Meeting Synopsis:

1. Call to order
2. Review of the minutes from November 17th, 2017
3. Chair’s report
4. Language for what can (and cannot) be used for admission of matriculated students
5. Language and Best Practices for the Medical Excuse Note policy
6. Good of the order
7. Adjourn

1) Call to order

Stroup called the meeting to order at 1:30 p.m.

2) Review of the minutes from November 17th, 2017

The minutes from November 17th, 2017 were approved as written.

3) Chair’s report

Stroup reported the FCAS Policy on C (composition) Course Proposals was recently approved by electronic vote and will be placed on the FCAS policy online page. Tina Miller (Senior Associate Registrar and Chief Residency Officer) commented these types of FCAS policies are routinely linked to on the Curriculum Office website, and the same will be done for the new Policy.

_CSE admissions model shift_

Stroup reported an initial review of the 1503 form (program change/creation) for the Computer Science & Engineering (CSE) shift to direct-to-major enrollment model has begun in the Subcommittee on Admissions and Programs (SCAP) and a dialogue with the unit has also been started. The proposal is still expected to be approved in spring, 2018, with implementation planned for fall quarter, 2019.

_College of Arts and Sciences admission model shift_

Stroup explained shifts in student enrollment practices/models are becoming increasingly prominent at the university – beginning with the 2016-2017 College of Engineering (CoE) direct-to-college (DTC) admissions proposal (approved by FCAS). The College of Arts and Sciences is currently working on a proposal for a direct-to-division enrollment model for freshman students. Members noted the shift represents a positive change for the university, as students will have greater clarity and transparency while making enrollment decisions under direct-admit enrollment models.
There was more discussion of the pending enrollment shift proposal from the College of Arts and Sciences. It was clarified the College of Arts and Sciences includes 40 individual units that will have to submit individual 1503s (in order to implement a new admissions model college-wide).

There was some discussion of the principles guiding the change within the College of Arts and Sciences. A member recommended FCAS deliberate the principles as a formal agenda item in a future meeting. Ballinger (president’s designee) provided some relevant information based on student enrollment/application trend data from 2008 to the present. Trends show that freshman student applications for STEM-related fields have grown considerably since 2008. Additional data suggests today’s freshman students tend to consider what they will study at university much earlier and with greater preparation than in years prior (i.e. students are not coming to a university to “explore” academic fields as much as they did in the past). Capacity-related constraints in UW’s most popular academic programs make direct admit enrollment models attractive, as students have an earlier indication of if they will accepted to study in a certain department/major. It was concluded the UW needs to increase its efforts relating to enrollment management.

Class B legislation on Interdisciplinary Concentration

Stroup explained FCAS Class B legislation on Interdisciplinary Concentration was scheduled to be deliberated in a recent Faculty Senate meeting but the item was tabled as the presenter had a conflict and could no longer be present in the meeting. She noted she would update on the status of the legislation as the plan for its deliberation in the Faculty Senate evolves.

FCAS representative on Graduate School Taskforce

Stroup asked for an FCAS representative to sit on a taskforce that will deliberate UW Graduate School academic program development and associated procedures. Brock volunteered to join the taskforce as the representative of FCAS.

4) Language for what can (and cannot) be used for admission of matriculated students

Stroup noted she would like the council to review draft revisions for the recently-adopted (summer 2017) FCAS Policy on the Use of Residency Status for Admission of Native Students to Capacity Constrained Majors or Programs (Exhibit 1). She noted that revisions were developed in the October FCAS meeting, but never formally approved, and a discussion should also be held of new language to be potentially added.

The Policy was displayed; members considered several additional residency categories that might be included. Ultimately, the Policy title was amended to become “Faculty Council on Academic Standards (FCAS) Policy on the Use of Residency Status for Admission of UW Matriculated Students to Majors or Programs,” and small grammatical edits were made to the language to bolster clarity.

The Policy was revised and approved by majority vote (Exhibit 1).

5) Language and Best Practices for the Medical Excuse Note policy
Stroup recalled there was a presentation in the previous FCAS meeting by chair of Faculty Council on Student Affairs, Chris Laws, and Director of the Hall Health Center, Mark Jenkins, concerning the need for a Medical Excuse Note Policy to be developed at the UW. In that meeting, FCAS was generally supportive of developing a policy, but details relating to what a policy should include and where it will be housed still need to be defined.

Corbett recommended an FCAS taskforce be created to craft initial language for the policy, which was agreed to. Members noted the taskforce should use the policies developed at other universities to inform the effort (available in a handout from the last meeting) (Exhibit 2). It was noted support for faculty under a system wherein student medical excuse notes are completely disallowed needs to be hashed out. Members remarked faculty should be provided with some options for responding to student absences/need for accommodations under the proposed policy.

Membership was defined for the small taskforce; it was noted faculty members and students (both graduate and undergraduate), chair of FCSA, Chris Laws, and University Registrar, Helen Garrett, should be included as base membership. Sahr and Corbett also volunteered to participate on the taskforce.

