrating research education with our MD curriculum right from year one.



Community engagement, through initiatives like Students for Health, demonstrates our dedication to societal well-being and underscores the importance of empathy and social responsibility in our educational philosophy.

The impressive accomplishments and positive feedback from our community inspire us to set higher standards and achieve even greater success.

Join us at Windsor University School of Medicine, where your passion for medicine will be nurtured, your skills honed, and your potential fully realized. Together, we will continue to make significant strides in medical education and patient care, shaping the future of healthcare one student at a time.

**Dr. Vishal Surender, MD, MMHPE, FRSPH**



## MISSION STATEMENT

The Mission of Windsor University School of Medicine is to provide an environment and **innovative** curriculum which will **inspire** and assist students from diverse backgrounds to become competent, caring, ethical physicians with the ability to think critically. This experience will prepare students to choose wisely their area of training, to successfully continue their education, and subsequently **improve** the quality of life for individuals and society.

The overarching objective of the Windsor University School of Medicine MD program is to assist the graduation of physicians who are competent to the satisfaction of the faculty and the standards of the profession, goals, and mission of the WUSOM in the following areas: WUSOM competencies and educational program objectives (see next page).





**MD Program Educational Goals and Objectives:**

By the end of the Medical education at WUSOM, students will be able to achieve the following six core competencies:

<b>1. Medical Knowledge</b>	<b>Foundational Knowledge - Medical Knowledge</b>
	1.1 Master fundamental biomedical concepts, terms, processes, and system interactions
	1.2 Describe the determinants of health
	1.3 Utilize evidence in making clinical decisions
<b>2. Patient Care</b>	<b>Application - Patient Care (Clinical Skills)</b>
	2.1 Conduct patient interviews and physical examinations
	2.2 Diagnose patient health problems
	2.3 Propose evidence-based health maintenance and therapeutic options
<b>3. Systems-Based Practice</b>	<b>Integration - Systems-Based Practice</b>
	3.1 Connect knowledge of patient populations and health delivery processes in making diagnoses and therapeutic recommendations
	3.2 Advocate for the humane, just, safe and prudent care of persons
	3.3 Adapt to the complex economic and social structure of health care delivery
<b>4. Personal and Interpersonal Development</b>	<b>Human Dimension - Personal and Interpersonal Development</b>
	4.1 Reflect upon one's personal strengths and weaknesses to make positive changes in one's behavior
	4.2 Find one's own meaning in medicine
	4.3 Take care of oneself
	4.4 Deliver effective patient presentations and document accurately in the medical record
	4.5 Communicate and work effectively with others
	4.6 Demonstrate leadership skills in a variety of settings
<b>5. Professionalism</b>	<b>Caring/Valuing - Professionalism</b>
	5.1 Care deeply about becoming an excellent physician through a life of service
	5.2 Care about and support others in the profession
	5.3 Value and behave in a manner consistent with the highest ethical standards of the profession
<b>6. Practice-Based Learning</b>	<b>Learning How to Learn - Practice-Based Learning</b>
	6.1 Develop a personal plan to become a better medical professional
	6.2 Stimulate intellectual curiosity to question and advance knowledge through scholarship
	6.3 Appropriately utilize evidence-based resources to address uncertainty in medicine and gaps in knowledge/skills



## Educational Objectives Outcome measures



WSUOM Competencies

Medical Knowledge	Patient Care	Communication Skills	Professionalism	Practice-Based Learning and Improvement	Systems-Based Practice
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### MD Curriculum Educational Program Objectives Map

Curriculum Location (CL)

1. Foundations (basic sciences) phase 1; 2. Clerkships phase 2 & 3;  
3. Community service activities; 4. Frontiers; 5. Transitions; 6. Scholarly Project

Significant Learning Goals	CL	Medical Knowledge	Patient Care	Communication Skills	Professionalism	Practice-Based Learning and Improvement	Systems-Based Practice	Outcome Measures
<b>1. Foundational Knowledge -Medical Knowledge(MK)</b>								
1.1 Master fundamental biomedical concepts, terms, processes, and system interactions	1,3,4	x	x					NBME, PE, SGF
1.2 Describe the determinants of health	1, 2, 4, 5	x	x					OSCE, NBME, PE
1.3 Utilize evidence in making clinical decisions	1, 2, 4, 5	x	x			x		C, NBME, PE, SGF, OSCE
<b>2. Application— Patient Care (Clinical Skills)-(PC)</b>								
2.1 Conduct patient interviews and physical examinations	1,2,3,5	x	x	x	x		x	OSCE, PE, SE, BLS
2.2 Diagnose patient health problems	1,2,3,5	x	x			x		OSCE, NBME, PE, CE, SGF
2.3 Propose evidence-based health maintenance and therapeutic options	1, 2, 3, 5	x	x		x	x	x	OSCE, NBME, PE, CE, SGF
<b>3. Integration— Systems-Based Practice (SBP)</b>								
3.1 Connect knowledge of patient populations and health delivery processes in making diagnoses and therapeutic recommendations	1, 2, 3, 4, 6		x				x	NBME, CE, PE,
3.2 Advocate for the humane, just, safe and prudent care of persons	1, 2, 3		x	x	x		x	OSCE, PE
3.3 Adapt to the complex economic and social structure of health care delivery	1, 2, 3				x		x	NBME, CE, PE
<b>4. Human Dimension—Personal and Interpersonal Development (CS)</b>								
4.1 Reflect upon one's personal strengths and weaknesses to make positive changes in one's behavior	1, 2, 3			x	x			OSCE, SGF, PE
4.2 Find one's own meaning in medicine	1, 2, 3, 5, 6			x	x			SE, CE
4.3 Take care of oneself	1, 2, 3, 5, 6			x	x			SE, CE
4.4 Deliver effective patient presentations and document accurately in the medical record	1, 2		x	x	x			OSCE, PE
4.5 Communicate and work effectively with others	1, 2, 3, 4		x	x	x		x	OSCE, PE, SGF
4.6 Demonstrate leadership skills in a variety of settings	1, 2, 3			x		x	x	SGF, PE
<b>5. Caring/Valuing— Professionalism(P)</b>								
5.1 Care deeply about becoming an excellent physician through a life of service	1, 2, 5		x		x		x	OSCE, PE, SGF, SE
5.2 Care about and support others in the profession	1, 2, 3		x		x		x	SGF, PE,
5.3 Value and behave in a manner consistent with the highest ethical standards of the profession	1, 2				x		x	SGF, PE, OSCE, CE
<b>6. Learning How to Learn—Practice-Based Learning (PBL)</b>								
6.1 Develop a personal plan to become a better medical professional	1,2				x		x	CE, SE
6.2 Stimulate intellectual curiosity to question and advance knowledge through scholarship	1,2,4,6	x	x			x		CE, SGF, PE, SE
6.3 Appropriately utilize evidence-based resources to address uncertainty in medicine and gaps in knowledge/skills	1,2,4,6	x	x	x		x	x	CE, SGF, PE, SE
<p><b>Outcome Measures legend:</b> BLS =Basic Life Support; Capstone = project leading to scholarly presentation; CE = Course Exam; NBME = National Board of Medical Examiners Exams; OSCE = Objective Structured Clinical Examination; PE = Preceptor Evaluation; SE = Self Evaluation; SGF = Small Group Faculty Evaluation</p>								



## ACCREDITATIONS AND APPROVALS

Windsor University School of Medicine is accredited by the Caribbean Accreditation Authority for Education in Medicine and other Health Professions (**CAAM-HP**), the legally constituted body established to accredit medical programs in the Caribbean. The US Department of Education's National Committee on Foreign Medical Education and Accreditation (NCFMEA) recognizes CAAM-HP as a standard comparable to the standards used in medical schools in the United States, as so governed by LCME.

Accreditation Board of St Kitts and Nevis and Licensed and Chartered by Government of St. Kitts and Nevis

Windsor University is compliant with the Education Committee for Foreign Medical Graduates (ECFMG) 2024 Rule dictating that all international medical graduates be required to have graduated from a school that has been appropriately accredited. Our Graduates are eligible to be ECFMG Certified and participate in the National Resident Matching Program (NRMP)

Foundation for Advancement of International Medical Education and Research (Listed)

Medical Council of Canada: Windsor Graduates are eligible to participate in the Canadian Resident Matching Service (CaRMS)



**CONTACT INFORMATION**

ST. KITTS CAMPUS	U.S. INFORMATION OFFICE
<p>Windsor University School of Medicine P.O. Box 1621 Brighton's Estate, Cayon St. Kitts, West Indies. <b>Tel:</b> 1-869-466-1220/6157 708-587-0047/0067 <b>Fax:</b> 1-869-465-0593 <b>Email:</b> <a href="mailto:admin@windsor.edu">admin@windsor.edu</a></p>	<p>Royal Medical &amp; Technical Consultants Inc. Suite # 203 N 2625 Butterfield Rd Oakbrook. IL 60523 United States Tel: 1 708 235 1940 Email: <a href="mailto:usadmin@windsor.edu">usadmin@windsor.edu</a></p>

**For further assistance, please contact the following:**

Academic Regulations or Course Load	<i>Office of Academic Dean</i>
Course Complaints	<a href="mailto:dean@windsor.edu">dean@windsor.edu</a>
Services for Students with Disabilities	<i>Office of Dean of Student Affairs</i>
Information on Student Organizations	<a href="mailto:studentaffairs@windsor.edu">studentaffairs@windsor.edu</a>
Personal Problems	
Grades	<i>Registrar's Office</i>
Withdrawal	<a href="mailto:documents@windsor.edu">documents@windsor.edu</a>
NBME	<a href="mailto:nbme@windsor.edu">nbme@windsor.edu</a>
Academic Counseling	<a href="mailto:sasp@windsor.edu">sasp@windsor.edu</a>
Tuition Payments or Refunds	<i>Accounts Office</i> <a href="mailto:accounts@windsor.edu">accounts@windsor.edu</a>
Financial Counseling	<i>Financial Aid Office</i> <a href="mailto:financialaid@windsor.edu">financialaid@windsor.edu</a>
Books and Supplies	<i>Bookstore</i> <a href="mailto:bookstore@windsor.edu">bookstore@windsor.edu</a>
Lost ID Card (replacements \$5.00)	<i>Security Services</i>
General Lost and Found Items	<a href="mailto:khicks@windsor.edu">khicks@windsor.edu</a>
Campus Parking	
IT problems	<a href="mailto:teju@windsor.edu">teju@windsor.edu</a>
Library	<a href="mailto:librarian@windsor.edu">librarian@windsor.edu</a>
Other Services	<i>Front Desk</i> <a href="mailto:frontdesk@windsor.edu">frontdesk@windsor.edu</a>

## ENROLMENT

### ADMISSION REQUIREMENTS

In order to fulfil the basic requirements for matriculation at WUSOM, Applicants are required to complete 90 credit hours of requisite undergraduate course work prior to matriculation. Applicants seeking admission are encouraged to gain a strong pre-medical foundation to be best prepared for the medical school.

#### A. Requisite Coursework:

- General Biology or Zoology with laboratory or computer simulation [2 semesters or 8 credit hours]
- Inorganic or General Chemistry with laboratory or computer simulation [2 semesters or 8 credit hours]
- Organic Chemistry or Biochemistry with laboratory or computer simulation [2 semesters or 8 credit hours]
- Physics with laboratory or computer simulation [2 semesters or 8 credit hours]
- English or Humanities equivalent i.e. Social Sciences [2 semesters or 6 credit hours]
- Mathematics (preferably Calculus or Statistics) [1 semester or 3 credit hours]

In addition, applicants are strongly recommended to take a course in advanced science coursework in biochemistry, genetics, human anatomy, human physiology, or other higher-level science courses as well as social science courses such as philosophy, ethics psychology, and other humanities courses.

#### B. Academic Performance

An applicant must have an overall minimum GPA of 3.1 in their coursework. Applicants are recommended to complete 90 credit hours of undergraduate course work prior to matriculation's applicant are required to submit MCAT Score. For students from the USA a minimum score of 480 in MCAT is required for consideration. A score of 490 or above is required for direct entry into the MD program. Scores between 480 and 489 qualify for a remediation semester, which must be successfully passed along with the specified MCAT scores.

#### C. Letters of Recommendation

The Admissions Committee requires the applicant to submit two (2) letters of reference from faculty members or instructors or mentors of applicant's undergraduate or graduate program. Letters of recommendation provide an assessment of personal attributes, activities, achievements, and evidence of an applicant's understanding of social responsibility.

### **D. Personal Essay**

The applicant has the opportunity to present their motivation for pursuing a career in medicine and experiences that reflect an understanding of health care delivery.

### **E. Activities and Achievements**

The applicant should provide an overview of the accomplishments and character traits that align with WUSOM's educational goals. The applicant should briefly describe their participation in a community or volunteer service, leadership role, research experience, and patient exposure.

### **Selection Criteria**

WUSOM identifies a diverse group of candidates who demonstrate the potential to persevere academically and be compassionate individuals with professional attributes and a commitment to serving others. The ideal candidate will complete a rigorous course of study that will produce culturally competent healthcare leaders.

The Admissions Committee selects candidates by assessing each applicant's overall achievement academically and equally those of non-academic areas.

## **ADMISSIONPROCESS**

### **A. Application**

All applicants will complete the online Windsor University School of Medicine application form. Applicants are requested to provide a primary email that is used for any type of correspondence during the application process. Applicants are then sent a secure link to submit a supplementary form question and assists in further assessment of the candidate by the administrative admission staff during the preliminary screening.

### **B. Initial Screening Criteria**

The administrative admission staff implements the preliminary screening process of all completed applications using a ranking criterion score that measures the following components:

Academic Factors: Undergraduate GPA, Basic Science prerequisite preparation, MCAT if given

Non-Academic Factors: Personal Statement, Letters of Recommendation, Community Service, Achievements, Personal Attributes

\*Score Value – Possible maximum score of 46 points.

Emphasis is placed on a holistic admission screening process that goes beyond just GPA and MCAT scores, we consider multiple factors when selecting a candidate for interview in the

admission process. The candidates who fail to meet the preliminary screening will be notified by email.

WUSOM recommended semester intake would require 120 interview positions to be filled.

### **C. Interview**

Select candidates will receive an interview invitation by email. The interview format involves a one-on-one interview session per applicant, utilizing a formal video call. Members of the admissions committee composed of physicians, Basic Science faculty and Clinical Science faculty conduct interviews during these scheduled sessions. The director of admissions prepares an interview team of two to three members for a scheduled session and ensures that each committee member is given a considerable amount of time to interact with the candidate.

#### **D. Interview Team Screening Criteria**

Each of the following criteria is assessed individually along with their associated set of attributes/skills. The criteria assessment also depends on application, letters of recommendation, personal statement essay, and supplementary information in addition to the interview.

- Activities and Achievements
- Personal Attributes
- Level of Academic Proficiency Achievement
- Fit for School's Mission
- Other Skills - Emotional stability, Problem-solving, Self-reflection

#### **E. Selection Process**

The team assessment of the candidates are presented to the members of the admissions committee. For completeness and comprehensive evaluation, this committee also includes student members, who address questions or comments related to the respective candidate. Each candidate's profile summary and an overall interview score are presented to the entire committee. Following the presentation, voting members of the committee are asked to provide their own scores. A final score is then calculated for the candidate. This process and scoring ensure an objective final decision about the candidate.

#### **F. Notification and Decision:**

The admissions committee chair informs the Director of admission who in turn emails their decision to the applicants within 2 weeks following the interview. If the applicant declines the offer within a period of 3 weeks, then an interview vacancy becomes available for the next potential candidate.

Accepted students receive a complete admission packet describing the necessary documents required to be completed, such as travel visa, immunizations, and a complete health report to enroll. The packet contains information on housing, academic program, financial resources, academic resources, Island of Saint Kitts, transportation, textbooks, academic calendar, orientation details, and the White coat ceremony.

### **Transfer Students and Advanced Standing Policy**

Definitions of transfer students and advanced standing used at WUSOM is as follows

**Transfer Student:** Students currently enrolled in an MBBS, MD, or DO program at accredited medical colleges who plan to join WUSOM with completed credits into their first or second year.

**Advanced Standing:** Students who have completed degrees or are currently enrolled in other health professions (not in MBBS, MD, or DO) are getting admitted to MD program with credits from a health professions degree.

### **Policy**

- Windsor University does not allow advanced-standing students. Students with degrees or credits from health professions other than MD, DO, and MBBS must start as fresh matriculants into MD 1 of year one.
- Transfer students from other accredited MBBS, MD, and DO programs will be allowed to transfer to WUSOM only in year 1, year 2, or at the start of year 3.
- No transfer students are allowed into year 4 or the middle of year 3.
- Transfer students must meet the following eligibility criteria.
- Must have “good standing” status at their previous medical school, which must be an appropriately accredited school (CAAM HP, LCME, OR COCA).
- Must complete at least the last two years of the WUSOM curriculum.
- Students must have GPA of at least 3.2.
- If transferring to the end of year 2, the student must provide a score report with a passing score (>60) in NBME CBSE or have to retake the exam at WUSOM.
- Must have met the course requirements as listed in the application materials and all the requirements for WUSOM

Requirements: All applicants must provide the following for consideration:

- Completed application form.
- Official transcripts from all schools attended
- Letter of “good standing” status from previous medical school
- Letters of reference: References which must be provided:
  - Three written recommendations from professors who have taught the applicant in class are required. These references must be from professors in the area of basic science.
  - Applicants should select professors who are familiar with them and can provide substantive comments regarding their academic career.
  - Additional pertinent references are acceptable.
- Personal interview will be conducted.
- A \$100.00 nonrefundable application fee is required.
- A criminal background check will be required for all applicants.
- Mail materials to:  
1621 Brighton’s Estate, Cayon, St. Kitts, West Indies  
Tel: 1-869-466-1220 / 1-869-466-6157 1-708-235-1940 Fax: 1-869-465-0593



### TECHNICAL STANDARDS FOR THE ADMISSION, RETENTION, AND GRADUATION OF APPLICANTS

An applicant for the MD degree, and an enrolled student seeking the MD degree, must possess certain abilities and skills deemed essential functions for the care of patients.

**Observation:** Students enrolled in the MD degree program must be able to observe demonstrations and experiments required by the medical curriculum established by the medical faculty and be able to participate in such with adequate vision and other sensory modalities, including the senses of hearing and smell. A student must be able to observe a patient accurately at a distance and close at hand.

**Communication:** Students must be able to speak intelligibly and hear sufficiently to ensure an adequate exchange of information with patients, family members, and other health professionals. A student must be able to read and write English effectively in order to fulfill academic requirements and to maintain accurate clinical records on patient care.

**Motor:** Medical students are required to possess motor skills sufficient to independently elicit information from patients by palpation, auscultation, percussion, and other manual diagnostic procedures. Students should be able to conduct laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (paracentesis, etc.), and provide basic medical care (clearing the airway, placing catheters, controlling bleeding, simple obstetrical maneuvers, etc.) in the general care environment and coordinate fine and gross muscular movements to treat patients in emergency situations.

Emergency situations include any circumstance in which a patient experience either a physical or mental medical event requiring immediate remedy.

**Intellectual-Conceptual, Integrative, and Quantitative Abilities:** These abilities include an aptitude for rapid problem solving, the capability to access and interpret medical files independently, and evaluate physical examinations, and to formulate a logical diagnosis and effective medical treatment plan. Students must possess good judgment in patient assessment and the abilities to incorporate new information, comprehend three-dimensional relationships, and retain and recall pertinent information in a timely manner.

**Behavioral and Social Attributes:** Students must possess the physical and emotional health required for the application of their intellectual abilities and the employment of sound judgment in an appropriate and prompt manner. Students must be able to function effectively under physically taxing workloads and in times of physical and mental stress. Students must display compassion, sensitivity, and concern for others and always maintain professional integrity.

## REGISTRATION

Students are required to register with the Registrar at a time and location designated by the administration. Dates of registration for each semester will be advised to the students in advance. All students must register on the appropriate date.

Students registering for their first semester are required to provide the following:

- Evidence of academic qualifications
- Letters of Acceptance
- Proof of Identification
- Financial Clearance
- Immunization records
- Passports or visa paperwork

Transfer Students must provide copies of transcripts from previous schools attended and Official Letters of Acceptance along with Proof of Identification and Financial Clearance

Continuing students who are registering are required to provide proof of their financial clearance.

At registration, students will be informed of the courses that they are required to take in that semester. Students who have failed courses will be subject to the requirements for re-sitting examinations or retaking courses as detailed below. This may preclude a student from taking all of the courses that they may have expected to take in the current semester.

At registration, students will be provided with the class timetables and syllabi for the courses for that semester.

## TUITION AND FEES

### St. Kitts Campus - Basic Sciences

	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5
Tuition fee	\$6,240	\$6,240	\$6,240	\$6,240	\$7,740
Administrative fee	\$200	\$200	\$200	\$200	\$200
Student Government fee	\$50	\$50	\$50	\$50	\$50
Insurance	\$150	\$150	\$150	\$150	\$150
Learning Resource fee	\$300	\$300	\$300	\$300	\$300
Exam Fee	\$250	\$250	\$250	\$250	\$400
<b>Total</b>	<b>\$7,190</b>	<b>\$7,190</b>	<b>\$7,190</b>	<b>\$7,190</b>	<b>\$8840</b>

**Total Tuition and fees for MD 1- 5 = \$ 37,600**

### **Other Fees and Deposits Relevant for Basic Sciences and first-time applicants:**

Seat Reservation (Non-refundable - will be credited once joined)	\$500
VISA fee (Charged once for new applicants)	\$150
One time enrolment fee Late	\$1000
Registration fee	\$250
Transportation fee	\$150
Kaplan Web Access (2 years) Kaplan	\$750
Live Lectures(MD5)	\$1,500

<b>Clinical Sciences</b>	<u>Semester 6</u>	<u>Semester 7</u>	<u>Semester 8</u>	<u>Semester 9</u>	<u>Semester 10</u>	<u>Semester 11</u>
Tuition fee	\$10,990	\$10,990	\$10,990	\$10,990	\$10,990	\$10,990
Administrative fee	\$200	\$200	\$200	\$200	\$200	\$200
Learning Resource fee	\$300	\$300	\$300	\$300	\$300	\$300
<b>Total</b>	<b>\$11,490</b>	<b>\$11,490</b>	<b>\$11,490</b>	<b>\$11,490</b>	<b>\$11,490</b>	<b>\$11,490</b>

**Total Tuition and fees for MD 6-11 = \$ 68,940**

### **Other Fees Relevant to Clinical Sciences**

Transfer administrative fee	\$2,000
Malpractice Insurance (USA – paid per year)	\$1,200 /Year
Health Insurance (Caribbean – per semester)	\$300
End of Rotation NBME	\$150
End of Rotation OSCE	\$150
Exit Written exam	\$400
Exit OSCE Exam	\$750
Degree Fee	\$750

For any other tuition inquiries please email:

[accounts@windsor.edu](mailto:accounts@windsor.edu)

## **SCHOLARSHIPS**

### **Nationals of St. Kitts:**

Total Scholarship offered for tuition fees for basic and clinical sciences portion of MD program, students pay for other administrative fees and living expenses

### **Founder's Academic Scholarship**

In memory of our founder and past president, Dr. Srinivas Gaddam, Windsor University School of Medicine has established an academic scholarship. Those students selected will receive 15% of the tuition fee per semester (applied to the tuition) for the MD program. Prospective students will receive this competitive scholarship based on an overall GPA of 3.5 from the previous institution, interview, and submission of any application material (personal statement, letters of recommendation, etc.). This academic scholarship must be maintained with an overall GPA of 3.5 throughout the MD Program.

### **U.S. Military Veterans Scholarship**

10% of the tuition fee per basic science semester with maintenance of 3.5 GPA during the program. Students can apply to other scholarships if eligible.

### **Research Excellence Scholarship**

Provide scholarships for medical students who have demonstrated exceptional research skills or have made significant contributions to medical research projects. This will be determined by the Dean of Research and a maximum of two students per term can apply. The scholarship will be 2000\$ used towards the tuition for that term.

### **Early Enrolment Scholarship**

We are pleased to offer an exclusive Early enrolment Scholarship for students who demonstrate commitment and plan ahead. Students who apply and secure their place with full tuition payment in the program early will receive a \$1000 reduction in tuition fees for their first term. This scholarship is designed to reward proactive students and help ease the financial investment in their medical education. To qualify, students must complete all application requirements and confirm their enrollment before the designated deadline. This is an excellent opportunity to begin your medical journey with Windsor University while benefiting from significant savings.

