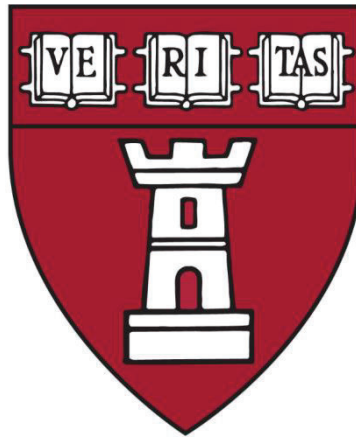


# HARVARD SCHOOL OF DENTAL MEDICINE



## STUDENT HANDBOOK 2019-2020

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*Harvard School of Dental Medicine*

## **Mission**

*The mission of the Harvard School of Dental Medicine (HSDM) is to develop and foster a community of global leaders dedicated to improving human health by integrating dentistry and medicine at the forefront of education, research and patient care.*

## **Vision**

*Its vision is to transform dentistry by removing the distinction between oral and systemic health.*

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HSDM Policy on Children in the Workplace

#### PLEASE NOTE:

At times, a mid-year review of academic, financial, or other considerations may lead to changes in policies, rules, and regulations. Harvard School of Dental Medicine therefore reserves the right at any time to make changes to the Student Handbook that may affect such matters as tuition and other fees, degrees and programs offered (including the modification or possible elimination of degrees and programs), degree and other academic requirements, academic policies, rules pertaining to student conduct and discipline, fields or areas of concentration, and other rules and regulations applicable to students.

# ACADEMIC INFORMATION

## EDUCATIONAL PROGRAMS

Doctor of Dental Medicine Program

- Doctor of Dental Medicine Degree (DMD)

Advanced Graduate Education

- Doctor of Medical Science Degree with specialty training (DMSc)
- Doctor of Medical Science Degree without specialty training (DMSc)
- Master of Medical Science Degree with specialty training (MMSc)
- Certificate - specialty training with ODP (Other Degree Program)
- Certificate Programs (Non -Degree)

## DMD DEGREE PROGRAM

### *Preclinical Education*

The philosophy of dental education at the Harvard School of Dental Medicine (HSDM) is that dentistry is a specialty of Medicine. Therefore, during the first twelve months of the DMD program, students in the Pathways curriculum will study the preclinical basic sciences and pathophysiology at Harvard Medical School. In addition to their biomedical training, DMD students also begin their study of oral health at HSDM in Year 2. The courses at both the Medical School and Dental School are taught in innovative flipped classroom and case-based collaborative formats. By the end of the second year, DMD students have a solid foundation in preclinical medicine and dentistry.

### *Clinical Education*

The third year of training at HSDM is an intensive one devoted exclusively to the development and refinement of diagnostic and clinical skills. Didactic training takes place in a series of interdisciplinary blocks where dental and oral health problems are integrated with clinical instruction. Clinical training, based on comprehensive patient care, is woven longitudinally through each of the sequential course blocks. In addition, students prepare a formal presentation of a case of his or her choice.

The fourth year of training focuses on enhancing clinical skills and competencies both inside and outside of the dental school environment. With a focus on providing patient-centered comprehensive care, students are required to complete a number of cases of differing levels of complexity in the Case Completion Curriculum. Students participate in a number of required externships at Harvard affiliated institutions including a 12 week General Dentistry rotation at a Community Health Center, a 4 week oral surgery rotation at Boston Children's Hospital or MGH, and a 12 week Comprehensive Care rotation at HSDM. In addition, students may participate in elective rotations such as Pediatric Dentistry, Orthodontics, Implant Dentistry, Dental Public Health, General Dentistry, Oral Medicine or medical clerkships. When not participating in a required or elective rotation, students will treat patients in the HSDM Comprehensive Care Clinic. All students are also required to present a completed case of his or her choice during the fourth year. The result of this comprehensive, interdisciplinary clinical training is that students reach a solid level of competency in all areas of clinical general dentistry including Oral Diagnosis, Oral Radiology, Treatment Planning, Pain Control, Endodontics, Operative Dentistry, Periodontics, Prosthodontics (Complete, Fixed, and Removable), Oral Surgery, Orthodontics, and Pediatric Dentistry.

Elective time in Year 4 can be a valuable component of the educational experience. Elective rotations are not required and must be approved in advance by the student's Senior Tutor and the Associate Dean for Dental Education. To schedule an elective rotation, students must complete a Rotation Request Application which provides information on the type of rotation, dates of attendance, site location and director. This form will be reviewed by the Office of Dental Education (ODE) and permission to pursue the rotation will be granted or denied based upon the academic justification of the rotation, the student's general level of progress or

readiness, and the compatibility of the rotation with the student's schedule of required rotations for the year. An evaluation of performance will be expected from the person coordinating the elective rotation so that students can receive credit for each rotation.

### **Research Training**

In addition to didactic and clinical training, research is a required component of the HSDM curriculum. Students will learn to critically read scientific literature, design studies, and analyze data. The research program culminates in a "hands on" research experience for each student, resulting in a written paper and formal presentation at Student Research Day. Detailed information about the predoctoral research program is provided by the Office for Research.

## **RESEARCH REQUIREMENTS AND HONORS**

All DMD students at HSDM must complete a scholarly project as part of their graduation requirement. Students who wish to gain additional research experience may elect to complete additional requirements and apply for honors in a special field research, a degree designation that is granted upon the evaluation of the project and recommendation by the Research Committee and approval by the Committee on Promotions.

To be considered for Honors in a Special Field Research, a student must complete the following additional requirements:

1. Completion of a comprehensive research project
2. Written research thesis or manuscript
3. Thesis defense presentation

Students should refer to the DMD Research Guidebook for detailed information regarding their requirements.

## **STANDARDIZED EXAMINATIONS**

### **National Board Dental Examinations**

DMD degree candidates must pass Parts I and II of the NBDE in order to graduate. Please refer to the ADA website for the policies, timelines and fees for Parts I and II of the Boards. Both Part I and Part II are computer-based exams and require submissions of an on-line application and an appointment at a testing center to take the actual exam. Student eligibility and application approval for Parts I and II is granted by the Office of Dental Education. Please contact the Office of Dental Education for more information.

### **NBDE Part I**

- For Class of 2021, NBDE Part I must be taken during the break following the Oral System Sciences/Principles of Oral Health/Scholarship in Oral Health courses.
- Failure to take the examination prior to the start of Diagnosis, Treatment Planning and Prevention (DTP) or to pass the examination may impede a student's transition into the clinical curriculum.
- Students MUST inform Dr. Park in writing prior to February 1 if there is a reason they will be unable to take this examination during the specified period: Sang\_Park@hsgm.harvard.edu or 617-432-4247.

### **Failure of NBDE Part I**

- A minimum of 90 days must separate a candidate's reexamination on the NBDE Part I. NBDE Part I candidates who have not passed an examination after three attempts will be required to wait 12 months after their third attempt before they can apply for Re-examination. After the 12-month waiting period has lapsed, a new cycle will apply. Candidates are encouraged to seek formal remediation before reexamination. Under the JCNDE's 5 Years/5 Attempts Eligibility Rule, candidates must pass

the examination within a) five years of their first attempt or b) five examination attempts, whichever comes first.

- Students at HSDM who do not pass Part I of the NBDE will not be promoted to the 3rd year and will not be permitted to assume patient care responsibilities. This may result in delay in completing the program or graduation.

## **NBDE Part II**

- Must be taken between the end of Year 3 (July) through mid-December of Year 4.
- Students will be eligible to take the exam upon submitting the Integrated Comprehensive Exam (ICE) Acknowledgement form.
- Failure to take the NBDE Part II by the end of December of Year 4 or to pass the examination may impede a student's progress in the fourth year curriculum and may result in a delay of graduation and a delay in the dental licensure process.
- Students MUST inform Dr. Park in writing before the start of the exam period if there is a reason they will be unable to take this examination during the specified time. Sang\_Park@hsdm.harvard.edu or 617-432- 4247.

## ***Failure of NBDE Part II***

- A minimum of 90 days must separate a candidate's reexamination of the NBDE Part II. NBDE Part II candidates who have not passed an examination after three attempts will be required to wait 12 months after their third attempt before they can apply for reexamination. After the 12-month waiting period has lapsed, a new cycle will apply. Candidates are encouraged to seek formal remediation before reexamination. Under the JCNDE's 5 Years/5 Attempts Eligibility Rule, candidates must pass the examination within a) five years of their first attempt or b) five examination attempts, whichever comes first. This applies to examination attempts occurring on or after January 1, 2012. Examination attempts occurring prior to this date are not considered under this regulation.
- Students at HSDM who do not pass Part II of the NBDE before the last promotions meeting in May will not be permitted to graduate from the DMD program.

Please click here (<http://www.ada.org/en/jcnde/examinations/nbde-general-information>) for information about the exam and registration process.

## **Comprehensive Exams**

HSDM does not require students to take the Commission on Dental Competency Assessments Exam or any other licensure examination in order to graduate. However, all students must take and pass School-administered Comprehensive Examinations, regardless of whether or not they intend to take the actual CDCA exam. Students may not take other regional board exams (e.g. the Western Regional Board Exam) prior to passing the HSDM Comprehensive Exams. Approval to take other (non-CDCA) regional board exams will be given only after all sections of the Comprehensive Exams have been passed.

## **The Commission on Dental Competency Assessments (CDCA)**

Although not required for graduation, HSDM does permit the Commission on Dental Competency Assessments (CDCA) to be administered at the School. The Curriculum Integrated Format (CIF) CDCA is offered, with manikin sections of the exam administered in the fall of Year 4, and the patient- based portions of the exam offered in the spring. Students must apply to take the CDCA in the summer prior to Year 4. Comprehensive Exams (see above) are administered approximately 6 weeks prior to the fall and spring CDCA test dates. In the event that a student must retake a portion of the Comprehensive Exam, the deadline for retaking and passing the makeup exam is 14 days prior to the actual CDCA test date. The School will withdraw

from the CDCA any student who fails to pass all sections of the Comprehensive Exam by this deadline. Students withdrawn from the CDCA for academic reasons forfeit the examination fees paid to the Commission on Dental Competency Assessments.



## **DMD CURRICULAR OPTIONS**

Harvard School of Dental Medicine offers students in the DMD program the ability to pursue approved alternative curricular tracks, fellowships and joint degree programs. **Prior to applying for an alternative curricular track or program**, a student must first petition the Committee on Promotions for eligibility and approval. There are certain points within the DMD curriculum that lend themselves to stepping out of the program to pursue an alternative curricular track or special program. In order to avoid a significant disruption in the continuity of patient care, **students are not permitted to step out of the DMD program between the third and fourth year of the program**. The Associate Dean for Dental Education in conjunction with the Committee on Promotions will provide guidance on appropriate times within the DMD curriculum to step out to pursue alternative programming.

### **FIVE YEAR PROGRAM**

In September, 1999 the Curriculum Committee of the Harvard School of Dental Medicine approved a proposal to provide individual students the opportunity to fulfill their DMD degree requirements over a period of five, rather than four academic years. The optional additional year is intended to enable such students to include a significant enrichment experience as part of their educational program. The Office of Dental Education has developed the following guidelines for the optional Five Year DMD.

#### **Acceptable Activities for Enrichment Year**

Typical activities in which students might participate include research, community service, international health initiatives, and public health or public policy programs.

#### **Program Time and Duration**

It is expected that the enrichment program will last a minimum of 10 months and a maximum of 12 months, depending on the curriculum year in which the student is enrolled. Specific dates for departure and return will be established at the time the student's request is reviewed and approved.

#### **HSDM Oversight**

Dr. Sang Park, Associate Dean for Dental Education, is responsible for coordinating the Five Year Curriculum and for overseeing students who are enrolled in this option.

#### **Application and Review Process**

Students must be in good standing to be eligible to apply for the Five Year DMD. All Unsatisfactory or Incomplete work must be made up before the request for a Five Year DMD Curriculum will be considered. A written request to change to the Five Year Curriculum must be submitted to Dr. Park who will present the request to the Committee on Promotions for review. The Proposal must include information about the intended activity, sponsorship, location, duration, and supervision. Documentation from the student's sponsor or mentor should accompany the Proposal. Applications will be considered at the March and April meetings of the HSDM Committee on Promotions for programs beginning during the summer. Students will be notified of the Committee on Promotions' decision within seven days of the review.

#### **Academic Requirements**

An evaluation by the mentor or sponsor is required for all students pursuing the Five Year Curriculum. In addition, the student must provide documentation of their efforts.

#### **Other Programs:**

Students pursuing enrichment experiences in community service, international health, public health, public policy, etc. must submit a written report about their work and may present the work at an appropriate forum.

#### **HSDM Transcript**

Transcripts for Five Year Curriculum students will include a heading of Enrichment Year with a brief description of the activity pursued and, if appropriate, an evaluation (grade) for the work. Grading will be Honors/Pass/Fail.

#### **Enrollment Status**

While pursuing the Enrichment Year, students will be considered on leave from HSDM.

### **Financial Considerations**

- **Payment of Tuition:** During the enrichment year, Students pursuing the Optional Five Year Curriculum will be charged a Facilities Fee (significantly reduced tuition). Health fees will be charged for each year in which a student maintains a status of “Registered”.
- **Support for Enrichment Year:** Financial support for enrichment activities may be provided by the student’s mentor or sponsoring agency. Students are encouraged to apply for financial support to help offset tuition and living costs for the year. Financial aid may be available for students whose resources are insufficient to meet their anticipated expenses. The HSDM Financial Aid Director is available to assist students with the application process.

## **GLOBAL AND COMMUNITY HEALTH TRACK**

The Global and Community Health Track provides students with the opportunity for curricular and extracurricular activities in global and community health throughout the four year DMD program. The goal of this track is to provide DMD students with the tools necessary to become leaders in global and community health.

Admittance to the Global and Community Health Track is by application through the Office of Global and Community Health. Students may apply to the track between their first and third years in the DMD program. Students must be in good academic, clinical, and professional standing, as verified by the Promotions Committee, in order to be eligible to apply for this track. Students interested in pursuing this track must declare their intent to the Office of Global and Community Health by November 1<sup>st</sup> of the 2<sup>nd</sup> or 3<sup>rd</sup> year in the DMD program.

This track requires that students: complete coursework; develop a scholarly project on a subject related to a core issue of global and/or community health under the supervision of a faculty sponsor; and write an original thesis based on the scholarly project that makes a unique contribution to the field. Students must enroll in two elective global and community health courses, which may include DH501 Career Development in Global and Community Health, SDM, the Global Health Extension Course- Perspectives in Costa Rica, or equivalent as approved by the Office of Global and Community Health. Students may take additional Harvard graduate level courses to enhance their experience as their schedule allows. Students also will develop a scholarly project. Once the course requirements are met and the scholarly project is completed, students must begin developing their thesis, which is an original and in- depth piece of writing that describes the scholarly project and incorporates principles learned from the required track courses to produce a unique contribution to the field. Input from the faculty sponsor and other faculty members should be actively sought during the development of the scholarly project and thesis. The Office of Global and Community Health will provide students with the deadline for submission of the thesis.

Participants in the track will be designated as Global and Community Health Fellows. They will help plan the Global and Community Health Seminar series, assist faculty with research, serve on relevant university committees and help raise awareness around HSDM and the university of global and community oral health issues.

### **Research Honors in Global and Community Health**

Exceptional theses may be selected for thesis defense and considered for Research Honors in Global and Community Health. Students must submit the thesis to the Global and Community Health Honors Committee. If approved for defense, the thesis will be reviewed by two expert readers in the field as approved by the Office of Global and Community Health and the Office of Research.

Thesis defense will be scheduled during March and April and may be scheduled with short notice at any time during that period, including vacation weeks. Students should be prepared for their thesis defense from the date of the thesis submission. The completion of a defense does not guarantee honors will be granted, even if all requirements have been met. The Global and Community Health Honors Committee will evaluate projects and make recommendations for honors to the Committee on Promotions, which will grant or deny honors.

Participants who meet all requirements will be notified by the Office of Global and Community Health and will receive a designation on their official transcript indicating that they have completed the track.

## **HEALTH SCIENCES AND TECHNOLOGY (HST) PROGRAM**

The HST curriculum is oriented toward students with a declared interest in a biomedical research career or a strong interest and background in quantitative or molecular science. It is particularly appropriate for students who are planning interdisciplinary research careers in academic medicine or dentistry. The approach is quantitative and rigorous and emphasizes modern biology, biotechnology, engineering, and physical sciences.

### **Application**

Prospective students with strong backgrounds in math, physics, the engineering sciences and/or the biological sciences may be potential candidates for the HST/DMD program. Applicants who have received an offer of admission to HSDM may be considered for admission to the HST program. These individuals should inform the HSDM Admissions Office of their interest in the HST curriculum. HSDM will forward a copy of the applicant's admissions folder to the HST Office for preliminary screening. Candidates who are considered potentially suitable for HST will be invited to return to Harvard to meet with HST faculty and students. Acceptance to the HST track rests with the HST Division.

### **The HST Curriculum**

The curriculum is designed to emphasize basic and quantitative understanding of modern biomedical sciences and pathophysiologic processes and a fundamental approach to important concepts in modern biology and biotechnology. Preclinical courses are conducted at both Harvard Medical School and MIT, separate from those of the other academic Societies, and are organized in semester format to interface easily with the academic schedules of Harvard University and MIT. A variety of pedagogical approaches are employed including lectures, clinical-pathological conferences, small group discussions and other forms of interactive instruction. The curriculum is dynamic and innovative, and student input is vital to its evolution. The small class size of approximately forty students facilitates productive interaction among students and faculty. Following completion of the core basic science phase of the curriculum, DMD/HST students join students in the other Societies for their clinical dentistry training.

It should be noted that scheduling of the HST basic science courses and the HSDM preclinical basic science course blocks, may require more than two years. It is not uncommon for HST students to spend 3 years completing this phase of the curriculum. The extra time also allows the student to devote significant time to research, a curricular requirement for both the DMD and HST programs.

### **Research**

HST students complement their classroom and laboratory exposure to the cutting edge of modern biomedical, physical and engineering sciences with ample opportunities to participate in research in leading laboratories at MIT, and at Harvard and its affiliated hospitals.

As a requirement for graduation, every HST student must present evidence of scholarly work in the form of a thesis based on laboratory research, clinical investigation or, under special circumstances, critical analysis of a significant medical problem. A written thesis proposal must be submitted by October of the second year, and the thesis in final form by the first Monday in February of the year of graduation.

### **Curricular Options**

As noted previously, students who desire to allocate a larger fraction of their time to research than is possible in the nominal four-year program may extend the DMD/HST program to five or more years. Faculty advisors provide guidance in the choice of courses and in the pursuit of independent study.

In pursuit of advanced study, HST MD or DMD students may become candidates for the Master of Science degree from MIT or a Master of Medical Sciences degree from Harvard Medical School or HSDM. The HST Division encourages and facilitates such combined degree programs, but the pursuit of a combined degree is not a Division requirement.

## **DMD/MBA PROGRAM**

In recognition of the critical need for leaders educated in the intellectual disciplines and practices of dental medicine and management, Harvard School of Dental Medicine (HSDM) and Harvard Business School (HBS) established the DMD/MBA program and enrolled its first students in the fall of 2005.

The program's mission is to develop outstanding leaders in Oral Health, skilled in both the practice of dental medicine and management, to take positions of influence through which they will contribute substantially to the health and well-being of individuals and society.

The DMD/MBA program educates prospective leaders of a wide range of health care organizations, such as those that finance and deliver health services as well as those that develop and market pharmaceuticals, dental technology, and other health-related products. DMD/MBA graduates are expected to provide the informed leadership necessary for innovation and progress at the intersection of oral health and business.

Candidates interested in pursuing this program should contact Dr. Sang Park, Associate Dean of Dental Education at Park, [sang\\_park@hsdm.harvard.edu](mailto:sang_park@hsdm.harvard.edu).

## **SATISFACTORY ACADEMIC PROGRESS WITHIN THE DMD PROGRAM**

Federal law and regulations require that all students receiving financial assistance maintain satisfactory academic progress (SAP), defined as the successful completion of degree requirements according to established increments that lead to awarding the degree within published time limits. The following policy delineates the standards for SAP at HSDM, which *apply to all matriculated students, regardless of whether they are recipients of financial aid.*

The academic and clinical requirements for the DMD degree include the satisfactory completion of the preclinical education at HMS and HSDM and the clinical education at HSDM and off-site externships. The progress of each student working towards the DMD degree is monitored carefully, and the determination of satisfactory academic progress is reviewed annually. At the end of each academic year, students must have academic standing consistent with HSDM's curricular and graduation requirements.

### **QUALITATIVE MEASURES OF SAP**

Each student at HSDM is required to complete successfully all of HSDM's required courses, examinations, clinical experiences, and scholarly projects in order to graduate with the DMD degree. Please refer to the policies on *Academic Performance* for more information on grading and examinations.

### **MAXIMUM TIME FRAME**

The normal timeframe for completing the DMD coursework is four academic years. Due to academic or personal difficulties or scholarly enrichment activities, a student may require additional time. In such situations, an academic plan may be established for the students that departs from the norm and that may require the repetition of all or a part of a year of study. The maximum time permitted for completion of the DMD degree is six years of enrollment in the DMD program. Inclusive of any leaves of absence, a student must complete the requirements of the DMD program within 10 years of the time of matriculation.

### **SAP AND LEAVES OF ABSENCE**

A student may be granted a voluntary or placed on involuntary leave of absence during their course of study at HSDM. The period of approved or mandated leave may be excluded from the maximum enrolled time frame in which an individual student will be expected to complete the program. Under no circumstances will a student be permitted more than 10 years, from the time of matriculation, to complete the requirements of the DMD program, including leaves of absence. See the *Leave of Absence* policy for additional information concerning leaves of absence.

### **REVIEW AND NOTIFICATION OF LACK OF SAP**

During the annual review of a student's SAP by the HSDM Committee on Promotions, progression to the next academic year is based upon a review of all grades, including withdrawals, incompletes, and unsatisfactory grades. Any student who has not achieved a minimum of a passing or satisfactory grade in all required courses cannot progress to the next year.

The HSDM Committee on Promotions, in consultation with the Registrar, will notify annually in writing all students who have not met the standards for SAP outlined above. The notification will indicate the nature of the deficiency, any methods that may be available for correcting the deficiency, and any consequences that have resulted or may result, such as monitored academic status (MAS), academic probation, or withdrawal. A student who fails to meet one or more of the standards for SAP (qualitative and/or time frame) is ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met, pending the results of the appeal process, outlined below. A designation of MAS can occur for a variety of reasons, and does not necessarily affect SAP if the student is still progressing towards the degree.

### **APPEALS**

Eligibility for continued financial aid will only be re-established if the student subsequently meets SAP requirements, or if the student successfully appeals the decision to the Committee on Promotions. Please

refer to the *Procedures for Consideration of Academic and Clinical Performance* for more information regarding the appeal process.

### **FINANCIAL AID PROBATION**

If an appeal has been approved, a student is placed on academic probation and is eligible for financial aid. The Committee on Promotions, in conjunction with the student, will develop an academic plan for the student that, if followed, will ensure that the student is able to meet HSDM's SAP standards within a defined time period, typically an academic year. The student is eligible for financial aid during the time frame stated in the academic plan. At the end of the time period stated in the academic plan, the student must have met the SAP standards. A student who does not comply with each SAP standard by the end of the probationary period is suspended from financial aid eligibility. A student shall be reinstated for financial aid eligibility when he or she has satisfactorily completed sufficient coursework to meet the standards of progress within the maximum time frames delineated above.

Note: A student who has lost eligibility for financial aid due to deficiencies in SAP cannot automatically regain eligibility by paying tuition for a semester or by sitting out a term. Eligibility may be regained only by eliminating all SAP deficiencies at the student's expense until all requirements of this policy are met.

### **WITHDRAWAL**

Students who have withdrawn from HSDM are not making SAP and are not eligible to receive financial aid.

### **ENFORCEMENT**

The Offices of the Registrar and Financial Aid as well as the Committee on Promotions shall have collaborative responsibility for monitoring and enforcing SAP. The HSDM Registrar will notify the Committee on Promotions at regular intervals of any students who are not making SAP. The Committee will determine whether academic sanctions are warranted and will inform the student of any such sanctions. The Financial Aid Office will inform any student whose financial aid has been affected.

## **ADVANCED GRADUATE EDUCATION PROGRAMS**

The Harvard School of Dental Medicine (HSDM) has a long standing commitment to advanced graduate education and to preparing clinical scholars for leadership careers in general and specialty practice, as well as research, teaching and administration. A variety of programs of differing lengths and degrees of formality are offered in order to facilitate this objective and the realization of individual career goals. Specialty and advanced graduate training programs at HSDM and the hospital-based residency programs consist of four components: clinical training and patient care; didactic coursework; teaching experience and research training.

### **Clinical Training**

Clinical aspects of specialty training programs are under the direct guidance of the Program Director who is responsible for facilitating the student's acquisition of high level diagnostic and technical skills. All clinical specialty training programs at HSDM satisfy the educational requirements of the appropriate specialty board.

### **Didactic Component**

Formal coursework and seminars are required for certificate and degree candidates at HSDM. Considerable variation exists in the selection of courses depending upon a student's career goals and upon the specific program in which the student is enrolled.

### **Teaching Responsibilities**

HSDM Advanced Graduate programs require a limited amount of teaching in the Student Teaching Practice or in problem-based tutorials. Please refer to the respective program directors for more information.

### **Research Training**

HSDM considers the generation of new knowledge to be an integral part of the training of future leaders in the field of dental medicine. In recognition of this goal, research is a required component of advanced graduate education programs at HSDM. Research is not restricted specifically to dental topics, but more broadly includes work in any field of biomedical science or health care delivery research including biostatistics, epidemiology, public health and public policy. The research programs for Doctor of Medical Sciences and Master of Medical Sciences candidates are described on the following pages.

### **Other Degree Programs**

Students may not be concurrently enrolled in more than one advanced graduate degree or certificate program, either at HSDM or elsewhere.

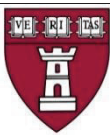
On occasion, students initially accepted into a DMSc or MMSc degree program with clinical training may decide that a different Harvard degree (e.g. MPH from Harvard School of Public Health) would better suit their educational goals. Students seeking to make this programmatic change must first apply and be accepted by the other Harvard school. Once this has happened, the student must petition the Committee on Advanced Graduate Education to pursue the other degree program in lieu of the HSDM degree.

### **Non-Degree Certificate Training Programs**

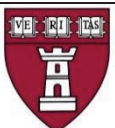
Requirements for these programs vary from one to another. Students should consult with their Program Directors for specific guidance.



## AY 2019-20 Advanced Graduate Education Oral Biology Degree Requirements

	<b>DMSc Degree Combined With Certificate</b> <i>(Expected Program Length: 4 Years)</i>	<b>DMSc Degree Only: Research Academy</b> <i>(Expected Program Length: 3 Years)</i>	<b>MMSc Degree Combined With Certificate</b> <i>(Expected Program Length: 3 Years)</i>
<b>Minimum # Credits Required to Graduate</b>	<b><u>34 credits</u></b> <i>including the following:</i>	<b><u>24 credits</u></b> <i>including the following:</i>	<b><u>22 credits</u></b> <i>including the following:</i>
<b>OBXX:</b> HSDM Oral Biology Core Courses	12 credits minimum	4 credits minimum	12 credits minimum
<b>XREG:</b> Graduate Level Elective Courses taken at other Harvard Schools or MIT	12 Basic Science credits minimum	12 Basic Science credits minimum	4 Basic Science credits minimum
<b>OB608:</b> Graduate Head and Neck Anatomy	Yr. I Summer Course, 3 credits <i>(Except Dental Public Health)</i>	Not Required	Yr. I Summer Course, 3 credits <i>(Except Dental Public Health)</i>
<b>OHPE751:</b> Biostatistics	1 course 3 credits minimum	1 course 3 credits minimum	1 course 3 credits minimum
<b>IDP604:</b> Foundations for the Advanced Dental Practitioner	Must be taken in Yr. I 3 credits	Not Required	Must be taken in Yr. I 3 credits
<b>IDP602:</b> Fundamentals of Research	Must be taken in Yr. I 1 credit	Must be taken in Yr. I 1 credit	Must be taken in Yr. I 1 credit
<b>IDP600, IDP700, IDP800 &amp; IDP900:</b> AGE Research Seminar Series	Must be taken each year of enrollment	Must be taken each year of enrollment	Must be taken each year of enrollment
<b>IDP500, IDP501 &amp; IDP502:</b> Interdept. Multidisciplinary Case Presentation Seminars	Required in all 3 clinical years <i>(Except Geriatrics, Dental Public Health, Oral Path., &amp; Oral Med.)</i>	Not Required	Must be taken each year of enrollment <i>(Except Geriatrics, Dental Public Health, Oral Path., &amp; Oral Med.)</i>
<b>PD500:</b> Oral Qualifying Exam	Must be taken by end of Yr. II	Must be taken by end of Yr. I	Not Required
<b>IND700:</b> Thesis Proposal	Required	Required	Required for class entering in 2019
<b>IND800:</b> Thesis Defense	Required	Required	Required for class entering in 2019
<b>Research Day</b>	Attendance & Presentation Required	Attendance & Presentation Required	Attendance & Presentation Required
<b>Additional Program Specific Requirements</b>	Program Specific Courses and Research Requirements as determined by Program Director	Select additional elective courses with research mentor 4 credits minimum	Program Specific Courses and Research Requirements as determined by Program Director

## AY 2019-20 Advanced Graduate Education Dental Education Degree Requirements

	<b>MMSc Degree Combined With Clinical Certificate</b> <i>(Expected Program Length: 4 Years)</i>	<b>MMSc Degree Combined With DPH Certificate</b> <i>(Expected Program Length: 3 Years)</i>	<b>MMSc Degree only</b> <i>(Expected Program Length: 2 Years)</i>
<b>Minimum # Credits Required to Graduate</b>	<b><u>24 credits</u></b> <i>including the following:</i>	<b><u>24 credits</u></b> <i>including the following:</i>	<b><u>24 credits</u></b> <i>including the following:</i>
<b>XREG:</b> Graduate Level Elective Courses taken at other Harvard Schools or MIT	4 Electives in Education credits minimum	4 Electives in Education credits minimum	4 Electives in Education credits minimum
<b>OHPE751:</b> Biostatistics	1 course 3 credits minimum	1 course 3 credits minimum	1 course 3 credits minimum
<b>IDP604:</b> Foundations for the Advanced Dental Practitioner	Must be taken in Yr. I 3 credits	Must be taken in Yr. I 3 credits	Must be taken in Yr. I 3 credits
<b>IDP602:</b> Fundamentals of Research	Must be taken in Yr. I 1 credit	Must be taken in Yr. I 1 credit	Must be taken in Yr. I 1 credit
<b>IDP600, IDP700, IDP800 &amp; IDP900:</b> AGE Research Seminar Series	Must be taken each year of enrollment	Must be taken each year of enrollment	Must be taken each year of enrollment
<b>DE601, DE701:</b> Longitudinal Seminar Series in Dental Education	Required in Yr. 3 & 4	Required in Yr. 1 & 2	Required in Yr. 1 & 2
<b>DE700:</b> Mentored Project	Required each year of enrollment, 5 credits	Required each year of enrollment, 5 credits	Required each year of enrollment, 5 credits
<b>DE71X:</b> Macy's course I & II	Required, 8 credits	Required, 8 credits	Required, 8 credits
<b>DE602, DE702:</b> Dental Education Portfolio	Required in Yr. 3 & 4	Required in Yr. 2 & 3	Required in Yr. 1 & 2
<b>Research Day</b>	Attendance & Presentation Required	Attendance & Presentation Required	Attendance & Presentation Required
<b>Additional Program Specific Requirements</b>	Program Specific Courses and Research Requirements as determined by Program Director	Program Specific Courses and Research Requirements as determined by Program Director	Program Specific Courses and Research Requirements as determined by Program Director
<b>IDP500, IDP501 &amp; IDP502:</b> Interdept. Multidisciplinary Case Presentation Seminars	Required in all 3 clinical years <i>(Except Geriatrics, Oral Path., &amp; Oral Med.)</i>	Not Required	Not Required
<b>OBXX:</b> HSDM Oral Biology Core Courses	Refer to Program Specific Requirements	Not Required	Not Required
<b>OB608:</b> Graduate Head and Neck Anatomy	Refer to Program Specific Requirements	Not Required	Not Required
<b>XREG:</b> Basic Science Graduate Level Elective Courses taken at other Harvard Schools or MIT	Refer to Program Specific Requirements	Refer to Program Specific Requirements	Not Required

# RESEARCH REQUIREMENT GRID

## 2019 Matriculating MSc Students

### COMPONENTS TO BE COMPLETED BY THE END OF YEAR 3:

- Coursework
- Select a Research Mentor/Design Project
- Select a Thesis Advisory Committee (with Research Office)
- Write Thesis
- Select a Thesis Defense Committee (with Research Office)
- Defend Thesis
- Submit Thesis Electronically
- Present at AGE Seminar Series
- Present at Student Research Day

YEAR 1	YEAR 2	YEAR 3
Fundamentals of Research (Fall)	Convene Thesis Advisory Committee (Fall)	Conduct Research (Fall/Spring)
Select Research Mentor/Design Project (Fall)	Conduct Research (Fall/Spring)	Convene Thesis Advisory Committee (Fall)
Thesis Advisory Committee Approval (Spring/Summer)	Conduct Research (Fall/Spring)	Finalize Thesis (Spring)
Thesis Proposal Approval (Spring)	Conduct Research (Fall/Spring)	Thesis Defense (Spring)
Attend AGE Seminar Series (Spring)	Attend AGE Seminar Series (Spring)	Present at AGE Seminar Series (Spring)
Attend Student Research Day (Spring)	Attend Student Research Day (Spring)	Present at Student Research Day (Spring)

## 2018, 2017 MSc Matriculating Students

### COMPONENTS TO BE COMPLETED BY THE END OF YEAR 3:

- Coursework
- Complete Program-Specific Research Requirements
- Present at AGE Seminar Series
- Present at Student Research Day

YEAR 2	YEAR 3
Conduct Research (Fall/Spring)	Complete Program Requirements (Fall/Spring)
Attend AGE Seminar Series (Spring)	Present at AGE Seminar Series (Spring)
Attend Student Research Day (Spring)	Present at Student Research Day (Spring)

# RESEARCH REQUIREMENT GRID

## DMSc Students

### COMPONENTS TO BE COMPLETED BY THE END OF YEAR 4:

- Coursework
- Select a Research Mentor/Design Project
- Select a Thesis Advisory Committee (with Research Office)
- Conduct Research
- Write Thesis
- Select a Thesis Defense Committee (with Research Office)
- Defend Thesis
- Submit Thesis Electronically
- Present at AGE Seminar Series
- Present at Student Research Day

YEAR 1	YEAR 2	YEAR 3	YEAR 4
Fundamentals of Research (Fall)	Thesis Advisory Committee Approval (Fall/Spring)	Convene Thesis Advisory Committee (Fall)	Convene Thesis Advisory Committee (Fall)
Select Research Mentor (Fall)	Thesis Proposal Approval (Fall/Spring)	Conduct Research (Fall/Spring)	Finalize Thesis (Spring)
Design Project (Fall)	Oral Qualifying Committee Approval (Spring)	Conduct Research (Fall/Spring)	Thesis Defense (Spring)
AGE Seminar Series (Spring)	AGE Seminar Series (Spring)	AGE Seminar Series (Spring)	AGE Seminar Series Present (Spring)
Student Research Day (Spring)	Student Research Day (Spring)	Student Research Day (Spring)	Student Research Day Present (Spring)

# TIMELINE FOR COMPLETION OF ADVANCED GRADUATE EDUCATION DEGREE REQUIREMENTS

Below is a general timeline for students pursuing the MMSc combined with Certificate, the MMSc in Dental Education, the DMSc combined with Certificate, the DMSc Only: Research Academy. More detailed information about specific exams and committees follows, and specific deadline dates for each academic year are published annually in the HSDM academic calendar.

## Year 1:

### **All Programs**

- Identify research mentor and project, and begin research
- Complete *IDP600 AGE Research Seminar Series*
- Complete *IDP602 Introduction to Research*
- \*Attend Student Research Day

### **MMSc - Dental Education**

- Complete *IDP604 Foundations for the Advanced Dental Practitioner*
- Complete *DE601 Dental Education Longitudinal Seminar Series I*
- Complete one Harvard Macy Course

### **MMSc and DMSc with Certificate**

- Complete *IDP604 Foundations for the Advanced Dental Practitioner*
- *IDP500: Interdepartmental Multidisciplinary Case Presentation Seminars* (see [degree table](#) for exclusions)

### **DMSc - Research Academy**

- Complete Required Core Coursework and Laboratory rotations

## Year 2:

### **All Programs**

- Complete *IDP700 AGE Research Seminar Series*
- Complete AGE Core Course Requirements
- \*Attend Student Research Day

### **MMSc - Dental Education**

- Complete *DE701 Dental Education Longitudinal Seminar Series II*
- Complete Mentored Research Project
- Complete one Harvard Macy Course

### **MMSc and DMSc with Certificate**

- *IDP501: Interdepartmental Multidisciplinary Case Presentation Seminars* (see [degree table](#) for exclusions)

### **DMSc with Certificate**

- Obtain approval from Program Director and AGE Director for composition of the Oral Qualifying Committee
- Complete *PD500 Oral Qualifying Exam* in spring

### **DMSc Research Academy**

- \*Obtain approval from Program Director and Director of Research for Thesis Advisory Committee
- \*Convene Thesis Advisory Committee by designated deadline for approval of research project
- Obtain approval from Program Director and AGE Director for composition of the Oral Qualifying Committee

### **Year 3:**

#### **MMSc with certificate**

- *IDP502: Interdepartmental Multidisciplinary Case Presentation Seminars* – Presentation Required (see [degree table](#) for exclusions)
- \*Submit abstract for Student Research Day presentation
- \*Attend and present research at HSDM Student Research Day
- Complete *IDP800 AGE Research Seminar Series* – Presentation Required

#### **DMSc with Certificate**

- *IDP502: Interdepartmental Multidisciplinary Case Presentation Seminars* – Presentation Required
- \*Obtain approval from Program Director and Director of Research for Thesis Advisory Committee
- \*Convene Thesis Advisory Committee by designated deadline for approval of research project
- Complete *IDP800 AGE Research Seminar Series* – Presentation Required
- \*Attend Student Research Day

#### **DMSc - Research Academy**

- Obtain approval from Program Director and Director of Research of Thesis Defense Committee
- \*Submit abstract for Student Research Day presentation
- \*Convene Thesis Defense Committee and Defend Thesis by graduation deadline
- Attend and present research at HSDM Student Research Day
- \*Submit final thesis by deadline Complete *IDP800 Research Seminar Series*

### **Year 4**

#### **DMSc with Certificate**

- Convene Thesis Advisory Committee mid to late fall
- \*Obtain approval from Program Director and Director of Research of Thesis Defense Committee
- \*Submit abstract for Student Research Day presentation
- \*Convene Thesis Defense Committee and Defend Thesis by graduation deadline
- Complete *IDP900 AGE Research Seminar Series*
- \*Attend and present research at HSDM Student Research Day
- \*Submit final thesis by deadline

\* Office for Research should be consulted with respect to Research Day, deadlines and due dates

# FUNDAMENTALS OF RESEARCH

The fundamentals of research course will expose students to the basic and clinical research that is being conducted at HSDM. It will also provide the students the necessary tools for developing a testable scientific hypothesis, design and critique a scientific experiment as well as organize and write a scientific paper. The course will also teach the students proper oral scientific presentation and communication. Students will be required to complete writing and group assignments, lesson quizzes and prepare a presentation. There are 14 mandatory sessions from 3:00 to 5:00 pm in REB Classroom 106. Course Instructors are Drs. Gili Naveh and Hawazin Elani and Dawn DeCosta is the administrative contact.

## SEPTEMBER 9, 2019

- Course introduction, objectives
- Philosophy of Science

## SEPTEMBER 16, 2019

- Scientific translation- from the lab to the bed side/chair side

## SEPTEMBER 23, 2019

- Ethics – scientific conduct of research, reliable presentation of results, human and animal studies – IACUC/IRB

## OCTOBER 7, 2019

- Literature search tools and endnote overview
- Overview of current laboratory research methods

## OCTOBER 21, 2019

- Panel – Basic Science PI's

## OCTOBER 28, 2019

- Panel – Clinical Research PI's

## NOVEMBER 4, 2019

- Hypothesis development – small groups session

## NOVEMBER 18, 2019

- Present and discuss the developed hypothesis in small groups

## NOVEMBER 25, 2019

- Experimental design and methods, scientific based dentistry with program directors

## DECEMBER 2, 2019

- Abstract writing
- Scientific communication, how to format a scientific presentation, how to give scientific feedback

## DECEMBER 9, 2019

- Student presentations (5-6 students)

## DECEMBER 16, 2019

- Student presentations (5-6 students)

## JANUARY 6, 2020

- Student presentations (5-6 students)

## JANUARY 13, 2020

- Student presentations (5-6 students)

## **AGE RESEARCH SEMINAR SERIES**

The AGE Research Seminar Series are held in the spring semester each year. Graduating DMSc students must present their research to their colleagues and faculty. Attendance is mandatory for all AGE students regardless if you are presenting or not. Students who are presenting must submit their abstract a week in advance and will prepare a 15-minute presentation. Course Instructors include: Drs. Jennifer Gibbs and Corneliu Sima. Dawn DeCosta is the administrative contact. Students will be evaluated on:

- Abstract quality and formatting
- Overview of the project
- Specific aims and hypothesis
- Research design and methods
- Results, discussion and conclusions
- Responses to comments and questions
- Quality of the presentation

## **IDENTIFY A RESEARCH MENTOR & PROJECT**

The importance of mentor and project selection should not be overlooked; they are crucial to the quality of your experience and the successful completion of your requirements. Thus, you should expect to devote a considerable amount of time to this step, critically assessing the research environment offered by the mentor. Clearly, you should find the proposed project interesting and important. Beyond that, it is essential that the specific aims of the project be clearly delineated and feasible within the available timeframe. The mentor should have the resources to enable you to achieve the specific aims. If your project involves human subjects, you should ask whether the mentor has obtained the necessary IRB approval. If the mentor has not obtained approval, you should plan for additional time so that the mentor can obtain such approval. Ideally, a mentor will have demonstrated productivity by a record of publication and a record of private or public funding in a given area. A mentor does not have to be in the field of dentistry. The most comprehensive database for Faculty mentors is on the Harvard Catalyst website: <http://connects.catalyst.harvard.edu/Profiles/SearchProfiles.aspx>.

## **OBTAIN IRB/IACUC APPROVAL**

HSDM students are subject to the same policies, guidelines and regulations as the Faculty of Medicine. It is therefore necessary for student research projects to be reviewed by the Office of Research Subject Protection. The Committee on Human Studies has an Internal Review Board and reviews all human subject-related research projects. The Standing Committee on Animals has an Institutional Animal Care and Use Committee and reviews all animal subject-related research projects. It is important to note, it is HSDM's policy that students should not submit their own application, but instead, work with their Research Mentor under his/her application. Information on HMS/HSDM IRB and IACUC training, requirements, and approvals, and all relevant documents, can be found on the website of the HMS Office for Research Subject protection, <http://www.hms.harvard.edu/orsp/index.html>. Students are required to obtain all appropriate HMS/HSDM institutional and site approvals (domestic or international) before commencing research activities. If you have a question about whether your research even needs an IRB review, contact them. They can be reached at [orsp@hms.harvard.edu](mailto:orsp@hms.harvard.edu); 617-432-3071. Dr. Shigemi Nagai, Director of Clinical Research is an excellent resource for IRB questions and troubleshooting.



# ORAL QUALIFYING EXAMINATION

Following completion of the majority of the didactic requirements, approximately at the end of Year 2, DMSc candidates must satisfactorily complete an Oral Qualifying Examination. The examination should be taken by the end of the second year for candidates in the combined DMSc and certificate program and by the end of the first year for candidates in the Research Academy. The examination committee members are selected by the student in consultation with their research mentor, the Office of Advanced Graduate Education, and the Program Director. The Committee consists of at least three examiners, two with expertise in different areas of Oral Biology, and a third with expertise in the student's area of research specialization. Please note, 2 of the 3 Committee members must be Associate Professors or Professors at Harvard University, or a Harvard-affiliated institution (such as the Forsyth Institute). The research mentor and program director can be present for the exam but are not voting members of the Committee. The oral qualifying exam should be approximately 1-2 hours in length. The subject matter varies depending upon the candidate's coursework and area of interest but should not be limited to the candidate's area of research. Candidates may be asked to provide an overview of their thesis project as part of the exam and should be prepared to present this information if prompted. The membership of the Oral Qualifying Committee must be approved by the Program Director and the Director of Advanced Graduate Education before a meeting is convened. Committee members must be approved before an exam is scheduled. Once the committee has been chosen and the exam scheduled, the Registrar must be notified in writing of the date, time, location, and names of the Committee members at least one week prior to the exam. Students who fail a part(s) or all of an oral qualifying exam must complete a make-up exam within 6 months of the original exam. Failure to do so will require that a student re-take the exam in its entirety with a new Oral Qualifying Exam Committee. The Registrar in the Office of Dental Education generates the Committee Approval form for the OQE.

## THESIS PROCESS

- Select Thesis Advisory Committee
- Conduct Research
- Check-In Meetings with Thesis Advisory Committee
- Write Thesis
- Thesis Defense
- Thesis Submission

## THESIS ADVISORY COMMITTEE

The Thesis Advisory Committee advises and counsels students on their projects. The Thesis Advisory Committee is comprised of a minimum of three full-time faculty members. Part-time faculty or outside experts may serve on the committee based upon the nature of the project and the individual's area of expertise. All members of the committee should be well acquainted with the student's area of research. You may select one non-HSDM member appointed in a preclinical science department of the Faculty of Medicine, the Faculty of Public Health or the Massachusetts Institute of Technology (if the research is related to biomaterials or bioengineering). The research mentor and program director will be non-voting members of the Committee and do not serve as official readers. The membership of the Thesis Advisory Committee must be approved by the Program Director and the Dean for Research before a meeting is convened. Students must obtain approval before any meeting is scheduled. The form for Thesis Advisory Committee may be found in the Research Guidebook. Please see Dawn DeCosta with questions and to obtain the Dean's signature.

## WRITE THESIS

The format to be used for the thesis should be either that of a journal article or that of a formal thesis. The student should work closely with the mentor during the writing phases of the project. In either case, there are no page requirements or limitations. If you intend to use the journal article format, consult the requirements of the journal to which you intend to submit the manuscript. At your mentor's discretion the format can be either one of the following: (1) A journal article of publishable quality, or (2) A formal thesis with the following thesis guidelines:

**TITLE PAGE:**

A Thesis Presented by  
Full Name, including Middle Name of Author with No Abbreviations  
to  
The Faculty of Medicine  
In partial fulfillment of the requirements  
for the degree of  
Doctor of Dental Medicine

Research Mentor: Name, Title  
Institutional affiliation if other than HSDM

Harvard School of Dental Medicine  
Boston, Massachusetts

Month and Year of Submission

**ABSTRACT:** In 500 words or less, summarize your project.

**INTRODUCTION:** Significance, Hypothesis, and Background. This section should review the pertinent literature and outline the major purpose of the research. Reference should be made to previous relevant studies in order to explain what has been done as well as to explain the purpose of this research. This section should include a succinct articulation of the hypothesis tested.

**INNOVATION AND APPROACH:** Experimental Design, Expected Outcomes, and Interpretation. Describe clearly and carefully the procedures and materials used; a reader should be able to repeat your exact methodology. This section should also include the overall research design and statistical methods.

**RESULTS AND DISCUSSION:** Report the results in a well-organized fashion with minimal subjective comment or reference to the literature. This section serves mainly to introduce tables and figures and to call attention to their significant parts.

**CONCLUSION AND FUTURE DIRECTION:** The data should be explained and interpreted with reference to the previous literature. The significance of the results may also be included. This is the section in which to emphasize subjective comment. In a thesis, the scope of the discussion extends beyond that of a journal article. For example, you may discuss why your first experiments failed, or how you arrived at the design for a particular protocol, or what you would do next if you were continuing the study.

**REFERENCES:** References must be double-spaced and numbered consecutively as they are cited. References first cited in a table or figure legend should be numbered so that they will be in sequence with references cited in the text at the point where the table or figure is first mentioned.

# THESIS DEFENSE

## THESIS DEFENSE COMMITTEE

At the point when the student has completed his or her research, the Thesis Defense Committee will be formed. The Defense Committee should be similar in composition to the Thesis Advisory Committee; however, the membership of the Defense Committee must be different from that of the Advisory Committee. There may be carry over from the Thesis Advisory Committee to the Thesis Defense Committee however there must be two new readers. In addition, the student's program director and research mentor cannot serve as official members of the Defense Committee. The membership of the Thesis Defense Committee must be approved by the Program Director and the Dean for Research before a meeting is convened. Students may be asked to obtain CV's for individuals who are not affiliated with Harvard University or are new to the AGE Research process. Students must obtain approval before any meeting is scheduled.

## THESIS DEFENSE

When the Thesis Advisory Committee determines that the student has completed his/her research project, the student must generate a research thesis. Guidelines for the thesis will be provided by the Office for Research. The student should schedule a meeting of the Thesis Defense Committee, as the thesis nears completion. At least 2 weeks prior to the meeting, the thesis must be distributed to members of the Committee. In addition, the Office of Research must be notified, in writing, as to the date, time, and location of the Thesis Defense as well as the membership of the Thesis Defense Committee. Thesis guidelines are in the DMSc Research Guidebook and samples of theses may be obtained from the Office of Research. At the conclusion of the defense, the candidate is excused from the room while the Committee votes on the acceptability of the thesis.

## THESIS SUBMISSION

If the thesis is acceptable, specific changes in the written document are often recommended by Committee members. These must be incorporated into a revised version of the thesis, which is then circulated among Committee members for final approval. If the thesis is unacceptable, the student is expected to carry out additional experiments, make recommended changes, submit a revised thesis, and reconvene the Thesis Defense Committee at a later date. Once you have successfully defended your thesis, please provide the Office of Research with a copy of the signature sheet. You will then submit your thesis online at <http://etds.lib.harvard.edu>, it will automatically generate one bound copy for Countway Library's Archive Department. If you would like additional copies (i.e. your program director, yourself, your family, etc.), you must pay for this service and suggest using: <http://thesisondemand.com>.

# HSDM STUDENT RESEARCH DAY

**Student Research Day will be held on April 7, 2020.** The primary focus of this all-day event is for graduating DMD, MMSc, DMSc, and PhD students to showcase their research to faculty as well as fellow students. All graduating DMSc students are required to present an electronic poster and must submit an abstract (500 words maximum) of their research to the Office of Research for inclusion in an abstract book. A sample may be found at the end of this Guidebook. The Office of Research awards "best poster" certificates for each student group. E-Poster guidelines and a sample will be circulated in February 2020. Faculty and Postdoctoral Fellow reviewers look at six criteria when evaluating posters:

- Student's ability to describe the work and its significance;
- Organization and clarity of the poster presentation;
- Introduction and formulation of hypothesis and scientific method;
- Quality and extent of work done by the student;
- Student's overall understanding of the project; and
- Overall evaluation of the poster and presentation.

Harvard School of Dental Medicine  
Timetable for Program Completion

	Expected Program Length	Maximum Time without Review by CAGE or DMD Promotions Committee	Maximum Time with Approval by CAGE or DMD Promotions Committee
DMD Degree 4 year program	4 years	4 years	6 years
DMD Degree 5 year program	5 years	5 years	6-7 years
MMSc Degree only	2 years	3 years	4 years
DMSc Degree only (including Research Academy)	3 years	4 years	5 years
MMSc + Specialty Certificate	3 years	4 years	5 years
DMSc + Specialty Certificate	4 years	6 years	7 years
Other Degree Program (e.g. MPH/MS) + Specialty Certificate	3 years	4 years	5 years
Other Degree Program (e.g. DrPH/DSc) + Specialty Certificate	4 years	6 years	7 years
Other Degree Program (PhD) + Specialty Certificate	7 years	8 years	9 years

## **SATISFACTORY ACADEMIC PROGRESS WITHIN THE DMSc and MMSc PROGRAMS**

Federal law and regulations require that all students receiving financial assistance maintain satisfactory academic progress (SAP), defined as the successful completion of degree requirements according to established increments that lead to awarding the degree within published time limits. The following policy delineates the standards for SAP for DMSc and MMSc students at HSDM, which *apply to all matriculated students, regardless of whether they are recipients of financial aid.*

The academic, research, and clinical requirements for the DMSc and MMSc degrees include the satisfactory completion of the HSDM Core Courses and additional graduate level courses, the clinical education at HSDM, and the completion of a research project. The progress of each student working towards the DMSc or MMSc degree is monitored carefully, and the determination of satisfactory academic progress is reviewed annually by the Committee on Advanced Graduate Education (CAGE). At the end of each academic year, students must have academic standing consistent with HSDM's curricular and graduation requirements.

### **QUALITATIVE MEASURES OF SAP**

Each DMSc and MMSc student at HSDM is required to complete successfully all of HSDM's required courses, examinations, clinical experiences, and scholarly and research projects in order to graduate with the DMSc or MMSc degree. HSDM does not measure academic progress by means of a cumulative grade point average, but rather with grades of *Honors/Pass/Fail* for courses taken at HSDM.

### **Qualitative Measures of SAP for DMSc and Certificate Students/DMSc-Only Admitted Prior to 2015-16**

All courses in Years I must be completed with a grade of *Honors* or *Pass*, and the student must identify a research mentor and project in order to progress to Year II. In Year II, DMSc students must complete all required courses with a grade of *Honors* or *Pass*, submit the NIH-Formatted Research Proposal, and must complete the Oral Qualifying Exam in order to progress to Year III. In Year III DMSc students must complete all courses with grades of *Honors* or *Pass*, present research in the *Advanced Graduate Education Research Seminar Series*, and convene an approved Thesis Advisory Committee by the designated deadline in order to progress to Year IV. In Year IV, all DMSc students must complete all coursework with a grade of *Honors* or *Pass*, convene an approved Thesis Defense Committee and defend thesis by the graduation deadline, present research at HSDM Student Research Day, and submit final thesis by the deadline in order to graduate with the DMSc degree.

*See Rules Governing Promotion – Advanced Graduate Students for further details on the progression through the DMSc curriculum.*

### **Qualitative Measures of SAP for DMSc Research Academy Students**

All required courses and laboratory rotations in Years I must be completed with a grade of *Honors* or *Pass*, and the student must pass the Oral Qualifying examination and identify a research mentor and project in order to progress to Year II. In Year II, Research Academy students must convene an approved Thesis Advisory Committee by the designated deadline in order to progress to Year III. In Year III, Research Academy students convene an approved Thesis Defense Committee and defend thesis by the graduation deadline, present research at HSDM Student Research Day, and submit final thesis by the deadline in order to graduate with the DMSc degree. See Rules Governing Promotion – Advanced Graduate Students for further details on the progression through the DMSc curriculum.