There was some additional discussion. A member explained she expects pushback from UW faculty on a policy that declares the UW a “no-note” university. Another member noted he had explained the negative impact that requiring medical excuse notes is having on the Hall Health Center to his faculty colleagues who agreed such a policy should be developed.

A member recommended the policy be ratified as legislation that passes through the Faculty Senate, and that it be jointly-sponsored by the FCSA.

It was decided the taskforce would create an initial draft of the policy – as well as ideas for an implementation pathway – and bring these elements back to FCAS for a discussion in a future meeting. A draft timeline was developed for this work, with the goal that the policy be developed by the end of January, 2018. It was agreed whatever implementation pathway is chosen, FCAS should seek endorsement by the FCSA for any policy developed.

6) Good of the order

Nothing was stated.

7) Adjourn

Stroup adjourned the meeting at 3:00 p.m.

Minutes by Joey Burgess, jmbg@uw.edu, council support analyst

Present: Faculty: Phil Brock, Dan Ratner, D. Shores, Sarah Stroup (chair), Zhi Lin, Mike Lockwood, John Sahr
Ex-officio reps: Jennifer Payne, Navid Azodi, Robin Neal, Meera Roy
President’s designee: Philip Ballinger
Guests: Janice DeCosmo, Robert Corbett, Helen Garrett, Emily Leggio, Tina Miller

Absent: Faculty: Daniel Enquobahrie, Champak Chatterjee, Lynn Dietrich, Ann Huppert, Radhika Govindrajan
Ex-officio reps: Conor Casey

Exhibits
Exhibit 1 – FCAS Residency and Admission Protocol_draftrevisions_120117
Exhibit 2 – excuse notes.2017
Faculty Council on Academic Standards (FCAS) Policy on the Use of Residency Status for Admission of Native UW Matriculated Students to Capacity-Constrained Majors or Programs.

Residency status (e.g., WA State; Domestic Non-Resident; International) of UW matriculated students shall not be used as a criterion for admission to capacity-constrained majors or programs.
Medical Excuse Notes.

Routinely requiring students to obtain medical excuse notes is a process that provides little or no value and has unintended, adverse consequences — for the student, the University, and Hall Health. The providers at Hall Health want to help students with their health needs. However, students who are at Hall Health purely to obtain a document regarding illness have been pressured into entering into a provider-patient relationship, without a true medical need. The problems that stem from this are listed below.

Access — Hall Health is often (over) filled to capacity. Students who don’t really want to be a patient are diminishing access for those who do have a medical need to seek care, and wish to be seen.

Resources — Health care resources are expensive. Overconsumption to generate excuse notes is wasteful.

Financial – Students who are uninsured/underinsured are at a financial disadvantage when seeking medical care. Policies that require a student to seek care for an administrative reason place a financial burden on these students.

Safety — Students who see a provider to get a note have a specific objective: get the note. There is pressure to make sure that the symptoms are described in such a way that the provider will generate a note. Exaggeration of symptoms leads to testing or procedures that have risk, and patients may be harmed as a result. The risk/benefit ratio in these cases is extreme.

Education — The academic relationship between faculty and students belongs in the classroom. Faculty are in the best position to judge academic performance by students. As students develop and prepare for their careers later in life, they should experience an environment that reflects the realities that will be experienced after graduation. Additionally, at Hall Health we want to promote responsible self-care for minor ailments and health concerns. We feel that this is an important educational component that encourages self-reliance and resilience.

Unrealistic expectation of provider-patient relationship — Lacking omniscience, a provider must rely on the patient’s description of the symptoms. Sometimes this is after the illness has already resolved. Providers are trained to be advocates for their patients and so a note will be generated almost 100% of the time. Thus, requiring a student to obtain a medical excuse note has no value.

A restricted medical excuse note policy promotes access, encourages appropriate use of limited resources, promotes patient safety, does not place an unfair financial burden on students, and is in alignment with a holistic educational experience. Of note is that restricting routine medical excuse notes does not have any bearing on documentation needed for disability, hardship, or other significant circumstances.

Examples:
Emory
http://studenthealth.emory.edu/hs/services/excuse_notes.html
Emory students are responsible for notifying professors or instructors of absences caused by illness or injury. EUSHCS providers do not write medical excuses for missed classes or examinations. Of course, EUSHCS healthcare providers can supply the necessary documentation for extended illnesses or injuries, including those necessitating medical withdrawal from classes.

Revised 5/6/2014

Rice University

Excuse Note Policy

Our Policy

Student Health utilizes a "No Note" policy. **We do not issue medical excuse notes for academic deficiencies.** In the event of illness or injury that is expected to result in significant academic disruption, the student is advised to contact his or her professor(s) as soon as possible to notify them of the anticipated delinquency. Whether the disruption is a missed test, a late assignment, or absence from class, early notification of the professor is very important.

