


<p><b>Name of Policy:</b> Absences from required clerkships</p> <p><b>Policy Number:</b> 3364- 81-04-014-03</p> <p><b>Approving Officer:</b> Dean, College of Medicine</p> <p><b>Responsible Agent:</b> Associate Dean for Clinical Undergraduate Medical Education</p> <p><b>Scope:</b> All University of Toledo Campuses</p>	 <p><b>Effective date:</b> 07/01/07</p>
<p><input type="checkbox"/> New policy proposal</p> <p><input type="checkbox"/> Major revision of existing policy</p>	<p><input type="checkbox"/> Minor/technical revision of existing policy</p> <p><input checked="" type="checkbox"/> Reaffirmation of existing policy</p>

(A) Policy statement

Attendance is mandatory for all required clinical clerkships; however, the faculty and administration realize that illnesses and significant extenuating circumstances may render a student incapable of attending required sessions. Students must request to be excused for time away, in writing, from the clerkship director, as soon in advance as possible. Requests for excused absences must be approved by the clerkship director or his/her designee, with input from the associate deans for clinical undergraduate medical education or student affairs when necessary. For unanticipated absences that preclude seeking permission in advance, the student is responsible for notifying the appropriate parties (resident and/or attending, clerkship office, other as dictated by the clerkship's policies) prior to the time that they are required to be present for their clinical responsibilities. Failure to attend for any reason, whether excused or unexcused, does not relieve a student from responsibility for curriculum content during an absence.

(B) Purpose of policy

Attendance is mandatory for all required clinical clerkships. Thus, policies and procedures for requesting a formal excuse for the absence and for the timely notification of all appropriate parties in the event of an absence, have been developed, implemented, and enforced.

(C) Procedure

- 1) In the event that illness or other significant extenuating circumstances preclude a student from being present for a required clerkship, the student must request time away, in writing, from the clerkship director, as soon in advance as possible. For unanticipated absences that preclude seeking permission in advance, the student is responsible for notifying the appropriate parties (resident and/or attending, clerkship office, other as dictated by the clerkship's policies) prior to the time that they are required to be present for their clinical responsibilities.

- 2) Requests for excused absences must be approved by the clerkship director or his/her designee, with input from the associate or assistant dean for clinical Undergraduate medical education or student affairs when necessary (a written request form must be completed). The clerkship director may request additional written documentation for the illness or other extenuating circumstance prior to rendering a final decision as to whether or not an absence will be considered excused.
- 3) The clerkship director will decide if a make-up experience or assignment is required, even when an absence is excused. If the clerkship director decides that a make-up experience is required, the make-up may involve additional clinical hours or an alternative assignment. One example may be to write a paper in lieu of missed attendance.
- 4) If the number of days of absence is deemed excessive, the student may be required to drop the required clerkship and be granted no credit, partial credit for the required clerkship, or credit for an elective, depending on the individual case and the policies of the clerkship.
- 5) Failure to follow these procedures will result in an unexcused absence. Unexcused absences will result in a grade of zero on any missed examinations, quizzes, assignments, or experiences, and may result in failure of the clerkship. In addition, unexcused absences will result in the filing of a professional behavior report, which could lead to disciplinary action, up to and including suspension or dismissal.
- 6) All clerkship offices will submit a log of absences (excused and unexcused) to the office of clinical undergraduate medical Education at the end of each clerkship.

<p>Approved by:</p> <p>Jeffrey Gold, M.D.</p> <hr/> <p>Name</p> <p>Dean, College of Medicine</p> <hr/> <p>Title</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <p><b>None</b></p> <p><b>Initial effective date: 08/25/85</b></p> <p><b>Review/Revision Date:</b></p> <ul style="list-style-type: none"> <li>• 08/25/85</li> <li>• 08/25/86</li> <li>• 08/13/87</li> <li>• 08/22/89</li> <li>• 08/15/90</li> <li>• 10/01/91</li> <li>• 02/24/94</li> <li>• 07/01/95</li> <li>• 08/19/96</li> <li>• 04/01/98</li> <li>• 05/27/99</li> <li>• 08/17/00</li> <li>• 08/17/01</li> <li>• 07/16/03</li> <li>• 09/17/04</li> <li>• 12/01/05</li> <li>• 02/20/07</li> <li>• 06/19/07</li> </ul> <p><b>Next review date: 6/19/10</b> (three years from most recent revision/review date)</p>
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COLLEGE OF MEDICINE  
THE UNIVERSITY OF TOLEDO

UT/College of Medicine  
Third Year Required Clerkships and Fourth Year Elective Clerkships

EXCUSED ABSENCE REQUEST FORM

Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

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

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

Telephone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_ Pager: ( ) \_\_\_\_\_

Request from:	
Day(s): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Date: _____ Time: _____
Through:	
Day(s): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Date: _____ Time: _____

Clinical Site:  \_\_\_\_\_  
AHEC Site:  \_\_\_\_\_  
Other Site:  \_\_\_\_\_

Other scheduled activities that will be / have been missed:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for absence:  
\_\_\_\_\_  
\_\_\_\_\_

*I understand that I am responsible for all clerkship/curriculum content during my absence, and it is MY responsibility to contact the clerkship coordinator to find out what the requirements are to make-up my time missed.*

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

<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove – Reason: _____ _____
Approval Signature _____	Date _____