### **Qualitative Measures of SAP for MMSc Students**

All courses in Years I must be completed with a grade of *Honors* or *Pass*, and the student must identify a research mentor and project in order to progress to Year II. In Year II, MMSc students must complete all required courses with a grade of *Honors* or *Pass* and submit the NIH-Formatted Research Proposal in order to progress to Year III. In Year III, MMSc students must complete all courses with grades of *Honors* or *Pass* and present research in the *Advanced Graduate Education Research Seminar Series* and at Student Research Day in order to progress to graduate with the MMSc degree. *See Rules Governing Promotion – Advanced Graduate Students for further details on the progression through the MMSc curriculum.*

## **MAXIMUM TIME FRAME**

### **Maximum Time Frame for DMSc Students**

The normal timeframe for completing the DMSc coursework and earning a specialty certificate is four academic years. Due to academic or personal difficulties or scholarly enrichment activities, a student may require additional time. In such situations, an academic plan may be established for the students that departs from the norm and that may require the repetition of all or a part of a year of study. The maximum time permitted for completion of the DMSc degree is six years of enrollment in the DMSc program only, and seven years of enrollment in the DMSc program plus Specialty Certificate. Under no circumstances will a student be permitted more than 10 years, from the time of matriculation, to complete the requirements of the DMSc program.

### **Maximum Time Frame for MMSc Students**

The normal timeframe for completing the MMSc coursework and earning a specialty certificate is three academic years. Due to academic or personal difficulties or scholarly enrichment activities, a student may require additional time. In such situations, an academic plan may be established for the students that departs from the norm and that may require the repetition of all or a part of a year of study. The maximum time permitted for completion of the MMSc degree is four years of enrollment in the MMSc program only, and five years of enrollment in the MMSc program plus Specialty Certificate. Under no circumstances will a student be permitted more than nine years, from the time of matriculation, to complete the requirements of the MMSc program.

## **SAP AND LEAVES OF ABSENCE WITHIN THE DMSc AND MMSc PROGRAMS**

A student may be granted a personal or medical leave of absence or may be placed on an involuntary leave of absence. The period of approved or mandated leave may be excluded from the maximum time frame in which an individual student will be expected to complete the program. Under no circumstances will a student be permitted more than 10 years, from the time of matriculation, to complete the requirements of the DMSc or MMSc program, including leaves of absence. See the Leave of Absence policy for additional information concerning leaves of absence.

## **REVIEW AND NOTIFICATION OF LACK OF SAP**

During the annual review of a student's SAP by the HSDM Registrar, progression to the next academic year is based upon a review of all grades, including withdrawals, incompletes, and unsatisfactory grades. Any student who has not achieved a minimum of a passing or satisfactory grade in all courses cannot progress to the next year.

The HSDM Committee on Advanced Graduate Education, in consultation with the Registrar, will notify annually in writing all students who have not met the standards for SAP outlined above. The notification will indicate the nature of the deficiency, any methods that may be available for correcting the deficiency, and any consequences that have resulted or may result, such as Monitored Academic Status (MAS), Academic Probation, or withdrawal. A student who fails to meet one or more of the standards for SAP (qualitative and/or time frame) is ineligible for financial aid beginning with the term immediately following the term in which the SAP requirements were not met, pending the results of the appeal process, outlined below. A designation of MAS can occur for a variety of reasons, and does not necessarily affect SAP if the student is still progressing towards the degree.

## **APPEALS**

Eligibility for continued financial aid will only be re-established if the student subsequently meets SAP requirements, or if the student successfully appeals the decision to the Committee on Advanced Graduate Education. Please refer to the *Procedures for Consideration of Academic and Clinical Performance* for more information regarding the appeal process.

## **PROBATION**

Once an appeal has been approved, a student is placed on financial aid probation and is eligible for financial aid. The Program Director and Research Mentor, if applicable, in conjunction with the student, will develop an

academic plan for the student that, if followed, will ensure that the student is able to meet HSDM's SAP standards within a defined time period, typically an academic year. The student is eligible for financial aid during the time frame stated in the academic plan. At the end of the time period stated in the academic plan, the student must have met the SAP standards. A student who does not comply with each SAP standard by the end of the financial aid probationary period is suspended from financial aid eligibility. A student shall be reinstated for financial aid eligibility when he or she has satisfactorily completed sufficient coursework to meet the standards of progress within the maximum time frames delineated above.

Note: A student who has lost eligibility for financial aid due to deficiencies in SAP cannot automatically regain eligibility by paying tuition for a semester or by sitting out a term. Eligibility may be regained only by eliminating all SAP deficiencies at the student's expense until all requirements of this policy are met.

**WITHDRAWAL**

Students who have withdrawn from HSDM are not making SAP and are not eligible to receive financial aid.

**ENFORCEMENT**

The Offices of the Registrar and Financial Aid as well as the Committee on Advanced Graduate Education shall have collaborative responsibility for monitoring and enforcing SAP. The HSDM Registrar will notify the Committee on Advanced Graduate Education annually of any students who are not making SAP. The Committee will determine whether academic sanctions are warranted and will inform the student of any such sanctions. The Financial Aid Office will inform any student whose financial aid has been affected.

# **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) - ACCESS TO EDUCATIONAL RECORDS**

The Family Educational Rights and Privacy Act of 1974, as amended (“FERPA”) is a federal law that gives students certain rights with respect to their education records.

## **Education Records**

Harvard School of Dental Medicine routinely maintains records for its students that describe and document their work and progress. These education records generally include records such as permanent and local addresses, admissions records, enrollment status, course grades, reports and evaluations, completion of requirements and progress toward the degree, records of disciplinary actions, letters of recommendation, and other correspondence with or concerning the student.

## **Access**

To be useful, students’ records must be accurate and complete. The officials who maintain them are those in charge of the functions reflected in the records and the offices where the records are kept. These ordinarily include the Registrar of HSDM, as well as Program Directors, and Senior Tutors. All students have access to their own education records and may contribute to them if they feel there is need for clarification. Students wishing access to their education records should contact the Registrar. Ordinarily, students are asked to submit a written request that identifies the specific record or records he/she wishes to inspect. Access will be given within 45 days from the receipt of the request. When a record contains information about more than one student, the student requesting access may inspect and review only the portion of the record relating to him or her. Students also are not permitted to view letters and statements of recommendation to which they waived their right of access, or that were placed in their file before January 1, 1975.

Students should direct any questions they have about the accuracy of records to the person in charge of the office where the records are kept. If questions still remain, the matter may be referred to the Registrar. Should it be necessary, a hearing may be held to resolve challenges concerning the accuracy of records in those cases where informal discussions have not satisfactorily settled the questions raised.

## **Directory Information**

HSDM regards the following information as “directory information,” that is, information that, under FERPA, can be made available to the general public: student’s full name, digital image, local address, telephone listing, electronic mail address, field of study, degrees, enrollment status, and dates of enrollment. Please note that while Harvard considers digital images as directory information, they are rarely released to parties external to the University without the student’s permission. Please note that Harvard University’s definition of “directory information,” found at [http://provost.harvard.edu/files/provost/files/ferpa\\_overview\\_081116.pdf](http://provost.harvard.edu/files/provost/files/ferpa_overview_081116.pdf) may include elements in addition to those used by SCHOOL, and that requests for directory information received at the University level thus may result in disclosure of such additional elements. Students may direct HSDM not to disclose their directory information, usually known as putting in place a “FERPA Block.” To do so, a student must inform the HSDM Registrar, in writing, of that decision.

Students should be aware of the possible consequences of putting in place a FERPA Block, such as missed mailings, messages, and announcements, non-verification of enrollment or degree status, and non-inclusion in the Harvard Commencement booklet. Students who have previously chosen to put in place a FERPA Block may decide to reverse this decision, also by informing the HSDM Registrar in writing.

## **Other Disclosures permitted under FERPA**

In addition to permitting the disclosure of directory information, as set forth above, FERPA permits disclosure of educational records without a student’s knowledge or consent under certain circumstances. For example, disclosure is permitted to Harvard officials with a legitimate educational interest in the records, meaning that the person needs the information in order to fulfill his or her professional responsibilities, including instructional, supervisory, advisory, administrative, academic or research, staff support or other duties. “Harvard officials” include: faculty; administrators; clerical employees; professional employees; Harvard University Health Services staff members; Harvard University Police Department officers; agents of the



University, such as independent contractors performing functions on behalf of HSDM or the University; members of Harvard's governing boards; and students serving on an official HSDM or University committee, or assisting another Harvard official in performing his or her tasks. A student's education record also may be shared with parties outside the University under certain conditions, including, for example, in situations involving a health and safety emergency. In addition, HSDM will forward a student's education records to other agencies or institutions that have requested the records and in which the student seeks or intends to enroll or is already enrolled so long as the disclosure is for purposes related to the student's enrollment or transfer.

If the HSDM finds that a student has committed a disciplinary violation involving a crime of violence or a non-forcible sex offense, then it also may, if legally permitted and in the HSDM's judgment appropriate, disclose certain information about the disciplinary case. The disclosure may include the student's name, the violation committed, and the sanction imposed.

### **Student Rights under FERPA**

As set forth above, under both Harvard policy and FERPA, students and former students may inspect and review certain of their education records that are maintained by Harvard. They also have the right to: exercise limited control over other people's access to their education records; seek to correct their education records if they believe them to be inaccurate, misleading or otherwise in violation of their FERPA rights; file a complaint with the U.S. Department of Education if they believe Harvard has not complied with the requirements of FERPA; and be fully informed of their rights under FERPA. Complaints regarding alleged violation of rights of students under FERPA may be submitted in writing within 180 days to the Family Policy Compliance Office, US Department of Education, 400 Maryland Avenue, S.W., Washington, DC 20202-5920.

# POLICIES OF THE SCHOOL AND HARVARD UNIVERSITY

## UNIVERSITY-WIDE STATEMENT ON RIGHTS AND RESPONSIBILITIES

The central functions of an academic community are learning, teaching, research and scholarship. By accepting membership in the University, an individual joins a community ideally characterized by free expression, free inquiry, intellectual honesty, respect for the dignity of others, and openness to constructive change. The rights and responsibilities exercised within the community must be compatible with these qualities.

The rights of members of the University are not fundamentally different from those of other members of society. The University, however, has a special autonomy and reasoned dissent plays a particularly vital part in its existence. All members of the University have the right to press for action on matters of concern by any appropriate means. The University must affirm, assure and protect the rights of its members to organize and join political associations, convene and conduct public meetings, publicly demonstrate and picket in orderly fashion, advocate and publicize opinion by print, sign, and voice.

The University places special emphasis, as well, upon certain values which are essential to its nature as an academic community. Among these are freedom of speech and academic freedom, freedom from personal force and violence, and freedom of movement. Interference with any of these freedoms must be regarded as a serious violation of the personal rights upon which the community is based. Furthermore, although the administrative process and activities of the University cannot be ends in themselves, such functions are vital to the orderly pursuit of the work of all members of the University. Therefore, interference with members of the University in performance of their normal duties and activities must be regarded as unacceptable obstruction of the essential processes of the University. Theft or willful destruction of the property of the University or its members must also be considered as unacceptable violation of the rights of individuals or of the community as a whole.

Moreover, it is the responsibility of all members of the academic community to maintain an atmosphere in which violations of rights are unlikely to occur and to develop processes by which these rights are fully assured. In particular, it is the responsibility of officers of administration and instruction to be alert to the needs of the University community; to give full and fair hearing to reasoned expressions of grievances; and to respond promptly and in good faith to such expressions and to widely expressed needs for change. In making decisions which concern the community as a whole or any part of the community, officers are expected to consult with those affected by the decisions. Failures to meet these responsibilities may be profoundly damaging to the life of the University. Therefore, the University community has the right to establish orderly procedures consistent with imperatives of academic freedom to assess the policies and assure the responsibility of those whose decisions affect the life of the University.

No violation of the rights of members of the University, nor any failure to meet responsibilities, should be interpreted as justifying any violation of the rights of members of the University. All members of the community — students and officers alike — should uphold the rights and responsibilities expressed in this Statement if the University is to be characterized by mutual respect and trust.

### Interpretation

It is implicit in the language of the Statement on Rights and Responsibilities that intense personal harassment of such a character as to amount to grave disrespect for the dignity of others be regarded as an unacceptable violation of the personal rights on which the University is based.

It is implicit in the University-wide Statement on Rights and Responsibilities that any unauthorized occupation of a University building, or any part of it, that interferes with the ability of members of the University to perform their normal activities constitutes unacceptable conduct in violation of the Statement and is subject to appropriate discipline.

*This University-wide Statement and its first interpretation were adopted on an interim basis by the Governing Boards on September 20, 1970, and were voted to remain in effect indefinitely in May 1977. The second interpretation was adopted by the Governing Boards in January-February 2002.*

## **HSDM STUDENT RIGHTS AND RESPONSIBILITIES**

### **Student Rights**

- Students have the right to academic freedom to pursue and discuss questions of relevance in a reasonable manner.
- Students have the right to be informed of the policies, rules and regulations of HSDM and to participate in the development and implementation of such policies when appropriate.
- Students have the right to be informed about the criteria for academic evaluation, satisfactory performance, promotion and graduation.
- Students have the right to appeal decisions related to their promotion, performance, professionalism or their compliance with School policies.
- Students have the right to inspect their own educational records within 45 days of the date the request is submitted to the Registrar's Office.
- Students have the right to request an amendment to an educational record that the student believes to be incorrect or inaccurate.
- Students have the right to restrict access to their directory information to parties outside of Harvard University.
- Students have the right to an educational environment free from unlawful discrimination.

### **Student Responsibilities**

- Students are responsible for being aware of and abiding by all applicable federal, state and local laws and regulations.
- Students are responsible for being aware of and abiding by the policies, rules and regulations that apply to enrollment at HSDM and the educational program(s) in which they are enrolled. Relevant policies may be found in documents such as the HSDM Student Handbook, the Teaching Practice Manual and the Financial Aid Bulletin.
- Students are responsible for abiding by the standards of professional and ethical conduct expected of health care professionals and research scientists and members of the Harvard community.
- Students are responsible for upholding the values defining professionalism in dental education as stated in the ADEA Statement on Professionalism in Dental Education (*appendix v*)
- Students are responsible for being aware of critical dates and deadlines and for meeting the deadlines related to their attendance, promotion and graduation.

### **Student Standards of Conduct**

Harvard School of Dental Medicine has the responsibility to ensure that its students and graduates meet certain standards of professional conduct and responsibility. These standards include reliability, honesty and integrity, responsibility in professional relationships, responsibility in relationships with patients and families, responsibility in relationships with others, including members of the Harvard community, and responsibility related to substance abuse. Students will be evaluated on the basis of these standards, examples of which include:

#### **Reliability**

- Can be depended upon to do his/her duty as defined by course objectives;
- Can be depended upon to keep scheduled appointments;
- Completes tasks he/she was assigned or agreed to perform;
- Attends and participates in a timely fashion in all scheduled activities, including class, clinic, lab, rounds, etc.

#### **Honesty and Integrity**

- Is honest and ethical with regard to assignments, examinations, research activities, and patient care;
- Acknowledges his/her own mistakes and takes steps to correct them;
- Adheres to ethical and legal standards of conduct.

**Responsibility in Professional Relationships**

- Knows and acts in accordance with own cognitive, physical and emotional limitations;
- Handles stress appropriately;
- Is considerate and respectful of faculty, staff and colleagues;
- Listens to and maintains effective communication with colleagues;
- Uses appropriate language and tact in all professional situations;
- Shows appropriate judgment in responding to unethical, unprofessional or dangerous behavior on the part of others.

**Responsibility in Relationships with Patients and Families**

- Knows and acts in accordance with own cognitive, physical and emotional limitations;
- Is considerate, conscientious and respectful toward patient's and family's physical interests and emotional concerns;
- Listens to and maintains effective communication with patient/family;
- Uses appropriate language and tact in all professional situations;
- Keeps accurate medical and dental records;
- Maintains confidentiality when required;
- Maintains appropriate boundaries in the doctor/patient relationship;
- Can be depended upon to meet assigned obligations and keep scheduled appointments in professional clinical or research training programs;
- Is appropriately groomed in all professional situations
- Adheres to HSDM HIPAA Guidelines

**Responsibility in Relationships with Others, including Members of the Harvard Community**

- Abides by all expectations for conduct set forth in the HSDM Student Handbook.

**Responsibility Related to Substance Abuse**

- Is aware that substance abuse is not compatible with professional conduct;
- Is aware that the use of any substance in the settings of patient care and classroom or research activities is not compatible with professional conduct;
- Shows appropriate judgment in seeking evaluation and assistance if impaired or potentially impaired by substance abuse.

**Responsibility Related to Digital Media**

- Is aware that the University prohibits use of the Harvard network for illegal activities
- Is compliant with the Digital Millennium Copyright Act
- Is compliant with the policy on Electronic Communication and Social Media

## **POLICIES RELATED TO REGISTRATION AT HSDM**

The following mandatory requirements must be completed when a student first matriculates or on an annual basis. Students who have not completed mandatory requirements will not be allowed to register and if applicable will be suspended from the HSDM clinic.

### **MANDATORY REQUIREMENTS AT THE TIME OF MATRICULATION**

#### **Criminal Offender Record Information (CORI)**

Registered students are subject to criminal history background checks prior to entering affiliated hospitals and community health centers.

#### **Malpractice Insurance**

Advanced graduate students must have current malpractice insurance with Controlled Risk Insurance Company (CRICO) in order to practice at HSDM and its affiliated institutions and hospitals. This malpractice insurance does not extend to clinical practice outside of HSDM and its affiliated sites. Therefore, AGE students who intend to practice outside of HSDM on evenings or weekends must secure their own professional liability policy. Applications for malpractice insurance are mailed to advanced graduate students prior to matriculation and must be returned to the Office of Clinical Affairs prior to seeing patients.

#### **Respiratory Mask Fit**

University Health Services requires that Year 1 DMD students be fitted for a respiratory mask.

#### **Immunization**

As a condition of registration, the Massachusetts College Immunization Law (Chapter 76, Section 15C) requires that all health sciences students who have contact with patients must present evidence of immunity against measles, mumps, rubella and hepatitis B. The School of Dental Medicine requires that immunity to these viruses be proven via positive serological tests (titers.) Additionally, students need to prove they have been vaccinated against tetanus, diphtheria, pertussis and varicella; however, a positive varicella titer will suffice for those with prior varicella infection.

Although vaccinations may have been completed earlier in life, serologic immunity is not assured. It is important to have the required serologic blood tests early, in the event one or more booster immunizations will be necessary. This will allow time for repeating serologic testing to ensure immunity at the time of registration. Students who arrive without proof of immunization will be charged a fee-for-service per serologic titer or inoculation for immunization by the Medical Area University Health Service.

All first-year dental students are required to have two tuberculin skin tests and one tuberculin skin test every year thereafter. The tests must be read by a physician or a nurse practitioner and documented in writing. Students known to be skin-test positive should consult a physician at the Medical Area Health Service, as should those exposed to patients with active tuberculosis.

*Immunizations required by the Commonwealth of Massachusetts are subject to change without notice.*

### **MANDATORY REQUIREMENTS TO BE COMPLETED ANNUALLY**

#### **Basic Life Support for Health Care Professionals Certification**

All students must provide evidence of current Basic Life Support for Health Care Professionals certification in order to practice in the clinics. DMD students will take a course in their first and third years. Advanced Graduate students may take a course offered in July at the School or make arrangements with an extramural program at a local hospital, Red Cross or the American Heart Association. Evidence of current certification must be on file in the Office of Dental Education and the Office of Clinical Affairs.

#### **Health Insurance Portability and Accountability Act (HIPAA)**

Students are required to complete a HIPAA Training course on an annual basis. Refer to the HSDM Clinic Manual for the School of Dental Medicine's HIPAA policies and sanctions for policy violations.

**Licensure**

All Advanced Graduate Education students must be licensed and currently registered with the Massachusetts Board of Registration in Dentistry in order to practice in the clinics. Two types of registration are available: limited (intern's) license and full license. An intern's license restricts practice to the School and its affiliated institutions. Full licensure is required for Advanced Graduate students who are eligible to receive licensure in Massachusetts. Advanced Graduate students who are eligible for full Massachusetts licensure must also obtain a Massachusetts Controlled Substance Certificate and a DEA Certificate. Copies of the limited or full license must be presented to the Office of Clinical Affairs at the time of registration for pre-matriculants or annually for continuing students. HSDM will not provide limited licenses to Advanced Graduate students who are enrolled in a program that does not have a required clinical component.

Students who have allowed their licensure to lapse will be suspended automatically from the clinic.

**Other Annual Trainings**

Students must complete Security, Emergency, OSHA, Hazardous Waste, Bloodborne Pathogens, Title IX and Workplace Civility trainings on an annual basis.

## **POLICIES RELATED TO ATTENDANCE AT HSDM**

Students pursuing the DMD degree at Harvard School of Dental Medicine (HSDM) are healthcare providers in training who must meet standards of professional conduct and responsibility to develop into effective dentists and healthcare providers. As a professional school, HSDM requires attendance and active participation in all components of the curriculum. Active participation in the School's course and clinical activities indicates the student's understanding and mastery of professional responsibilities. The granting of the DMD or advanced graduate degree attests to the fact that the student has demonstrated a commitment to his/her professional responsibilities through participation in all aspects of the curriculum as defined by the faculty. When it is necessary for students to be absent from a required program activity, students must approach such absences with the same standard of professional responsibility required of practicing dentists; professional responsibility extends to one's patients and appropriate members of one's institution.

### **Calendars**

The School of Dental Medicine maintains five academic calendars, each of which is linked to a specific degree program and/or year of study. Students must adhere to the academic calendar linked to their specific year of study and degree program. The full academic calendar for the current academic year can be found online on the HSDM intranet and on eCommons under Resources, (Registrar-Related) posted by the HSDM ODE "Organization".

### **Registration**

All students must register with the HSDM Registrar's Office each year. In addition, advanced graduate students must file a study form with the Registrar's Office each semester. Students may not register or receive credit for courses that meet simultaneously or have any conflict of time. A student with outstanding term bill issues will not be allowed to register for an academic year or classes.

### **Course Attendance**

For all students, attendance at any assigned course activity, lecture, lab, or clinic session is mandatory to obtain a passing grade. Students pursuing the DMD degree at HMS/HSDM are expected to adhere to the HMS attendance policy while enrolled in the medical school curriculum and must also inform their senior tutor of all scheduled or unscheduled absences. While enrolled in the dental school curriculum, students are expected to follow the HSDM attendance policy. Students are expected to attend all required course and clinical activities. Reports of unexcused absences from required course activities will be referred to the Office of Dental Education.

Students who will be absent from school, clinic or rotation site for illness, hospitalization, family emergency, advanced graduate interviews or other reason must complete an absence request form available in the Senior Tutors' Office. This form requires the approval and signatures of the student's Senior Tutor and Course Director or Rotation Site Director. Upon completion, this form must be submitted to the Predoctoral Clinical Curriculum Coordinator.

HSDM considers the only valid reasons for student absences from didactic, pre-clinical and clinical activity to be documented illness, injury or a serious personal problem (unscheduled "excused absence") or limited special circumstances (scheduled "excused absences"), if pre-arranged and approved as outlined in this policy. The Office of Dental Education is the designated approval authority to determine if an absence is excused or unexcused. However, while taking courses at HMS, the student's Advisory Dean is the designated approval authority.

### **Summary of Excused Absences**

Absences may be excused for the following:

#### **Unscheduled Excused Absences**

- Illness
- Family Emergency
- Death in family (bereavement)
- Sudden change in life circumstances

### **Scheduled Excused Absences** (minimum 4 week advanced notice required)

- Attendance at a professional meeting or conference as an elected representative of HSDM and/or as an invited scientific/educational presenter
- Attendance at post-graduate interviews, formal student externships, clinical licensure exams, and National Board examinations
- Religious observance
- Jury duty, court subpoenas and required military duty

### **Summary of Unexcused Absences**

Absences will typically not be excused for the following:

- Early departures or late arrivals due to travel arrangements
- Weddings
- Family events
- Attending meeting or conventions
- Humanitarian service trips
- Outside employment
- Vacation

### **Protocol for Unscheduled Absences**

As outlined above, unexpected events outside a student's control may justify an absence. When such situations arise, the student is required to report the need to be absent to the following school officials:

1. The Course Director(s)
2. The Senior Tutor
3. The Predoctoral Clinical Curriculum Coordinator

*Failure to notify the appropriate individuals involved will be considered a failure of professional responsibility.*

### **DMD Fourth Year Absences**

Students will be given details about the fourth year schedule (at the end of the third year) and the process for requesting time-off for externships and residency program interviews. Please contact the Predoctoral Clinical Curriculum Coordinator for details and clarification.

### **Protocol for Scheduled Absences**

As outlined above, scheduled absences may be excused in limited circumstances. *Students are required to notify the Senior Tutor and Course Director at least 4 weeks in advance.* While absences for special events (e.g., weddings, graduations, family gatherings) are typically unexcused, students who choose to be absent to attend such events must notify the Senior Tutor and Course Director at least 4 weeks prior to the event. An arrangement should be made at that time to cover any missed coursework. The student should not make any commitments, financial or otherwise, until he or she has notified the Office of Dental Education and has developed a plan for making up missed work.

### **Absences for Scheduled Conferences**

Leadership in dentistry is founded upon a solid knowledge of the science of medicine and dentistry. To that end, building the foundation of medical and dental knowledge is the first priority of dental students. While leadership in extracurricular and extramural activities is encouraged, such opportunities must not occur at the expense of a student's required coursework and attendance responsibilities. Individual students may request permission to attend a scientific conference or meeting for the purposes of presentation of a paper or poster. Permission for absences is ordinarily limited to the day of the presentation.

Many student organizations host national meetings of interest to HSDM students. When a group of students expresses an interest in attending a national or regional meeting of a professional society or association, a representative of that group must notify the Associate Dean for Dental Education. The individual students who



wish to attend a meeting must follow the policy below:

Ordinarily, only elected officers, students seeking or holding leadership positions in the organization or presenters may be excused from a course in order to attend a conference. The ultimate decision about individual excused absences rests with the Senior Tutor and the Course Director, and is based on the student's academic record to date, attendance record to date, and the Course Director's estimation of the importance of the specific course session(s) that would be missed. Students may not be excused from taking any examinations to attend a professional conference. Students who attend professional meetings and conferences are required to provide a written report to the Director of Student Affairs upon returning from national and/or regional meeting.

### **Consequences of Noncompliance with Attendance Policy**

Students who fail to comply with the school's attendance policy face a number of serious consequences. These include the following:

1. Missing more than 10% of the course (including any assigned course activity, lecture, lab, or clinic session) may result in lowering of the overall course grade or failure by the Course Director. (i.e. missing two days for a month-long block).
2. Any unapproved absences without the review and consent of the Course Director and Senior Tutor are considered a violation of the policy on Student Responsibilities and Standards of Conduct and can result in failure of the course.
3. An unexcused absence from a rotation or externship may require that the externship be repeated.
4. Any unreported student absences will trigger a meeting with the student's Senior Tutor and may be reported to the Committee on Promotions.
5. The Committee on Promotions will review attendance noncompliance to determine whether such unprofessional behavior warrants official censure in the student's academic record and Dean's Letter.
6. Any student who does not attend class for a period of 30 days and has not applied for a LOA will be considered absent without leave and will be considered to have withdrawn from HSDM.

### **National Leadership Positions**

Students who wish to run for leadership positions at the national level which require frequent travel and attendance at multiple regional and national meetings must be approved by the Committee on Promotions. A letter of request outlining the expected travel dates and any potential conflicts with their academic schedule must be submitted to the Director of Student Affairs at least 8 weeks in advance of running for the position. The Director of Student Affairs will present this letter to the committee and will convey the committee's decision to the student in a timely manner.

### **Employment**

All students are prohibited from employment outside of the Harvard School of Dental Medicine between the hours of 8:00 AM and 6:00 PM, Monday through Friday. Failure to comply with this policy may result in dismissal from the School of Dental Medicine. In addition, certain programs may have mandatory courses which meet prior to 8:00 AM or after 6:00 PM, and attendance at these courses is required. DMD students on approved work/study may work during the aforementioned hours if they are in good academic standing and the work hours do not conflict with scheduled classes, laboratory sessions or clinics.

### **Religious Holidays**

In accordance with Chapter 151c, Section 2B, of the General Laws of Massachusetts, any student in an educational institution, who is unable, because of his or her religious beliefs, to attend classes or to participate in any examination, study or work requirement on a particular day shall be excused from any such examination, study or work requirement on that day. The student shall be provided with an opportunity to make up such examination, study or work requirement which he or she may have missed because of such absence on any particular day; provided that such make-up examination, study or work requirement does not create an unreasonable burden upon the School.

### **Vacation Policy for DMD Students**

Vacation periods are published on the academic calendar. Students are not allowed to begin vacations earlier than the published start date or extend vacation periods beyond the published time.

### **Vacation Policy for Advanced Graduate Education Students**

Students in good academic standing, who are enrolled in combined degree and clinical specialty programs, may take up to 20 days of vacation time during an academic year, including time granted in conjunction with the winter holiday break. Vacation time is generally taken in increments of no longer than two- weeks at one time. Students must have the approval of their program directors prior to the scheduling of any vacation time.

Students enrolled in the General Practice Residencies, Oral Facial Pain, Oral Pathology, Oral Medicine, Geriatrics and Pediatric Dentistry programs are subject to the rules of their specific programs and the hospitals where their programs are based.

Vacation time does not include Harvard University holidays. Students in HSDM–based programs are generally granted Harvard University holidays; however on-call requirements of a program or the schedule of a facility where the student is engaged in a rotation may supersede the University holiday schedule. If a student must work on a scheduled University holiday, a personal day may be taken at a time determined in conjunction with the program director. Students should check with their program directors if there is a question regarding a University holiday. All vacation time must be used within a given academic year; vacation time cannot be accumulated or carried over to another academic year.

Departments will reasonably accommodate a resident’s request for time off for religious holy days, provided that the resident intending to be absent as required by his/her religion notifies the program director not less than 14 days in advance of each such absence and that any such absence shall, whenever practical in the judgment of the program director, be made up by an equivalent amount of time at some other mutually convenient time. Alternatively, the resident may choose to have time off charged to his/her allotted vacation time. “Reasonable accommodation,” as used herein, shall mean accommodation to a resident’s religious observance or practice, as shall not cause undue hardship in the conduct of the “business” of the Department.

# LEAVE OF ABSENCE

A leave of absence (LOA) is a period of non-enrollment. Students on a leave of absence are not considered to be working toward the degree and/or certificate. Students who wish to interrupt their dental studies at the Harvard School of Dental Medicine must either take a voluntary leave of absence or withdraw from the program. As described below, voluntary leaves of absence may be granted for a variety of reasons, for example, pregnancy, parental leave, or serious illness. All requests for voluntary leaves of absence will be considered individually and decided on their own merit.

In addition, the faculty reserves the right to place a student on an involuntary leave of absence, as described below. The faculty also has the right to require the withdrawal of a student or to academically reclassify a student at any time if, in the judgment of the faculty, withdrawal or reclassification is in the best interests of the student, the School, and/or the student's patients.

## Voluntary Leaves of Absence

Students who wish to interrupt their studies at any time before graduation may request a leave of absence. Students should contact the HSDM Registrar to obtain a *Petition for Leave of Absence form*, which must be submitted to the Chair of the Committee on Promotions by predoctoral students, or to the Chair of the Committee on Advanced Graduate Education by advanced graduate students. Requests will be reviewed for approval by the Committee on Promotions or the Committee on Advanced Graduate Education, respectively. Leaves of absence may be granted for one academic year with the possibility for a second year's renewal if the application is resubmitted before the first year of leave ends. A leave granted after the start of the academic year is valid until the end of that academic year. If an extension is needed, the student must submit a second leave of absence request to the Chair of the Committee on Promotions, for DMD students, or to the Director of Advanced Graduate Education, for advanced graduate students. Students who do not return to full-time status at the end of their leave and who have not applied to renew their leave are considered to have withdrawn from HSDM and must reapply to HSDM if they wish to return. No academic credit toward any degree or certificate ordinarily is granted by the School of Dental Medicine to a student on leave of absence. Students may be required to return in advance of re-admittance for remedial or preparatory instruction.

A voluntary leave of absence may be justified on the following grounds:

- **Medical Leave:** With respect to a voluntary leave of absence for medical reasons, the Director of Student Affairs and/or the Chair of the Committee on Promotions (for predoctoral students) or the Director of Advanced Graduate Education (for advanced graduate students) ordinarily will consult with Harvard University Health Services (which may consider information from the student's current and/or former health care providers, if made available by the student).
- **Parental Leave:** Parental leave time varies according to individual circumstances and the constraints of the curriculum. A student seeking parental leave should make a request to the appropriate committee at least three months prior to the due date/arrival of the child.
- **Personal Leave:** A leave of absence may be justified for personal reasons. Along with the *Petition for Leave of Absence form*, a student requesting a personal leave also must submit to the Chair of the Committee on Promotions or the Director of Advanced Graduate Education a letter outlining a plan for the leave.

## Involuntary Leaves of Absence

Under certain circumstances, a student may be placed on an involuntary leave of absence. An involuntary leave of absence is not a disciplinary sanction. However, an incident that gives rise to a leave of absence, whether voluntary or involuntary, may subsequently be the basis for disciplinary action. A student who prefers to take a voluntary leave of absence for medical reasons rather than to be placed on an involuntary leave of absence for medical reasons is ordinarily allowed to do so. Transcripts do not distinguish between voluntary and involuntary leaves of absence.

An involuntary leave of absence may be required for the following reasons:

1. Medical circumstances: (a) The student's behavior poses a direct threat to the health or safety of any person, or has seriously disrupted others in the student's residential community or academic environment; and (b) either the student's threatening, self-destructive, or disruptive behavior is determined to be the result of a medical condition or the student has refused to cooperate with efforts by Harvard University Health Services to determine the cause of the behavior. The decision to place a student on an involuntary leave of absence for health related reasons is made in consultation with Harvard University Health Services (which may consider information from the student's current and/or former health care providers, if made available by the student), after an individualized assessment of all of the pertinent factors, such as: the nature of the student's conduct; the nature, duration and severity of the risk; the likelihood of potential injury; and whether reasonable modifications of policies, practices or procedures will mitigate the risk. However, reasonable modifications do not include changes that would fundamentally alter the academic program or unduly burden the School's resources or staffing capabilities or, with respect to the required level of care or monitoring, that would exceed the standard of care that a university health service can be expected to provide.
2. Alleged criminal behavior: The student has been arrested on allegations of serious criminal behavior or has been charged with such behavior by law enforcement authorities.
3. Risk to the community. The student has been charged with a violation of a disciplinary rule of the School, and his or her presence on campus poses a significant risk to the safety of others or to the educational environment of the community.
4. Indebtedness. The student's term bill is unpaid and the student has not made arrangements acceptable to the School to address the issue.
5. Failure to provide medical documentation of required immunizations.
6. Unfulfilled academic requirements. The student has not met an academic requirement and has not taken steps acceptable to the School to meet the requirement.
7. Failure to register. The student has not registered as required at the beginning of each term.

The decision to place a student on involuntary leave is made by the Committee on Promotions (predoctoral students) or the Committee on Advanced Graduate Education (advanced graduate students) in consultation with such other persons as the Dean designates and other officers of the University, as appropriate. In emergent situations, the decision may be made by the Vice Dean in consultation with other officers of the University, as appropriate. As noted above, in the case of an involuntary leave of absence for medical reasons, the School will consult with an appropriate person at Harvard University Health Services.

A student is notified in writing that he or she has been placed on involuntary leave. The student may petition the appropriate Committee for reconsideration and may appeal a final decision to the Dean of the School.

### **While on Leave of Absence**

Any student who goes on leave of absence during the academic year is charged tuition and applicable fees, including rent, to the end of the period in which he or she leaves. Students receiving scholarship or other financial aid should consult with the Director of Financial Aid concerning the financial implications of going on leave. Foreign students should consult the Harvard International Office concerning their status.

The date a student goes on leave will affect the student's health insurance through Harvard. For details, review the Leave of Absence policy on the HUHSP website or contact Member Services at (617) 495-2008 or [mservices@huhs.harvard.edu](mailto:mservices@huhs.harvard.edu). While on a recognized leave of absence, students may be eligible to purchase Harvard University Student Health Plan (HUSHP) health insurance coverage for a transitional period of time. Detailed information about HUSHP policies can be found at the HUHS website.

Libraries and other facilities normally may be used only by students who are currently registered. Students on leave may not participate in extracurricular activities. Exceptions to this rule must be specifically approved by the School. If so instructed by the School, a student on leave must remain away from University campus.

Students going on leave are reminded that all degree candidates, whether currently registered or not, are expected to maintain a satisfactory standard of conduct.

Following an individualized assessment, the School may require students who are on leave for medical reasons to comply with a treatment plan during their time away.

### **Student Responsibilities While on Leave of Absence**

- **Maintenance of Contact with the School:** The Chair of the Committee on Promotions or the Chair of the Committee on Advanced Graduate Education will serve as contact for predoctoral or advanced graduate students, respectively, on leaves of absence. Students are to notify the Office of Dental Education of address changes or any other events which may result in a change in their educational plans.
- **Financial Aid:** Students on leave of absence are not eligible for financial aid.
- **Loan Repayment:** Students on leave of absence are not considered to be working toward their degree and hence are likely to use up their loan repayment grace periods during the leave. Depending upon the specific loan and terms of the loan, repayment may begin after six or nine months of leave and continue throughout the rest of the leave. In some cases, after graduation, repayment may begin immediately for some loans, rather than six or nine months into the first post-graduate year. Students contemplating a leave of absence are encouraged to consult with the Director of Financial Aid to review their options.
- **Exit Interview:** The Office of Financial Aid will provide students who are taking a leave of absence with the information required to complete a financial aid exit interview.
- **Disability and Malpractice Insurance:** Students on leave are not covered by HSDM for malpractice insurance if they perform any clinical work during their leave. Students on leave are not eligible to purchase disability insurance during the leave period.

### **Returning to School**

A student in good standing on a voluntary leave of absence ordinarily may return by notifying, in writing, the Registrar of his/her intention either to return or to withdraw twelve weeks prior to the end of the specified term of the leave of absence. It remains the student's responsibility to ensure that he or she has adequate time to complete the degree within the time limits established by the School.

Students who were not in good standing at the time a voluntary leave of absence was granted and students who were placed on an involuntary leave of absence must petition the Chair of the Committee on Promotions or the Director of Advanced Graduate Education for permission to return to the School and must demonstrate that the circumstances that led to their leave have been satisfactorily addressed and that they are ready to resume their studies. The decision whether to allow a student to return is made by the relevant committee, in consultation with others as the committee or the Dean sees fit.

If the leave, whether voluntary or involuntary, was for medical reasons, then the student must petition the Chair of the Committee on Promotions or the Chair of the Committee on Advanced Graduate Education for permission to return to the School and must demonstrate that the circumstances that led to their leave have been satisfactorily addressed and that they are ready to resume their studies. In addition, so that the School may conduct an individualized assessment of their circumstances, students on medical leave ordinarily will be required to consult with Harvard University Health Services (and to grant permission to Harvard University Health Services to obtain their treatment records and communicate with their treatment providers) so that a professional assessment about the student's stability and readiness to return can be shared with the School. Please also note that if the School learns of serious concerns about the health or well-being of a student who is away from School but not on a medical leave of absence, then the School similarly may require the student to consult with Harvard University Health Services (and to grant permission to Harvard University Health Services to obtain their treatment records and communicate with their treatment providers) so that a professional assessment about the student's stability and readiness to return can be shared with the School. In all such cases, the decision whether to allow a student to return is made by the relevant committee, in consultation with others as the committee or the Dean sees fit.

Any disciplinary matter must be resolved before a student on leave of absence will be allowed to return and, if the student has been required to withdraw while on leave of absence, then any conditions for return after a required withdrawal also must be satisfied.

A student's ability to return also will be determined by the availability of space in his/her respective program.

Students returning from a leave who wish to apply for financial aid must notify the Financial Aid Office and file the necessary application forms by mid-April for the following fall term, and by October 1 for the following spring term. Late applicants cannot be assured that their aid will be available in time for registration payment deadlines.

Students who have been granted a leave and who have borrowed money through Harvard must submit an annual loan deferment form to the Student Loan Office upon their return to Harvard. Deferment forms may be obtained through either the Student Loan Office or the Financial Aid Office and must be completed and certified by the Registrar immediately following Registration. Failure to file a deferment form upon return will cause payments to be due on loans and could affect future borrowing eligibility.

A student will not be allowed to register in the University again until all previous term-bill charges have been paid and no loan is in default.

### **Contracts for Enrollment**

The School may condition a student's enrollment on certain terms or conditions, as set forth in a written contract between the School and the student, when the student's conduct or circumstances have caused heightened concerns about the student's safety and/or well-being and: (a) the appropriateness of the student's continued enrollment; or (b) the student's readiness to return to the Harvard community. The contract may include, among other things, compliance with a medical treatment plan, regular consultations with health care professionals, communication with administrators, and limited disclosure of relevant medical information, on a need to know basis, such as compliance with treatment and restrictions on certain activities. The decision to require such a contract is arrived at in consultation with Harvard University Health Services after an individualized assessment of the nature of the student's conduct and circumstances and any other pertinent factors.

## **Withdrawal**

Students who desire to leave HSDM, and who are not eligible for a leave of absence, must withdraw. A student who decides to withdraw must notify, in writing, the Chair of the Committee on Promotions (for DMD students) or the Director of Advanced Graduate Education (for advanced graduate students) of their withdrawal. The letter must indicate the reason for withdrawal and the effective date of withdrawal. An exit interview with the Financial Aid Officer will be required, and the student's Harvard University ID card must be turned over to the Registrar by the effective date of withdrawal. The amount of tuition to be charged will be based on the date of withdrawal and the tuition and fee adjustment schedule (see Payment of Student Term Bills: Refund Policy). If the student has received financial assistance in the form of loans or scholarships, withdrawal may result in a refund of all or part of the aid to the lender or granting agency.

### **Required Withdrawal**

Students automatically will be required to repeat an academic year or be required to withdraw if they have a cumulative initial failure of three or more courses for the year or if they have failed a course in an academic year and have not taken and passed the required make-up examination. The Committee on Promotions (for DMD students) or the Committee on Advanced Graduate Education (for advanced graduate students) may waive this rule and grant deferral for extenuating circumstances. For further information on required withdrawal see the section on Rules Governing Probation.

Alternatively, the faculty reserves the right in accordance with applicable procedures to require a leave of absence (suspend), or require the withdrawal of a student, or to academically reclassify a student at any time if, in the judgment of the faculty, the interest of the student, the School, and the student's patients would be best served.

**Readmission after Withdrawal**

Students who withdrew in good academic standing and who express a desire to return to Harvard School of Dental Medicine will be considered for readmission. A request for readmission should be submitted, in writing, to the Chair of the Committee on Promotions (for DMD students) or Director of Advanced Graduate Education (for advanced education students) who will submit the request to the appropriate Committee for review.

## **POLICIES RELATED TO ACADEMIC, PROFESSIONAL, AND SCIENTIFIC CONDUCT**

Harvard School of Dental Medicine has the responsibility for ensuring that its students and graduates meet certain standards of academic, professional and scientific conduct. These standards include, without limitation, honesty and integrity with regard to assignments, examinations, research activities, and patient care. It is the expectation of HSDM that all students, whether or not they are on campus or are currently enrolled as degree candidates, will behave in a mature and responsible manner. This expectation for mature and responsible conduct also encompasses accountability for one's own well-being, including responsible decision-making regarding physical and mental health. Further, HSDM expects every student to be familiar with the regulations governing membership in the Harvard community, set forth in this handbook. Because students are expected to show good judgment and use common sense at all times, not all kinds of misconduct or behavioral standards are codified here.

### **Falsification of Admissions Application**

Occasionally candidates for admission will make inaccurate statements or submit false material in connection with their application. In most cases, these misrepresentations are discovered during the admissions process and the application is rejected. If a misrepresentation is discovered after a candidate is admitted, the offer of admission normally will be withdrawn. If a misrepresentation is discovered after a student has registered, the offer of admission normally will be revoked and the student will be required to leave the School. If the discovery occurs after a degree has been awarded, the degree normally will be rescinded. The determination that an application is inaccurate or contains misrepresentations rests solely with the Office of Dental Education and will be resolved outside the student disciplinary process.

### **Preparation of Papers and Other Work**

All homework assignments, projects, lab reports, papers and examinations submitted for a course are expected to be the student's own work. Students should always take great care to distinguish their own ideas and knowledge from information derived from other sources. The term "sources" includes not only published or electronic primary and secondary material, but also information and opinions gained directly from other people. It is each student's responsibility to understand the expectations of academic integrity, proper forms of citation and submission of own work. In addition, collaboration in the completion of assignments is prohibited unless explicitly permitted by the instructor, in which case it must be acknowledged.

### **Authorship**

Authorship is an explicit way of assigning responsibility and giving credit for intellectual work. The two are linked. Authorship practices should be judged by how honestly they reflect actual contributions to the final product. Authorship is important to the reputation, academic promotion, and grant support of the individuals involved as well as to the strength and reputation of their institution.

The Faculty Council of Harvard Medical School has endorsed guidelines for authorship found in *Appendix VIII*. Although authorship practices differ from one setting to another, and individual situations often require judgment, variation in practices should be within the basic guidelines found in *Appendix VIII*.

### **Examination Rules**

In order to avoid improper behavior during an examination, students should refrain from communication with other students while an exam is in progress. They should neither retain nor refer to any books, papers or other resources during an examination except with the express permission of the instructor. For violation of the examination rules or dishonesty in an examination a student may be required to withdraw from the dental school. Students who fail to obey the instructions of an examination proctor are liable to disciplinary action.

### **Scientific Integrity**

In setting standards of practice for scientific and clinical research, the Faculty of Medicine at Harvard University has endorsed several guidelines or procedures which relate to ethical conduct. Students who perform research are advised to familiarize themselves with these policies in order to perform research of the highest integrity. This information is available in the document, *Faculty Policies on Integrity in Science*, which may be obtained on the web at: <http://ari.hms.harvard.edu/Integrity-science-policies>.



## Patient Care

It is essential that students can be depended upon to meet assigned obligations and keep scheduled appointments in professional clinical programs. Standards of professional conduct in the delivery of patient care require students to be considerate, conscientious and respectful toward their patient's physical interests and emotional concerns. Students are expected to be appropriately groomed and use appropriate language and tact in all professional situations. They should listen and maintain effective communication with their patients. Students are obligated to maintain confidentiality as required by the [Health Insurance Portability and Accountability Act \(HIPAA\)](#). In addition, students must respect appropriate boundaries in the doctor/patient relationship.

## Patient Communication

Students/residents are prohibited from communicating with patients via personal cell phone numbers, personal email addresses, or google voice. Accordingly, personal cell phone numbers and email addresses will not be printed on student/resident business cards.

- Students should communicate with their patients utilizing their Harvard issued phone number via the Jabber application.
- Students are not to give out their cell phone number or personal email address
- Excessive or inappropriate emailing from patients to providers or staff can result in shutting patients off from the axiUm patient portal once it is operational

Please see the *Harvard Dental Center Clinical Policies and Procedures Manual* and the *supplemental Infection Control Manual* posted on the HSDM Intranet: <https://intranet.hsdm.harvard.edu/clinic-manuals>.

## Computer and Network Use

Students who are provided access to University computer facilities and to the University network assume responsibility for their appropriate uses. The University expects students to be careful, honest, responsible, and civil in the use of computers and networks. Students who use networks to communicate with individuals or to connect to computers at other institutions are expected to abide by the rules for the remote systems and networks as well as those for Harvard's systems. Students are advised that, in addition to being a violation of School rules, certain computer misconduct is prohibited under Massachusetts General Laws and is, therefore, subject to criminal penalties.

All users of school-provided electronic information, services, and Internet access should observe and abide by the following standards and behaviors:

- **Privacy of information** Users may not obtain copies of or modify files, passwords, or data that belong to someone else; nor represent oneself as someone else by using another person's account or password; nor forward material considered personal or confidential to another without prior consent.
- **Use of facilities** Users may not attempt to damage or degrade the performance of computers or networks; nor use computers and networks for commercial purposes without authorization; nor develop programs that harass other users; nor attempt to infiltrate a computer; nor circumvent accounting systems; nor use the computer accounts of others; nor duplicate, use or distribute software without authorization.
- **Electronic communications** Users shall not access, upload, download, or distribute obscene material; nor transmit obscene or threatening or abusive language; nor misrepresent the identity of the sender. Harvard neither sanctions nor censors individual expression of opinion on its systems. The same standards of behavior, however, are expected in the use of electronic mail as in the use of telephones and written and oral communication. Therefore, electronic mail, like telephone messages, must be neither obscene nor harassing. Similarly, messages must not misrepresent the identity of the sender and should not be sent as chain letters or be broadcast indiscriminately to large numbers of recipients. This prohibition includes unauthorized mass electronic mailings. For example, e-mail on a given topic that is sent to large numbers of recipients should in general be directed only to those who have indicated a willingness to receive such e-mail.

- **Social Media** Caution is recommended as well in using social media sites such as Facebook or Twitter. The profession of dental medicine is founded on the highest standards of conduct. In admitting a student to HSDM, we believe you have already demonstrated that your behavior in person – both on campus and off – and in your electronic presence reflects the maturity and civility that are the necessary underpinnings of the profession. After you are admitted, enrollment remains contingent on a continuation of this high standard of conduct. Items that represent unprofessional behavior that are posted by you on social networking sites reflect poorly on you and on the dental profession. Such items may become public and could subject you to unintended exposure and consequences. *Please also refer to HSDM's Policy on Social Media found under the "Computer Resources" section of this handbook.*

When students are on rotations or in other clinical settings, they must adhere to each clinical institution's privacy and social media policies.

### **HSDM Policy on Use of Mobile Computing Devices (tablets, laptops, cell phones) in Lectures, Laboratories, Tutorials, Clinics and Case Presentations**

- **Lectures**  
These devices may be used in lectures by individual students for the purpose of taking notes and viewing power-point presentations. They may not be used to surf websites, check email or for instant messaging. Two or more students may not view a single laptop.
- **Laboratories/Tutorials**  
Laptops may be used to access education-based websites, or resources that are particular to the discussion taking place. Their use is at the discretion of the Instructor/Tutor and will not be allowed if s/he determines they are (or would be) causing interference.
- **Clinics**  
Storing patient data on any portable device is strictly prohibited. Personal cell phones and personal email accounts may not be utilized for any patient communications.
- **Case Presentations**  
Mobile device use during case presentations is limited to reviewing supplemental material provided by the presenter and as directed by the moderator. The presenter can make use of any device necessary for their presentation.

## Drug and Alcohol Abuse

The following policy statement on drugs and alcohol is designed to address the University's concerns about substance abuse and to ensure that the Harvard community complies with the Federal *Drug-Free Workplace Act of 1988* (the "Drug-Free Workplace Act") and the *Drug-Free Schools and Communities Act Amendments of 1989* (the "Drug-Free Schools Act"; collectively, the "Acts").

Violations of laws relating to controlled substances or alcohol are prohibited in or on Harvard premises, in vehicles provided by Harvard, at any site or location at which University duties are being performed by Harvard students, or as a part of any of Harvard's activities. Common examples of controlled substances, as defined by law, are cocaine, marijuana and heroin. To acquaint members of the Harvard community with the applicable laws, the University's Office of the General Counsel (<http://www.ogc.harvard.edu/>) has prepared a description of local, State and Federal laws concerning drugs and alcohol, which follows.

Although Massachusetts law now permits adults aged 21 or older to possess and consume marijuana under certain circumstances, federal law prohibits the possession, use, or distribution of marijuana, including for medical purposes, on Harvard property or as part of a Harvard activity. Thus, even if possession or use of marijuana would be permitted under Massachusetts law, it remains prohibited on campus.

Additionally, the misuse of prescription drugs (sharing, buying, or using in a manner different than that prescribed) is a violation of University policy.

The University will take disciplinary action against violators, consistent with Federal, State and local laws. Such action may include requiring satisfactory participation in a substance abuse treatment, counseling, or education program as a condition of reinstatement or continued enrollment at Harvard; suspension; expulsion; and referral for prosecution.

Substance abuse is potentially harmful to health. Because of the considerable health risks involved in drug and alcohol use, resources are available to assist the Harvard community in understanding and dealing with drug and alcohol abuse problems. Harvard students can learn about the dangers of substance abuse and get information about treatment and counseling options available to the Harvard community through the [Harvard University Health Services](#). For more information on Harvard's resources, you may consult the HUHS website [Health Information and Resources](#), or contact the Office of Student Affairs. These programs and offices are part of Harvard's ongoing efforts to maintain a drug-free environment. Additionally, any member of the University community may use the [Harvard University Health Services](#) on an emergency basis at any time, day and night.

## Hazing

Harvard University is obliged to bring to the attention of each student, the provisions of a Massachusetts law prohibiting the practice of hazing in connection with the initiation of students into student groups. The law applies to both officially recognized and unrecognized groups and practices conducted on and off campus. A copy of the law is contained in the *Supplement* section for your information.

Students are advised that Massachusetts law expressly prohibits any form of hazing in connection with initiation into a student organization. The relevant statutes are provided below. The law applies to all student groups, whether or not officially recognized, and to practices conducted both on- and off-campus.

Using the definition of hazing set forth in the Massachusetts hazing statute, the Harvard School of Dental Medicine will consider all reports of hazing in the normal course of its oversight, taking disciplinary action in the appropriate cases, and will report confirmed incidents to appropriate law enforcement officials.

Massachusetts General Laws Chapter 269

Section 17. Whoever is a principal organizer or participant in the crime of hazing, as defined herein, shall be punished by a fine of not more than three thousand dollars or by imprisonment in a house of correction for not more than one year, or both such fine and imprisonment.

The term “hazing” as used in this section and in sections eighteen and nineteen, shall mean any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug, or other substance, or any other brutal treatment or forced physical activity which is likely to affect adversely the physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation.

Notwithstanding any other provisions of this section to the contrary, consent shall not be available as a defense to any prosecution under this action.

Section 18. Whoever knows that another person is the victim of hazing as defined in section seventeen and is at the scene of such crime shall, to the extent that such person can do so without danger or peril to himself or others, report such crime to an appropriate law enforcement official as soon as reasonably practicable. Whoever fails to report such crime shall be punished by a fine of not more than one thousand dollars.

Section 19. Each institution of secondary education and each public and private institution of post-secondary education shall issue to every student group, student team, or student organization which is part of such institution or is recognized by the institution or permitted by the institution to use its name or facilities or is known by the institution to exist as an unaffiliated student group, student team or student organization, a copy of this section and sections seventeen and eighteen; provided, however, that an institution’s compliance with this section’s requirements that an institution issue copies of this section and sections seventeen and eighteen to unaffiliated student groups, teams or organizations shall not constitute evidence of the institution’s recognition or endorsement of said unaffiliated student groups, teams or organizations.

