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 Dean for Medical Education 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.

Purpose of policy

Since attendance is expected and part of professional growth of students, this policy outlines the rationale, procedure and implication of excused and unexcused absences.

Scope

This policy applies to medical students in the clinical portion of the M.D. program in the College of Medicine and Life Sciences.

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 Dean for Medical Education 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) In case of student participation in a national or regional meeting and/or conference
related to academic or scholarly activity, permission may be granted after approval by the
Associate Dean of Medical Education and the clerkship director. The approval process
needs to be completed at least 10 weeks prior to the beginning of the clerkship.

4) 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.

5) 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.

6) 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.

7) All clerkship offices will submit a log of absences (excused and unexcused) to the Office
of Medical Education at the end of each clerkship.

8) Third year electives are considered part of the required curriculum.

9) If the total number of excused or unexcused absences exceed 10 days for the academic
year, an automatic review will be undertaken by the Associate Dean of Medical
Education, Professionalism and Diversity.
### Approved by:

Ronald McGinnis, M.D.
Interim Dean of the College of Medicine & Life Sciences

4-1-14

Date

### Review/Revision Completed by:

Executive Curriculum Committee
Clinical Curriculum Committee

### Policies Superseded by This Policy:
None

### Initial effective date: 08/25/85

### Review/Revision Date:
- 08/25/85
- 08/25/86
- 08/13/87
- 08/22/89
- 08/15/90
- 10/01/91
- 02/24/94
- 07/01/95
- 08/19/96
- 04/01/98
- 05/27/99
- 08/17/00
- 08/17/01
- 07/16/03
- 09/17/04
- 12/01/05
- 02/20/07
- 06/19/07
- 4/26/11
- 3/25/14

Next review date: 3/25/17 (three years from most recent revision/review date)
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): ☐ Monday ☐ Tuesday ☐ Wednesday Date: ____________ Time: __________
☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Return Date:
Day(s): ☐ Monday ☐ Tuesday ☐ Wednesday Date: ____________ Time: __________
☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

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 ____________

☐ Approve ☐ Disapprove – Reason: ____________________________

Approval Signature ____________________________ Date ____________