**FINANCIAL AID**

The staff of Windsor University Financial Aid Office is eager to assist you with obtaining financial aid to help you attain your academic goals. We help with the preparation of any supporting documentation that will be necessary when acquiring loans. Please email [financialaid@windsor.edu](mailto:financialaid@windsor.edu) for further support.

Current and first-time Canadian students can apply for student loans at private banks such as Royal Bank of Canada (RBC), Canadian Imperial Bank of Commerce (CIBC), Scotia Bank, TD Canada, Bank of Montreal (BMO). WUSOM facilitates eligible students for Ontario Student Assistance Program (OSAP).

There is also the option of a Tuition Payment Plan through which fees can be paid monthly without additional interest.

**Ms. Courtney Isis Guishard-Pine**

Financial Aid Officer  
[financialaid@windsor.edu](mailto:financialaid@windsor.edu)

**REFUND POLICIES**

Students who withdraw from the school before any of the classes for which they were registered have taken place will receive a full refund of tuition fees.

Students who withdraw from WUSOM must reapply if they wish to return to the program. Students who are re-admitted to the program will be subject to the current policies and procedures and not those in place at the time that the student was previously registered at the School.

The following refund rates apply.

Before the first day of class	100	%
1–5 days of enrolment	90	%
6–15 days of enrolment	50	%
16–28 days of enrolment	25	%
After 28 days of enrolment	0	%



**STUDENT IDENTIFICATION CARD**

All students are required to have a Student ID issued by WUSOM. The ID card must be displayed on person at all times when in campus. Loss or theft of ID card should be reported to Security Services immediately. The WUSOM charges 5 USD for replacement of Student ID card.

**ACADEMIC CALENDAR**

***JANUARY 2025***

Orientation	January 06
First Day of Class	January 7
MD White Coat Ceremony	January 17
Basic Science Recognition Ceremony	April 04
Final Exams	April 7-18

***MAY 2025***

Orientation	May 05
First Day of Class	May 06
MD White Coat Ceremony	May 16
Basic Science Recognition Ceremony	August 1
Final Exams	August 4-15



*SEPTEMBER 2025*

Orientation	September 01
First Day of Class	September 02
MD White Coat Ceremony	September 12
Basic Science Recognition Ceremony	December 01
Final Exams	December 08–19

## UNIVERSITY POLICIES

### Non-Discrimination Policy

It is the policy of the WUSOM that no persons shall, on the basis of race, color, disability, gender, religion, ethnicity, place of origin, age, or other characteristic protected by law, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any of its programs, activities, or employment. This applies to students and employees (faculty and staff) under WUSOM.

### Diversity Policy

The Windsor University School of Medicine (WUSOM) is committed to creating a culture that promotes and celebrates diversity and inclusion at all levels of the institution. We support, encourage, and facilitate diversity and inclusion in the recruitment and training of highly qualified medical and graduate students to enrich our research and work environments and make WUSOM more attractive to students, faculty, and staff from diverse backgrounds. WUSOM strives to create and foster a culturally sensitive campus environment where everyone feels valued and respected.

This is in alignment with the mission statement of the WUSOM: “The Mission of Windsor University School of Medicine is to provide an environment and innovative curriculum which will inspire and assist students from **diverse** backgrounds to become competent, caring, ethical physicians with the ability to think critically. This experience will prepare students to choose wisely their area of training, to successfully continue their education, and subsequently improve the quality of life for individuals and society.

#### Procedure:

The School of Medicine ensures diversity by implementing the policy in following aspects of the school:

#### **a. Student Recruitment, Selection and Retention**

The Office of Admissions, in recruiting potential applicants, uses a holistic process for reviewing applications to select a diverse student body that will enhance the quality of education and the cultural competency of all students and improve access to quality care for underserved communities.

#### **b. Scholarship and Financial Aid**

WUSOM focuses scholarship fundraising efforts on recruitment scholarships to better attract and matriculate a diverse student body including those who are socio-economically disadvantaged.

#### **c. Educational Program**

The WUSOM curriculum trains students to understand the basic principles of culturally competent



healthcare and the social determinants of health. Additionally, components of the WUSOM curriculum focus on approaches to address health disparities and decrease health inequalities.

#### **d. Personnel Recruitment, Employment, and Retention**

Department Chairs and Senior Administrators recruit a diverse faculty and staff to achieve the goals of the WUSOM.

#### **Attendance Policy**

WUSOM encourages students to attend all academic activities conducted by the School.

##### **Basic Science**

If the student's attendance falls below ninety percent (90%) in any module they will **not** be allowed to sit for the final examination and will have to appeal to the Dean of Student Affairs. Students have to attend 100% of their lab exercises. Students must make sure they are present at the commencement of class and remain until the classes are concluded for the semester.

##### **Clinical Science**

Clinical students are expected to attend all the days of their clerkship. The students should need to give sufficient reason for missing any of the days. They will also have remediation as per the course requirement which might include extension of their clerkship.

##### **Acceptable Reasons for Absenteeism:**

The following constitute acceptable reasons for being absent from a mandatory curricular activity and not for more than 10 working days. If it exceeds more than 10 days, the student has to start the same courses from the beginning of the next calendar semester.

1. Personal illness or illness of immediate family member
2. To seek health-related care
3. Death in the family
4. Participation in a scientific conference where the student is in the lead author/presenter and directly participating in the conference presentation.

##### **Leave of Absence**

WUSOM recognizes that on occasion, a student's education might be interrupted for a variety of reasons. If necessary, a leave of absence might be granted by the Office of the Dean of Student Affairs. An approved leave of absence will guarantee that the student will be allowed to resume their education under the guidelines of the

program in place at the time of resumption. A student who fails to complete a semester without being granted a leave of absence will be administratively withdrawn and will be required to reapply for admission. Students can request for leave of absence for the following reasons:

- Financial hardship resulting in the need for a student to take time off to find funds to continue their medical education
- Illness or injury of a student which affects their ability to study
- Illness or injury of a dependent or family member which affects the student's ability to study

Students may request a leave of absence for a maximum of one semester. Requests for leave of absence must be made in writing to the Dean of Student Affairs who will forward it to the Office of the Registrar. A request for a leave of absence will be refused if it is considered that a student's academic performance is not strong enough to allow the student a reasonable chance of resuming their studies effectively on return to the School.

Students who wish to take a leave of absence for a period longer than one semester might have to apply for re-admission to the School. Students who take an unauthorized leave of absence have to apply for re-admission to the School. Records of leave of absence will be kept in the student's file.

Clinical Medicine students who wish to take days off during their third- and/or fourth-year clerkships must request in advance from the Associate Dean of Clinicals. Students must specify dates and the reason for the request. Failure to request a leave of absence might result in immediate academic dismissal. The Associate Dean of Clinical, the preceptor and the Clinical Chair must be notified immediately if a student has an emergency requiring absence from a rotation. All time missed during a rotation must be made up to the satisfaction of the Clinical Chair and the preceptor.

### **Assessments, Evaluations, And Promotion Policies**

The policy of WUSOM is to promote the use of sound and scientific evaluation methodologies.

#### **General Requirements for Promotion**

Students in the School of Medicine are considered for promotion at the end **of each modular level**. To qualify for a recommendation for promotion to the next academic level, a student must complete all the requirements specified by the appropriate year Committee on Promotion. Each student is also expected to maintain a satisfactory record of professional behaviors and attitudes which includes a satisfactory record of attendance.

Students who are not approved one or more modules during a given academic level and/or have not satisfactorily complied with the professional attitudes and behaviors expected will be subject to a detailed review of their performance by the Committee on Promotion of the appropriate semester.

When the review is completed, the Committee on Promotion will recommend a course of action to the Dean according to the specific guidelines established for that purpose by the Committee.

#### **Evaluation Process:**

At the modular/departmental level, the participating faculty measures and evaluates the student’s level of achievement in the course subject matter as well as the professional characteristics (academic non-cognitive factors). The course faculty member is responsible for maintaining standards of reporting student grades.

The second step in the evaluation process is promotion, which is initiated and conducted by the School of Medicine Promotion Committee. This is an decision making committee. The committee is responsible for reviewing and analyzing student performance in all modules and for making recommendations to the Dean regarding the promotion of students through the medical curriculum. They share with the faculty the responsibility of identifying students who encounter academic, non- academic, and other difficulties and monitor the student's efforts to overcome them.

The evaluation system provides a formal record of a student’s accomplishments. The final letter grade is assigned to each student by the course faculty according to the established criteria. It is then reported to the School of Medicine Registrar's Office.

The letter grade obtained by the student in each course is recorded in the student's official transcript at the Registrar's Office of the Medical Sciences Campus. In addition to keeping a record of letter grades, the office will also record any narrative evaluations which contribute to the determination of a student's performance in a course. Narratives used in the evaluation of students will be sent to the Dean of Student Affairs in order to be included in the student file. These narratives are also used in writing the Dean's letter.

**Effective for classes entering May 2019 to present.**

**Grade letter and percentage (%)**

<b>Score</b>	<b>Grade</b>	<b>Grade Points Per Credit</b>
90–100	A	4.0
85–89	B+	3.5
80–84	B	3.0
75–79	C+	2.8
70–74	C	2.5
<70	F	0

### Basic Sciences grade distribution overview

Performance Measure	Grade Distribution
OSCE Exam	10%
End Module Exam	40%
In Course Grade (ICD, TBL, CCD, Lab Performance, Assignments)	20%
Final Examination (NBME)	30%

The minimum passing grade for courses/modules offered in the School of Medicine is C or Pass or a minimum of 70%.

Absence in any exam is considered as a FAIL grade for the same exam.

Students absent in any exam can appeal to the Promotion's Committee if the student has a genuine reason for being absent.

#### Things that may be considered are as follows:

1. Incapacitating illness: Sudden sickness, illness, accidents etc. (The Dean of Student Affairs has to be immediately notified and a medical certificate has to be provided by a qualified physician)
2. Natural Disasters: Hurricanes, Flood, fire etc.
3. Bereavement (documented)
4. Illness of a very close relative (documented)
5. Serious personal issues (e.g. divorce, house fire etc.)
6. Factors for which the University is responsible (e.g. cancellation of Sessions etc.)

#### Things NOT considered are the following:

- Any unsanctioned leave of any kind.
- Incidents such as (and not limited to) the following:
  - Computer crashes, computer/printer access, difficulties
  - Course work due in from different modules at the same time
  - Work from other courses or retake exams
  - Unavailability of source materials (including library books/journals)
  - Holidays
  - Weddings
  - Normal Pregnancy (1 and 2 trimester)
  - Religious festivals or similar commitments
  - House move (prearranged)
  - Normal work pressures etc.

Make-up exams subsequently given to such students will have different questions with similar equivalence.

### **Student Promotion and Remediation Guidelines**

The Promotion Committee will meet to monitor the performance of academic cognitive (knowledge), psychomotor (skills), and professionalism (attitude) characteristics of first-year medical students.

The following are guidelines set for the promotion of the students in Basic Sciences.

#### **ACADEMIC GOOD STANDING:**

- Students remain in academic good standing by complying with all academic policies and financial obligations.
- **Students must achieve a cumulative score of 70% and above, in addition to achieving a score of 50% and above separately in the NBME exam.**
- Students have to pass all the modules and courses of the current semester to be in good academic standing and this will allow the student to advance to the next semester.

#### **ACADEMIC PROBATION:**

Students are placed on Academic Probation if the student fails one or more modules and/or courses (ICM and Frontiers).

##### **Failure in one or two modules or course/Semester:**

If a student fails one or two module/course in a semester, the student status is considered to be under probation, Students are returned to good academic standing upon passing final remedial exams of all the failed or repeated modules or courses.

##### **Failure in three or modules or course/Semester:**

If a student fails three or more modules/courses (including non-modular course) in a semester, he/she will not be eligible for remediation and will have to repeat failed modules/courses during the next academic semester.

Students are returned to good academic standing upon passing final remedial exams of all the failed or repeated modules or courses.

If a student is not satisfied with the grades or academic status, he/she can appeal to the Promotion Committee.

#### **REMEDICATION FOR ACADEMICALLY STRUGGLING STUDENTS:**

The student failing modules will be placed on academic probation and remediation track to help them in terms of academic guidance/advising to get them back to academic good standing. **Module director will have primary responsibility for early identification of causes of academic struggle, make a student support plan and direct them for remediation.** Students who are on the remediation track will be supported by the course instructor, SASP Advisor, Module Director and Remedial Instructors in various timelines to help them with the remediation process and prepare them for remedial exams.

For students matriculating from Fall 2023 the following remediation is applicable:

Student outcome only in case of one/two modules/course failed		Remediation action to be taken
NBME failed	Cumulative** failed	Final internal remediation and NBME remediation
NBME failed	Cumulative passed	NBME remediation only
NBME Passed	Cumulative failed	Final internal remediation only

**Scoring a cumulative score of 70% and above will allow students to transition between normal basic science (MD1 and MD2) and abnormal basic science semester (MD3 and MD4). Passing NBME along with cumulative is the criteria for transition from normal to abnormal to MD5.**

\*\*Cumulative- End module exam + NBME +In-course assessment + OSCE

#### **INTRA-SEMESTER REMEDIATION:**

The module director will identify the underperforming students after the intramodular formative assessment. Students identified as needing support will be referred by the module director to the relevant subject/course instructor for consultation. The students who score <70% in the end-modular exam will be considered at risk for that module. The module director will report these at-risk students to the Promotion Committee, subject faculty/course instructor and SASP advisor and direct them to meet with relevant module/course faculty/instructors after the end-modular/course exam results are declared, (Criteria here are for the module director to review the end module/course grade report to identify the student weak areas) for the remediation. The instructor will guide students in identifying specific module objectives requiring improvement and assist in devising a study plan for the remedial examination. At-risk students will be given the opportunity to take the first remedial exam of that module in the exam week. The maximum mark set for this remedial exam is 70%.

### **END-OF-SEMESTER REMEDIATION:**

If a student fails two or less modules in a semester, the student is eligible to take the final remedial exams at the beginning of next semester. The maximum marks the student gets after passing the final remedial exam is 70% (GPA=2.5). The module director and course instructors will provide students with appropriate measures of remediation to prepare. If a student fails any of these remedial exams, he/she has to repeat the failed modules. The modules from the next semester can be accommodated if it does not overlap with the failed modules.

### **NBME Remediation During Basic Sciences Modules:**

Students are allowed a maximum of 3 attempts on the NBME exams. The first attempt is regular and the other two will be remedial attempts. Students will be given the first remedial NBME exams in the first week of the following semester. Students must successfully pass all the NBME exams before beginning MD3 and MD5. This in fact reflects students' ability to have gained the required competencies (via external exam validation i.e., NBME) during the normal phase of the Basic Sciences curriculum (MD1&2) and the Abnormal phase of the curriculum (MD3&4) before starting the transition semester MD 5.

If students fail to pass their first remedial NBME exams, they will be required to take a remediation semester break at the transition points (end of MD 2 & MD4), to be able to pass the failed NBME exams to be returned to academically good standing.

A third failure of an NBME examination will result in dismissal.

### **Clinical Sciences Policies**

#### **Transition from Basic to Clinical Sciences:**

Passing of NBME Basic Science Comprehensive exam with a score of 60 is required for promotion to the third year of the MD program. Approval for writing of NBME comprehensive exam after successfully completing the MD V will be provided by the Promotions Committee after carefully reviewing the student's grades. Approved students will be writing the NBME comprehensive exam between 8 weeks after their successful completion of MD V. A maximum of 3 attempts in NBME CBSE is allowed to students to pass the course. Failing the exam for the third time, the student will be academically dismissed.

Students interested in taking USMLE Step 1, following their successful completion of NBME comprehensive exam, will have to apply in writing to the Promotions Committee (Addressed to Chair Promotions) with their NBME comprehensive exam score for the School to sponsor them for

USMLE Step 1. The academic leave approved by the School to write USMLE Step 1 following NBME comprehensive exam is six months after completing MD V. This period can only be extended by another three months which has to be approved by the Promotions Committee after student submits the valid reasons and has supporting documentations for the extension of leave of absence. No external sponsor for the exam will be entertained by the School. Any student with unsatisfactory professional characteristics will not be allowed to take the USMLE/NBME and will be recommended for dismissal.

After completing all the approved requisites for Basic Sciences, medical students will receive academic progress reports pending the results of the NBME Basic Science Comprehensive exam. Promotion to clinical years will be granted when they pass the exam. If a student fails the NBME Basic Science Comprehensive exam, she/he will not be promoted to the clinical year and will be placed on academic probation until she/he passes the exam. In the period in which the student is registered in the Independent Study course, she/he will be considered a student under academic probation. In addition, such a student must register and complete at least an 80-hour elective course in order to demonstrate academic progress.

Students will have three opportunities to pass the NBME Basic Science Comprehensive exam during the time period of one year. This year is counted as the time elapsed between the date in which the results of the first exam and the third exam are received. Students who fail to pass the NBME Basic Science Comprehensive exam on three occasions will be recommended to the Dean of Medicine for dismissal from the MD program.

If the student passes the NBME Basic Science Comprehensive exam within second or third attempt, She/he will be promoted to third year. The time spent for passing of the NBME Basic Science Comprehensive exam will count towards the six years maximum time permitted to complete the MD degree.

### **Clinical Clerkships:**

The final grade in the clerkship represents a semi-quantitative average of four components:

#### **The final grade in the clerkship represents a semi-quantitative average of four components:**

- Participation in TBL and Course quizzes as part of TBL - 15%
- Completion of Online Assignments (Aquifer) - 5%
- Student Portfolio- EPFL, Case report, log set & MiniChex-10%
- NBME - 30%
- Preceptor final evaluation form - 30%
- End of rotation OSCE- 10%

The final grade calculation= Cumulative of above 4 > 70 % to pass.

### **Grading:**

**Pass:** Scoring a letter Grade of minimum C in 4 areas of evaluation (TBL, NBME, Preceptor evaluation form, and End of rotation OSCE) along with completion of Student Portfolio and required Online



Assignments. Additionally, a student has to secure a cumulative grade of clerkship that is greater than or equal to 70%.

**Passing grades for NBME Shelf exams set by the Clinical Sciences Curriculum Committee is as follows:**

<b>Core</b>	<b>Passing grade for NBME/C</b>
Psychiatry	61
Internal Medicine	57
Family Medicine	60
Pediatrics	60
OBG	60
Surgery	60

**In progress:** Fail in one or two areas but pass all other areas of evaluation (for example, fail in NBME alone).

**Fail:** Fail three or more areas of evaluation (for example, failure in preceptor evaluation, NBME, and OSCE).

**Remediation for students with “In progress” student status that failed a specific component:**

1. If a student failed preceptor evaluation: successfully repeat 4 weeks of rotation.
2. If a student didn't submit Clinical Log: successfully complete all logs
3. If a student failed OSCE: successfully repeat and pass the failed OSCE in up to three attempts
4. If a student failed the NBME Exam: successfully pass the exam in up to three attempts
5. If a student failed the TBL: Repeat failed Clerkship TBL

The final grade will be calculated using the new data and will be downgraded one letter grade unless that grade is already “C”.

If student fails (less than “C” any of the remediation during the “in progress” he/she must repeat the entire rotation.

**Remediation for students with “Fail” status for Clerkship:**

A student status is considered as **Fail** if the student did not receive a letter grade of C or above in three primary evaluation components (i.e., NBME, Preceptor evaluation, and OSCE exam). A student with a “Fail” status at the end of rotation must repeat the entire clerkship.

For further information, refer to the clinical curriculum manual.

## Withdrawal Policy

### Basic Sciences

#### **Course withdrawal**

WUSOM students are permitted to withdraw from any particular course with sufficient reason before 50% of the course time has elapsed.

#### **Semester withdrawal**

WUSOM students are permitted to withdraw from any Basic Sciences semester with sufficient reason before 50% of the course time has elapsed

### **Clinical Sciences**

A student may withdraw from clinical clerkship with sufficient reason before 50% of the course time has elapsed. Withdrawal from course will not be accepted after that period and the student will be marked fail in transcript if the course is not completed successfully.

## Health Policy

### **Immunization**

The WUSOM immunization policy is based on WHO recommendation which is the globally accepted standard and is also in sync with local health ministry recommendations. The students are required as per the admission policy of WUSOM to mandatorily submit physician certified original health certificate indicating the immunization status during the processing of the admission. These documents are verified by the authorized University staff and completion of the required immunization is complied with before admission is done. It is important to note that the affiliate hospitals or elective sites may require the student to provide additional documentation (Please refer to Clinical Handbook). It is the responsibility of the student to maintain compliance to the additional health requirements. WUSOM endorses HIPAA standards in handling the student health records.

### **Blood-borne pathogens exposure policy**

WUSOM does not discriminate against qualified applicants, students, and employees who are infected with Hepatitis, HIV, or other blood-borne pathogens. Students, applicants, and employees who are infected with a blood-borne pathogen such as Hepatitis or HIV virus will not be excluded from enrolment or employment or restricted in their normal responsibilities or access to School services and facilities because of their infected status. Windsor University is committed to a policy of non-discrimination and to protecting the legal rights and privacy of students infected with blood-borne pathogens while also protecting the health of the public.

The School adheres to the reporting and control guidelines and responsibilities as described by the St. Kitts and Nevis Board of Health and its Division of Disease Control.

WUSOM students will have their Hepatitis B immunity status confirmed as part of the School's affiliation-immunization policy. Although testing for Hepatitis C and HIV is not required for attendance at WUSOM, it is the professional responsibility of any student who has risk factors for these diseases to make arrangements for serologic testing.

Students who are aware that they are infected with a blood-borne pathogen [including but not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency virus (HIV)], if not currently under the care of a personal physician, are strongly urged to contact the Hospital's Health Service so that appropriate medical treatment might be instituted or continued.

Students infected with a blood-borne pathogen must avoid circumstances in which they could potentially transmit their infection to others. They are required, therefore, to disclose their infection status to the Dean of Student Affairs or Associate Dean for Clinical Clerkship and clinical coordinators in order to arrange any necessary adjustments to continue with their clinical rotation. Such notification is considered the professional responsibility of the student, and failure to disclose blood-borne pathogen infection status will be grounds for disciplinary action, up to and including dismissal from WUSOM. A student infected with HBV, HCV, or HIV may continue in the MD program as long as he/she can carry out the physical and intellectual activities of all students as outlined in the WUSOM Technical Standards. Students infected with blood-borne pathogens should be aware that based on current medical knowledge and practice, they may be restricted from future careers in residency training and specialty practices which require patient performance risk-prone procedures.

### **Needle Stick Injury and Exposure to Body Fluids (OSHA Guidelines)**

Students before starting clinical clerkship need to take and submit the infection control certificate. They should follow OSHA compliant standards during hospital visits or with patients. They are required to complete the online course offered at <http://www.compliancepublishing.com/>

Procedure following blood/body fluid exposure:

1. Proper care of exposed area.
2. Inform the preceptor or nurse or follow clinical protocol.
3. Notify your supervisor/supervising resident and Associate Dean/ Clerkship Director.
4. Obtain initial evaluation. DON'T DELAY— It is important to be evaluated within 2 hours of exposure.
5. Fill out incident report (available in each department) and keep a copy for legal and financial reasons; send a copy to the Dean's Office. Continue treatment at affiliate hospital.
6. All medical students with exposures will go to the assigned health center for follow-up after initial visit to the ER.
7. The campus clinic is headed by a qualified nurse who will advise the student regarding any necessary follow-up treatment and counseling for that medical student.



### **Health Insurance**

WUSOM's NAGICO policy requires all students to carry health insurance to cover hospitalizations, emergency room care, outpatient specialty care, and diagnostic testing. You have the option to enroll in a plan through the University. The University offers one health insurance plan. All students are required to complete the health insurance form to enroll.

The student health (NAGICO) insurance plan covers most services received outside of primary care clinic including all specialty care as long as there is a referral signed by your primary care physician (PCP). Students may elect to purchase dependent coverage (spouse, children) for an additional cost after the completion of their student enrolment in the University's health insurance plan.

