This is an exciting time to be in medicine. Advances in the sciences basic to the study and practice of medicine are moving at an absolutely incredible pace. These developments improve our understanding of disease as well as enhance potential treatment options. The School of Medicine at Oregon Health & Science University is committed to preparing physicians in a collegial environment that is filled with faculty who are at the forefront of scientific (basic and clinical) and educational advances.

OHSU has a long history of being on the cutting edge of innovation in medical education. Our interdisciplinary format of teaching in the first two years of medical school facilitates not only the acquisition of basic science knowledge, but also the application of this knowledge in clinical settings. We are dedicated to your medical school training and want to ensure that you will have the knowledge, skills, attitudes, and values that will be necessary to practice medicine in the year 2020 and beyond. You will be given the opportunity to gain not only medical knowledge and skills, but also to engage in self-reflection and self-assessment in an effort to help you identify areas of strength and weakness. This type of self-assessment will lead to improved life-long learning as well as enhanced patient care.

Collaboration is central to future generations of health care professionals. With this in mind, interprofessional education is another important aspect of medical education. We strive to provide our students with a range of learning experiences that promote knowledge of working in interprofessional teams. We anticipate that all of you will serve in leadership roles in your chosen area of expertise, whether that is in a rural Oregon community, in an academic health center, or in a large inter-specialty practice setting.

OHSU School of Medicine: Where healing, teaching and discovery come together.

Office of Education & Student Affairs, L102
Oregon Health & Science University School of Medicine
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098
Ph 503-494-8228
Fax 503-494-3400

Please note that information contained herein may be, and probably will be, changed during the course of any academic year. The OHSU School of Medicine or specific SOM program reserves the right to make changes including, but not limited to, changes in policies, fees, tuition, course offerings and requirements. This document should not be constructed in any way as forming the basis of a contract.
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School of Medicine Mission Statement

It is the mission of the School of Medicine to enhance human health through programs of excellence in education, research, health care and public service to the larger community including underserved populations. In achieving these goals, the Oregon Health & Science University (OHSU) School of Medicine seeks to establish an educational environment that challenges its students to strive for academic excellence and fosters the development of compassion, humanism, professionalism, and cultural competence in the care of patients from their first days in the classroom to their final rotation in the hospitals and clinics. A fundamental priority throughout OHSU is to enable each student to fulfill his or her potential as a human being and as a health care professional while effectively meeting the health-related needs of the multiple communities he or she will serve.

OHSU General Information

The University of Oregon Medical School was established by a charter from the Board of Regents of the University of Oregon in 1887. As schools and facilities were added over the decades, the name went through several iterations before becoming Oregon Health & Science University (OHSU) in 2001. OHSU occupies 7 million square feet on 420 acres, including the Marquam Hill, Schnitzer and West campuses and the South Waterfront Central District. The Marquam Hill campus includes 118 acres and 36 major buildings overlooking the city of Portland, and connected to the South Waterfront by the Portland Aerial Tram. Physical facilities on the hill include advanced laboratories and scientific equipment which supported the Vollum Institute, Center for Research on Occupation and Environmental Toxicology, the LEED silver-certified Biomedical Research Building and many other research institutes; OHSU Hospital; the Peter O. Kohler Pavilion; Dornbecher Children’s Hospital; OHSU Library and Auditorium and a student activity building. The School of Medicine is affiliated with the Veteran’s Affairs Medical Center and Shriners Hospital for Children located on the Campus. The School of Medicine provides educational programs for medical and graduate students, as well as programs for physician assistants, radiological technologists, medical technologists and dietitians. The Graduate Medical Education programs are offered in virtually all fields of medicine, as well as oral/maxillofacial surgery. Courses offered by the Division of Continuing Medical Education reach about 15,000 health care professionals each year.
ACADEMIC PROGRAMS FOR MD DEGREE

MD Program

The School of Medicine curriculum is designed to present a four-year continuum that balances the scientific basis of medicine with early clinical experience; offers progressive patient care responsibilities for students; permits students to individualize their educational programs; and enhances a student’s independent learning and problem solving skills. The medical sciences are presented in an interdisciplinary format focusing initially on the scientific principles of medicine and progressing ultimately to disease processes.

Combined Degree Programs

Medical students in the combined degree programs must take all required MD program courses while enrolled as a first- or second-year student. This includes the passing of USMLE Step I prior to beginning any graduate studies and/or clinical clerkships. If a student feels extenuating circumstances exists, the student may petition the Medical Student Progress Board to defer specific MS1 and MS2 courses or USMLE Step I. Combined degree students may register/participate in an elective clinical preceptorship while taking graduate program courses.