Each such group, team, or organization shall distribute a copy of this section and sections seventeen and eighteen to each of its members, plebes, pledges or applicants for membership. It shall be the duty of each such group, team or organization, acting through its designated officer, to deliver annually to the institution an attested acknowledgment stating that such group, team, or organization has received a copy of this section and said sections seventeen and eighteen, that each of its members, plebes, pledges, or applicants has received a copy of sections seventeen and eighteen, and that such group, team, or organization understands and agrees to comply with the provision of this section and sections seventeen and eighteen.

Each institution of secondary education and each public or private institution of post-secondary education shall, at least annually, before or at the start of enrollment, deliver to each person who enrolls as a full-time student in such institution a copy of this section and sections seventeen and eighteen.

Each institution of secondary education and each public or private institution of post-secondary education shall file, at least annually, a report with the board of higher education and in the case of secondary institutions, the board of education, certifying that such institution has complied with its responsibility to inform student groups, teams or organizations and to notify each full-time student enrolled by it of the provisions of this section and sections seventeen and eighteen, and also certifying that said institution has adopted a disciplinary policy with regard to the organizers and participants of hazing, and that such policy has been set forth with appropriate emphasis in the student handbook or similar means of communicating the institution’s policies to its students. The board of higher education and, in the case of secondary institutions, the board of education, shall promulgate regulations governing the content and frequency of such reports, and shall forthwith report to the attorney general any such institution which fails to make such report.

The Dental School will consider all reports of hazing, taking disciplinary action in appropriate cases, and will report confirmed incidents to appropriate law enforcement officials. If you have any questions about the hazing law or have concerns about an incident you have witnessed, please contact the Office of Dental Education at Harvard School of Dental Medicine.

## **Discrimination**

It is the strong and consistent policy of Harvard Medical School, Harvard School of Dental Medicine and Harvard School of Public Health to treat all community members with respect, provide an environment conducive to learning and working and ensure equal access to rights, privileges and opportunities without regard to race, color, sex, sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, disability, or any other legally protected category.

Discrimination on the basis of these characteristics is inconsistent with the above principles and violates obligations on non-discrimination imposed by law and Harvard policy.

## **Threats Involving Deadly Weapons, Explosives, Bombs, Chemical or Biological Agents, or Other Deadly Devices or Substance**

The following provision of Massachusetts law concerning certain kinds of threats underscores why such behavior must be treated by Harvard School of Dental Medicine as an actionable offense:

Whoever willfully communicates or causes to be communicated, either directly or indirectly, orally, in writing, by mail, by use of a telephone or telecommunication device including, but not limited to, electronic mail, Internet communications and facsimile communications, through an electronic communication device or by any other means, a threat: (1) that a firearm, rifle, shotgun, machine gun or assault weapon, as defined in section 121 of chapter 140, an explosive or incendiary device, a dangerous chemical or biological agent, a poison, a harmful radioactive substance or any other device, substance or item capable of causing death, serious bodily injury or substantial property damage, will be used at a place or location, or is present or will be present at a place or location, whether or not the same is in fact used or present; or (2) to hijack an aircraft, ship, or common carrier thereby causing anxiety, unrest, fear, or personal discomfort to any person or group of persons shall be punished by imprisonment in the state prison for not more than 20 years or imprisonment in the house of correction for not more than 2 1/2 years, or by fine of not more than \$10,000, or by both such fine and imprisonment.

Whoever willfully communicates or causes to be communicated such a threat thereby causing either the evacuation or serious disruption of a school, school related event, school transportation, or a dwelling, building, place of assembly, facility or public transport, or an aircraft, ship or common carrier, or willfully communicates or causes serious public inconvenience or alarm, shall be punished by imprisonment in the state prison for not less than 3 years nor more than 20 years or imprisonment in the house of correction for not less than 6 months nor more than 2 1/2 years, or by fine of not less than \$1,000 nor more than \$50,000, or by both such fine and imprisonment. Massachusetts General Laws, c.269§ 14(b)-(c).

### *Firearms, Explosives, Combustible Fuels, Firecrackers, and Dangerous Weapons*

Possession and/or use on University property of firearms or other dangerous weapons (as defined below) or ammunition, explosives, combustible fuels, fire-crackers, and potential ingredients thereof is forbidden by University policy. The applicable Massachusetts law is as follows:

For the purpose of this paragraph “firearm” shall mean any pistol, revolver, rifle or smoothbore arm from which a shot, bullet or pellet can be discharged.

Whoever, not being a law enforcement officer, and notwithstanding any license obtained by the person pursuant to chapter 140, carries on the person a firearm, loaded or unloaded, or other dangerous weapon in Harvard School of Dental Medicine Student Handbook 2019-20

any building or on the grounds of any elementary or secondary school, college or university without the written authorization of the board or officer in charge of such elementary or secondary school, college or university shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than 2 years or both. A law enforcement officer may arrest without a warrant and detain a person found carrying a firearm in violation of this paragraph.

Any officer in charge of an elementary or secondary school, college or university, or any faculty member or administrative officer of an elementary or secondary school, college or university that fails to report violations of this paragraph shall be guilty of a misdemeanor and punished by a fine of not more than \$500. Massachusetts General Laws, c.269§ 10(j).

Under Massachusetts law, the definition of dangerous weapons includes many items designed to do bodily injury:

. . . any stiletto, dagger or a device or case which enables a knife with a locking blade to be drawn at a locked position, any ballistic knife, or any knife with a detachable blade capable of being propelled by any mechanism, dirk knife, any knife having a double-edged blade, or a switch knife, or any knife having an automatic spring release device by which the blade is released from the handle, having a blade of over one and one-half inches, or a slung shot, blowgun, blackjack, metallic knuckles or knuckles of any substance which could be put to the same use with the same or similar effect as metallic knuckles, nunchaku, zoobow, also known as klackers or kung fu sticks, or any similar weapon consisting of two sticks of wood, plastic or metal connected at one end by a length of rope, chain, wire or leather, a shuriken or any similar pointed starlike object intended to injure a person when thrown, or any armband, made with leather which has metallic spikes, points or studs or any similar device made from any other substance or a cestus or similar material weighted with metal or other substance and worn on the hand, or a Manriki-Gusari or similar length of chain having weighted ends . . . .  
Massachusetts General Laws, c. 269 § 10(b).

In addition, students should recognize that even when they are away from the University, Massachusetts law requires a permit or firearms identification card or compliance with other specialized rules (depending upon the type of weapon) for possession of any firearms. Carrying any firearm (even if unloaded) in violation of the law is punishable by imprisonment with a mandatory minimum sentence of eighteen months, which cannot be suspended or reduced. Massachusetts General Laws, c. 269 § 10(a).

Students should consult the local police department in the city or town in which they reside if they intend to possess firearms on non-University property, in order to assure strict compliance with the applicable statutes.

# Sexual and Gender-Based Harassment

HSDM has adopted the University-wide Sexual and Gender-Based Harassment Policy (“University Policy”) and the University’s Procedures for Handling Complaints Involving Students Pursuant to the Sexual and Gender-Based Harassment Policy (“University Procedures”). To the extent any existing HSDM policies or procedures interfere with compliance with the University Policy and University Procedures, application of such HSDM policies and procedures shall be suspended. The University Policy states as follows:

## Policy Statement

Harvard University is committed to maintaining a safe and healthy educational and work environment in which no member of the University community is, on the basis of sex, sexual orientation, or gender identity, excluded from participation in, denied the benefits of, or subjected to discrimination in any University program or activity. Gender-based and sexual harassment, including sexual violence, are forms of sex discrimination in that they deny or limit an individual’s ability to participate in or benefit from University programs or activities.

This Policy is designed to ensure a safe and non-discriminatory educational and work environment and to meet legal requirements, including: Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex in the University’s programs or activities; relevant sections of the Violence Against Women Reauthorization Act; Title VII of the Civil Rights Act of 1964, which prohibits discrimination on the basis of sex in employment; and Massachusetts laws that prohibit discrimination on the basis of sex, sexual orientation, and gender identity. It does not preclude application or enforcement of other University or School policies.

It is the policy of the University to provide educational, preventative and training programs regarding sexual or gender-based harassment; to encourage reporting of incidents; to prevent incidents of sexual and gender-based harassment from denying or limiting an individual’s ability to participate in or benefit from the University’s programs; to make available timely services for those who have been affected by discrimination; and to provide prompt and equitable methods of investigation and resolution to stop discrimination, remedy any harm, and prevent its recurrence. Violations of this Policy may result in the imposition of sanctions up to, and including, termination, dismissal, or expulsion, as determined by the appropriate officials at the School or unit.

Retaliation against an individual for raising an allegation of sexual or gender-based harassment, for cooperating in an investigation of such a complaint, or for opposing discriminatory practices is prohibited. Submitting a complaint that is not in good faith or providing false or misleading information in any investigation of complaints is also prohibited.

Nothing in this Policy shall be construed to abridge academic freedom and inquiry, principles of free speech, or the University’s educational mission.

## Definitions

### Sexual Harassment

Sexual harassment is unwelcome conduct of a sexual nature, including unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, graphic, or physical conduct of a sexual nature, when: (1) submission to or rejection of such conduct is made either explicitly or implicitly a condition of an individual’s employment or academic standing or is used as the basis for employment decisions or for academic evaluation, grades, or advancement (quid pro quo); or (2) such conduct is sufficiently severe, persistent, or pervasive that it interferes with or limits a person’s ability to participate in or benefit from the University’s education or work programs or activities (hostile environment).

Quid pro quo sexual harassment can occur whether a person resists and suffers the threatened harm, or the person submits and avoids the threatened harm. Both situations could constitute discrimination on the basis of sex.

A hostile environment can be created by persistent or pervasive conduct or by a single severe episode. The more severe the conduct, the less need there is to show a repetitive series of incidents to prove a hostile environment. Sexual violence, including rape, sexual assault, and domestic and dating violence, is a form of sexual harassment. In addition, the following conduct may violate this Policy:

- Observing, photographing, videotaping, or making other visual or auditory records of sexual activity or nudity, where there is a reasonable expectation of privacy, without the knowledge and consent of all parties
- Sharing visual or auditory records of sexual activity or nudity without the knowledge and consent of all recorded parties and recipient(s)
- Sexual advances, whether or not they involve physical touching
- Commenting about or inappropriately touching an individual's body
- Requests for sexual favors in exchange for actual or promised job benefits, such as favorable reviews, salary increases, promotions, increased benefits, or continued employment
- Lewd or sexually suggestive comments, jokes, innuendoes, or gestures
- Stalking

Other verbal, nonverbal, graphic, or physical conduct may create a hostile environment if the conduct is sufficiently persistent, pervasive, or severe so as to deny a person equal access to the University's programs or activities. Whether the conduct creates a hostile environment may depend on a variety of factors, including: the degree to which the conduct affected one or more person's education or employment; the type, frequency, and duration of the conduct; the relationship between the parties; the number of people involved; and the context in which the conduct occurred.

### **Unwelcome Conduct**

Conduct is unwelcome if a person (1) did not request or invite it and (2) regarded the unrequested or uninvited conduct as undesirable or offensive. That a person welcomes some sexual contact does not necessarily mean that person welcomes other sexual contact. Similarly, that a person willingly participates in conduct on one occasion does not necessarily mean that the same conduct is welcome on a subsequent occasion.

Whether conduct is unwelcome is determined based on the totality of the circumstances, including various objective and subjective factors. The following types of information may be helpful in making that determination: statements by any witnesses to the alleged incident; information about the relative credibility of the parties and witnesses; the detail and consistency of each person's account; the absence of corroborating information where it should logically exist; information that the Respondent has been found to have harassed others; information that the Complainant has been found to have made false allegations against others; information about the Complainant's reaction or behavior after the alleged incident; and information about any actions the parties took immediately following the incident, including reporting the matter to others.

In addition, when a person is so impaired or incapacitated as to be incapable of requesting or inviting the conduct, conduct of a sexual nature is deemed unwelcome, provided that the Respondent knew or reasonably should have known of the person's impairment or incapacity. The person may be impaired or incapacitated as a result of drugs or alcohol or for some other reason, such as sleep or unconsciousness. A Respondent's impairment at the time of the incident as a result of drugs or alcohol does not, however, diminish the Respondent's responsibility for sexual or gender-based harassment under this Policy.

### **Gender-Based Harassment**

Gender-based harassment is verbal, nonverbal, graphic, or physical aggression, intimidation, or hostile conduct based on sex, sex-stereotyping, sexual orientation or gender identity, but not involving conduct of a sexual nature, when such conduct is sufficiently severe, persistent, or pervasive that it interferes with or limits a person's ability to participate in or benefit from the University's education or work programs or activities. For example, persistent disparagement of a person based on a perceived lack of stereotypical masculinity or femininity or exclusion from an activity based on sexual orientation or gender identity also may violate this Policy.



## **Jurisdiction**

This Policy applies to sexual or gender-based harassment that is committed by students, faculty, staff, Harvard appointees, or third parties, whenever the misconduct occurs:

1. On Harvard property; or 2. Off Harvard property, if:

- a) the conduct was in connection with a University or University-recognized program or activity; or
- b) the conduct may have the effect of creating a hostile environment for a member of the University community.

## **Monitoring and Confidentiality**

A variety of resources are available at the University and in the area to assist those who have experienced gender-based or sexual harassment, including sexual violence.

Individuals considering making a disclosure to University resources should make sure they have informed expectations concerning privacy and confidentiality. The University is committed to providing all possible assistance in understanding these issues and helping individuals to make an informed decision.

It is important to understand that, while the University will treat information it has received with appropriate sensitivity, University personnel may nonetheless need to share certain information with those at the University responsible for stopping or preventing sexual or gender-based harassment. For example, University officers, other than those who are prohibited from reporting because of a legal confidentiality obligation or prohibition against reporting, must promptly notify the School or unit Title IX Coordinator about possible sexual or gender-based harassment, regardless of whether a complaint is filed. Such reporting is necessary for various reasons, including to ensure that persons possibly subjected to such conduct receive appropriate services and information; that the University can track incidents and identify patterns; and that, where appropriate, the University can take steps to protect the Harvard community. This reporting by University officers will not necessarily result in a complaint; rather, the School or unit Title IX Coordinator, in consultation with the Title IX Officer, will assess the information and determine what action, if any, will be taken. Information will be disclosed in this manner only to those at the University who, in the judgment of the Title IX Officer or School or unit Title IX Coordinator, have a need to know.

Should individuals desire to discuss an incident or other information only with persons who are subject to a legal confidentiality obligation or prohibition against reporting, they should ask University officers for information about such resources, which are available both at the University and elsewhere. University officers are available to discuss these other resources and to assist individuals in making an informed decision.

## **Violations of other Rules**

The University encourages the reporting of all concerns regarding sexual or gender-based harassment. Sometimes individuals are hesitant to report instances of sexual or gender-based harassment because they fear they may be charged with other policy violations, such as underage alcohol consumption. Because the University has a paramount interest in protecting the well-being of its community and remedying sexual or gender-based harassment, other policy violations will be considered, if necessary, separately from allegations under this Policy.

## **Resources**

*University Resources:*

[Office of Sexual Assault Prevention & Response](#)

[HUHS Behavioral Health Services](#)

[Harvard University Health Services](#)

[Harvard Chaplains](#)  
[Harvard University Police Department](#)

*Local Title IX Coordinators, other relevant policies, and complaint procedures:*  
[University Sexual Harassment Policies & Procedures](#)  
[University Title IX Officer](#)

*Outside Agencies:*

U.S. Department of Education, Office for Civil Rights (OCR) U.S. Equal Employment Opportunity Commission (EEOC) Massachusetts Commission Against Discrimination (MCAD)

## **POLICIES RELATED TO ACADEMIC PERFORMANCE**

### **Grading and Examinations - DMD Program**

Courses taken at Harvard Medical School are graded contingent upon their policies; please refer to the Harvard Medical School Student Handbook and individual course syllabi for detailed information.

Preclinical courses taken at Harvard School of Dental Medicine are graded Pass/Marginal Pass/Fail. For preclinical courses in the HSDM curriculum, an overall grade of 75 and above constitutes a passing (P) grade; an overall grade of 70-74 constitutes a marginal pass (MP) and signals a need for early intervention; an overall grade of 69 or below constitutes a failing (F) grade.

Clinical science and all other courses at Harvard School of Dental Medicine are graded Honors/Pass/Marginal Pass/Fail. An overall course grade of 90 and above constitutes honors (H); an overall grade of 75-89 constitutes a passing (P) grade; an overall grade of 70-74 constitutes a marginal pass (MP) and signals a need for early intervention; an overall grade of 69 or below constitutes a failing (F) grade.

Marginal performance by a student will be noted by the course director and will be addressed in the Committee on Promotions review of student progress. For more information, please refer to *Policies on Promotion and Probation*.

The course director determines the nature, frequency, content and scoring of student assessments and examinations as outlined in the course syllabus. All formally designated assessments and examinations are required of all students registered in the course. Students should refer to the course syllabus for the grading policy specific to each course. Students are evaluated using a variety of integrated assessments including but not limited to:

- Case-Based Discussion
- Clinical Exercise
- Critical Evaluation of Literature
- Formative Assessment
- Group Project/Presentation
- Laboratory Exercise
- Oral Exam
- Objective Structured Clinical Exam
- Participation Assessment
- Problem-Based Tutorial Discussion
- Poster Presentation
- Preclinical Practical Assessment
- Quizzes
- Reflective Journal
- Summative Assessment
- Simulation Exercise
- Small Group Discussion
- Student Presentation
- Treatment Planning Presentation
- Written Exam

If a student does not take an examination, a grade of Failure or Unsatisfactory is recorded for the examination and the student is referred to the Committee on Promotions. The Committee, in consultation with the Course Director, may require the student to re-take the course or may waive this rule and grant deferral for extenuating circumstances.

Examinations and re-examinations can be deferred only with permission of the Course Director. This is ordinarily done for illness or other exceptional situations and must be arranged before the examination. The grounds for deferment of an examination during a course may be:

- Serious illness, confirmed by written notice from the University Health Service or a private physician, dated on or before the date of the examination.
- Family emergency requiring the student to leave school and return home. It is the responsibility of the student to inform the Course Director in advance of leaving Boston and later to provide a written account of the circumstances.

In either case, the student will be subject to re-examination at a time decided upon by the Course Director. If any examinations or re-examinations have not been completed by the last day of a course, a temporary grade of Incomplete is recorded and the student is instructed to complete the course or take the make-up examination by a specified time.

All make-up examinations and/or course work must be completed prior to the beginning of the next academic year.

During the clinical curriculum, students are assessed on formative and summative procedures. Students have three opportunities to pass a summative assessment. If a student does not pass a summative assessment after three attempts, the student is referred to the Committee on Promotions. The Committee on Promotions will consider each instance on a case-by-case basis and may require the student to re-take the course.

### **Remediation**

Students who are not meeting course expectations or are performing poorly on integrated assessments and examinations are required to meet with the course director and pursue a remediation plan. Remediation policies are specific to each course and are outlined in the course syllabus.

### **Grading - Advanced Graduate Programs**

HSDM courses for Advanced Graduate Education students are graded on an Honors (H)/Pass (P)/Fail (F) basis.

*Students (DMD or AGE) who cross register for courses at other faculties are subject to the grading rules of the school into which they cross-register.*

## **POLICIES ON PROMOTION AND PROBATION DMD STUDENTS - COMMITTEE ON PROMOTIONS**

The Committee on Promotions, also known as the Committee on Promotions, is a standing committee of the HSDM faculty charged with monitoring DMD student performance across the four or more years of dental school. Its members are appointed by the Dean and include faculty representatives from the preclinical and clinical courses, as well as Senior Tutors and the Associate Dean for Dental Education. The Committee on Promotions meets at regular intervals throughout each year, with additional meetings scheduled as needed. The progress of each class is reviewed at least twice per academic year to ensure that each student fulfills the requirements for graduation and meets the rules governing promotion. Actions of the Committee on Promotions include promotion without qualification; promotion with reexamination or other modification of the schedule; the placing of a student on monitored academic status or academic probation; the requirement to repeat a course, semester or year with specific conditions; the granting of leaves of absence or withdrawal; recommendation for leave of absence or withdrawal from the School; requirement to take a leave of absence or withdraw from the School; and admittance with advanced standing. Alternatively, the Committee on Promotions may recommend a constructive program for each student, considering special problems and/or needs. Conformance with the rules governing courses, examinations, National Board Dental Examinations, and promotions are generally monitored by the Committee on Promotions, the Registrar, the Director of Student Affairs and the Associate Dean for Dental Education except where otherwise stated.

The policies and decisions governing promotion are subject to reconsideration by the Committee on Promotions. The Committee on Promotions reserves the right at any time to change the requirements for promotion or graduation. Students have the right to appeal to the Committee on Promotions and then to an ad hoc Appeals Board for reconsideration of any decisions related to their academic status or dismissal. For more information, refer to the section on Academic and Clinical Performance.

### **Rules Governing Promotion – DMD Students**

1. All courses in the curriculum of Harvard School of Dental Medicine are required and organized sequentially. Students are required to complete all coursework in the prescribed sequence, within a period not to exceed six years of enrollment in the DMD program. All required preclinical and clinical courses must be completed successfully prior to graduation.
2. All outstanding course work, examinations, and assessments must be completed before a student is promoted to the next academic year.
3. Students must pass all coursework in preclinical courses before proceeding to clinical coursework. The Committee on Promotions may grant deferral of this rule in cases where it believes that extenuating circumstances exist.
4. Students must satisfactorily complete the required clinical coursework in Year 3 before beginning the externships and elective rotations of Year 4.
5. Students must complete all program and discipline-specific patient-care requirements before graduation.
6. Students must pass the National Board Dental Examinations, Parts I and II, before graduation. The performance of students who fail Part I or Part II will be reviewed by the Committee on Promotions. The Committee may dictate a plan of study for continuing clinical work and/or retaking the exam and may limit clinical rotations and patient contact. Students who fail Part I, will not be promoted to the 3<sup>rd</sup> year and will not be permitted to assume patient care responsibilities. This may result in a delay of graduation.
7. Students must successfully complete and present an approved research project prior to graduation. For specific information, please see the DMD Student Research Guidebook provided by the Office of Research, available at: <https://hsdm.harvard.edu/research-guidebooks>
8. The performance of students who do not meet the research requirement will be reviewed by the Committee on Promotions. The Committee may dictate a plan of study for completing the research project.

## **Rules Governing Monitored Academic Status – DMD Students**

1. Students may be placed on monitored academic status as a result of faculty concerns about their clinical, didactic, or behavioral progress.
2. If a student receives two marginal satisfactory (MS) or marginal passing (MP) course grades within the academic year, they will automatically be placed on monitored academic status.
3. Students will be subject to more frequent monitoring of academic progress. Students will remain on monitored academic status until notification by the Committee on Promotions.

## **Rules Governing Probation - DMD Students**

1. Students may be placed on probation if they do not complete conditions specified by the Committee on Promotions.
2. Students may be placed on probation, and may be required to repeat a semester or year as a result of disciplinary action.
3. The performance of students on probation will be monitored closely.
4. Students automatically will be placed on probation and may be required to repeat an academic year, if they receive marginal satisfactory (MS) or marginal passing (MP) grades in three courses during the academic year or if they receive an initial failing grade in any course. For such students, a special remedial program may be created in conjunction with the Committee on Promotions.
5. Students may be required to repeat a year or a portion of the clinical curriculum if they are not making satisfactory clinical progress and it is deemed necessary by the Committee on Promotions.
6. Students on probation will not be allowed to serve on appointed committees at the School, will be required to limit their extracurricular activities, and will not ordinarily be granted a leave of absence except for medical reasons or parental leave.
7. Students will be eligible to be taken off academic probation when they have completed all conditions specified by the Committee on Promotions. Any probationary period normally will be a minimum of one year, to allow sufficient time for close monitoring of student performance.
8. The faculty reserves the right in accordance with applicable procedures to require a leave of absence or the withdrawal of a student or to academically reclassify a student at any time if, in the judgment of the faculty, the interest of the student, the School, and the student's patients would be best served. In cases where the student is required to repeat a year or portion of a year, the ability to do so will be based on availability of space.
9. Since eligibility requirements for federal student financial aid include certification that the student is making satisfactory academic progress, the Committee on Promotions will notify the Financial Aid Officer at the School of Dental Medicine if it has determined that a student is not progressing on a timetable that would be expected to lead to a timely completion of his or her program.

## **Rules Governing Required Withdrawal – DMD Students**

Students may be asked to withdraw from the School if they:

1. Students automatically will be required to repeat an academic year or be required to withdraw if they receive marginal satisfactory (MS) or marginal passing (MP) grades in four or more courses during the academic year; or if they are repeating an academic year and fail initial final exams;
2. Are on academic probation and do not complete conditions specified by the Committee on Promotions;
3. Are not making satisfactory academic progress, as specified by the Committee on Promotions;
4. Fail to meet the School of Dental Medicine's standards of professional conduct and responsibility.

# ADVANCED GRADUATE STUDENTS- COMMITTEE ON ADVANCED GRADUATE EDUCATION

The Committee on Advanced Graduate Education is a standing committee of the School of Dental Medicine charged with monitoring advanced graduate educational programs as well as student progress and performance throughout the course of their programs. Its members are appointed by the Dean and the Committee is chaired by the Director of Advanced Graduate Education. Members include the Advanced Education Program Directors and members of the administration as appointed by the Dean. The Committee meets regularly throughout the year. The progress of students in each program is reviewed at least twice per academic year in order to ensure that individuals meet their programmatic requirements for promotion and graduation. Actions of the Committee include:

- promotion without qualification; or promotion with re-examination or other modification of the schedule;
- the placing of a student on monitored academic status or academic probation;
- the requirement to repeat a course, semester or year with specific conditions;
- the granting of leaves of absence or withdrawal; and
- the recommendation of withdrawal or dismissal from the School.

## Rules Governing Promotion – Advanced Graduate Students

Specific credit hour requirements are outlined for each certificate and degree program (DMSc or MMSc). Students are required to complete all course credit requirements prescribed by the degree and/or certificate program in which they are enrolled. All certificate and/or degree requirements must be completed successfully prior to graduation. For students enrolled in combined certificate/degree programs, a certificate will be awarded at the conclusion of the specialty training and may precede the awarding of the degree.

1. Students who fail a course final examination in a Harvard School of Dental Medicine course are afforded the opportunity to take a re- examination. If there is a failure of the re- examination, the student must retake and successfully complete the course, or an equivalent course, as determined by the Course Director or the Committee on Advanced Graduate Education. Courses taken at other schools within the University or outside the University are governed by that school's rules.
2. Students must complete their program specific patient-care requirements prior to graduation.
3. Students in the Master of Medical Science and the combined Doctor of Medical Science and certificate programs must successfully complete and defend a research proposal in the format of an NIH RO1 grant application. Program directors will provide additional information on research requirements. Currently enrolled MMSc degree candidates should contact their program directors for information on research requirements.
4. In addition to the above, Students in the Doctor of Medical Sciences Program must successfully complete an oral qualifying examination, a thesis proposal, a research presentation, and a thesis defense, according to the published deadlines, prior to graduation. Thesis proposal and defense deadlines are published in the academic calendar.

## Rules Governing Monitored Academic Status – Advanced Graduate Students

1. Students may be placed on monitored academic status as a result of faculty and/or program director's concerns about their clinical, didactic, or behavioral progress.
2. If a student receives two unsatisfactory or failing course grades within the academic year, they will automatically be placed on monitored academic status.
3. Students will be subject to more frequent monitoring of academic progress. Students will remain on monitored academic status until notification by the Committee on Advanced Graduate Education.

## **Rules Governing Probation – Advanced Graduate Students**

1. Students may be placed on probation if they do not complete conditions specified by the Committee on Advanced Graduate Education.
2. Students may be placed on probation, and may be required to repeat a semester or year as a result of disciplinary action.
3. Students automatically will be placed on probation and may be required to repeat an academic year if they receive an initial failure in three or more courses for the year, independent of whether they have subsequently passed re-examinations in these subjects.
4. Students automatically will be required to repeat an academic year or be required to withdraw if they have a cumulative initial failure of four or more courses for the year or if they have failed any course and have not taken and passed the make-up examination.
5. Students may be required to repeat a portion of the clinical curriculum or a year if it is deemed necessary by their Program Director and Faculty and/or the Committee on Advanced Graduate Education.
6. Students may be placed on academic probation if they do not complete conditions mandated by the Committee on Advanced Graduate Education prior to their probationary status.
7. The performance of students on probation will be monitored closely.
8. Students on probation will not be allowed to serve on appointed committees at the School, will be required to limit their extracurricular activities, and will only be granted a leave of absence for medical reasons or parental leave.
9. Students will be eligible to be taken off academic probation when they have completed all conditions specified by the Committee on Advanced Graduate Education.
10. The Faculty reserves the right, in accordance with applicable procedures, to require the withdrawal or academic reclassification of a student at any time if, in the judgment of the faculty/program director, the interests of the student, the School, and the student's patients would be best served. In cases where the student is required to repeat a year or portion of a year, the ability to do so will be based on the availability of space.
11. Since eligibility requirements for federal student financial aid include certification that the student is making satisfactory academic progress, the Committee on Advanced Graduate Education will notify the Director of Financial Aid at the School of Dental Medicine in the event that it has determined that a student is not progressing on a timetable that would be expected to lead to a timely completion of his or her program.
12. Students on academic probation are not eligible for reduced tuition
13. The policies and decisions governing promotion are subject to reconsideration by the Committee on Advanced Graduate Education. The Committee on Advanced Graduate Education reserves the right at any time to set the requirements for promotion or graduation. Students have the right to appeal to the Committee on Advanced Graduate Education and then to an ad hoc Appeals Board for reconsideration of any decisions related to their academic status or dismissal. For more information, refer to the section on Academic and Clinical Performance.

## **Rules Governing Required Withdrawal – Advanced Graduate Education Students**

Students will be asked to withdraw from the School if they:

1. Are repeating an academic year and they fail initial final exams.
2. Are on academic probation and do not satisfactorily complete conditions specified by the Committee on Advanced Graduate Education.
3. Are not making satisfactory academic progress, as specified by the Committee on Advanced Graduate Education. DMSc students who fail their Oral Qualifying Exam and do not pass on the second attempt may be required to withdraw.
4. Are found to be employed outside of their academic program during the School's workweek (Monday-Friday 8:00 a.m.-6:00 p.m.)
5. Fail to meet the School's standards of professional conduct and responsibility.



## **Rules Governing Change in Degree – Advanced Graduate Education Students**

Students who are enrolled in the MMSc program and wish to pursue the DMSc degree may petition the Committee on Advanced Graduate Education. The Committee will consider the request and determine whether or not to grant a change in degree which will result in at least one additional year of study and associated requirements and costs. AGE students must have completed a minimum of one year in their MMSc program before they can request to transition to a DMSc degree.

AGE students must submit an internal application for the transition and complete the admissions process facilitated by the Office of Dental Education. AGE students will be interviewed by two basic science researchers chosen by the Office of Dental Education. The interviews will be calibrated and reviewed by CAGE for candidacy.

The Office of Dental Education will assist CAGE in reviewing the student's application. AGE students will submit the following documents to CAGE for candidacy:

- Letter of intent to a DMSc degree
- Letter of support from program director
- Letter of support from research mentor / PI of the research project
- Current CV/Resume/ HSDM transcript
- DMSc degree timeline for completion / review DMSc requirements
- Summary/Proposal of research to be completed upon transition to a DMSc program

CAGE will review the documents listed above and the interview notes from the two interviewers selected. The committee will then vote for the student's consideration of candidacy. The Director of Advanced Graduate Education will then reach out to the AGE student to inform them of their status.

Changes from the DMSc program to the MMSc program are not ordinarily permitted and requests are granted so only under extenuating circumstances. Students must petition the Committee on Advanced Graduate Education and provide supporting documentation. The Committee will consider requests on a case-by-case basis and make a determination.

### **Other Degree Programs**

On occasion, students initially accepted into a DMSc or MMSc degree program with clinical training may decide that a different Harvard degree (e.g. MPH from Harvard School of Public Health) would better suit their educational goals. Students seeking to make this programmatic change must first apply and be accepted by the other Harvard school. Once this has happened, the student must petition the Committee on Advanced Graduate Education to pursue the other degree program in lieu of the HSDM degree.

### **Request to Combine a Certificate-Only Program with an MMSc or a DMSc**

AGE students who are enrolled in a certificate-only program may petition the Committee of Advanced Graduate Education (CAGE) to combine their certificate with a Master of Medical Science (MMSc) or a Doctor of Medical Science (DMSc) degree track at HSDM. AGE students must have completed a minimum of one year in their certificate only program before they can request to combine the certificate with a degree.

AGE students must submit an application for an MMSc or DMSc, and complete the admissions process facilitated by the Office of Dental Education. Students will be interviewed by two basic science researchers chosen by the Office of Dental Education. The interviews will be calibrated and reviewed by CAGE for candidacy. The application timeline will follow the Research Academy's admissions deadline in December.

The Office of Dental Education will assist CAGE in reviewing the student's application. AGE students will submit the following documents to CAGE for candidacy:

- Letter of intent to combine certificate with degree
- Letter of support from program director
- Letter of support from research mentor
- PASS application for a DMSc or MMSc degree
- Supplemental application
- Current CV/Resume
- MMSc/DMSc degree timeline for completion
- Summary of research to be completed upon acceptance to degree program

CAGE will review the documents listed above and the interview notes from the two interviewers selected. The committee will then vote for the student's consideration of candidacy. The Director of Advanced Graduate Education will then reach out to the AGE student to inform them of their status.

Students requesting to combine degrees and/or a certificate program are subject to the corresponding time frame of the new program in which they are enrolling.

## **POLICIES REGARDING TUITION PAYMENT AND FINANCIAL RESPONSIBILITIES**

### **Payment of Tuition and Fees**

Tuition and fees at Harvard School of Dental Medicine are billed prior to the beginning of each semester. The Harvard University Student Billing Office contacts DMD students via email in mid-July and provides instruction in the procedure to access their term bills electronically. These bills must be paid prior to registration in August. Advanced graduate students will be notified via e-mail in mid-May and will be instructed how to access their bills electronically. These bills must be paid by June 15, the registration date for advanced graduate students. Second semester charges for all students are billed in late December with payment due in January. It is the responsibility of the student to make all necessary arrangements for payment of the term bill.

### **Financial Aid**

Many students depend upon financial aid in the form of loans and/or scholarships to help finance their education. It is the responsibility of the School to provide students with the information they will need in order to apply for financial aid and to process financial aid applications in a timely manner. Appropriate documentation must be submitted according to the schedule determined by the HSDM Financial Aid Office. In general, financial aid applications must be received by the School no later than May 1 if the student wishes to consider the funds a resource for the fall term of the next academic year. In some instances, students may arrange for third parties to provide funding for their studies. These sponsored students are fully responsible for seeing that their tuition and fees are paid, regardless of the source or timing of funding.

Financial aid funds are awarded on a yearly basis and are not automatically renewed each year. New applications must be submitted for each year of funding.

Additional information on financial aid policies, procedures and resources can be found in the HSDM Financial Aid Handbook which is available on the HSDM website: <https://hsdm.harvard.edu/financial-aid>

### **Special Circumstances**

Students enrolled in joint programs at other Harvard schools, such as HSDM/HSPH, will receive a bill reflecting the portion of their tuition that will be paid to each school.

Students who are required to repeat a year or semester of study are expected to pay full tuition and fees for the repeated year(s) or semester(s).

Students whose program completion is delayed due to academic issues may be required to pay additional semesters of full tuition

### **Facilities Fee**

A Facilities Fee will be assessed when a student is in good academic standing and has met the tuition obligations of his or her program and is continuing to work toward completion of the program beyond the usual period of time allotted for that program. The Facilities Fee will be charged each semester. The fee will not be prorated for individuals who complete the program requirements prior to the end of the semester for which the fee has been charged. The Facilities Fee amount is published annually with the financial aid budgets.

### **Outstanding Balances**

HSDM requires that a student's bill from the prior academic year be paid in full prior to registration. Any outstanding balance at the time of registration must be paid before the registration process can be initiated. Individuals with outstanding balances are not considered to be officially registered and will be suspended from all clinic and classroom activities at HSDM and its affiliated institutions. In addition, student ID cards and services will be withheld.

If an expected degree and/or certificate candidate is carrying an outstanding term bill balance in the final semester prior to graduation the following penalties may be imposed:

- the DMD, DMSc, MMSc diploma and/or certificate will not be voted upon by the Corporation

- eligibility for awards and degree honors will be voided
- participation in commencement activities will be prohibited
- Office of Dental Education services including transcript requests and verification of enrollment will be denied

## **Refund Policy**

Students withdrawing before the end of a semester will be charged tuition on the following basis:

### **AGE Students / Fall Term (on or before):**

- **August 15: 25%**
- **September 15: 50%**
- **October 15: 75%**
- **Leaves after October 15: 100%**

### **DMD Students / Fall Term (on or before):**

- **September 15: 25%**
- **October 15: 50%**
- **November 15: 75%**
- **Leaves after November 15: 100%**

### **AGE and DMD Students / Spring Term (on or before):**

- **February 15: 25%**
- **March 15: 50%**
- **April 15: 75%**
- **Leaves after April 15: 100%**

The last date of enrollment is considered to be the date on which the student notifies the School in writing of his/her withdrawal or the date on which the School determines that the student has withdrawn or been dropped from the program, whichever is earlier. HSDM shall issue any refund due within 40 days after the last date of enrollment.

Refunds of the clinic fee will be prorated according to the above schedule. No refund will be granted for the \$35 matriculation fee which is paid at the time of first enrollment. Partial refunds of the health services fees (HUSHP Basic or Supplemental) may be granted in accordance with University Health Services policy. (Refer to [www.huhs.harvard.edu](http://www.huhs.harvard.edu) for specific information.) Non-registered individuals are not covered by Harvard's malpractice insurance. Additionally, school services, such as transcripts, recommendation letters, student loan deferment certifications, etc., will be withheld until the outstanding bill has been paid and the student is officially registered. Degrees or certificates will be conferred only when all financial obligations to Harvard University have been met.

# PROCEDURES FOR CONSIDERATION OF PERFORMANCE AND CONDUCT

## PROCEDURES FOR CONSIDERATION OF ACADEMIC AND CLINICAL PERFORMANCE

Members of the faculty of the School of Dental Medicine have the right and the responsibility to assure that each student, while enrolled in the Harvard School of Dental Medicine, demonstrates the academic and clinical performance appropriate to the practice of dental medicine. The Committee on Promotions (Committee on Promotions) and the Committee on Advanced Graduate Education (CAGE) review at regular intervals all grades, evaluations, and reports of academic and clinical performance. Students should expect that inappropriate or irresponsible conduct by a student in connection with his or her academic or clinical activities will be considered by either of these Committees. Such conduct may include, but is not limited to, breaches of trust or confidence in personal actions including cheating, plagiarism, or unauthorized use of materials in academic exercises or examinations; misrepresentations, distortions or serious omissions in data or reports in research or clinical care; abuse, misrepresentation, or other seriously improper conduct in relation to patients or colleagues in clinical training settings; or repeated failures without adequate excuse to meet assigned obligations in professional clinical or research training programs. In all such cases, however, to the extent that the concerning conduct implicates the University Policy on Sexual and Gender-Based Harassment, it shall be addressed under the University Procedures for Handling Complaints Involving Students Pursuant to the Sexual and Gender-Based Harassment Policy as set forth below.

Either the Committee on Promotions or the Committee on Advanced Graduate Education will review and consider all matters involving students who show a deficiency of academic or clinical performance, or about whom concerns arise regarding inappropriate or irresponsible conduct. Students whose performance or conduct has been reviewed will be notified in writing of the decision of the Committee on Promotions or Committee on Advanced Graduate Education with respect to remedial action or sanction. Such notice is usually written by the Chairperson of the Committee on Promotions or the Chairperson of the Committee on Advanced Graduate Education and a copy of the notification is sent to the Director of Student Affairs or the student's program director, respectively.

A student may appeal to the Committee on Promotions or Committee on Advanced Graduate Education for reconsideration of its decision with respect to remedial action or sanction. A written request, containing the reasons the student is asking for reconsideration, must be received by the Chairperson of the Committee on Promotions or Committee on Advanced Graduate Education within two weeks of the date of the initial action. The Committee may affirm, revise or revoke its decision. Written notification of the action on reconsideration will be sent to the student and to the Director of Student Affairs or to the student's program director.

A student may appeal the final action of the Committee on Promotions or Committee on Advanced Graduate Education and request further hearing by an ad hoc Appeals Board, consisting of three senior faculty members appointed by the Dean of the School. The student's appeal must be in writing and must contain a full statement of the reasons for which an appeal is requested. The request for appeal must be received by the Dean of the School within two weeks of the final action of the Committee on Promotions or Committee on Advanced Graduate Education. The ad hoc Appeals Board will act upon the appeal as promptly as possible and will hear the student in person and review the documentary record. The student may bring a friend drawn from students, faculty or administrative staff to this hearing. The ad hoc Appeals Board may also adduce and consider any other information or call such witnesses as it deems necessary to conduct a fair, unbiased review of the situation. The ad hoc Appeals Board will submit a written report of its findings and decision to the Dean of the School, the Chairperson of the Committee on Promotions and the Director of Student Affairs (for DMD students) or to the Dean of the School and the Director of Advanced Graduate Education (for advanced graduate students) and will convey a written decision to the student.

The student may request review of the decision of the ad hoc Appeals Board by the Dean of the School within one week of the date of the decision of the ad hoc Appeals Board. The Dean of the School will review the

matter, and may consult with such other persons as are deemed appropriate. He will send written notification of his decision to the student. Copies of the written notification will be sent to the Chairperson of the Committee on Promotions and to the Director of Student Affairs (for DMD students) or to the Director of Advanced Graduate Education (for advanced graduate students). The Dean's decision will be final and binding.

## **PROCEDURES FOR CONSIDERATION OF ALLEGATIONS OF PROFESSIONAL AND ETHICAL MISCONDUCT**

Members of the faculty of the School of Dental Medicine have the right and the responsibility to assure that each student, while enrolled at the School of Dental Medicine and before a degree is conferred, demonstrates the character and ethical stature appropriate to the practice of dental medicine as outlined in the ADEA Statement on Professionalism in Dental Education (appendix v). Conduct inappropriate to the dental profession may include, but is not limited to, dishonesty, willful destruction of property, substance abuse, violence or threat of violence, serious breach of trust or confidence, or other misconduct, misrepresentation, or failures in personal actions, or in meeting obligations, as to raise serious doubts about the integrity and faithfulness of the student in meeting the overall obligations of a dental career. Inappropriate conduct also includes, without limitation, discrimination or harassment on the basis of race, color, sex, sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, disability, or any other legally protected category. Illegal, unethical or other behavior inappropriate to the dental profession that is engaged in by a student outside of the Dental School community also may be considered and addressed under these procedures.

### **Initial review and fact finding**

#### ***For cases involving allegations of sexual or gender-based harassment:***

When the information suggesting the possibility of conduct inappropriate to the medical profession involves allegations of sexual or gender-based harassment, then, the University Policy on Sexual and Gender-Based Harassment (the "University Policy") applies, as do the University's Procedures for Handling Complaints Involving Students Pursuant to the Sexual and Gender-Based Harassment Policy ("University Procedures"), which can be found below. In such cases, under the University Procedures, the Harvard University Office for Sexual and Gender-Based Dispute Resolution ("ODR") is responsible for determining whether a violation of the University Policy by a student took place. HSDM remains responsible for student discipline.

When a formal complaint against an HSDM student is filed that alleges a violation of the University Policy, the ODR will conduct an investigation and issue a report, as detailed in the University Procedures. When HSDM learns that a formal complaint has been filed with ODR, a representative of the School will meet with the respondent to explain, among other things, the disciplinary process that may take place following the issuance of the ODR's final report, the range of disciplinary sanctions, and the appeals process following the imposition of any discipline. The HSDM representative will also be available to meet with the complainant.

At the conclusion of the ODR's investigation, HSDM will receive a final report which will include a finding of facts and a determination of whether a violation of the University Policy on Sexual and Gender-Based Harassment has occurred. This report will be sent to the HSDM Title IX Coordinator/Director of Student Affairs. When a violation of the University Policy has been found to have occurred, the case will be forwarded for administrative review as outlined below. When no violation of the University Policy is found, the case may be forwarded to a screening committee, described below (section titled "For all other cases"), for review. Should the screening committee determine that the conduct, while not a violation of the University Policy, might otherwise violate HSDM's policies or expectations for conduct, then the case will be forwarded for administrative review, as outlined in the section titled "Administrative Review and determination of corrective actions or sanctions."

***For all other cases:***

Information or allegations about conduct inappropriate to the dental profession should be brought to the attention of the Director of Student Affairs or the Director of Advanced Graduate Education. In cases of alleged misconduct by a DMD student, a Screening Committee will be formed which will be comprised of the Director of Student Affairs, a Faculty member who is not the tutor for the student's society, as well as an elected Ethics and Professionalism Student Representative. For advanced graduate students, the Screening Committee will be comprised of a Director of an AGE Program other than the program in which the student is enrolled, another advanced graduate student representative from a different program, as well as the Director of Student Affairs. The Screening Committee will review the complaint of inappropriate behavior and decide whether to dismiss it as lacking in credibility, resolve it informally or forward it for further action. Where the health, safety, or welfare of students, patients, or other members of the Dental School community are deemed to be at risk, the Screening Committee may recommend to the Committee on Promotions suspension of the student from the Dental School or take any other protective action pending the outcome of these procedures.

If, after an initial review of the information suggesting possible inappropriate conduct, further action is deemed necessary, the student will be notified in writing. The Director of Student Affairs or the Director of Advanced Graduate Education will then appoint an independent fact-finder. The fact-finder will be a Harvard administrator or his or her designee or a faculty member, who will interview the student and other individuals with relevant knowledge, solicit written statements, review the documentary record, and/or undertake whatever action is required to develop the relevant facts. At the conclusion of his/her inquiry, the fact-finder will prepare a written report describing the inquiry process and his/her findings of fact, identifying any disputed facts. Ordinarily, it is expected that fact-finding will be completed within thirty days, though this timeframe may be extended under extenuating circumstances, including but not limited to complex fact patterns, large numbers of witness interviews, and/or difficulty in scheduling witness interviews. The fact-finder's report will be submitted to the Director of Student Affairs or Director of Advanced Graduate Education who will provide it to the student for his/her written comments. Any comments must be submitted within ten days of receipt of the fact-finder's report and will be forwarded, along with the fact-finder's report to the Director of Student Affairs.

**Administrative Review and determination of corrective actions or sanctions**

The Director of Student Affairs, in consultation with the Associate Dean for Dental Education or the Director of Advanced Graduate Education, will convene a Review Committee comprised of three full-time faculty members, at the level of Assistant Professor or higher.

***For cases involving allegations of sexual or gender-based harassment:***

All members of the Review Committee will receive appropriate training in the handling and resolution of allegations of sexual or gender-based harassment. In such cases, the Review Committee will be provided with the ODR's final report in accordance with the University Procedures. The Review Committee will interview the student. The complainant will have the option of meeting with the Review Committee, but is not required to do so. However, the Review Committee must accept as final and non-reviewable the ODR report's findings of fact and its conclusions as to whether a violation of the University Policy has occurred. Any disciplinary proceedings against the student based on conduct addressed by the report will proceed with the understanding that the final report carries the same validity as a determination reached by the Review Committee itself. The role of the Review Committee is solely to determine corrective actions or sanctions. The Review Committee will complete its review as promptly as possible and prepare a written report with its recommendations for corrective actions or sanctions that will be submitted to the Director for Predoctoral Education or the Director of Advanced Graduate Education, and the Director of Student Affairs. The Review Committee may take a number of disciplinary actions, including place on probation, with or without requirements or restrictions; require a leave of absence (suspend); and require to withdraw with or without a recommendation to dismiss or expel. The report of the Review Committee will be provided to the student and to his/her faculty advisor and, as appropriate, to the Complainant.

A student may appeal the decision of the Review Committee and request further hearing by an ad hoc Appeals Board, consisting of three full-time faculty members, at the level of Assistant Professor or above, appointed by the Dean of the School. The student's appeal must be in writing and must contain a full statement of the

reasons for which an appeal is requested. As made clear by the University Procedures, the only opportunity to appeal the findings related to the University Policy is provided by the ODR. Any appeals within HSDM may pertain only to disciplinary decisions. The request for appeal must be received by the Dean of the School within two weeks of the final action of the Review Committee.

All members of the ad hoc Appeals Board shall receive appropriate training in the handling and resolution of allegations of sexual and gender-based harassment. The ad hoc Appeals Board will act upon the appeal as promptly as possible and will hear the student in person and review the documentary record. The complainant will have the option of meeting with the ad hoc Appeals Board, but is not required to do so. The only role of the ad hoc Appeals Board is to review the corrective actions or sanctions imposed by the Review Committee; the ad hoc Appeals Board will accept as true and non-reviewable the findings of fact and conclusions within the ODR final report. The ad hoc Appeals Board will submit a written report of its decision to the Dean of the School and the Director of Student Affairs or Director of Advanced Graduate Education, and will convey a written decision to the student.

Both the student and the complainant may bring a personal advisor to any interviews with the Review Committee or the ad hoc Appeals Board. A personal advisor should be an officer of the University who is affiliated with HSDM or HMS or a student at HSDM or HMS, but may not be related to anyone involved in the complaint or have any other involvement in the process. Personal advisors may view a redacted version of any documents provided to the parties and provide general advice. During interviews, personal advisors may not speak for their advisees, although they may ask to suspend the interviews briefly if they feel their advisees would benefit from a short break.

Finally, the student may request review of the decision of the ad hoc Appeals Board by the Dean of the School within one week of the date of the decision of the ad hoc Appeals Board. Again, disagreement with the ODR's findings or determinations is not, by itself, grounds for appeal. The Dean of the School will review the matter, and may consult with such other persons as are deemed appropriate. He will send written notification of his decision to the student. Copies of the written notification will be sent to the Director for Predoctoral Education or the Director of Advanced Graduate Education and the Director of Student Affairs. The Dean's decision will be final and binding.

***For all other cases:***

The Review Committee will receive the report of the fact-finder, and any written comments submitted by the student. The Review Committee will interview the student who may bring their faculty advisor as an observer. The Committee may also call such witnesses or undertake any other action it deems necessary to resolve any disputed facts and arrive at its conclusions and recommendations in the matter. The role of the Review Committee is to resolve disputed facts and to determine corrective actions or sanctions, not to make new or different findings of fact. Accordingly, the Review Committee will accept the factual conclusions made by the fact finder. The Review Committee will complete its review as promptly as possible and prepare a written report, including its conclusions and recommendations for corrective actions or sanctions that will be submitted to the Director for Predoctoral Education or the Director of Advanced Graduate Education, and the Director of Student Affairs. The Review Committee may take a number of disciplinary actions, including admonish; place on probation, with or without requirements or restrictions; require a leave of absence (suspend); and require to withdraw with or without a recommendation to dismiss or expel. The report of the Review Committee will be provided to the student and to his/her faculty advisor.

A student may appeal the decision of the Review Committee and request further hearing by an ad hoc Appeals Board, consisting of three full time faculty members, at the level of Assistant Professor or above, appointed by the Dean of the School. The student's appeal must be in writing and must contain a full statement of the reasons for which an appeal is requested. The request for appeal must be received by the Dean of the School within two weeks of the final action of the Review Committee.

The ad hoc Appeals Board will act upon the appeal as promptly as possible and will hear the student in person and review the documentary record. The student may bring a personal advisor to this hearing as an observer. A personal advisor should be an officer of the University who is affiliated with HSDM or HMS or a student at



HSDM or HMS, but may not be related to anyone involved in the complaint or have any other involvement in the process. The ad hoc Appeals Board may also call such witnesses or undertake any other action it deems necessary to arrive at its conclusions and recommendations in the matter. The ad hoc Appeals Board will submit a written report of its decision to the Dean of the School and the Director of Predoctoral Education or Director of Advanced Graduate Education, and will convey a written decision to the student.

Finally, the student may request review of the decision of the ad hoc Appeals Board by the Dean of the School within one week of the date of the decision of the ad hoc Appeals Board. The Dean of the School will review the matter, and may consult with such other persons as are deemed appropriate. He will send written notification of his decision to the student. Copies of the written notification will be sent to the Director for Predoctoral Education or the Director of Advanced Graduate Education and the Director of Student Affairs. The Dean's decision will be final and binding.

## HARVARD UNIVERSITY

### PROCEDURES FOR HANDLING COMPLAINTS INVOLVING STUDENTS PURSUANT TO THE SEXUAL AND GENDER-BASED HARASSMENT POLICY

The Office for Dispute Resolution (“ODR”) has been charged with implementing the following procedures for students pursuant to the Sexual and Gender-Based Harassment Policy (“Policy”). The ODR operates under the Office of the Provost, working in partnership with the University’s Title IX Officer, School or unit Title IX Coordinators, and other School or unit leadership.

Harvard students, faculty, staff, other Harvard appointees, or third parties who believe they are directly affected by the conduct of a Harvard student (collectively “Initiating Parties”) may: request information or advice, including whether certain conduct may violate the Policy; seek informal resolution; or file a formal complaint. These three options are described below. Initiating Parties are encouraged to bring their concerns to the relevant School or unit Title IX Coordinator, the Title IX Officer, or staff in ODR, but may, if they choose, contact another School or University officer, who will refer the matter as appropriate.

As set forth below, interim measures designed to support and protect the Initiating Party or the University community may be considered or implemented at any time, including during a request for information or advice, informal resolution, or a formal complaint proceeding. Consistent with School or unit policy, interim measures might include, among others: restrictions on contact; course-schedule or work-schedule alteration; changes in housing; leaves of absence; or increased monitoring of certain areas of the campus. These interim measures are subject to review and revision throughout the processes described below.

#### **I. Requests for Information or Advice**

Initiating Parties seeking information or advice can expect to learn about resources available at the University and elsewhere that provide counseling and support. They also will be advised about the steps involved in pursuing an informal resolution or filing a formal complaint. In addition, the School or unit Title IX Coordinator, the Title IX Officer, or staff in ODR may discuss with Initiating Parties whether any interim measures are appropriate at this stage.

#### **II. Requests for Informal Resolution**

Initiating Parties may make a request, either orally or in writing, for informal resolution to the School or unit Title IX Coordinator, the Title IX Officer, or the Director of ODR. The request should identify the alleged harasser (if known) and describe the allegations with specificity. The School or unit Title IX Coordinator, the Title IX Officer, or the Director of ODR in consultation with the Title IX Officer will assess the severity of the alleged harassment and the potential risk of a hostile environment for others in the community to determine whether informal resolution may be appropriate.