Students may also elect to enroll in an optional dental insurance plan for an additional cost. Plan highlights for the Student Health Insurance Plan:

- All specialists who are in the NAGICO network are covered 100% with a referral from their PCP (most physicians are in the NAGICO network).
- Specialists out of network are covered at 80% with the patient responsible for 20% of the visit. Other highlights of covered services:
  - Full ambulance (no per trip maximum)
  - Routine health maintenance visits
  - No per condition limitation per sickness or injury
  - No internal caps on services, such as surgery, outpatient services, prescription drugs and high cost procedures.

Read the brochure carefully to fully understand the benefits provided by the NAGICO Student Health Insurance Plan.

If you have any questions, visit the Dean of Student Affairs Office.

### **Immunization Policy**

Following are the list of the vaccination requirements as per WUSOM policy.

MEASLES: Proof of two doses of measles vaccine administered on or after the first birthday and at least 30 days apart or proof of immunity.

MUMPS: Proof of one dose of mumps vaccine administered on or after the first birthday or proof of immunity.

RUBELLA: Proof of one dose administered on or after the first birthday or proof of immunity.

VARICELLA ZOSTER: Proof of two doses of Varicella vaccine after the first birthday or documentation of history of the disease, including the date students are required to present a letter or other suitable written certification.



**TETANUS/DIPHThERIA:** Proof of one booster dose of tetanus/diphtheria within 10 years of TDAP (Tetanus-Diphtheria, acellular pertussis) TDAP is recommended for all students with anticipated pediatric patient contact.

**HEPATITIS B VIRUS:** Proof of serologic immunity to HBV or certification of immunization with a complete series of Hepatitis B vaccine.

**TUBERCULIN SKIN TEST (PPD):** Within one year of matriculation or, if history of a positive PPD reading exists, documentation of a chest X-ray.

**POLIO VACCINE** and booster dose.

### Transcripts

Windsor University School of Medicine issues transcripts on request to all students who are currently or have previously been registered with the WUSOM. Students may request official copies of their transcript to be sent to other educational establishments including the ECFMG.

WUSOM charges 30 USD per transcript.

Students must complete and submit the Student Transcript Request Form to the Office of the Registrar. Student transcripts will be issued within 10 working days on submission of a completed request form. Students may request for unofficial 'student' copies of their transcripts for their own reference.

WUSOM reserves the right to deny transcript to any student not in good standing with the School.

### WUSOM Graduation Requirements

To qualify for graduation, students must meet the following criteria:

#### **Completion of Basic Sciences:**

Students must successfully complete all Basic Sciences courses, ensuring foundational knowledge essential for clinical training.

#### **Transition from Basic to Clinical Sciences**

Students are required to pass the NBME Comprehensive Basic Science Examination (CBSE) with a score of 60.

#### **Completion Clinical Clerkship**

Students must complete the 72-week Clinical Clerkship Program, which includes Passing scores on NBME shelf exams and end-of-rotation Objective Structured Clinical Examinations (OSCEs). Completion of all rotation requirements, including logs and assignments. Submission of complete and signed final evaluation forms for all rotations including core, electives and selectives, The final evaluation forms must include the following:

- Correct start and end dates.
- Exact number of weeks
- Accurate rotation details (location, hospital, and rotation name).
- Preceptor signatures and hospital stamps.



### **Case Report Submission**

Students are required to submit completed case reports for all core and elective rotations, demonstrating comprehensive clinical exposure and learning.

### **Exit Examination**

By the end of the 72-week clerkship program, students must successfully pass:

- The NBME-Comprehensive Clinical Science Examination (CCSE) with 214 passing score.
- The Exit OSCE, affirming their readiness for professional practice (Passing criteria can be found in Clinical Curriculum Manual).

### **Graduation Documentation**

- Students must submit all required graduation and clearance forms, including those for library resources and housing.
- Meet all institutional financial obligations, including tuition fees are in good standing.

### **Submission Timeline**

All documentation required for graduation must be submitted to the Registrar's Office electronically at documents@windsor.edu at least eight weeks prior to the scheduled graduation date to ensure timely processing and clearance.

## **CERTIFICATION FOR GRADUATION**

The Registrar will certify each candidate's eligibility for graduation based on the completion of all academic and administrative requirements. Any student with outstanding fees, fines, or incomplete documentation will not be eligible to graduate.

Final determination that the student has satisfied academic requirements rests with the Promotion Committee. The Registrar's Office conducts a degree audit three months before commencement to ensure compliance with graduation criteria. Final certification is conducted one week prior to commencement, students are required to contact the Registrar's Office

### **Family Educational Rights and Privacy Act (FERPA)**

WUSOM complies with requirements of the Family Educational Rights and Privacy Act of 1974 (FERPA) under which the following policies and procedures have been established. WUSOM accords all rights under the law to students who are declared independent. For the purpose of this policy, whenever a student has attained eighteen (18) years of age or is attending an institution of postsecondary education, the permission or consent required of and the rights accorded to the parents of the student shall thereafter only be required of and accorded to the student. Responsibility for protection of the privacy of student educational records rests primarily with the Registrar's Office.

Educational records are defined by FERPA to include records, files, documents, and other materials that contain information directly related to students and are maintained by an educational agency or institution or by a person acting for such agency or institution. There are exceptions to this definition of



educational records as published in the Guidelines For Postsecondary Institutions for Implementation of The Family Educational Rights and Privacy Act of 1974 as amended, Revised Edition 1995, a publication of the American Association of Collegiate Registrars and Admissions Officers.

### **Students' Access to Their Educational Records**

All students have the right to review their educational records with the following exceptions as outlined by FERPA:

- Records which are developed by and are the sole possession of faculty, staff, and other personnel, and which are not accessible to other persons.
- Records created and maintained by a physician, psychiatrist, psychologist, or other professional or paraprofessional acting in the capacity having to do with the treatment of a student. Note that such records may be reviewed personally by a physician or other appropriate professional of the student's choice.
- Records created and maintained by law enforcement units solely for law enforcement purposes and which are not made available to other persons except law enforcement officials of the same jurisdiction.
- Financial records of student's parents or any information contained therein.
- Confidential letters and statements of recommendations placed in the educational record of a student.
- An employment record which is used only in relation to the student's employment by the School except where an individual in attendance at the School is employed as a result of his/her status as a student.
- To review records, students and former students may go to the Registrar's Office, present a valid photo identification card and ask to review the record. If it is an inappropriate time to retrieve the record on short notice, students may be requested to complete a Request to Review Education Records form in the Registrar's Office.

### **Challenge of the Contents of Educational Records**

Students may challenge information in their educational records that they believe to be incorrect, inaccurate, or inappropriate if they do so within one year of the term in question. This challenge must be in writing and must be submitted to the Registrar. The Registrar must decide within a reasonable period of time whether corrective action will be taken, and the Registrar must provide written notification to the student and the Student Services Officer of the corrective action that has been approved.

Students who are not provided with full relief sought by their challenge must be referred to the Dean of Students who will inform them of their right to a formal hearing. Students must make their request for a formal hearing in writing to the Dean of Students.

The following procedures shall apply:

1. The hearing panel that will adjudicate such challenges will be the Admissions Committee and



Registration Dept.

2. Within a reasonable period of time after receiving the written request for a hearing, the chairperson of the Admissions Committee and Registration Dept. must inform students of the date, place, and time of the hearing reasonably in advance of the hearing.
3. Students will be afforded a full and fair opportunity to present evidence relevant to the issue raised. They may be assisted or represented at the hearing by one or more persons of their choice, including an attorney, at their expense.
4. Decisions made by the Admissions Committee and Registration Dept. must be in writing, must be based solely on the evidence presented at the hearing, and must include a summary of the evidence and the reasons for the decision. The decision should be delivered in writing to both the student and the Dean of Students.
5. The Admissions and Records Office will correct or amend the educational record in accordance with the decision of the hearing if the decision is in favor of the student and inform the student in writing of the amendment.
6. Should WUSOM decide not to amend the record in accordance with the student's request, the Admissions and Records Personnel must inform the student of the following:
  - The student has the opportunity to place a statement with the educational record commenting on the information in the record or a statement setting forth any reason for disagreeing with the decision of the hearing.
  - The statement placed in the educational record by the student will be maintained as part of the record for as long as the record is held by WUSOM.
  - This record, when disclosed to an authorized party, must include the statement filed by the student.
  - Challenges to information in educational records will not be heard if more than one year has elapsed since the quarter in question.

### **Disclosure of Educational Record Information**

WUSOM shall obtain written consent from students before disclosing any personally identifiable information from their educational records. Such written consent must: (a) specify the records to be released (b) state the purpose of the disclosure, (c) identify the party or class of parties to whom disclosure may be made, and (d) be signed and dated by the student.

FERPA states that certain information from the student records may be classified as "directory information."

The following information has been declared by WUSOM as "directory information:"

- Name of student
- Address, including email
- Telephone number
- Date/place of birth





- Major/fields of study
- Participation in officially recognized activities and sports
- Height/weight of athletic team members
- Dates of attendance
- Degrees and awards received
- Most recent educational institution attended
- Photographs

FERPA established rules stating that some personnel and agencies may have access to students' "educational records" without written consent of the students. WUSOM will disclose information from a student's educational record only with the written consent of the student *except* the following:

1. To school officials within the institution who have been determined by the School to have a legitimate educational interest in the records.
2. To school officials including counselors and instructors who are involved in counseling students, administrators who assist in counseling and who advise students with other problems, professional staff and clerical staff who directly relate to the administrative tasks of the School, school law enforcement officials, and school attorneys.
3. To a school official who has a legitimate educational interest if the official is performing a task that is specified in his or her position description or by a contractual agreement, performing a task related to a student's education or performing a task related to the discipline of a student. When doubt is raised about an individual's "need to know" or legitimate educational interest in having access to specific information, the issue shall be decided by the Dean of WUSOM.
4. In connection with a student's request for or receipt of financial aid, as necessary to determine the eligibility, amount, or conditions of the financial aid, or to enforce the terms and conditions of that aid.
5. To appropriate parties in a health or safety emergency subject to a determination by the Dean or School Deans.

WUSOM will maintain a record of all requests for the disclosure of information from a student's educational records. The record will indicate the name of the party making the request, any additional party to whom it may be re-disclosed, and the legitimate interest the party had in requesting or obtaining the information. The record may be reviewed by the eligible student.

#### **Annual Notification of FERPA Rights:**

WUSOM will give annual notice to current students, parents and faculty of student rights under the Act by email. Newly enrolled students are provided information on FERPA Rights during the Orientation Program in the beginning of the semester.



## Academic Grievances

Students in the program have the right to fair hearing through grievance and appeals procedures. Academic grievances are handled by the Student Promotion Committee.

WUSOM endorses transparency in the conduction and evaluation of exams.

Reviewing of performances happens at various levels depending on the type and level of the examination.

For formative and summative quizzes, most of the subjects allow review of the answers and score on the Examsoft just after completing the quiz. OSCE examiners also provide immediate individual feedback on the performances just after the examination.

### First Level of Review and Appeal

The grades in the module exams are displayed immediately after the examination on Examsoft and the course instructor or the director conducts a review of the questions in the classroom. Any question with wrong choices or conceptual error is eliminated and the exam is regarded. A similar review is conducted in the clinical clerkship by the respective preceptors.

### Second Level of Review and Appeal

Students who are not satisfied with the first level can approach the Head of Department for resolution with respect to their examination or grade. The clinical clerkship student can appeal to the Associate Dean of Clinical for review and remediation.

### Third and Final Level of Review and Appeal

Students who are not convinced with the remediation can approach the Dean of Student Affairs who may then refer the case to the Promotion Committee. The Promotion Committee will forward the decision to the Office of Student Affairs no later than 15 days after receipt of the appeal. The student can then approach the Academic Dean for the final review. The Academic Dean after due deliberation will provide a decision within 15 days of the appeal. The Academic Dean is the final body for appeal and no further appeal is entertained after the decision from the Academic Dean.

If the grade change is approved, the course director is ultimately responsible for reflecting the appropriate records to the Registrar's Office.

If a student's appeal is upheld and he/she is re-instated by the Academic Dean, the date of dismissal by the Student Promotion Committee and date of re-instatement will become part of the student's academic record.



## WUSOM Professionalism and Disciplinary policy

### Procedures for Concerns with Medical Student Professional Behavior

#### PURPOSE.

The purpose of the Procedures for Concerns with Medical Student Professional Behavior is to articulate the implementation of the regulations on Student Academic Misconduct and Standard of Student Conduct in Non-Academic Matters and regulations and procedures for resolution of complaints and appeals within the College of Medicine. This provides transparent processes for responding to concerns of lapses in professional behavior by medical students.

It is the expectation that students and members of the medical profession are held accountable to the same standards as professionals in the medical field. Specifically, both medical students and faculty will be expected to adhere to the same principles of professionalism. These procedures ensure that the undergraduate Medical Education program meets or exceeds the different Committee on Accreditation and ethical standards.

#### Learning Environment/Professionalism.

A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, implement appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.

#### SCOPE

These procedures apply to instances in which undergraduate students registered in the Doctor of Medicine (MD) program at the Windsor University, irrespective of the geographically distributed site to which they are currently assigned, engage in behavior which is generally recognized as unprofessional.

#### Definitions

**Reporter:** A person who submits a report of unprofessional behavior. Typically, this will be a lecturer, Module/Course Director, Course Chair or Year 1–4 Chair/Site Coordinator. This may also include a staff member in the WUSOM or a clinical preceptor or other medical student or medical resident.

**Respondent:** A person alleged to have engaged in unprofessional behavior. This will typically be an undergraduate student registered in the Doctor of Medicine (MD) program at the Windsor University. Unprofessional behavior of medical students on visiting clinical electives will be reported to the clinical



Associate Dean.

**Minor Incident:** An incident that has minimal consequence. Examples of unprofessional behavior include but are not limited to the following:

- Submitting an assignment late
- Arriving late for a mandatory lecture or clinical learning experience
- Missing a mandatory session
- Presenting an appearance that may not be perceived by patients as professional
- Using language in email, assignment, **or other communication that may be overly casual** or may be perceived as otherwise inappropriate or disrespectful
- Receiving or responding to feedback inappropriately
- Failing to promptly return phone calls and emails **or other communication related to** patient care.
- **Failing to follow the protocols established in the assigned hospitals and clinical learning** skill facilities at the Windsor University.
- Incidents of academic misconduct in which the reporter perceives that the student's misconduct was minor and unintentional due to a lack of understanding of expectations rather than intentional.

### **Major Incident**

An incident that has the potential for serious consequences.

Examples of unprofessional behavior include but are not limited to the following:

- Failing to return phone calls and emails when patient care may be compromised
- Demonstrating a pattern of not responding to call for assistance (when on call or expected to be available)
- Failing to communicate, in a timely manner, absences due to illness or other reason
- Most incidents of academic misconduct, including lying or misrepresenting oneself including instances of academic dishonesty such as taking credit for someone else's ideas, plagiarism, cheating, and falsifying information (research data, grades, assessment results)
- Posting patient information on a social networking website
- Sharing patient information in a public space
- Engaging in inappropriate and/or offensive communication with colleagues
- Inappropriate communication whether on social media/ internet, in person, or by other means including shaming others publicly, exhibiting uncontrolled anger, displaying inappropriate pictures from research, education, or clinical settings through social media
- Inappropriate communication might also include the use of unacceptable words, images, or actions such as profane or disrespectful language, inappropriate labels, or name-calling, patronizing and insulting remarks, intimidating gestures such as slamming doors or throwing things.



- Uncooperative behaviors, whether intentional or not, such as repeated refusals to comply with known and accepted practice standards.
- Refusal to work collaboratively with colleagues, staff, patients, and faculty.

### **Critical Incident**

An incident which has direct harmful consequences or is an egregious breach of well-recognized standards. Examples include but are not limited to the following:

- Physically or sexually assaulting a patient.
- Being sexually inappropriate with a patient or co-worker or colleague.
- Unwelcome and inappropriate verbal, written, graphic or physical conduct, or coercive behavior, where the behavior is known or reasonably ought to be known to be unwelcome.
- Unauthorized release of confidential information including identifiable personal data of a research participant, a patient's health information or other breach of personal information, privacy policy, and law such as Freedom of Information and Protection of Privacy.
- Inappropriately accessing or using a co-worker, learner, research participant or patient's personal information.

### **Guiding Principles**

In the teaching and learning of Medicine, professionalism is a core academic competency and is continuously assessed throughout the undergraduate medical education program. Clinical courses include professionalism as a component to be taught and assessed. These procedures are not intended to override course-related assessment processes or documentation. The primary intention of these procedures is to provide an effective mechanism for the early identification of students who need assistance with their professional development so that appropriate remediation can be implemented to support their successful completion of the program. They should be considered when unprofessional conduct is identified that is outside the developmental norms for a student's cohort.

The secondary intention of these procedures is to assist with crucial academic decisions when remediation is unsuccessful or inappropriate.

These procedures cover most allegations of unprofessional behaviors that occur in academic or clinical settings or other work placements or that are related to the student's area of professional study and are informed by the following **guiding principles**:

- Respect for others.
- Professionals demonstrate consideration and respect for others including patients, their families and support persons, colleagues, classmates, teachers, other professionals, and the public.
- We don't allow our conduct to negatively impact on others' learning or clinical activities.
- We don't discriminate against others on the basis of age, race, color, ancestry, place of origin, ethnicity, political beliefs, religion, marital status, family status, physical or mental disability, sex,



sexual orientation, or gender identity.

- We demonstrate respect for the dignity and rights of patients and their families or support persons, taking into account their diversities, both in their presence and in discussion with other members of the health care team.
- We accept and promote patient autonomy in decision-making, and when the patient lacks capacity, we consult with and appropriately take direction from surrogate decision-makers.
- We respect the personal boundaries of others and refrain from making unwanted or inappropriate romantic or sexual overtures towards others.
- We communicate respectfully with others both verbally and in writing.
- We respect the privacy and confidentiality of those to whom we owe that duty.

### **Honesty and integrity**

Professionals demonstrate adherence to the highest standards of personal, professional, and academic honesty and integrity.

- We communicate with others truthfully verbally and in writing
- We don't falsify documents or records
- We acknowledge and manage conflicts of interest appropriately, avoiding conflicts of interest, real or apparent, whenever there is potential detriment to others
- We admit and disclose errors
- We make accurate records of conversations, histories, physical findings, and other information pertinent to patient care
- We don't engage in plagiarism nor do we give or receive assistance during an examination or in completion of an assignment unless such is expressly permitted
- We conduct research in an ethical manner, analyzing and reporting results accurately and fairly
- We credit the ideas and work of others appropriately and fairly

### **Compassion and empathy**

Professionals demonstrate compassion and empathy for those in distress and especially for patients, their families and support persons.

- We demonstrate effective listening
- We are aware of and respectful of others' differences and respond appropriately to their needs
- We show compassion and provide support for patients, their families, and support persons dealing with illness and/or dying

### **Duty and responsibility**

- Professionals acknowledge their duties to patients, their profession and society and accept the responsibilities that flow from these duties.
- We attend to patients' best interests and wellbeing as the first priority.
- We work cooperatively with others for the benefit of our patients and contribute to a healthy working environment for all.



- We make equitable and prudent use of health care resources under our control.
- We are responsible to society for matters relating to public health.
- We recognize and adhere appropriately to policies, codes, guidelines and laws that govern us and our work.
- We participate in the process of self-regulation of the profession.
- We address misconduct, incompetence, or behaviors that put patients or others at risk.
- We share resources and expertise and assume responsibility for our portion of a fairly distributed workload; where issues of fair distribution arise, we act most immediately in the patient's best interests and seek to resolve issues of fairness through appropriate channels.
- We respond in an appropriate, non-judgmental, and non-demeaning manner when our expertise is sought.
- We don't take advantage of colleagues, learners, patients, their families, or support persons or others for emotional, financial, sexual, or other personal purposes, and we conduct research and educational activities with these groups only with appropriate informed consent.
- We fulfil commitments, meet deadlines and are punctual particularly where these behaviors have significant impact on others; where we're unable to do so, we communicate the same appropriately to mitigate any negative impacts.
- We engage in lifelong learning, maintain clinical competence, and strive for continuous quality improvement.
- We take appropriate and necessary responsibility for our personal health and wellbeing.
- We recognize our own limitations and seek assistance appropriately.
- We display dress, behavior, and demeanor in the educational and healthcare setting according to appropriate pedagogical, clinical, or safety standards.

### **RESPONSIBILITIES**

The Dean of Student Affairs and the Professionalism and Disciplinary Committee are responsible for the oversight and implementation of the Procedure for Concerns with Medical Student Professional Behavior.

### **SPECIFIC PROCEDURE**

#### **Reporting a Minor Incident**

Many cases of alleged unprofessional conduct on the part of students result from misunderstanding or lack of familiarity with the expected standards. Examples of minor incidents are indicated as follows.

A case of this kind can often be addressed through an informal meeting with the student (respondent) by a reporter who first identifies the issue. Generally, a conversation and feedback may be sufficient although it may also be reasonable to expect that the student will address the issue in a manner mutually agreed upon.

- The reporter will document the discussion with the student and complete an Informal Discussion Form.
- The student will be provided a copy in order to document their understanding of the



discussion.

- The Informal Discussion Form will be submitted to the Professionalism and Disciplinary Committee Chair and Dean of Student Affairs who will maintain a confidential file of these forms.
- At the end of the Academic Year, the Professionalism and Disciplinary Committee Chair and Dean of Student Affairs will provide to the Dean's office and the Informal Discussion Forms that had been incurred by the students that have not met the threshold for a Professionalism Concern Form. This would include students who have received two or less Informal Discussion Forms.
- This information will not be forwarded to subsequent Year Chairs but may be used to identify a pattern of behavior. Should a pattern of behavior be identified, the student will be contacted by the Dean of Student Affairs who will initiate necessary actions for the concerned issue.
- If a student incurs multiple (three or more) Informal Discussion Forms of a similar type (e.g. late assignments) or multiple (three or more) Informal Discussion Forms of different types (e.g. 1 late assignment, several episodes of being late for lectures and 1 missed mandatory session), then the Professionalism and Disciplinary Committee Chair will meet with the student.
- The Chair will document the meeting and will complete a Professionalism Concern Form. The student will have an opportunity to include a comment in the report. The Professionalism Concern Form will be submitted to the Dean of Student Affairs. The report will be placed on the student's professionalism file. No further action will occur at that time.

If a student incurs a subsequent minor incident after receiving a Professionalism Concern Form, the Professionalism and Disciplinary Committee Chair will submit a second Professionalism Concern Form. The Dean of Student Affairs will inform the student that a consultation about the matter will be made with the Professionalism Panel. The Panel will meet to determine whether a Formal Professionalism Hearing is required. If the Panel determines that a Formal Hearing is not required, the student will be notified and will have a meeting with the Dean of Student Affairs. The student will receive a note indicating the discussion and identified plan resulting from the meeting. If the Panel determines that a Formal Hearing is required, then the student will be notified, and a Hearing will be held.

### **Reporting a Major Incident**

A Major Incident is one that has the potential for serious consequences for patients, peers, staff, and faculty. A Major Incident might also include incidents that have the potential to damage the reputation of the School of Medicine. Examples of Major Incidents can be found in **Definitions**. When a student is alleged to have engaged in a Major Incident, the reporter submits an Informal Discussion Form to the Professionalism and Disciplinary Committee Chair who will subsequently meet with the student to discuss the incident.

- The Professionalism and Disciplinary Committee Chair will document the meeting and will complete a Professionalism Concern Form. The student will have an opportunity to include a comment in the report. The Professionalism Concern Form will be submitted to the Dean of Student Affairs.
- The Dean of Student Affairs will inform the student that a consultation about the matter will be





made to the Professionalism Panel. The Panel will meet to determine whether a Formal Professionalism Hearing is required.

- If the Panel determines that a Formal Hearing is not required, the student will be notified will have a meeting with the Dean of Student Affairs.
- If the Panel determines that a Formal Hearing is required, then the student will be notified, and a Hearing will be held.

### Reporting a Critical Incident

A Critical Incident is an incident which has direct harmful consequences or is an egregious breach of well-recognized standards. Because of the nature of the incidents as evidenced by the examples identified in **Definitions**, the reporting of a Critical Incident is anticipated to follow most closely the processes utilized in **Student Handbook Disciplinary Policy of Windsor University**. The procedure for reporting a Critical Incident is shown in X Specific Procedure.