MD/PhD Program

The MD/PhD Combined Degree Program provides rigorous training in both research and clinical medicine, providing a strong foundation for a career as a Physician-Scientist. The School of Medicine is funded by grants exceeding $245 million annually, with total research awards exceeding $390 million annually. PhD degrees may be obtained through Biochemistry and Molecular Biology, Cell and Development Biology, Molecular and Medical Genetics, Molecular Microbiology and Immunology, Physiology and Pharmacology, Cancer Biology, Neuroscience, Behavioral Neuroscience, Medical Informatics and Clinical Epidemiology, and Biomedical Engineering.

The combined degree program is designed for exceptional students with a strong basic science background. Successful applicants must show evidence of potential for outstanding performance in both the MD and PhD programs as of a firm commitment to a career in academic medicine. Prior research experience is expected. Funding, including tuition waivers and stipend support, is provided for students in this program.

The curriculum is designed to allow students to complete the program in six- to eight- years, depending on the student’s progress in fulfilling the requirements for both the MD and PhD degrees. Students begin with the first two years of the medical curriculum. During summer and winter breaks of these first two years they do research rotations, helping them to select a graduate program. Upon entering the MD/PhD program, students are assigned a Scientific Oversight Committee that helps them formulate a schedule encompassing graduate and clinical courses, the PhD qualifying examination, and doctoral thesis research. After the first year of PhD studies, students begin a Longitudinal Clinical Clerkship (one half day every two weeks)
that continues until they complete their PhD. This allows them to maintain and further develop their clinical skills. When their PhD is completed, they return to medical school to complete their last two years of clerkships and electives.

MD/MPH

The Oregon Health & Science University MD/MPH Program is a five-year program administered jointly by the School of Medicine and the Department of Public Health and Preventive Medicine. It is specifically designed for superior students who demonstrate (1) a potential for excellent performance in both the MD and the MPH programs, and (2) a firm commitment to and potential for a career in which the population-based clinical practice model (a medicine-public health model) would be particularly useful, or in which the combined degree will prepare them for enhanced career productivity in health programs, policy or research.

The curriculum for the combined MD/MPH degree program is designed to allow selected students to complete the requirements for both the Doctor of Medicine (MD) degree and the Master of Public Health (MPH) degree in Epidemiology and Biostatistics within in a five-years. Students typically enter the Program directly through the application-admissions process and begin their MPH studies with an intensive three-week introductory Epidemiology course during the month prior to beginning medical school. This is followed, during the 1st year, by a required Community Health elective in the fall term and a series of medicine and public health seminars during the spring term. Students are expected to take a limited number of public health courses during the remaining quarters of the first two years and will be encouraged to do the public health internship during the summer between the 1st and 2nd years. MD/MPH students spend a year of concentrated MPH study between the 3rd and 4th years of medical school during which they complete the course requirements for the MPH and the bulk of the research work for the required thesis. Generally students will spend 1-3 months of concentrated thesis work during the 4th year leading up to successful defense.

MD students who are interested in community and public health can certainly become a part of the MD/MPH community and can, with proper planning, add public health course work or a formal MPH to their education at OHSU. Interested students should contact Dr. John Stull (stullj@ohsu.edu) to discuss their options for exploring public health studies, informally or formally, at OHSU.

MD/Oral Maxillofacial (OMFS) Requirements

Effective for the Student Entering the Program starting in 2009
Students admitted to the dual program must meet all the requirements of both the MD degree and the Oral & Maxillofacial Surgery residency to remain in the program. Dismissal from either program for academic or non-academic reasons constitutes dismissal from all aspects of the combined six-year program. Two to three students will be admitted per year.

The top 20 to 22 candidates are selected by the Program Director of Oral & Maxillofacial Surgery. A committee of OMS faculty and one SOM faculty interview all selected applicants. The applicants are ranked by all committee members. If a student is admitted as a non-resident, the SOM grants a waiver to charge the student in-state tuition and fees.
Requirements for the MD Degree: Students are expected to adhere to all policies, procedures, and expectations required for the medical degree. The MD degree will be granted when the required courses, examinations, behaviors and electives are successfully completed.

Year One:
- Oral and Maxillofacial Surgery rotation.
- Participate in medical student orientation to learn about the general requirements, receive appropriate identification badges and be part of the class photo. You are not required to participate in all aspects of orientation.
- Satisfactorily complete the course requirements for PCM fall, winter and spring terms with the exception of the clinical preceptorship.
- You will be registered but not pay tuition and fees during this time.
- You will be registered as an Audit for PCM and registered for 30 credits for OMFS 704A to meet the requirement for clinical electives. The OMFS program will be required to submit final grades for these credits to the Director of Student Records for the Medical School.

Year Two:
- Satisfactorily complete all the requirements of the second-year medical school curriculum.
- Pay full resident tuition and fees.
- Pass USMLE Step I prior to entering 3rd year.