Upon determining that informal resolution is appropriate, and in instances when the Initiating Party makes the request to the ODR, the Director of ODR will assign the informal resolution to an Investigator. The Title IX Officer or designee, the School or unit Title IX Coordinator, or the Investigator will consult further with the person initiating the request, inform the person who is the subject of the allegations, and gather additional relevant information as necessary from the parties and others, as indicated. The School or unit Title IX Coordinator or the Title IX Officer also may put in place any appropriate interim measures to protect the educational and work environment. The Title IX Officer or designee, the School or unit Title IX Coordinator, or the Investigator will attempt to aid the parties in finding a mutually acceptable resolution.

When the allegations, if true, might constitute criminal conduct, the party against whom they are brought is hereby advised to seek legal counsel before making any written or oral statements. Those facing allegations may wish to obtain legal advice about how this process could affect any criminal case in which they are or may become involved.

A matter will be deemed satisfactorily resolved when both parties expressly agree to an outcome that is also acceptable to the School or unit Title IX Coordinator. At any point prior to such an express agreement, the Initiating Party may withdraw the request for informal resolution and initiate a formal complaint under these Procedures.

Ordinarily, the informal resolution process will be concluded within two to three weeks of the date of the request.

### **III. Procedures for Formal Complaints**

#### **A. Initiating a Complaint**

An Initiating Party may file a formal complaint alleging a violation of the Policy. A complaint of sexual or gender-based harassment should be filed directly with the ODR, regardless of the identity of the Respondent. (If the Respondent is not a student, see **Referral of Complaints Against Staff, Faculty, Other Harvard Appointees, or Third Parties** below). ODR will inform the School or unit Title IX Coordinator(s) for the Complainant and the Respondent that a complaint has been received, and, if indicated, the School or unit Title IX Coordinator will put in place any appropriate interim measures.

A formal complaint must be in writing and signed and dated by a Complainant or a third party filing on behalf of a potential Complainant (Reporter). It should state the name of the alleged harasser (if known) and describe with reasonable specificity the incident(s) of alleged harassment, including the date and place of such incident(s). The complaint must be in the Complainant or Reporter's own words, and may not be authored by others, including family members, advisors, or attorneys. Attached to the complaint should be a list of any sources of information (for example, witnesses, correspondence, records, and the like) that the Complainant or Reporter believes may be relevant to the investigation. However, a complaint should not be delayed if such sources of information are unknown or unavailable.

ODR will not investigate a new complaint if it has already adjudicated a formal complaint based on the same circumstances or if the parties and the School or unit Title IX Coordinator, the Title IX Officer, or the Director of ODR in consultation with the Title IX Officer already have agreed to an informal resolution based on the same circumstances. Whether or not a complaint is filed with ODR, any person may file a complaint of discrimination with Massachusetts Commission Against Discrimination, the U.S. Equal Employment Opportunity Commission, the U.S. Department of Education Office of Civil Rights, or any other state or federal agency having jurisdiction.

#### **B. Referral of Complaints Against Staff, Faculty, Other Harvard Appointees, or Third Parties**

These Procedures cover complaints against students. When allegations are asserted against a staff member, faculty member, other Harvard appointee, or third party, ODR promptly will provide the appropriate Title IX Coordinator with a copy of the complaint. The School or unit Title IX Coordinator, in consultation with other Harvard officers, will determine whether some or all of the allegations will be handled at the School or unit level, or whether ODR will conduct all or part of any investigation, and will inform the Complainant or Reporter.

#### **C. Timeframe for Filing a Complaint**

The University does not limit the timeframe for filing a complaint. The University encourages complaints to be filed as soon as reasonably possible following an alleged Policy violation because the University's ability to gather adequate information may be limited where a significant length of time has elapsed between an incident and the filing of a complaint. Further, with respect to those cases that will be reviewed by disciplinary bodies at the conclusion of the investigation, the University's ability to complete its processes may be limited with respect to Respondents who have graduated from or are no longer employed by the University.

#### **D. Initial Review**

Once a complaint is received by the ODR, the Director of ODR will assign the case to an Investigator for an initial review. The School with which the Respondent is affiliated may designate an additional individual to work jointly with the Investigator (collectively, the “Investigative Team”). Investigators and School designees will have appropriate training, so that they have the specialized skill and understanding to conduct prompt and effective sexual and gender-based harassment investigations.

The Investigative Team will contact the Complainant or Reporter in an attempt to gather a more complete understanding of the allegations, as well as any related conduct that may implicate the Policy. When a complaint is brought by a Reporter, the Investigative Team will endeavor to meet with the person identified as the potential Complainant both to gather information and to discuss his or her interest in participating in an investigation.

Based on the information gathered, the Investigative Team will determine whether the information, if true, would constitute a violation of the Policy such that an investigation is warranted or whether the information warrants an administrative closure. The Investigative Team will convey this determination to: the Complainant (and the Reporter, if there is one); the Director of ODR, the Title IX Officer; and the School Title IX Coordinator. The Investigative Team will work with the School Title IX Coordinator to implement any appropriate interim measures to be put in place by the School pending the completion of the case (or to revise as necessary any measures already in place).

Ordinarily, the initial review will be concluded within one week of the date the complaint was received.

## **E. Investigation**

Following the decision to begin an investigation, the Investigative Team will notify the Respondent in writing of the allegations and will provide a copy of the Policy and these procedures. The Respondent will have one week in which to submit a written statement in response to the allegations. This statement must be in the Respondent’s own words; Respondents may not submit statements authored by others, including family members, advisors, or attorneys. Attached to the statement should be a list of all sources of information (for example, witnesses, correspondence, records, and the like) that the Respondent believes may be relevant to the investigation.

If the decision is made to begin an investigation in a case where a Reporter filed the complaint, and the Complainant is unwilling to participate but the School has assessed the severity of the harassment and the potential risk of a hostile environment for others in the community and has determined to proceed, then, for the purposes of these Procedures, the School Title IX Coordinator (or a designee) will be considered the Complainant.

The Investigative Team will request individual interviews with the Complainant and the Respondent, and, as appropriate, with other witnesses, which may include those identified by the parties as well as relevant officers of the School or University or others. When identifying potential witnesses, the parties should understand that the purpose of interviews is to gather and assess information about the incident(s) at issue in the complaint, not to solicit general information about a party’s character.

When a complaint involves allegations that, if true, also might constitute criminal conduct, Respondents are hereby advised to seek legal counsel before making any written or oral statements. The investigation process is not a legal proceeding, but Respondents might wish to obtain legal advice about how this process could affect any criminal case in which they are or may become involved.

After the collection of additional information is complete but prior to the conclusion of the investigation, the Investigative Team will request individual follow-up interviews with the Complainant and the Respondent to give each the opportunity to respond to the additional information.

## **F. Personal Advisors**

Both the Complainant and the Respondent may bring a personal advisor to any interviews with the Investigative Team. A personal advisor should be an officer of the University who is affiliated with the School or unit in which the advisee is enrolled or employed, but may not be related to anyone involved in the complaint or have any other involvement in the process. In the case of students enrolled in interdisciplinary programs, their official academic advisor also may serve as their personal advisor.

Personal advisors may view a redacted version of the complaint or other documents provided to the parties, offer feedback on their advisee's written statements, and provide general advice. During interviews, personal advisors may not speak for their advisees, although they may ask to suspend the interviews briefly if they feel their advisees would benefit from a short break.

## **G. Confidentiality**

The ODR, personal advisors, and others at the University involved in or aware of the complaint will take reasonable steps to protect the privacy of all involved. Once a complaint is filed, the Complainant or Reporter, the Respondent, and any witnesses will be notified of the potential for compromising the integrity of the investigation by disclosing information about the case and the expectation that they therefore keep such information – including any documents they may receive or review – confidential. They also will be notified that sharing such information might compromise the investigation or may be construed as retaliatory. Retaliation of any kind is a separate violation of the Policy and may lead to an additional complaint and consequences.

The parties remain free to share their own experiences, other than information that they have learned solely through the investigatory process, though to avoid the possibility of compromising the investigation, it is generally advisable to limit the number of people in whom they confide.

## **H. Coordination with Law Enforcement Authorities**

In all cases, the Investigative Team will have completed the initial review without delay and, as appropriate, will have proposed interim measures to the School Title IX Coordinator. In the event that an allegation includes behavior or actions that are under review by law-enforcement authorities, the Investigative Team will, in light of status updates from law-enforcement authorities and the Title IX Officer, assess and reassess the timing of the investigation under the Policy, so that it does not compromise the criminal investigation.

## **I. Conclusion of the Investigation and Issuance of Final Report**

At the conclusion of the investigation, the Investigative Team will make findings of fact, applying a preponderance of the evidence standard, and determine based on those findings of fact whether there was a violation of the Policy.

The Investigative Team will provide the Complainant and the Respondent with a written draft of the findings of fact and analysis and will give both parties one week to submit a written response to the draft. The Investigative Team will consider any written responses before finalizing these sections of the report and the final section of the report, which will outline any recommended measures to be taken by the School to eliminate any harassment, prevent its recurrence, and address its effects. The Title IX Officer and the School will work jointly to put in place such measures as they determine are appropriate. Consistent with School policies, measures imposed at this stage might include, among others: restrictions on contact; course-schedule or work-schedule alteration; changes in housing; leaves of absence; or increased monitoring of certain areas of the campus.

The investigation will be completed and the final report provided to the Complainant, the Respondent, the School Title IX Coordinator, and the appropriate officer in the School or unit, ordinarily within six weeks of receipt of the complaint. The administration of discipline in cases involving students is subject to the authority of the faculty; thus, as appropriate, having received the report, the School separately will consider the imposition of discipline through its own processes and notify the parties as appropriate. For cases involving

faculty, staff, other Harvard appointees, or third parties that have been investigated by the ODR pursuant to Section III.B above, the imposition of sanctions will be considered separately by the appropriate officials at the School or unit through their relevant policies.

## **J. Special Circumstances**

### ***i. Request for Anonymity***

If a potential Complainant asks to remain anonymous, then the Investigative Team, the School Title IX Coordinator, or the Title IX Officer, as appropriate, will consider how to proceed, taking into account the potential Complainant's wishes, the University's commitment to provide a non-discriminatory environment, and the potential Respondent's right to have specific notice of the allegations. The Investigative Team, the School Title IX Coordinator, or the Title IX Officer may conduct limited fact finding to better understand the context of the complaint. In some circumstances, a request for anonymity may mean an investigation cannot go forward, or the Investigative Team, the School Title IX Coordinator, or the Title IX Officer may determine that further investigation is necessary, in which case the potential Complainant will be informed that his or her identity will be disclosed as necessary for the investigatory process. In other circumstances, the Investigative Team, the School Title IX Coordinator, or the Title IX Officer may determine that the matter can be appropriately resolved without further investigation and without revealing the Complainant's identity.

### ***ii. Administrative Closure***

If, after conducting the initial review of a formal complaint, the Investigative Team finds that the allegation, if true, would not constitute a violation of the Policy, then the Director of ODR will administratively close the case and notify the Complainant (and the Reporter, if there is one), the Title IX Officer, and the School Title IX Coordinator.

Where the Complainant is unwilling to participate in further investigation, the Director of ODR, in consultation with the Title IX Officer, will assess the severity of the alleged harassment or the potential risk of a hostile environment for others in the community and will determine whether administrative closure is appropriate or whether the University should proceed with an investigation.

Within one week of the decision to close a case administratively, the Complainant or Reporter may request reconsideration on the grounds that there is substantive and relevant new information that was not available at the time of the decision and that may change the outcome of the decision. The Title IX Officer or designee will consider requests for reconsideration and inform the Complainant or Reporter of the outcome, ordinarily within one week of the date of the request.

In cases where the Director of ODR concludes that the alleged conduct, while not a violation of the Policy, might implicate other School or University conduct policies, the Director of ODR may refer the complaint to the appropriate School or University official.

### ***iii. Request to Withdraw the Complaint***

While every effort will be made to respect the Complainant's wishes to withdraw a formal complaint, the University must be mindful of its overarching commitment to provide a non-discriminatory environment. Thus, in certain circumstances, the Director of ODR may determine that investigation is appropriate despite a Complainant's request to withdraw the complaint or failure to cooperate. Other circumstances also may result in a request to withdraw the complaint being declined, where, for example, a request to withdraw is made after a significant portion of the investigation has been completed and terminating the investigation would be inequitable.

### ***iv. Request for Informal Resolution After a Complaint has Been Filed***

Once a complaint has been opened for investigation and before the final report has been provided to the parties, a party may request informal resolution as an alternative to formal resolution of the complaint, but that disposition requires agreement of the Complainant and the Respondent and the approval of the Director of ODR in consultation with the Title IX Officer and the relevant School or unit.

If such a request is approved, the timeframes will be stayed, and the Investigator or a designee will take such steps as he or she deems appropriate to assist in reaching a resolution. If the parties cannot reach an informal resolution within two weeks from receipt of the request, then the Investigative Team will resume the investigation of the complaint in accordance with the formal complaint procedures.

#### **IV . Appeal**

Both the Respondent and the Complainant may appeal the decision of the Investigative Team to the Title IX Officer or designee based on the following grounds:

1. A procedural error occurred, which may change the outcome of the decision; or
2. The appellant has substantive and relevant new information that was not available at the time of investigation and that may change the outcome of the decision.

Disagreement with the Investigative Team’s findings or determination is not, by itself, a ground for appeal.

Appeals of the Investigative Team’s decision must be received by the Title IX Officer or designee within one week of the date of the final report. Likewise, appeals of decisions to administratively close a case or to deny a request to withdraw the complaint must be received by the Title IX Officer or designee within one week of the date of the decision under appeal. Ordinarily, appeals will be decided within two weeks and the parties and the School Title IX Coordinator promptly will be informed of the outcome in writing.

#### **V . Resources**

##### **University Resources:**

[Office of Sexual Assault Prevention & Response](#)

617-495-9100

[HUHS Behavioral Health Services](#)

617-495-2042

[Harvard University Health Services](#)

617-495-5711

[Harvard Chaplains](#)

617-495-2581

[Harvard University Police Department](#)

617-432-1212 (Longwood Campus)

617-495-1212 (Cambridge Campus)

##### **Local Title IX Coordinators:**

Carrie Sylven, Director of Student Affairs

*HSDM Title IX Coordinator for Students*

617-432-4245 [Carrie\\_Sylven@hsdm.harvard.edu](mailto:Carrie_Sylven@hsdm.harvard.edu)

##### **University Title IX Officer:**

[Nicole Merhill, J.D.](#)

(617) 496-247

[nicole\\_merhill@harvard.edu](mailto:nicole_merhill@harvard.edu)

##### **Outside Agencies:**

[U.S. Department of Education, Office for Civil Rights \(OCR\)](http://www2.ed.gov/about/offices/list/ocr)  
<http://www2.ed.gov/about/offices/list/ocr>

[U.S. Equal Employment Opportunity Commission \(EEOC\)](http://www.eeoc.gov/)  
<http://www.eeoc.gov/>

[Massachusetts Commission Against Discrimination \(MCAD\)](http://www.mass.gov/mcad/)  
<http://www.mass.gov/mcad/>



# STUDENT HEALTH AND SAFETY

## RESOURCES

### Harvard University Health Services

Harvard University Health Services (HUHS) provides comprehensive health care for the students at Harvard University, including physical examinations, physician visits, laboratory tests, and psychological counseling. The Longwood Medical Area Health Service is a branch of HUHS located in Vanderbilt Hall (617-432-1370). Below is a summary of the services available at HUHS. We encourage you to visit [huhs.harvard.edu](http://huhs.harvard.edu) for detailed, up-to-date information, including department locations, phone numbers, and hours of operation; how to make appointments; event listings and announcements; and additional health information and resources.

Services at Smith Campus Center (Cambridge) include:

- 24-hour urgent care
- Primary care
- Mental health
- Medical/surgical subspecialties

Primary care and some mental health services are also available at each of the three satellite clinics located on the Law School, Business School, and Longwood Medical Area campuses.

### Urgent Care and Emergency Services

The Urgent Care Clinic (UCC) is open nights, weekends, and holidays. Whenever possible, students are encouraged to call their primary care team or mental health provider for advice during regular office hours. <http://huhs.harvard.edu/services/urgent-care>

The location and hours for patients seeking medical and mental health urgent care are as follows:

Smith Campus Center, 3rd Floor  
75 Mt. Auburn Street  
Monday-Friday, 7:45AM-5:30PM  
Evenings, Weekends & Holidays

**24 Hour Urgent Care:** (617) 495-5711; (617) 661-5575 (pediatrics only)

Any student experiencing symptoms of a medical emergency (e.g., chest pain, severe shortness of breath) should call 9-1-1 immediately. After-hours and weekend care for non-routine, urgent medical concerns or symptoms is available through the Urgent Care Clinic at the Smith Campus Center.

### Primary Care Services

HUHS is committed to providing each student with complete, coordinated health care through a working relationship with a primary care team comprised of a primary care physician (PCP), nurse practitioner, registered nurses, and health assistants.

Students are assigned a primary care physician (PCP) and primary care team that will provide any care needed throughout the year. A complete listing of primary care clinicians is available at [huhs.harvard.edu](http://huhs.harvard.edu). Students may change their PCP at any time for any reason by logging in to the Patient Portal (<http://huhs.harvard.edu/patient-portal>). Students with chronic medical conditions are advised to establish a relationship with the primary care team early in the academic year. It will be helpful to provide copies of medical records of health care received at other facilities.

### Other Services

Other services available at Smith Campus Center include:

- Pharmacy

- Dental services
- Vision care and eye services
- Optical shop

Note: Not all of these services are covered by insurance.

The full range of dental care services is also available to students at the School of Dental Medicine in the Faculty Group Practice or Student Teaching Practice at 188 Longwood Avenue. Students wishing to make an appointment at the Dental School should contact the appointment desk at 617-432-1434 or by visiting <https://hsdm.harvard.edu/appointments>.

### **Substance Abuse Counseling**

The University has significant programs in place to assist those who face problems with alcohol or substance abuse. Students are urged to make use of these resources when needed and to encourage their use to individuals in the community who are seeking advice or assistance. The following are strictly confidential resources for any Harvard affiliate - student, faculty or staff:

- HUHS Counseling and Mental Health Services in Longwood Medical Area (617-432-1370)
- HUHS Counseling and Mental Health Services in Cambridge (617-495-2042)
- For evening, weekend, holiday and urgent care, there is always a doctor at the HUHS Urgent Care clinic(617-495- 5711). Complimentary taxi service to the HUHS Urgent Care clinic on the Cambridge Campus is available to students with urgent health-related concerns when the HUHS Longwood clinic is closed. HUHS taxi vouchers may be obtained at the Vanderbilt Hall Security desk. The Urgent Care clinic then provides taxi vouchers for the return trip back to Vanderbilt Hall.

### **Infectious or Communicable Illnesses**

Students exposed to or with infectious or communicable illnesses, including chicken pox, diarrhea illness, measles, shingles, tuberculosis (TB), Group A strep infection, or draining lesions on the hands, must consult with Harvard University Health Services about the advisability of working with patients. In addition, it is advisable that students in such circumstances consult with the infection control office in the institution wherein the exposure occurred or where the student is doing an externship rotation to be sure they are following the local regulations. When caring for patients with TB, students should adhere to local regulations regarding precautions, including wearing appropriate masks.

## LABORATORY AND CLINICAL SAFETY

### Standard Precautions

Dental students working in the laboratory, in clinical simulations, or with patients should follow standard precautions at all times:

1. Consider all blood and all body fluids from all patients to be infectious.
2. Wear gloves when exposure to blood or body fluids may occur. Change gloves and wash hands after each procedure and before contact with another patient.
3. Wear a mask and goggles, safety eyewear (or face shield) when blood or body fluids may splash into the face.
4. Wear a fluid-resistant gown when it is anticipated that clothing will be splashed with blood or body fluids.

Most common exposure risks are to Hepatitis B (HBV), Hepatitis C, and Human Immunodeficiency Virus (HIV).

### Exposures

Students should report immediately all incidents of exposure of the following natures to blood and bodily fluids: parenteral (needle stick or cut); mucous membrane (splash to eyes, nose or mouth); or cutaneous (contact with blood or body fluids on ungloved hands or other skin surfaces that may be cut, chapped, abraded, or affected by active dermatitis).

### Needle sticks or sharps exposures that occur at the Harvard Dental Center:

Accidents—namely related to needlestick and sharps exposures—occur at HDC. Though the event can be stress for all—regardless of clinical level or experience—it is important to remain calm and seek the appropriate attention. Please refer to the [HDC Clinic Manual](#) for procedures to follow if such an accident occurs:

Immediately stop what you are doing. Then:

- **Flush the affected area** and/or mucous membranes thoroughly with soap and water. If clothing is contaminated from a chemical, biological, or radiation spill, remove it and wash the exposed area.
- **Report the incident to a supervisor:** Supervising Faculty, Program Director, and/or Clinic Manager
- **Complete the appropriate PMA and/or Non-OSHA Reportable Injury Form** (these forms are available throughout the clinic and in front desk areas).
- **Go to HUHS within 48 hours.** During weekdays, 9:00am - 5:00pm, call Longwood HUHS at (617) 432-1370. After hours, weekends, and holidays, call HUHS Urgent Care at (617) 495-5711.

It is important to stop working on the patient, report an exposure immediately, and complete the Non-OSHA Reportable Injury Form with a supervisor who may have additional questions before sending you to HUHS. You may need to start antiviral therapy immediately.

**If students experience an exposure at an off-site clinic** (working there as part of the HSDM curriculum), contact the occupational health service in the institution where the incident occurred. Note, when seeking immediate care in a hospital emergency department, dental students should register using their Harvard University Student Health Program (HUSHP) Student Health Insurance Plan or other insurance. Do not register in the hospital emergency department as a hospital employee or you may be subject to a bill for the services.

Potential benefit of prophylactic intervention for blood-borne pathogen exposure is time dependent. For maximal benefit, INTERVENTION SHOULD NOT BE DELAYED. When antiretroviral therapy is indicated, it is most effective if initiated within one to two hours. ALWAYS NOTIFY HUHS.

If you would like additional procedural advice, please call (617) 384-STIK (7845). This is a recorded message containing the pager number of the HUHS on-call physician. You may page the physician for procedural advice about the exposure and follow up care, rather than for medical advice.

See more at: <https://huhs.harvard.edu/bloodborne-pathogen-exposure-protocol-hms-hsdm-students>

## INSURANCE/BENEFITS

### Health Insurance

#### *Massachusetts Insurance Requirements*

Massachusetts law requires that students enrolled in an institution of higher learning in Massachusetts participate in a student health insurance program or in a health benefit plan with comparable coverage. All Harvard students are automatically enrolled in the Harvard University Student Health Program (HUSHP) and the cost of the program is applied to their term bill.

The Harvard University Student Health Program (HUSHP) is comprised of two parts:

1. **Student Health Fee:** Required of all students who are more than half time and studying in Massachusetts. This fee covers most services at Harvard University Health Services, including internal medicine, medical/surgical specialty care, mental health/counseling services, physical therapy, radiology, and 24/7 urgent care.
2. **Student Health Insurance Plan:** Provides hospital/specialty care through Blue Cross Blue Shield of Massachusetts and prescription drug coverage through Medco. Coverage includes emergency room visits, hospitalizations, diagnostic lab/radiology services, ambulatory surgery, specialty care outside HUHS (limited), and prescription drug coverage. Benefit limits and cost-sharing may apply—visit [huhs.harvard.edu](http://huhs.harvard.edu) for more details.

### Waiving the Student Health Insurance Plan

Students enrolled in a comparable health insurance plan may be eligible to waive the Student Health Insurance Plan. Waivers must be completed by the appropriate deadline or the charges will remain on your term bill. The deadline to waive is July 31 for the fall term (or full academic year), and by January 31 for the spring term.

1. Before waiving, carefully evaluate whether your existing health plan will provide adequate, comprehensive coverage in the Boston area. View the website to review a waiver checklist for guidance. You will be fully responsible for all medical claims and prescription drug costs if you waive the insurance plan.
2. International students studying on campus at Harvard are not eligible to waive the insurance plan with foreign insurance, including those with a U.S.-based administrator. This is a requirement pursuant to the Massachusetts student health program regulations.

It is the student's responsibility to waive insurance each semester.

It is also possible to purchase the Student Health Insurance Plan coverage for a spouse and/or children. For detailed information on the Harvard University Student Health Program policies, benefits, limitations, and exclusions, visit [huhsp.harvard.edu](http://huhsp.harvard.edu).

AGE students register one month prior to the activation date of the HUSHP. Therefore, all AGE students will be enrolled for an additional month into the HUHS (Health Fee and Insurance Plan), and charged for this additional month of enrollment. Students who are covered under an alternate plan and who want to waive the additional month of coverage July coverage must submit a waiver to the Office of Dental Education. Students who wish to waive the Student Health Insurance Plan for the remainder of the academic year must submit a separate waiver directly to HUHS, which is available from the Harvard University Health Services website at <https://hushp.harvard.edu/waiving-health-insurance-coverage>

## **Disability Insurance**

Enrolled students participate in the School's long-term disability insurance program, which is administered through the American Dental Association. DMD students receive this insurance as part of their membership in the American Student Dental Association (ASDA) and AGE students who pay the student membership fee as part of their tuition participate receive the insurance through their membership in the American Dental Association. This coverage will provide benefits should a student develop a disability while enrolled at HSDM as well as providing a guarantee that, upon graduation, students will be able to obtain individual coverage, without having to prove medical insurability, providing protection for future income.

Two types of disability insurance will be involved: group insurance for the duration of dental school, followed by non-cancelable individual insurance, which goes into effect when the student leaves the group (at graduation). All forms of disability are covered by these policies.

## **Work-Related HIV Benefit Plan**

Harvard dental students may be eligible for a lump-sum payment of \$200,000 if, while "acting within the duties of a student," a student:

- Has a work-related incident that could result in exposure to HIV;
- Documents the incident in accordance with the institution's policies and procedures;
- Has a negative HIV blood test at an approved laboratory within five days after the documented, work-related exposure;
- Becomes infected with HIV as a result of the documented, work-related exposure;
- Tests positive for HIV within six months of the incident; and
- Files a claim for payment together with all required documentation while still employed (or enrolled) at Harvard University or a Harvard-affiliated medical institution.

Coverage summaries offer a description of the CRICO coverage and are not intended to become part of the policy. For actual coverage terms, please refer to the professional and general liability policies, available through CRICO's Underwriting Department at 617-450-8219.

More information about this benefit can be found by calling the number above or emailing: [underwriting@rmf.harvard.edu](mailto:underwriting@rmf.harvard.edu).

## PERSONAL SAFETY

### Campus Security

The Harvard University Police Department is committed to assisting all members of the Harvard community in providing for their own safety and security. In compliance with The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the "Clery Act"), the Harvard University Police Department publishes an annual security booklet entitled *Playing It Safe*. The booklet includes information about the HUPD, how to report a crime, HUPD's crime prevention programs, substance abuse, sensitive crimes, and other important information about security and HUPD services on campus. It also contains three years of statistics on reported campus or campus-related crimes. A hard copy of *Playing it Safe* may be obtained by contacting the Harvard University Police Department at:  
1033 Massachusetts Avenue, 6th floor, Cambridge, MA 02138, (617) 495-1215.

*Playing It Safe* is also available on-line at: <http://www.hupd.harvard.edu/annual-security-report>

### Missing Persons Policy

As required under federal law, Harvard School of Dental Medicine immediately will refer to the Harvard University Police Department ("HUPD") any missing persons report involving a student who lives in on-campus housing. If any member of the Harvard community has reason to believe that a student who resides in on-campus housing is missing, he or she should immediately notify HUPD at 617.495.1212. If HUPD determines that the student has been missing for more than 24 hours, then within the 24 hours following this determination, the School or HUPD, will: (1) notify an appropriate external law enforcement agency, unless the local law enforcement agency was the entity that made the determination that the student is missing; (2) contact anyone the student has identified as a missing person contact under the procedures described below; and (3) notify others at the University, as appropriate, about the student's disappearance.

In addition to identifying a general emergency contact person, students residing in on-campus housing have the option to identify confidentially a separate person to be contacted by Harvard in the event that the student is determined to be missing for more than 24 hours. Students are not required to designate a separate individual for this purpose and if they choose not to do so, then Harvard will assume that they have chosen to treat their general emergency contact as their missing person contact.

Students who wish to identify a confidential missing person should notify the Registrar. A student's confidential missing person contact will be accessible only by authorized campus officials and by law enforcement in the course of an investigation, and may not be disclosed outside of a missing person investigation. In addition, if it has been determined that a student who is under 18 years of age and not emancipated has been missing for more than 24 hours, then Harvard School of Dental Medicine or HUPD will contact that student's custodial parent or guardian, in addition to contacting any additional contact person designated by the student.

Students are reminded that they must provide the Registrar with emergency contact information and/or confidential missing persons information if they have not already done so

### Taxi/Walking Escort Service

The taxi escort service will take students within one mile of the Longwood Medical Campus from 6 p.m. to 2 a.m. seven days a week. A taxi escort may be arranged through the guard stationed inside Vanderbilt Hall. The taxi leaves Vanderbilt Hall every hour on the hour. Students, faculty and staff need only to show the guard a Harvard photo I.D. badge. The service is free of charge. If it is late and students need to get safely to Vanderbilt Hall, a walking escort may also be called (617-432-1379).

### Security Phone Numbers

Harvard University Police Department  
Red Phone beneath a blue light.....Pick up receiver  
Harvard University Policy Dept.....617-432-1212  
Taxi/Walking Escort Service.....617-432-1379

# STUDENT LIFE

## STUDENT GOVERNMENT

The organizational structure for the student body at HSDM consists of: The Student Body; Officers for each class; and Student Representatives. Membership, duties, and objectives pertaining to the above are outlined below.

### The Student Body

Class Membership: The student body of HSDM is comprised of all registered students enrolled in the D.M.D. degree program.

### Class Officers and Representatives

Elections: At the end of each academic year (except in the cases of the entering D.M.D. class, which will hold elections after their matriculation), general elections shall be held, in conjunction with the Director of Student Affairs, to elect Class Officers: President, Vice President, Treasurer, Ethics and Professionalism Representative, Curriculum Committee Representative, and Student Health and Wellness Committee Representative.

## Rules governing Student Government

### Elections:

- Any member of the student body is eligible to hold a class elected position if the student is in good academic and professional standing.
- No student may run for more than one office concurrently.
- Class elections shall be by closed ballot as organized by the Director of Student Affairs.
- There will be a one week nomination period prior to all elections.
- Candidates may nominate themselves or a classmate for any position. If a candidate is nominated by a classmate, the candidate must confirm his/her nomination prior to the close of the one week nomination period.
- If there are multiple students running for a position, each candidate must deliver a short (3 minute max) speech to the class.
- Students must be present for all speeches in order to be eligible to cast their vote.
- A simple majority (50% + 1) is necessary for election to a designated office.
- A run-off election shall be held in the event that no individual obtains a majority of votes. (A majority is considered 50% + 1 of the class members who cast a vote.)
- The run-off will include the two top candidates for that office.

Current Class Officers and the Director of Student Affairs shall present a description of all elected positions to the entering first-year class in an informational meeting.

## Class Officers and Representatives

### The Class President

- Acts as executive officer of the class; planning, coordinating, and presiding over all class and class officers' meetings.
- A minimum of three class meetings must be held by the President during the academic year. A meeting of the class officers must be held once a month.
- Receives reports from other class officers for communication to the class and is responsible for overseeing a format for that communication.
- Serves as liaison between the class and faculty/administration and acts as primary spokesperson for the class.
- First Year Class President will serve as the HSDM representative to the HMS/HSDM Student Council.

### The Class Vice President

- Acts as the executive officer of the class in absence of the President.
- Works in conjunction with the President regarding all executive functions.
- Serves as the official liaison to the Alumni Office.
- Coordinates all sub-committees.
- Types and emails all correspondence from the class officers.
- Is responsible for the writing of minutes and dissemination of information resulting from decisions made at class meetings and class officers' meetings.

#### **The Class Treasurer**

- Is responsible for all financial transactions and records of the class.
- Works closely with the Director of Student Affairs in the allocation of the class designated revenue and other fiscal matters.
- Is responsible for coordinating fundraising efforts.
- Works with classmates to plan social events

#### **Representative to Harvard Graduate Student Council**

- First Year Student Representative will serve as a non-voting HSDM representative to the university-wide Graduate Student Council. This is a two year term.
- Second Year Student Representative will serve as the official voting member representing HSDM on the university-wide Graduate Student Council.

#### **Curriculum Committee (ADEA) Representative**

- Serves as the class representative to the curriculum committee attending all meetings that do not conflict with curricular obligations. The DMD Curriculum Committee is comprised of members of both basic science and clinical areas and meets regularly throughout the academic year. The primary goals of the Committee are to direct and oversee all aspects of the predoctoral education program. Committee oversight includes the monitoring of curricular context with respect to the goals and objectives of the School and current Accreditation Standards, reviewing existing courses, consideration of new course proposals, and review of time allocations and sequencing for coursework. In addition, the Committee oversees the course evaluation and educational outcomes assessment programs of the School.
- Holds a leadership position in the HSDM ADEA Chapter relaying important curricular information to the group, assisting with planning of curriculum-based events and activities, and advancing ideas and initiatives that pertain to the curriculum.
- First year student representatives will also serve as an Educational Representative (Ed Rep) at HMS.

#### **Ethics and Professionalism Representative**

- Serves as a student representative on a review committee (convened on an ad hoc basis) when an ethical or professional violation has occurred involving a DMD student.
- Candidate will maintain a high level of confidentiality, sensitivity and trustworthiness.
- Reviews and makes recommendations concerning all student issues relating to ethical and professional behavior

#### **Student Health and Wellness Committee Representative**

- Serves as the class representative to the Student Health and Wellness Committee attending all meetings that do not conflict with curricular obligations. The mission of the Student Health and Wellness Committee is to promote mental and physical health, well-being, and quality of life for all HSDM students. The goals and functions of the committee are to take a proactive approach in promoting a healthy and humanistic environment for the student body; provided an arena to express concerns and address issues pertaining to student morale, health, and well-being; identify high stress times, periods of transition, etc. among the HSDM student groups and classes; identify and implement ideas for wellness programming; help inform HSDM students about existing health and wellness resources.

#### **HMS/HSDM Student Council**



The HMS/HSDM Student Council serves as the student government for medical and dental students, creating a forum for the discussion and expression of student opinions and concerns. It provides funding for many student groups including social and athletic organizations; the student newspaper; women's and minority organizations; and religious, national and special interest groups. The Council consists of two levels of members: Executive Board members and General Members. Members serve in a variety of capacities, including representatives for each academic Society and members of various HMS/HSDM working committees on curriculum and financial aid.

The first year Class President serves as the HSDM representative on the HMS/HSDM Student Council. Representatives from each of the various student organizations also serve on the Council.

For more information, please visit the HMS & HSDM Student Council website:  
<https://hmshsdm.wixsite.com/studentcouncil>

## **STUDENT LIFE (CONTINUED)**

### **STUDENT ORGANIZATIONS**

A multitude of combined HMS/HSDM student organizations exist in the medical area. An updated listing of active student organizations, descriptions and contact information can be found in the Student-to- Student Orientation Booklet or by visiting the HMS & HSDM Student Council website:

<https://hmshsdm.wixsite.com/studentcouncil>

For information regarding active HSDM student organizations or information about how to start a new student organization, contact the Director of Student Affairs located in the Office of Dental Education.

#### **Endodontic Study Group**

The Endodontic Study Group brings members of the HSDM community together to explore issues and research related to the field of endodontics. The group meets regularly to discuss clinical cases, treatment planning and sequencing, residency programs, endodontics in practice, and current literature. In addition, the group aims to provide resources and training/enrichment opportunities for those interested in developing their skills in the field.

#### **Perio Study Society**

Holds events with invited speakers who are periodontists in private practice, research, academia, or a combination of all of these. Also, provides an opportunity for DMD and MD candidates to hear about research in periodontology, learn about careers in periodontology, and network with speakers and each other.

#### **Predoctoral Orthodontics Society**

Works to expand predoctoral knowledge on orthodontic treatment and planning and promote interest in orthodontics at the HSDM community.

#### **Prosthodontics Study Club**

A study club for all students and residents interested in the specialty of prosthodontics. They meet to discuss treatment planning, discuss advanced topics in prosthodontics, and review literature.

#### **HMS/HSDM African Health and Advocacy Group**

The African Health and Advocacy Group aims to foster a community and support and network for African students and individuals with professional or cultural interests in Africa within the medical school. They are also dedicated to developing and maintaining social and professional relationships with other African student groups across the Harvard community. They plan to provide mentorship opportunities for members with other students, faculty, and practicing professionals in the Greater Boston area. The mission to raise awareness and provide a forum for rich and substantive discussions concerning health and human rights issues in Africa. In addition, they seek to link students with clinical, educational and research opportunities related to the improvement of health in Africa.

#### **HMS/HSDM International Student Organization**

HMS/HSDM ISO aims a) to provide a community and support network for international students at HMS/HSDM, b) to connect HMS/HSDM students to other international students and student groups among the Harvard schools and other medical schools and c) to provide students at large the opportunity to learn about international medical system and overseas employment.

#### **Oral Health Pursuit of Equity Network (OPEN)**

A student chapter of the American Association of Public Health Dentistry (AAPHD) that strives to foster community consciousness based on public health principals via educational programming and direct

volunteer action. They pursue oral health equity at all community levels: within the school, city, state and globally.

### **Practice Management Club**

The business aspects of starting up and managing a dental practice can be challenging. The Harvard Practice Management Club educates and informs dental students of the issues and challenges in starting and managing a practice.

### **Student Chapter of the American Academy of Pediatric Dentistry**

Works to expand predoctoral knowledge of pediatric dentistry and foster interest in the promotion of pediatric oral healthcare.

### **TriService Military Dental Club**

The mission of the club is twofold: to bring together the HSDM military scholarship students to learn more about applying to military dental specialty programs and preparing for active duty, as well as to provide volunteer services at the Boston VA Hospital. Club members (both medical and dental students) have the opportunity to shadow and assist the dentists and physicians providing care to the veterans. Members also participate in programs at the VA which seek to raise money for and expand dental care coverage to homeless veterans.

# STUDENT LIFE (CONTINUED)

## PROFESSIONAL ORGANIZATIONS AND STUDENT MEMBERSHIPS

All pre-doctoral students are automatically enrolled in the American Dental Education Association, the American Student Dental Association, and the Massachusetts Dental Society. The Office of Dental Education facilitates membership remittance for each of these organizations on an annual basis.

### American Dental Education Association (ADEA)

The American Dental Education Association (ADEA) is the voice of dental education. Harvard School of Dental Medicine has always been a leader in academic dentistry, and the HSDM Student Chapter of ADEA strives for continued excellence in all aspects of dental education and to build a community of students interested in teaching. Harvard ADEA focuses on three components:

1. Careers in academic dentistry and dental education
2. Improvement and advancement of HSDM's own predoctoral curriculum
3. Pre-dental outreach to undergraduate, high school, and middle/elementary students

### ADEA Membership Services and Features for Students

- ADEA Scholarships, Awards, and Fellowships
- ADEA/Johnson & Johnson Healthcare Products Preventive Dentistry Scholarships Twelve \$2,500 scholarships for predoctoral students who have demonstrated excellence in preventive dentistry.
- ADEA/Crest Oral-B Scholarship for Dental Hygiene Students Pursuing Academic Careers Two \$2,000 scholarships for dental hygiene students pursuing academic careers.
- ADEA/Sigma Phi Alpha Linda DeVore Scholarship A \$1,000 scholarship recognizing an individual studying allied dental education at the baccalaureate, master's, or doctoral degree level.
- ADEAGies Foundation/AADR Academic Dental Careers Fellowship Program A year-long fellowship experience preparing dental and allied dental students to enter academic dentistry.

### Meetings and Events

- ADEA Annual Session & Exhibition
- Representation through ADEA's Council of Students, Residents, and Fellows (COSRF)

### Advocacy

- ADEA Washington Update
- ADEA State Update
- ADEA United States Interactive Legislative Tracking Map

### Online Resources

- Bulletin of Dental Education (BDE)
- Journal of Dental Education with access to cited articles for over 1,000 other journals at no additional cost (\$125 value)
- MedEdPORTAL for publishing and sharing educational resources
- Data, Analysis & Research - a wealth of reliable information, noteworthy statistics, and quality resources designed to answer questions about dental education
- Newsletters
- ADEA Bulletin of Dental Education (BDE)
- ADEA's Charting Progress monthly e-newsletter by ADEA Executive Director Richard W. Valachovic examining critical issues in dental education
- ADEA Washington Update provides coverage of federal legislative and regulatory news about oral health, dental education, and dental research. The newsletter is published monthly when Congress is in

session. Its purpose is to keep ADEA members abreast of federal issues and events of interest to the academic dental and research communities.

- ADEA State Update is published monthly. Its purpose is to keep ADEA members abreast of state issues and events of interest to the academic dental and research communities.

### **American Student Dental Association (ASDA)**

ASDA serves as both a branch of a national organization and the student government at HSDM. As part of National ASDA, [Harvard ASDA](#) is committed to advocating for the rights and welfare of dental students. Strives to introduce students to organized dentistry and provide networking and educational opportunities. As the student government, they organize social events, fundraisers and various other student-centered programming.

For more information, please visit the Harvard ASDA website: <http://harvardasda.org/>

### **ASDA Membership Benefits**

The association provides its members with services, information, education, representation and advocacy. That's what you'll find here and throughout the website. Take advantage of these resources to help smooth the journey through dental school. For more information, please visit: <https://www.asdanet.org/index/dental-student-resources>

### **ASDA Student Resources**

- Health and Wellness
- Mentorship in Dental School
- Scholarships and Repayment Plans
- Diversity and Inclusion Resources
- Taking the NBDE Parts I and II
- Tips for International Dental Students
- Ethics

### **Massachusetts Dental Society**

The Massachusetts Dental Society (MDS), a 5,000-member constituent of the American Dental Association, is dedicated to the professional development of its member dentists through initiatives in education, advocacy, and promotion of the highest professional standards, and championing oral health in the Commonwealth.

**MDS Vision:** The national flagship Dental Society for service innovation and member value

**MDS Mission:** To help all members succeed

For more information about the Mass Dental Society and member benefits, please visit:

<http://www.massdental.org/About-MDS/Membership>

# Community Outreach Opportunities

## **A.C.T.I.O.N. (Action for Children and Teenagers in Oral Health Needs)**

The [A.C.T.I.O.N. Program](#) started at HSDM in 2009. It consists of a student volunteer-run pediatric dental clinic offered one Saturday per month at Windsor Clinic in Cambridge. Under the supervision of an attending dentist, 1st and 2nd year students assist 3rd and 4th year providers at the clinic. Since its inception, the A.C.T.I.O.N. Program has held over 30 clinic sessions, providing dental treatment to hundreds of pediatric patients totaling over 750 appointments. A.C.T.I.O.N. is one of the only clinical volunteer projects available to 1st and 2nd year students at HSDM. It is a great way to meet students from various years and to gain experience with pediatric patients. All three attending doctors are wonderful mentors and Saturdays mornings at the Windsor Clinic are always fun and rewarding.

## **Asian American Dental Association (AADA)**

[AADA](#) provides services specifically targeted for the Asian-American population in Boston. Our goal is to promote oral health by participating in events such as the Chinese New Year Festival in Chinatown and the Asian Pacific American Heritage Month at the Boston Children's Museum. Volunteers will give presentations that educate people about the proper way to brush and floss, how to maintain good oral health through diet, and the importance of dental visits.

## **Operation Mouthguard**

[Operation Mouthguard](#) provides a mouth guard free of charge to young athletes around the Boston area who would otherwise be unable to afford one.

## **Project Bridge**

[Project Bridge](#) is a student-run free dental clinic at Bridge Over Troubled Water (BOTW) in downtown Boston. Under the supervision of a volunteer dentist, dental students from the Harvard School of Dental Medicine and Tufts offer basic dental services such as exams, cleanings, basic restorative needs and oral health counseling. Through the Project Bridge Education component, we also offer health education sessions, which are given at the GED courses (offered by BOTW) during the day and also at the residential sites that are associated with BOTW.

## **Dentists for Humanity**

[Dentists for Humanity](#) provides opportunities to connect with dental students and faculty at other institutions, and practicing dentists in the greater Boston area, by joining domestic and international dental mission trips.

# STUDENT LIFE (CONTINUED)

## ACADEMIC

### Academic Societies

All DMD students at HSDM and HMS belong to one of five academic societies which serve as a focus for student life. Each society is composed of an Advisory Dean, other faculty society advisors, who serve as associate directors of the Society, administrative staff, and approximately 40 students from each class (medical and dental). HSDM Senior Tutors serve as the primary advisor for dental students within their respective societies. The society affiliation develops and strengthens as students pursue their education and training to become a health professional. In addition, each society provides a mechanism for vertical integration of students - students get to know and socialize with students in higher or lower classes, as well as faculty and staff, and learn from positive interactions with them.

### Advising and Counseling Services

The Office of Dental Education, including the Director of Student Affairs, is responsible for all aspects of DMD student life including personal, academic and career counseling. In addition, DMD students are offered the support of additional advisors. These advisors include the Senior Tutors, Big Brothers/Big Sisters, who are assigned to entering students and serve as peer advisors, as well as research mentors, who maintain an ongoing dialogue and personal relationship with their students throughout the course of their training. In addition, students should feel free to establish other relationships with faculty who provide mentorship during the course of training.

Advanced graduate students are able to seek personal, academic, and career counseling from their Program Director or from the Director of Advanced Graduate Education. The Directors of Admissions and Student Affairs are also a resource for these students. Finally, research sponsors are in a position to serve as mentors for students in advanced graduate training programs.

For all students who wish to receive counseling on any of a number of personal or emotional issues, psychiatrists from Harvard University Health Services in the Medical Area are available for consultation and serve as a valuable resource. More information about the services available as part of the student health plan can be found at: <https://huhs.harvard.edu/services/counseling-and-mental-health>

Resident fellows and assistants live in Vanderbilt Hall and are available for counseling, advising and help with student activities. They are available by appointment and also for emergencies 24 hours a day. More information is available in the Residential Life section of this handbook.

### The Office of Learning Resources and Support

The Office of Learning Resources and Support assists Harvard medical and dental students with difficulties they may be experiencing in their academic and/or clinical performance. Students may be referred by Society faculty, the HSDM Associate Dean for Dental Education, the Director of Student Affairs, Senior Tutors or self-refer to the Director of Learning Resources and Support, who will meet with students for an initial screening interview to help determine what factors (situational, emotional, learning, etc.) may be contributing to their difficulties. When emotional issues are involved, the Director will provide short-term performance counseling, when appropriate, to help students function optimally in their current courses and/or help refer students to the appropriate resources both inside and outside the University, as necessary.

When learning issues are involved, students will be referred to one or both on-site education specialist(s), as needed, for further screening and assessment. If necessary, referral for outside neuropsychological testing can also be arranged for a formal, comprehensive assessment.

Regina Mitchell, M.D., Director for Learning Resources and Support, offers an array of services:

1. study strategies for either the medical or dental school curriculum;
2. performance concerns due to emotional, situational, learning, interpersonal, and/or medical issues or

3. planning for schedule adjustments and/or leaves of absence, as well as assistance with re-entry to the curriculum in collaboration with the HSDM Associate Dean for Dental Education, the Director of Student Affairs, the HSDM Senior Tutor, and other Society faculty.

Dr. Mitchell should be your first point of contact if you are self-referring or if you are referred by a faculty member, advisor, HSDM Associate Dean for Dental Education or Director of Student Affairs. She will discuss with you the resources available for emotional or learning assistance that are either on-site, at HUHS, or outside Harvard University.

The Director of Learning Resources and Support also works with course directors, clinical faculty, and/or students to find tutors, as needed, for students having academic difficulties. These tutors are drawn from peer tutors, advanced graduate students, fellows and/or faculty.

The Office of Learning Resources and Support is located on the third floor of TMEC, above the Amphitheater.

Dr. Regina Mitchell can be contacted at 617-432-2653 or by e-mail: [regina\\_mitchell@hms.harvard.edu](mailto:regina_mitchell@hms.harvard.edu).

### **Career/Specialty Choice Advising**

HSDM students are aided in career choice decisions by their advisors and by other members of the faculty, as well as the Director of Admissions, the Director of Student Affairs, and the Director of Advanced Graduate Education.

### **Cross Registration**

Students may enroll, at no additional cost\*, in courses offered at other Harvard schools, the Massachusetts Institute of Technology, or Tufts' Fletcher School of Government. Cross registration deadlines vary from school to school. It is a student's responsibility to meet the earliest cross registration deadline. While enrolled at another Harvard School, students are subject to the rules and regulations of that school. Students can search for courses and find instruction on how to cross-register online at: <https://portal.my.harvard.edu>

It is important to be aware that credit hours may not translate directly between schools. Harvard Registrars use a translation table to determine credit hours earned at other faculties. Students are advised to consult the Registrar's Office before assuming the credit value of courses taken at other Harvard schools or at MIT.

*\*Full tuition is charged by the Harvard Extension School and Harvard Summer School programs. In addition, Harvard Business School charges a per course fee to use the HBS technology platform.*



## **SERVICES FOR STUDENTS WITH DISABILITIES**

The Harvard School of Dental Medicine is committed to providing students with appropriate support and services to ensure that they have an accessible and welcoming learning environment. The Office of Disability Services at HMS/HSDM complies with the Americans with Disabilities Amendment Act of 2008 and Section 504 of the Rehabilitation Act of 1973 in providing services to students with disabilities.

### **To Request Accommodations Contact the Director of Disability Services**

The Office of Disability Services works with each student in an interactive process to review requests for accommodations on an individualized, case-by-case basis. A student may be eligible for reasonable and appropriate accommodations based on the impact of the functional limitation of their documented disability. Please contact Tim Rogers, the Director of Disability Services at 617-432-9198 or via e-mail at [disabilityservices@hms.harvard.edu](mailto:disabilityservices@hms.harvard.edu) to schedule an intake appointment to initiate the registration process.

Students are asked to submit current documentation completed by an appropriately licensed professional, which should include the student's name, a diagnosis, and detail the impact of the functional limitations caused by the diagnosis. This documentation should also outline the treating professional's recommended accommodations. It is the student's responsibility to gather and submit this documentation with the student incurring any associated cost. Please note that obtaining documentation from a licensed professional can take time and, therefore, students should plan accordingly. Last-minute submission of documentation may result in delays in the provision of accommodations.

General information about a student's disability and accommodation request(s), may be shared with other Harvard officials or, in limited circumstances, with third parties on a need to know basis. The student's disabilities file is maintained by the Director and is held separately from the student's official academic record. Primary clinical documentation or other diagnostic information is held by the Office of Disability Services at HMS/HSDM and is released to a third party only with the student's written permission or as required by law.

### **Implementation of Accommodations in Courses and the Student's Responsibilities**

The Director of Disability Services will communicate by letter a student's recommended academic or clinical accommodation(s) to the appropriate course/rotation site director before the start of the course/rotation. The student has the responsibility to anticipate the need for such letters in their various courses and/or rotations and to work closely with the Director of Disability Services regarding the sequence of letters that will be needed for the courses planned for the year.

### **Accommodation on National or Regional Board Exams**

The Office of Disability Services at HMS/HSDM process for providing accommodations is not necessarily reflective of the process for receiving testing accommodations on the National or Regional Board Exams. While the Office of Disability Services can provide assistance in this area, students are responsible for seeking their own desired accommodations for these exams.

### **Grievance Process**

Harvard School of Dental Medicine makes every effort to provide equal access to its programs and courses, including provision of reasonable and appropriate accommodations. Students who disagree with the approved accommodation or who have a concern involving discrimination on the basis of a disability may file a grievance in the form of a written detailed complaint with the HSDM Director of Student Affairs: Carrie Sylven, [Carrie.Sylven@hsdm.harvard.edu](mailto:Carrie.Sylven@hsdm.harvard.edu). The complaint should include a clear and concise statement of the issue(s) and a reasonably detailed description of the relevant facts, including the names of persons with information and copies of pertinent documents or other evidence relevant to the grievance, including supporting medical documentation, to the extent applicable. Grievances under this policy should be filed within 90 days of the alleged act of discrimination or challenged accommodation decision. Harvard may extend this time frame where a delay is due to circumstances beyond a student's control such as illness or incapacity.

If the grievance cannot be resolved by the Director of Student Affairs, she will forward the student's statement to an ad hoc Review Committee, comprised of three members of the faculty and/or administration who do not serve on the Committee on Promotions. The Director of Student Affairs will obtain the student's written

permission prior to distributing primary clinical documentation to committee members. The committee may contact the student, instructor, program directors, or other appropriate individuals, including relevant persons identified by the student, to discuss the requested accommodations or allegations of discrimination, as needed. The committee may also request additional medical documentation or an independent medical evaluation on any request for accommodation. The committee also may designate a fact finder, as appropriate, to investigate the allegations and make a report of findings to the committee for its consideration. Within three school days following the committee's decision, the Director of Student Affairs will notify the student and the individual against whom the complaint was brought of the Review Committee's decision. The Committee's decision will be reached within 60 days of the grievance.

In cases where timeliness of an accommodation is important, every reasonable effort is made to complete each stage of the process within 10 working days, unless the circumstances require a more rapid response. In some situations, we may provide the requested accommodation on a provisional basis, without obligation to continue the accommodation if it is found to be unreasonable or inappropriate.

If you are dissatisfied with the decision of the committee, you may appeal in writing to the Director of University Disability Services at [disabilityservices@harvard.edu](mailto:disabilityservices@harvard.edu). Information about the University grievance process is available at <http://accessibility.harvard.edu/pages/grievance-procedures>.

#### *Prohibition Against Retaliation*

Consistent with applicable law, Harvard prohibits retaliation against any person who requests accommodation, files a grievance alleging disability discrimination or participates in the grievance process. Any concerns about retaliation related to this process should be disclosed immediately to the Director/504 Coordinator (or designee).

While students are encouraged to utilize Harvard's process towards resolving disability-related grievances, all students have a right to file a complaint directly with the U.S. Department of Education, Office of Civil Rights (OCR). OCR's contact information is below:

Boston Office, Office for Civil Rights, U.S. Department of Education, 8th Floor, 5 Post Office Square, Boston, MA, 02109-3921, Telephone: 617-289-0111, TDD: 800-877- 8339, Email: [OCR.Boston@ed.gov](mailto:OCR.Boston@ed.gov)

## Harvard International Office

[The Harvard International Office](#) (HIO) serves foreign nationals at Harvard by providing programs and services for international students, scholars and their families. These programs and services include orientation meetings, arrival booklets and printed information to assist with the adjustment to Harvard and living in the Boston/Cambridge area; advising and counseling on immigration regulations, social and cultural differences, financial matters and personal concerns; referrals to other offices when appropriate; assistance in locating housing in August; the Friends of International Students program for new graduate students; English language classes, discussion groups and activities for accompanying spouses; and information on a wide variety of topics disseminated through printed material, newsletters, a website and group information sessions. The International Office hosts a reception each fall for newly arrived international students, scholars and their families. In late February/early March, the HIO organizes tax seminars for international students and scholars.