Why we do this

This well-received and successful policy was adopted in 1998 for several reasons:

- First and foremost is the highly regarded Honor System at Rice. Feigning illness is a form of cheating. An ill student is the only one to be able to determine if they are too ill to fulfill expected academic responsibilities. The student must honestly decide whether or not they can do their work and take responsibility for this.
- Furthermore, the academic relationship between the student and professor must remain in the classroom. The professor is in the best position to know the student and to judge the student's academic performance. The physicians at Student Health are not able to function as independent--and omniscient--arbitrators regarding whether a student feels too ill to do their work.
- An additional consideration is appropriate utilization of limited healthcare resources. A student should not be required to seek medical care solely for the purposes of obtaining an excuse note.

Exceptions

We recognize that unusual or extenuating circumstances do occur so there are exceptions to our "No Note" policy. If a professor requests a medical excuse note in writing (e-mail or campus mail) and the student has given permission, then a physician at Student Health will generate an appropriate reply. We ask that professors only do this for unusual circumstances.

In cases of medical conditions causing severe academic disruption (e.g., withdrawal from school, taking incompletes, or dropping classes) appropriate documentation will be furnished to the Committee on Examinations and Standings if requested by the student. In all cases strict patient confidentiality will be followed.

USC

https://engemannshc.usc.edu/about/frequently-asked-questions/

**Will I be able to get an excuse note for class?**

Written excuses regarding the legitimacy of injury or illness-related absence from class or examinations are not issued by the Engemann Student Health Center. Instructors may, with a student's written consent, contact the student's clinician for consultation regarding the absence. For the instructor to call, the student must fill out the **Authorization for Disclosure of Medical Information** and turn the form into the Student Health Information Management after the appointment.
The University Health Center does not routinely provide excuses for students who miss class due to illness or injury. Students who need to miss class due to illness/injury are encouraged by Academic Advising and by the University Health Center to notify their faculty that they are ill or injured and unable to attend (and follow the directions provided by the faculty member on the course syllabus.) It is the purview of the faculty to determine when or if a student will be excused from class.

This policy is consistent with our commitment to maintain confidentiality, encourage more appropriate use of health care resources, and support meaningful dialogue between teacher and student. Students are responsible for promptly notifying instructors about absences caused by illness or injury, preferably prior to the class time rather than after the class time.

We encourage faculty members to have the appropriate conversation with the student that allows the student to represent the situation to the faculty member. These are conversations that students will need to have with their bosses or supervisors in the future. The University encourages these conversations between faculty and students as a step toward adult independence in such matters -- the conversation that identifies how the student can fulfill their academic responsibilities and continue their academic efforts and achievements, while working around their illness.

Advice from Academic Advising and Sample Letter to faculty:

http://www.uoregon.edu/~aass/documents/ManagingYourHealthSituation.pdf

Students with serious illness or significant disability can request that medical staff place a letter detailing the condition in their medical record for access by Academic Advising. Students who wish to request a withdrawal from a class or from the University need to follow the rules set forth by the University. For those who are in the midst of a serious or lengthy absence and cannot act on their own behalf, please contact the Office of Academic Advising (541-346-3211).

It is important for students to learn self-management of colds, flus, other minor illnesses and minor injuries. Most of these simple illnesses or injuries do not require medical attention. Legitimate reasons to stay home with viral illness include decreasing viral exposures to others in the university community and recuperation. Coping skills that are developed as an undergraduate will help students in graduate school and in the world of work. Health Center staff have no special knowledge, equipment or intuition which tells us how long the student needs to be out, or what impact the illness makes on the student. Illness varies greatly among individuals. Conversations between students and faculty should identify how the student can work around the illness to best continue their academic efforts and achievements.
UNIVERSITY HEALTH CENTER • Appointments & After Hours Nurse: 541-346-2770

Web: http://healthcenter.uoregon.edu

An equal opportunity, affirmative action institution committed to cultural diversity Documenting Student Illness/JMS/5-10-10

University of Oregon
https://healthcenter.uoregon.edu/LinkClick.aspx?fileticket=psI7GmvQsI0%3d&tabid=41&mid=399

Rice University

Washington University (St. Louis)
https://shs.wustl.edu/Documents/Attendance_Verification_Form_rev_1006.pdf

University of Iowa
http://studenthealth.uiowa.edu/health-answers/illness/class-excuse-policy/

Sonoma State University
https://www.sonoma.edu/shc/consumer-information/medical-excuse-notes.html

And, of course, one has to admire the cottage industry…. http://www.bestfakedoctorsnotes.net

For the last four years, we’ve collected dozens of real medical excuse notes from across the United States, Canada and Europe. We’ve studied them thoroughly, and we’ve painstakingly modeled a series of notes based closely upon them. As a result, we’ve been called ‘the best doctor’s excuse provider anywhere on the internet’.
Get Instant Access to the Internet's Only Legit Collection of Printable Fake Doctor's Notes

Closely Modeled After Our Collection of Real Doctor's Notes --- So Realistic That They're Guaranteed to Work in Minutes... Or 100% of Your Money Back... No Questions Asked