- When a student is alleged to have engaged in a Critical Incident, the reporter submits a Professionalism Concern Form to the Dean of Student Affairs who will then file a formal complaint pursuant to the Disciplinary Committee of Windsor University.
- If the Critical Incident has the potential to significantly impact the safety or wellbeing of others, particularly patients, the clinical Associate Dean and the Dean of Student Affairs may interrupt the participation of the student in clinical activities pending investigation of the allegations. In such cases, the Professionalism Panel would proceed as quickly as possible and, as soon as safety is established, would communicate to the clinical Associate Dean that the student can resume clinical activities.

### Process for a formal hearing of the Professionalism panel

All Panel proceedings should be based on sound principles to ensure a fair hearing within a reasonably short period of time. The respondent is to be treated as innocent until proven guilty and there must be the both the perception and reality that all hearings are fair and transparent. The primary goal of the process should be educational, leading to the successful remediation of unprofessional conduct and the subsequent successful completion of the program. The Panel is to receive the evidence, determine the validity of the allegation and, if warranted, determine, implement and monitor appropriate remedial action. The Panel will also determine whether there should be academic repercussions. Where possible, the Panel will meet within four weeks from receipt of the Professionalism Concern Form.

- The Dean of Student Affairs will write to the respondent as soon as possible informing him/her of the allegation, the date and place of his/her meeting with the Panel, and the Panel membership so that potential conflicts of interest can be identified. This notice will consist of both a letter to the respondent's current postal address on file with the University and an email to the respondent's email account.
- The respondent will be provided with approximately 2 weeks' notice of the meeting date. All



information provided to the Panel in writing in advance of the meeting by any party should be shared in advance with the other parties appearing before the Panel in advance of the meeting.

- The Professionalism Panel is composed of a chairperson who is an MD faculty member and two members of the faculty of the University. The Panel maintains its own records, separate from respondents' academic files. The chairperson is an ex-officio member of the Student Academic Management Committee.
- The Panel will meet with the respondent and the reporter at the same time.
- The Panel may, at its discretion, meet with any other person who, in the opinion of the board, can provide relevant evidence bearing on the matter.

**The Panel may set its own procedures. A suggested order of proceeding is as follows:**

- The reporter outlines the evidence before the Panel followed by questions and points of clarification asked by the Panel members.
- The respondent is then allowed to express his/her side of the question followed again by questions and points of clarification asked by the Panel members.
- Questions for clarification purposes may then be asked through the Panel Chair by the respondent and by the reporter. After all questions have been answered and all points made, the Panel will meet on camera to decide on the question of validity and, if valid, an appropriate response/remediation plan.
- The decision and plan, if applicable, will be communicated to the respondent and the reporter in writing as soon as possible after the hearing.
- At the hearing, the respondent has the right to be accompanied by another person of his/her choice.
- The Office of Student Affairs is available for this purpose, but the respondent may make a different choice. This may include a class representative who may serve as support or character reference.
- Similarly, the reporter may be accompanied by a person of his/her choice. On request, the Dean will provide information and assistance in the identification of a suitable escort who is familiar with the procedures associated with this policy.
- If the respondent does not respond to the written/email notification of the hearing, refuses to appear before the Panel, or does not attend the hearing, the Panel has the right to proceed with the hearing. It is obviously in the respondent's interests to be present for the hearing, but the Panel should not be prevented from holding a hearing because the respondent has not appeared.
- In circumstances in which the reporter is particularly vulnerable, the Chair of the Professionalism Panel may, at his/her discretion, permit the reporter to name a proxy to act on the reporter's behalf.
- When a set of circumstances has led to allegations of unprofessional conduct against two or more respondents, the investigation may include an opportunity for any or all of the respondents to be interviewed separately.
- In a case where the unprofessional conduct is ascribed to a group of students, the Panel will try to determine if one person is responsible, or whether varying degrees of responsibility can be



delineated. If individual responsibility cannot be determined, the whole group may be sanctioned.

If a majority of members of a Panel conclude that the allegation of unprofessional conduct is supported by the evidence before the Panel, **it may recommend one or more of the following responses:**

- That a remediation plan specific to the issues at hand be implemented, to be developed and monitored by the Panel.
- That there be a referral for assessment of possible medical and/or psychosocial issues at play to be reported back to the Panel for further action and/or referral as necessary.
- That there be a record of the event(s) placed in the respondent's academic file for use in the Medical Student Performance Record.
- That the respondent be required to repeat the year of the MD program during which the unprofessional conduct was identified.
- That the respondent be suspended from the program for a specified period of time.
- That the respondent be expelled from the University; or
- That the conferral of a degree, diploma, or certificate be postponed, denied, or revoked.

When determining the appropriate response, the Panel will take into account responses imposed for similar unprofessional conduct as recorded by the Associate Dean. It is intended that most incidents be addressed in a remedial fashion without adverse impact on the respondent's academic progress or record. However, repeated and refractory unprofessional conduct or single incidents of particularly egregious conduct may lead to the recommendation for academic repercussions as delineated above. When a Panel concludes that an allegation is not supported by the evidence, the report will state the same. A recommendation of a Panel is deemed to have been adopted unless it is appealed.

### **Appeals Process**

A respondent who has appeared before the Professional Panel for Minor or Major Incidents and who has had an action recommended may appeal the recommendation of the Professionalism Panel by delivering a notice of appeal to the Dean of Student Affairs within 15 days from the date a copy of the Panel report was delivered to the respondent. The Dean of Student Affairs will send a request to the Chair of the Academic Appeals Committee to hear the appeal. The Academic Appeals Committee will hear the appeal within 15 days to consider the appeal.

### **Professionalism Files**

Professionalism files are securely stored, in physical or electronic format, in the Office of the Dean of Undergraduate Medical Education. They are retained for the entire duration of a medical student's academic program and are destroyed two years after a student's graduation, dismissal, withdrawal, or death.

### **Communicating Procedures**

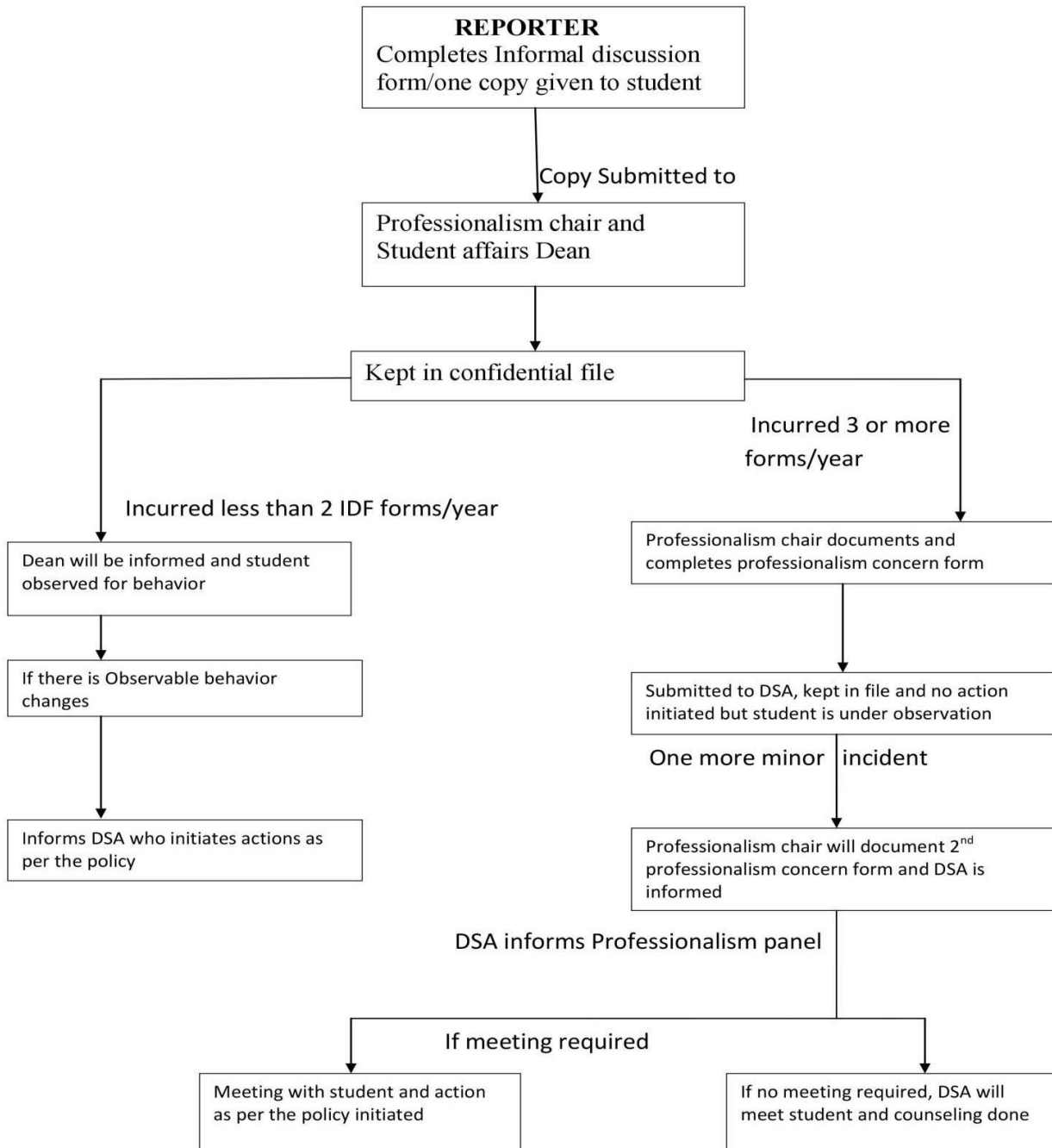
Windsor University will communicate the Procedure for Concern with Medical Student Professional Behavior to faculty, staff, and students by ensuring that up-to-date versions of this procedure are publicly available on the University website. Furthermore, the Students Affairs Office shall further communicate this procedure by providing a written copy of this document to medical students in their first-year orientation



package.

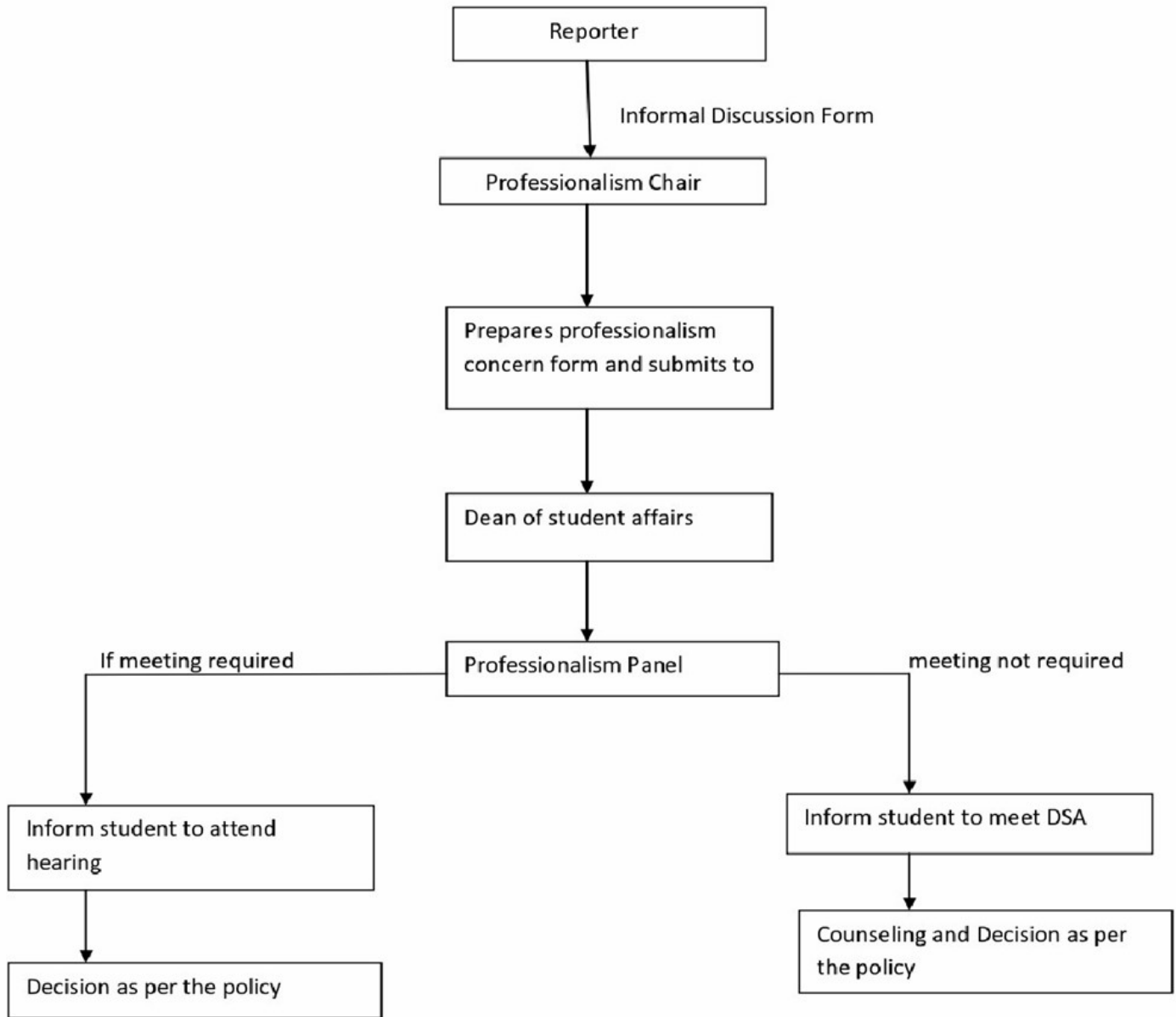
- Forms/Templates to be used
- Informal Discussion Form
- Professionalism Concern Form

**REPORTING AND PROCESS INVOLVED IN MINOR INCIDENT.**



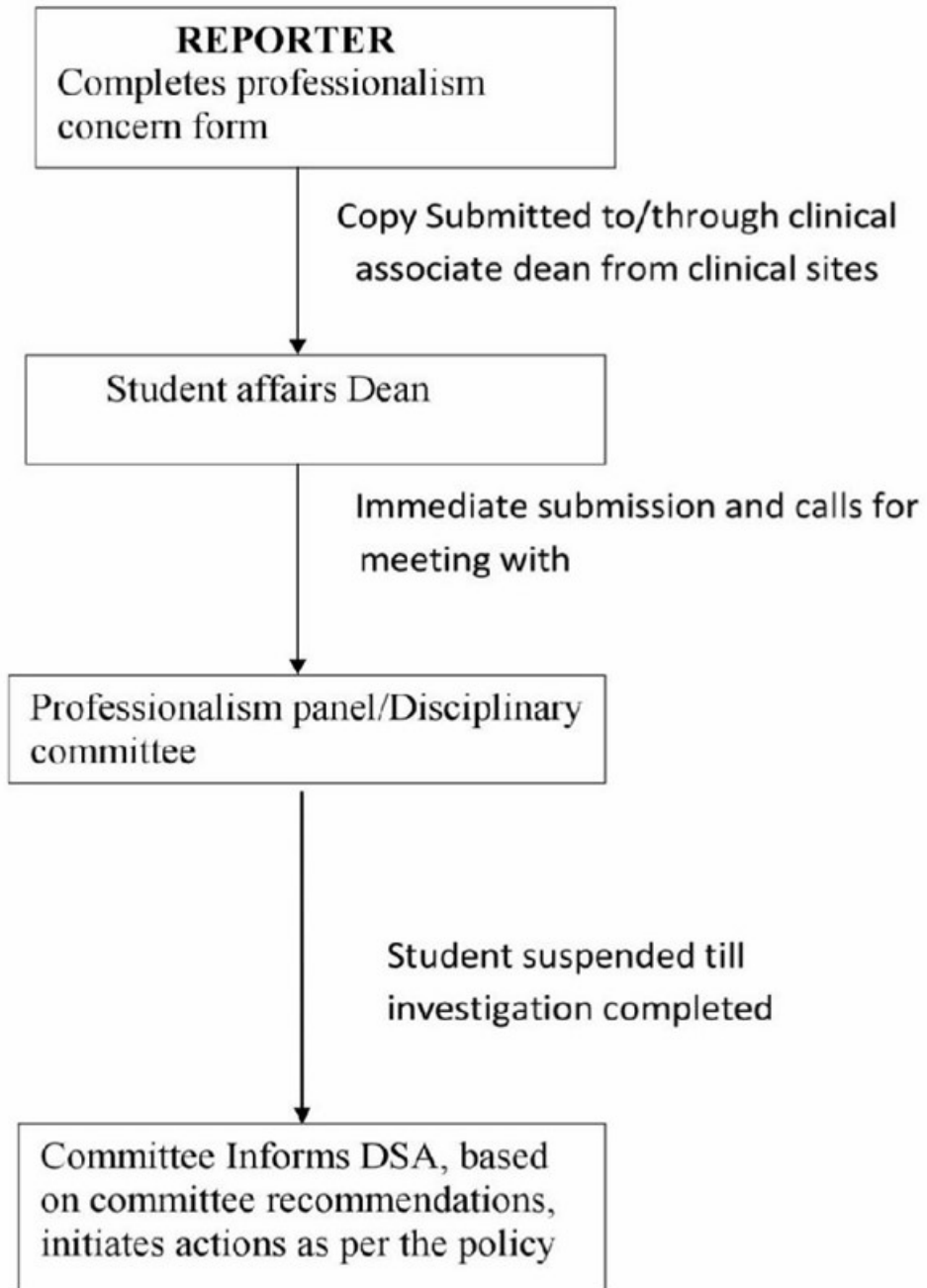


**REPORTING AND PROCESS INVOLVED IN MAJOR INCIDENT.**





**REPORTING AND PROCESS INVOLVED IN CRITICAL INCIDENT.**





## **Positive learning environment and student grievance policy.**

### **I. Statement of Policy**

The purpose of this policy is to enhance the learning environment for students at WUSOM. As our institution adapts to a rapidly changing healthcare environment, we must support an atmosphere in which learning is encouraged and the roles of all participants in the system are respected and valued. Institutionally, we have an ethical responsibility both to affirm our aspirations for a positive learning environment and to specify procedures in case of mistreatment of trainees.

### **Characteristics of a Positive Learning Environment**

In accordance with the standards set by the Liaison Committee on Medical Education (LCME), the learning environment of the medical education program should be “conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty and staff at all training locations” whether in the classroom, laboratory, or clinical settings, and “is one in which all individuals are treated with respect.” As such, WUSOM recognizes that each member of the medical school community should be accepted as an autonomous individual and treated civilly and with respect.

### **Standards of Conduct between teachers/administrators and learners in PLE**

#### **Respect and Inclusivity**

- All interactions between teachers, administrators, and learners must demonstrate mutual respect and consideration, fostering an inclusive and supportive environment.
- Discrimination, harassment, or mistreatment based on race, gender, religion, socioeconomic status, or other protected characteristics is strictly prohibited.

#### **Professionalism**

- Faculty and administrators are role models and are expected to exemplify professionalism in all interactions, maintaining boundaries appropriate to their roles.
- Students are expected to engage respectfully and take responsibility for their academic progress.

#### **Confidentiality**

- Teachers and administrators must maintain confidentiality regarding student records, performance, and personal matters, as outlined by FERPA and other applicable policies.

#### **Conflict of Interest**

- Teachers and administrators are prohibited from having sexual relationships or behaviors with students that could create conflicts of interest or impair objective assessment.
- Situations where a teacher or administrator is also a family member or friend or has a close personal relationship and any business transactions pertaining to financial issues with a learner are considered conflicts of interest and must be disclosed to their immediate supervisor.

#### **Feedback and Communication**

- Constructive feedback must be provided regularly and respectfully to support the learner's development.
- Learners should also communicate openly and respectfully, seeking guidance when needed.



### **Definition of Mistreatment**

The American Association of Medical Colleges states, “Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.” Examples of mistreatment include public belittlement or humiliation; verbal abuse (for example, speaking to or about a person in an intimidating or bullying manner); physical harm or the threat of physical harm; requests to perform personal services; being subject to offensive sexist remarks or being subjected to unwanted sexual advances (verbal or physical); retaliation or threats of retaliation against students; discrimination or harassment based on race, religion, ethnicity, sex, age, or sexual orientation; and the use of grading or other forms of assessment in a punitive or discriminatory manner.

### **Avoidance of Mistreatment**

In addition to support of a positive learning environment, we are committed to the avoidance of mistreatment of students and other trainees. We support University policy that prohibits discrimination on the basis of age, race, gender, ethnicity, disability, sexual orientation, and veteran status and also prohibits physical and verbal abuse. We specifically wish to prohibit the following kinds of behaviors which harm the learning environment.

- Disrespect for patients on account of age, gender, race, religion, ethnicity, sexual orientation, body habitus, appearance, socioeconomic status, or any other personal attributes.
- Disrespect for students, residents, other trainees, staff or faculty on account of age, gender, race, religion, ethnicity, sexual orientation, appearance.
- Excluding students from core learning experiences on the basis of their specialty preferences.
- Threatening physical harm or assaulting students, residents, staff, or attendings.
- Asking students, residents, other trainees, staff or attendings for sexual favors.
- Evaluating or supervising any enrolled student with whom the supervisor/evaluator has an amorous relationship or with whom he or she is related to by blood, law, or marriage.
- Requiring students, residents, staff or attendings to perform personal services (e.g., shopping, babysitting).
- Publicly humiliating patients, students, residents, other trainees, staff, or faculty.
- Retaliation for making an allegation of mistreatment. Such actions are contrary to the spirit of learning, violate the trust between teacher and learner, and will not be tolerated by the School of Medicine.

## **II. Procedure-Reporting Mistreatment or other learning environment concerns**

Anyone who experiences or witnesses an incident of student mistreatment is encouraged to make a report utilizing the Grievance Reporting Form. This form could be filled and submitted to the Chair of the Grievance Committee or the Dean of Student Affairs. Following thorough inquiry into the matter, appropriate notifications will be made and actions taken in accordance with applicable University, campus, college,





departmental, and/or site policies and procedures.

**Informal Pathways:**

A student may discuss an incident or concern with mentor, preceptor, or course/clerkship director, who may be able to help the student achieve an informal resolution. In addition, these individuals may be able to provide assistance in the form of counseling, coaching, or directing the student to appropriate school authorities.

It is recommended that the student contact the Dean of Student Affairs to discuss the available options for addressing a concern about mistreatment. The Dean will handle each matter discretely and make every effort to resolve the incident.

**Formal Pathways:**

Students who chose to make a formal report or complaint of an incident of possible mistreatment may do so by submitting a written complaint to the Dean for Student Affairs.

Students who want to report anonymously and/or confidentially can do so but requesting anonymity or confidentiality should be aware that this may limit the School's ability to investigate an incident.

If a student chooses to pursue a formal complaint, student must be willing to be identified to the person against whom the complaint is directed.

**Process for Resolution of Formal Complaints**

After receiving a formal complaint of mistreatment, the Dean of Student Affairs along with recommendations of the Academic Dean may convene Positive Learning Environment (PLE) Committee to conduct an inquiry into the allegations and make a recommendation regarding further action.

The PLE Committee will evaluate available materials and may interview appropriate persons, including the complainant and the respondent. The PLE Committee will prepare a written report summarizing its findings and recommendations and the Dean of Student Affairs and Academic Dean will rely on the committee's recommendations to take definite decision.

The Dean will inform the parties of the determination regarding further action within 10 days of receipt of the PLE Committee's report. If the PLE Committee recommends corrective action, the Dean may attempt to resolve the complaint informally with mutual agreement of the parties involved or may refer the matter to an appropriate grievance procedure within the University.

If there is an existing University policy that addresses the behavior of concern, the procedures dictated by that policy will be employed.

The status of the offending party will also inform the process for further action. For example, if the offending party is a faculty member, further action will be pursued through faculty affairs for addressing faculty behavior. In the case of a non-academic staff, the Dean will consult with the Human Resources Department regarding the appropriate steps for further action.

The Dean is authorized to take any actions on behalf of the WUSOM that he or she deems necessary to protect



the complainant and/or the respondent pending the investigation and resolution of a complaint.

**Protection from Retaliation:**

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

If there is a case against a student for a possible breach of code of conduct, then a committee will be formed to recommend a suitable disciplinary action who shall inquire into the alleged violation and accordingly suggest the action to be taken against the said student. The committee may meet with the student to ascertain the misconduct and suggest one or more of the following disciplinary actions based on the nature of misconduct.