The office also acts as a liaison between Harvard and various public and private agencies in matters affecting the University's international students and scholars. The office supports the activities of the various international clubs whose membership includes graduate and undergraduate students.

**All newly admitted international students are required to check in with the International Office before registering in their schools and should bring their passports and visa documents or other evidence of their immigration status.** All foreign nationals are encouraged to visit the office in order to take advantage of its programs and services.

## Harvard International Office

1350 Massachusetts Avenue  
Holyoke Center Room 864  
Cambridge, MA 02138  
Phone: 617-495-2789  
Fax number: 617-495-4088  
Website: [www.hio.harvard.edu](http://www.hio.harvard.edu)

## Regular Office Hours:

Monday to Friday, 9AM - 3PM (except for holidays).

**HBS and Longwood Medical Area (LMA) Office Hours:** Some HIO advisors hold office hours at certain schools. For off-site office hour schedules, please go to the [HIO site](#).

## HARVARD IMMIGRATION AND REFUGEE CLINICAL PROGRAM

The Harvard Immigration and Refugee Clinical Program (HIRC) offers free legal and social service support and representation to undocumented, DACAmented students, and any Harvard affiliated member that is concerned about his/her legal immigration status in the country. HIRC recognizes that students may have concerns about immigration policies, priorities, procedures, falling out of status, and mapping out future potential immigration remedies. They provide legal and social work consultations to address these concerns and others that immigrants face. HIRC staff attorney, Jason Corral, is offering legal consultation and representation to students and is happy to answer questions. Additionally, HIRC offers consultations with Liala Buoniconti, clinical social worker, who can assist students with a variety of concerns including stress management, family issues, and concrete resources. Jason and Liala are available by appointment. <https://harvardimmigrationclinic.org/>

Office Phone: 617-495-6648

Emergency Hotline number: +1-857-242-6755 (for time-sensitive matters, will be directed to the HIRC attorney on-call)

## Office of Diversity Inclusion

The Office of Diversity Inclusion promotes increased recruitment, retention, and advancement of underrepresented minority students and faculty at the Harvard School of Dental Medicine. The Office seeks to

emulate the Harvard tradition of excellence in education, science, and public health by supporting a well-trained faculty, while creating oral health leaders reflecting the larger community that we serve.

### **Goals**

- Foster an environment that is comfortable and welcoming to all members of the community
- Provide support for a diverse population
- Develop a recruitment strategy to increase enrollment of students from underrepresented minority groups
- Develop and implement a plan to recruit faculty from underrepresented minority groups
- Enhance and develop curricula that address issues of diversity, cross-cultural care, and sensitivity

### **Partners**

The HSDM Office of Diversity Inclusion partners with several offices at Harvard Medical School, including the [Office for Diversity Inclusion and Community Partnership](#) and [Office of Recruitment and Multicultural Affairs](#).

For more information on the Office of Diversity Inclusion, visit the ODI website: <https://hsdm.harvard.edu/office-diversity-inclusion>

### **Ombuds Office**

The Ombuds Office provides an impartial, safe place where any student can receive support and assistance if s/he believes s/he has been a victim of discrimination, harassment, or unfair treatment based on race, color, sex, sexual orientation, gender identity, religion, age, national or ethnic origin, political beliefs, veteran status, disability, or any other legally protected category. The Ombudsperson will work with students who are having a problem s/he doesn't want others to know about because of fear of retaliation or negative evaluation, who are facing an ethical dilemma, or who feel they have been treated unfairly, erroneously or inequitably. The Ombuds Office is independent of any existing administrative or academic structures and enables students to voice concerns. The Ombudsperson will work with students to develop options, which will be tailored to fit the particular circumstance. Options can range from just talking to requesting a formal grievance proceeding. For more information about the services of the Ombuds Office, students may call the confidential line (617-432-4040). <https://hms.harvard.edu/departments/ombuds-office>

# STUDENT LIFE (CONTINUED)

## GENERAL

### Athletics

In addition to serving as the student dormitory, Vanderbilt Hall is the athletic center of the Harvard Medical Area and contains an indoor basketball court, outdoor tennis court, five squash courts, a weight room and an aerobics studio. Men's and women's locker rooms and showers are also available within the building. Various tournaments and leagues are organized by the Athletic Office throughout the year in squash, basketball, softball, aerobics and tennis.

There are numerous sports facilities located throughout the Cambridge Campus of Harvard University. To use the Murr Center, students must contact the Murr Center at 617-495-2211, located at 65 N. Harvard Street in Boston. Use of the facility is free for dental students. Locker and towel privileges may be purchased there as well. A brochure with detailed descriptions of facilities and activities may be obtained from the Department of Athletics at 617-495-4848.

Visit: [www.athletics.harvard.edu](http://www.athletics.harvard.edu)

Students or affiliates who wish to take rowing or sailing lessons on the Charles River, are required to take a 100-yard swim test at the Malkin Athletic Center Pool on Holyoke Street in Cambridge.

### Child Care

There are six Harvard-affiliated childcare centers in Cambridge and several centers in the Longwood Medical area. As all Centers are quickly filled, parents are urged to make arrangements as early as possible. Further information about family child care providers, child care centers in other communities, after school care and summer programs can be obtained by calling the Harvard Medical Center Office for Work and Family at 617-432-1615 or the Harvard University Office for Work and Family at 617-495-4100 (located in Cambridge). You can also request a free copy of the Harvard University and Affiliates Family Resource Handbook and a schedule of the lunchtime parent education programs sponsored by these two offices.

### Pet Policy

Students are not permitted to bring pets into school, however, service animals that have been specifically approved as an accommodation by the HMS/HSDM Office of Disability Services are permitted on campus. For more information on how to obtain accommodations for a recognized disability, please contact the Office of Disability Services, TMEC, Suite 347, 260 Longwood Avenue, Boston, MA 02115. Phone: 617-432-9198. Email: [disabilityservices@hms.harvard.edu](mailto:disabilityservices@hms.harvard.edu).

### Dress Code

The way we dress, our grooming and hygiene habits, and the proper display of identification have a major influence on how patients perceive their experience with all of us at the Harvard Dental Center. Our goal is to create a patient experience that instills confidence in all that we do for everyone that we interact with. With this in mind, the Department of Clinical Affairs and the Office of Dental Education has implemented the following student dress code:

#### In Clinic Areas and Preclinical Laboratories:

1. Gowns must be worn over appropriate scrub attire when treating patients. Gowns should be tied behind neck – high enough to cover your clothing. They should NOT be worn in non-clinical areas (i.e., not worn to restrooms, food areas, offices, waiting rooms, libraries, seminar rooms, laboratories, administrative floors, or out of the HSDM building. Name identification badges should be clipped onto gown and be prominently displayed.
2. While working in the Preclinical or Clinical setting, students must wear scrubs while adhering to the following guidelines:

- Scrubs will be solid in color and students must wear whatever color is designated to their specific class. No mixing of colors is allowed. Scrubs must be worn as a complete set (tops and pants, no substitutions (i.e., T-shirts with scrub pants)).
- Scrub tops will be short sleeved and have V-neck styling.
- Scrub pant waist will be either elastic or drawstring and pant leg must be an appropriate length (not dragging on the ground).
- Scrubs must be clean and non-wrinkled in appearance.
- Students will be responsible for purchasing and laundering their own scrubs (OSHA states that scrubs should be laundered separately from other laundry).
- Clean shoes, sneakers, or surgical clogs may be worn. No boots or open toed shoes (Crocs and Uggs are not acceptable).
- Socks must be worn. Socks must fully cover legs during seated clinical procedures.
- Hats are not allowed in the clinics.
- Body hygiene is required so that offensive body odor is avoided.
- Strong perfumes and cologne may be offensive to others, therefore avoid excessive use.
- Nails must be clean, short, and well-rounded, thus precluding the wearing of long artificial nails. All wounds on hands/fingers must be covered with a protective bandage.
- Long and medium length hair (touching shoulders) must be tied or pinned back. Beards and mustaches are acceptable, but must be well groomed so that they are covered by a mask.

### **Dental Building (when not in the clinic or preclinical laboratories)**

1. Scrubs or casual, neat clothing consistent with a professional school environment is expected of all students. Clean jeans are permitted, but not in patient contact areas.
2. Shorts, **unprofessionally** short skirts, and low-cut tops are not permitted.

**Assigned Scrub Colors:** Beginning with the AGE and DMD classes that matriculated in July and August 2017, each class/cohort will be required to wear a designated scrub color. The AGE students' designated scrub color is navy. The predoctoral class of 2021 designated scrub color is wine/burgundy. Each incoming pre-doctoral class will select and vote on their designated scrub color within the first few weeks of enrollment.

**Enforcement:** Violations of the dress code in the clinical area may affect the clinical grade. Faculty and staff may enforce the dress code. Repeated violations will be referred to Committee on Promotions for pre-doctoral students and the Committee on Advanced Graduate Education for AGE students and could result in dismissal/suspension from the clinics.

### **Lockers & Mailboxes**

Lockers and mailboxes are assigned to DMD students by the Office of Dental Education. Advanced Graduate Education students are assigned lockers and mailboxes by their departments. It is the student's responsibility to check his/her HSDM mailbox frequently and to keep lockers locked at all times.

HSDM reserves the right to search lockers for patient records. Two employees must be present during such a search.

### **Religious Life**

Diverse houses of worship can be found near the Medical Area: Catholic, Protestant, Jewish, Russian Orthodox and Greek Orthodox. In addition, there are religious student organizations sponsored by HMS and HSDM including the Christian Medical and Dental Society and the Maimonides Medical Society. These provide fellowship, retreats, special programs, and various social activities for interested students. More information can be found at <http://chaplains.harvard.edu/>

### **Sign and Banner Posting**

Bulletin boards are provided in the TMEC, Vanderbilt Hall, and HSDM for posting signs and banners. Anything posted on painted surfaces, doors or glass will be removed. All displays, banners, or easels must be approved by the building manager in these buildings.

### **Transportation and Parking**

Free shuttle bus service between the Longwood Medical Area, MIT and Harvard Yard is available to all students, faculty and staff with valid Harvard ID cards. Buses run Monday through Friday every half hour during the day (more often at rush hour), hourly at night and hourly all day Saturday (617-495-0400). Schedules can be obtained from the MASCO Transportation Office (617-632-2800). Visit [www.masco.org](http://www.masco.org) for more information.

Boston's rapid transit system is called the "T" (short for MBTA - Massachusetts Bay Transportation Authority). It provides convenient service to most points in and around the city. HSDM is located just one block from the E branch of the Green Line at the Longwood Medical Area stop or about four blocks from the D branch of the Green Line at the Longwood Towers stop. Bus service provides access to additional areas. Frequent "T" users can purchase a monthly pass at selected T stations which permits unlimited MBTA use. Visit [www.mbta.com](http://www.mbta.com) for more information.

### **Discounted MBTA Passes**

Students may purchase slightly discounted MBTA passes through HSDM. Passes must be purchased at the beginning of each semester and are for an entire semester. Information about this program is available in the HSDM Office of Dental Education.

### **Transportation Policy**

The School of Dental Medicine recognizes that students need educational experiences beyond those available in the School. In answer to this educational need, affiliated hospitals, community health centers, and other venues have been introduced to provide a comprehensive exposure to a broad range of patients, illness and care.

Students are responsible for arranging their own transportation, including to and from their clinical sites. These sites, with rare exception, are accessible by public transportation from the dental school.

In rare cases, a site may be inaccessible by public transportation. In this case, students are encouraged to seek out fellow students assigned to the site with whom they might carpool. Failing that, students are advised to take public transportation to the nearest point to their site, and to take a cab the rest of the way. The student will be responsible for paying all transportation costs incurred. Students who choose to take cars to their sites are responsible for covering all gas and parking fees incurred by that mode of travel. Carpooling and cost sharing with fellow students is recommended whenever feasible. Students who consider themselves unable to afford the cost of transportation to a clinical site should contact the HSDM Financial Aid Officer.

### **Parking**

Parking is scarce in the Longwood Medical Area. Depending on availability an offsite parking location may be available to HMS and HSDM Students living in Vanderbilt Hall. If the offsite parking facility continues to be available to Harvard, students who have been allocated a parking space for a given academic year will have the option to renew that slot for the following academic year, and annually thereafter, until the time of graduation.

Inquiries regarding parking can be addressed at the HMS Commuter Services and Parking Office, located at 180 Longwood Avenue; office hours are 8:00 a.m. to 4:30 p.m., Monday through Friday. For information, call 617-432-1111 or e-mail [parking@hms.harvard.edu](mailto:parking@hms.harvard.edu).

For more information, please visit the HMS Commuter Services and Parking Office website: <https://hms.harvard.edu/departments/campus-planning-and-facilities/campus-services/parking-and-commuter-services/parking>

Students and residents may not, under any circumstances, park in designated patient parking areas.

### **Voter Registration**

For students who desire to vote in the state of Massachusetts, the School of Dental Medicine makes available at registration Affidavits of Voter Registration forms. For students from other states who desire to vote in a state other than Massachusetts, the Federal mail-in Affidavit of Voter Registration or a mail-in form supplied by that state may be used. Students should contact the appropriate state election official to receive the state form or call or write to the Massachusetts Elections Division for a Federal form. Students can also go to the U.S. Election Assistance Commission's website at <http://www.eac.gov>.

### **Weather Emergencies**

During times of inclement weather, students, staff and faculty may call 617-496-NEWS to find out if the University will close. If a storm develops during the day, students should check their email to find out if the university will close early. Please note that each school within the University makes its own decision regarding closure during inclement weather.

During weather or other emergencies, information is available to the HSDM community through the following channels:

- The HU phone line for info on all Harvard schools (listen only) 866-496-NEWS (6397)
- MyCourses will have updates about specific courses and sessions
- The [HSDM home page](#)
- An email announcement
- News stations [WBZ](#), [WCVB](#) and [WHDH](#) (channels 4, 5 and 7)

### **Emergency Notification System**

All students are required to sign up to receive emergency notifications from Harvard University's Community Emergency Notification System called [MessageMe](#), which allows the University to quickly distribute critical information to you, wherever you are located, during an emergency. [MessageMe](#) helps you stay informed in the event of an emergency by sending alerts to your personal electronic device (cell phone, PDA, smartphone, etc.) through text messaging, voicemail, and/or e-mail. Students can sign up for the Emergency Notification Service by going to <https://messageme.harvard.edu/>.



# MEDICAL AREA FACILITIES AND RESOURCES

A valid Harvard ID card is required to gain entry to all Medical Area buildings, including HSDM and Vanderbilt Hall. Security guards or electronic ID card readers are located at each entrance to Medical Area buildings.

## Longwood Medical Area and Affiliates

### Harvard School of Dental Medicine (HSDM)

The HSDM Main Building was designed specifically for learning in a problem-based curriculum. It is comprised of classrooms, seminar rooms, the student dental laboratory and clinic, and the lounge and staff locker rooms. In addition, it contains the faculty group practice, as well as administrative offices of the Dean. In the fall of 2004, the new Research and Education Building (REB) was opened. In addition, to research labs and faculty office space, the REB houses several classrooms as well as the networked computer facilities.

All members of the HSDM community are advised that while it is permissible to have beverages or food in certain designated HSDM classroom facilities, the expectation is that all trash will be discarded and the rooms will be left in order at the end of each class or meeting. At no time should food or beverages be consumed in any clinic or laboratory areas in the building.

### Harvard Dental Center

The Harvard Dental Center at the Dental School was built in 1993 and houses the Harvard Dental Faculty Group Practice (FGP) and the Student Teaching Practice (TP). The FGP contains private dental operatories, an operating room suite, and state-of-the-art equipment. The providers of care in this practice are the members of the faculty of HSDM. These dentists provide treatment for the full range of oral and dental health care needs. Dental students have the opportunity to work in the evening as dental assistants in the Faculty Group Practice and to observe faculty members in clinical practice as a part of their educational experience. Third and fourth year dental students, as well as advanced graduate students, provide patient care under the supervision of experienced faculty members in the Teaching Practice clinic of the Dental Center.

### Tosteson Medical Education Center (TMEC)

Most of the DMD student's first two years of basic science classes are held in the laboratories, lecture halls, and conference rooms of the TMEC, located on Longwood Avenue directly across from Vanderbilt Hall. Designed with the New Pathway study method in mind, the TMEC surrounds a three-story glass covered atrium. This building contains a multi-purpose room and small café for students and faculty, student study clusters, an amphitheater, and a suite of rooms containing video recording equipment to be used for patient interviews and examinations. The Center is also the home of each of the five academic societies.

### Quadrangle

Five marble buildings, creating a 'U' around the Longwood Avenue Quadrangle, form the central architectural core of the Harvard Medical School. Three of the buildings have large teaching amphitheatres. Administrative offices are in Gordon Hall, located at the far end of the 'U'. Preclinical teaching and laboratory space for many of the Medical School departments together with research facilities and offices are housed in these structures. Offices and laboratories of other administrative and teaching departments are located on Longwood Avenue, Avenue Louis Pasteur and Huntington Avenue, in an area neighboring the quadrangle.

### HMS New Research Building

The NRB is located at 77 Avenue Louis Pasteur. Opened in September 2004, the NRB brings together scientists from many disciplines into one facility to further advance medical research at Harvard Medical School. A modern conference center and a cafeteria are also located in the NRB.

### Countway Library

The Francis A. Countway Library of Medicine, located at 10 Shattuck Street, combines the resources and services of the Harvard Medical Library and the Boston Medical Library. Among libraries serving health professional schools, it is one of the largest in the country, with recorded holdings of nearly 500,000 volumes and more than 5,000 current periodicals.

The Library contains contemporary literature of biomedicine, both national and international. Additionally, it possesses most of the important writings of medical interest published in the United States and Europe during the previous four centuries, including more than 800 incunabula (books published before 1501). Items of considerable value or great rarity are housed in the Rare Books Department, which provides modern facilities for the use of such materials.

The Countway utilizes a number of modern technological tools in its services and collecting: sophisticated computerized bibliographic search services; computer-assisted instruction; extensive photocopying facilities; and audiovisual hardware and software. For more information, visit [www.countway.harvard.edu](http://www.countway.harvard.edu).

### **The Forsyth Institute**

The Forsyth Institute, located at 245 First Street in Cambridge, is an independent nonprofit institution founded in 1910 with the mission of improving the oral health of children. The Institute is closely affiliated with the School of Dental Medicine. As one of the leading dental research centers in the U.S., the Institute conducts programs of research, education and patient care related to oral health needs of the population. Many of the staff of The Forsyth Institute serve as faculty at the School of Dental Medicine and provide mentorship for many DMD and advanced graduate student research projects. For more information, visit <https://www.forsyth.org/>.

### **Affiliated Hospitals**

DMD and advanced graduate students at HSDM perform their clinical training and research at many hospitals and centers affiliated with Harvard.

# COMPUTER RESOURCES

A number of computer-based services are available to HMS/HSDM students. These include both Windows-based PCs and Apple computers located in several areas at HMS and HSDM. Most machines are connected to the Harvard Medical School Network and provide access to the services listed below.

Networked computers can be found in the following locations:

- **HSDM:** A computing center is located in Room 108 of the HSDM Research and Education Building (REB). The facility houses up to date Apple and PC computers, as well as flatbed scanners. All multi-media users are required to attend a brief orientation prior to using the equipment, and are required to sign up in advance. In addition to the REB facility, four computers are available for student use on the second floor of the HSDM Main Building, outside the Office of Dental Education suite.
- **Countway Medical Library:** Over 100 PCs are located throughout the library. Students also have access to many hospital-based educational and clinical computing systems during their clinical rotations at Harvard-affiliated teaching hospitals.

## Email

Full-time, registered students will be assigned an official university email account. In order to ensure confidentiality of patient information and to protect the privacy of all members of the HSDM community, forwarding your Harvard email to a personal email account is prohibited. Accordingly all School of Dental Medicine and University emails will be sent to your "hsdm.harvard.edu" account. Email can be accessed at <http://mail.med.harvard.edu>.

## eCommons

eCommons is a "virtual desktop," providing faculty, residents, fellows, students and staff access to electronic resources they use as members of our community. From this site, you can locate and access Harvard medical electronic resources as well as recommend additional resources, including your own, to the eCommons community through the "submit a link" page located within this site's feedback section.

The online help guide provides introductory explanations and step by step instructions to both basic and advanced eCommons functions. It is encouraged that one use this on-line manual when encountering difficulty using the eCommons, or to learn more about the various functions of eCommons. Visit the eCommons web site at: <http://ecommons.med.harvard.edu>.

## MyCourses

MyCourses, the School's educational web portal, provides a single access point to all educational materials used in the current curriculum, including class schedules, handouts, syllabi, discussion forums, exams, lecture videos, slide images, and other resources that support the learning of medicine. In addition, many of the resources available through MyCourses are also available in a format accessible by portable, hand-held devices.

## OASIS, Canvas, and MediaSite

OASIS and Canvas are the primary platforms for managing student information, evaluation assessment, and course materials, including class schedules, handouts, syllabi, discussion forums, exams, lecture videos, slide images and other resources that support the learning of medicine. The MediaSite enterprise video platform will be used in support of all course video content, integrated into the Canvas course pages.

## Literature Searching

The Countway Digital Library enables students to access and search a variety of databases, journals and textbooks. In addition students will have access to HOLLIS which is an electronic card catalogue for materials held in the Harvard Libraries. The web address for the Countway Library is <http://www.countway.harvard.edu>.

## **POLICY ON ELECTRONIC COMMUNICATION AND SOCIAL MEDIA**

### **Electronic Communication**

Harvard neither sanctions nor censors individual expression of opinion on its systems. The same standards of behavior, however, are expected in the use of electronic mail as in the use of telephones and written and oral communication. Therefore, electronic mail, like telephone messages, must be neither obscene nor harassing. Similarly, messages must not misrepresent the identity of the sender and should not be sent as chain letters or be broadcast indiscriminately to large numbers of recipients. This prohibition includes unauthorized mass electronic mailings. For example, e-mail on a given topic that is sent to large numbers of recipients should in general be directed only to those who have indicated a willingness to receive such e-mail.

### **Social Media**

Caution is recommended as well in using social media sites such as Facebook or Twitter. The profession of dental medicine is founded on the highest standards of conduct. In admitting a student to HSDM, we believe you have already demonstrated that your behavior in person – both on campus and off – and in your electronic presence reflects the maturity and civility that are the necessary underpinnings of the profession. After you are admitted, enrollment remains contingent on a continuation of this high standard of conduct. Items that represent unprofessional behavior that are posted by you on social networking sites reflect poorly on you and on the dental profession.

### **Official HSDM Accounts:**

Having a centralized social media strategy unifies our messaging; presents the School in a manner consistent with our values and mission; and leverages a well-established social media audience to ensure messages have a wide reach and impact. HSDM's official social media accounts currently reach a combined audience of more than 15,000 followers.

- The Office of Communications is responsible for maintaining HSDM's official public facing social media accounts.
- HSDM's Facebook, Instagram, and LinkedIn accounts are the only recognized social medial accounts associated with HSDM.
- HSDM departments, programs, initiatives, and student groups are strongly encouraged to leverage HSDM's official online presence and work with the HSDM's Director of Communications if they wish to share news and photos through HSDM's existing social media channels.
- Any other social media account referring to HSDM, including but not limited to, a particular HSDM department or program, and created without HSDM's explicit (written) consent, is not recognized by the school and, if discovered, HSDM will require the retirement of the account, or submission of a justification for its continued existence.
- Exception Requests:
  - There may be special cases when new HSDM social media accounts will be considered. Any, and all, requests for any new account must complete a Social Media Account Exception Justification request to the Director of Communications. The Director of Communications will bring all requests to the Compliance Committee [or subset thereof], and to the Dean of Administration and Finance, for review and a decision will be made.
- "Closed groups" on Facebook, or the equivalent of invitation only groups on other social media platforms, are allowed.

### **Posting of HSDM Related Information on Personal Accounts:**

- Faculty, Staff and Students are strongly encouraged to use common sense and be cautious when posting information about, or acquired at, HSDM:
  - Always ensure that NO confidential patient, school, or employee information is shared

- Do NOT post images that could compromise the security and integrity of HSDM (such as ID cards or axiUm swipe cards). Copies of these images obtained online could be leveraged to recreate badges or ID cards and used for malicious purposes.
- Images of case work performed at HSDM or within the Harvard Dental Center (HDC) are NOT allowed to be posted on personal social media accounts as they are the property of HSDM and the HDC. Patient consent must be honored at all times and compliance with this requirement will be strictly enforced.
- Images taken at HSDM and posted on personal accounts should first ensure that they adhere to the HSDM Camera Policy (including but not limited to: no pictures taken of HDC restricted areas, and no pictures of faculty, staff, or students without their consent).
- Ensure that the content you are posting indicates that the view expressed is that of your own, and not that of the School.

When students are in the hospital or other clinical settings, they must adhere to each clinical institution's privacy and social media policies.

**DMCA Policy Annual Copyright Disclosure:** <https://dmca.harvard.edu/>

- Do not use peer-to-peer file-sharing programs to share copyrighted works without permission.
- If you share copyrighted material without permission, you may subject yourself to significant costs and possible criminal penalties.
- If you are associated with repeat infringements, Harvard University may terminate your network access and refer you for disciplinary action.

Harvard University is committed to maintaining the integrity and availability of the Harvard network for the vital educational and research purposes for which it was designed and prohibits the use of its network to violate the law, including the U.S. Copyright Act. The unauthorized distribution of copyrighted material, including unauthorized peer-to-peer file sharing, violates the Copyright Act and may subject you to civil and criminal liabilities.

Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than \$750 and not more than \$30,000 per work infringed. For "willful" infringement, a court may award up to \$150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504, 505. Willful copyright infringement can also result in criminal penalties, including imprisonment of up to ten years and a fine of \$250,000 for an individual. For more information, please see the Web site of the U.S. Copyright Office at [www.copyright.gov](http://www.copyright.gov), especially their FAQ's at [www.copyright.gov/help/faq](http://www.copyright.gov/help/faq). <http://ifap.ed.gov/>.

Harvard complies fully with the Digital Millennium Copyright Act ("DMCA"). Users of the Harvard network found to have engaged in repeated infringement of copyright are subject to termination of their network access and may be reported to the appropriate Dean or Human Resources officer for disciplinary action. Find [Harvard's policy](#), or review the [FAQ's](#).

A paper copy of this notice is available upon request by contacting [dmca@harvard.edu](mailto:dmca@harvard.edu).

# RESIDENTIAL LIFE

## On-Campus Housing

Vanderbilt Hall ("Vandy") was built in 1927 and is the nation's oldest and most distinguished medical school residence. Over the years Vanderbilt Hall has undergone a number of renovations to preserve, enhance and modernize the building as well as to expand its living capacity. Vanderbilt Hall houses students enrolled at HMS, HSDM, the Division of Medical Sciences, and the School of Public Health (HSPH) as well as visiting students and scholars from all over the nation and the world. Outlined below are the services available to residents from the Vanderbilt Hall Business Office, as well as some information to help you get acquainted with other service departments on campus and at the university. The Vanderbilt Business Office (617-432-1629) is open from 8 a.m. to 6 p.m., Monday through Friday. Information is also available on its website:

<https://hms.harvard.edu/departments/vanderbilt-hall>

## Student Affairs in Vanderbilt Hall

The Resident Counselor for Student Affairs lives in Vanderbilt Hall and is available by appointment. The Resident Counselor is also available in cases of emergency and to discuss urgent problems and personal issues. In addition to counseling and advising, the Resident Counselor is responsible for overseeing student life and activities in Vanderbilt Hall. She supports the personal and professional development of students living in the Residence Hall. Under certain circumstances, the Resident Counselor may also assist students not living in Vanderbilt Hall.

The Resident Counselor for Student Affairs oversees the Resident Advising Program and is responsible for the training and supervision of the Resident Advisors (RAs). Through a planned series of events, the Resident Counselor offers programs and support to develop the interpersonal skills of the Resident Advisors and to address the needs and interests of the Vanderbilt community. Serving as an RA is considered a practicum in leadership, problem-solving, community building, and human relationships. The Resident Advising Program is designed to benefit both the residents of Vanderbilt Hall and the RAs throughout and beyond their school experience in the Harvard Longwood Medical Area.

The Resident Advising Program (consisting of two Head RAs and 25 RAs) was established to promote community as well as to support the welfare of individual residents. As a team, the RAs and the Resident Counselor provide opportunities for the Vanderbilt Hall community to come together throughout the year. The RAs are also available in the living areas for peer counseling and advising. Each resident is assigned to a kitchen. The kitchen assignments are provided upon check-in. The RAs' contact information, including names and room numbers, is posted in each kitchen. All residents are encouraged to introduce themselves to their RA(s) and to consider any RA to be a resource. If you need assistance when your RA is not available, please see another RA or contact the Resident Counselor at 617-432-1980. Each RA can help any resident of Vanderbilt Hall. RAs are selected each spring, usually before Spring Break.

## Function Rooms in Vanderbilt Hall

There are a variety of function rooms located throughout the building available by reservation for student use. When the function rooms are not reserved, they are available as student lounges and study areas. For all Student Council Organization events, the Common Room, Club Room and the Oliver Wendell Holmes Library must be reserved by completing a form at the Student Affairs Office in Gordon Hall, suite 306. For any private social gatherings, rooms may be reserved through Room Scheduling at 617-432-2020. For large parties, special events or if liquor is being served, it may be necessary to secure a police detail and a special entertainment license from the City of Boston as well as purchase special liability insurance. For special event information, permit requirements or police detail please call 617-432-4684.

To reserve on the function rooms, please visit: <https://hms.harvard.edu/departments/vanderbilt-hall/function-room-reservations>

## Meditation and Prayer Room

This room is open to all students. It is located in room 166 near the Deanery Lounge (entry I). It is used for prayer and meditation, as well as religious, spiritual, and philosophical studies and activities. These religious and spiritual activities take priority over use of the room as an academic study space for individuals or groups.

### **Multifaith Prayer Room**

The Multifaith Prayer Room is located in the basement at entry A. It is open to all students and is used for prayer and meditation, as well as religious, spiritual, and philosophical studies and activities. Access to the Multifaith Prayer Room may be arranged through the Vanderbilt Business Office at 617-432-1629.

### **Vanderbilt Hall Athletic Facility**

The Vanderbilt Hall Athletic Facility offers an array of fitness and recreation programs. For up to date schedules and information, please visit: <https://hms.harvard.edu/departments/vanderbilt-hall/vanderbilt-hall-athletic-facility>

As a student or paying member, you can take advantage of the outstanding service provided by our professional staff. This includes:

- A full-time, degreed personal trainer
- Personalized fitness programs designed to reflect your fitness level, your interests, meet your goals, and fit into your schedule
- Sports specific training
- Organized fitness and recreational programs
- Fitness assessments

### **Hours of Operation**

Open every day: 6:00 am to 11:45 pm.  
Open Holidays unless otherwise posted

### **Recreation Opportunities**

Basketball Court ([Schedule](#))  
Intramural Programs  
Basketball  
Indoor Soccer  
Volleyball  
2 Squash Courts  
Outdoor Tennis Court  
Badminton  
Table Tennis  
Bouldering Room  
Fitness Opportunities  
Group Fitness Classes ([schedule](#))  
SPIN Studio  
Cardiovascular Equipment  
2 Weight Rooms  
TRX, Kettlebells, Heavy Ropes, Medicine Balls  
Facilities  
Locker Rooms  
Showers  
Free Daily Lockers  
Locker Rental Available Annually

For more information about the facility or programs, please contact the Athletic Director at (617) 432-1942, or email [athletic\\_vanderbilt\\_hall@hms.harvard.edu](mailto:athletic_vanderbilt_hall@hms.harvard.edu)

## **Off-Campus Housing**

Harvard University maintains a numbers of rental properties both in Cambridge and in Boston, and these units may be available to graduate and professional students. For additional information about Harvard affiliated housing, call the Harvard Real Estate Services at (617) 496-7827 or visit their web site at:

<https://www.campuservices.harvard.edu/real-estate>

Off-campus apartment and roommate listings may be viewed on-line at:

<https://hms.harvard.edu/departments/vanderbilt-hall/short-term-accommodation-list>.

## **Crimson Cash**

Crimson Cash is a debit card system, accessed through your Harvard ID, for on-campus services and a select but growing number of off-campus services. Crimson Cash is discretionary—you may use it or not as you wish and you determine how much money you add to Crimson Cash. Crimson Cash has no service charges and does not expire as long as you have a valid Harvard ID. For more information, visit the Crimson Cash website:

<https://cash.harvard.edu/>



## DISCLOSURES

The information and policies contained in the *Student Handbook* are applicable to the academic year 2017-18. While every effort has been made to ensure that this information is accurate at the time of publication, information and policies are subject to change during the academic year. Students are responsible for adhering to any changes that are made during the academic year. Students will be given written notification of any changes, and all changes will be posted online on the Office of Dental Education website.

The Harvard School of Dental Medicine is accredited by the Commission on Dental Accreditation (CODA). If a student feels that the School may be violating a standard or policy of CODA, the student has the option to contact CODA.

Complaints regarding a program's compliance with accreditation standards should be filed with the Office of Dental Education and:

The Commission on Dental Accreditation

211 East Chicago Avenue

Chicago, IL 60611-2678

1-800-621-8099 x4653

The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.



# APPENDIX I

## ADMINISTRATIVE RESOURCES

The Office of Dental Education (ODE) oversees several offices administering a wide range of activities related to student life. These offices strive to keep open the lines of communication between the students, administration and faculty. Listed below is contact information for ODE staff members. Note: Callers must dial the area code 617 prior to calling (even within the 617 area code). When dialing anywhere on the Longwood Medical campus, dial 2 + the last 4 digits of the phone number.

### Office of Dental Education

HSDM 206 A, B, C, D

Dr. Sang Park, Associate Dean for Dental Education 617-432-0452

### Predoctoral Education

*Curriculum Planning and Implementation, Course Evaluations, Faculty Development, Instructional Technology*

Dr. Sang Park, Director for Predoctoral Education 617-432-0452

Molly Deschenes, DMD Curriculum Coordinator 617-432-0452

Chester Kozikowski, Instructional Technologist 617-432-0468

Suzi Peters, Staff Assistant, Curriculum Services 617-432-5281

### Registrar

*Transcripts, Enrollment Verification, Student Records, Academic Calendar*

Isabelle Bourdonné, Registrar 617-432-8243

Emerald Johnson, Coordinator for Registrar Services 617-432-0311

### Admissions

*Predoctoral and Advanced Graduate Admissions, Prematriculation, Orientation*

Sarah Petrakos, Director of Admissions 617-432-1444

Lizzie Anderson, DMD Coordinator 617-432-0569

Anthony Garofalo, Staff Assistant for AGE Admissions 617-432-3964

### Student Affairs

*Student Advising, Student Government, Organizations and Activities, Disability Services, Title IX*

Carrie Sylven, Director of Student Affairs 617-432-4245

### Financial Aid

Gardner Key, Director of Financial Aid 617-432-1527

### Advanced Graduate Education

*Program Information and Administration; Oversight of Advanced Degree Programs and Admissions Process*

Dr. Sang Lee, Director of Adv. Graduate Education 617-432-3064

Anthony Garofalo, Staff Assistant for AGE Admissions 617-432-3964

**Office Reception and Support**

*Room Scheduling, Lockers, MBTA Passes for Students*

Martha Vedrine, Assistant for Office of Dental Education

617-432-1447

**Senior Tutors**

**HSDM 208 A-D**

*Clinical Education Oversight, Student Advising*

Dr. Samuel Coffin, Cannon Society

617-432-2552

Dr. Armando Pardo, Castle Society

617-432-2373

Dr. Esra Salihoglu-Yener, Holmes Society

617-432-2917

Dr. Aram Kim, Peabody Society

617-432-2374

Dr. Rahen Kakadia, 5<sup>th</sup> Senior Tutor

617-432-2375

Adrien Doherty, Predoctoral Clinical Curriculum Coordinator

617-432-2372

**OTHER HELPFUL TELEPHONE NUMBERS**

Advising Resources, Office of (HMS/HSDM)

617-432-2653

Athletics Office (HU)

617-495-4848

Athletics Office (Vanderbilt Hall)

617-432-1942

Disability Services, HSDM

617-432-4245

Diversity Inclusion, Office of (HSDM)

617-432-1401

Harvard Dental Center Appointment Desk (HSDM)

617-432-1434

Information

    Harvard University

617-495-1000

    Longwood Medical Area

617-432-1000

International Student Services (HU)

617-495-2789

MASCO (HMA)

617-632-2800

Mental Health Services

    Cambridge Mental Health Services

617-495-2042

    Medical Area Mental Health Services

617-432-1370

    Mental Health Emergency Services

617-495-5711

Ombuds Office (HMA)

617-432-4040

Parking Office (HMA)

617-432-1111

Police

    Harvard University

617-495-1212

    Medical Area

617-432-1212

Predoctoral Education (HSDM)

617-432-0452

Recruitment and Multicultural Affairs, Office of (HMS)

617-432-1572

Registrar's Office (HSDM)

617-432-0311

Registrar's Office (HMS)

617-432-1515

Registrar's Office (HSPH)

617-432-1032

Research, HSDM Office for

617-432-1121

Security Office (HMA)

617-432-1379

Senior Tutors Office (HSDM)

617-432-2372

Shuttle Bus Service (HMA)

617-495-0400

Student Affairs, Office of (HMS)

617-432-1570

Substance Abuse Counseling (HMA)

617-432-1370

Taxi Escort Service (HMA)

617-432-1379

Title IX Coordinator (HSDM)	617-432-4245
University Disabilities Services (HU)	617-495-1859
University Health Services (UHS)	
Cambridge UHS	617-495-2042
Medical Area UHS	617-432-1370
UHS Emergency Services	617-495-5711
Vanderbilt Hall (HMA)	617-432-1630
Walking Escort Service (HMA)	617-432-1379

HSDM = Harvard School of Dental Medicine  
HMS = Harvard Medical School

HMA = Harvard Medical Area  
HU = Harvard University



**HARVARD**  
School of Dental Medicine

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# **Advanced Graduate Education Course Catalog**

**AY 2019-20**

Published by the Office of Dental Education

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# FALL 2019 COURSE OFFERINGS

Summer Core Course	Director	Credits	Day	Time	Room
<b>OB608:</b> Graduate Head & Neck Anatomy (July 8-19, 2019)	Cynthia McDermott	3	M-F	9:00 AM - 12:00 PM	see Course Guide
<b>Oral Biology Core</b>					
<b>OB601:</b> Oral Microbiology	Bruce Paster	3	M	10:00 AM - 12:00 PM	REB 106
<b>OB602:</b> Oral Immunology	Xiaozhe Han, Martin Taubman, & Qing Yu	3	M	8:00 AM - 10:00 AM	REB 106
<b>Biostatistics</b>					
<b>OHPE751:</b> Biostatistics	Sung Choi	3	T	1:00 PM - 3:00 PM	REB 106
<b>Education</b>					
<b>DE601:</b> Longitudinal Seminar Series in Dental Education Series (AY) <sup>a</sup>	Sang Park & Edward Krupat	N/A	W	10:00 AM - 12:00 PM	TBD
<b>Electives</b>					
<b>DH501:</b> Career Development in Global and Community Health (AY)	Brittany Seymour	N/A	TBD	TBD	TBD
<b>Foundation</b>					
<b>IDP604:</b> Foundations for the Advanced Dental Practitioner	Christine Riedy & Nina Anderson	3	F	7:30 AM - 9:30 AM	REB 106
<b>Multidisciplinary</b>					
<b>IDP500, 501, &amp; 502:</b> Interdept. Multidisc. Case Presentation Seminars (AY)	David Kim & Thomas Nguyen	N/A	T	7:30 AM - 8:15 AM	REB Auditorium
<b>Research</b>					
<b>IDP602:</b> Fundamentals of Research (AY)	Malcolm Whitman with H. Elani, & G. Naveh	1	M	3:00 PM - 5:00 PM	REB 106

## Fall Calendar

<u>AGE New Student Orientation</u>	<u>July 1-3, 2019</u>
<u>Holiday: Independence Day</u>	<u>July 4, 2019</u>
<u>Fall Cross-Registration Period begins</u>	<u>August 15, 2019</u>
<u>HSDM AGE Fall Courses begin</u>	<u>August 19, 2019</u>
<u>Holiday: Labor Day</u>	<u>September 2, 2019</u>
<u>HSDM Add/Drop/Change Deadline</u>	<u>September 6, 2019</u>
<u>Holiday: Columbus Day</u>	<u>October 14, 2019</u>
<u>Holiday: Veterans' Day</u>	<u>November 11, 2019</u>
<u>Thanksgiving Recess</u>	<u>November 27 to 29, 2019</u>
<u>AGE Fall Courses and Final Examinations end</u>	<u>December 20, 2018</u>
<u>Winter Recess</u>	<u>December 23, 2019 to January 3, 2020</u>
<u>Holiday: Christmas Day</u>	<u>December 25, 2019</u>
<u>Grades for Fall 2019 Semester due</u>	<u>January 6, 2020</u>

<sup>a</sup>AY stands for academic year



## SPRING 2020 COURSE OFFERINGS

Oral Biology	Director	Credits	Day	Time	Room
<b>OB607:</b> Clinical Pharmacology	Jeffry Shaefer	3	T	1:00 PM - 3:00 PM	REB 106
<b>OB610:</b> Advanced Oral Medicine, Pathology, and Radiology	Reshma Menon	3	M	10:00 AM - 12:00 PM	REB 106
<b>OB611:</b> Craniofacial Development and Genetics	Bjorn Olsen & Agnes Berendsen	3	M	8:00 AM - 10:00 AM	REB 106
<b>OB614:</b> Mineralized Tissue Biology and Diseases	Francesca Gori	3	T	3:00 PM - 5:00 PM	REB 106
Electives	Director	Credits	Day	Time	Room
<b>DH601:</b> Global Oral Health: Interdisciplinary Approaches	Brittany Seymour	3	F	9:00 AM - 12:00 PM	REB 302
<b>DH701:</b> Global Health Field Course: Perspectives from Costa Rica	Carlos Faerron Guzmán & Brittany Seymour	N/A	TBD	TBD	TBD
<b>OB606:</b> Fundamentals of Oral Implantology	German Gallucci & Adam Hamilton	3	T	1:00 PM - 3:00 PM	REB Auditorium
Nanocourse	Director	Credits	Day	Time	Room
<b>OB619:</b> Central Regulation of Bone and Energy	Anna Idelevich	1	T	5:00 PM - 7:00 PM	REB 106
Research	Director	Credits	Day	Time	Room
<b>IDP600, 700, 800, &amp; 900:</b> AGE Research Seminar Series	Jennifer Gibbs with C. Sima	1 <sup>b</sup>	Th	5:00 PM - 6:00 PM	REB Auditorium

### Spring Calendar

Holiday: New Year's Day

Spring Cross-Registration Period begins

Holiday: Martin Luther King Day

HSDM AGE Spring Courses begin

HSDM Add/Drop/Change Deadline

Holiday: Presidents' Day

Research Day

AGE Spring Courses and Final Examinations end

Grades for Spring 2019 Semester due

Holiday: Memorial Day

Commencement

January 1, 2020

January 9, 2020

January 20, 2020

January 21, 2020

February 7, 2020

February 17, 2020

April 8, 2020

May 8, 2020

May 15, 2020

May 26, 2020

May 28, 2020

<sup>b</sup>carries credit only in the final year of study

# Course Descriptions

## ORAL BIOLOGY

### **OB608: Graduate Head and Neck Anatomy | Summer/Fall 2019 (7/8/2019 - 7/19/2019)**

*Course Director:* Cynthia McDermott

*Location:* See Course Guide

*Meeting Time:* M-F 9:00 AM - 12:00 PM

*Credits:* 3

*Format:*

Lectures and gross dissection lab

*Evaluation:*

Laboratory (50%) and final practical exam (50%)

*Description:*

This course is designed as an intensive review of head and neck anatomy for postgraduates. Emphasis is placed on the detailed anatomy of bones, muscles, arteries, nerves and fascial spaces associated with the oral cavity and teeth. The course objectives are: (1) provide each student with the opportunity to dissect the head and neck to reinforce their anatomical knowledge, (2) provide anatomy lectures that provide a basis for laboratory and integrate clinical aspects of dentistry, (3) facilitate student discussion on aspects of gross anatomy and dental specialties.

*Prerequisites:* None

*Open to Cross Registrants:* No

### **OB601: Oral Microbiology | Fall 2019**

*Course Director:* Bruce Paster

*Location:* REB 106

*Meeting Time:* M 10:00 AM - 12:00 PM

*Credits:* 3

*Format:* Lecture

*Evaluation:* Weekly quizzes and class participation. Students are expected to actively participate in class; significant time is allotted at the end of each lecture when every student is asked, "What did you learn today?"

*Description:*

The objective of this course is to present fundamental information and concepts regarding the relationship between microbiology (bacteriology) and dental diseases. The relationship between basic and clinical research is explored to include significance in clinical dental practice - as it is and how it might develop. The first part of the course covers traditional and newly developed molecular microbiological methods. The taxonomy of oral species is presented including methods used to derive stable species classifications. Acquisition of the oral microbiota and inter-bacterial relationships as they relate to plaque biofilm ecology are described. The second part of the course covers microbiology of dental caries and periodontal infections including other oral infections of dental origin including peri-implant and endodontic microbiology. Therapy,

virulence and anti-microbial strategies for therapy and prevention are presented, and an introduction to species virulence and pathogenicity. Class participation is an important component of the course.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

### **OB602: Oral Immunology | Fall 2019**

*Course Director:* Xiaozhe Han, Martin Taubman, & Qing Yu

*Meeting Time:* M 8:00 AM - 10:00 AM

*Location:* REB 106

*Credits:* 3

*Format:* Lecture

*Evaluation:* Periodic quizzes and final exam

#### *Description:*

This course provides students with the fundamentals of basic immunology in relation to the oral microenvironment, including a comprehensive survey of 1) the physiology of the oral mucosal immune system, 2) primary colonizers of the oral cavity, both commensal and pathogenic, 3) innate and adaptive immune responses toward microorganisms, and 4) perspectives in translational immunology. The course particularly focuses on 1) cell types of the adaptive immune system and 2) innate immune response in both systemic and mucosal environments, as characterized by humoral, chemical and cellular barriers, as well as inflammation. Disorders affecting oral mucosa are extensively discussed, including those that involve dental caries, periodontal and pulpal infection, human immunodeficiency virus, and such autoimmune diseases as Sjögren's syndrome. The vaccine formulation and its delivery strategy as well as the emerging technology of monoclonal antibody-based therapies will be also addressed in relation to oral infectious diseases. Outside reading of two hours each week is required.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

### **OB607: Clinical Pharmacology | Spring 2020**

*Course Director:* Jeffry Shaefer

*Meeting Time:* Tu 1:00 PM - 3:00 PM

*Location:* REB 106

*Credits:* 3

*Format:* Didactic lectures, nitrous and emergency medicine practical exercises

*Evaluation:* Assessment will be based on a final exam and class presentation.

#### *Description:*

Building upon the basic principles of pharmacology learned in dental school, the student will understand the nature, administration, effects and potential complications of many drug classes. The emphasis will be on appropriate and accurate use of therapeutic agents commonly used in the practice of dentistry. This course will examine topics to include basic principles of pharmacokinetics and pharmacodynamics; pain control - intraoperative and postoperative; techniques for conscious sedation to include pediatric sedation; antibiotics; opioids; anxiolytic agents; NSAIDs; pharmacologic precautions with ASA III-IV patients; and drug interactions that occur with medications used in the practice of dentistry.

*Prerequisites:* Review of the principles of pharmacology at the pre-doctoral level

*Open to Cross Registrants:* Yes

**OB610: Advanced Oral Medicine, Pathology, and Radiology | Spring 2020**

*Course Director:* Reshma Menon

*Location:* REB 106

*Meeting Time:* M 10:00 AM - 12:00 PM

*Credits:* 3

*Format:* Lectures and case-based projects

*Evaluation:* Weekly quizzes, cumulative mid-term, and final examinations (multiple choice, matching, and short-answer questions)

*Description:*

The goal of this course is to provide students with formal instructions in advanced oral pathology, oral medicine, and oral radiology. Students will be expected to be familiar with the etiology, clinical and radiographic manifestations, associated laboratory findings, and managements of common oral pathology entities. These conditions include inflammatory disorders, infections, neoplasms, immune dysregulations, and other acquired and developmental disorders. Students will gain an understanding of and appreciation for advanced diagnostic techniques in cytology and pathology, including special staining, immunohistochemistry, and direct and indirect immunofluorescence studies. Students will learn to demonstrate an ability to formulate a reasonable differential diagnosis based on available histories and clinical, radiographic, and laboratory findings as well as an ability to plan an appropriate course of treatment. Class participation is an important component of the course.

*Prerequisites:* Pre-doctoral foundation in oral pathology and oral medicine

*Open to Cross Registrants:* Yes

**OB611: Craniofacial Development and Genetics | Spring 2020**

*Course Directors:* Bjorn Olsen & Agnes Berendsen

*Location:* REB 106

*Meeting Time:* M 8:00 AM - 10:00 AM

*Credits:* 3

*Format:* Lecture followed by discussion

*Evaluation:* Mid-term and final examinations

*Description:*

Required course for all first year MMSc and DMSc students. This course provides AGE students with an opportunity to apply some of the general principles of developmental biology and genetics to specific problems of craniofacial, oral and dental medicine. The course features Case Discussions and supporting Lectures in an interactive format. Reading assignments, group presentations and a Take-home Exam are also important components of the course. At the end of the Craniofacial Development and Genetics Course, the students are expected to: better understand how genetic diseases can affect the intracellular processes, intercellular interactions and biological signaling pathways essential for tooth and bone development; know about strategies for determining whether a craniofacial/dental birth defect is the result of a genetic, environmental, or chance event; understand strategies for diagnosing and identifying a genetic cause of craniofacial

abnormalities and associated dental defects; demonstrate ability to discuss mechanisms by which mutations in genes can give rise to clinical phenotypes; know about treatment strategies for patients with genetic diseases affecting craniofacial bones and teeth; demonstrate learning progress based on a good record of participation in case discussions and presentation assignments and perform well on a take-home exam.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

### **OB614: Mineralized Tissue Biology and Diseases | Spring 2020**

*Course Director:* Francesca Gori

*Location:* REB 106

*Meeting Time:* Tu 3:00 PM - 5:00 PM

*Credits:* 3

*Format:* Lectures, plus handouts of relevant articles/reviews on each lecture topic

*Evaluation:* One examination 50% of the overall grade; 50% classroom participation.

#### *Description:*

Required course for first year MMSc and DMSc students. The focus of this course is on the biology and pathology of mineralized tissues, including bone, cartilage and the tooth components. In the first part, the extracellular matrix, its inorganic, organic, and cellular components and the mechanisms by which the extracellular matrix is formed and remodeled will be analyzed. These basic principles will then be applied to tissues such as teeth, bone, and cartilage and will explain common features as well as tissue-specific aspects, integrating the biology and the pathology of the most significant diseases. The course will cover diseases affecting these tissues such as gain- or loss of bone mass (osteoporosis and osteopetrosis) and osteo-arthritis and Rheumatoid arthritis, as well as a detailed description of the calcium and phosphate metabolism and its disorders. The course will then move on to local treatment-related topics including distraction osteogenesis and bone regeneration. After completion of the course, the participant will have an in-depth understanding of the skeletal and tooth system, the extracellular matrix, its components, diseases, and treatment options.

*Prerequisites:* Biochemistry, Cell Biology, Molecular Biology, Advanced Protein Chemistry, and Molecular Enzymology

*Open to Cross Registrants:* Yes

## **Biostatistics**

### **OHPE751: Biostatistics | Fall 2019**

*Course Director:* Sung Choi

*Location:* REB 106

*Meeting Time:* Tu 1:00 PM - 3:00 PM

*Credits:* 3

*Format:* Didactic lectures and computer laboratory sessions

*Evaluation:* Assessment will be based upon 2 examinations as well as homework assignments

#### *Description:*

This course will provide an introduction to the principles of biostatistics. This course is designed primarily for clinical researchers or clinicians with an interest in research. Topics to be covered include summarizing and

displaying data, the normal distribution, Central Limit Theorem, probability, estimation and hypothesis testing. Students will also develop skills in data entry and the analysis and interpretation of data.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

## Foundation

### **IDP604: Foundations for the Advanced Dental Practitioner | Fall 2019**

*Course Directors:* Christine Riedy & Nina Anderson

*Location:* REB 106

*Meeting Time:* F 7:30 AM - 9:30 AM

*Credits:* 3

*Format:* Lecture, discussion, focus groups, integrated case presentations

*Evaluation:* Group projects (20%), attendance/class participation (5%), Quizzes (5%), Online/Self directed learning (60%) and Self-assessment (10%)

#### *Description:*

The overall goal of the foundations for the advanced dental practitioner course is for dental residents to gain the basic fundamentals necessary for the future practice of dentistry including understanding ethics/professionalism, evidence-based dentistry, behavioral science, leadership and professional development, practice management including risk management and malpractice, and teaching methodology and to demonstrate their applicability to dental practice. The course will be structured to actively engage students using strategies that foster integrated approaches to learning. As such, the format will consist of lectures, self-directed learning and group-based assignments, problem solving, self-reflection exercises, and integrated case presentations. Multiple integrated self-assessments will be used throughout the course, including written self-assessment and reflection, and focus groups. Students will need to complete these assessments in a timely manner. Attendance will be taken.

*Prerequisites:* HSDM AGE Student

*Open to Cross Registrants:* No

## Research

### **IDP602: Fundamentals of Research | Academic Year**

*Course Directors:* Malcolm Whitman with H. Elani & G. Naveh

*Location:* REB 106

*Meeting Time:* M 3:00 PM - 5:00 PM

*Credits:* 1

*Format:* Seminar

*Evaluation:* Quizzes: 40%, Assignments: 30%, Presentation: 30%

#### *Description:*

The Fundamentals of Research course will expose students to the basic and clinical research that is being conducted at HSDM. It will also provide the students the necessary tools for developing a testable scientific hypothesis, design and critique a scientific experiment, as well as organize and write a scientific paper. The

course will also teach the students proper oral scientific presentation and communication. Students will be required to complete writing and group assignments, lesson quizzes, and prepare a presentation.

*Prerequisites:* No

*Open to Cross Registrants:* Yes

### **IDP600, 700, 800, & 900: Advanced Graduate Education Research Seminar Series | Spring 2020**

*Course Director:* Jennifer Gibbs with C. Sima

*Location:* REB Auditorium

*Meeting Time:* Th 5:00 PM - 6:00 PM

*Credits:* 1 credit (presentation year only)

*Format:* Oral presentations and discussion

*Evaluation:* Oral presentation (50%) and classroom participation (50%)

#### *Description:*

Required every year for MMSc and DMSc students, as well as selected Certificate students. The goal of the research seminars is for DMSc, MMSc and selected Certificate candidates to share their current research work with faculty, students, and staff from all departments of HSDM. The seminars provide fellows with the chance for academic and research exchange among the different departments. This course is mandatory for all Advanced Graduate Education students and attendance is therefore mandatory (clinical programs in Pediatric Dentistry and General Practice Residency are exempted). Fellows are required to prepare an abstract summarizing their research that will be distributed one week prior to their scheduled presentation at HSDM. Each oral presentation is scheduled for 20 minutes with 5-10 minutes of questioning. Presenters are encouraged to use feedback from faculty for their research. Mentors are required to attend on the day of their student's presentation.