Year Three/Four:
- Pay full resident tuition and fees. Students in the MD/OMFS program are required to pay resident tuition and fees for seven consecutive quarterly installments for years two and three of the medical school curriculum.
- Required participation in the Transition to Clerkship course.
- Satisfactorily meet all requirements of the third-year curriculum which include: Internal Medicine, Pediatrics, OB-GYN, Psychiatry, Family Medicine, Continuity Curriculum Series and Comprehensive Testing. You are exempted from: Rural & Community Health and Surgery I.
- During the third year, you are expected to satisfactorily complete 4th year required courses in General Surgery, Neurology and Pediatrics II. You are exempted from the ICU, Sub-Internship, and Transition to Residency courses.
- Pass USMLE Step II CK and CS prior to graduation following same policy as the medical students.
- The MD degree will be awarded in June of the 3rd year. You are encouraged to participate in the Hooding and Graduation Ceremonies.

Year Four:
- Completes one full year of General Surgery requirements as a GS intern.

Year Five:
- Return to the Oral & Maxillofacial Surgery residency program full time.

Year Six:
- Oral & Maxillofacial Surgery resident full time.
# MD/Oral Maxillofacial Surgery (OMFS) Program
## Curriculum Structure

### YEAR ONE RESIDENCY: ORAL & MAXILLOFACIAL SURGERY

<table>
<thead>
<tr>
<th>10 MONTHS OF OMFS SERVICE</th>
<th>2 MONTHS OF ANESTHESIA IN JULY &amp; AUGUST PRIOR TO MEDICAL SCHOOL START IN SEPTEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principles of Clinical Medicine (PCM) Didactic 4 hours/week</td>
<td>Matriculated and registered for OMAS 704A Fall, Winter, Spring – 30 MD Elective Credits</td>
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### YEAR TWO RESIDENCY/YEAR ONE MEDICAL SCHOOL: SYSTEMS AND DISEASES PROCESSES

<table>
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<th>METABOLISM</th>
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<th>BLOOD</th>
<th>USMLE STEP 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 weeks</td>
<td>6 weeks</td>
<td>8.5 weeks</td>
<td>6.5 weeks</td>
<td>4 weeks</td>
<td></td>
</tr>
</tbody>
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Principles of Clinical Medicine (PCM) Didactic 4 hours/week & Preceptorship 4 hours/week

### YEAR THREE RESIDENCY/YEAR TWO MEDICAL SCHOOL: CORE CLERKSHPES

<table>
<thead>
<tr>
<th>TRANSITION</th>
<th>INTERNAL MEDICINE</th>
<th>OBSTETRICS &amp; GYNECOLOGY</th>
<th>PEDIATRICS I</th>
<th>PSYCHIATRY</th>
<th>FAMILY MEDICINE</th>
<th>NEUROLOGY</th>
<th>SURGERY</th>
<th>SUBSPECIALTY</th>
<th>PEDIATRICS II</th>
<th>USMLE STEP 2</th>
<th>CK AND CS</th>
</tr>
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<tbody>
<tr>
<td>1 week</td>
<td>10 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
<td>4 weeks</td>
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Two-weeks Continuity Curriculum
1-day Clinical Practice Exam in May or June
Exempt from taking: Transition to Residency, Surgery I, Rural Health & Community, ICU, and Sub-I Rotations.
MS Elective Credits will be OMAS 704A – during first year
MD Graduation: June of this Year

### YEAR FOUR RESIDENCY: GENERAL SURGERY

12 MONTHS ORAL & MAXILLOFACIAL SURGERY
6 MONTHS DIVIDED BETWEEN OHSU AND EMANUEL HOSPITALS
USMLE STEP 3 (MUST PASS TO ADVANCE TO YEAR FIVE)

### YEAR FIVE AND SIX RESIDENCY: ORAL & MAXILLOFACIAL SURGERY

12 MONTHS ORAL & MAXILLOFACIAL SURGERY
6 MONTHS DIVIDED BETWEEN OHSU AND EMANUEL HOSPITALS
Education and Student Affairs Committee Structure

Dean of the School of Medicine
Mark Richardson, MD, MScB, MBA

Senior Associate Dean for Education
George Mejicano, MD, MS

Interim Associate Dean for Undergraduate Medical Education
Molly Osborne, MD, PhD