**WARNING:** Indicating that the action of the said delinquent student was in violation of the Code and any further acts of misconduct shall result in severe disciplinary action.

**RESTRICTIONS:** Reprimanding and restricting access to various facilities on the campus for a specified period of time.

However, any future misconduct along with failure to comply with any conditions imposed may lead to severe disciplinary action including suspension or expulsion.

**MONETARY PENALTY:** May also include suspension or forfeiture of scholarship/fellowship for a specific time period.

**SUSPENSION:** A student may be suspended for a specified period of time which will entail prohibition on participating in student-related activities, classes, programs, etc. Additionally, the student will be forbidden to use various WUSOM facilities unless permission is obtained from the competent authority. Suspension may also follow by possible dismissal along with the following additional penalties.

Ineligibility to reapply for admission to the WUSOM for a period of three years, and withholding the grade card or certificate for the courses studied or work carried out.

**EXPULSION:** Expulsion of student from WUSOM permanently. Indicating prohibition from entering the WUSOM premises or participating in any student-related activities or campus residences etc.

**Appeal**

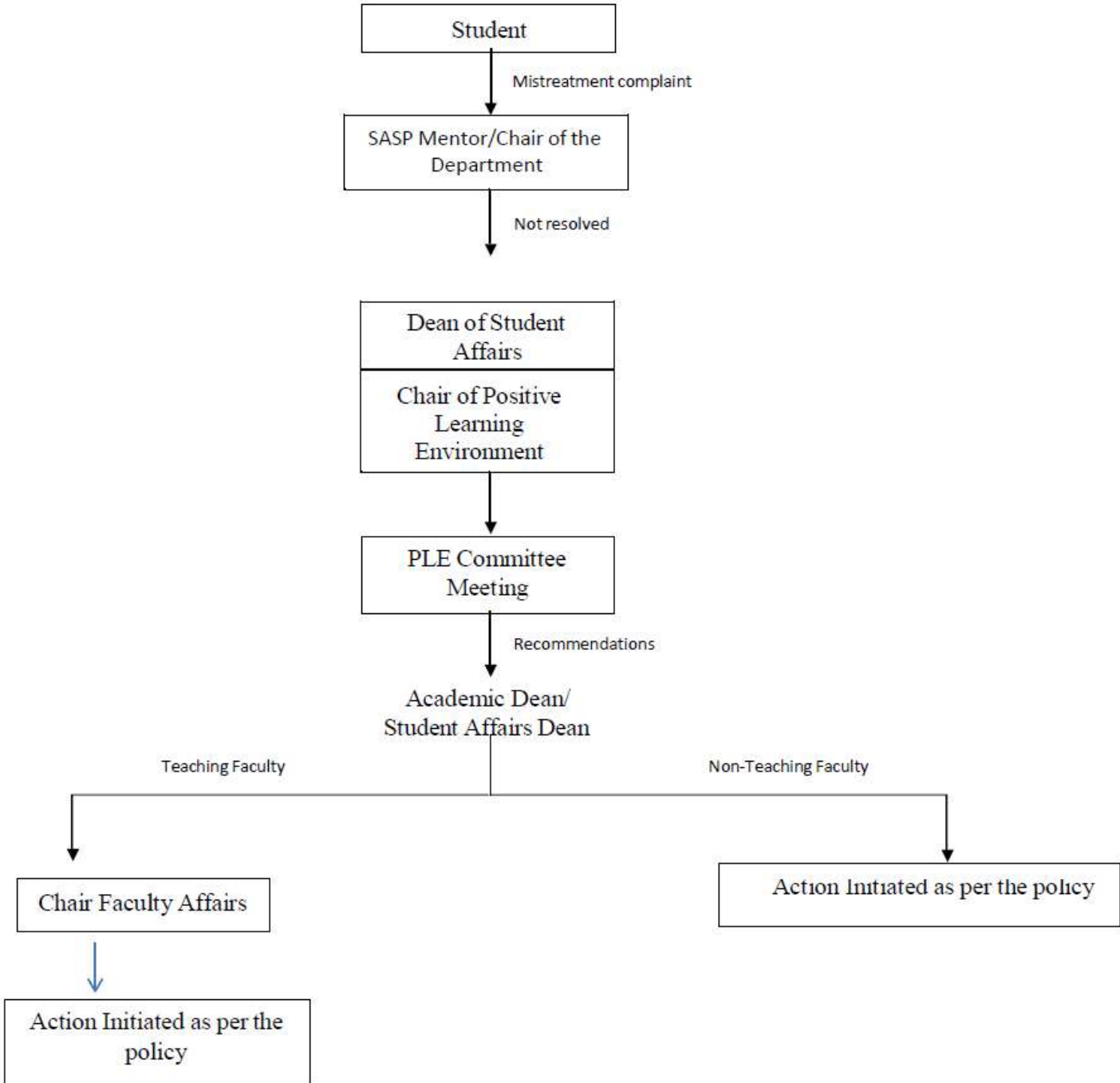
If the delinquent student is aggrieved by the imposition of any of the aforementioned penalties, he/she may appeal to the Dean. The Dean may decide on one of the following:

I accept the recommendation of the committee and impose the punishment as suggested by the Committee or modify and impose any of the punishments as stipulated in this Code which is commensurate with the gravity of the proved misconduct Or Refer the case back to the committee for reconsideration.

In any case, the Dean's decision is final and binding in all the cases where there is a possible misconduct by a student.



**Procedure for Student Mistreatment Policy**





## **Student Workload Policy**

The Student Workload Policy ensures that students have a balanced and manageable schedule across the pre-clinical and clinical phases. This policy promotes well-being, enhances academic performance, and complies with accreditation standards.

### **Basic Sciences Phase:**

Basic Science phase scheduled hours for curriculum activities must occur between 9 a.m. and 4 p.m. on weekdays and should not exceed 24 hours per week. It's important to note that there will be no mandatory activities scheduled on weekends and before 9 a.m. or after 4 p.m. on weekdays. Students are entitled to a minimum of 6 hours of unscheduled time (Self Directed Learning Sessions) per week between 9 a.m. and 4 p.m.

Student workload during the non-exam weeks in the basic sciences phase of the curriculum should not cross 60 hours per week averaged per module. This workload is calculated as scheduled hours multiplied by two and the time required for completing assigned activities. For each scheduled hour, an additional hour is required to assimilate material or prepare for active learning sessions (e.g., preparing for Team-Based learning). So, the number of scheduled hours should not cross 30 hours per week. In case of additional assigned activities, the workload for each of these should be estimated using Workload Estimator 2

(<https://cat.wfu.edu/resources/workload2/>), and a corresponding reduction in scheduled hours needs to be adjusted not to cross the workload of 60 hours per week.

The workload should not exceed 60 hours per week during exam week during the basic sciences phase. For the internally developed summative end-modular exam, a minimum of three unscheduled hours should be provided for exam preparation from 8 A.M. to 5 P.M. on weekdays. For the externally developed NBME end-modular exams, a minimum of fifteen unscheduled hours over three days should be available from 8 A.M. to 5 P.M. on weekdays.

### **Clinical Phase:**

The clinical phase of the curriculum at WUSOM will use ACGME workload guidelines for PGY 1 residents modified to fit clinical students.

These criteria are:

- Students must have a minimum of 40 contact hours per week in clinical rotation, either under direct or indirect supervision, averaged over a four-week period, including TBL sessions.
- Clinical and educational work hours must be limited to no more than 60 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities and clinical and educational work done from home. Students should have eight hours off between scheduled clinical work or education periods.
- Students must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Students must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks).
- Clinical and educational work periods for students must not exceed 24 hours of continuous, scheduled clinical assignments.



- Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or student education. The student must not be assigned additional patient care responsibilities during this time.

Monitoring student workload is an integral part of this policy. In the basic sciences phase, schedules are reviewed by the Basic Sciences Curriculum Committee (BSCC) based on feedback and workload assessments. Similarly, during the clinical phase, the Clinical Sciences Curriculum Committee (CSCC) tracks work hours and feedback. Any issues are addressed collaboratively by the curriculum committees to implement corrective actions. Students experiencing workload challenges can submit complaints via the university website or completing the following google form <https://forms.gle/Wp27fsy3p8tJRjIm8>.

### **Student Complaint Regarding CAAM HP Standards at WUSOM Policy**

The Student Complaint Policy at Windsor University School of Medicine (WUSOM) establishes a clear, transparent, and accessible process for students to address concerns related to areas covered by the standards of the Caribbean Authority for Education in Medicine and other Health Professions (CAAM-HP). This policy ensures institutional accountability, outlines procedures for complaint resolution, and informs students of their right to escalate unresolved issues to the CAAM-HP secretariat if necessary.

#### **Policy Overview**

1. Right to File Complaints: Students have the right to submit complaints regarding all areas covered by CAAM-HP standards, including curriculum, assessments, facilities, student support services, and institutional policies.
2. Good Faith Complaints: Complaints must be made in good faith and contain sufficient detail to facilitate thorough investigation and resolution.
3. Confidentiality: All complaints and related investigations are treated with confidentiality, except as necessary to address the issue.
4. Protection Against Retaliation: Students filing complaints in good faith are protected from retaliation. Any concerns about retaliation must be immediately reported to the Dean of Student Affairs.

#### **Complaint Resolution Process**

1. Submission of Complaints: Students must submit complaints in writing using the designated "Student Complaint Regarding CAAM-HP Standard at WUSOM Form," available online or through the Office of Student Affairs.
2. Initial Review: The Dean of Student Affairs will review the complaint within five business days of receipt to determine whether it falls under the policy's scope. The complainant will be informed of the next steps in the process.
3. Investigation: Complaints within the policy's scope are assigned by the Dean of Student Affairs to the Chairman of the Continuous Quality Improvement Committee (CQIC) for investigation.



4. Resolution: The investigation findings and resolution will be communicated to the complainant in writing within 20 business days of receiving the complaint unless an extension is required.
5. Appeals: If dissatisfied, the complainant may appeal the resolution in writing to the Academic Dean within 10 business days. The decision of the Academic Dean will be final at the institutional level.
6. Escalation to CAAM-HP: If the issue remains unresolved at the institutional level, the student may escalate their complaint to the CAAM-HP secretariat. Contact information for CAAM-HP, including the Executive Director Mrs. Lorna Parkins, is provided on the WUSOM website or upon request.
7. For further queries, students can contact CAAM-HP via email at [info@caam-hp.org](mailto:info@caam-hp.org) or by telephone at 876-927-4765. Written correspondence may be sent to the CAAM-HP Secretariat, Executive Director, P.O. Box 5167, Kingston 6, Jamaica.



**CURRICULUM**  
**OVERVIEW**

**MD1-MD5: Course overview:**

	MODULE NAME	WEEKS	CREDIT HOUR
<b>MD1</b>	<b>FOUNDATION OF NORMAL PROCESS I &amp; Module Directors</b>		
	FBS100 Fundamentals Of Basic Sciences I	3	4
	MSK101 Musculoskeletal And Integumentary System I	4	6
	CRS102 Cardiovascular, Respiratory And Hematologic System I	6	8
	ICM104 Introduction To Clinical Medicine I (ICM 1)	13	2
	GEN103 Medical Genetics	13	3
	FTR105 Frontiers I (PBMR I, SDOH& ETHICS)	13	1
<b>MD2</b>	<b>FOUNDATION OF NORMAL PROCESS II</b>		
	GHS201 GI And Hepatobiliary System I	3	4
	ERS202 Endocrine And Reproductive System I	4	6
	RNS203 Renal And Nervous System I	6	7
	ICM204 Introduction To Clinical Medicine II (ICM 2 will be taught in sequence with the organ systems being covered)	13	1
	NEU206 Neuroscience (Theme)	13	5
	FTR205 Frontiers II (PBMR II-Journal club)	13	1
<b>MD3</b>	<b>FOUNDATION OF ABNORMAL PROCESS I</b>		
	FBS301 Fundamentals Of Basic Sciences II	4	6
	NIS302 Neoplasia And Immune System	4	6
	CHS303 Cardiovascular And Hematologic System II	5	7
	ICM304 Introduction To Clinical Medicine III (ICM will be taught in sequence with the organ system being covered )	13	2
	FTR305 Frontiers III (PBMR-Group project, community medicine, and Biostatistics)	13	2



<b>MD4</b>	<b>FOUNDATION OF ABNORMAL PROCESS II</b>		
	<b>RNS401 Respiratory And Nervous System II</b>	3	5
	<b>GHS402 Gi &amp; Hepatobiliary System II</b>	3	5
	<b>ERS403 Endocrine And Reproductive System II</b>	3	5
	<b>RMS406 Renal And Musculoskeletal System II</b>	4	6
	<b>ICM404 Introduction to Clinical Medicine IV</b> (ICM will be taught in sequence with the organ system being ICM covered )	13	2
	<b>FTR405 FRONTIERS IV</b> (Inter-Professional Education (IPE) PBMR- Project Presentation and Publication process)	13	2
<b>MD 5</b>	<b>Comprehensive integration of clinical judgment</b> ( Basic Sciences review and AICM)	13	12

### **BASIC SCIENCES CURRICULUM**

The Basic Sciences Curriculum at Windsor School of Medicine is delivered through 13 systemic modules which is designed to allow students to get an overall understanding of each course. More importantly, it addresses the relationship of each course content to one another and integrates with Introduction to Clinical Medicine (ICM) which will lead to a stronger foundation for learning more advanced content throughout the program. Combining or learning courses in relation to each other leads to more meaningful learning and greater retention. As you proceed eventually into the clinical program, this firm background of knowledge and understanding will serve you well. Clinicians, at times, depend on a clear understanding of how each of these subjects relates to each other. The Basic Sciences will also have themes (Frontiers and ICM) which will be covered throughout Years 1 and 2.

“**FRONTIERS**” will comprise research covered under principles of biomedical research and topics related to the role of physicians in a global society, public health, epidemiology, and biostatistics. It will be an important component of the curriculum which will be covered over Years 1 and 2.

“**INTRODUCTION TO CLINICAL MEDICINE**” will be covered and integrated with each module. It will cover the clinical aspects, including history-taking and examination, of the relevant systems across all the modules covered in Years 1 and 2. Medical ethics will also be covered as part of this theme.





## FOUNDATION OF NORMAL PROCESS

The modules covered in the first half of the Basic Sciences curriculum are termed as “FOUNDATION OF NORMAL PROCESS” which basically covers the normal structure, function, and biochemical aspects of various systems and is covered over 7 modules. The following courses are selected because together they serve as the foundation of the normal process: anatomy and embryology, physiology, histology, cell biology, biochemistry, and genetics.

### MD1; FOUNDATION OF NORMAL PROCESS I:

This comprises of three modules: Fundamentals of Basic Sciences I, Musculoskeletal and Integumentary System I, Cardiovascular and Hematologic System I, and Respiratory System I.

#### FBS100 - Fundamentals Of Basic Sciences I Module

This module serves as an introduction to the fundamentals of medical sciences. In this context, students will be introduced to cell biology, the general principles of anatomy, physiology, and biochemistry. The cell biology component will comprise cellular organelles and function, the cell cycle and its regulation, cytoskeleton, and the process of apoptosis. Students will be introduced to the concepts of gamete formation and fertilization up to the various phases of fetal development. Students will also learn the physiological and biochemical aspects of homeostasis, body fluid compartments, cell membrane transport, and action potential. Enzyme kinetics and carbohydrates will also be addressed. In general, this module provides the basic concepts and information, which will help students learn the following modules within an organ system approach. Frontier courses and the course in ICM I will run parallel to the modules.

#### MSK101 - Musculoskeletal System I Module

This module, with the help of lectures and active sessions, covers the understanding of structure, development, and function of the musculoskeletal system. It addresses the upper and the lower limb musculoskeletal structures along with its blood and nerve supply and lymphatic drainage. Students will also be able to learn the structure of basic tissues and types of epithelium, connective tissue, and bones. It provides students with an understanding of nerve muscle physiology in terms of generation of the action potential, excitation-contraction coupling, and its applied aspects. It also explains the biochemical mechanisms related to musculoskeletal system viz. glycolysis, Krebs cycle, and oxidative phosphorylation. All these topics are integrated with clinical examinations of upper limb, lower limb and joints in ICM I throughout the module. Students also learn DNA replication, transcription, and translation of proteins as well as the regulation of gene expression and recombinant DNA technologies and applications of transgenic, gene therapy, and cloning.

#### CRS102 - Cardiovascular And Respiratory System I

This module is designed to facilitate the learning of normal processes related to the cardiovascular and respiratory system. This is achieved by integrating the knowledge of anatomy, histology, embryology, physiology, and biochemistry.

##### Part 1: Cardiovascular and hematologic system I

This module covers the mediastinum, intercostal space with coronary and intercostal arteries, in



addition to hematopoiesis, blood cells, and the histology of cardiac muscle, arteries, and veins. Concurrently, students learn the development of heart and blood vessels along with fetal circulation. Students will also acquire the knowledge of physiological processes of cardiac and pacemaker action potential, cardiac conduction, cardiac cycle, cardiac output, ECG, hemodynamics, hemostasis, and blood grouping along with its application. The module also addresses the energy sources and metabolism in cardiac muscle, glycogen metabolism, gluconeogenesis, metabolism of monosaccharides besides cell signaling, molecular genetics, and inherited genetic diseases. The knowledge acquired in this module will be the foundation to understand the abnormal process (or diseases) related to the cardiovascular and hemostatic system in the higher semesters. The objectives of the module will be covered through lectures and various active learning sessions over a period of 4 weeks.

### **Part 2: Respiratory system I**

The module also covers the structural details of lungs and pleura along with the development of nasal cavity, paranasal sinuses, diaphragm, and respiratory system as a whole including the related congenital anomalies. The understanding of histology of trachea, bronchi and bronchioles, alveoli, pneumocytes, and associated pathologies will be ensured through lectures and laboratory exercises. The students will also develop a concept of mechanics of breathing, lung volume and capacities, gas exchange at lung and tissue level, transport of oxygen and carbon dioxide, regulation of respiration and the integrated response of the respiratory system to different physiological conditions such as high altitude, hyperbaric environment, etc. The chemistry, biosynthesis, and catabolism of hemoglobin will be covered along with hemoglobinopathies and liver function tests. The cell signaling pathways and signal transduction will help the students understand the drug development process and pharmacogenetics. Therefore, this module is an essential foundation to diagnose and manage respiratory disorders. The objectives of the module will be covered through lectures and various active learning sessions over a period of 2 weeks. ICM and Frontiers–Ethics and Principles of Biomedical Research (PBMR) will run parallel to the modules.

### **GEN103 Medical Genetics (Theme)**

Genetics deals with the molecular structure and function of genes, patterns of inheritance from parent to offspring, and gene distribution, variation and change in populations Changes in gene expression in various normal and disease states

### **FTR105 Frontiers I ( PBMR I, SDOH & ETHICS)**

#### **PBMR I - Principles of Biomedical Research 1:**

The course is comprised of four modules that will provide the student with the skills to conduct literature-based research. The module trains the student in scientific reading of research papers, conducting literature search and writing scientific papers. The PBMRI familiarize the medical student to provide adequate level of information to plan, conduct, analyze, interpret a research article.

Discuss the different types of research, research design, search tools and sample calculation formulas.



Apply the gained knowledge to design research. Demonstrate knowledge in analyzing a research article

### **SDOH - Social Determinants of Health**

This course focuses on the tenets of social determinants of health and how they influence population health in St. Kitts and Nevis. While focusing on determinants of population health in St Kitts and Nevis, tenets of said determinants are transferable to populations globally. Social determinants of health are the conditions in which people are born, grow, live, work and age. As population influencers, they include, but are not limited to health systems, income, housing quality, built environment, access to quality schools, violence exposure, social status, social networks, housing, food, and individual health behavior. A central goal of the course is to provide insight into how social determinants of health can be used to effectively provide clinical health care and advance health-based research

### **ME - Medical Ethics**

The WUSOM Medical Ethics course for MD1 students introduces foundational ethical principles critical to modern healthcare practice, equipping students to navigate complex moral dilemmas with professionalism and integrity. The course emphasizes patient welfare, autonomy, and dignity, teaching students to align medical decisions with patient values while addressing real-world challenges such as end-of-life care, confidentiality, informed consent, and death and dying. Through case-based discussions and didactic lectures, students explore landmark legal cases, abstract ethical concepts, and contemporary issues in medical ethics contextualized with current events. A focus on research integrity highlights the importance of responsible clinical trial conduct, informed consent, and data privacy. At the same time, a grounding in legal frameworks ensures students understand regulatory compliance in medical practice. Designed to prepare students for the USMLE and North American clinical standards, the course fosters critical thinking and ethical decision-making, empowering future healthcare providers to build trust and uphold integrity in their practice.

## **MD2; FOUNDATION OF NORMAL PROCESS II**

This comprises of three modules: GI And Hepatobiliary System I, Endocrine And Reproductive System I and Renal And Nervous System I.

### **GHS201 - GI And Hepatobiliary System I**

This module will acquaint you with the fundamental knowledge related to normal structure and function of the gastrointestinal system along with the hepatobiliary system. You will be able understand and apply the knowledge of development, gross anatomy, histology, and physiological and biochemical processes related to these system in clinical cases. This module also imparts you the basic skills on H&P examination of patient presenting with gastrointestinal



problems. To impart basic science knowledge to the students, the program uses didactic lectures, clinical case discussion, and laboratory experience. These methods are geared not only to help students acquire basic science knowledge but to also be able to apply the acquired knowledge in clinical settings.

### **ERS202 - Endocrine And Reproductive System I**

This module, with the help of lectures and active sessions, covers the understanding of all the endocrine glands, their secretion, and male and female reproductive systems. It addresses the structure related to pelvis, perineum, and male–female genitalia. Students will develop a concept of embryonic development of endocrine glands, male and female external genitalia, and anomalies of genitor-urinary development. Students will also be able to learn the histology of different endocrine glands and reproductive structures. It provides students with an understanding of the mechanism of secretion, actions of endocrine hormones, and features related to their hyper- and hyposecretion. The functional aspects of male and female reproductive physiology will be covered along with the physiological changes occurring in puberty. It also covers the metabolism of cholesterol, amino acids, and vitamins along with the related diseases. ICM II and Frontier courses such as Principles of Biomedical Research II will run parallel to the module.

### **RNS203 - Renal And Nervous System I**

The Renal and Nervous System I module is an integration of anatomy, embryology, physiology, histology, and biochemistry to help the student understand the structure, function, and biochemical aspect of the renal and nervous system.

#### **Part I: The Renal System I**

Part The early part of this module covers the development and structure of kidney, ureter, bladder, and urethra. It covers the physiology of urine formation and students learn the concepts of important physiological processes in the nephron: glomerular filtration, reabsorption, and tubular secretion. It emphasizes the mechanism of urine concentration and dilution and the process of micturition. Students will learn about body fluid and water balance and acid-base balance and how the kidney handles electrolytes.

#### **Part II: The Nervous System I**

The second part of the module covers regional anatomy and histology of the head and neck. It covers the structure of cranial nerves and blood supply of the head and neck and as well as its applied aspects. It also covers sense organs such as eye, ear, tongue, and nose. Students also learn the development of the nervous system from the formation of the neural tube and its transformation to forebrain, mid-, and hind brain development. It also addresses the types, clinical aspects, and causes of neural tube defects.

ICM covers sensory and motor examination as well as examination of cranial nerves, eye, and ear. Biochemistry will introduce students to amino acids, metabolism of amino acids, and



structural organization of the proteins and their catabolism. It also covers conditions associated with defects of structural proteins: collagen disorders, osteogenesis imperfecta, and elastase deficiency. By-products of DNA and metabolism of purines and pyrimidines are also covered.

### **NEU206 - Neuroscience (Theme)**

Course include an interdisciplinary investigation of the physiology and the gross and microscopic structure of the brain, spinal cord, and nervous system of humans. Aspects of brain energy metabolism, neurotransmitter synthesis and degradation, and psychopharmacology are presented. integrates anatomical and physiological material to assist the student in understanding common neurological disease processes. Each system is correlated with its physiology and relevant clinical applications, including behavioral aspects. Emphasis on the function of the nervous system in health and sickness. Modern concepts of neuronal circuits and synaptic transmission are also introduced.