*Prerequisites:* HSDM AGE Student

*Open to Cross Registrants:* No

## **Multidisciplinary**

### **IDP500, 501, & 502: Interdepartmental Multidisciplinary Case Presentation Seminars | Academic Year**

*Course Director:* David Kim & Thomas Nguyen

*Location:* REB Auditorium

*Meeting Time:* Tu 7:30 AM - 8:15 AM

*Credits:* N/A

*Format:* Case presentation, discussion

*Evaluation:* Class participation and attendance

#### *Description:*

These seminars involve faculty and students from endodontics, periodontics, orthodontics and prosthodontics. Cases are selected by a senior graduate student and presented by the student. For each case, there are several students from other disciplines serving as consultants. Open, animated discussion and commentary follow these presentations. In addition, third year AGE students in Endodontics, Orthodontics, Periodontics and Prosthodontics will present a single lecture on a topic concerning "mortality and morbidity."

*Prerequisites:* HSDM AGE Student

*Open to Cross Registrants:* No

## Nanocourse

### **OB619: Central Regulation of Bone and Energy | Spring 2020 (2/4/2020 - 3/10/2020)**

*Course Director:* Anna Idelvich

*Location:* REB 106

*Meeting Time:* Tu 5:00 PM - 7:00 PM

*Credits:* 1

*Format:* Lecture, discussion, presentation

*Evaluation:* Oral Presentation (50%), class participation (50%)

#### *Description:*

This nanocourse provides an overview of the central molecular pathways that are involved in the co-regulation within the brain-bone-fat axis, coordinating both skeletal and metabolic processes. Until recently, bone remodeling and energy metabolism were considered to be self-governing, independent processes. Two past decades had positioned skeleton as an endocrine organ, with functions extending beyond mineral storage and mechanical support, toward the regulation of total body energy homeostasis. During the course, we will introduce the neuronal circuits shown to be involved in the control of appetite, energy expenditure, insulin sensitivity on one hand, and bone formation on another hand, including: POMC/CART, NPY/AgRP, cannabinoid system, serotonin; adipokine leptin, insulin, and bone-derived osteocalcin. Students will be acquainted with a range of classically established concepts as well as more recent findings, representing a current intellectual challenge in the search of novel therapeutics against obesity and osteoporosis. Given the tight link between oral health and metabolic syndrome, dental care practitioners will benefit from deeper understanding of the biological systems implicated in the maintenance of bone and energy homeostasis. This course fulfills the Basic Science Credit requirement.

*Prerequisites:* No

*Open to Cross Registrants:* Yes

## Non-Clinical Electives

### **DE601: Dental Education Longitudinal Seminar Series | Academic Year (9/4/2019 - 5/13/2020)**

*Course Director:* Sang Park & Edward Krupat

*Location:* TBD

*Meeting Time:* W 10:00 AM - 12:00 PM (alt. weeks)

*Credits:* N/A

*Format:* Literature review and presentation

*Evaluation:* Class participation (30%), Attendance (20%), Preparation (30%), ePortfolio (20%)

#### *Description:*

The Dental Education Seminar Series is based on related scientific evidence applied to educational quality, educational research, curriculum design and academic leadership. The goal of this course is to enable residents to read, understand, and analyze published research in dental and health care education.



*Prerequisites:* HSDM AGE Student

*Open to Cross Registrants:* No

**DH501: Career Development in Global and Community Health | Academic Year**

*Course Director:* Brittany Seymour

*Location:* TBD

*Meeting Time:* TBD

*Credits:* N/A

*Format:* Discussion, presentation, question/answer with guest speakers

*Evaluation:* Attendance, participation, small group preparation

*Description:*

This is a seminar series course that examines the extensive career opportunities in global and community health through seminars provided by invited speakers currently working in the field. A variety of topics and areas of global health will be covered, and speakers may be added throughout the year as opportunities arise. By incorporating their current places of work and projects into presentations, discussions, and question and answer sessions, speakers will introduce students to a spectrum of global health career opportunities, both in the local community and abroad. Students will be required to attend a minimum of eight seminar sessions offered throughout the year. Students are evaluated on attendance and participation, as well as small group preparation through readings and discussion prior to scheduled lectures. By the end of this course, the student will be able to demonstrate understanding of the variety of career options in global health (possibly including program and policy development, private practice outreach, community health practice, research, and academics), as well as to demonstrate an understanding of the development of professional relationships in the field of global and community health.

*Prerequisites:* DMD students for credit (all years, as long as there are no pre-existing schedule conflicts), open to AGE students for audit, open to cross-registrants

*Open to Cross Registrants:* Yes

**DH601: Global Oral Health: Interdisciplinary Approaches | Spring 2020 (1/31/2020 - 3/13/2020)**

*Course Director:* Brittany Seymour

*Location:* REB 302

*Meeting Time:* F 9:00 AM - 12:00 PM (7 sessions)

*Credits:* 3

*Format:* Lecture

*Evaluation:* Attendance (25%), Class Preparedness and Participation (35%), and Final Exam (40%)

*Description:*

This is a discussion-based critical thinking course that examines the extensive relationship between oral health and global health, and concept development is heavily determined by class participation. By incorporating the global burden of oral diseases, their risk factors, and solutions into discussions of foundational global health themes, students will begin to define the principles of global oral health as they apply to all oral health practitioners. These include the ways in which global trends such as population growth, rising rates of non-communicable diseases, rapid urbanization, migration, and aging are impacting the current roles and responsibilities of dentists, specialists, and allied health care providers. This course addresses oral

health as integral to primary care through a common risk factor approach for prevention and oral health promotion. Complete health and health equity are not possible without including oral health in global policies and practices, and this course demonstrates how interdisciplinary approaches are necessary through the example of oral health. This course does not fulfill the Oral Biology Core or Basic Science credit requirement.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

### **DH701: Global Health Field Course: Perspectives from Costa Rica | Spring 2020**

*Course Director:* Carlos Faerron Guzmán & B. Seymour

*Location:* TBD

*Meeting Time:* TBD

*Credits:* N/A

*Format:* Workshops, field visits, presentations

*Evaluation:* Attendance (participation, collaboration, contribution) and evidence-based journal

#### *Description:*

Co-created by faculty from HSDM and the InterAmerican Center for Global Health (CISG), this course serves as an extension of DH601 (Global Oral Health: Interdisciplinary Approaches), which is taught as a series of modules within the longitudinal Principles of Oral Health course. Set in rural southern Costa Rica, this unique 1-week extension program will be embedded in some of the pressing grand challenges in the field of global health: achieving universal health care, environmental degradation, migrations and the demographic, nutritional, and epidemiological transition. The program provides students with a broad understanding of health and the social, political, cultural, behavioral and economic forces that influence health access, health outcomes, and health systems.

This program represents an opportunity in which the interaction between the theoretical content and the identification of common factors of health inequities is realized through an immersive experience. Participants will be able to experience the multiple components that determine health, expanding their competencies within an ethically responsible and participatory approach.

*Prerequisites:* Principles of Oral Health (SDM241) OR DH601 OR equivalent

*Open to Cross Registrants:* Yes

### **OB606: Fundamentals of Oral Implantology | Spring 2020**

*Course Directors:* German Gallucci & Adam Hamilton

*Location:* REB Auditorium

*Meeting Time:* Tu 1:00 PM - 3:00 PM

*Credits:* 3

*Format:* Lecture

*Evaluation:* Class participation, final examination

#### *Description:*

This course is designed to expose advanced graduate education students to the multiple basic and clinical concepts relevant to dental implant osseointegration and to bone regeneration. Basic concepts include a review of bone healing, tissue response to biomaterials, review of biomechanics, and systemic conditions that

might affect implant success. Multiple clinical applications of dental implants will be reviewed, as well as the different specialty approaches to bone regeneration. This course does not fulfill the Oral Biology Core or Basic Science credit requirement.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

DRAFT

# Cross-Registration

## General Information

Selection of elective courses should be done in conjunction with the Program Director and should relate to the student's academic and research interests. It is expected that students will take *graduate level courses* to fulfill their elective requirements and will not repeat course work taken as an undergraduate or in dental school. Students can search the Harvard University catalog at: <https://courses.my.harvard.edu/>. This link will allow you to access course descriptions or search for courses at other Harvard schools. Information on credit conversion to HSDM credit is listed next to courses or below each school's list of courses, but should always be verified with HSDM Registrar Services. Further information on the cross-registration, please visit <https://hsdm.harvard.edu/cross-registration>.

Students who cross-register for courses that have not been evaluated by HSDM Registrar Services will receive non-clinical elective credit. NO EXCEPTIONS.

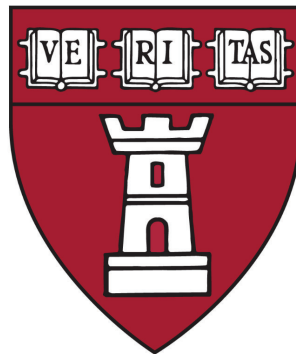
## Basic Science and Education Electives

HSDM degree programs require students to complete either Basic Science or Education electives. Visit <https://hsdm.harvard.edu/electives> for a list of courses that have been previously evaluated for Basic Science and Education credit types. Please consult the Harvard University Catalog for current course offerings and other important cross-registration information.

# **APPENDIX III**

## **HSDM COMPETENCY STATEMENTS**

**FOR  
THE GENERAL DENTIST  
2019-2020**



**HARVARD SCHOOL OF DENTAL MEDICINE**

## INTRODUCTION

This competency document establishes the standards for graduates of the Harvard School of Dental Medicine as they enter the dental profession. These competencies were developed for the new four year D.M.D. program which began in 1994 and have been continuously reviewed and revised since that time. The most current version was reviewed and revised in 2016 by the HSDM Course and Discipline Directors, Senior Tutors and Attending Clinical Faculty.

These competencies are an extension of a primary goal of the Harvard School of Dental Medicine which states that educational programs at the School seek to assure that students have the opportunity to become clinical scholars: skilled, competent, and compassionate clinicians in general dentistry. This document is used as a guide for curriculum development, content, sequence, management and assessment on a continuing basis.

Individual competencies are grouped into several major domains which represent broad areas of professional interdisciplinary activity central to the practice of dentistry as relevant to our mission. These domains guide the structure of the HSDM predoctoral curriculum.

This document is intended to assist our faculty and students as they work to achieve the goals developed from the mission of the School. The competencies are intended to be responsive to change and to reflect dynamic and evolving educational needs and interests of our faculty and students.

## APPENDIX III: HSDM COMPETENCIES FOR THE GENERAL DENTIST

Approved by Curriculum Committee, 2017

### **GENERAL**

#### **1. Critical Thinking**

Graduates must be able to acquire and intellectually process information in a critical and scientific manner.

#### **2. Principles of Research**

Graduates must understand that new knowledge evolves from research. Graduates must be able to evaluate and integrate best research outcomes with clinical expertise to provide care.

#### **3. Self-Assessment**

Graduates must understand that learning is a lifelong process. They must be able to assess their own learning progress and identify areas where improvement is required.

#### **4. Professionalism and Interprofessional Relations**

Graduates must demonstrate appropriate ethical and professional behavior, and must be able to understand their role as part of a team working to provide appropriate oral and systemic health care to the patient.

#### **5. Communication and Interpersonal Skills**

Graduates must be able to communicate and interact within the learning community and with patients.

### **PATIENT CARE**

#### **1. History**

Graduates must be able to collect all clinical, biological, psychological, and social information needed to evaluate the medical and oral condition for patients.

#### **2. Diagnosis**

Graduates must be able to determine by examination the nature, extent, and circumstances of a diseased condition and to develop diagnoses by interpreting and correlating findings from the medical and dental history, clinical and radiographic examination and other diagnostic tests.

#### **3. Treatment Planning**

Graduates must be able to treatment plan for patients and identify problems which should be referred to a specialist.

#### **4. Health Promotion and Disease Prevention**

Graduates must be able to provide care that emphasizes prevention of oral disease and supports the maintenance of existing systemic and dental health.

#### **5. Human Form and Function**

Graduates must be able to provide care to the patient with an understanding of human organ systems.

#### **6. Human Pathophysiology**

Graduates must be able to provide care with an understanding of human disorders.

### **7. The Oral Cavity as a Unique Human System**

Graduates understand that oral health care is part of the overall care of the patient, and that it may manifest conditions in other human systems. Graduates must be able to integrate the findings to the overall care of the patient.

### **8. Restorative and Prosthodontic Therapy**

Graduates must be able to provide restorations for existing teeth and replacements of missing teeth.

### **9. Periodontal, Mucosal and Osseous Therapy**

Graduates must recognize mucosal and soft tissue pathological conditions and treat periodontal disease.

### **10. Endodontic Therapy**

Graduates must be able to recognize and manage pulp and periapical disease of endodontic origin.

### **11. Orthodontic Therapy**

Graduates must be able to diagnose malocclusion and recognize space management needs.

### **12. Surgical Therapy**

Graduates must be able to recognize and manage conditions utilizing excisional or reparative surgical procedures on hard and soft tissues.

### **13. Control of Pain and Anxiety**

Graduates must be able to employ appropriate techniques to manage orofacial discomfort and psychological distress.

### **14. Emergency Care**

Graduates must be able to effectively prevent and manage common dental and medical emergency situations encountered in the general practice of dentistry.

### **15. Outcomes of Comprehensive Care**

Graduates must be able to provide appropriate ongoing comprehensive care to patients, and subsequently assess the treatment outcomes.

### **16. Behavioral Sciences**

Graduates must be able to provide patient-centered care with an understanding of the fundamentals of behavioral sciences and the patient/doctor relationship.

### **17. The Treatment of Special and Diverse Populations**

Graduates must be able manage patients with social, cultural, and linguistic needs, including patients with mild mental, physical, and/or emotional disabilities.

### **18. Practice Administration**

Graduates must have an understanding of legal and regulatory compliance and risk management necessary to manage a general practice.

### **19. The Community as a Patient**

Graduates must be able to participate in community-based service to improve the oral health of the community at large.



**CRITICAL DATES  
ADVANCED GRADUATE EDUCATION (AGE)  
2019 - 2020**

<b>July</b>	1-3	Orientation and Registration for AGE Students
	4-5	Independence Day observed (Holiday)
	8	Graduate Head and Neck Anatomy course begins
	19	Final Exam for Graduate Head and Neck Anatomy
<b>August</b>	19	Fall AGE Core Courses Begin
<b>September</b>	2	Labor Day (Holiday)
	6	Deadline to add/drop (see <a href="#">Website for details</a> )
<b>October</b>	14	Indigenous Peoples Day (Holiday)
<b>November</b>	11	Veterans Day (Holiday)
	27-29	Thanksgiving Recess
<b>December</b>	20	AGE Fall Courses, Final Exams End Last Day of Teaching Practice
	25	Christmas Day
<b>January</b>	1	New Year's Day
	20	Martin Luther King's Birthday (Holiday)
	21	Spring AGE Core Courses Begin
<b>February</b>	7	Deadline to add/drop (see <a href="#">Website for details</a> )
	17	President's Day
<b>April</b>	7	Student Research Day (DMD and AGE Programs)
<b>May</b>	8	Spring AGE Courses, Final Exams End
	25	Memorial Day
	27	Graduate Awards and Recognition Ceremony
	28	Commencement
<b>June</b>	26	Academic Year Ends – Advanced Graduate Education Programs

*A detailed Academic Calendar is available on our Intranet, under [Student Resources](#).*

*Dates are subject to change*

## CRITICAL DATES - DMD PROGRAM 2019 - 2020

<b>July</b>	4-5	Independence Day observed (Holiday)
	29	DMD Year 3 Classes Begin
	29	DMD Year 4 Classes/Rotations Begin
<b>August</b>	5	Year 1 DMD Orientation and Classes Begin
	26	Year 2 DMD Classes Begin
<b>September</b>	2	Labor Day (Holiday)
<b>October</b>	14	Indigenous Peoples Day (Holiday)
<b>November</b>	11	Veterans Day (Holiday) <b>except</b> DMD year 1
	27-29	Thanksgiving Recess
<b>December</b>	20	DMD courses, finals, clinic end
	25	Christmas Day
	31	DMD Year 4 Deadline for Taking NBDE II
<b>January</b>	1	New Year's Day
	6	Classes Resume
	20	Martin Luther King's Birthday (Holiday)
<b>February</b>	17	President's Day
<b>March</b>	2-13	DMD Year 2 Research Weeks
	16-20	DMD Years 3 and 4 Spring Break
	16-4/3	DMD Year 2 Spring Break & NBDE part I
	10-TBC	Soma-Weiss Research Assembly (DMD and AGE)
<b>April</b>	7	Student Research Day (DMD and AGE Programs)
	13-17	DMD Year 1 Spring Break
<b>May</b>	25	Memorial Day
	27	Graduate Award and Recognition Ceremony
	28	Commencement
<b>June</b>	29-7/10	DMD Year 1 Summer Break
<b>July</b>	3	Independence Day (Holiday)
	13-24	DMD Year 3 Ends, Summer Break
	20-24	DMD Year 2 Ends, Summer Break
<b>August</b>	21	DMD Year 1 Classes End

*A detailed Academic Calendar is available on our Intranet, under [Student Resources](#).*

***Dates are subject to change***

AMERICAN DENTAL EDUCATION ASSOCIATION

# **ADEA** Statement on Professionalism in Dental Education

As Approved by the 2009 **ADEA** House of Delegates

AMERICAN DENTAL EDUCATION ASSOCIATION

# ADEA Statement on Professionalism in Dental Education

As Approved by the 2009 ADEA House of Delegates

The American Dental Education Association (ADEA) is committed to developing and sustaining institutional environments within the allied, predoctoral, and postdoctoral dental education community that foster academic integrity and professionalism.

The ADEA Task Force on Professionalism in Dental Education was charged by the ADEA Board of Directors with the development of an ADEA Statement on Professionalism in Dental Education for the dental education community. All seven ADEA Councils endorsed this effort and were represented on the Task Force. Through its work, the Task Force sought to identify and clarify those personal and institutional values and behaviors that support academic integrity and professionalism in dental education and that are aligned with the existing values and codes of the dental, allied dental, and higher education professions.

The Task Force acknowledges and respects that each academic dental education institution has its own unique culture, institutional values, principles and processes, and in some cases, codes of conduct for institutional members. The ADEA Statement on Professionalism in Dental Education is not intended to replace or supersede these codes.

The Task Force hopes that this ADEA Statement on Professionalism in Dental Education stimulates broad discussions about professional behavior in dental education, provides guidance for individual and institutional behavior within dental education, and in so doing supports professionalism across the continuum of dental education and practice.

## VALUES DEFINING PROFESSIONALISM IN DENTAL EDUCATION

The Task Force identified and developed the following six values-based statements defining professionalism in dental education:

<b>Competence</b>	Acquiring and maintaining the high level of special knowledge, technical ability, and professional behavior necessary for the provision of clinical care to patients and for effective functioning in the dental education environment.
<b>Fairness</b>	Demonstrating consistency and even-handedness in dealings with others.
<b>Integrity</b>	Being honest and demonstrating congruence between one's values, words, and actions.
<b>Responsibility</b>	Being accountable for one's actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.
<b>Respect</b>	Honoring the worth of others.
<b>Service-mindedness</b>	Acting for the benefit of the patients and the public we serve, and approaching those served with compassion.

A discussion of each of these values follows and includes a more full definition of each value and a description of the behaviors that enactment of the value requires and to which all members of the dental education community can aspire.

In developing the ADEA Statement on Professionalism in Dental Education, the Task Force sought to align the Statement with existing codes of ethics and conduct within the allied, predoctoral, and postdoctoral dental communities. To illustrate the continuity of these values between the dental education community and the practicing community, the discussion of each value includes a reference to the ethical principles espoused by the American Dental Association (*ADA Principles of Ethics and Code of Professional Conduct*) and the American Student Dental Association (*ASDA Student Code of Ethics*), and the values expressed in the American Dental Hygienists' Association's *Code of Ethics for Dental Hygienists*.

Finally, examples of how the value applies to different constituencies within the dental education community are provided.

## DETAILED DEFINITIONS OF THE SIX VALUES

**Competence:** acquiring and maintaining the high level of special knowledge, technical ability, and professional behavior necessary for the provision of clinical care to patients and for effective functioning in the dental education environment.

Expanded Definition: Encompasses knowledge of oral health care (having acquired the unique knowledge, skills, and abilities required for effective provision of clinical care to patients); knowledge about how people learn and skills for effective pedagogy (including developing curriculum and assessments); knowledge of ethical principles and professional values; lifelong commitment to maintain skills and knowledge; modeling appropriate values as both an educator and a dental professional; developing ability to communicate effectively with patients, peers, colleagues, and other professionals; recognizing the limits of one's own knowledge and skills (knowing when to refer); and recognizing and acting upon the need for collaboration with peers, colleagues, allied professionals, and other health professionals. Includes recognizing the need for new knowledge (supporting biomedical, behavioral, clinical, and educational research) and engaging in evidence-based practice.

Alignment with:

ADA Principles of Ethics: beneficence and nonmaleficence

ADHA Code for Dental Hygienists: beneficence and nonmaleficence

ASDA Student Code of Ethics: nonmaleficence and beneficence

Examples:

1. For students: Learning oral health care is a top priority. Develop the habits and practices of lifelong learning, including self-assessment skills. Accept and respond to fair negative feedback about your performance (recognize when you need to learn). Learn and practice effective communication skills. Know the limits of your knowledge and skills and practice within them; learn when and how to refer.
2. For faculty: Engage in lifelong learning and evaluate and enhance your abilities in this area; model continuous professional development in oral health care and pedagogy. Ensure curricular materials are current and relevant. Model effective interactions with patients, colleagues, and students; accept and respond to constructive criticism about your performance (recognize when you need to learn). Know the limits of your skills and practice within them; model how and when to refer; acknowledge and act on the need for collaboration.
3. For researchers: Generate new knowledge. Engage in lifelong learning and evaluate and enhance your abilities in this area; model continuous professional development. Model effective interactions with patients, colleagues, and students; accept and respond to fair negative feedback about your performance (recognize when you need to learn).
4. For administrators and institutions: Set high standards. Learn and practice effective self-assessment skills; accept and respond to fair negative feedback (recognize the need for institutional learning and address it); acknowledge and act on the need for collaboration. Support the learning needs of all members of the institution and encourage them to pursue lifelong learning.

**Fairness:** demonstrating consistency and even-handedness in dealings with others.

Expanded Definition: Encompasses consideration of how to best distribute benefits and burdens (to each an equal share, to each according to need, to each according to effort, to each according to contribution, to each according to merit<sup>2</sup> are some of the possible considerations); encompasses evenhandedness and consistency; includes setting process standards, striving for just consideration for all parties, ensuring consistency in application of process (following the rules) while recognizing

that different outcomes are possible, transparency of process, and calibration; consistent, reliable, and unbiased evaluation systems; commitment to work for access to oral health care services for underserved populations.

Alignment with:

ADA Principles of Ethics: justice, beneficence, nonmaleficence

ADHA Code for Dental Hygienists: justice and fairness, beneficence, nonmaleficence

ASDA Student Code of Ethics: justice, nonmaleficence and beneficence

Examples:

1. For students: Follow institutional rules and regulations. Promote equal access to learning materials for all students and equal access to care for the public.
2. For faculty: Use appropriate assessment and evaluation methods for students; view situations from multiple perspectives, especially those that require evaluation; provide balanced feedback to students, colleagues, and the institution. Use evidence-based practices. Promote equal access to oral health care.
3. For researchers: Set high standards for the conduct of research and use unbiased processes to assess research outcomes. Generate data to support evidence-based practice and education.
4. For administrators and institutions: Set high standards and ensure fair, unbiased assessment and evaluation processes for all members of the institution, including applicants to educational programs. Ensure that institutional policies and procedures are unbiased and applied consistently; ensure transparency of process. Provide leadership in promoting equal access to care for the public.

**Integrity:** being honest and demonstrating congruence between one's values, words, and actions.

Expanded definition: Encompasses concept of wholeness and unity<sup>3</sup>; congruence between word and deed; representing one's knowledge, skills, abilities, and accomplishments honestly and truthfully; devotion to honesty and truthfulness, keeping one's word, meeting commitments; dedication to finding truth, including honesty with oneself; willingness to lead an examined life; willingness to engage in self-assessment and self-reflection; willingness to acknowledge mistakes; commitment to developing moral insight<sup>3</sup> and moral reasoning skills; recognizing when words, actions, or intentions are in conflict with one's values and conscience<sup>4</sup> and the willingness to take corrective action; dedication and commitment to excellence (requires more than just meeting minimum standards), making a continual conscientious effort to exceed ordinary expectations<sup>1</sup>; encompasses fortitude, the willingness to suffer personal discomfort, inconvenience, or harm for the sake of a moral good<sup>3</sup>.

Alignment with:

ADA Principles of Ethics: beneficence, nonmaleficence, and veracity

ADHA Code for Dental Hygienists: beneficence, nonmaleficence, and veracity

ASDA Student Code of Ethics: nonmaleficence and beneficence, dental student conduct

Examples:

1. For students: Strive for personal and professional excellence. Take examinations honestly; make entries in patients' records honestly.
2. For faculty: Strive for personal and professional excellence in teaching, practice, research, or all of these. Represent your knowledge honestly.
3. For researchers: Strive for personal and professional excellence. Report research outcomes honestly.
4. For administrators and institutions: Strive for personal, professional, and institutional excellence. Use appropriate outcomes measures and acknowledge openly when improvements need to be made. Ensure institutional systems and structures are honest, open, and respectful and do not create undue conflicts.

**Responsibility:** being accountable for one's actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.

Expanded Definition: Encompasses the concepts of obligation, duty, and accountability; requires an appreciation of the fiduciary relationship (a special relationship of trust) between oral health professionals and patients, and the profession and society. Accountability requires fulfilling the implied contract governing the patient-provider relationship as well as the profession's relationship to society<sup>1</sup>; includes standard setting and management of conflicts of interest or commitment<sup>1</sup> as well as meeting one's commitments and being dependable. It requires striking a morally defensible balance between self-interest<sup>3</sup> and the interest of those who place their trust in us, our patients and society; keeping one's skills and knowledge current and a commitment to lifelong learning; and embracing and engaging in self-regulation of the profession, including peer review and protecting from harm those who place their trust in us.

Alignment with:

ADA Principles of Ethics: beneficence and nonmaleficence

ADHA Code for Dental Hygienists: beneficence and nonmaleficence

ASDA Student Code of Ethics: nonmaleficence and beneficence

Examples:

1. For students: Meet commitments; complete assignments on time; make your learning a top priority. Acknowledge and correct errors; report misconduct and participate in peer review.
2. For faculty: Continuously improve as a teacher; stay current; set high standards. Respect time commitments to others; be available to students when assigned to teach; meet commitments. Acknowledge and correct errors; report and manage conflicts of interest or commitment. Ensure that all patient care provided is in the best interest of the patient; ensure that patient care provided is appropriate and complete; protect students, patients, and society from harm. Report misconduct and participate in peer review.
3. For researchers: Know and practice the rules and regulations for the responsible conduct of research; stay current. Meet commitments; report and manage conflicts of interest or commitment; report scientific misconduct and participate in peer review.
4. For administrators and institutions: Continuously improve as administrators. Use appropriate institutional outcomes assessments and continuously improve institutional systems and processes; acknowledge and correct errors. Report misconduct and support institutional peer review systems.

**Respect:** honoring the worth of others.

Expanded Definition: Encompasses acknowledgment of the autonomy and worth of the individual human being and his/her belief and value system<sup>1</sup>; sensitivity and responsiveness to diversity in patients' culture, age, gender, race, religion, disabilities, and sexual orientation<sup>5</sup>; personal commitment to honor the rights and choices of patients regarding themselves and their oral health care, including obtaining informed consent for care and maintaining patient confidentiality and privacy<sup>1</sup> (derives from our fiduciary relationship with patients); and according the same to colleagues in oral health care and other health professions, students and other learners, institutions, systems, and processes<sup>1</sup>. Includes valuing the contributions of others, interprofessional respect (other health care providers), and intraprofessional respect (allied health care providers); acknowledging the different ways students learn and appreciating developmental levels and differences among learners; includes temperance (maintaining vigilance about protecting persons from inappropriate over- or undertreatment, abandonment, or both<sup>1</sup>) and tolerance.

Alignment with:

ADA Principles of Ethics: autonomy, beneficence and nonmaleficence

ADHA Code for Dental Hygienists: individual autonomy and respect for human beings, beneficence and nonmaleficence

ASDA Student Code of Ethics: patient autonomy and nonmaleficence and beneficence

Examples:

1. For students: Develop a nuanced understanding of the rights and values of patients; protect patients from harm; support patient autonomy; be mindful of patients' time and ensure timeliness in the continuity of patient care. Keep confidences; accept and embrace cultural diversity; learn cross-cultural communication skills; accept and embrace differences. Acknowledge and support the contributions of peers and faculty.
2. For faculty: Model valuing others and their rights, particularly those of patients; protect patients from harm; support patient autonomy. Accept and embrace diversity and difference; model effective cross-cultural communication skills. Acknowledge and support the work and contribution of colleagues; accept, understand, and address the developmental needs of learners. Maintain confidentiality of student records; maintain confidentiality of feedback to students, especially in the presence of patients and peers.
3. For researchers: Protect human research subjects from harm; protect patient autonomy. Accept, understand, and address the developmental needs of learners. Acknowledge and support the work and contributions of colleagues.
4. For administrators and institutions: Recognize and support the rights and values of all members of the institution; acknowledge the value of all members of the institution; accept and embrace cultural diversity and individual difference; model effective cross-cultural communication skills. Support patient autonomy, protect patients from harm, and safeguard privacy; protect vulnerable populations. Create and sustain healthy learning environments; ensure fair institutional processes.

**Service-mindedness:** acting for the benefit of the patients and the public we serve, and approaching those served with compassion.

Expanded Definition: Encompasses beneficence (the obligation to benefit others or to seek their good<sup>4</sup> as well as the primacy of the needs of the patient or the public, those who place their trust in us); the patient's welfare, not self-interest, should guide the actions of oral health care providers. Also includes compassion and empathy; providing compassionate care requires a sincere concern for and interest in humanity and a strong desire to relieve the suffering of others<sup>3</sup>; empathic care requires the ability to understand and appreciate another person's perspectives without losing sight of one's professional role and responsibilities<sup>3</sup>; extends to one's peers and co-workers. The expectation that oral health care providers serve patients and society is based on the autonomy granted to the profession by society. The orientation to service also extends to one's peers and to the profession. Commitment of oral health care providers to serve the profession is required in order for the profession to maintain its autonomy. The orientation to service also extends to encouraging and helping others learn, including patients, peers, and students. Dental education institutions are also expected to serve the oral health needs of society not only by educating oral health care providers, but also by being collaborators in solutions to problems of access to care.

Alignment with:

ADA Principles of Ethics: beneficence and justice

ADHA Code for Dental Hygienists: beneficence, justice and fairness

ASDA Student Code of Ethics: nonmaleficence and beneficence and justice

Examples:

1. For students: Contribute to and support the learning needs of peers and the dental profession. Recognize and act on the primacy of the well-being and the oral health needs of patients and society in all actions; provide compassionate care; support the values of the profession. Volunteer to work for the benefit of patients, society, colleagues, and the profession to improve the oral health of the public.
2. For faculty: Model a sincere concern for students, patients, peers, and humanity in your interactions with all; volunteer to work for the benefit of patients, society, colleagues, and the profession to improve the oral health of the public. Model recognition of the primacy of the needs of the patients and society in the oral health care setting and, at the same time, support the learning needs of students. Contribute to and support the knowledge base of the profession to improve the oral health of the public.



3. For researchers: Generate new knowledge to improve the oral health of the public; contribute to and support the learning needs of students, colleagues, and the dental profession. Model the values of and service to the dental profession and to relevant scientific and research associations; volunteer to serve the public and the profession; engage in peer review.
  4. Administrators and institutions: Recognize and act on opportunities to provide oral health care for underserved populations. Encourage and support all members of the institution in their service activities; provide leadership in modeling service to the profession and the public.
- 

## APPENDIX

### ADEA CODE OF PROFESSIONALISM IN DENTAL EDUCATION TASK FORCE MEMBERSHIP

#### Task Force Chair

Dr. Richard N. Buchanan, Dean, University of Buffalo School of Dental Medicine

#### Representing the Council of Allied Program Directors

Dr. Susan I. Duley, Associate Professor of Dental Hygiene, Clayton State University

#### Representing the Corporate Council

Mr. Daniel W. Perkins, President, AEGIS Communications

#### Representing the Council of Deans

Dr. Cecile A. Feldman, Dean, University of Medicine and Dentistry of New Jersey

#### Representing the Council of Faculties

Dr. Kenneth R. Etzel, Associate Dean, University of Pittsburgh School of Dental Medicine

#### Representing the Council of Hospitals and Advanced Education Programs

Dr. Todd E. Thierer, University of Rochester Eastman, Department of Dentistry

#### Representing the Council of Sections

Dr. Judy Skelton, Associate Professor, University of Kentucky, Division of Dental Public Health

#### Representing the Council of Students

Mr. Matthew MacGinnis, dental student, University of Southern California

#### ADA's Council on Dental Education and Licensure

Dr. Frank A. Maggio, American Dental Association

#### Representing the ADA's Council on Ethics, Bylaws and Judicial Affairs

Dr. David Boden, American Dental Association

#### Representing the Commission on Dental Accreditation

Dr. James R. Cole II

#### Representing the American Student Dental Association

Mr. Michael C. Meru, dental student, University of Southern California

#### At-Large Representatives

Dr. Marilyn Lantz, Associate Dean, University of Michigan School of Dentistry

Dr. Kathleen Roth, ADA Immediate Past President

## References

<sup>1</sup>Stern DT. 2006. Measuring Medical Professionalism. Oxford University Press. New York, pp. 15 – 32.

<sup>2</sup>Beauchamp TL and Childress JF. 1989. Principles of Biomedical Ethics, 3rd Edition, Oxford University Press, New York.

<sup>3</sup>Rule JT and Bebeau MJ. 2005. Dentists Who Care: Inspiring Stories of Professional Commitment. Quintessence Publishing Co, Inc. Chicago, pp. 171-172.

<sup>4</sup>American College of Dentists. Ethics – Core Values & Aspirational Code of Ethics. At <http://www.acd.org/acdethics1.htm>.

<sup>5</sup>Accreditation Council for Graduate Medical Education. Common Program Requirements: General Competencies. At <http://www.acgme.org/outcome/comp/GeneralCompetenciesStandards21307.pdf>.

AMERICAN DENTAL EDUCATION ASSOCIATION

[www.adea.org](http://www.adea.org)

AMERICAN DENTAL EDUCATION ASSOCIATION

# Annual Copyright Disclosure

Harvard University is committed to maintaining the integrity and availability of the Harvard network for the vital educational and research purposes for which it was designed and prohibits the use of its network to violate the law, including the U.S. Copyright Act. The unauthorized distribution of copyrighted material, including unauthorized peer-to-peer file sharing, violates the Copyright Act and may subject you to civil and criminal liabilities.

Penalties for copyright infringement include civil and criminal penalties. In general, anyone found liable for civil copyright infringement may be ordered to pay either actual damages or "statutory" damages affixed at not less than \$750 and not more than \$30,000 per work infringed. For "willful" infringement, a court may award up to \$150,000 per work infringed. A court can, in its discretion, also assess costs and attorneys' fees. For details, see Title 17, United States Code, Sections 504, 505. Willful copyright infringement can also result in criminal penalties, including imprisonment of up to ten years and a fine of \$250,000 for an individual. For more information, please see the Web site of the U.S. Copyright Office at [www.copyright.gov](http://www.copyright.gov), especially their FAQ's at [www.copyright.gov/help/faq](http://www.copyright.gov/help/faq).

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Please click [here](#) for a print copy.

## APPENDIX VIII

### CONFLICT OF INTEREST

Students must abide by the conflict of interest policies as stated in the *HMS/HSDM Student Handbook*, Section 4.14. These policies apply to all activities, including research toward a degree or research or projects that are part of a 5-year plan. In particular the project cannot be affected adversely by any contractual or other financial obligation of the principal investigator or mentor. Students should check with the Office of Dental Education and the HSDM Office for Research when planning such activities to make sure they are in compliance with School policy.

#### **Policy on Disclosure of Potential Conflicts of Interest Related to the Pharmaceutical Industry and Undergraduate Medical Education**

As stated in the Harvard Medical School Faculty Policy on Conflicts of Interest and Commitment, collaborations with industry have resulted in “bringing new resources to the support of science and facilitating the translation of knowledge from the laboratory to the bedside.” As the HMS Policy also states, however, these relationships can create conflicts, and the “[p]ublic trust in the enterprise of academic medicine and the legitimacy of its powerful role in society require a constant amenability to public scrutiny.” Conflicts of interest in medical education are becoming of increasing concern to our students, our faculty members, and to the public.

Therefore, faculty and students must disclose any financial interests they may have in a pharmaceutical, biotechnology, medical instrument company, or other business which owns or has a contractual relationship to the subject matter being reported or discussed in a presentation, lecture, tutorial, paper, or other teaching exercise or assignment. For example, faculty who have received research support or who have consulted for a pharmaceutical company and whose lecture to students includes a discussion of drugs developed by that company should disclose the association in advance either in the lecture syllabus and/or in an introductory slide; the manner of disclosure will be at the discretion of the course director.

Faculty members and students who have any questions about what to disclose can contact Gretchen Brodnicki, Dean for Faculty and Research Integrity ([gretchen\\_brodnicki@hms.harvard.edu](mailto:gretchen_brodnicki@hms.harvard.edu) or 617-432-2496).

#### **Policy on Access of Pharmaceutical Representatives to HMS Campus**

Pharmaceutical company sales and marketing representatives are not permitted to visit or interact with medical and dental students on the HMS campus, and pharmaceutical company sponsorship of any student events is prohibited. Medical and dental students may not accept any gifts from pharmaceutical companies, and pharmaceutical companies may not provide meals or refreshments for any student function.

# OMBUDS OFFICE

Harvard Medical School  
Harvard Dental School  
Harvard School of Public Health



## Harvard Medical School Authorship Guidelines

### INTRODUCTION

Authorship is an explicit way of assigning responsibility and giving credit for intellectual work. The two are linked. Authorship practices should be judged by how honestly they reflect actual contributions to the final product. Authorship is important to the reputation, academic promotion, and grant support of the individuals involved as well as to the strength and reputation of their institution.

Many institutions, including medical schools and peer-reviewed journals, have established standards for authorship. These standards are similar on basic issues but are changing over time, mainly to take into account the growing proportion of research that is done by teams whose members have highly specialized roles.

In practice, various inducements have fostered authorship practices that fall short of these standards. Junior investigators may believe that including senior colleagues as authors will improve the credibility of their work and its chances of publication, whether or not those colleagues have made substantial intellectual contributions to the work. They may not want to offend their chiefs, who hold substantial power over their employment, research opportunities, and recommendations for jobs and promotion. Senior faculty might wish to be seen as productive researchers even though their other responsibilities prevent them from making direct contributions to their colleagues' work. They may have developed their views of authorship when senior investigators were listed as authors because of their logistic, financial, and administrative support alone.

Disputes sometimes arise about who should be listed as authors of an intellectual product and the order in which they should be listed. When disagreements over authorship arise, they can take a substantial toll on the good will, effectiveness, and reputation of the individuals involved and their academic community. Many such disagreements result from misunderstanding and failed communication among colleagues and might have been prevented by a clear, early understanding of standards for authorship that are shared by the academic community as a whole.

Discussions of authorship in academic medical centers usually concern published reports of original, scientific research. However, the same principles apply to all intellectual products: words or images; in paper or electronic media; whether published or prepared for local use; in scientific disciplines or the humanities; and whether intended for the dissemination of new discoveries and ideas, for published reviews of existing knowledge, or for educational programs.

The Faculty Council of Harvard Medical School has endorsed the following statement. Although authorship practices differ from one setting to another, and individual situations often require judgment, variation in practices should be within these basic guidelines.

### AUTHORSHIP

1. Everyone who is listed as an author should have made a substantial, direct, intellectual contribution to the work. For example (in the case of a research report) they should have contributed to the **conception**, design, analysis and/or interpretation of data. Honorary or guest authorship is not acceptable. Acquisition of funding and provision of technical services, patients, or materials, while they may be essential to the work, are not in themselves sufficient contributions to justify authorship.
2. Everyone who has made substantial intellectual contributions to the work should be an author. Everyone who has made other substantial contributions should be acknowledged.

3. When research is done by teams whose members are highly specialized, individual's contributions and responsibility may be limited to specific aspects of the work.
4. All authors should participate in writing the manuscript by reviewing drafts and approving the final version.
5. One author should take primary responsibility for the work as a whole even if he or she does not have an in-depth understanding of every part of the work.
6. This primary author should assure that all authors meet basic standards for authorship and should prepare a concise, written description of their contributions to the work, which has been approved by all authors. This record should remain with the sponsoring department.

## ORDER OF AUTHORSHIP

Many different ways of determining order of authorship exist across disciplines, research groups, and countries. Examples of authorship policies include descending order of contribution, placing the person who took the lead in writing the manuscript or doing the research first and the most experienced contributor last, and alphabetical or random order. While the significance of a particular order may be understood in a given setting, order of authorship has no generally agreed upon meaning.

As a result, it is not possible to interpret from order of authorship the respective contributions of individual authors. Promotion committees, granting agencies, readers, and others who seek to understand how individual authors have contributed to the work should not read into order of authorship their own meaning, which may not be shared by the authors themselves.

1. The authors should decide the order of authorship together.
2. Authors should specify in their manuscript a description of the contributions of each author and how they have assigned the order in which they are listed so that readers can interpret their roles correctly.
3. The primary author should prepare a concise, written description of how order of authorship was decided.

## IMPLEMENTATION

1. Research teams should discuss authorship issues frankly early in the course of their work together.
2. Disputes over authorship are best settled at the local level by the authors themselves or the laboratory chief. If local efforts fail, the Faculty of Medicine can assist in resolving grievances through its Ombuds Office.
3. Laboratories, departments, educational programs, and other organizations sponsoring scholarly work should post, and also include in their procedure manuals, both this statement and a description of their own customary ways of deciding who should be an author and the order in which they are listed. They should include authorship policies in their orientation of new members.
4. Authorship should be a component of the research ethics course that is required for all research fellows at Harvard Medical School.
5. These policies should be reviewed periodically because both scientific investigation and authorship practices are changing.

Adopted December 17, 1999

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## PART 1: SUMMARY OF LAWS RELATING TO ALCOHOL

### MASSACHUSETTS LAWS

#### General Restrictions; Sale of Alcoholic Beverages

Massachusetts law defines “alcoholic beverages” as “any liquid intended for human consumption as a beverage and containing one half of one per cent or more of alcohol by volume at sixty degrees Fahrenheit.” One may not manufacture with intent to sell, sell or expose or keep for sale, store, transport, import, or export alcohol or alcoholic beverages without the appropriate license from the local licensing authority or Alcoholic Beverages Control Commission. There are several very limited exceptions to these general requirements. For example, a person over 21 may transport, for his or her personal use, up to 20 gallons of malt beverages, three gallons of any other alcoholic beverage, or one gallon of alcohol, without a permit. Knowingly transporting alcoholic beverages without the required license can result in a fine not to exceed \$2,500 and/or imprisonment not to exceed six months. Persons engaging in the sale of alcohol are also subject to state tax.

Those who hold licenses to sell alcoholic beverages at retail may do so only at the specific physical location that has been licensed, and only during the hours permitted by statute or by the license itself. Retail licensees are further subject to certain regulations of the Alcoholic Beverages Control Commission, commonly known as “Happy Hour” regulations. These prohibit, among other things: free drinks; the delivery of more than two drinks to one person at one time; the sale, offer to sell, or delivery of drinks at a price less than the price regularly charged for such drinks during the same calendar week; the sale, offer to sell, or delivery of an unlimited number of drinks during any set period of time for a fixed price; the sale, offer to sell, or delivery of drinks to any person or group on any one day at prices less than those charged to the general public on that day; the sale, offer to sell, or delivery of malt beverages or mixed drinks by the pitcher except to two or more persons; the increase in the volume of alcohol contained in a drink without increasing proportionately the price regularly charged for such drink; or, the holding or encouraging of any game or contest which involves drinking or the award of drinks as prizes. One is prohibited from selling or delivering alcohol to an already intoxicated person on licensed premises.

A licensee who violates these requirements may, in addition to potential fines and imprisonment that may be imposed, have its license suspended or revoked, and, if the licensee’s operation of its premises is judged to be a nuisance, may also be enjoined from continuing such operation. A licensee may not hire anyone under the age of 18 to handle or sell alcoholic beverages.

#### Sale, Delivery, or Furnishing to Persons under 21; Misrepresentation of Age

It is against the law in Massachusetts for someone under the age of 21 to possess alcohol or to transport or carry it (unless accompanied by a parent or legal guardian or who carry alcohol as part of a job). Persons violating this law are subject to fines and to arrest without a warrant. Violators will have their driver’s licenses suspended for 90 days. All persons, whether or not licensees, are prohibited under Massachusetts law from selling or delivering any alcoholic beverages or alcohol to any person under 21, and from delivering or procuring to be delivered, on

Last revised: June 15, 2011

licensed premises, alcoholic beverages or alcohol to or for the use of a person whom one knows or has reason to believe to be under 21 years of age. The penalty for violating these laws is a fine of not more than \$2,000, imprisonment for not more than one year, or both.

It is also against the law in Massachusetts for persons under 21 years of age to purchase or attempt to purchase alcoholic beverages, or to make arrangements to purchase or procure such beverages. The law prohibits willfully misrepresenting one's age or altering, defacing, or otherwise falsifying identification offered as proof of age, with the intent of purchasing alcoholic beverages. Knowingly making a false statement as to one's own age or to the age of another to procure sale or delivery of alcohol beverages to the underage person, or inducing a person under 21 years of age to make a false statement about his or her age in order to procure a sale or delivery of alcohol to such underage person, also violates the law. These violations are punishable by a fine of \$300. The court will report any convictions to the registrar of motor vehicles, which will suspend the license or right to operate a motor vehicle for 180 days.

Any person who transfers, alters, or defaces a liquor identification card or driver's license, or who makes, uses, carries, sells, or distributes a false identification card or license, or uses the identification card or motor vehicle license of another, or furnishes false information in obtaining such card or license, is guilty of a misdemeanor, punishable by a fine of not more than \$200 or imprisonment for not more than three months.

#### Driving While Under the Influence of Alcohol; Conducting Other Activities While Under the Influence of Alcohol

Anyone, including drivers and passengers, possessing an open container of an alcoholic beverage in the passenger area of any motor vehicle is subject to a fine of not less than \$100 nor more than \$500.

A conviction for driving while under the influence of alcohol may result in fines, imprisonment, mandatory alcohol education or rehabilitation, and revocation of one's license to operate. These penalties grow increasingly severe with each successive conviction. A first conviction may result in a fine of up to \$5,000 and/or imprisonment of up to two and one-half years. Under certain circumstances, a first offender may be placed on probation and assigned to an alcohol rehabilitation program in lieu of such penalties. If a first offender is placed on probation and participates in an alcohol education program, his or her license to operate shall be suspended for no less than 45 days and no more than 90 days, unless such person was under the age of 21 when the offense was committed, in which case his or her license is suspended for 210 days. If a person does not qualify for probation, his or her license is revoked for one year. A second offense carries a fine of not less than \$600 nor more than \$10,000, imprisonment up to two and one-half years with a mandatory 30 days minimum service, and license revocation for two years. A third offense carries a fine of not less than \$1,000 nor more than \$15,000 and imprisonment up to five years with a mandatory 150 days minimum service. A third offense also results in an eight year license revocation. Additional offenses are punishable by even more stringent sanctions. Penalties are increased if, while driving under the influence of alcohol, one operates a motor vehicle negligently or recklessly, resulting in serious bodily injury or death to another person.

Massachusetts law also provides for the suspension and revocation of license if one's



license is suspended in another state or country for driving while under the influence.

Massachusetts law also prohibits conducting a number of other activities under the influence of alcohol, including hunting, and operation of aircraft, motorboats, snow vehicles, or recreational vehicles. These activities are punishable by fines and/or imprisonment. Possession of alcohol on the grounds of a public school is also punishable by fines and/or imprisonment.

#### Miscellaneous Laws

Massachusetts laws also prohibit improper labeling of patient food or medicines containing alcohol, hawking or peddling of alcohol, the sale for consumption of methyl (wood) alcohol, or the providing of alcohol to prisoners, inmates of public institutions, or those committed for treatment of alcohol dependency.

#### LOCAL ORDINANCES

The city ordinances of both Boston and Cambridge prohibit public consumption of alcohol and impose fines for violations of these ordinances. The regulations of Metropolitan District Commission, which has jurisdiction over land along the Charles River, also prohibit public consumption of alcohol. Massachusetts law further provides that one violating ordinances regarding public consumption of alcohol is subject to arrest without a warrant.

#### FEDERAL LAWS

There are federal laws and regulations which govern alcohol-related advertising, taxes, antitrust and unfair competition, importing and exporting, packaging and labeling, and shipping and mailing. Violations of these laws and regulations may result in fines, imprisonment, and loss of licenses or other rights.

## **PART 2: SUMMARY OF LAWS RELATING TO CONTROLLED SUBSTANCES**

### Classification of Drugs

Both Massachusetts and federal statutes classify drugs according to their relative potential for abuse. Criminal penalties for offenses vary according to the classification of drugs (termed “controlled substances”). The Massachusetts statute groups controlled substances into Classes A through E for purposes of specifying criminal penalties; the federal statute groups them into Schedules I through V.

Listed below are Massachusetts and federal classifications of the more widely known controlled substances (this is not meant to be an exhaustive list). Generally, narcotic (addictive) and other drugs subject to a high potential for abuse are listed in class A or B and Schedule I or II. It will be noted that the Massachusetts Controlled Substances Act places marijuana and hallucinogenic substances in lower classifications than does the federal statute for purposes of criminal sanctions.

Heroin	Class A; Schedule I
Morphine	Class A; Schedule II
Lysergic acid diethylamide (LSD)	Class B; Schedule I
Opium poppy, cocaine, codeine, Methadone	Class B; Schedule II
Amphetamine and methamphetamine* (speed)	Class B; Schedule II
Phencyclidine (PCP, “angel dust”)	Class B; Schedule II
Hallucinogenic substances, including dimethoxyamphetamine, peyote, psilocybin (Mexican mushroom), tetrahydrocannabinols (THC, the active ingredient in marijuana)	Class C; Schedule I
Diazepam (valium), chlordiazepoxide (librium)	Class C; Schedule IV
Marijuana	Class D; Schedule I
Barbital, phenobarbital	Class D; Schedule IV
Compounds containing small percentages of codeine, morphine or opium	Class E; Schedule V

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\* Any injectable liquid containing any quantity of methamphetamine is a Schedule II substance.

## Criminal Penalties for Manufacture, Distribution or Possession

Every person who proposes to “manufacture [or] distribute” any controlled substance is required to register with the United States Attorney General and the Massachusetts Commissioner of Public Health. “Manufacture” includes production, preparation, propagation, compounding, conversion or processing of a controlled substance. “Production,” in turn, includes manufacture, planting, cultivation, growing, or harvesting. “Distribute” means “deliver,” i.e., the actual or attempted transfer of a controlled substance. Researchers in controlled substances are also subject to registration requirements. Possession of controlled substances is illegal unless pursuant to a valid prescription or authorized by appropriate registration.

Penalties for manufacture or distribution are greater than those for simple possession. Under the federal statute, however, distribution of a “small amount” of marijuana for “no remuneration” is subject to the lesser penalties provided for simple possession. Both the Massachusetts and federal statutes provide that illegal possession with intent to manufacture or distribute is subject to the same penalties as illegal manufacture or distribution. Generally speaking, illegal possession of relatively large quantities of any controlled substance will be considered possession with intent to distribute.

Under both federal and Massachusetts law, second and subsequent convictions for illegal manufacture, distribution or possession may result in penalties much greater than those for the first conviction.

## Marijuana and Tetrahydrocannabinol (THC) Possession

Under Massachusetts law, possession of one ounce or less of marijuana is a civil offense and carries no criminal sanctions. Offenders over the age of 18 are subject to a \$100 fine and forfeiture of marijuana. Offenders under the age of 18 are subject to a \$100 fine, forfeiture of marijuana, and are required to complete a statutorily defined drug awareness program. For marijuana and THCs, possession includes traditional possession *and* having metabolized marijuana or THC in any tissue or fluid of the human body (e.g., urine, blood, saliva, sweat etc.). Under federal law, possession of marijuana remains a criminal offense.

Although possession of one ounce or less of marijuana is decriminalized, distribution of one ounce or less of marijuana is still subject to criminal penalties. Generally, intent to distribute requires illegal possession of more than one ounce of marijuana, but packaging or other paraphernalia found in conjunction with an ounce or less of marijuana may leave individuals subject to criminal penalties.

## Additional Criminal Penalties Under Massachusetts Law

In Massachusetts, offenses subject to severe punishments include: second or subsequent convictions for manufacture or distribution of Class A, Class B or Class C drugs; illegal manufacture, distribution, or possession of, with intent to manufacture or distribute, phencyclidine (PCP), cocaine, or methamphetamine; “trafficking” in marijuana, cocaine, heroin, morphine or opium (defined as manufacture, distribution, cultivation, possession with intent to manufacture or distribute, or importation into the state of more than 50 pounds of marijuana or 14 grams of cocaine or heroin); distribution or possession with intent to distribute Class A, Class B, or Class C drugs to persons under 18 years of age; and second or subsequent offenses of driving under the influence of alcohol or drugs.

The Massachusetts Controlled Substances Act also provides penalties for being present at a place where it is known heroin is illegally being kept and for being “in the company of” a person whom it is known

illegally possesses heroin. The phrase “in the company of” has been construed by the Supreme Judicial Court to mean “something that smacks of fellowship.” It also must be proven that the defendant knew heroin was present or that his/her companion possessed the drug. For both crimes, the Commonwealth may establish a “prima facie” case, i.e., demonstrate that it is very probable the defendant knew heroin was there, in which event the defendant must establish that he/she did not know of the presence of the drug. As a consequence of this statute, anyone in the presence of heroin at a private party or in a dormitory suite runs the risk of a drug conviction.

Theft of controlled substances is also subject to additional penalties under the Massachusetts statute.

The sale of or possession with intent to sell “drug paraphernalia” is illegal. The definition of “drug paraphernalia” includes all equipment, products, devices and materials used or intended for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packing, repacking, storing, containing, concealing, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of Massachusetts law.