Admissions Committee
Assistant Dean for Admissions
Cynthia Morris, PhD, MPH

Interim Director of Medical Student Curriculum
Scott Fields, MD, MHA

Assistant Dean for Undergraduate Medical Education
Chief of Staff TBA

Associate Dean for Student Affairs
Molly Osborne, MD, PhD

Combined Degree Programs
MD/PhD: David Jacoby, MD
MD/MPH: John Stull, MD, MPH

Admissions Committee

Curriculum Committee

Dean's Advisors

Student Progress Board

UME Director for Student Development
Brett White, MD

UME Director for Career Advising
Nicole Deiorio, MD

UME Director for Student Affairs
Dawn Dillman, MD

MD/PhD Committee

Admissions Interview Committee

MD/MPH Committee

MS Years 1 and 2 (Basic Sciences) Subcommittees

MS Years 3 and 4 (Clinical Clerkship) Subcommittees

Electives

Director of Clinical Assessment and Learning Center
Fran Biagioli, MD

Assistant Dean for Undergraduate Medical Education
Chief of Staff TBA

Dean's Advisors

Student Progress Board

UME Director for Student Development
Brett White, MD

UME Director for Career Advising
Nicole Deiorio, MD

UME Director for Student Affairs
Dawn Dillman, MD

Assistant Dean for Student Affairs
Molly Osborne, MD, PhD

Combined Degree Programs
MD/PhD: David Jacoby, MD
MD/MPH: John Stull, MD, MPH
ADMINISTRATIVE POLICIES AND PROCEDURES

Registration Policy

The MD degree curriculum is restricted to students who have been competitively selected by the School of Medicine Admissions Committee to earn the MD degree. The only exception to this policy is students selected to participate in OHSU graduate degree and special programs. These students and/or advisors may seek permission from the Associate Dean for Undergraduate Medical Education to participate in selected courses in the MD curriculum. Appeals of decisions made by the Associate Dean for Undergraduate Medical Education should be directed to the Dean of the School of Medicine.

Tuition Policy

1. All enrolled medical students are required to pay annual tuition and fees as a full-time student for 15 quarters. Tuition and fees are paid in quarterly installments each year of the four year curriculum.

   Students who choose to extend their curriculum beyond four years are expected to pay all fees during each quarter of enrollment after the four year full tuition and fees requirement has been met. The School may require a student to pay tuition beyond 15 quarters if the extension is due to unsatisfactory academic progress.

2. Students who extend their curriculum beyond four years due to unsatisfactory academic performance must re-register for each required course and may be required to pay tuition and fees for the appropriate number of credit hours. Students who are required to register for nine or more credit hours in a quarter must pay full tuition and fees.

3. Students in the MD/OMFS program are required to pay resident tuition and fees for seven consecutive quarterly installments during years two and three of their curriculum.

4. Tuition and fee status is based on matriculation year. Students can expect an annual cost of living increase in tuition and fees. Tuition and fee status for students on an extended curriculum or in a combined degree program are based on matriculation year plus annual cost of living increases for the quarters they are in medical school unless students extend for more than one year. In this instance, tuition and fees are based on the class that students return to.

Tuition Payment Policy

1. Students are expected to pay tuition and fees at the beginning of each quarter.

2. The OHSU Business Office will provide students with bills regarding delinquent payments.

3. Students will be notified of an outstanding balance for that academic year and will receive a request for payment in full before they may start the next academic year or quarter.
Student Financial Aid Planning

1.0 POLICY STATEMENT
This policy establishes OHSU’s commitment to providing all students with a comprehensive program of debt management counseling and financial planning services through the OHSU Office of Student Financial Aid. These services include individual meetings with a financial counselor, ongoing educational activities, and on-line information resources with links to national resources/tools to help students strategically manage the repayment of educational debt. All student loan borrowers are required to use these services as a condition of their loan. Students who do not borrow to finance their education are encouraged to utilize the financial planning resources of the Office of Student Financial Aid.

2.0 DEFINITIONS
2.1 “Student Loan Borrower” includes students who have borrowed any type of student loan to assist them in paying for either their direct educational expenses (such as tuition, fees, books/supplies, equipment) or their indirect expenses (such as housing, food, transportation).
2.2 “Student Loan” includes any federal, state, private, alternative or institutional loan obtained to support attendance in an academic program at OHSU.

3.0 RESPONSIBILITIES
The Provost through the OHSU Office of Student Financial Aid will work with the schools and programs to target services for students by degree program.

4.0 PROCEDURES
The Manager of Student Debt Counseling/Financial Management will establish and revise procedures after consulting the Provost and appropriate school dean. The procedures are available in the OHSU Office of Student Financial Aid.

5.0 REVISION HISTORY

| 07/31/2012 | 1.0 | New Policy Statement |

Responsible Officer: Provost
Policy Contact: Academic & Student Affairs, 503-494-7878
Supersedes: N/A
HIPAA & Respect Compliance

All students are required to complete the OHSU Respect at the University and HIPAA Compliance computerized training programs. Students must be in compliance at all times.

OHSU Diversity Policy

OHSU provides equal opportunities to all individuals without regard to race, color, religion, national origin, disability, age, marital status, sex, sexual orientation, gender identity or expression, military service, or any other status protected by law. This policy applies to all employment, education, volunteer, and patient care related activities.

Diversity Definition

Diversity at OHSU means creating a community of inclusion. We honor, respect, embrace and value the unique contributions and perspectives of all employees, patients, students, volunteers and our local and global communities.