### **FTR205 Frontiers II (PBMR II)**

#### **PBMR II- Journal club**

The PBMR II familiarize the medical student to discuss the different data collection method, result analyzes and reference management. Assess and critique a published journal article that uses one of the primary research methods in the field. Propose a research study and justify the theory as well as the methodological decisions, including sampling and measurement. Describe and compare the major quantitative and qualitative research methods in medical research

### **FOUNDATION OF ABNORMAL PROCESS**

The modules covered in the second half of the Basic Sciences curriculum are termed as "FOUNDATION OF ABNORMAL PROCESS" which basically covers the abnormal structure, function and microbiological aspects of various systems and is covered over 7 modules. The following courses are selected because together they serve as the foundation of the abnormal process: Pathology, Pharmacology, Microbiology, and Behavioral Science.

#### **MD3; FOUNDATION OF ABNORMAL PROCESS I:**

This comprises of three modules: Fundamentals of Basic Sciences II, Neoplasia And Immune System and Cardiovascular And Hematologic System II.

### **FBS301 - Fundamentals of Basic Sciences II**

This module provides an introduction to the "FOUNDATION OF ABNORMAL PROCESS" wherein the students with the help of lectures and active learning sessions will be introduced to the fundamentals of Basic Sciences courses; Pathology, Pharmacology, and Microbiology. In this module, students will learn cellular adaptations, inflammation, hemodynamic disorders, and pathological aspects of genetic disorders and various modes of environmental exposure. In this module, the student will also learn general aspects of pharmacology which include pharmacokinetics, pharmacodynamics, and pharmacogenetics. Pharmacology of the autonomic



nervous system and related drugs will be addressed. The general aspects of autonomic drugs and their effects on various organ systems will be discussed. General aspects, structure, and lab diagnosis of bacteria, virus, fungi, helminths, and protozoa will be discussed. This will also cover the overview of the mechanism of action and resistance to the important class of antimicrobials.

### **NIS302 - Neoplasia And Immune System**

Neoplasia and immune system module with the help of lectures and active learning sessions introduces students to the molecular basis, types, and clinical aspects of neoplasia. It also discusses the pharmacological aspects of anticancer drugs including strategies to prevent their toxicity. This module will cover all the aspects of the immune system which includes types, role in inflammatory and hypersensitivity response, the role of cytokines, complement system, MHC, steps of antigen recognition, and types and functions of antibodies. This module will also address related topics including but not limited to immunization, transplantation, and immunodeficiency diseases. It covers clinical aspects and pathophysiology of autoimmune diseases and the role of immunosuppressants. Students will learn the pathophysiology of migraine, rheumatoid arthritis and gout, and pharmacotherapy. It will also help students understand drugs interacting through histamine, serotonin, bradykinin, and prostaglandins including Non-Steroidal Anti-inflammatory Drugs (NSAIDs).

### **CHS303 - Cardiovascular and Hematologic System II**

This module is designed to facilitate the learning of abnormal processes related to the cardiovascular and hematologic system. This is achieved by integrating the knowledge of cardiovascular pathology with treatment aspects in pharmacology and cardiovascular pathogens in Microbiology. This module covers the classification, etiopathogenesis of anemia including hemoglobin, and membrane defects. Pharmacotherapy of hematopoietic disorders will be covered. It also covers neoplastic aspects of blood disorders: acute and chronic leukemia, Hodgkin's and non-Hodgkin's lymphoma, and plasma cell neoplasms. Pathophysiology of cardiovascular conditions such as hypertension, atherosclerosis, congestive heart disorder, myocardial infarction, valvular heart disease, myocarditis, cardiomyopathy and types, rheumatic fever, congenital heart disease, and pericarditis will be covered. Concurrently, pharmacotherapy of cardiovascular disorders will be addressed. The module also addresses the pathogens involved in cardiovascular disorders. ICM will cover the focused H&P examination of the cardiovascular system. The objectives of the module will be covered through lectures and various active learning sessions over a period of 5 weeks. ICM and Frontiers–Biostatistics and Preventive Medicine will run parallel to the modules.



## **FTR305 Frontiers III (PBMR III- Project Development, Community Medicine, and Biostatistics)**

### **PBMR III - Project Development**

The PBMR III familiarize the medical student to formulate a research title, outline a comprehensive plan for literature review, critically analyze findings, and construct a discussion and conclusion. Employ various search engines effectively to gather relevant literature and scholarly resources. Exhibit professionalism and respectful communication when engaging with peers and instructors, demonstrating maturity in academic discourse. Effectively communicate ideas, seek guidance from facilitators as needed, and produce a well-structured review article suitable for submission to academic journals.

### **Community Medicine, and Biostatistics**

This course is a survey course that addresses the fundamentals and principles of the distribution of diseases and their causes in human populations. Students will have to conduct epidemiologic investigation, critically review medical literature, and how to use such information in a clinical environment such as with preventive medicine. This course is designed to acquire some basic level of proficiency in epidemiologic principles, preventive medicine and to understand epidemiology concepts in clinical practice and with community health

### **MD4; FOUNDATION OF ABNORMAL PROCESS II:**

This comprises of four modules: Respiratory And Nervous System II, GI And Hepatobiliary System II, Endocrine And Reproductive System II and Renal And Musculoskeletal System II.

### **RNS401 - Respiratory And Nervous System II**

#### **Part I: Respiratory System II**

The first part of the module focuses on the pathologic basis of respiratory disorders: obstructive and restrictive lung diseases, infectious lung disease, neoplastic disease, acute respiratory failure, atelectasis, diffuse pulmonary hemorrhage, and pulmonary hypertension. This module covers microbiological aspects of infection caused by bacteria, viruses, and fungi involving the respiratory system. It addresses the pharmacotherapy of important respiratory disorders: bronchial asthma and COPD and also covers antitussives and the role of mucokinetics and mucolytics. ICM covers the focused history and systematic physical examination of the respiratory system.

#### **Part II: Nervous System II**

The second part of the module focuses on the pathologic basis of CNS disorders: Stroke, congenital malformations, demyelinating diseases, and neurodegenerative diseases. It also covers the pharmacological aspects of drugs used in the treatment of epilepsy and neurodegenerative diseases. It also addresses the role of opioid analgesics in pain management and pharmacology of general and local anesthetics. In addition, it also introduces the important microorganisms that



infect CNS. ICM covers the focused history and systematic neurological examination.

The respiratory and nervous systems module content is delivered through interactive lectures and active learning sessions over a period of 3 weeks.

### **GHS402 - Gastrointestinal & Hepatobiliary System II**

The Gastrointestinal and Hepatobiliary System II module focuses on the pathologic basis of oral cavity and salivary gland disorders, esophageal disorders, gastric disorders, small and large intestinal disorders (including colonic adenocarcinoma and carcinoid tumors), jaundice and cholestasis, hepatic failure, cirrhosis, alcoholic liver disease, obstructive biliary tract disorders and hepatic tumors, acute and chronic cholecystitis, pancreatitis, and pancreatic adenocarcinoma. It also covers the pharmacological aspects of antiemetics/laxatives, antidiarrheal drugs, and drugs used in peptic ulcer disease. In addition, it also introduces the important microorganisms that infect the gastrointestinal tract and hepatobiliary system. ICM covers the focused history and systematic physical examination of the abdomen and oral cavity. The module content is delivered through interactive lectures and active learning sessions over a period of 3 weeks.

### **ERS403 - Endocrine and Reproductive System II**

This module, with the help of lectures and active sessions, covers the understanding of the pathology of all the endocrine glands, their secretion, and male and female reproductive systems. It covers the pathophysiology of benign and malignant reproductive and pregnancy-related disorders and pharmacology of various hormones and its analogs and antagonists in hormonal disorders/hormone-responsive tumors. It also introduces students to the pathophysiology of the pituitary, hypothalamic, thyroid, parathyroid, and adrenal disorders, and pharmacology of structural analogs and related drugs associated with these disorders. It discusses the pharmacotherapy of diabetes mellitus and discusses various insulin preparations and other antidiabetic drugs. It also covers drugs related to sex hormones and pharmacology of contraceptives. It addresses microbiological, clinical aspects, prevention, and treatment of sexually transmitted diseases. (HSV 2 and HPV, candidiasis, trichomoniasis, vaginosis, chancroid, donovanosis, gonorrhea, chlamydia trachomatis, syphilis, and LGV). During this module, students will learn to take a focused history and examination associated with the reproductive system in ICM IV.

### **RMS406 - Renal and Musculoskeletal System II**

This module covers pathological aspects of disorders of the renal system including nephritic and nephrotic syndrome, nephrolithiasis, and tumors of the bladder and kidney. It also addresses the pathophysiology and microbiological aspects of organisms associated with UTI and pyelonephritis. It also covers microbiological aspects of infections involving bone, muscles, and skin and discusses the pathophysiology and pharmacotherapy of disorders of musculoskeletal and integumentary disorders. It also covers general principles of antibiotic therapy and





pharmacology of antibacterials, antiviral, antifungals, antiprotozoal, and anthelmintic. ICM will focus on focused H&P examination of disorders related to renal, musculoskeletal, and integumentary systems. The objectives of the module will be covered through lectures and various active learning sessions over a period of 4 weeks.

### **Behavioral science**

Behavioral Science is concerned with the study of behavior, in humans and in animals. It encompasses various interrelated disciplines including psychiatry, sociology, and anthropology that observe and study human behavior through all life stages with emphasis placed upon the role of behavior in the context of healthy development, in ill-health, and in the medical encounter. As a discipline, Behavioral Science is explored within a bio-psycho-socio, as well as cultural and spiritual, framework. Hence, in this course we look not only at individuals and their behavior, but also the behavior of groups, societies and cultures, and at adaptive and maladaptive processes which can influence specific behaviors, and outcomes.

### **FTR405 FRONTIERS IV (PBMR IV, IPE)**

#### **PBMR IV - Project Presentation and Publication Process**

The PBMR III familiarize the medical student to Understand the importance of research ethics and integrate research ethics into the research process. Understand the process of journal search, publication process, review process and author guidelines. Enable the student potentials to organize, coordinate and focus the research aptitude with confidence. To build personal and communication skills for team building

#### **IPE - Interprofessional Education**

This course is designed to provide students with the fundamental skills and knowledge essential for successful interprofessional collaboration within healthcare settings. Students will delve into understanding the distinct roles and valuable contributions of various healthcare disciplines, cultivating a collaborative mindset, and effectively addressing potential challenges encountered in interdisciplinary teamwork. Drawing from the expertise of faculty members representing diverse healthcare backgrounds, students will engage in interactive discussions and gain valuable insights to deepen their comprehension and appreciation of interprofessional collaboration. The curriculum will cover the foundational concepts outlined in the WHO framework for Interprofessional Education, emphasizing the development of key competencies needed to thrive in multidisciplinary teams. Additionally, students will have the opportunity to gain firsthand experience in navigating real-life cases and scenarios requiring shared knowledge, as well as collaborate closely with staff and students from other healthcare disciplines.



## MD5; TRANSITION SEMESTER

### **Comprehensive review of basic sciences & Advanced Introduction to Clinical Medicine (AICM):**

This course provides students with the opportunity to acquire appropriate knowledge bases in biological and behavioral sciences & the mechanism of disease. In this course students learn to analyze a clinical problem starting with presenting symptoms and logically develop an algorithm for the analysis of signs, investigations, identification of the disease process, distinguishing from other related entities, deciding on the course of illness, principles of initial management and explaining all these on the important concepts of basic sciences learned from the previous courses in the medical school. The course also allows students to achieve competence in clinical examination and effective communication skills. It serves the bridge to facilitate the transition from MD1 –MD4 to the clinical clerkship program. Students learn how to apply knowledge and skills to diagnose, treat, and prevent diseases

### **ELECTIVES**

Electives are offered to Basic Sciences students during the first two years of the four-year medical program. The objective is to provide a structured learning experience in diverse clinical and scholarly areas. This gives students the opportunity to integrate Basic Sciences knowledge into clinical areas and may provide a transition into clinical medicine specialties. These elective courses provide enhanced value to the WUSOM curriculum.

Electives are offered by various departments and coordinated through the Office of the Dean. All elective courses mandate 100% attendance to meet licensing and certification requirements. In addition, there are additional fees, costs and equipment requirements to participate.

### **MEDICAL SPANISH**

In this one-credit elective, students attend three lectures about orientation of the course including healthcare systems in St. Kitts, history-taking, and communication skills. Students attend the clinics under the guidance of a Medical Officer. They participate in taking history from patients and observe the examination of these patients followed by discussions with the attending physician. They are required to keep a log of their activities and submit one detailed case history.

### **STUDENTS FOR HEALTH–COMMUNITY OUTREACH PROGRAMME**

Windsor University School of Medicine (WUSOM) has partnered with St. Kitts government, the Ministry of Health to provide volunteer student run health clinics as a free community service to the citizens of St. Kitts and the local community. Students for Health (SFH) volunteers are representatives of not only WUSOM but of their respective countries; there is an expectation that all WUSOM students treat everyone with respect, dignity, and manners in public and project an image of professionalism at all times since we are a guest in their country.

SFH exists to help bridge the gap between medical theory and medical practice by



introducing WUSOM students to the clinical environment before they step into a hospital. Actual patient interaction allows students to build their confidence and improve interviewing/history-taking skills and fluidity of the patient-doctor interaction and physical examination.

In addition, students have a forum to utilize and familiarize themselves with basic medical tools by taking blood pressure readings, heart rate, respiratory rate, BMI, performing heart and pulmonary auscultations, percussion, and tactile fremitus. The SFH clinic experience allows students to practice a physical examination while integrating their History and Physical (H&P) interview by applying fundamental patient confidentiality, ethics, and HIPAA practices to administrative charting.

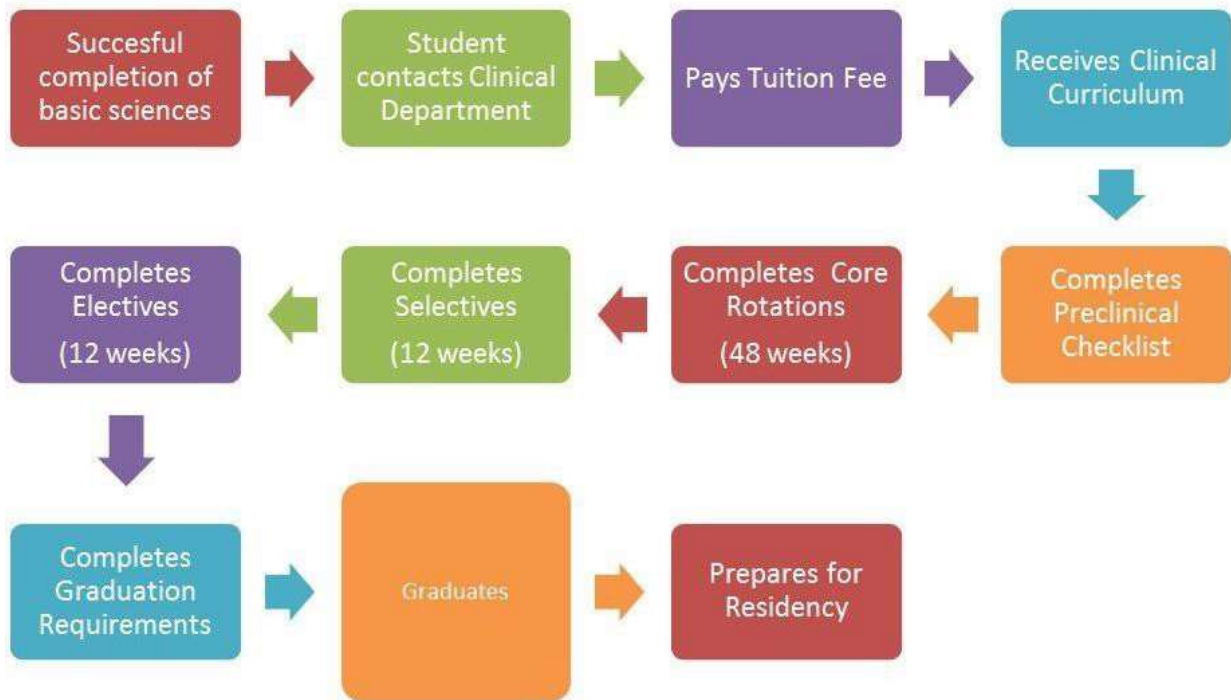
This one-credit elective opportunity differs from WUSOM volunteer extracurricular activity by increased participation hours in the community and supplemental class lectures and presentation.

### **BASIC LIFE SUPPORT (BLS)**

This elective is offered at two levels: Advanced Level for students who are health care professionals; Basic Level for all other students. During this course, students will enhance their knowledge and skills necessary to efficiently and effectively manage patients who are affected by acute emergency cases. Students will learn current BLS algorithmic approaches to managing patients from both a cognitive and skills-based approach using didactic presentations, interactive skills stations, and case scenarios. The BLS selective covers the skills necessary for rapid assessment, resuscitation, stabilization, and treatment or transportation of unconscious patients. Emphasized are the evaluation steps, sequencing and techniques for resuscitation, and packaging a patient. Realistic simulations reinforce the key concepts such as proficiency in BLS care, basic airway, chest decompression. Students who successfully pass both the skills-based and written evaluation will be awarded BLS certification.



### CLINICAL SCIENCES



#### **CLINICAL CLERKSHIPS: MD 6-11**

After successfully completing Basic Sciences, Windsor students are eligible to enter Clinical Clerkships. There are 48 weeks of required clinical core clerkships and 24 weeks of electives. The core clerkships in medicine, surgery, pediatrics, family medicine, obstetrics/gynecology, and psychiatry are the basic areas of medical practice about which all physicians need to be knowledgeable. Participation in these clerkships also provides students with an understanding of the various specializations in medicine.

The required core clerkships for 48 weeks are as follows:

#### **CORE ROTATIONS: 48 WEEKS**

- 12 weeks of Internal Medicine
- 12 weeks of Surgery
- 6 weeks of Obstetrics & Gynecology
- 6 weeks of Family Medicine
- 6 weeks of Pediatrics
- 6 weeks of Psychiatry



### **Internal Medicine: 12 Weeks**

Students gain a general knowledge of internal medicine, which includes health promotion, disease prevention, diagnosis and treatment of men and women from adolescence through old age, from times of good health through all stages of acute and chronic illness. Additionally, students develop skills in problem-solving, decision making and an attitude of caring driven by humanistic and professional values. This rotation incorporates consideration of human biology, behavior, and understanding of the epidemiology and path physiology of disease and the mechanisms of treatment. Students master clinical skills in interviewing, physical examination, differential diagnosis, diagnostic testing strategies, therapeutic techniques, counseling, and disease prevention.

### **Surgery: 12 weeks**

This rotation has been designed to provide each medical student with a broad-based experience in the art and science of surgery, which is a very important part of the overall field of medical care. During twelve weeks with us in Surgery, student will spend eight weeks on a specialty General Surgery service and four weeks on a subspecialty service. These experiences intend to give students a broader perception of what a career in surgery is like and how surgical conditions are managed.

### **Obstetrics and Gynecology: 6 weeks**

Obstetrics And Gynecology is a 6 week core clinical rotation, is a fast-paced, diverse field of medicine practiced in a variety of settings, both outpatient and inpatient. As a clerk, student will have the opportunity to see patients who are healthy, seeking prenatal or preventive care, those who are having an acute life-threatening gynecologic problem, and everything in between. Each student will spend time in the labor and delivery department, in the operating room participating in gynecologic surgery and in the outpatient setting. Students may have the opportunity to work with subspecialists including Reproductive Endocrinologists, Gynecologic Oncologists, Maternal-Fetal Medicine specialists and more. It is not the purpose of the rotation to prepare students for an ob/gyn residency but rather to assure that graduates will be competent to initiate a level of care for women that routinely addresses their gender-specific needs. Consequently, the clerkship curriculum is competency-based, using practice expectations for a new intern pursuing a primary care residency as the endpoint.

### **Pediatrics: 6 weeks**

The pediatric clerkship provides third-year medical students with a comprehensive six-week clinical experience focused on developing the skills needed to evaluate and manage patients from newborns through adolescence. Students will integrate foundational medical knowledge with clinical and communication skills to provide quality pediatric care. Through hands-on experience in ambulatory and inpatient settings, students will learn to conduct thorough history taking, perform physical



examinations, and analyze laboratory data, with special emphasis on growth and development, nutrition, fluid and electrolyte disorders, infections, social issues, and preventative care. The clerkship emphasizes effective communication with patients and families, enabling students to provide education and guidance during both well-child visits and illness care. Students will acquire age-specific interviewing and examination techniques, and their knowledge, clinical skills, and professional behavior will be evaluated through ongoing formative assessments and formal mid-rotation and end-rotation evaluations by supervising physicians and preceptors.

### **Psychiatry: 6 weeks**

The mission of the core clerkship in psychiatry is to provide students a clinical experience that will prepare them to understand, evaluate and treat the entire spectrum of mental disorders in a context defined by an attitude that displays professionalism, compassion, and cultural sensitivity. The clerkship builds on a foundation of medical knowledge, by adding clinical and communication skills to enable the student to understand behavioral problems using the biopsychosocial-cultural model and to construct viable treatment plans.

After completion of the six week core clerkship during the third year, students will demonstrate sufficient strength in three domains – medical knowledge, clinical skills, and professional behavior – required to evaluate and participate in providing care for people with mental disorders, in a multidisciplinary setting. Additionally, students are expected to take from the psychiatry clerkship an appreciation of the multifactorial aspects of health and illness in general, and the relationship between biological, psychological, psychosocial, cultural and medical aspects of health and illness that will enhance proficiency in clinical situations with all patients. Finally, the clerkship offers students the opportunity to decide if a career in psychiatry is right for them and offer guidance on succeeding in residency training and in professional development.

### **Family Medicine and General Practice: 6 weeks**

The family medicine clerkship introduces students to the principles of comprehensive and continuous care provided by family physicians to patients of all ages, emphasizing aspects of family medicine relevant to all medical specialties. The curriculum highlights the importance of family systems, cultural factors, and the impact of chronic illness on patients and their families, fostering an understanding of how these elements influence health outcomes. Students will develop integrity, medical knowledge, and professional behavior essential for providing high-quality care. Through this clerkship, students will enhance their clinical competence and cultural awareness while preparing for the practice of family medicine in diverse patient populations, with an emphasis on the highest standards of professionalism and patient-centered care.



## **SELECTIVES AND ELECTIVES: 24 WEEKS.**

The 24 additional weeks are spent in elective clerkships and mandatory selective clerkships; these must include twelve additional weeks clerkship in medicine, as arranged by you, which may be spent in general medicine or in medical or surgical subspecialties.

Twelve additional weeks in mandatory electives: four weeks in preventive medicine; four weeks in community medicine; four weeks of research. All electives are to be arranged as additional private financial arrangements with various medical training institutions or clinical coordinators.

### **Selective Rotations: (12 weeks: 3 x 4 weeks)**

*Emergency Medicine (Required 4 weeks)*

*Community and Preventive Medicine: (Required 4 weeks in Public Health, Child, or Adult Protective Services, Family Medicine, Rural Medicine, Addiction Medicine, Palliative Medicine, Emergency Medicine, Urgent Care)*

*Research: (Required 4 weeks)*

### **Elective Rotations: (12 weeks: 3 x 4 weeks)**

*Medical specialties:* Cardiology, Nephrology, Neurology, Geriatrics, Hematology and Oncology, Infectious Disease, Pain Management, Geriatrics, Emergency Medicine, Radiology, Dermatology, Pulmonology, Urgent Care, Gastroenterology, Pathology, and Anesthesiology

*Surgical specialties:* Orthopedics, Urology, Neurosurgery, Trauma Surgery, Cardiothoracic surgery, Vascular Surgery, Plastic surgery, ENT, & Ophthalmology.

## **Medical Licensure**

### **ECFMG Certification**

The Educational Commission for Foreign Medical Graduates (ECFMG) is the agency that registers foreign medical students for the purpose of taking the USMLE Steps 1, USMLE Step 2 CK, CS, and USMLE Step 3. Passing USMLE Steps 1–3 is a requirement for licensure in the United States. To qualify to sit for the USMLE exams, students must be certified by Windsor University as “officially enrolled.”