Finally, operation of a motor vehicle under the influence of any drug or intoxicating substance, including liquor, can lead to imprisonment and revocation of one’s license.

#### Additional Criminal Penalties Under Federal Law

Under federal law, offenses subject to severe punishments include: manufacture, distribution, or possession with intent to manufacture or distribute large amounts of certain Schedule I or II drugs, including heroin, cocaine, crack, PCP and LSD (with mandatory life imprisonment for a third conviction); participation in a continuing criminal enterprise; and second or subsequent convictions for importing or exporting large quantities of certain Schedule I and II drugs.

Under the federal Comprehensive Drug Abuse Prevention and Control Act, more commonly known as the Controlled Substances Act, the distribution of *any* controlled substance by a person at least 18 years old to a minor (a person under 21 years of age) is punishable by twice the penalty (for a first offense) or three times the penalty (for a second offense) otherwise provided, and includes a mandatory minimum one year prison term (except for a first offense involving less than 5 grams of marijuana) and mandatory life imprisonment without release for a third conviction. These increased penalties also apply to distribution of any controlled substance in or within 1000 feet of a school, college, playground, or public housing facility, and within 100 feet of a youth center, public swimming pool, or video arcade. This means that drug offenses occurring on or near the campus or involving students may be subject to much greater penalties than would otherwise apply.

Illegal importation or exportation of controlled substances and the use of a communication facility (including mail and telephones) in committing any felony under the Controlled Substances Act are also subject to additional penalties.

The Controlled Substances Act provides special penalties for the crime of being engaged in a “continuing criminal enterprise” to violate the Act. A person is engaged in a “continuing criminal enterprise” if (1) he/she commits a felony under the Act, (2) that felony is undertaken in concert with 5 or more other persons with respect to whom the violator occupies a position of “management,” and (3) the violator obtains substantial income or resources from it. The penalties for committing this crime are very severe.

Federal law provides for greatly heightened prison sentences for manufacture and distribution of Schedule I or II drugs if death or serious bodily injury results from the use of the substance. In addition, as a result of the Anti-Drug Abuse Act of 1988, a person who intentionally kills someone or intentionally causes a killing in the course of manufacturing, distributing, importing or exporting large amounts of certain Schedule I or II drugs or in the course of a continuing criminal enterprise may be sentenced to death. Any person who intentionally kills or causes the intentional killing of a law enforcement official while committing or attempting to avoid apprehension, prosecution, or service of a prison sentence for a federal drug felony also may be sentenced to death.

As well as increasing many of the existing penalties for possession, manufacture, and distribution of controlled substances, the Anti-Drug Abuse Act of 1988 introduced new measures to punish drug offenders. At the discretion of the court, an individual who is convicted of any federal or state offense involving the possession of a controlled substance as defined for purposes of the Controlled Substances Act can be declared ineligible for any or all federal benefits for up to one year from the time of conviction. In the case of a second drug possession conviction, the court may declare the individual ineligible for any or all federal benefits for up to five years. An individual convicted of any federal or state offense consisting of the distribution of controlled substances (“trafficking”) can be declared ineligible for federal benefits for up to five years for a first conviction; up to ten years for a second conviction; and permanently for a third or subsequent conviction. Federal benefits include grants, contracts, loans, professional licenses or commercial licenses provided by an agency of the United States.

# When Drinking is a Problem

*by Maura Valle, UHS Health Educator specializing in Alcohol and Substance Abuse*

In recent months a great deal of media attention has focused on the topic of alcoholism. Many prominent personalities and celebrities have openly acknowledged their problems with alcohol, leading to a larger public discussion of drinking norms and behaviors in America today. News stories raising many questions about alcohol use and abuse, all reflecting varying degrees of accuracy and/or confusion about the subject, have proliferated.

## Basic Facts

Alcoholism is one of the most serious public health problems in the U.S. today. Unfortunately it is one which continues to be misunderstood and misdiagnosed, frequently shrouded in stigma, myth or stereotype.

Some basic facts about alcoholism:

- It is a chronic, progressive and potentially fatal disease. It is not an indication of weak character, lack of willpower, or absence of morals.
- Approximately seven percent of Americans are alcoholic (roughly one in ten drinkers), coming from every socio-economic stratum in our culture.
- It is estimated that one in six American families is affected by the disease - having an alcoholic parent, child or sibling. Children of alcoholics have a four to six times greater risk for developing alcoholism themselves.
- The average alcoholic, according to the National Institute on Alcohol Abuse and Alcoholism, is a man or woman in the mid-thirties with a job, home and family. Less than five percent of alcoholics are found on Skid Row while ninety-five percent are functioning members of society.
- Alcoholism is fully treatable, and there are a number of excellent treatment options available today. Without treatment, the disease is potentially fatal and causes severe consequences for the alcoholic, as well as family members and caring concerned others.

## Recognizing a Problem

How do you know if you or someone you care about is alcoholic? It's important not to get sidetracked by the fear, stigma and inevitable denial surrounding the term "alcoholic." A person may be in the early, middle or even late stages of alcoholism at any age, and perhaps you would rather describe her or him as a "problem drinker." The semantics are not as important as identifying a problem and getting some help.

A good way to begin assessing potential alcoholism is to ask if alcohol use is causing problems in any of the following life areas:

- relationships: family and social life
- work (or school): including impact on income or financial status
- legal problems: e.g. arrest for drunk driving
- health: there are a wide range of potential serious health problems resulting from alcohol abuse, including injuries, gastrointestinal problems, and the long term development of cirrhosis of the liver.

Usually problems will begin in the relationship or work life first, but can emerge in any one or all of the above areas very rapidly and with devastating effect. In some cases problems may develop quite slowly over a period of years.

Another questionnaire developed to aid in assessing alcohol problems is a profoundly simple one, known as the CAGE questionnaire:

- Have you ever felt the need to cut down on your drinking?
- Have you ever felt annoyed by criticisms of your drinking?
- Have you ever had guilty feelings about drinking?
- Have you ever token a morning eye-opener?

A yes response to any two of the above questions can be indicative of a serious drinking problem.

Another particularly dangerous warning sign is blackouts. These are loss of memory, while still conscious and functioning, but drunk. The drinker will not know he or she is in a blackout until afterward, when the person will be unable to remember an entire ..... A blackout can last for hours or days.

### **What to do?**

If you are concerned about your own responses to the above questions or are worried about someone else, it's very important not to deny or rationalize your concerns. You will most likely want to do this. Alcoholism is known as a disease of denial, where frequently (but not always) the alcoholic is the last one to admit it. Do not dismiss or downplay your concerns.

Among family members or friends, this is called enabling — 'a potentially deadly course of action. Enabling really serves to help the person continue dangerous drinking patterns, with all of you ignoring the warning signs. Confronting the drinker in a caring manner about your concerns is the best way not to be an enabler. This is seldom easy to do and you may want to get professional advice first. So, when drinking becomes an issue for you or for a family member, it's important to seek out sources of help and support as soon as possible.

### **Getting Help**

If you are wondering about your own drinking patterns, and concerned that you might have a problem or you're just not sure -there are a wide range of resources in the Harvard community to help you assess your situation and decide what you want to do about it.

If you have further questions or want more information you can call Maura Valle.-UHS Health Educator, at 498 9629 for a confidential discussion or appointment. The Faculty and Staff Assistance Program at 498 HELP is also available to provide resources and referral on a strictly confidential basis.

There are Alcoholics Anonymous meetings in at least three Cambridge locations (including some on campus) every day of the week. You can call the Health Education Office for a listing of these. Also, the Greater Boston and surrounding Eastern Massachusetts area has over one hundred different meetings daily.

You do not have to be an alcoholic to attend an "open" AA meeting. Many of the meetings are just this - meaning open to the public. Attending a few AA meetings will give you a wealth of information about alcoholism. It's a good idea to go to more than one meeting for a broader perspective. This will also help you to assess your own status.

You can call the AA Central Services in Boston at 617-420-9444 from 9am to 9pm daily. They will tell you about AA meetings near your home or work, and which ones are open to all or are "closed, for alcoholics only". AA has a tremendous success rate at helping alcoholics'. Well over one million members are in recovery today in the U.S.

Another important option for evaluation and referral is your doctor. The medical staff at UHS or your own primary care provider or HMO will make confidential assessment and recommendations for treatment. You will be referred to the appropriate treatment program if necessary.

You may want to see a mental health professional. Depending on your insurance, you can directly make an appointment at the UHS Mental Health Services, or arrange for a referral through your physician or HMO.

Alcoholism is known as a family disease, deeply affecting everyone involved. Family members and others close to an alcoholic need a tremendous amount of support. All of the above resources are available to people concerned about a problem drinker. Maura Valle, Health Educator, 498-9824, can offer suggestions to help you begin to build a support network.

Al-anon meetings are for people whose lives have been affected by close contact with a problem drinker. There are meetings on the Harvard campus as well as all over the greater Boston area daily. Call 843-B300 for specific details.

Alcoholism is a devastating and painful disease. Left untreated it grows progressively worse over time. Admitting that you are alcoholic or that a family member has the disease may be one of the hardest things you ever do. But with treatment and in recovery alcoholics and their families can go on to lead exceptionally rich, satisfying and perfectly normal lives.



## MASSACHUSETTS ANTI-HAZING STATUTE

Students are advised that Massachusetts law expressly prohibits any form of hazing in connection with initiation into a student organization. The relevant statutes are provided below. The law applies to all student groups, whether or not officially recognized, and to practices conducted both on- and off-campus. *Each student organization must file with the Office of Dental Education “an attested acknowledgment that such organization understands and agrees to comply with these provisions” that has been signed by the head of the student organization.*

The term “hazing,” under Massachusetts law, means: “any conduct or method of initiation... which willfully or recklessly endangers the physical or mental health of any student or other person.” The definition specifically includes “whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity which is likely to adversely affect the physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation.” [Massachusetts General Laws, c. 269 § 17] Notwithstanding any other provisions of this section to the contrary, consent shall not be available as a defense to any prosecution under this action. The failure to report hazing also is illegal, under Massachusetts law.

Hazing is a crime punishable by fine and/or imprisonment. The Dental School will consider all reports of hazing, taking disciplinary action in appropriate cases, and will report confirmed incidents to appropriate law enforcement officials. If you have any questions about the hazing law or have concerns about an incident you have witnessed, please contact the Office of Dental Education at Harvard School of Dental Medicine.

### Massachusetts Hazing Statute

Section 17. Whoever is a principal organizer or participant in the crime of hazing, as defined herein, shall be punished by a fine of not more than three thousand dollars or by imprisonment in a house of correction for not more than one year, or both such fine and imprisonment.

The term “hazing” as used in this section and in sections eighteen and nineteen, shall mean any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity which is likely to adversely affect the physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation.

Notwithstanding any other provisions of this section to the contrary, consent shall not be available as a defense to any prosecution under this action.

Section 18. Whoever knows that another person is the victim of hazing as defined in section seventeen and is at the scene of such crime shall, to the extent that such person can do so without danger or peril to himself or others, report such crime to an appropriate law enforcement official as soon as reasonably practicable. Whoever fails to report such crime shall be punished by a fine of not more than one thousand dollars.

Section 19. Each institution of secondary education and each public and private institution of post secondary education shall issue to every student group, student team or student organization which is part of such institution or is recognized by the institution or permitted by the institution to use its name or facilities or is known by the institution to exist as an unaffiliated student group, student team or student organization, a copy of this section and sections seventeen and eighteen; provided, however, that an institution's compliance with this section's requirements that an institution issue copies of this section and sections seventeen and eighteen to unaffiliated student groups, teams or organizations shall not constitute evidence of the institution's recognition or endorsement of said unaffiliated student groups, teams or organizations.

Each such group, team or organization shall distribute a copy of this section and sections seventeen and eighteen to each of its members, plebes, pledges or applicants for membership. It shall be the duty of each such group, team or organization, acting through its designated officer, to deliver annually, to the institution an attested acknowledgement stating that such group, team or organization has received a copy of this section and said sections seventeen and eighteen, that each of its members, plebes, pledges, or applicants has received a copy of sections seventeen and eighteen, and that such group, team or organization understands and agrees to comply with the provisions of this section and sections seventeen and eighteen.

Each institution of secondary education and each public or private institution of post secondary education shall, at least annually, before or at the start of enrollment, deliver to each person who enrolls as a full time student in such institution a copy of this section and sections seventeen and eighteen.

Each institution of secondary education and each public or private institution of post secondary education shall file, at least annually, a report with the board of higher education and in the case of secondary institutions, the board of education, certifying that such institution has complied with its responsibility to inform student groups, teams or organizations and to notify each full time student enrolled by it of the provisions of this section and sections seventeen and eighteen and also certifying that said institution has adopted a disciplinary policy with regard to the organizers and participants of hazing, and that such policy has been set forth with appropriate emphasis in the student handbook or similar means of communicating the institution's policies to its students. The board of higher education and, in the case of secondary institutions, the board of education shall promulgate regulations governing the content and frequency of such reports, and shall forthwith report to the attorney general any such institution which fails to make such report.

Massachusetts General Laws, c. 269 § 17, 18 and 19.

# Policy for the Safety & Protection of Minors

## Policy Statement

Harvard University is committed to providing a safe environment for everyone on its campuses and in its programs. This includes the thousands of minors who participate in programs and activities both on and off campus. Members of the Harvard community who interact with minors in any official capacity are expected to foster and maintain an appropriate and secure environment for minors.

Any student or student group who plans to set up programming at HSDM involving interaction with minors must contact Carrie Sylven, Director of Student Affairs to learn more about the necessary procedures.

Additional information regarding the reason for policy, entities/individuals covered by this policy, key definitions and procedures, please visit this website:

<http://youthprotection.harvard.edu/policy>

For guidelines for interacting with minors, please visit this website:

[http://youthprotection.harvard.edu/files/minors/files/guidelines\\_for\\_interacting\\_with\\_minors\\_final\\_020915.pdf](http://youthprotection.harvard.edu/files/minors/files/guidelines_for_interacting_with_minors_final_020915.pdf)

To report abuse and inappropriate activity involving minors, please visit this website:

[http://youthprotection.harvard.edu/files/minors/files/reporting\\_abuse\\_and\\_inappropriate\\_activity\\_involving\\_minors\\_final\\_020915.pdf](http://youthprotection.harvard.edu/files/minors/files/reporting_abuse_and_inappropriate_activity_involving_minors_final_020915.pdf)

# Harvard School of Dental Medicine Policy on Children in the Workplace

## Revision History:

Effective Date	Section	Details of Change
11/1/14	All	Initial Release
6/16/15	All	Reviewed and Updated

This policy applies to those circumstances involving children that come into the workplace outside of a formal arrangement, such as work, an internship or an educational program. With formal arrangements, please refer to the [University policy on minors at Harvard](#). For informal arrangements that arise, please follow the policy below.

### 1. Introduction

Children should not be on the premises at the Harvard School of Dental Medicine (HSDM) during working hours, after hours or on weekends with the exception of special circumstances, noted below. This policy is established to avoid disruptions in workplace, promote a safe and secure working environment, and help maintain a professional environment at HSDM.

### 2. Scope

This policy applies to the entire HSDM Workforce -- all HSDM faculty, staff and students. Non-compliance with this policy may be addressed through administrative/academic policies applicable to an individual.

### 3. Policy

For the safety and welfare of all concerned, children under the age of 18 are not to accompany HSDM workforce member to the workplace with the exception of special circumstances, as noted below. Children are expressly prohibited from entering areas that contain hazardous materials or equipment (i.e. the clinic or laboratories).

#### 3.1 Emergencies

Understandably, emergencies do arise, where a child may be too ill to attend school or day care, or your child's school may be closed due to inclement weather or a scheduled holiday. In such circumstances, the workforce member is asked to make other day care arrangements for their child, or use appropriate paid time off, if applicable and available, or request a temporary flexible / remote work arrangement through a supervisor.

#### 3.2 HSDM Sponsored Events

Children's visits are allowed, and strongly encouraged, during HSDM sponsored events where supervised childcare is provided (e.g., "Take Your Child to Work Day"). Notices of such events will expressly indicate children are welcomed. Such programs may also fall under the University policy on minors at Harvard.

#### 3.3 Visits

Children of workforce members may be allowed in the workplace for brief visits, generally no longer than one hour, provided: (1) the workforce member has the prior approval of the department head (the department head has the authority to approve or deny a request for a visit); (2) the child remains under parental supervision, within sight and sound of the parent, at all times; (3) the child's presence does not disrupt the work or school environment; and (4) the child is not ill.

#### **4. Additional Resources**

Workforce members are encouraged to seek out additional resources offered to the Harvard Community and can also find resources on HARVie at: [http://harvie.harvard.edu/Work\\_Life\\_Balance/Caring\\_for\\_Children](http://harvie.harvard.edu/Work_Life_Balance/Caring_for_Children) or please call the Harvard Longwood Campus Office of Work and Family at 617-432-1048.

#### **5. Who to Contact**

If you have any questions about this policy or about bringing your child to the workplace, faculty and staff should contact their supervisor or the Office of Human Resources, while students should contact the Office of Dental Education.

# APPENDIX I

## ADMINISTRATIVE RESOURCES

The Office of Dental Education (ODE) oversees several offices administering a wide range of activities related to student life. These offices strive to keep open the lines of communication between the students, administration and faculty. Listed below is contact information for ODE staff members. Note: Callers must dial the area code 617 prior to calling (even within the 617 area code). When dialing anywhere on the Longwood Medical campus, dial 2 + the last 4 digits of the phone number.

### Office of Dental Education

HSDM 206 A, B, C, D

Dr. Sang Park, Associate Dean for Dental Education

617-432-0452

### Predoctoral Education

*Curriculum Planning and Implementation, Course Evaluations, Faculty Development, Instructional Technology*

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617-432-0452

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### Registrar

*Transcripts, Enrollment Verification, Student Records, Academic Calendar*

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617-432-8243

Emerald Johnson, Coordinator for Registrar Services

617-432-0311

### Admissions

*Predoctoral and Advanced Graduate Admissions, Prematriculation, Orientation*

Sarah Petrakos, Director of Admissions

617-432-1444

Lizzie Anderson, DMD Coordinator

617-432-0569

Anthony Garofalo, Staff Assistant for AGE Admissions

617-432-3964

### Student Affairs

*Student Advising, Student Government, Organizations and Activities, Disability Services, Title IX*

Carrie Sylven, Director of Student Affairs

617-432-4245

### Financial Aid

Gardner Key, Director of Financial Aid

617-432-1527

### Advanced Graduate Education

*Program Information and Administration; Oversight of Advanced Degree Programs and Admissions Process*

Dr. Sang Lee, Director of Adv. Graduate Education

617-432-3064

Anthony Garofalo, Staff Assistant for AGE Admissions

617-432-3964

**Office Reception and Support***Room Scheduling, Lockers, MBTA Passes for Students*

Martha Vedrine, Assistant for Office of Dental Education

617-432-1447

**Senior Tutors****HSDM 208 A-D***Clinical Education Oversight, Student Advising*

Dr. Samuel Coffin, Cannon Society

617-432-2552

Dr. Armando Pardo, Castle Society

617-432-2373

Dr. Esra Salihoglu-Yener, Holmes Society

617-432-2917

Dr. Aram Kim, Peabody Society

617-432-2374

Dr. Rahen Kakadia, 5<sup>th</sup> Senior Tutor

617-432-2375

Adrien Doherty, Predoctoral Clinical Curriculum Coordinator

617-432-2372

**OTHER HELPFUL TELEPHONE NUMBERS**

Advising Resources, Office of (HMS/HSDM)

617-432-2653

Athletics Office (HU)

617-495-4848

Athletics Office (Vanderbilt Hall)

617-432-1942

Disability Services, HSDM

617-432-4245

Diversity Inclusion, Office of (HSDM)

617-432-1401

Harvard Dental Center Appointment Desk (HSDM)

617-432-1434

Information

Harvard University

617-495-1000

Longwood Medical Area

617-432-1000

International Student Services (HU)

617-495-2789

MASCO (HMA)

617-632-2800

Mental Health Services

Cambridge Mental Health Services

617-495-2042

Medical Area Mental Health Services

617-432-1370

Mental Health Emergency Services

617-495-5711

Ombuds Office (HMA)

617-432-4040

Parking Office (HMA)

617-432-1111

Police

Harvard University

617-495-1212

Medical Area

617-432-1212

Predoctoral Education (HSDM)

617-432-0452

Recruitment and Multicultural Affairs, Office of (HMS)

617-432-1572

Registrar's Office (HSDM)

617-432-0311

Registrar's Office (HMS)

617-432-1515

Registrar's Office (HSPH)

617-432-1032

Research, HSDM Office for

617-432-1121

Security Office (HMA)

617-432-1379

Senior Tutors Office (HSDM)

617-432-2372

Shuttle Bus Service (HMA)

617-495-0400

Student Affairs, Office of (HMS)

617-432-1570

Substance Abuse Counseling (HMA)

617-432-1370

Taxi Escort Service (HMA)

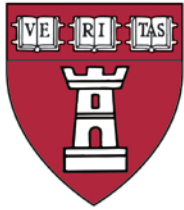
617-432-1379

Title IX Coordinator (HSDM)	617-432-4245
University Disabilities Services (HU)	617-495-1859
University Health Services (UHS)	
Cambridge UHS	617-495-2042
Medical Area UHS	617-432-1370
UHS Emergency Services	617-495-5711
Vanderbilt Hall (HMA)	617-432-1630
Walking Escort Service (HMA)	617-432-1379

HSDM = Harvard School of Dental Medicine  
HMS = Harvard Medical School

HMA = Harvard Medical Area  
HU = Harvard University





**HARVARD**  
School of Dental Medicine

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# **Advanced Graduate Education Course Catalog**

**AY 2019-20**

Published by the Office of Dental Education

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# FALL 2019 COURSE OFFERINGS

Summer Core Course	Director	Credits	Day	Time	Room
<b>OB608:</b> Graduate Head & Neck Anatomy (July 8-19, 2019)	Cynthia McDermott	3	M-F	9:00 AM - 12:00 PM	see Course Guide
<b>Oral Biology Core</b>					
<b>OB601:</b> Oral Microbiology	Bruce Paster	3	M	10:00 AM - 12:00 PM	REB 106
<b>OB602:</b> Oral Immunology	Xiaozhe Han, Martin Taubman, & Qing Yu	3	M	8:00 AM - 10:00 AM	REB 106
<b>Biostatistics</b>					
<b>OHPE751:</b> Biostatistics	Sung Choi	3	T	1:00 PM - 3:00 PM	REB 106
<b>Education</b>					
<b>DE601:</b> Longitudinal Seminar Series in Dental Education Series (AY) <sup>a</sup>	Sang Park & Edward Krupat	N/A	W	10:00 AM - 12:00 PM	TBD
<b>Electives</b>					
<b>DH501:</b> Career Development in Global and Community Health (AY)	Brittany Seymour	N/A	TBD	TBD	TBD
<b>Foundation</b>					
<b>IDP604:</b> Foundations for the Advanced Dental Practitioner	Christine Riedy & Nina Anderson	3	F	7:30 AM - 9:30 AM	REB 106
<b>Multidisciplinary</b>					
<b>IDP500, 501, &amp; 502:</b> Interdept. Multidisc. Case Presentation Seminars (AY)	David Kim & Thomas Nguyen	N/A	T	7:30 AM - 8:15 AM	REB Auditorium
<b>Research</b>					
<b>IDP602:</b> Fundamentals of Research (AY)	Malcolm Whitman with H. Elani, & G. Naveh	1	M	3:00 PM - 5:00 PM	REB 106

## Fall Calendar

<u>AGE New Student Orientation</u>	<u>July 1-3, 2019</u>
<u>Holiday: Independence Day</u>	<u>July 4, 2019</u>
<u>Fall Cross-Registration Period begins</u>	<u>August 15, 2019</u>
<u>HSDM AGE Fall Courses begin</u>	<u>August 19, 2019</u>
<u>Holiday: Labor Day</u>	<u>September 2, 2019</u>
<u>HSDM Add/Drop/Change Deadline</u>	<u>September 6, 2019</u>
<u>Holiday: Columbus Day</u>	<u>October 14, 2019</u>
<u>Holiday: Veterans' Day</u>	<u>November 11, 2019</u>
<u>Thanksgiving Recess</u>	<u>November 27 to 29, 2019</u>
<u>AGE Fall Courses and Final Examinations end</u>	<u>December 20, 2018</u>
<u>Winter Recess</u>	<u>December 23, 2019 to January 3, 2020</u>
<u>Holiday: Christmas Day</u>	<u>December 25, 2019</u>
<u>Grades for Fall 2019 Semester due</u>	<u>January 6, 2020</u>

<sup>a</sup>AY stands for academic year

## SPRING 2020 COURSE OFFERINGS

Oral Biology	Director	Credits	Day	Time	Room
<b>OB607:</b> Clinical Pharmacology	Jeffry Shaefer	3	T	1:00 PM - 3:00 PM	REB 106
<b>OB610:</b> Advanced Oral Medicine, Pathology, and Radiology	Reshma Menon	3	M	10:00 AM - 12:00 PM	REB 106
<b>OB611:</b> Craniofacial Development and Genetics	Bjorn Olsen & Agnes Berendsen	3	M	8:00 AM - 10:00 AM	REB 106
<b>OB614:</b> Mineralized Tissue Biology and Diseases	Francesca Gori	3	T	3:00 PM - 5:00 PM	REB 106
Electives	Director	Credits	Day	Time	Room
<b>DH601:</b> Global Oral Health: Interdisciplinary Approaches	Brittany Seymour	3	F	9:00 AM - 12:00 PM	REB 302
<b>DH701:</b> Global Health Field Course: Perspectives from Costa Rica	Carlos Faerron Guzmán & Brittany Seymour	N/A	TBD	TBD	TBD
<b>OB606:</b> Fundamentals of Oral Implantology	German Gallucci & Adam Hamilton	3	T	1:00 PM - 3:00 PM	REB Auditorium
Nanocourse	Director	Credits	Day	Time	Room
<b>OB619:</b> Central Regulation of Bone and Energy	Anna Idelevich	1	T	5:00 PM - 7:00 PM	REB 106
Research	Director	Credits	Day	Time	Room
<b>IDP600, 700, 800, &amp; 900:</b> AGE Research Seminar Series	Jennifer Gibbs with C. Sima	1 <sup>b</sup>	Th	5:00 PM - 6:00 PM	REB Auditorium

### Spring Calendar

Holiday: New Year's Day

Spring Cross-Registration Period begins

Holiday: Martin Luther King Day

HSDM AGE Spring Courses begin

HSDM Add/Drop/Change Deadline

Holiday: Presidents' Day

Research Day

AGE Spring Courses and Final Examinations end

Grades for Spring 2019 Semester due

Holiday: Memorial Day

Commencement

January 1, 2020

January 9, 2020

January 20, 2020

January 21, 2020

February 7, 2020

February 17, 2020

April 8, 2020

May 8, 2020

May 15, 2020

May 26, 2020

May 28, 2020

<sup>b</sup>carries credit only in the final year of study

# Course Descriptions

## ORAL BIOLOGY

### **OB608: Graduate Head and Neck Anatomy | Summer/Fall 2019 (7/8/2019 - 7/19/2019)**

*Course Director:* Cynthia McDermott

*Location:* See Course Guide

*Meeting Time:* M-F 9:00 AM - 12:00 PM

*Credits:* 3

*Format:*

Lectures and gross dissection lab

*Evaluation:*

Laboratory (50%) and final practical exam (50%)

*Description:*

This course is designed as an intensive review of head and neck anatomy for postgraduates. Emphasis is placed on the detailed anatomy of bones, muscles, arteries, nerves and fascial spaces associated with the oral cavity and teeth. The course objectives are: (1) provide each student with the opportunity to dissect the head and neck to reinforce their anatomical knowledge, (2) provide anatomy lectures that provide a basis for laboratory and integrate clinical aspects of dentistry, (3) facilitate student discussion on aspects of gross anatomy and dental specialties.

*Prerequisites:* None

*Open to Cross Registrants:* No

### **OB601: Oral Microbiology | Fall 2019**

*Course Director:* Bruce Paster

*Location:* REB 106

*Meeting Time:* M 10:00 AM - 12:00 PM

*Credits:* 3

*Format:* Lecture

*Evaluation:* Weekly quizzes and class participation. Students are expected to actively participate in class; significant time is allotted at the end of each lecture when every student is asked, "What did you learn today?"

*Description:*

The objective of this course is to present fundamental information and concepts regarding the relationship between microbiology (bacteriology) and dental diseases. The relationship between basic and clinical research is explored to include significance in clinical dental practice - as it is and how it might develop. The first part of the course covers traditional and newly developed molecular microbiological methods. The taxonomy of oral species is presented including methods used to derive stable species classifications. Acquisition of the oral microbiota and inter-bacterial relationships as they relate to plaque biofilm ecology are described. The second part of the course covers microbiology of dental caries and periodontal infections including other oral infections of dental origin including peri-implant and endodontic microbiology. Therapy,

virulence and anti-microbial strategies for therapy and prevention are presented, and an introduction to species virulence and pathogenicity. Class participation is an important component of the course.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

### **OB602: Oral Immunology | Fall 2019**

*Course Director:* Xiaozhe Han, Martin Taubman, & Qing Yu

*Meeting Time:* M 8:00 AM - 10:00 AM

*Location:* REB 106

*Credits:* 3

*Format:* Lecture

*Evaluation:* Periodic quizzes and final exam

#### *Description:*

This course provides students with the fundamentals of basic immunology in relation to the oral microenvironment, including a comprehensive survey of 1) the physiology of the oral mucosal immune system, 2) primary colonizers of the oral cavity, both commensal and pathogenic, 3) innate and adaptive immune responses toward microorganisms, and 4) perspectives in translational immunology. The course particularly focuses on 1) cell types of the adaptive immune system and 2) innate immune response in both systemic and mucosal environments, as characterized by humoral, chemical and cellular barriers, as well as inflammation. Disorders affecting oral mucosa are extensively discussed, including those that involve dental caries, periodontal and pulpal infection, human immunodeficiency virus, and such autoimmune diseases as Sjögren's syndrome. The vaccine formulation and its delivery strategy as well as the emerging technology of monoclonal antibody-based therapies will be also addressed in relation to oral infectious diseases. Outside reading of two hours each week is required.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

### **OB607: Clinical Pharmacology | Spring 2020**

*Course Director:* Jeffry Shaefer

*Meeting Time:* Tu 1:00 PM - 3:00 PM

*Location:* REB 106

*Credits:* 3

*Format:* Didactic lectures, nitrous and emergency medicine practical exercises

*Evaluation:* Assessment will be based on a final exam and class presentation.

#### *Description:*

Building upon the basic principles of pharmacology learned in dental school, the student will understand the nature, administration, effects and potential complications of many drug classes. The emphasis will be on appropriate and accurate use of therapeutic agents commonly used in the practice of dentistry. This course will examine topics to include basic principles of pharmacokinetics and pharmacodynamics; pain control - intraoperative and postoperative; techniques for conscious sedation to include pediatric sedation; antibiotics; opioids; anxiolytic agents; NSAIDs; pharmacologic precautions with ASA III-IV patients; and drug interactions that occur with medications used in the practice of dentistry.

*Prerequisites:* Review of the principles of pharmacology at the pre-doctoral level

*Open to Cross Registrants:* Yes

**OB610: Advanced Oral Medicine, Pathology, and Radiology | Spring 2020**

*Course Director:* Reshma Menon

*Location:* REB 106

*Meeting Time:* M 10:00 AM - 12:00 PM

*Credits:* 3

*Format:* Lectures and case-based projects

*Evaluation:* Weekly quizzes, cumulative mid-term, and final examinations (multiple choice, matching, and short-answer questions)

*Description:*

The goal of this course is to provide students with formal instructions in advanced oral pathology, oral medicine, and oral radiology. Students will be expected to be familiar with the etiology, clinical and radiographic manifestations, associated laboratory findings, and managements of common oral pathology entities. These conditions include inflammatory disorders, infections, neoplasms, immune dysregulations, and other acquired and developmental disorders. Students will gain an understanding of and appreciation for advanced diagnostic techniques in cytology and pathology, including special staining, immunohistochemistry, and direct and indirect immunofluorescence studies. Students will learn to demonstrate an ability to formulate a reasonable differential diagnosis based on available histories and clinical, radiographic, and laboratory findings as well as an ability to plan an appropriate course of treatment. Class participation is an important component of the course.

*Prerequisites:* Pre-doctoral foundation in oral pathology and oral medicine

*Open to Cross Registrants:* Yes

**OB611: Craniofacial Development and Genetics | Spring 2020**

*Course Directors:* Bjorn Olsen & Agnes Berendsen

*Location:* REB 106

*Meeting Time:* M 8:00 AM - 10:00 AM

*Credits:* 3

*Format:* Lecture followed by discussion

*Evaluation:* Mid-term and final examinations

*Description:*

Required course for all first year MMSc and DMSc students. This course provides AGE students with an opportunity to apply some of the general principles of developmental biology and genetics to specific problems of craniofacial, oral and dental medicine. The course features Case Discussions and supporting Lectures in an interactive format. Reading assignments, group presentations and a Take-home Exam are also important components of the course. At the end of the Craniofacial Development and Genetics Course, the students are expected to: better understand how genetic diseases can affect the intracellular processes, intercellular interactions and biological signaling pathways essential for tooth and bone development; know about strategies for determining whether a craniofacial/dental birth defect is the result of a genetic, environmental, or chance event; understand strategies for diagnosing and identifying a genetic cause of craniofacial

abnormalities and associated dental defects; demonstrate ability to discuss mechanisms by which mutations in genes can give rise to clinical phenotypes; know about treatment strategies for patients with genetic diseases affecting craniofacial bones and teeth; demonstrate learning progress based on a good record of participation in case discussions and presentation assignments and perform well on a take-home exam.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

### **OB614: Mineralized Tissue Biology and Diseases | Spring 2020**

*Course Director:* Francesca Gori

*Location:* REB 106

*Meeting Time:* Tu 3:00 PM - 5:00 PM

*Credits:* 3

*Format:* Lectures, plus handouts of relevant articles/reviews on each lecture topic

*Evaluation:* One examination 50% of the overall grade; 50% classroom participation.

#### *Description:*

Required course for first year MMSc and DMSc students. The focus of this course is on the biology and pathology of mineralized tissues, including bone, cartilage and the tooth components. In the first part, the extracellular matrix, its inorganic, organic, and cellular components and the mechanisms by which the extracellular matrix is formed and remodeled will be analyzed. These basic principles will then be applied to tissues such as teeth, bone, and cartilage and will explain common features as well as tissue-specific aspects, integrating the biology and the pathology of the most significant diseases. The course will cover diseases affecting these tissues such as gain- or loss of bone mass (osteoporosis and osteopetrosis) and osteo-arthritis and Rheumatoid arthritis, as well as a detailed description of the calcium and phosphate metabolism and its disorders. The course will then move on to local treatment-related topics including distraction osteogenesis and bone regeneration. After completion of the course, the participant will have an in-depth understanding of the skeletal and tooth system, the extracellular matrix, its components, diseases, and treatment options.

*Prerequisites:* Biochemistry, Cell Biology, Molecular Biology, Advanced Protein Chemistry, and Molecular Enzymology

*Open to Cross Registrants:* Yes

## **Biostatistics**

### **OHPE751: Biostatistics | Fall 2019**

*Course Director:* Sung Choi

*Location:* REB 106

*Meeting Time:* Tu 1:00 PM - 3:00 PM

*Credits:* 3

*Format:* Didactic lectures and computer laboratory sessions

*Evaluation:* Assessment will be based upon 2 examinations as well as homework assignments

#### *Description:*

This course will provide an introduction to the principles of biostatistics. This course is designed primarily for clinical researchers or clinicians with an interest in research. Topics to be covered include summarizing and



displaying data, the normal distribution, Central Limit Theorem, probability, estimation and hypothesis testing. Students will also develop skills in data entry and the analysis and interpretation of data.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

## Foundation

### **IDP604: Foundations for the Advanced Dental Practitioner | Fall 2019**

*Course Directors:* Christine Riedy & Nina Anderson

*Location:* REB 106

*Meeting Time:* F 7:30 AM - 9:30 AM

*Credits:* 3

*Format:* Lecture, discussion, focus groups, integrated case presentations

*Evaluation:* Group projects (20%), attendance/class participation (5%), Quizzes (5%), Online/Self directed learning (60%) and Self-assessment (10%)

#### *Description:*

The overall goal of the foundations for the advanced dental practitioner course is for dental residents to gain the basic fundamentals necessary for the future practice of dentistry including understanding ethics/professionalism, evidence-based dentistry, behavioral science, leadership and professional development, practice management including risk management and malpractice, and teaching methodology and to demonstrate their applicability to dental practice. The course will be structured to actively engage students using strategies that foster integrated approaches to learning. As such, the format will consist of lectures, self-directed learning and group-based assignments, problem solving, self-reflection exercises, and integrated case presentations. Multiple integrated self-assessments will be used throughout the course, including written self-assessment and reflection, and focus groups. Students will need to complete these assessments in a timely manner. Attendance will be taken.

*Prerequisites:* HSDM AGE Student

*Open to Cross Registrants:* No

## Research

### **IDP602: Fundamentals of Research | Academic Year**

*Course Directors:* Malcolm Whitman with H. Elani & G. Naveh

*Location:* REB 106

*Meeting Time:* M 3:00 PM - 5:00 PM

*Credits:* 1

*Format:* Seminar

*Evaluation:* Quizzes: 40%, Assignments: 30%, Presentation: 30%

#### *Description:*

The Fundamentals of Research course will expose students to the basic and clinical research that is being conducted at HSDM. It will also provide the students the necessary tools for developing a testable scientific hypothesis, design and critique a scientific experiment, as well as organize and write a scientific paper. The

course will also teach the students proper oral scientific presentation and communication. Students will be required to complete writing and group assignments, lesson quizzes, and prepare a presentation.

*Prerequisites:* No

*Open to Cross Registrants:* Yes

### **IDP600, 700, 800, & 900: Advanced Graduate Education Research Seminar Series | Spring 2020**

*Course Director:* Jennifer Gibbs with C. Sima

*Location:* REB Auditorium

*Meeting Time:* Th 5:00 PM - 6:00 PM

*Credits:* 1 credit (presentation year only)

*Format:* Oral presentations and discussion

*Evaluation:* Oral presentation (50%) and classroom participation (50%)

#### *Description:*

Required every year for MMSc and DMSc students, as well as selected Certificate students. The goal of the research seminars is for DMSc, MMSc and selected Certificate candidates to share their current research work with faculty, students, and staff from all departments of HSDM. The seminars provide fellows with the chance for academic and research exchange among the different departments. This course is mandatory for all Advanced Graduate Education students and attendance is therefore mandatory (clinical programs in Pediatric Dentistry and General Practice Residency are exempted). Fellows are required to prepare an abstract summarizing their research that will be distributed one week prior to their scheduled presentation at HSDM. Each oral presentation is scheduled for 20 minutes with 5-10 minutes of questioning. Presenters are encouraged to use feedback from faculty for their research. Mentors are required to attend on the day of their student's presentation.

*Prerequisites:* HSDM AGE Student

*Open to Cross Registrants:* No

## **Multidisciplinary**

### **IDP500, 501, & 502: Interdepartmental Multidisciplinary Case Presentation Seminars | Academic Year**

*Course Director:* David Kim & Thomas Nguyen

*Location:* REB Auditorium

*Meeting Time:* Tu 7:30 AM - 8:15 AM

*Credits:* N/A

*Format:* Case presentation, discussion

*Evaluation:* Class participation and attendance

#### *Description:*

These seminars involve faculty and students from endodontics, periodontics, orthodontics and prosthodontics. Cases are selected by a senior graduate student and presented by the student. For each case, there are several students from other disciplines serving as consultants. Open, animated discussion and commentary follow these presentations. In addition, third year AGE students in Endodontics, Orthodontics, Periodontics and Prosthodontics will present a single lecture on a topic concerning "mortality and morbidity."

*Prerequisites:* HSDM AGE Student

*Open to Cross Registrants:* No

## Nanocourse

### **OB619: Central Regulation of Bone and Energy | Spring 2020 (2/4/2020 - 3/10/2020)**

*Course Director:* Anna Idelvich

*Location:* REB 106

*Meeting Time:* Tu 5:00 PM - 7:00 PM

*Credits:* 1

*Format:* Lecture, discussion, presentation

*Evaluation:* Oral Presentation (50%), class participation (50%)

#### *Description:*

This nanocourse provides an overview of the central molecular pathways that are involved in the co-regulation within the brain-bone-fat axis, coordinating both skeletal and metabolic processes. Until recently, bone remodeling and energy metabolism were considered to be self-governing, independent processes. Two past decades had positioned skeleton as an endocrine organ, with functions extending beyond mineral storage and mechanical support, toward the regulation of total body energy homeostasis. During the course, we will introduce the neuronal circuits shown to be involved in the control of appetite, energy expenditure, insulin sensitivity on one hand, and bone formation on another hand, including: POMC/CART, NPY/AgRP, cannabinoid system, serotonin; adipokine leptin, insulin, and bone-derived osteocalcin. Students will be acquainted with a range of classically established concepts as well as more recent findings, representing a current intellectual challenge in the search of novel therapeutics against obesity and osteoporosis. Given the tight link between oral health and metabolic syndrome, dental care practitioners will benefit from deeper understanding of the biological systems implicated in the maintenance of bone and energy homeostasis. This course fulfills the Basic Science Credit requirement.

*Prerequisites:* No

*Open to Cross Registrants:* Yes

## Non-Clinical Electives

### **DE601: Dental Education Longitudinal Seminar Series | Academic Year (9/4/2019 - 5/13/2020)**

*Course Director:* Sang Park & Edward Krupat

*Location:* TBD

*Meeting Time:* W 10:00 AM - 12:00 PM (alt. weeks)

*Credits:* N/A

*Format:* Literature review and presentation

*Evaluation:* Class participation (30%), Attendance (20%), Preparation (30%), ePortfolio (20%)

#### *Description:*

The Dental Education Seminar Series is based on related scientific evidence applied to educational quality, educational research, curriculum design and academic leadership. The goal of this course is to enable residents to read, understand, and analyze published research in dental and health care education.

*Prerequisites:* HSDM AGE Student

*Open to Cross Registrants:* No

**DH501: Career Development in Global and Community Health | Academic Year**

*Course Director:* Brittany Seymour

*Location:* TBD

*Meeting Time:* TBD

*Credits:* N/A

*Format:* Discussion, presentation, question/answer with guest speakers

*Evaluation:* Attendance, participation, small group preparation

*Description:*

This is a seminar series course that examines the extensive career opportunities in global and community health through seminars provided by invited speakers currently working in the field. A variety of topics and areas of global health will be covered, and speakers may be added throughout the year as opportunities arise. By incorporating their current places of work and projects into presentations, discussions, and question and answer sessions, speakers will introduce students to a spectrum of global health career opportunities, both in the local community and abroad. Students will be required to attend a minimum of eight seminar sessions offered throughout the year. Students are evaluated on attendance and participation, as well as small group preparation through readings and discussion prior to scheduled lectures. By the end of this course, the student will be able to demonstrate understanding of the variety of career options in global health (possibly including program and policy development, private practice outreach, community health practice, research, and academics), as well as to demonstrate an understanding of the development of professional relationships in the field of global and community health.

*Prerequisites:* DMD students for credit (all years, as long as there are no pre-existing schedule conflicts), open to AGE students for audit, open to cross-registrants

*Open to Cross Registrants:* Yes

**DH601: Global Oral Health: Interdisciplinary Approaches | Spring 2020 (1/31/2020 - 3/13/2020)**

*Course Director:* Brittany Seymour

*Location:* REB 302

*Meeting Time:* F 9:00 AM - 12:00 PM (7 sessions)

*Credits:* 3

*Format:* Lecture

*Evaluation:* Attendance (25%), Class Preparedness and Participation (35%), and Final Exam (40%)

*Description:*

This is a discussion-based critical thinking course that examines the extensive relationship between oral health and global health, and concept development is heavily determined by class participation. By incorporating the global burden of oral diseases, their risk factors, and solutions into discussions of foundational global health themes, students will begin to define the principles of global oral health as they apply to all oral health practitioners. These include the ways in which global trends such as population growth, rising rates of non-communicable diseases, rapid urbanization, migration, and aging are impacting the current roles and responsibilities of dentists, specialists, and allied health care providers. This course addresses oral

health as integral to primary care through a common risk factor approach for prevention and oral health promotion. Complete health and health equity are not possible without including oral health in global policies and practices, and this course demonstrates how interdisciplinary approaches are necessary through the example of oral health. This course does not fulfill the Oral Biology Core or Basic Science credit requirement.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

### **DH701: Global Health Field Course: Perspectives from Costa Rica | Spring 2020**

*Course Director:* Carlos Faerron Guzmán & B. Seymour

*Location:* TBD

*Meeting Time:* TBD

*Credits:* N/A

*Format:* Workshops, field visits, presentations

*Evaluation:* Attendance (participation, collaboration, contribution) and evidence-based journal

#### *Description:*

Co-created by faculty from HSDM and the InterAmerican Center for Global Health (CISG), this course serves as an extension of DH601 (Global Oral Health: Interdisciplinary Approaches), which is taught as a series of modules within the longitudinal Principles of Oral Health course. Set in rural southern Costa Rica, this unique 1-week extension program will be embedded in some of the pressing grand challenges in the field of global health: achieving universal health care, environmental degradation, migrations and the demographic, nutritional, and epidemiological transition. The program provides students with a broad understanding of health and the social, political, cultural, behavioral and economic forces that influence health access, health outcomes, and health systems.

This program represents an opportunity in which the interaction between the theoretical content and the identification of common factors of health inequities is realized through an immersive experience. Participants will be able to experience the multiple components that determine health, expanding their competencies within an ethically responsible and participatory approach.

*Prerequisites:* Principles of Oral Health (SDM241) OR DH601 OR equivalent

*Open to Cross Registrants:* Yes

### **OB606: Fundamentals of Oral Implantology | Spring 2020**

*Course Directors:* German Gallucci & Adam Hamilton

*Location:* REB Auditorium

*Meeting Time:* Tu 1:00 PM - 3:00 PM

*Credits:* 3

*Format:* Lecture

*Evaluation:* Class participation, final examination

#### *Description:*

This course is designed to expose advanced graduate education students to the multiple basic and clinical concepts relevant to dental implant osseointegration and to bone regeneration. Basic concepts include a review of bone healing, tissue response to biomaterials, review of biomechanics, and systemic conditions that

might affect implant success. Multiple clinical applications of dental implants will be reviewed, as well as the different specialty approaches to bone regeneration. This course does not fulfill the Oral Biology Core or Basic Science credit requirement.

*Prerequisites:* None

*Open to Cross Registrants:* Yes

DRAFT

# Cross-Registration

## General Information

Selection of elective courses should be done in conjunction with the Program Director and should relate to the student's academic and research interests. It is expected that students will take *graduate level courses* to fulfill their elective requirements and will not repeat course work taken as an undergraduate or in dental school. Students can search the Harvard University catalog at: <https://courses.my.harvard.edu/>. This link will allow you to access course descriptions or search for courses at other Harvard schools. Information on credit conversion to HSDM credit is listed next to courses or below each school's list of courses, but should always be verified with HSDM Registrar Services. Further information on the cross-registration, please visit <https://hsdm.harvard.edu/cross-registration>.

Students who cross-register for courses that have not been evaluated by HSDM Registrar Services will receive non-clinical elective credit. NO EXCEPTIONS.

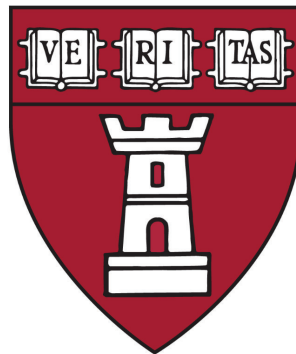
## Basic Science and Education Electives

HSDM degree programs require students to complete either Basic Science or Education electives. Visit <https://hsdm.harvard.edu/electives> for a list of courses that have been previously evaluated for Basic Science and Education credit types. Please consult the Harvard University Catalog for current course offerings and other important cross-registration information.

# **APPENDIX III**

## **HSDM COMPETENCY STATEMENTS**

**FOR  
THE GENERAL DENTIST  
2019-2020**



**HARVARD SCHOOL OF DENTAL MEDICINE**



## INTRODUCTION

This competency document establishes the standards for graduates of the Harvard School of Dental Medicine as they enter the dental profession. These competencies were developed for the new four year D.M.D. program which began in 1994 and have been continuously reviewed and revised since that time. The most current version was reviewed and revised in 2016 by the HSDM Course and Discipline Directors, Senior Tutors and Attending Clinical Faculty.

These competencies are an extension of a primary goal of the Harvard School of Dental Medicine which states that educational programs at the School seek to assure that students have the opportunity to become clinical scholars: skilled, competent, and compassionate clinicians in general dentistry. This document is used as a guide for curriculum development, content, sequence, management and assessment on a continuing basis.

Individual competencies are grouped into several major domains which represent broad areas of professional interdisciplinary activity central to the practice of dentistry as relevant to our mission. These domains guide the structure of the HSDM predoctoral curriculum.

This document is intended to assist our faculty and students as they work to achieve the goals developed from the mission of the School. The competencies are intended to be responsive to change and to reflect dynamic and evolving educational needs and interests of our faculty and students.

## APPENDIX III: HSDM COMPETENCIES FOR THE GENERAL DENTIST

Approved by Curriculum Committee, 2017

### **GENERAL**

#### **1. Critical Thinking**

Graduates must be able to acquire and intellectually process information in a critical and scientific manner.

#### **2. Principles of Research**

Graduates must understand that new knowledge evolves from research. Graduates must be able to evaluate and integrate best research outcomes with clinical expertise to provide care.

#### **3. Self-Assessment**

Graduates must understand that learning is a lifelong process. They must be able to assess their own learning progress and identify areas where improvement is required.

#### **4. Professionalism and Interprofessional Relations**

Graduates must demonstrate appropriate ethical and professional behavior, and must be able to understand their role as part of a team working to provide appropriate oral and systemic health care to the patient.

#### **5. Communication and Interpersonal Skills**

Graduates must be able to communicate and interact within the learning community and with patients.

### **PATIENT CARE**

#### **1. History**

Graduates must be able to collect all clinical, biological, psychological, and social information needed to evaluate the medical and oral condition for patients.

#### **2. Diagnosis**

Graduates must be able to determine by examination the nature, extent, and circumstances of a diseased condition and to develop diagnoses by interpreting and correlating findings from the medical and dental history, clinical and radiographic examination and other diagnostic tests.

#### **3. Treatment Planning**

Graduates must be able to treatment plan for patients and identify problems which should be referred to a specialist.

#### **4. Health Promotion and Disease Prevention**

Graduates must be able to provide care that emphasizes prevention of oral disease and supports the maintenance of existing systemic and dental health.

#### **5. Human Form and Function**

Graduates must be able to provide care to the patient with an understanding of human organ systems.

#### **6. Human Pathophysiology**

Graduates must be able to provide care with an understanding of human disorders.

### **7. The Oral Cavity as a Unique Human System**

Graduates understand that oral health care is part of the overall care of the patient, and that it may manifest conditions in other human systems. Graduates must be able to integrate the findings to the overall care of the patient.

### **8. Restorative and Prosthodontic Therapy**

Graduates must be able to provide restorations for existing teeth and replacements of missing teeth.

### **9. Periodontal, Mucosal and Osseous Therapy**

Graduates must recognize mucosal and soft tissue pathological conditions and treat periodontal disease.

### **10. Endodontic Therapy**

Graduates must be able to recognize and manage pulp and periapical disease of endodontic origin.

### **11. Orthodontic Therapy**

Graduates must be able to diagnose malocclusion and recognize space management needs.

### **12. Surgical Therapy**

Graduates must be able to recognize and manage conditions utilizing excisional or reparative surgical procedures on hard and soft tissues.

### **13. Control of Pain and Anxiety**

Graduates must be able to employ appropriate techniques to manage orofacial discomfort and psychological distress.

### **14. Emergency Care**

Graduates must be able to effectively prevent and manage common dental and medical emergency situations encountered in the general practice of dentistry.

### **15. Outcomes of Comprehensive Care**

Graduates must be able to provide appropriate ongoing comprehensive care to patients, and subsequently assess the treatment outcomes.

### **16. Behavioral Sciences**

Graduates must be able to provide patient-centered care with an understanding of the fundamentals of behavioral sciences and the patient/doctor relationship.

### **17. The Treatment of Special and Diverse Populations**

Graduates must be able to manage patients with social, cultural, and linguistic needs, including patients with mild mental, physical, and/or emotional disabilities.

### **18. Practice Administration**

Graduates must have an understanding of legal and regulatory compliance and risk management necessary to manage a general practice.

### **19. The Community as a Patient**

Graduates must be able to participate in community-based service to improve the oral health of the community at large.

**CRITICAL DATES  
ADVANCED GRADUATE EDUCATION (AGE)  
2019 - 2020**

<b>July</b>	1-3	Orientation and Registration for AGE Students
	4-5	Independence Day observed (Holiday)
	8	Graduate Head and Neck Anatomy course begins
	19	Final Exam for Graduate Head and Neck Anatomy
<b>August</b>	19	Fall AGE Core Courses Begin
<b>September</b>	2	Labor Day (Holiday)
	6	Deadline to add/drop (see <a href="#">Website for details</a> )
<b>October</b>	14	Indigenous Peoples Day (Holiday)
<b>November</b>	11	Veterans Day (Holiday)
	27-29	Thanksgiving Recess
<b>December</b>	20	AGE Fall Courses, Final Exams End
		Last Day of Teaching Practice
	25	Christmas Day
<b>January</b>	1	New Year's Day
	20	Martin Luther King's Birthday (Holiday)
	21	Spring AGE Core Courses Begin
<b>February</b>	7	Deadline to add/drop (see <a href="#">Website for details</a> )
	17	President's Day
<b>April</b>	7	Student Research Day (DMD and AGE Programs)
<b>May</b>	8	Spring AGE Courses, Final Exams End
	25	Memorial Day
	27	Graduate Awards and Recognition Ceremony
	28	Commencement
<b>June</b>	26	Academic Year Ends – Advanced Graduate Education Programs

*A detailed Academic Calendar is available on our Intranet, under [Student Resources](#).*

*Dates are subject to change*

## CRITICAL DATES - DMD PROGRAM 2019 - 2020

<b>July</b>	4-5	Independence Day observed (Holiday)
	29	DMD Year 3 Classes Begin
	29	DMD Year 4 Classes/Rotations Begin
<b>August</b>	5	Year 1 DMD Orientation and Classes Begin
	26	Year 2 DMD Classes Begin
<b>September</b>	2	Labor Day (Holiday)
<b>October</b>	14	Indigenous Peoples Day (Holiday)
<b>November</b>	11	Veterans Day (Holiday) <b>except</b> DMD year 1
	27-29	Thanksgiving Recess
<b>December</b>	20	DMD courses, finals, clinic end
	25	Christmas Day
	31	DMD Year 4 Deadline for Taking NBDE II
<b>January</b>	1	New Year's Day
	6	Classes Resume
	20	Martin Luther King's Birthday (Holiday)
<b>February</b>	17	President's Day
<b>March</b>	2-13	DMD Year 2 Research Weeks
	16-20	DMD Years 3 and 4 Spring Break
	16-4/3	DMD Year 2 Spring Break & NBDE part I
	10-TBC	Soma-Weiss Research Assembly (DMD and AGE)
<b>April</b>	7	Student Research Day (DMD and AGE Programs)
	13-17	DMD Year 1 Spring Break
<b>May</b>	25	Memorial Day
	27	Graduate Award and Recognition Ceremony
	28	Commencement
<b>June</b>	29-7/10	DMD Year 1 Summer Break
<b>July</b>	3	Independence Day (Holiday)
	13-24	DMD Year 3 Ends, Summer Break
	20-24	DMD Year 2 Ends, Summer Break
<b>August</b>	21	DMD Year 1 Classes End

*A detailed Academic Calendar is available on our Intranet, under [Student Resources](#).*

***Dates are subject to change***

AMERICAN DENTAL EDUCATION ASSOCIATION

# **ADEA** Statement on Professionalism in Dental Education

As Approved by the 2009 **ADEA** House of Delegates

AMERICAN DENTAL EDUCATION ASSOCIATION

# ADEA Statement on Professionalism in Dental Education

As Approved by the 2009 ADEA House of Delegates

The American Dental Education Association (ADEA) is committed to developing and sustaining institutional environments within the allied, predoctoral, and postdoctoral dental education community that foster academic integrity and professionalism.