Diversity includes age, culture, disability, ethnicity, gender, national origin, race, color, religion, sexual orientation, diversity of thought, ideas and more.

Diversity maximizes our true potential for creativity, innovation, quality patient care, educational excellence, and outstanding service.

Equal Opportunity/Non-Discrimination Policy

OHSU provides equal opportunities to all individuals without regard to race, color, religion, national origin, disability, age, marital status, sex, sexual orientation, gender identity or expression, military service, or any other status protected by law. It does not discriminate on any status protected by law. This policy applies to all employment, education, volunteer, and patient care related activities or in any other aspect of OHSU’s operation. Such compliance efforts are coordinated by the OHSU Affirmative Action and Equal Opportunity (AAEO) Department. OHSU complies with Title IX of the Education Amendments Act of 1972 and 34 CFR Part 106 by prohibiting discrimination on the basis of sex or gender in education programs, activities, employment, and admissions. Inquiries about Title IX compliance or sex/gender discrimination may be directed to the OHSU Title IX Coordinator: Michael Tom, AAEO Director, 503-494-5148, tomm@ohsu.edu. Mailing address: Mail code MP240, 3181 SW Sam Jackson Park Rd, Portland, OR 97239. Office: Marquam Plaza Suite 240, 2525 SW 3rd Ave, Portland, OR 97239. AAEO email: aaeo@ohsu.edu; website: http://www.ohsu.edu/aaeo. Title IX inquiries may also be directed to the U.S. Department of Education Office for Civil Rights, 1-800-421-3481.
Malpractice Insurance

The Dean explicitly authorizes medical students, as a part of their academic responsibilities, to participate in clinical activities, including care and treatment for patients, taking histories and performing physical examinations at OHSU, OHSU facilities or non-OHSU sites. Such authorization by the Dean is for student academic activities (including clinical activities) that are under the direction of and in a location to which assigned by an individual with a faculty position. Sites include inpatient (such as hospitals and extended care facilities, nursing homes and hospices), outpatient (such as clinics and physician offices), patient dwellings and any other location where education and training of medical students may occur. In order to be covered by the State Tort Claims Act, a medical student must be registered for an approved course including all electives on- and off-campus.

Disability Insurance

Accreditation standards for the School of Medicine require that all students obtain disability insurance. At the beginning of each academic year, the insurance provider will distribute an information brochure describing the medical student disability program coverage and costs. On an annual basis, all medical students are required to purchase disability insurance.

OHSU Health Insurance

All medical students are required to have major medical health insurance. Students may contact the Student Health Service Center for specific information on health insurance for spouses, registered domestic partners and dependents. Information on eligibility and restricted enrollment times are described in the section entitled, Health Insurance Info and Waiver Applications (http://www.ohsu.edu/xd/education/student-services/student-health/health-insurance/index.cfm).

SOM Policy Regarding Infectious Diseases

Medical students exposed to an infectious disease (through needle stick, bodily fluids, etc.) should follow the protocols established by the Student Health Service. The SOM requires all medical students have Hepatitis B vaccination or show evidence of immunity. See Student Health Service policy for OHSU.

Blood Borne Pathogens Instruction

Medical students are provided with specific presentations and demonstrations on Blood Borne Pathogens at the beginning of medical school and again during the Transition to Clerkship course prior to entering the third year curriculum.
Universal Precautions

Medical students are provided with a “red card” which delineates the procedures to be followed when a student is exposed to blood/body fluids. If a student encounters exposure, they should follow the protocol of the hospital in which it occurred for the initial care. After the initial work up, the student must report the occurrence to the OHSU Student Health Service Center for follow up medical attention.

Basic Life Support Instruction

All students participate in a Basic Life Support Certification for Health Professionals course early in the first year and are recertified during the Transition to Clerkship course.

Photo Usage Policy

The SOM prints and distributes a class photo and a picture directory of students by class. These are distributed publicly to students, staff and faculty. If students do not want their picture in this public forum, they are required to notify the Office of Education and Student Affairs in writing by the first day of fall term each year.

Criminal Background Checks

OHSU requires a criminal background check on all admitted students. Permanent records are maintained in the Office of the Education and Student Affairs. All students are expected to comply with OHSU and Veteran’s Administration Medical Center policy for a criminal background checks and fingerprinting. If criminal activity is reported to the SOM, the Associate Dean for Undergraduate Medical Education and the Medical Student Progress Board are responsible for reviewing the issue and determining the outcome.

Drug Testing Policy and Procedures

OHSU requires all faculty, staff, residents and students who are involved in patient care to have a drug screening test. The information provided below is to assist you with complying with that policy.

Testing Deadlines:
Entering Medical Students –Must complete drug testing between August 1, 2012 and no later than Saturday, September 15, 2012.

