


<p>Name of Policy: Required clerkships scheduling changes</p> <p>Policy Number: 3364-81-04-012-07</p> <p>Approving Officer: Dean, College of Medicine</p> <p>Responsible Agent: Associate and Assistant Deans for Undergraduate Medical Education</p> <p>Scope: All University of Toledo Campuses</p>	 <p>Effective date: 04/22/07</p>				
<table border="0"> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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- (A) Policy statement
- (B) Purpose of policy
- (D) Procedure

The process for modifying third and fourth year scheduled required clerkships is as follows:

1. Complete the Request for Modification of Required Clerkship Form, on which you will put in writing your reason(s) for requesting a change in schedule. Schedule a meeting with the Associate Dean for Student Affairs to discuss the request. This process should be initiated no later than 35 days prior to the beginning of the required clerkship. Note that schedule changes will not be granted for reasons of convenience.
2. If the request is approved in principle, the Associate Dean for Student Affairs will notify the Registrar's Office. Following approval, the student must complete the necessary paperwork in the Registrar's Office who will attempt to implement the request by consulting with the appropriate clerkship department. Formal approval of a request to modify a required clerkship schedule only guarantees that a request to postpone a rotation will be granted. There is no guarantee that the exact request for a change in schedule will be able to be implemented.
3. Drop and Add forms must then be submitted to the appropriate clerkship offices for approval.

Consequences of Postponing a Required Clerkship to the Fourth Year

1. Students will be subject to the grading policies in the academic year they take any postponed clerkship.
2. Rescheduling any postponed clerkship is done on a randomized basis because there are limited slots for fourth year students in third year clerkships. Students who postpone a required clerkship into the fourth year must complete the clerkship before the end of December in their fourth year, unless space prohibits, in which case students will be

assigned to complete the postponed clerkship no later than the end of March of their fourth year.

3. Students who postpone required clerkships must understand that many fourth year clerkships have successful completion of ALL third year clerkships as a prerequisite; as a result, they will not be able to schedule those clerkships (e.g., GIM, Heart Station, General/Trauma Surgery, Plastic Surgery, Urology, etc.).
4. Postponing a required clerkship to the fourth year may affect the total number of points toward AOA and class ranking.

Site Assignments

1. Assignments for required clerkships will be at the University Medical Center and other UTCOM associated institutions, including the Area Health Education Centers, Riverside Methodist Hospital in Columbus, Ohio and Henry Ford Health System in Detroit, Michigan.
2. Students may be offered the opportunity to request a specific site where they wish to do their required clerkships. However, the final assignments are made by the clerkship offices, and these assignments are final.
3. In the event of extreme hardship, it may be possible for students to request to do required clerkships at a facility not affiliated with University of Toledo College of Medicine. Authorization and approval by the appropriate clerkship director, with concurrence by the Associate Dean for Clinical Undergraduate Medical Education and the Associate Dean for Student Affairs, is required.

<p>Approved by:</p> <p>Jeffrey Gold, M.D.</p> <p>_____</p> <p>Name</p> <p>Dean, College of Medicine</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Date</p> <p><i>Review/Revision Completed by:</i></p>	<p>Policies Superseded by This Policy:</p> <p>None</p> <p>Initial effective date: 08/25/1985</p> <p>Review/Revision Date:</p> <ul style="list-style-type: none"> •08/25/86 •08/13/87 •08/22/89 •08/15/90 •11/19/91 •02/24/94 •07/01/95 •08/01/96 •08/17/00 •08/18/03 •09/17/04 •04/22/07 <p>Next review date: 04/22/2010 (three years from most recent revision/review date)</p>
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