

Senate Council Discussion - March 27, 2017
Community of Concern - Student Involuntary Medical Leave

- The language should be clarified to explain what, exactly, “self-care” refers to. [Revised.](#)
- As written, a student cannot appeal an involuntary medical leave unless new evidence is available. What if the problem was procedural? [Added.](#)
- Can the Community of Concern force a student to go through a medical or pharmacological treatment that the student does not wish to participate in? [No, but if the student declines, they may be subjected to an Involuntary Medical Withdrawal depending on their behavior.](#)
- The language is too broad and phrases that refer to ‘endangering the public health’ could be applied to a student with the flu who came to class. [Clarified.](#)
- The references in the involuntary medical leave document to “intervention plan” sound a lot like medical treatment, which is not appropriate for UK. Something like an “intervention plan” should be better described. [“Structured Intervention Plan” is fully described in section IV, of the Community of Concern AR. In other areas we use “intervention actions”.](#)
- The language regarding the deadline for a request to return to campus (after an involuntary medical leave) and the “applicable registration window” should be clarified. Is the intent that if a student misses this particular deadline, the student can submit their application for any subsequent applicable registration window? [Clarified.](#)
- The involuntary medical leave document should make it clearer that it is an extraordinary activity, not routine, and that a decision to proceed on the part of the University will be made only after an evaluation by a forensic psychiatrist. [Added language that Involuntary Withdrawal is extraordinary. A mandatory forensic psychiatrist evaluation may not be appropriate or necessary for every case. This needs to be determined on a case by case basis.](#)
- SC members expressed support for the suggestion to separate the existing draft Administrative Regulation (AR) into two separate documents, one for the Community of Concern and one for involuntary medical leaves. [Done](#)
- In the involuntary medical leave document, VII.C gives the associate provost for student and academic life broad powers to determine if a student should be removed from campus immediately. Further down in VII.E, however, it appears that a committee will review all involuntary medical leaves – it is not clear who has what authority. [Clarify that the APSAL authority for immediate removal is pursuant to the Student Code vs. the Involuntary Medical Withdrawal process.](#)
- If a forensic psychiatrist’s opinion is the basis for proceeding with an involuntary medical leave, it would make sense to have a forensic psychiatrist’s opinion serve as the basis for allowing a student to return. [This is appropriate in some cases, but needs to be determined on a case by case basis.](#)