This document provides an overview of the process and instructions for key steps in the process. Included is the following:
1) Instructions for student testing
2) A list of Authorized Collection Sites with hours of operation
3) How to submit your student information to A WorkSafe Service
4) Your A WorkSafe Service account number
5) Cost of drug test
6) Contact Information for the Bursar’s Office
7) Drug Test Panel
8) OHSU Drug Testing Protocols which details such things as dilute specimens, out of temperature specimens; negative and positive laboratory results
9) Instructions on how to use the Legacy MetroLab Web Access

Instructions for Student Testing:
♦ Report to collection site within the specified timeframe.
♦ When you report for testing be sure to specify the School or Program for which you are registered.
♦ Bring Photo ID with you.
♦ Refrain from drinking liquids prior to collection.

What Happens After the Testing?
A report will be sent to the Manager of Student Affairs in the SOM who will obtain a record that students have complied and have a negative result.

The report is not part of the student permanent record and is only maintained until the student graduates.

This information can be shared with affiliated hospitals requesting this information to prevent students from having to comply with further drug testing at their facility and to assure affiliated hospitals that the student has complied with the policy.

If the Medical Review Officer requests a review with a student and the student then receives a negative report, only the negative report is provided to the SOM. Results of the inquiry will not be forwarded to the SOM.

If a student receives a positive result, it will be forwarded to the Manager of Student Affairs in the SOM and will be shared with the Associate Dean for Student Affairs and the Medical Student Progress Board (see section for Role of Board). The student will be asked to meet with the Medical Student Progress Board for further review of the problem and to outline recommendations and/or accommodations to resolve the issue.

Inclement Weather Policy

OHSU, as a health care system, must always remain open during inclement weather. However, adverse weather conditions may present travel problems or other unsafe situations, causing classes to be delayed or canceled, as well as alterations in some office, clinic and lab schedules. Outlined below are guidelines for medical students concerning inclement weather.

First- and Second-Year Students
Announcements and decisions regarding OHSU class schedules will be made by the OHSU President’s Office. Classes may be on a normal schedule, delayed or canceled. Please check
the O-Zone website, contact the OHSU Alert Line at 494-9021 or listen to the local radio and television stations for status of classes at OHSU. Decisions are made by 6:00AM.

If classes are to be held or delayed, you are expected to make a reasonable effort to attend class. If conditions make it impossible for you to travel safely to OHSU for a scheduled activity requiring attendance (e.g. examination), please contact TSO at 494-8428 or by email (foranl@ohsu.edu) and indicate your absence.

If you are scheduled for a preceptorship, follow the procedures above for classes. You are responsible for contacting your preceptor regarding your attendance for that day.

Third- and Fourth-Year Students
If you are assigned to a ward/inpatient clerkship, you are expected to meet your clinical responsibilities since OHSU Hospital remains open in inclement weather. You should contact your attending physician or resident in the morning regarding your clinical responsibilities. If conditions make it impossible for you to travel safely, contact your attending physician or resident regarding your circumstance.

If you are assigned to an outpatient clerkship, then follow the OHSU announcements regarding the status of your clinic. Clinics may be on a normal schedule, delayed or canceled. Please check the O-Zone website, contact the OHSU Alert Line at 494-9021 or listen to the local radio and television stations for status of classes at OHSU. Decisions are made by 6:00AM.

If clinics are to be open or delayed, you are expected to make a reasonable effort to meet your clinical responsibilities. However, if conditions make it impossible for you to travel safely, contact your attending physician or resident regarding your absence.

If you are scheduled to participate in clerkship orientation and/or the Continuity Curriculum course, follow the OHSU announcements regarding the status for classes. See policy above for first- and second-year students.

MD Satisfactory Academic Progress Policy
As It Pertains to Financial Aid

Maintaining Financial Aid Satisfactory Academic Progress
Federal regulations require that all students receiving federal financial assistance maintain Satisfactory Academic Progress. Satisfactory Academic Progress will be reviewed at the end of the spring term and is based on all terms at OHSU, even those in which financial aid funding was not received. To maintain Satisfactory Academic Progress at OHSU, students in the MD program must meet all of the following standards:

- Be eligible to register (not academically dismissed)

- Successfully complete at least 67% of total cumulative attempted credits at OHSU. Unsuccessful grades include, but are not limited to, incomplete (I), no grade received/no basis for grade (X), failing marks (F, NP, 0.0, U), withdrawals (W, WS, WU), and audited courses (AUD). Note: Students may repeat a course that they previously did not successfully complete. If a student has successfully completed a course and
wishes to retake it, they may only retake it once. Each time a student registers for the course it will count as an attempted course.

and

- Maintain a cumulative GPA of at least 1.0.