On the ECFMG certification form, students must authorize ECFMG to provide examinee-specific USMLE performance data to Windsor University, including whether the examinee passed the exam and the examinee’s numerical scores on the two-digit and three-digit scales. Windsor has an interest in receiving accurate and timely student performance data for accreditation, state approvals, and licensure, and curriculum evaluation. Therefore, each student must authorize ECFMG to deliver his/her examination results to Windsor University School of Medicine as condition to Windsor University certifying the student as “officially enrolled.”



### **STUDENTS IN COMMITTEES**

The following are list of committees that medical students are part of:

1. Admissions Committee - Two (2) Students
2. Student Promotion Committee - Two (2) Students
3. Medical Curriculum Committee (MCC) - Three (3) Students
4. Basic Science Curriculum Committee - Two (2) Students
5. Clinical Science Curriculum Committee - Two (2) Students
6. Professionalism and Disciplinary Committee - Two (2) Students
7. Positive Learning Environment and Student Grievance - Two (2) Students
8. CQI Committee - Two (2) Students

#### **1. Admissions Committee**

##### **Charge for the Committee:**

The Admissions Committee at Windsor University School of Medicine is the sole standing committee responsible for the following aspects of students' admission into MD degree program:

1. The Committee shall process, screen, and recommend admission applicants to become medical students, utilizing the admissions policy and procedures (Section 2.01).
2. The Committee will recommend policy on admission standards and procedures to the Dean based on the current literature.
3. The Committee is responsible for reviewing and updating the technical standards for medical education.
4. The Committee will ensure compliance with all applicable CAAM HP admissions standards.
5. The committee is the final authority in selecting the students from applicants for the M.D degree program.
6. The committee is responsible for training new members of the committee in the holistic admission process of the WUSOM in selecting diverse groups of students to enhance the admission cohort.

**Chairperson-** The Chairperson shall be appointed by the Dean from among the Committee membership

**Line of Reporting:** The Committee will report all actions and recommendations to the Academic Dean.

**Agenda items:** To discuss with Deans's office prior to the meeting regarding agenda items.

##### **Membership**





The admissions committee members include Basic Science faculty, Clinical Science faculty, and student members. There are a total of 8 members constituting the admissions committee.

- Director of admissions
- Three Basic Science Faculty
- Two Clinician Sciences Faculty (one clinician in USA and one in the Caribbean region)
- Two students from Year three and Year four
- Non-Voting Membership/Advisory: Dean for Student Affairs

**Conduct of Meetings:** Meetings are conducted once per admission cycle; additional meetings may be called for by the Director of Admissions or the Chairperson as needed. The agenda for each meeting will be circulated to the members a week in advance of the scheduled meeting. Minutes of the meeting are recorded by the admission committee secretary and distributed to all members and advisors. Members are permitted to teleconference during instances of absence at a convened meeting.

## 2. Medical Curriculum Committee

### Charge for the Committee:

The Undergraduate Medical Education curriculum is designed, managed, evaluated and revised in a coherent and coordinated fashion, consistent with accreditation and current educational standards.

The Committee shall:

1. Engage in both short- and long-term curricular planning
2. Direct the implementation of curricular design,
3. Monitor and evaluate curricular effectiveness,
4. Recommend to the Dean of Academics, all matters pertaining to the curriculum of the School of Medicine”.

The Chairperson shall be appointed by the Dean from among the Committee membership

**Line of Reporting:** The Committee will report all actions and recommendations to the Dean.

### Membership

The members (with a total of 20 members)

- 8 members of the Basic Sciences faculty, 9 members of the Clinical Sciences faculty, 3 student representatives
- Nonvoting Membership/Advisory: Academic Dean



- Ex officio members of the Committee may include, but are not limited to the: Registrar, Director of Student Advisory & Support Program (SASP), Vice Dean for Academic Affairs, Dean of Student Affairs, Chairs of educational committees and the Librarian, a representative from the local medical community.

### **Subcommittees:**

The Basic Sciences Curriculum Subcommittee (BSCS), Clinical Sciences Curriculum Subcommittee (CSCS), and Curriculum Evaluation Committee

### **Conduct of Meetings**

Meetings are conducted at least one time per semester; additional meetings may be called for by the chair as needed. Reports and motions from standing sub-committees and ad hoc committees will be placed on the agenda. The agenda for each meeting will be circulated to the members a week in advance of the scheduled meeting. Minutes of the meeting are recorded by the committee secretary and distributed to all members and advisors. Members are permitted to teleconference during instances of absence at a convened meeting. In instances calling for a vote by a quorum, the majority of the members present will be required to approve the measure.

## **3. Basic science Curriculum Committee**

### **Charge for the Committee:**

The BSCS shall be responsible for the design, management, review, and evaluation of all elements of the MD1-5 basic sciences curricula including, but not limited to delivery of education and student assessment.

### **Chairperson**

The Chairperson shall be appointed by the Dean from among the Committee membership.

**Line of Reporting:** The Committee will report all actions and recommendations to the Medical Curriculum Committee.

### **Membership**

The members (with a total of 14 members)

- Module directors ( 8 in total), non-module course directors(7 in total),2 student representatives
- Nonvoting Membership/Advisory: Vice Dean
- Ex officio members of the Committee may include, but are not limited to the: Registrar, Director of Student Affairs Support Program (SASP), Vice Dean for Academic Affairs, Dean of



Student Affairs, Chairs of educational committees and the Librarian, a representative from local medical community.

**Subcommittees:**

Assessment and Evaluation subcommittee and Instructional Technology and Library Sub Committee

**Conduct of Meetings**

Meetings are conducted at least one time per semester; additional meetings may be called for by the chair as needed. Reports and motions from the standing module and non-module course directors will be placed on the agenda. The agenda for each meeting will be circulated to the members a week in advance of the scheduled meeting. Minutes of the meeting are recorded by the committee secretary (one of the committee member) and distributed to all members and advisors. Members are permitted to teleconference during instances of absence at a convened meeting. In instances calling for a vote by a quorum, the majority of the members present will be required to approve the measure.

**4. Clinical science Curriculum Committee**

**Charge for the Committee:**

The CSCS shall be responsible for the design, management, review, and evaluation of all elements of the MD6-10 clinical sciences curricula including, but not limited to clerkships, electives, also curricular matters relating to clinical student assessment

**Chairperson**

The Chairperson shall be appointed by the Dean from among the Committee membership.

**Line of Reporting:** The Committee will report all actions and recommendations to the Medical Curriculum Committee.

**Membership**

The members (with a total of 14 members)

- Department chair & co-chairs ( 10 in total), 2 student representatives
- Nonvoting Membership/Advisory: Clinical Dean, Academic Dean
- Ex officio members of the Committee may include, but are not limited to the: Registrar, Director of Student Affairs Support Program (SASP), Vice Dean for Academic Affairs, Dean of Student Affairs, Chairs of educational committees and the Librarian, a representative from local medical community.

**Conduct of Meetings**



Meetings are conducted at least one time per semester; additional meetings may be called for by the chair as needed. Departmental Reports and motions from clerkship directors will be placed on the agenda. The agenda for each meeting will be circulated to the members a week in advance of the scheduled meeting. Minutes of meeting are recorded by the committee secretary (one of the committee member) and distributed to all members and advisors. Members are permitted to teleconference during instances of absence at a convened meeting. Instances calling for a vote by a quorum, majority of the members present will be required to approve the measure.

## 5. Student Promotion Committee

### Charge for the Committee:

The Student Promotions Committee is the final decision-making entity at the WUSOM with regard to promotions and advancement and is responsible for determining the students' fitness and suitability for the study and practice of medicine. The medical school has the responsibility to ensure that its graduates possess the knowledge, skills, attitudes, and behavior patterns that will enable them to function satisfactorily as licensed physicians. The Student Promotions Committee makes decisions relative to the retention and promotion of students and determines whether a student is making satisfactory academic progress. It is also responsible for assuring that due process and the rules and policies of the medical school and University are followed.

### Chairperson

The Chairperson shall be appointed by the Dean from among the Committee membership.

**Line of Reporting:** The Committee will report all actions and recommendations to the Academic Dean.

### Membership

The members (with a total of 10 members)

- Five (5) voting faculty members representing pre-clerkship and clerkship departments.
- Three (3) voting department chairs.
- Two (2) students from each class (Advisory).
- Ex officio members of the Committee may include, but are not limited to the: Registrar, Director of Student Advisory Support Program (SASP), Vice Dean for Academic Affairs, Dean of Student Affairs, Chairs of educational committees and the Librarian, a representative from local medical community.

### Conduct of Meetings

Meetings are conducted at least one time per semester; additional meetings may be called for by the chair as needed. The agenda for each meeting will be circulated to the members a week in advance of the scheduled meeting. Minutes of meeting are recorded by the committee secretary (one of the



committee member) and distributed to all members and advisors. Members are permitted to teleconference during instances of absence at a convened meeting. Instances calling for a vote by a quorum, majority of the members present will be required to approve the measure.

## **6. Positive Learning Environment Committee**

### **Charge for the Committee:**

The Positive Learning Environment Committee (PLEC) at Windsor University is committed to fostering a culture of mutual respect, equity, and trust across all academic, administrative, and extracurricular activities. The committee strives to ensure that every member of the university community—students, faculty, staff, and administrators—can work and learn in an environment free from harassment, discrimination, intimidation, and abuse, reflecting Windsor University's dedication to diversity, inclusion, and respect for all individuals.

Any Student complaints or problems that were not solved at the level of the Office of Dean of Student Affairs may be referred to the Positive Learning Environment Committee for official review.

### **Chairperson**

The Chairperson shall be appointed by the Dean.

**Line of Reporting:** The Committee will report all actions and recommendations to the Academic Dean.

### **Membership**

The Ad-Hoc Committee shall be composed of the following:

- Three faculty members
- Two student members and
- The Committee Chair

## **7. Professionalism and Disciplinary Committee**

### **Charge for the Committee:**

This committee deals with Medical Student Professional Behavior and to articulate the implementation of the regulations on Student Academic Misconduct and Standard of Student Conduct in Non-Academic Matters and regulations and procedures for resolution of complaints and appeals within the College of Medicine. This provides transparent processes for responding to concerns of lapses in professional behavior by medical students.

The Dean of Student Affairs and the Professionalism and Disciplinary Committee are responsible for the oversight and implementation of the Procedure for Concerns with Medical Student Professional Behavior.

### **Chairperson**



The Chairperson shall be appointed by the Dean.

**Line of Reporting:** The Committee will report all actions and recommendations to the Academic Dean.

### **Membership**

The Ad-Hoc Committee shall be composed of the following:

- Three faculty members,
- Two student members and
- The Committee Chair.

## **8. Continuous Quality Improvement Committee**

### **Charge for the Committee:**

The Continuous Quality Improvement Committee (CQIC) at Windsor University School of Medicine (WUSOM) is tasked with ensuring compliance with the accreditation standards set forth by the Caribbean Accreditation Authority for Education in Medicine and Other Health Professions (CAAM-HP). The CQIC is dedicated to continuously enhancing the Medical Degree (M.D.) program and the overall learning environment.

To achieve these objectives, the committee establishes both short-term and long-term goals, implements systematic processes for data collection and analysis, and shares findings with relevant leadership and administrative bodies. These include, but are not limited to, the Medical Curriculum Committee, Student Promotion Committee, Admissions Committee, Dean's Council, the academic dean, assistant and associate deans, and department chairs.

In collaboration with university leadership, the CQIC develops action plans to meet identified goals, with progress tracked and demonstrated through measurable outcomes. Additionally, the CQIC is responsible for overseeing the implementation and progress of goals outlined in the university's Strategic Plan.

### **Chairperson**

The Chairperson shall be appointed by the Dean from among the Committee membership.

### **Line of Reporting**

The Committee will report all actions and recommendations to the Academic Dean.

### **Membership**

The CQIC Committee shall be composed of the following:

- Four Associate Deans
- Two Basic sciences Faculty



- Two Clinical Sciences Faculty
- Two Students from Student Governing Association

### **Meetings**

Meetings are conducted at least two per academic year; additional meetings may be called for by the chair as needed. The agenda for each meeting will be circulated to the members a week in advance of the scheduled meeting. Minutes of meeting are recorded by the committee secretary (one of the committee member) and distributed to all members and advisors. Members are permitted to teleconference during instances of absence at a convened meeting. Instances calling for a vote by a quorum, majority of the members present will be required to approve the measure.



## **STUDENTSERVICES**

### **Student Counseling Services**

Windsor University School of Medicine has a robust Academic Advising Program which is run under the umbrella of the SASP which includes a variety of other student support services. The SASP is directly under the supervision of the Office of Student Affairs.

**The details of this program can be looked up in the “Handbook for SASP”**

Academic Advising is the cornerstone for any successful medical school. Windsor University strongly believes in this philosophy and gives great emphasis on this area of educational environment. The mission of Office of Student Affairs is to offer Counseling Services to create an environment that fosters student growth, development, and psychological wellbeing.

The Office for Student Affairs is the central support resource throughout a student's medical school career. Academic and career counseling is readily available to students as they experience the rigorous curriculum of medical education.

### **Academic Advisement**

Advisors and mentors play an essential role in guiding students successfully through medical school. At different stages during the four years, both faculty and peer advisors help students maintain a balanced, long-term perspective while they are immersed in the program. The WUSOM advising program is centered through the system of student academics. Advisors can help connect students with resources such as tutoring and other support services.

WUSOM has a 3-tier Academic Advisory for medical students:

1. Personal Academic Advising
2. Course-Based/Subject-based Academic Advising
3. Other additional advising which includes
  - i. Career Counseling
  - ii. Peer tutoring
  - iii. Additional resources

**For further information, please refer to the SASP handbook.**

Office hours for guidance and counseling are

Monday–Friday

9:00 a.m.–4:00p.m.





### **Personal and Psychological Counseling**

WUSOM offers confidential personal and psychological counselling services at Sk. Kitts campus and clinical rotation sites. The students who require psychological support are referred by the Office of Student Affairs or by SASP advisors to the school approved psychologist Ms. Shaneze Sam. Students can schedule the appointment by checking the following calendar link.

<https://calendar.app.google/XnSgi8pKHitoaOwU7>

### **Student Health Center**

The Student Health Clinic supports the successful academic careers of Windsor students by providing access to quality health services and by promoting positive health outcomes. The Student Health Clinic addresses the physical, mental, emotional, and social health needs of WUSOM students while using authorized confidential and ethical procedures. The clinic provides treatment of minor and self-limiting illnesses such as the following:

- cold and flu
- sinus infections
- allergies
- minor injuries, burns and rashes
- pink eye
- sore throat
- headaches
- fungal/bacterial infections
- sprains and strains
- bronchitis
- ear infections
- urinary tract infections
- diarrhoea and intestinal infections

The Student Health Clinic also provides preventive care including health screenings and physical examinations and teaches Windsor patients positive health behaviors and skills needed to maintain a healthy lifestyle. Counseling is available for students with emotional or social needs where they may seek help to recognize and cope with stressful situations. Students are referred to off-campus health care providers for treatments that are not provided by the Center.

#### **Nurse Melinda Lewis**

Manager of Student Health

[clinic@windsor.edu](mailto:clinic@windsor.edu)

869-466-1220 Ext: 501



### **Library Services**

The present library is located on the first floor of the new block. The library is fully air conditioned and has tables, computers with internet facility, and electric plug points for student laptops and can accommodate up to 150 students at any time. Reference texts and computers with internet access are provided. The library has high speed broadband internet through Wi-Fi access.

The library is open until 9:00p.m. and buses are provided to drop students to respective areas including their apartments at night, ensuring their safety and security.

### **Bookstore**

Bookstore services on the campus provide textbooks and supplies for purchase by students. The campus bookstore is located on the ground floor of the admin block. The bookstore maintains textbooks for select courses, stationary supplies, computers, and a wide variety of books.

### **Campus Transportation**

WUSOM seeks to provide a convenient, safe, and efficient transportation system for students, staff, and visitors. The campus bus service is dedicated to serving the campus community with accessible routes to various student accommodations. Major routes include student-housing areas: Frigate Bay, Bird Rock, and Lime Kiln. Free student parking services are available throughout the academic year. Parking lots are made to accommodate vehicles of students, faculty, and visitors. In addition, WUSOM provides a convenient and easy walkway to its campus buildings.

All student-related activities requiring transportation from the School campuses must be supervised by the appropriate School personnel. Use of school vehicles must be requested in advance and approved in writing by the Dean of Students. No one will be permitted to travel without written approval. In case of emergencies while travelling, the faculty advisor must do whatever is necessary to guarantee that students receive any required medical attention.

**Contact:** [transportation@windsor.edu](mailto:transportation@windsor.edu)

### **Safety And Security**

To help ensure a safe, healthy, and secure campus environment, the University has established comprehensive safety and security programs. These efforts are promoted by the Dean in the following University safety policy. It is the goal of the University and its employees to ensure that our educational programs and all other activities protect and promote the health and safety of our students, employees, patients, campus visitors, and the environment.



## **PROCEDURES FOR EMERGENCY**

### **IN CASE OF FIRE**

**MINOR FIRES:** A minor fire is one that can be brought under control with a fire extinguisher. Persons encountering a minor fire on the campus should first activate the nearest fire alarm to begin immediate evacuation of the facility. All faculty, staff, and students are strongly advised to follow the School's emergency protocol in a calm and orderly fashion.

After activating the fire alarm, the person who discovered the fire should proceed to the nearest fire extinguisher and use it to extinguish the fire in accordance with the basic operating regulations printed on the extinguisher.

**MAJOR FIRES:** A major fire is one that cannot be brought under control single-handedly with a fire extinguisher. Persons encountering a major fire should first activate the nearest fire alarm to begin immediate evacuation of the facility. They should then dial 911, identify themselves, and give the location of the fire.

### **INCLEMENT WEATHER**

In the event of inclement weather, the Office of Public Relations will issue a statement on all local radio and television stations. Students are encouraged to use their own judgment and refrain from taking risks if they are in areas vulnerable to flooding or other natural disasters. Policies and procedures for responding to inclement weather are as follows:

#### **HURRICANE AND RELATED FLOODING**

A hurricane watch is issued whenever a hurricane becomes a threat. Persons in the area of the watch should listen for further advisories and be prepared to act promptly if a hurricane warning is issued. When the campus area is threatened by the effects of a hurricane, the following *steps* should be taken:

- Keep a battery-operated radio tuned to a local station and follow the instructions. Remain calm, follow evacuation directives, and move out of the structure to designated higher grounds.
- Turn off all utilities, do not touch any electrical equipment unless it is in a dry area, and avoid the use of telephones.
- Avoid travel in automobiles or vehicles of any kind since roads may be washed away by flood waters and rapidly rising waters could carry the vehicle away.
- People trapped in a structure by rapidly rising flood waters should move to the top floor or roof of the structure and wait for help. They should not attempt to swim to safety.
- People should not be fooled if the "eye" of the hurricane passes over the campus. There will be a lull in the winds lasting from five to thirty or more minutes, and at the other side of the "eye" the winds will increase rapidly to hurricane force and will come from the opposite direction.



- Once a hurricane has passed, people should remain inside until informed by authorities that it is safe to leave.
- People should keep their radios tuned to local stations for updates and other vital information.
- Stay out of disaster areas since sightseeing interferes with essential rescue and recovery work and may be dangerous as well.
- Avoid loose or dangling wires and report them immediately to the authorities.
- Make a conscious effort to prevent fires since decreased water pressure may make fire-fighting difficult.

### **TERRORIST THREATS**

In the event of a pending terrorist threat, the person receiving the complaint should notify the campus police/security or call 911 immediately. The threat level will be immediately evaluated to determine what steps will be taken to protect faculty, staff, students, and campus property.



### **Students With Disabilities**

Counseling, tutorial, and other support services are also available upon request for students with disabilities.

The School of Medicine is committed to providing reasonable accommodation to students with documented disabilities in accordance with school policies. It is important that students, faculty, and staff understand their roles in the accommodation process and that any disability-related information remains confidential. All documentation recorded as part of the student's health record is confidential and will not be included as part of the student's permanent academic file.

Students with disabilities have the same rights and responsibilities as others student enrolled at WUSOM. Special assistance will be provided as needed to help students with disabilities reach their full potential in meeting program/course requirements. The purpose of this grievance procedure is to assure that no student is denied access to the institution. Contact a counselor or the Office of Student Services on your campus for more information.

The School of Medicine is committed to meeting the special needs of students within established legal and institutional guidelines. However, the integrity of the medical curriculum, and the required mental and physical capabilities to fulfil the obligation of that education must be sustained. The employment of an intermediary potentially compromises a student's judgment and their acquisition of powers of selection and observation and is probably unacceptable.

#### **PROCEDURES:**

The Admissions Committee with Student Affairs Office determines reasonable accommodations on an individualized case-by-case basis based on appropriate documentation from a medical professional. Students will be required to provide written documentation from a certified health professional describing their medical conditions as well as the professional's recommendation of a reasonable accommodation. The Admission Committee with the Dean of Student Affairs will review the medical documentation provided by a certified health professional, consult with relevant academic personnel, the student, and medical professionals to determine reasonable accommodations where appropriate.



## PUBLICATIONS

The school publishes the following publications:

### **WINDSOR INSIGHT**

The mission of **Windsor Insight** is to publish the highest quality work which elucidates and assists the Windsor Community in academic development relevant to current and best practices in medical education, medical research, and organizational structure. We provide a forum for the sharing of ideas and serve as a means of communication for the diverse Windsor Community thereby creating an environment of continuous academic development. We encourage students to come forward and learn and understand the concepts of research and skills of writing manuscripts from the beginning of their medical journey. We publish one edition every semester.

### **SASP Handbook.**

A comprehensive guide on student academic counseling and other services at WUSOM. It is a must- have handbook for all WUSOM students and faculty and supplements the information on the Student Handbook.



## **STUDENTS CODE OF CONDUCT**

Windsor University students are embarking on a career in a profession which requires high standards of ethical conduct and the honesty of its members. It is expected that each student will respect the academic environment of the medical community and make a personal commitment to abide by our honor code exemplifying a standard of behavior which will form a firm basis for future professional conduct. This commitment implies avoidance of any form of dishonesty or misrepresentation as well as the demonstration of respect for the rights and wellbeing of others including students, faculty, staff, patients as well as their families and friends, student research, and members of the community. It also implies a responsibility to take positive action to ensure that others' failure to comply with these standards is not permitted.

Students are expected at all times to

- A. Act with professionalism and with academic and personal integrity
- B. Respect and promote the dignity of all persons
- C. Respect the policies of the University community and the rights of its members both on and off campus as well as the just laws of the civic community and the rights of its members
- D. Support the personal, professional, academic, and vocational development of the members of the Windsor University Community.

### **Academic Honesty**

In keeping with its mission, Windsor University seeks to prepare its students to be knowledgeable, forthright, and honest. It expects and requires academic honesty from all members of the University community. Academic honesty includes adherence to guidelines established by the University, its colleges and schools and their faculties, its libraries, and the computer center.

Academic or academic-related misconduct includes, but is not limited to the following:

- Unauthorized collaboration or use of external information during examinations.
- Plagiarizing or representing another's ideas as one's own.
- Furnishing false academic information to the University.
- Falsely obtaining, distributing, using, or receiving test materials including copying or taking photographs of any test materials.
- Altering or falsifying academic records.
- Defacing or tampering with library materials.
- Obtaining or gaining unauthorized access to examinations or academic research material.



- Engaging in any conduct that is intended or reasonably likely to confer upon oneself or another an unfair advantage or unfair benefit respecting an academic matter.

Students alleged to have engaged in the aforementioned behaviors will be subject to being reported to the Dean of Student Affairs and will be subject to the policies and procedures designated for allegations of unprofessional behavior.

### **Professional Ethics**

Consistent with the Accreditation Council for Graduate Medical Education guidelines, students are expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Therefore, students are expected to

- Demonstrate respect, compassion, and integrity.
- Demonstrate responsiveness to the needs of patients and society that supersedes self-interest.
- Hold accountability to patients, society, and the profession.
- Show commitment to excellence and on-going professional development.
- They are also to demonstrate a commitment to the ethical principles pertaining to the provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. Students are also to demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

### **Timeliness and Reliability**

Students must be present and ready to carry out assigned responsibilities at the expected time and must remain until their responsibilities are discharged. Fulfillment of clinical responsibilities and attendance at required activities must be a high priority. For example, if mechanical problems disable a student's car, the student is expected to use a taxi or other form of public transportation to arrive on time. Arrangements for travel out of town must not interfere with clinical responsibilities or attendance at required activities, for example, a student may not ask to be excused from such activities in order to get a lower airfare or on an earlier flight.