The ADEA Task Force on Professionalism in Dental Education was charged by the ADEA Board of Directors with the development of an ADEA Statement on Professionalism in Dental Education for the dental education community. All seven ADEA Councils endorsed this effort and were represented on the Task Force. Through its work, the Task Force sought to identify and clarify those personal and institutional values and behaviors that support academic integrity and professionalism in dental education and that are aligned with the existing values and codes of the dental, allied dental, and higher education professions.

The Task Force acknowledges and respects that each academic dental education institution has its own unique culture, institutional values, principles and processes, and in some cases, codes of conduct for institutional members. The ADEA Statement on Professionalism in Dental Education is not intended to replace or supersede these codes.

The Task Force hopes that this ADEA Statement on Professionalism in Dental Education stimulates broad discussions about professional behavior in dental education, provides guidance for individual and institutional behavior within dental education, and in so doing supports professionalism across the continuum of dental education and practice.

## VALUES DEFINING PROFESSIONALISM IN DENTAL EDUCATION

The Task Force identified and developed the following six values-based statements defining professionalism in dental education:

<b>Competence</b>	Acquiring and maintaining the high level of special knowledge, technical ability, and professional behavior necessary for the provision of clinical care to patients and for effective functioning in the dental education environment.
<b>Fairness</b>	Demonstrating consistency and even-handedness in dealings with others.
<b>Integrity</b>	Being honest and demonstrating congruence between one's values, words, and actions.
<b>Responsibility</b>	Being accountable for one's actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.
<b>Respect</b>	Honoring the worth of others.
<b>Service-mindedness</b>	Acting for the benefit of the patients and the public we serve, and approaching those served with compassion.

A discussion of each of these values follows and includes a more full definition of each value and a description of the behaviors that enactment of the value requires and to which all members of the dental education community can aspire.

In developing the ADEA Statement on Professionalism in Dental Education, the Task Force sought to align the Statement with existing codes of ethics and conduct within the allied, predoctoral, and postdoctoral dental communities. To illustrate the continuity of these values between the dental education community and the practicing community, the discussion of each value includes a reference to the ethical principles espoused by the American Dental Association (*ADA Principles of Ethics and Code of Professional Conduct*) and the American Student Dental Association (*ASDA Student Code of Ethics*), and the values expressed in the American Dental Hygienists' Association's *Code of Ethics for Dental Hygienists*.

Finally, examples of how the value applies to different constituencies within the dental education community are provided.

## DETAILED DEFINITIONS OF THE SIX VALUES

**Competence:** acquiring and maintaining the high level of special knowledge, technical ability, and professional behavior necessary for the provision of clinical care to patients and for effective functioning in the dental education environment.

Expanded Definition: Encompasses knowledge of oral health care (having acquired the unique knowledge, skills, and abilities required for effective provision of clinical care to patients); knowledge about how people learn and skills for effective pedagogy (including developing curriculum and assessments); knowledge of ethical principles and professional values; lifelong commitment to maintain skills and knowledge; modeling appropriate values as both an educator and a dental professional; developing ability to communicate effectively with patients, peers, colleagues, and other professionals; recognizing the limits of one's own knowledge and skills (knowing when to refer); and recognizing and acting upon the need for collaboration with peers, colleagues, allied professionals, and other health professionals. Includes recognizing the need for new knowledge (supporting biomedical, behavioral, clinical, and educational research) and engaging in evidence-based practice.

Alignment with:

ADA Principles of Ethics: beneficence and nonmaleficence

ADHA Code for Dental Hygienists: beneficence and nonmaleficence

ASDA Student Code of Ethics: nonmaleficence and beneficence

Examples:

1. For students: Learning oral health care is a top priority. Develop the habits and practices of lifelong learning, including self-assessment skills. Accept and respond to fair negative feedback about your performance (recognize when you need to learn). Learn and practice effective communication skills. Know the limits of your knowledge and skills and practice within them; learn when and how to refer.
2. For faculty: Engage in lifelong learning and evaluate and enhance your abilities in this area; model continuous professional development in oral health care and pedagogy. Ensure curricular materials are current and relevant. Model effective interactions with patients, colleagues, and students; accept and respond to constructive criticism about your performance (recognize when you need to learn). Know the limits of your skills and practice within them; model how and when to refer; acknowledge and act on the need for collaboration.
3. For researchers: Generate new knowledge. Engage in lifelong learning and evaluate and enhance your abilities in this area; model continuous professional development. Model effective interactions with patients, colleagues, and students; accept and respond to fair negative feedback about your performance (recognize when you need to learn).
4. For administrators and institutions: Set high standards. Learn and practice effective self-assessment skills; accept and respond to fair negative feedback (recognize the need for institutional learning and address it); acknowledge and act on the need for collaboration. Support the learning needs of all members of the institution and encourage them to pursue lifelong learning.

**Fairness:** demonstrating consistency and even-handedness in dealings with others.

Expanded Definition: Encompasses consideration of how to best distribute benefits and burdens (to each an equal share, to each according to need, to each according to effort, to each according to contribution, to each according to merit<sup>2</sup> are some of the possible considerations); encompasses evenhandedness and consistency; includes setting process standards, striving for just consideration for all parties, ensuring consistency in application of process (following the rules) while recognizing



that different outcomes are possible, transparency of process, and calibration; consistent, reliable, and unbiased evaluation systems; commitment to work for access to oral health care services for underserved populations.

Alignment with:

ADA Principles of Ethics: justice, beneficence, nonmaleficence

ADHA Code for Dental Hygienists: justice and fairness, beneficence, nonmaleficence

ASDA Student Code of Ethics: justice, nonmaleficence and beneficence

Examples:

1. For students: Follow institutional rules and regulations. Promote equal access to learning materials for all students and equal access to care for the public.
2. For faculty: Use appropriate assessment and evaluation methods for students; view situations from multiple perspectives, especially those that require evaluation; provide balanced feedback to students, colleagues, and the institution. Use evidence-based practices. Promote equal access to oral health care.
3. For researchers: Set high standards for the conduct of research and use unbiased processes to assess research outcomes. Generate data to support evidence-based practice and education.
4. For administrators and institutions: Set high standards and ensure fair, unbiased assessment and evaluation processes for all members of the institution, including applicants to educational programs. Ensure that institutional policies and procedures are unbiased and applied consistently; ensure transparency of process. Provide leadership in promoting equal access to care for the public.

**Integrity:** being honest and demonstrating congruence between one's values, words, and actions.

Expanded definition: Encompasses concept of wholeness and unity<sup>3</sup>; congruence between word and deed; representing one's knowledge, skills, abilities, and accomplishments honestly and truthfully; devotion to honesty and truthfulness, keeping one's word, meeting commitments; dedication to finding truth, including honesty with oneself; willingness to lead an examined life; willingness to engage in self-assessment and self-reflection; willingness to acknowledge mistakes; commitment to developing moral insight<sup>3</sup> and moral reasoning skills; recognizing when words, actions, or intentions are in conflict with one's values and conscience<sup>4</sup> and the willingness to take corrective action; dedication and commitment to excellence (requires more than just meeting minimum standards), making a continual conscientious effort to exceed ordinary expectations<sup>1</sup>; encompasses fortitude, the willingness to suffer personal discomfort, inconvenience, or harm for the sake of a moral good<sup>3</sup>.

Alignment with:

ADA Principles of Ethics: beneficence, nonmaleficence, and veracity

ADHA Code for Dental Hygienists: beneficence, nonmaleficence, and veracity

ASDA Student Code of Ethics: nonmaleficence and beneficence, dental student conduct

Examples:

1. For students: Strive for personal and professional excellence. Take examinations honestly; make entries in patients' records honestly.
2. For faculty: Strive for personal and professional excellence in teaching, practice, research, or all of these. Represent your knowledge honestly.
3. For researchers: Strive for personal and professional excellence. Report research outcomes honestly.
4. For administrators and institutions: Strive for personal, professional, and institutional excellence. Use appropriate outcomes measures and acknowledge openly when improvements need to be made. Ensure institutional systems and structures are honest, open, and respectful and do not create undue conflicts.

**Responsibility:** being accountable for one's actions and recognizing and acting upon the special obligations to others that one assumes in joining a profession.

Expanded Definition: Encompasses the concepts of obligation, duty, and accountability; requires an appreciation of the fiduciary relationship (a special relationship of trust) between oral health professionals and patients, and the profession and society. Accountability requires fulfilling the implied contract governing the patient-provider relationship as well as the profession's relationship to society<sup>1</sup>; includes standard setting and management of conflicts of interest or commitment<sup>1</sup> as well as meeting one's commitments and being dependable. It requires striking a morally defensible balance between self-interest<sup>3</sup> and the interest of those who place their trust in us, our patients and society; keeping one's skills and knowledge current and a commitment to lifelong learning; and embracing and engaging in self-regulation of the profession, including peer review and protecting from harm those who place their trust in us.

Alignment with:

ADA Principles of Ethics: beneficence and nonmaleficence

ADHA Code for Dental Hygienists: beneficence and nonmaleficence

ASDA Student Code of Ethics: nonmaleficence and beneficence

Examples:

1. For students: Meet commitments; complete assignments on time; make your learning a top priority. Acknowledge and correct errors; report misconduct and participate in peer review.
2. For faculty: Continuously improve as a teacher; stay current; set high standards. Respect time commitments to others; be available to students when assigned to teach; meet commitments. Acknowledge and correct errors; report and manage conflicts of interest or commitment. Ensure that all patient care provided is in the best interest of the patient; ensure that patient care provided is appropriate and complete; protect students, patients, and society from harm. Report misconduct and participate in peer review.
3. For researchers: Know and practice the rules and regulations for the responsible conduct of research; stay current. Meet commitments; report and manage conflicts of interest or commitment; report scientific misconduct and participate in peer review.
4. For administrators and institutions: Continuously improve as administrators. Use appropriate institutional outcomes assessments and continuously improve institutional systems and processes; acknowledge and correct errors. Report misconduct and support institutional peer review systems.

**Respect:** honoring the worth of others.

Expanded Definition: Encompasses acknowledgment of the autonomy and worth of the individual human being and his/her belief and value system<sup>1</sup>; sensitivity and responsiveness to diversity in patients' culture, age, gender, race, religion, disabilities, and sexual orientation<sup>5</sup>; personal commitment to honor the rights and choices of patients regarding themselves and their oral health care, including obtaining informed consent for care and maintaining patient confidentiality and privacy<sup>1</sup> (derives from our fiduciary relationship with patients); and according the same to colleagues in oral health care and other health professions, students and other learners, institutions, systems, and processes<sup>1</sup>. Includes valuing the contributions of others, interprofessional respect (other health care providers), and intraprofessional respect (allied health care providers); acknowledging the different ways students learn and appreciating developmental levels and differences among learners; includes temperance (maintaining vigilance about protecting persons from inappropriate over- or undertreatment, abandonment, or both<sup>1</sup>) and tolerance.

Alignment with:

ADA Principles of Ethics: autonomy, beneficence and nonmaleficence

ADHA Code for Dental Hygienists: individual autonomy and respect for human beings, beneficence and nonmaleficence

ASDA Student Code of Ethics: patient autonomy and nonmaleficence and beneficence

Examples:

1. For students: Develop a nuanced understanding of the rights and values of patients; protect patients from harm; support patient autonomy; be mindful of patients' time and ensure timeliness in the continuity of patient care. Keep confidences; accept and embrace cultural diversity; learn cross-cultural communication skills; accept and embrace differences. Acknowledge and support the contributions of peers and faculty.
2. For faculty: Model valuing others and their rights, particularly those of patients; protect patients from harm; support patient autonomy. Accept and embrace diversity and difference; model effective cross-cultural communication skills. Acknowledge and support the work and contribution of colleagues; accept, understand, and address the developmental needs of learners. Maintain confidentiality of student records; maintain confidentiality of feedback to students, especially in the presence of patients and peers.
3. For researchers: Protect human research subjects from harm; protect patient autonomy. Accept, understand, and address the developmental needs of learners. Acknowledge and support the work and contributions of colleagues.
4. For administrators and institutions: Recognize and support the rights and values of all members of the institution; acknowledge the value of all members of the institution; accept and embrace cultural diversity and individual difference; model effective cross-cultural communication skills. Support patient autonomy, protect patients from harm, and safeguard privacy; protect vulnerable populations. Create and sustain healthy learning environments; ensure fair institutional processes.

**Service-mindedness:** acting for the benefit of the patients and the public we serve, and approaching those served with compassion.

Expanded Definition: Encompasses beneficence (the obligation to benefit others or to seek their good<sup>4</sup> as well as the primacy of the needs of the patient or the public, those who place their trust in us); the patient's welfare, not self-interest, should guide the actions of oral health care providers. Also includes compassion and empathy; providing compassionate care requires a sincere concern for and interest in humanity and a strong desire to relieve the suffering of others<sup>3</sup>; empathic care requires the ability to understand and appreciate another person's perspectives without losing sight of one's professional role and responsibilities<sup>3</sup>; extends to one's peers and co-workers. The expectation that oral health care providers serve patients and society is based on the autonomy granted to the profession by society. The orientation to service also extends to one's peers and to the profession. Commitment of oral health care providers to serve the profession is required in order for the profession to maintain its autonomy. The orientation to service also extends to encouraging and helping others learn, including patients, peers, and students. Dental education institutions are also expected to serve the oral health needs of society not only by educating oral health care providers, but also by being collaborators in solutions to problems of access to care.

Alignment with:

ADA Principles of Ethics: beneficence and justice

ADHA Code for Dental Hygienists: beneficence, justice and fairness

ASDA Student Code of Ethics: nonmaleficence and beneficence and justice

Examples:

1. For students: Contribute to and support the learning needs of peers and the dental profession. Recognize and act on the primacy of the well-being and the oral health needs of patients and society in all actions; provide compassionate care; support the values of the profession. Volunteer to work for the benefit of patients, society, colleagues, and the profession to improve the oral health of the public.
2. For faculty: Model a sincere concern for students, patients, peers, and humanity in your interactions with all; volunteer to work for the benefit of patients, society, colleagues, and the profession to improve the oral health of the public. Model recognition of the primacy of the needs of the patients and society in the oral health care setting and, at the same time, support the learning needs of students. Contribute to and support the knowledge base of the profession to improve the oral health of the public.

3. For researchers: Generate new knowledge to improve the oral health of the public; contribute to and support the learning needs of students, colleagues, and the dental profession. Model the values of and service to the dental profession and to relevant scientific and research associations; volunteer to serve the public and the profession; engage in peer review.
  4. Administrators and institutions: Recognize and act on opportunities to provide oral health care for underserved populations. Encourage and support all members of the institution in their service activities; provide leadership in modeling service to the profession and the public.
- 

## APPENDIX

### ADEA CODE OF PROFESSIONALISM IN DENTAL EDUCATION TASK FORCE MEMBERSHIP

#### Task Force Chair

Dr. Richard N. Buchanan, Dean, University of Buffalo School of Dental Medicine

#### Representing the Council of Allied Program Directors

Dr. Susan I. Duley, Associate Professor of Dental Hygiene, Clayton State University

#### Representing the Corporate Council

Mr. Daniel W. Perkins, President, AEGIS Communications

#### Representing the Council of Deans

Dr. Cecile A. Feldman, Dean, University of Medicine and Dentistry of New Jersey

#### Representing the Council of Faculties

Dr. Kenneth R. Etzel, Associate Dean, University of Pittsburgh School of Dental Medicine

#### Representing the Council of Hospitals and Advanced Education Programs

Dr. Todd E. Thierer, University of Rochester Eastman, Department of Dentistry

#### Representing the Council of Sections

Dr. Judy Skelton, Associate Professor, University of Kentucky, Division of Dental Public Health

#### Representing the Council of Students

Mr. Matthew MacGinnis, dental student, University of Southern California

#### ADA's Council on Dental Education and Licensure

Dr. Frank A. Maggio, American Dental Association

#### Representing the ADA's Council on Ethics, Bylaws and Judicial Affairs

Dr. David Boden, American Dental Association

#### Representing the Commission on Dental Accreditation

Dr. James R. Cole II

#### Representing the American Student Dental Association

Mr. Michael C. Meru, dental student, University of Southern California

#### At-Large Representatives

Dr. Marilyn Lantz, Associate Dean, University of Michigan School of Dentistry

Dr. Kathleen Roth, ADA Immediate Past President

## References

<sup>1</sup>Stern DT. 2006. Measuring Medical Professionalism. Oxford University Press. New York, pp. 15 – 32.

<sup>2</sup>Beauchamp TL and Childress JF. 1989. Principles of Biomedical Ethics, 3rd Edition, Oxford University Press, New York.

<sup>3</sup>Rule JT and Bebeau MJ. 2005. Dentists Who Care: Inspiring Stories of Professional Commitment. Quintessence Publishing Co, Inc. Chicago, pp. 171-172.

<sup>4</sup>American College of Dentists. Ethics – Core Values & Aspirational Code of Ethics. At <http://www.acd.org/acdethics1.htm>.

<sup>5</sup>Accreditation Council for Graduate Medical Education. Common Program Requirements: General Competencies. At <http://www.acgme.org/outcome/comp/GeneralCompetenciesStandards21307.pdf>.

AMERICAN DENTAL EDUCATION ASSOCIATION

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AMERICAN DENTAL EDUCATION ASSOCIATION

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## APPENDIX VIII

### CONFLICT OF INTEREST

Students must abide by the conflict of interest policies as stated in the *HMS/HSDM Student Handbook*, Section 4.14. These policies apply to all activities, including research toward a degree or research or projects that are part of a 5-year plan. In particular the project cannot be affected adversely by any contractual or other financial obligation of the principal investigator or mentor. Students should check with the Office of Dental Education and the HSDM Office for Research when planning such activities to make sure they are in compliance with School policy.

#### **Policy on Disclosure of Potential Conflicts of Interest Related to the Pharmaceutical Industry and Undergraduate Medical Education**

As stated in the Harvard Medical School Faculty Policy on Conflicts of Interest and Commitment, collaborations with industry have resulted in “bringing new resources to the support of science and facilitating the translation of knowledge from the laboratory to the bedside.” As the HMS Policy also states, however, these relationships can create conflicts, and the “[p]ublic trust in the enterprise of academic medicine and the legitimacy of its powerful role in society require a constant amenability to public scrutiny.” Conflicts of interest in medical education are becoming of increasing concern to our students, our faculty members, and to the public.

Therefore, faculty and students must disclose any financial interests they may have in a pharmaceutical, biotechnology, medical instrument company, or other business which owns or has a contractual relationship to the subject matter being reported or discussed in a presentation, lecture, tutorial, paper, or other teaching exercise or assignment. For example, faculty who have received research support or who have consulted for a pharmaceutical company and whose lecture to students includes a discussion of drugs developed by that company should disclose the association in advance either in the lecture syllabus and/or in an introductory slide; the manner of disclosure will be at the discretion of the course director.

Faculty members and students who have any questions about what to disclose can contact Gretchen Brodnicki, Dean for Faculty and Research Integrity ([gretchen\\_brodnicki@hms.harvard.edu](mailto:gretchen_brodnicki@hms.harvard.edu) or 617-432-2496).

#### **Policy on Access of Pharmaceutical Representatives to HMS Campus**

Pharmaceutical company sales and marketing representatives are not permitted to visit or interact with medical and dental students on the HMS campus, and pharmaceutical company sponsorship of any student events is prohibited. Medical and dental students may not accept any gifts from pharmaceutical companies, and pharmaceutical companies may not provide meals or refreshments for any student function.

# OMBUDS OFFICE

Harvard Medical School  
Harvard Dental School  
Harvard School of Public Health



## Harvard Medical School Authorship Guidelines

### INTRODUCTION

Authorship is an explicit way of assigning responsibility and giving credit for intellectual work. The two are linked. Authorship practices should be judged by how honestly they reflect actual contributions to the final product. Authorship is important to the reputation, academic promotion, and grant support of the individuals involved as well as to the strength and reputation of their institution.

Many institutions, including medical schools and peer-reviewed journals, have established standards for authorship. These standards are similar on basic issues but are changing over time, mainly to take into account the growing proportion of research that is done by teams whose members have highly specialized roles.

In practice, various inducements have fostered authorship practices that fall short of these standards. Junior investigators may believe that including senior colleagues as authors will improve the credibility of their work and its chances of publication, whether or not those colleagues have made substantial intellectual contributions to the work. They may not want to offend their chiefs, who hold substantial power over their employment, research opportunities, and recommendations for jobs and promotion. Senior faculty might wish to be seen as productive researchers even though their other responsibilities prevent them from making direct contributions to their colleagues' work. They may have developed their views of authorship when senior investigators were listed as authors because of their logistic, financial, and administrative support alone.

Disputes sometimes arise about who should be listed as authors of an intellectual product and the order in which they should be listed. When disagreements over authorship arise, they can take a substantial toll on the good will, effectiveness, and reputation of the individuals involved and their academic community. Many such disagreements result from misunderstanding and failed communication among colleagues and might have been prevented by a clear, early understanding of standards for authorship that are shared by the academic community as a whole.

Discussions of authorship in academic medical centers usually concern published reports of original, scientific research. However, the same principles apply to all intellectual products: words or images; in paper or electronic media; whether published or prepared for local use; in scientific disciplines or the humanities; and whether intended for the dissemination of new discoveries and ideas, for published reviews of existing knowledge, or for educational programs.

The Faculty Council of Harvard Medical School has endorsed the following statement. Although authorship practices differ from one setting to another, and individual situations often require judgment, variation in practices should be within these basic guidelines.

### AUTHORSHIP

1. Everyone who is listed as an author should have made a substantial, direct, intellectual contribution to the work. For example (in the case of a research report) they should have contributed to the **conception**, design, analysis and/or interpretation of data. Honorary or guest authorship is not acceptable. Acquisition of funding and provision of technical services, patients, or materials, while they may be essential to the work, are not in themselves sufficient contributions to justify authorship.
2. Everyone who has made substantial intellectual contributions to the work should be an author. Everyone who has made other substantial contributions should be acknowledged.



3. When research is done by teams whose members are highly specialized, individual's contributions and responsibility may be limited to specific aspects of the work.
4. All authors should participate in writing the manuscript by reviewing drafts and approving the final version.
5. One author should take primary responsibility for the work as a whole even if he or she does not have an in-depth understanding of every part of the work.
6. This primary author should assure that all authors meet basic standards for authorship and should prepare a concise, written description of their contributions to the work, which has been approved by all authors. This record should remain with the sponsoring department.

## **ORDER OF AUTHORSHIP**

Many different ways of determining order of authorship exist across disciplines, research groups, and countries. Examples of authorship policies include descending order of contribution, placing the person who took the lead in writing the manuscript or doing the research first and the most experienced contributor last, and alphabetical or random order. While the significance of a particular order may be understood in a given setting, order of authorship has no generally agreed upon meaning.

As a result, it is not possible to interpret from order of authorship the respective contributions of individual authors. Promotion committees, granting agencies, readers, and others who seek to understand how individual authors have contributed to the work should not read into order of authorship their own meaning, which may not be shared by the authors themselves.

1. The authors should decide the order of authorship together.
2. Authors should specify in their manuscript a description of the contributions of each author and how they have assigned the order in which they are listed so that readers can interpret their roles correctly.
3. The primary author should prepare a concise, written description of how order of authorship was decided.

## **IMPLEMENTATION**

1. Research teams should discuss authorship issues frankly early in the course of their work together.
2. Disputes over authorship are best settled at the local level by the authors themselves or the laboratory chief. If local efforts fail, the Faculty of Medicine can assist in resolving grievances through its Ombuds Office.
3. Laboratories, departments, educational programs, and other organizations sponsoring scholarly work should post, and also include in their procedure manuals, both this statement and a description of their own customary ways of deciding who should be an author and the order in which they are listed. They should include authorship policies in their orientation of new members.
4. Authorship should be a component of the research ethics course that is required for all research fellows at Harvard Medical School.
5. These policies should be reviewed periodically because both scientific investigation and authorship practices are changing.

Adopted December 17, 1999

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## PART 1: SUMMARY OF LAWS RELATING TO ALCOHOL

### MASSACHUSETTS LAWS

#### General Restrictions; Sale of Alcoholic Beverages

Massachusetts law defines “alcoholic beverages” as “any liquid intended for human consumption as a beverage and containing one half of one per cent or more of alcohol by volume at sixty degrees Fahrenheit.” One may not manufacture with intent to sell, sell or expose or keep for sale, store, transport, import, or export alcohol or alcoholic beverages without the appropriate license from the local licensing authority or Alcoholic Beverages Control Commission. There are several very limited exceptions to these general requirements. For example, a person over 21 may transport, for his or her personal use, up to 20 gallons of malt beverages, three gallons of any other alcoholic beverage, or one gallon of alcohol, without a permit. Knowingly transporting alcoholic beverages without the required license can result in a fine not to exceed \$2,500 and/or imprisonment not to exceed six months. Persons engaging in the sale of alcohol are also subject to state tax.

Those who hold licenses to sell alcoholic beverages at retail may do so only at the specific physical location that has been licensed, and only during the hours permitted by statute or by the license itself. Retail licensees are further subject to certain regulations of the Alcoholic Beverages Control Commission, commonly known as “Happy Hour” regulations. These prohibit, among other things: free drinks; the delivery of more than two drinks to one person at one time; the sale, offer to sell, or delivery of drinks at a price less than the price regularly charged for such drinks during the same calendar week; the sale, offer to sell, or delivery of an unlimited number of drinks during any set period of time for a fixed price; the sale, offer to sell, or delivery of drinks to any person or group on any one day at prices less than those charged to the general public on that day; the sale, offer to sell, or delivery of malt beverages or mixed drinks by the pitcher except to two or more persons; the increase in the volume of alcohol contained in a drink without increasing proportionately the price regularly charged for such drink; or, the holding or encouraging of any game or contest which involves drinking or the award of drinks as prizes. One is prohibited from selling or delivering alcohol to an already intoxicated person on licensed premises.

A licensee who violates these requirements may, in addition to potential fines and imprisonment that may be imposed, have its license suspended or revoked, and, if the licensee’s operation of its premises is judged to be a nuisance, may also be enjoined from continuing such operation. A licensee may not hire anyone under the age of 18 to handle or sell alcoholic beverages.

#### Sale, Delivery, or Furnishing to Persons under 21; Misrepresentation of Age

It is against the law in Massachusetts for someone under the age of 21 to possess alcohol or to transport or carry it (unless accompanied by a parent or legal guardian or who carry alcohol as part of a job). Persons violating this law are subject to fines and to arrest without a warrant. Violators will have their driver’s licenses suspended for 90 days. All persons, whether or not licensees, are prohibited under Massachusetts law from selling or delivering any alcoholic beverages or alcohol to any person under 21, and from delivering or procuring to be delivered, on

Last revised: June 15, 2011

licensed premises, alcoholic beverages or alcohol to or for the use of a person whom one knows or has reason to believe to be under 21 years of age. The penalty for violating these laws is a fine of not more than \$2,000, imprisonment for not more than one year, or both.

It is also against the law in Massachusetts for persons under 21 years of age to purchase or attempt to purchase alcoholic beverages, or to make arrangements to purchase or procure such beverages. The law prohibits willfully misrepresenting one's age or altering, defacing, or otherwise falsifying identification offered as proof of age, with the intent of purchasing alcoholic beverages. Knowingly making a false statement as to one's own age or to the age of another to procure sale or delivery of alcohol beverages to the underage person, or inducing a person under 21 years of age to make a false statement about his or her age in order to procure a sale or delivery of alcohol to such underage person, also violates the law. These violations are punishable by a fine of \$300. The court will report any convictions to the registrar of motor vehicles, which will suspend the license or right to operate a motor vehicle for 180 days.

Any person who transfers, alters, or defaces a liquor identification card or driver's license, or who makes, uses, carries, sells, or distributes a false identification card or license, or uses the identification card or motor vehicle license of another, or furnishes false information in obtaining such card or license, is guilty of a misdemeanor, punishable by a fine of not more than \$200 or imprisonment for not more than three months.

#### Driving While Under the Influence of Alcohol; Conducting Other Activities While Under the Influence of Alcohol

Anyone, including drivers and passengers, possessing an open container of an alcoholic beverage in the passenger area of any motor vehicle is subject to a fine of not less than \$100 nor more than \$500.

A conviction for driving while under the influence of alcohol may result in fines, imprisonment, mandatory alcohol education or rehabilitation, and revocation of one's license to operate. These penalties grow increasingly severe with each successive conviction. A first conviction may result in a fine of up to \$5,000 and/or imprisonment of up to two and one-half years. Under certain circumstances, a first offender may be placed on probation and assigned to an alcohol rehabilitation program in lieu of such penalties. If a first offender is placed on probation and participates in an alcohol education program, his or her license to operate shall be suspended for no less than 45 days and no more than 90 days, unless such person was under the age of 21 when the offense was committed, in which case his or her license is suspended for 210 days. If a person does not qualify for probation, his or her license is revoked for one year. A second offense carries a fine of not less than \$600 nor more than \$10,000, imprisonment up to two and one-half years with a mandatory 30 days minimum service, and license revocation for two years. A third offense carries a fine of not less than \$1,000 nor more than \$15,000 and imprisonment up to five years with a mandatory 150 days minimum service. A third offense also results in an eight year license revocation. Additional offenses are punishable by even more stringent sanctions. Penalties are increased if, while driving under the influence of alcohol, one operates a motor vehicle negligently or recklessly, resulting in serious bodily injury or death to another person.

Massachusetts law also provides for the suspension and revocation of license if one's

license is suspended in another state or country for driving while under the influence.

Massachusetts law also prohibits conducting a number of other activities under the influence of alcohol, including hunting, and operation of aircraft, motorboats, snow vehicles, or recreational vehicles. These activities are punishable by fines and/or imprisonment. Possession of alcohol on the grounds of a public school is also punishable by fines and/or imprisonment.

#### Miscellaneous Laws

Massachusetts laws also prohibit improper labeling of patient food or medicines containing alcohol, hawking or peddling of alcohol, the sale for consumption of methyl (wood) alcohol, or the providing of alcohol to prisoners, inmates of public institutions, or those committed for treatment of alcohol dependency.

#### LOCAL ORDINANCES

The city ordinances of both Boston and Cambridge prohibit public consumption of alcohol and impose fines for violations of these ordinances. The regulations of Metropolitan District Commission, which has jurisdiction over land along the Charles River, also prohibit public consumption of alcohol. Massachusetts law further provides that one violating ordinances regarding public consumption of alcohol is subject to arrest without a warrant.

#### FEDERAL LAWS

There are federal laws and regulations which govern alcohol-related advertising, taxes, antitrust and unfair competition, importing and exporting, packaging and labeling, and shipping and mailing. Violations of these laws and regulations may result in fines, imprisonment, and loss of licenses or other rights.

## **PART 2: SUMMARY OF LAWS RELATING TO CONTROLLED SUBSTANCES**

### Classification of Drugs

Both Massachusetts and federal statutes classify drugs according to their relative potential for abuse. Criminal penalties for offenses vary according to the classification of drugs (termed “controlled substances”). The Massachusetts statute groups controlled substances into Classes A through E for purposes of specifying criminal penalties; the federal statute groups them into Schedules I through V.

Listed below are Massachusetts and federal classifications of the more widely known controlled substances (this is not meant to be an exhaustive list). Generally, narcotic (addictive) and other drugs subject to a high potential for abuse are listed in class A or B and Schedule I or II. It will be noted that the Massachusetts Controlled Substances Act places marijuana and hallucinogenic substances in lower classifications than does the federal statute for purposes of criminal sanctions.

Heroin	Class A; Schedule I
Morphine	Class A; Schedule II
Lysergic acid diethylamide (LSD)	Class B; Schedule I
Opium poppy, cocaine, codeine, Methadone	Class B; Schedule II
Amphetamine and methamphetamine* (speed)	Class B; Schedule II
Phencyclidine (PCP, “angel dust”)	Class B; Schedule II
Hallucinogenic substances, including dimethoxyamphetamine, peyote, psilocybin (Mexican mushroom), tetrahydrocannabinols (THC, the active ingredient in marijuana)	Class C; Schedule I
Diazepam (valium), chlordiazepoxide (librium)	Class C; Schedule IV
Marijuana	Class D; Schedule I
Barbital, phenobarbital	Class D; Schedule IV
Compounds containing small percentages of codeine, morphine or opium	Class E; Schedule V

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\* Any injectable liquid containing any quantity of methamphetamine is a Schedule II substance.

## Criminal Penalties for Manufacture, Distribution or Possession

Every person who proposes to “manufacture [or] distribute” any controlled substance is required to register with the United States Attorney General and the Massachusetts Commissioner of Public Health. “Manufacture” includes production, preparation, propagation, compounding, conversion or processing of a controlled substance. “Production,” in turn, includes manufacture, planting, cultivation, growing, or harvesting. “Distribute” means “deliver,” i.e., the actual or attempted transfer of a controlled substance. Researchers in controlled substances are also subject to registration requirements. Possession of controlled substances is illegal unless pursuant to a valid prescription or authorized by appropriate registration.

Penalties for manufacture or distribution are greater than those for simple possession. Under the federal statute, however, distribution of a “small amount” of marijuana for “no remuneration” is subject to the lesser penalties provided for simple possession. Both the Massachusetts and federal statutes provide that illegal possession with intent to manufacture or distribute is subject to the same penalties as illegal manufacture or distribution. Generally speaking, illegal possession of relatively large quantities of any controlled substance will be considered possession with intent to distribute.

Under both federal and Massachusetts law, second and subsequent convictions for illegal manufacture, distribution or possession may result in penalties much greater than those for the first conviction.

## Marijuana and Tetrahydrocannabinol (THC) Possession

Under Massachusetts law, possession of one ounce or less of marijuana is a civil offense and carries no criminal sanctions. Offenders over the age of 18 are subject to a \$100 fine and forfeiture of marijuana. Offenders under the age of 18 are subject to a \$100 fine, forfeiture of marijuana, and are required to complete a statutorily defined drug awareness program. For marijuana and THCs, possession includes traditional possession *and* having metabolized marijuana or THC in any tissue or fluid of the human body (e.g., urine, blood, saliva, sweat etc.). Under federal law, possession of marijuana remains a criminal offense.

Although possession of one ounce or less of marijuana is decriminalized, distribution of one ounce or less of marijuana is still subject to criminal penalties. Generally, intent to distribute requires illegal possession of more than one ounce of marijuana, but packaging or other paraphernalia found in conjunction with an ounce or less of marijuana may leave individuals subject to criminal penalties.

## Additional Criminal Penalties Under Massachusetts Law

In Massachusetts, offenses subject to severe punishments include: second or subsequent convictions for manufacture or distribution of Class A, Class B or Class C drugs; illegal manufacture, distribution, or possession of, with intent to manufacture or distribute, phencyclidine (PCP), cocaine, or methamphetamine; “trafficking” in marijuana, cocaine, heroin, morphine or opium (defined as manufacture, distribution, cultivation, possession with intent to manufacture or distribute, or importation into the state of more than 50 pounds of marijuana or 14 grams of cocaine or heroin); distribution or possession with intent to distribute Class A, Class B, or Class C drugs to persons under 18 years of age; and second or subsequent offenses of driving under the influence of alcohol or drugs.

The Massachusetts Controlled Substances Act also provides penalties for being present at a place where it is known heroin is illegally being kept and for being “in the company of” a person whom it is known

illegally possesses heroin. The phrase “in the company of” has been construed by the Supreme Judicial Court to mean “something that smacks of fellowship.” It also must be proven that the defendant knew heroin was present or that his/her companion possessed the drug. For both crimes, the Commonwealth may establish a “prima facie” case, i.e., demonstrate that it is very probable the defendant knew heroin was there, in which event the defendant must establish that he/she did not know of the presence of the drug. As a consequence of this statute, anyone in the presence of heroin at a private party or in a dormitory suite runs the risk of a drug conviction.

Theft of controlled substances is also subject to additional penalties under the Massachusetts statute.

The sale of or possession with intent to sell “drug paraphernalia” is illegal. The definition of “drug paraphernalia” includes all equipment, products, devices and materials used or intended for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packing, repacking, storing, containing, concealing, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of Massachusetts law.

Finally, operation of a motor vehicle under the influence of any drug or intoxicating substance, including liquor, can lead to imprisonment and revocation of one’s license.

#### Additional Criminal Penalties Under Federal Law

Under federal law, offenses subject to severe punishments include: manufacture, distribution, or possession with intent to manufacture or distribute large amounts of certain Schedule I or II drugs, including heroin, cocaine, crack, PCP and LSD (with mandatory life imprisonment for a third conviction); participation in a continuing criminal enterprise; and second or subsequent convictions for importing or exporting large quantities of certain Schedule I and II drugs.

Under the federal Comprehensive Drug Abuse Prevention and Control Act, more commonly known as the Controlled Substances Act, the distribution of *any* controlled substance by a person at least 18 years old to a minor (a person under 21 years of age) is punishable by twice the penalty (for a first offense) or three times the penalty (for a second offense) otherwise provided, and includes a mandatory minimum one year prison term (except for a first offense involving less than 5 grams of marijuana) and mandatory life imprisonment without release for a third conviction. These increased penalties also apply to distribution of any controlled substance in or within 1000 feet of a school, college, playground, or public housing facility, and within 100 feet of a youth center, public swimming pool, or video arcade. This means that drug offenses occurring on or near the campus or involving students may be subject to much greater penalties than would otherwise apply.

Illegal importation or exportation of controlled substances and the use of a communication facility (including mail and telephones) in committing any felony under the Controlled Substances Act are also subject to additional penalties.

The Controlled Substances Act provides special penalties for the crime of being engaged in a “continuing criminal enterprise” to violate the Act. A person is engaged in a “continuing criminal enterprise” if (1) he/she commits a felony under the Act, (2) that felony is undertaken in concert with 5 or more other persons with respect to whom the violator occupies a position of “management,” and (3) the violator obtains substantial income or resources from it. The penalties for committing this crime are very severe.

Federal law provides for greatly heightened prison sentences for manufacture and distribution of Schedule I or II drugs if death or serious bodily injury results from the use of the substance. In addition, as a result of the Anti-Drug Abuse Act of 1988, a person who intentionally kills someone or intentionally causes a killing in the course of manufacturing, distributing, importing or exporting large amounts of certain Schedule I or II drugs or in the course of a continuing criminal enterprise may be sentenced to death. Any person who intentionally kills or causes the intentional killing of a law enforcement official while committing or attempting to avoid apprehension, prosecution, or service of a prison sentence for a federal drug felony also may be sentenced to death.

As well as increasing many of the existing penalties for possession, manufacture, and distribution of controlled substances, the Anti-Drug Abuse Act of 1988 introduced new measures to punish drug offenders. At the discretion of the court, an individual who is convicted of any federal or state offense involving the possession of a controlled substance as defined for purposes of the Controlled Substances Act can be declared ineligible for any or all federal benefits for up to one year from the time of conviction. In the case of a second drug possession conviction, the court may declare the individual ineligible for any or all federal benefits for up to five years. An individual convicted of any federal or state offense consisting of the distribution of controlled substances (“trafficking”) can be declared ineligible for federal benefits for up to five years for a first conviction; up to ten years for a second conviction; and permanently for a third or subsequent conviction. Federal benefits include grants, contracts, loans, professional licenses or commercial licenses provided by an agency of the United States.



# When Drinking is a Problem

*by Maura Valle, UHS Health Educator specializing in Alcohol and Substance Abuse*

In recent months a great deal of media attention has focused on the topic of alcoholism. Many prominent personalities and celebrities have openly acknowledged their problems with alcohol, leading to a larger public discussion of drinking norms and behaviors in America today. News stories raising many questions about alcohol use and abuse, all reflecting varying degrees of accuracy and/or confusion about the subject, have proliferated.

## Basic Facts

Alcoholism is one of the most serious public health problems in the U.S. today. Unfortunately it is one which continues to be misunderstood and misdiagnosed, frequently shrouded in stigma, myth or stereotype.

Some basic facts about alcoholism:

- It is a chronic, progressive and potentially fatal disease. It is not an indication of weak character, lack of willpower, or absence of morals.
- Approximately seven percent of Americans are alcoholic (roughly one in ten drinkers), coming from every socio-economic stratum in our culture.
- It is estimated that one in six American families is affected by the disease - having an alcoholic parent, child or sibling. Children of alcoholics have a four to six times greater risk for developing alcoholism themselves.
- The average alcoholic, according to the National Institute on Alcohol Abuse and Alcoholism, is a man or woman in the mid-thirties with a job, home and family. Less than five percent of alcoholics are found on Skid Row while ninety-five percent are functioning members of society.
- Alcoholism is fully treatable, and there are a number of excellent treatment options available today. Without treatment, the disease is potentially fatal and causes severe consequences for the alcoholic, as well as family members and caring concerned others.

## Recognizing a Problem

How do you know if you or someone you care about is alcoholic? It's important not to get sidetracked by the fear, stigma and inevitable denial surrounding the term "alcoholic." A person may be in the early, middle or even late stages of alcoholism at any age, and perhaps you would rather describe her or him as a "problem drinker." The semantics are not as important as identifying a problem and getting some help.

A good way to begin assessing potential alcoholism is to ask if alcohol use is causing problems in any of the following life areas:

- relationships: family and social life
- work (or school): including impact on income or financial status
- legal problems: e.g. arrest for drunk driving
- health: there are a wide range of potential serious health problems resulting from alcohol abuse, including injuries, gastrointestinal problems, and the long term development of cirrhosis of the liver.

Usually problems will begin in the relationship or work life first, but can emerge in any one or all of the above areas very rapidly and with devastating effect. In some cases problems may develop quite slowly over a period of years.

Another questionnaire developed to aid in assessing alcohol problems is a profoundly simple one, known as the CAGE questionnaire:

- Have you ever felt the need to cut down on your drinking?
- Have you ever felt annoyed by criticisms of your drinking?
- Have you ever had guilty feelings about drinking?
- Have you ever token a morning eye-opener?

A yes response to any two of the above questions can be indicative of a serious drinking problem.

Another particularly dangerous warning sign is blackouts. These are loss of memory, while still conscious and functioning, but drunk. The drinker will not know he or she is in a blackout until afterward, when the person will be unable to remember an entire ..... A blackout can last for hours or days.

### **What to do?**

If you are concerned about your own responses to the above questions or are worried about someone else, it's very important not to deny or rationalize your concerns. You will most likely want to do this. Alcoholism is known as a disease of denial, where frequently (but not always) the alcoholic is the last one to admit it. Do not dismiss or downplay your concerns.

Among family members or friends, this is called enabling — 'a potentially deadly course of action. Enabling really serves to help the person continue dangerous drinking patterns, with all of you ignoring the warning signs. Confronting the drinker in a caring manner about your concerns is the best way not to be an enabler. This is seldom easy to do and you may want to get professional advice first. So, when drinking becomes an issue for you or for a family member, it's important to seek out sources of help and support as soon as possible.

### **Getting Help**

If you are wondering about your own drinking patterns, and concerned that you might have a problem or you're just not sure -there are a wide range of resources in the Harvard community to help you assess your situation and decide what you want to do about it.

If you have further questions or want more information you can call Maura Valle.-UHS Health Educator, at 498 9629 for a confidential discussion or appointment. The Faculty and Staff Assistance Program at 498 HELP is also available to provide resources and referral on a strictly confidential basis.

There are Alcoholics Anonymous meetings in at least three Cambridge locations (including some on campus) every day of the week. You can call the Health Education Office for a listing of these. Also, the Greater Boston and surrounding Eastern Massachusetts area has over one hundred different meetings daily.

You do not have to be an alcoholic to attend an "open" AA meeting. Many of the meetings are just this - meaning open to the public. Attending a few AA meetings will give you a wealth of information about alcoholism. It's a good idea to go to more than one meeting for a broader perspective. This will also help you to assess your own status.

You can call the AA Central Services in Boston at 617-420-9444 from 9am to 9pm daily. They will tell you about AA meetings near your home or work, and which ones are open to all or are "closed, for alcoholics only". AA has a tremendous success rate at helping alcoholics'. Well over one million members are in recovery today in the U.S.

Another important option for evaluation and referral is your doctor. The medical staff at UHS or your own primary care provider or HMO will make confidential assessment and recommendations for treatment. You will be referred to the appropriate treatment program if necessary.

You may want to see a mental health professional. Depending on your insurance, you can directly make an appointment at the UHS Mental Health Services, or arrange for a referral through your physician or HMO.

Alcoholism is known as a family disease, deeply affecting everyone involved. Family members and others close to an alcoholic need a tremendous amount of support. All of the above resources are available to people concerned about a problem drinker. Maura Valle, Health Educator, 498-9824, can offer suggestions to help you begin to build a support network.

Al-anon meetings are for people whose lives have been affected by close contact with a problem drinker. There are meetings on the Harvard campus as well as all over the greater Boston area daily. Call 843-B300 for specific details.

Alcoholism is a devastating and painful disease. Left untreated it grows progressively worse over time. Admitting that you are alcoholic or that a family member has the disease may be one of the hardest things you ever do. But with treatment and in recovery alcoholics and their families can go on to lead exceptionally rich, satisfying and perfectly normal lives.

## MASSACHUSETTS ANTI-HAZING STATUTE

Students are advised that Massachusetts law expressly prohibits any form of hazing in connection with initiation into a student organization. The relevant statutes are provided below. The law applies to all student groups, whether or not officially recognized, and to practices conducted both on- and off-campus. *Each student organization must file with the Office of Dental Education “an attested acknowledgment that such organization understands and agrees to comply with these provisions” that has been signed by the head of the student organization.*

The term “hazing,” under Massachusetts law, means: “any conduct or method of initiation... which willfully or recklessly endangers the physical or mental health of any student or other person.” The definition specifically includes “whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity which is likely to adversely affect the physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation.” [Massachusetts General Laws, c. 269 § 17] Notwithstanding any other provisions of this section to the contrary, consent shall not be available as a defense to any prosecution under this action. The failure to report hazing also is illegal, under Massachusetts law.

Hazing is a crime punishable by fine and/or imprisonment. The Dental School will consider all reports of hazing, taking disciplinary action in appropriate cases, and will report confirmed incidents to appropriate law enforcement officials. If you have any questions about the hazing law or have concerns about an incident you have witnessed, please contact the Office of Dental Education at Harvard School of Dental Medicine.

### Massachusetts Hazing Statute

Section 17. Whoever is a principal organizer or participant in the crime of hazing, as defined herein, shall be punished by a fine of not more than three thousand dollars or by imprisonment in a house of correction for not more than one year, or both such fine and imprisonment.

The term “hazing” as used in this section and in sections eighteen and nineteen, shall mean any conduct or method of initiation into any student organization, whether on public or private property, which willfully or recklessly endangers the physical or mental health of any student or other person. Such conduct shall include whipping, beating, branding, forced calisthenics, exposure to the weather, forced consumption of any food, liquor, beverage, drug or other substance, or any other brutal treatment or forced physical activity which is likely to adversely affect the physical health or safety of any such student or other person, or which subjects such student or other person to extreme mental stress, including extended deprivation of sleep or rest or extended isolation.

Notwithstanding any other provisions of this section to the contrary, consent shall not be available as a defense to any prosecution under this action.

Section 18. Whoever knows that another person is the victim of hazing as defined in section seventeen and is at the scene of such crime shall, to the extent that such person can do so without danger or peril to himself or others, report such crime to an appropriate law enforcement official as soon as reasonably practicable. Whoever fails to report such crime shall be punished by a fine of not more than one thousand dollars.

Section 19. Each institution of secondary education and each public and private institution of post secondary education shall issue to every student group, student team or student organization which is part of such institution or is recognized by the institution or permitted by the institution to use its name or facilities or is known by the institution to exist as an unaffiliated student group, student team or student organization, a copy of this section and sections seventeen and eighteen; provided, however, that an institution's compliance with this section's requirements that an institution issue copies of this section and sections seventeen and eighteen to unaffiliated student groups, teams or organizations shall not constitute evidence of the institution's recognition or endorsement of said unaffiliated student groups, teams or organizations.

Each such group, team or organization shall distribute a copy of this section and sections seventeen and eighteen to each of its members, plebes, pledges or applicants for membership. It shall be the duty of each such group, team or organization, acting through its designated officer, to deliver annually, to the institution an attested acknowledgement stating that such group, team or organization has received a copy of this section and said sections seventeen and eighteen, that each of its members, plebes, pledges, or applicants has received a copy of sections seventeen and eighteen, and that such group, team or organization understands and agrees to comply with the provisions of this section and sections seventeen and eighteen.

Each institution of secondary education and each public or private institution of post secondary education shall, at least annually, before or at the start of enrollment, deliver to each person who enrolls as a full time student in such institution a copy of this section and sections seventeen and eighteen.

Each institution of secondary education and each public or private institution of post secondary education shall file, at least annually, a report with the board of higher education and in the case of secondary institutions, the board of education, certifying that such institution has complied with its responsibility to inform student groups, teams or organizations and to notify each full time student enrolled by it of the provisions of this section and sections seventeen and eighteen and also certifying that said institution has adopted a disciplinary policy with regard to the organizers and participants of hazing, and that such policy has been set forth with appropriate emphasis in the student handbook or similar means of communicating the institution's policies to its students. The board of higher education and, in the case of secondary institutions, the board of education shall promulgate regulations governing the content and frequency of such reports, and shall forthwith report to the attorney general any such institution which fails to make such report.

Massachusetts General Laws, c. 269 § 17, 18 and 19.

# Policy for the Safety & Protection of Minors

## Policy Statement

Harvard University is committed to providing a safe environment for everyone on its campuses and in its programs. This includes the thousands of minors who participate in programs and activities both on and off campus. Members of the Harvard community who interact with minors in any official capacity are expected to foster and maintain an appropriate and secure environment for minors.

Any student or student group who plans to set up programming at HSDM involving interaction with minors must contact Carrie Sylven, Director of Student Affairs to learn more about the necessary procedures.

Additional information regarding the reason for policy, entities/individuals covered by this policy, key definitions and procedures, please visit this website:

<http://youthprotection.harvard.edu/policy>

For guidelines for interacting with minors, please visit this website:

[http://youthprotection.harvard.edu/files/minors/files/guidelines\\_for\\_interacting\\_with\\_minors\\_final\\_020915.pdf](http://youthprotection.harvard.edu/files/minors/files/guidelines_for_interacting_with_minors_final_020915.pdf)

To report abuse and inappropriate activity involving minors, please visit this website:

[http://youthprotection.harvard.edu/files/minors/files/reporting\\_abuse\\_and\\_inappropriate\\_activity\\_involving\\_minors\\_final\\_020915.pdf](http://youthprotection.harvard.edu/files/minors/files/reporting_abuse_and_inappropriate_activity_involving_minors_final_020915.pdf)

# Harvard School of Dental Medicine Policy on Children in the Workplace

## Revision History:

Effective Date	Section	Details of Change
11/1/14	All	Initial Release
6/16/15	All	Reviewed and Updated

This policy applies to those circumstances involving children that come into the workplace outside of a formal arrangement, such as work, an internship or an educational program. With formal arrangements, please refer to the [University policy on minors at Harvard](#). For informal arrangements that arise, please follow the policy below.

### 1. Introduction

Children should not be on the premises at the Harvard School of Dental Medicine (HSDM) during working hours, after hours or on weekends with the exception of special circumstances, noted below. This policy is established to avoid disruptions in workplace, promote a safe and secure working environment, and help maintain a professional environment at HSDM.

### 2. Scope

This policy applies to the entire HSDM Workforce -- all HSDM faculty, staff and students. Non-compliance with this policy may be addressed through administrative/academic policies applicable to an individual.

### 3. Policy

For the safety and welfare of all concerned, children under the age of 18 are not to accompany HSDM workforce member to the workplace with the exception of special circumstances, as noted below. Children are expressly prohibited from entering areas that contain hazardous materials or equipment (i.e. the clinic or laboratories).

#### 3.1 Emergencies

Understandably, emergencies do arise, where a child may be too ill to attend school or day care, or your child's school may be closed due to inclement weather or a scheduled holiday. In such circumstances, the workforce member is asked to make other day care arrangements for their child, or use appropriate paid time off, if applicable and available, or request a temporary flexible / remote work arrangement through a supervisor.

#### 3.2 HSDM Sponsored Events

Children's visits are allowed, and strongly encouraged, during HSDM sponsored events where supervised childcare is provided (e.g., "Take Your Child to Work Day"). Notices of such events will expressly indicate children are welcomed. Such programs may also fall under the University policy on minors at Harvard.

#### 3.3 Visits

Children of workforce members may be allowed in the workplace for brief visits, generally no longer than one hour, provided: (1) the workforce member has the prior approval of the department head (the department head has the authority to approve or deny a request for a visit); (2) the child remains under parental supervision, within sight and sound of the parent, at all times; (3) the child's presence does not disrupt the work or school environment; and (4) the child is not ill.

#### **4. Additional Resources**

Workforce members are encouraged to seek out additional resources offered to the Harvard Community and can also find resources on HARVie

at: [http://harvie.harvard.edu/Work\\_Life\\_Balance/Caring\\_for\\_Children](http://harvie.harvard.edu/Work_Life_Balance/Caring_for_Children)

or please call the Harvard Longwood Campus Office of Work and Family at 617-432-1048.

#### **5. Who to Contact**

If you have any questions about this policy or about bringing your child to the workplace, faculty and staff should contact their supervisor or the Office of Human Resources, while students should contact the Office of Dental Education.