Financial Aid Probation
An MD student is allowed to receive federal financial aid up to a maximum of 150% of the published credits required to complete the OHSU curriculum. All attempted credits at OHSU or through an OHSU approved consortium (even credits attempted during terms in which aid was not received) will be counted toward the maximum credits allowed. If a student reaches that maximum, they are no longer eligible to receive federal or state financial aid for that program. A student may file an appeal of the time frame maximum with the financial aid office. The appeal should include an academic plan formulated by their academic advisor for successful completion of the program. In addition, the appeal should include a written explanation of why the program was not completed within the allotted credits. The decision to approve an appeal to reinstate aid eligibility is at the discretion of the Director of Financial Aid.

Financial Aid Suspension
Students who do not meet the above requirements at the end of spring term will be placed on Financial Aid Suspension. Students placed on Financial Aid Suspension will be notified of this status in writing. Students on Financial Aid Suspension will be denied future financial aid.

Students placed on Financial Aid Suspension have the right to submit an appeal to the Director of Financial Aid to have their aid reinstated. The decision to approve an appeal to reinstate aid eligibility is at the discretion of the Director of Financial Aid.

A student appeal must include:

- An explanation of why they did not meet the requirements listed above.
- What has changed that will result in them being able to meet the above requirements.
- Additionally, students may submit appeals based on unusual circumstances, such as an injury/illness of the student, the death of a relative of the student, or other special circumstances.
- For those students who will not be able to complete their program within the maximum time frame allowed (see below), they will need to include an academic plan formulated by their academic advisor for successful completion of the program.
- If an appeal is denied or the student chooses not to appeal, the Financial Aid Suspension can be removed if the student completes enough credits at their own expense to raise the successfully completed percentage to above 67%. Unsuccessful grades include, but are not limited to, incomplete (I), no grade received/no basis for grade (X), failing marks (F, NP, 0.0, U), withdrawals (W, WS, WU), and audited courses (AUD). The student must notify the OHSU Financial Aid Office if this occurs so the Financial Aid Suspension can be reevaluated.

Cumulative Attempted Credit Limit
An MD student is allowed to receive federal financial aid up to a maximum of 150% of the published credits required to complete the OHSU curriculum. All attempted credits at OHSU or through an OHSU approved consortium (even credits attempted during terms in which aid was not received) will be counted toward the maximum credits allowed. If a student reaches that maximum, they are no longer eligible to receive federal or state financial aid for that program. A student may file an appeal of the time frame maximum with the financial aid office. The appeal should include an academic plan formulated by their academic advisor for successful completion of the program. In addition, the appeal should include a written explanation of why the program was not completed within the allotted credits. The decision to approve an appeal to reinstate aid eligibility is at the discretion of the Director of Financial Aid.

Advanced Standing/Transfer Policy

All advanced standing/transfer applicants will be reviewed by the Admissions Committee. Due to limited available clinical teaching slots, the SOM MD program does not routinely admit transfer students. The only applicants that can be considered are students who are the legal partner of a full-time OHSU faculty or OHSU resident or medical student. Application procedures are available through the Office of Education and Student Affairs. Due to the unique structure of the curriculum, most transfer students are considered for entry into the third year; however, consideration can be made for other years.

In addition to the above criteria to receive consideration, the applicant must be matriculated to an LCME accredited MD program, have excellent academic standing in their current medical school, and have satisfactorily completed USMLE Step I prior to enter the third year curriculum at OHSU.

If the Dean determines a position is open for a specific year then all applicants that meet the eligibility requirements listed above may apply. Candidates for transfer should be prepared to provide the following information: formal application, personal statement indicating the basis for requesting a transfer, recommendation letter from the Office of Student Affairs at the current school which indicates performance in medical school, provide an official record of USMLE Step I scores. In addition, each candidate must be available for an interview. Contact the Office of Education and Student Affairs for the application process and selection criteria.

Readmission Policy

Consideration for readmission is provided only to students who withdrew from the OHSU SOM MD Program in good standing and without impending academic progress action. Students who have been dismissed from the MD Program or who withdrew due to unsatisfactory academic progress or unsatisfactory professional development may not seek readmission through this process. They must pursue the standard admissions process as specified in the SOM Admissions Policy. The Associate Dean for Undergraduate Medical Education is responsible for reviewing applications for readmission to the MD Program and for forwarding such requests to the Assistant Dean for Admissions for advice. The Dean of the School of Medicine is responsible for granting or denying readmission based upon the recommendation of the Associate Dean for Undergraduate Medical Education.
Candidates for readmission must provide at least the following information: secondary admission application, personal statement indicating the basis for their withdrawal and an explanation for their desire to return to medical school, resume indicating all work and academic experiences since leaving medical school, three letters of recommendation from individuals who can currently evaluate the candidate, academic transcripts documenting all academic experiences following the withdrawal from medical school, and a release of OHSU's academic record and admissions data to the Associate Dean for Undergraduate Medical Education and Admissions Committee. In addition, each candidate must be available for an interview if requested.