### **Maintaining a Professional Demeanor:**

- Treat peers, faculty, staff, and patients with respect in individual settings; e. g. not arrogant or insolent.
- Treat peers, faculty, staff, and patients with respect in lecture and conference settings; e.g. turning cell phone and pager to vibrate, refrain from disturbing others via text messaging, talking, activities not related to class, etc.





- Maintain professional demeanor even when stressed; e. g. not verbally hostile, abusive, dismissive, or inappropriately angry with peers, faculty, staff, or patients.
- Never expresses anger physically.
- Abide by professionally accepted boundaries for interpersonal relationships; e. g. never use his/her position for personal gain or to engage in romantic or sexual relationships with patients or members of their families.
- Conform to policies governing behavior e. g. confidentiality, sexual harassment, consensual amorous relationships, hazing, use of alcohol, and any other existing policy of the medical school or clinical system.
- Appearance, dress, professional behavior should follow generally accepted professional norms.

### **Responding to Supervision:**

- Accept and incorporate reasonable feedback in a non-resistant and non-defensive manner.
- Accept responsibility for own errors.
- Demonstrate dependability and appropriate initiative.
- Complete tasks in a timely fashion without needing reminders e. g. papers, reports, examinations, appointments, patient notes, and patient care tasks.
- Appropriately available for professional responsibilities e. g. attend required classes and activities, is available when on clinical service, responds to email and pager.
- Take on appropriate responsibilities willingly without being resistant or defensive.
- Take on appropriate patient care activities e. g. not “turf” patients or responsibilities.

### **Interacting With Other Members of the Team:**

- Show sensitivity to the needs, feelings, wishes of team members e. g. lab, small groups, projects, other members of the health care team.
- Relate and cooperate well with members of the team.
- Communicate with other members of the team in a timely manner.

### **Respect for Patient Confidentiality (HIPAA)**

The Health Insurance Portability and Accountability Act (HIPAA) requires that health care professionals and students respect the confidentiality of patient health information. HIPAA privacy rules allow students qualified access to patient information while on rotation. Copies of patient health information are allowed for educational purposes. However, other hospitals have grave concerns about students’ handling of records once accessed. The concerns include duplicate copies, excessive copies, and how students handle confidential information once obtained. Students must adhere to the following rules regarding patient records on ANY course, clerkship, and elective at ANY facility:



- A. Regardless of the format (paper, electronic, verbal) and no matter how socially benign, patient information is protected under federal law. It is the duty of the student to protect the confidentiality of patient information by keeping that information reasonably secure.
- B. Patient information may never be accessed for inappropriate use.
- C. Students may not grant access to or divulge patient information to anyone who is otherwise not authorized to have it.
- D. Reasonable security for paper includes keeping it in a reasonably secure location whether at home or in the hospital or other site. It is NOT reasonable to leave papers unattended at a nurse's station or anywhere else.
- E. Reasonable security for electronic items includes encryption of files or machines and controlling the physical custody of those files and machines.
- F. Reasonable security for verbal items includes having conversations only with the care team and others in the academic program or class.
- G. Reasonable security also includes shredding for paper and "cleaning" for electronic records when your program need for that information ends.
- H. If a student is found violating patient confidentiality, the student may face discipline through the School of Medicine. If a student fails to follow A-G, the hospital or other site may deny that student and other students the right to make copies or to participate in rotations at that site.

### **Dress Code**

The students are required to adhere to the regular dress code. Any student who fails to adhere to the dress code will be marked absent for that class.

Check with the Dress Code Regulations posted at the main desk and with the Safety and Security Office.

The dress code for all WUSOM students on St. Kitts campus and affiliated clinical hospitals are as follows:

1. All students must wear and display—in a visible spot around your neck or clipped on your shirt—the issued WUSOM Student ID.
2. Male students are required to wear clean, pressed dress pants, shirts with collar, polo shirts, and dress shoes. Ties are encouraged.
3. Female students are required to wear clean, pressed dress pants, dresses or knee-length skirts, shirts with collar, polo shirts, and dress shoes. Open toed heels and



capri pants of non-denim material are permitted.

4. Use lab coat when required (both on campus and at clinical affiliated

hospitals). The following are NOT Permitted:

- Leggings/tights/Spandex
- Shorts
- Mini skirts
- Crew-neck shirts/round-neck shirts/V-neck shirts
- Shirts with slogans of any form of writing/print
- Sleeveless blouses/blouses with straps/backless blouses
- Tops with deep necklines
- Sheer/see-through clothing
- Flip flops, rubber shoes
- Sportswear (e. g.: jogging pants and tank tops)
- Jeans or pants made of denim material regardless of color
- Tight jeans or pants

Students who violate the dress code will NOT be allowed on campus and will be marked absent for the day.

### **Disciplinary Action**

<b>First Offense:</b>	Verbal Warning
<b>Second Offense:</b>	Written reprimand which goes to file.
<b>Third Offense:</b>	Suspension for 1 week

### **Drug And Alcohol Abuse**

WUSOM is a private educational institution and shall not permit on its premises, or at any activity which it sponsors, the possession, use, or distribution of any alcoholic beverage or any illicit drugs by any student, employee, or visitor. In the event of confirmation of such prohibited possession, use, or distribution by a student or employee, WUSOM shall, within law of land and in line with the tenet of fair hearing, take such administrative or disciplinary action as shall be appropriate. For a student, the disciplinary action may include, but shall not be limited to, suspension or expulsion.

Visitors engaging in any act prohibited by this policy shall be called upon to immediately cease this behavior.

If any employee, student, or visitor engages in any behavior prohibited by this policy which is also an alleged violation of federal, state, or local laws or ordinance, that employee, student, or visitor shall be referred to law enforcement officials for possible arrest and prosecution.



## **Random Drug Test**

During their enrolment, students are requested to sign a consent form consenting to a random drug test. If students are tested positive, they are taken to a private lab for reconfirmation and if the positive result is confirmed they are counseled and suspended till their test comes back negative. They are sent for counseling and rehabilitation.

If subsequently tested positive, they will be expelled from school.

## **Criminal Background Check**

WUSOM requires a background check on all of its students in order to enhance the health and safety of patients, students, faculty, and staff in the academic and clinical environments, to adhere to applicable healthcare regulations, and to attest to affiliated clinical facilities and licensure entities for a

student's background and eligibility status. The background check will determine whether there are incidents in an applicant's or student's history that would pose a risk to patients or others or would prohibit the individual from being licensed in the future.

## **Sexual Harassment**

In accordance with its history and mission, Windsor University believes that each individual should be treated with respect and dignity. It is obvious that any form of sexual harassment is a violation of human dignity, and the University strongly condemns any such harassment.

Whether verbal or physical, conduct of this sort violates another person's rights and can create an intimidating, hostile, or offensive working or learning environment. Such conduct, when it is genuinely discerned, is subject to prompt and effective remedial action.

Types of sexual harassment can fall into one or both of two categories:

- Hostile environment.
- Quid pro quo sexual harassment.

Sexual harassment occurs when a supervisor or other employee or student attempts to use his/her position or authority to obtain sexual favors from an employee or student in expressed or implied exchange for the granting of job or academic benefits or other favorable treatment. "Hostile environment" sexual harassment occurs when an employee or student is subjected to an intimidating, hostile, or offensive work or learning environment because of offensive sexually based or sexually oriented physical, verbal, or other conduct.

Such conduct shall be subject to prompt and effective action. Any harassment or other unequal treatment of a student, or group of students, that would not occur but for the sex of the student(s), if sufficiently patterned or pervasive, may be prohibited sexual harassment.

## **Assistance for Persons with Sexual Harassment Concerns.**



Individuals who believe themselves to be victims of sexual harassment and who desire University assistance in dealing with the situation should immediately report the details to Dean of Student Affairs on the Windsor Campus and to the Chair or Clinical Associate Deans at the clerkship level.

**Investigations of Reports of Student Mistreatment/Sexual Harassment:**

- Within ten (10) days of receiving the report of student mistreatment, the Dean for Student Affairs or the Academic Dean will discuss the incident(s). If the incident is reported during the clinical clerkship, an investigation will follow with the Chair (or designee) of the involved department or the director (or designee) of the hospital division or clinic and require an immediate investigation of the incident(s).
- Within two (2) weeks of receiving the report of incident(s) of alleged student mistreatment, the Chair (or designee) of the involved department or the director (or designee) of the hospital division or clinic will institute an investigation and develop an action plan for resolution of the problem and/or discipline of the responsible individual(s) if the allegations are substantiated.
- The Chair (or designee) of the involved department or the director (or designee) of the hospital division or clinic will prepare a written report of the action plan and/or disciplinary actions; this report will be given within one (1) month to the Dean of Student Affairs.
- Upon receipt of the written report of the action plan and/or disciplinary actions, the Dean for Student Affairs or will schedule a meeting with the student(s)/learner(s) initiating the original complaint to discuss the actions taken.

**Confidentiality:**

The handling of all records and subject information will be strictly confidential and will adhere to the FERPA. Adverse findings that result in action taken by the Advancement Committee will become part of the student's academic record. Absent adverse findings, background investigation records will be stored for three years after the student leaves University and will then be destroyed.



## **STUDENT ORGANIZATIONS**

### **STUDENT GOVERNMENT ASSOCIATION (SGA)**

Here at Windsor University School of Medicine (WUSOM), we ensure that students are represented in every phase of the University experience. The Student Government Association (SGA) is the vehicle through which students can participate in the formulation of institutional policy affecting academic and student affairs and collectively express their views on matters of general interest to the student body. The concepts and projects agreed upon in our meetings are important steps to achieving better quality of education in the life of the WUSOM student. The SGA was established to be the voice of the students. The SGA is made up and administered entirely by students and is the representative body of the students at WUSOM.

#### **Mission of the SGA**

The mission of the SGA is to provide WUSOM students representation, services, and advocacy within Windsor University School of Medicine by acting as a student voice for the campus community, serving as an outlet for student concerns, promoting student participation in campus life, and investigating solutions to various issues that affect the campus as a whole.

### **MUSLIM STUDENTS ASSOCIATION (MSA)**

Our beloved Prophet Muhammad (pbuh) said, "The most beloved of people according to Allah is he who brings most benefit to people."

Our mission is to serve and represent the best interest of Islam by helping others establish an environment that encourages worship, spiritual growth, and academic excellence. We believe, as future physicians, that it is our duty to serve and benefit the people to the best of our abilities all for the sake of Allah (God) Almighty.

### **CHRISTIAN STUDENTS ASSOCIATION**

We are youths that transform their generation with the mandate of fellowshiping together, growing up spiritually through life-impacted messages, and teaching and winning souls in WUSOM for Christ. We also challenge ourselves to be academically excellent. We have monthly reach-out programs to old people's home (Cardin home) and the Orphanage.

### **THE NIGERIAN STUDENTS ASSOCIATION (NSA)**

The Nigerian Students Association (NSA) is the umbrella body for the Nigerian students on campus. We also cater to the other African students on campus by virtue of our size. We collate information that concerns our members and we advocate on their behalf to the School authorities. In the same vein, we also pass on information from the school down to our members as the case arises.



### **STUDENTS FOR HEALTH (SFH)**

The **Students For Health** (SFH) organization is a student arm of the **Windsor University School of Medicine**, Basseterre, Saint Kitts, with a goal of community outreach; this is done by providing **free health screening** (e.g. checking blood pressure levels, glucose levels, body mass index to determine weight status, etc.) as well as offering **free medical advice**, where needed, to the locals of St. Kitts. The organization has been in existence for over two years and the awareness of its services, in Saint Kitts, is growing by the day.



APPENDICIES



WINDSOR UNIVERSITY  
SCHOOL OF MEDICINE

REQUEST FORM FOR REVIEW OF EDUCATIONAL RECORDS

TO BE COMPLETED BY STUDENT:

Date: \_\_\_\_\_ Student ID Number \_\_\_\_\_

I, \_\_\_\_\_, wish to review my educational records.

(Print Name)

Signature \_\_\_\_\_

Please check the required record.

- \_\_\_\_\_ Application for admission to the College
- \_\_\_\_\_ Previous school transcript
- \_\_\_\_\_ College(s) transcript
- \_\_\_\_\_ Transcript request form(s)
- \_\_\_\_\_ Social Security verification form(s)
- \_\_\_\_\_ Full time status verification form(s) – financial agencies
- \_\_\_\_\_ Grade change form(s)
- \_\_\_\_\_ Name and address change form(s)
- \_\_\_\_\_ Graduation check sheet.

For office use only:

Registrar’s Signature \_\_\_\_\_

Date Reviewed \_\_\_\_\_

-or- Registrar’s Office Personnel Signature \_\_\_\_\_

Date Reviewed \_\_\_\_\_





**DO NOT RELEASE DIRECTORY INFORMATION**

***NOTE: IF A STUDENT DOES NOT WANT HIS OR HER STUDENT INFORMATION TO BE RELEASED TO INQUIRERS, THIS FORM MUST BE COMPLETED WITHIN THE FIRST TWO (2) WEEKS OF THE SEMESTER AND RETURNED TO THE REGISTRAR OFFICE.***

<b>THIS FORM MUST BE RESUBMITTED ANNUALLY.</b>
Name of student
Address, including email
Telephone number
Date/place of birth
Semester
Dates of attendance
Degrees received
Most recent educational institution attended

***IF THE STUDENT DOES NOT FILL OUT THE FORM ABOVE AND RETURN IT TO THE REGISTRAR AND RECORDS OFFICE WITHIN THE FIRST TWO WEEKS OF THE SEMESTER, THE STUDENT DIRECTORY INFORMATION WILL BE RELEASED TO INQUIRERS.***

**DO NOT RELEASE DIRECTORY INFORMATION**

**STUDENT NAME:** \_\_\_\_\_

**STUDENT ID NUMBER:** \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE STUDENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OFFICIAL SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# WINDSOR UNIVERSITY SCHOOL OF MEDICINE

## GRADE APPEAL FORM

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WUSOM Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Present

semester \_\_\_\_\_ Anticipated Graduation \_\_\_\_\_ I appeal

the course grade of \_\_\_\_\_ taken in \_\_\_\_\_ (semester) Department: \_\_\_\_\_

\_\_\_\_\_ Course Instructor: \_\_\_\_\_

Department Chair: \_\_\_\_\_

I believe I earned a grade of \_\_\_\_\_

The basis for this appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence attached: YES/NO

Informal conference with instructor was held on \_\_\_\_\_ (date) Submitted to

Department Chair \_\_\_\_\_ (date)

I am requesting an appeal for a course grade. I understand that consideration of my request is contingent upon the attached supporting documentation.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

An electronic signature is sufficient if received from a WUSOM email address



**INFORMAL DISCUSSION FORM**

**A copy of this form is to be provided to the student by the WUSOM Office.**

**Minor Incident:** This form may record a minor incident as reported by any person ("the reporter") in contact with a medical student in any official capacity. The reporter would typically be a lecturer, Module/Clerkship Core Rotation/Course Director/Course Chair or Year 1 - 4 Chair/Site Coordinator or another medical student or medical resident. The purpose of reporting a minor incident is to initiate a meeting between a medical student and the reporter.

Student name:	
Year:	
Date incident occurred:	

A medical student of Windsor University is expected to demonstrate in her/his behaviors as a medical student:

- a) Respect for others
- b) Honesty and integrity.
- c) Compassion and empathy.
- d) Duty and responsibility.

In my opinion, the student named above has demonstrated behavior(s) that fall below the expected standards of professionalism of our University. Following is a brief description of the incident, the response/action taken, and any further comments:



This incident was discussed with the student (check one):

Yes.	No.
<input type="checkbox"/>	<input type="checkbox"/>

Student response:

Student chooses not to respond? \_\_\_\_\_

**A copy of this form is to be provided to the student by the WUSOM Office.**

<b>Form completed by:</b>	
<b>Signature:</b>	
<b>Date:</b>	

*Below this line for Chair use only.*

<b>First Minor Incident</b>	<b>Second Minor Incident</b>	<b>Third Minor Incident:</b> (If third minor incident, Chair completes a Professionalism Concern Form)

Signature of committee Chair: \_\_\_\_\_

Date submitted: \_\_\_\_\_



## Student Grievance Form (Mistreatment Complaint Form)

1. Your Details	
Full Name	
Student ID #	
Programme of Study PM/MD	
Semester	
SASP Advisor	
Contact Address	
Windsor Email	
Alternative Email	
Contact Number	

2. Complaint Summary



### 3. Causing Factors

Please specify which factors you believe to be the cause of your complaint:

Service or facilities of the Windsor University.

Provision or delivery of programmes or parts of programme

Discrimination, harassment or bullying

Decision or action/perceived lack of action taken by a member of University staff

Other (please specify)

### 4. Your Complaint

Please set out the main points of your complaint. If you need more space, continue on a separate sheet of paper, which should be securely attached to this form, and clearly marked with your name and student number.



## 5. Supporting Evidence

If you are submitting documentation with your appeal, please list below each piece of documentation you have attached to this form. If you are referring to publications, please include the specific sections, rather than attaching the entire document. Please note that submitting significant documentation may result in the nominated investigator requiring extra time to consider your complaint.

## 6. Previous Actions

Please briefly explain what steps we have taken to resolve your complaint and why you are dissatisfied with the previous decision.



### 7. Desired Outcome

Please briefly explain what you would consider to be a satisfactory resolution to your complaint.

### 8. Declaration

All information and documentation provided in/with this form is complete and represents an accurate and true reflection of the situation that led to my appeal. I understand that the submission of a falsified claim or documentation constitutes an offense.

I agree that my complaint may be disclosed to relevant members of the University to the extent necessary for any investigation, including any individuals who I have complained about or about whose services I have complained.

I authorize the investigating officer to consider this form and any relevant information held by the Windsor University to the extent necessary for the consideration of my complaint.

I give permission for the University to seek verification of the authenticity of any statements or evidence provided with this complaint.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_





# WINDSOR UNIVERSITY SCHOOL OF MEDICINE

## Event Planning Form

Good planning is essential to a successful event. This pre-event planning form provides you with a series of questions to consider when planning your next organizational event. Please keep in mind that all activities should be consistent with University policies and procedures, as well as the mission of our University.

In order to allow for optimal planning of your event, we suggest this form be completed 2-3 weeks prior to your event. This should give you adequate time to plan appropriately.

### INFORMATION OF ORGANIZATION AND PERSON COORDINATING EVENT

Name of the Organization: \_\_\_\_\_

Name(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Date: \_\_\_\_\_ Contact \_\_\_\_\_

Info: \_\_\_\_\_

### EVENT INFORMATION

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Event set-up time: \_\_\_\_\_

Event Time: \_\_\_\_\_

Event take down time: \_\_\_\_\_

Event Location: \_\_\_\_\_

*(Please ensure that the space is available and that you have booked it with the appropriate body)* Backup

Location (if needed): \_\_\_\_\_

Estimated number of people attending: \_\_\_\_\_

Type of Event:

Concert

Speaker

Sports/Competitions

Conference

Social  
Activity

Other



**How does this event/activity promote the mission of our University?**

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**Please attach a detailed description of the event/activity that you are planning, which should include the booking confirmation of the event locations, a proposed itinerary, timeline and budget.\*\***

**1.) Is your activity an Open Event? (Open to the general public) Yes No**

**If so, what are your plans for crowd control? *\*You may need to have additional Security***

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**2.) Will your event require the assistance for parking and traffic control? Yes No**

**3.) Will your event be hosting a large amount of individuals or require the assistance of Security Services?**

☺ Yes No

*If so, contact Security as soon as possible to request officers.*

**4.) Is there alcohol involved with your activity? ☺ Yes No**

*(Note: No alcohol is allowed in any University sponsored events)*



5.) Will anyone under the age of 18 be involved with your event/activity? Yes No

6.) Are you using the University logo or trademark for your activity (i.e. advertising, t-shirts)? Yes No

*If so, get approval from Dean of Student Affairs Office.*

7.) Are you planning on posting flyers or advertising on campus? Yes No

*If so, contact the Student Services for approval of advertising*

8.) Does your event involve the sale/distribution of items on campus? Yes No

*If so, be sure to get approval through the Office of Student Services by filling out the form for Fundraisers*

9.) Have you reviewed your budget as it relates to this event/activity? Yes No

10.) Will your event be utilizing production equipment (i.e. sound, stage, lights, etc.)? Yes No

*If so, make sure you have talked with Facilities Services or the Space Manager to reserve this equipment.*

11.) Will you be serving or handling any type of food product at your event? Yes No

*If so, make sure that you have reviewed the food handling/preparation guidelines and/or obtained the appropriate food handling licenses.*

12.) What other resources must be contacted prior to determining whether you can successfully manage this event?

Service Department (tables, chairs, coat racks, bulletin boards, other)

Space/Facilities Manager (Cleaning, A.V. Equipment)

Student Services (student volunteers, approval of posters, approval of student event)



- ❑ Campus Security (parking, additional security, etc)
- ❑ Communications Department (tablecloths, photographer/videographer, banners, media coverage, giveaways, etc)
- ❑ Print shop
- ❑ Information Technology Support Services (ITSS)



**SIGNATURES**

I have reviewed the information provided above and verify to the best of my knowledge that it is accurate.

Organization Representative: \_\_\_\_\_

Organization President: \_\_\_\_\_

Resource Manager Recommendation: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Dean of Student Affairs Approval: \_\_\_\_\_

Date of approval: \_\_\_\_\_

**POST-EVENT ASSESSMENT**

1.) Was your event a success? Yes No

Why or why not?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.) Did you encounter any unforeseen problems? Yes No

If yes, how can you better prepare in the future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.) Would you do this event again in the future? Yes No

If yes, what changes would you recommend for the following year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed on this date: \_\_\_\_\_

By: \_\_\_\_\_



**Appeal Form**

Your Details	
Full Name	
Student Windsor ID #	
Programme of Study	
Semester	
SASP Advisor	
Contact Address	
Windsor Email	
Alternative Email	
Contact Number	

Please set out the main points of your appeal. If you need more space, continue on a separate sheet of paper, which should be securely attached to this form, and clearly marked with your name and student number.



### Your Appeal

Please indicate which of the criteria your appeal is based on.

\_\_\_\_\_New Information: To consider information or other relevant facts sufficient to alter a decision because such information and/or facts were not known to the person appealing at the time of the original administrative conduct meeting.

\_\_\_\_\_Due Process: To determine whether the administrative conduct meeting and process was conducted fairly in light of the charges and information presented, and in conformity with prescribed procedures giving the involved parties a reasonable opportunity to prepare and present information about an alleged policy violation(s). Minor process deviations that do not materially affect the outcome are not a basis for sustaining an appeal.

\_\_\_\_\_Unsupported Decision: To determine whether the decision reached regarding the Responding Party was supported using the preponderance of evidence standard to establish that a violation of the policy occurred.

\_\_\_\_\_Appropriateness of Sanction: To determine whether the sanction(s) imposed were appropriate for the policy violation that the Responding Party was found to have committed. If the Responding Party is making the appeal solely on this ground, he/she accepts responsibility for the violation and is only appealing the severity of the sanctions.

NOTE: This ground is not permitted for Appeals regarding Academic Misconduct Violations.

2. Please indicate how the selected ground(s) for appeal applies to your situation?

If needed, you may write on the back or attach any additional documentation to this form to support your appeal.

### Supporting Evidence

If you are submitting documentation with your appeal, please list below each piece of documentation you have attached to this form. If you are referring to publications. Please include the specific sections, rather than attaching the entire document. Please note that submitting significant documentation may result in requiring extra time to consider your complaint.



### Desired Outcome

Please briefly explain what you would consider to be a satisfactory resolution to your complaint.

### Declaration

All information and documentation provided in/with this form is complete and represents an accurate and true reflection of the situation that led to my appeal. I understand that the submission of a falsified claim or documentation constitutes an offense.

I agree that my complaint may be disclosed to relevant members of the University to the extent necessary for any investigation, including any individuals who I have complained about or about whose services I have complained.

I authorize the investigating officer to consider this form and any relevant information held by the University to the extent necessary for the consideration of my complaint.

I give permission for the University to seek verification of the authenticity of any statements or evidence provided with this complaint.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_