Approved by the Ad hoc Review Committee 12/96
Approved by the Admissions Committee - January, 1997

Student Travel Funding Policy

SOM Senate and Dean’s Funding Guidelines
Amended September 2012

A. General Instructions:
Applications using the most current form must be received AND reviewed by the Senate prior to the time of event. The Senate meets the first Tuesday of every month.

Dean’s Funding Requests should be submitted for large group events in the final stages of planning, with concrete details and a good estimate regarding budgetary needs.

If a request is clearly not appropriate for the Dean’s Funding but does not fit precisely into one of the 4 Senate clauses, we encourage you to submit it as a Senate Funding Request.

Students should use the document below as a guideline in drafting a request. The Senate will not accept a Senate Funding Request and a Dean’s Funding Request for the same project.

A student must apply when the Senate is in session from October to May for funding through June 30th. For events in July, August, and September, funding requests should be sent to the Associate Dean for Student Affairs (Dr. Molly Osborne) and Kathleen Hollosy.

B. Senate Funding Instructions:
The applicant must be in the SOM, including joint degree programs, at the time of the event.

Priority will be given to SOM students who are not receiving academic credit or funding for the project and have exhausted other potential sources of funding (department affiliated with research project or activity, student organizations, etc.).
Students must be in good academic standing, passing with 75% or better (verified by the Dean’s Office) to be eligible for funding.

There is a cap of $500 per student per fiscal year (July 1-June 30) for Senate funding except under clause 4. The money has to be reimbursed between July 1 and June 30 of the Fiscal Year it was awarded.

Students cannot receive funds retroactively. Students must always apply before the date of the event. Students cannot receive travel reimbursement for away rotations.

C. Student Funding is appropriate for:
   1. Students presenting original research at a conference. Proof of acceptance to the conference and a copy of the abstract of your research is required. The Senate can help cover the cost of travel, lodging, and registration, but our bylaws specifically prohibit us from covering the cost of food and poster production. Maximum of $500 per request for oral presentations and $400 per request for poster presentations will be awarded. Maximum of $750 will be awarded per GROUP of students working on the same research project. Each student must submit a separate request.

   2. Students who wish to attend a conference but are not presenting research. A maximum of $50 will be awarded per conference towards registration fees only.

   3. Summer travel scholarships of up to $150 will no longer be awarded.

   4. Students attending a conference for an organization for which they hold a nationally elected position. Description and verification of the nationally held leadership position is required. The Senate can help cover the cost of travel, lodging, and registration. A maximum of $500 per request will be awarded with a cap of one trip per academic year.

D. Dean’s Funding is appropriate for:
   1. Group projects/events that enrich the OHSU medical curriculum or fill a gap in the OHSU medical curriculum.

   2. Group projects/events that benefit the Portland Community in which OHSU is a member. These projects/events can be outreach projects, public awareness projects, etc.

   3. Group projects/events that are otherwise not funded by the interest group and their supporters. The more you have exhausted your funding outlets, the stronger the request. Similarly, the more students/professors you reach with your project/event, the stronger the request.

Meeting Attendance for OSR/Curriculum Representatives
AAMC OSR/Curriculum Committee Representatives are approved by the Associate Dean for Student Affairs.

MS1 and MS3 student representatives attend the regional meetings.
MS2 and MS4 student representatives attend the national meetings.

MD Program Student Academic Record Retention Policy

I. Admissions

Permanent Admissions Records - University Registrar’s Office
The following information is sent to the Registrar’s Office after matriculation:
- Original AMCAS Application
- Original AMCAS Biographical Summary Sheet
- Final Official Transcript(s)
- Copy of Acceptance Letter
- Student’s form accepting the offer
- Signed Technical Standards form
- Documentation of WICHE or residency status (if applicable)
- Notification of receipt of scholarships (if applicable)

Admissions Records within the Dean’s Office
The following documents are destroyed 5 years after graduation:
- Copy of the Biographical Sheet
- Committee summary sheet and voting
- Interview write-ups and scores
- Copy of the Acceptance letter
- Documentation of WICHE certification or residency information (if applicable)

The following documents are destroyed at the time of matriculation:
- Letters of recommendation
- General correspondence
- Screening sheets

Admissions Records transferred to the Student Record within the Dean’s Office
These documents are moved to the student academic record upon matriculation:
- Original Secondary Application
- Copy of Technical Standards form
- Copy of the Biographical Sheet

Applicant Pool Files
For a given application cycle, all the application files are maintained for 2 years for all applicants who did not matriculate.

II. Matriculated Student Files

Student Academic Permanent Record - University Registrar’s Office
Upon graduation the following is sent to the Registrar to be added to Admissions file. (Transcripts are not necessary since they are generated by the Registrar’s Office.)

- Dean’s Letter
- Verification forms (if applicable)
- Documentation of significant behavioral or academic issues as determined by the Associate Dean for Undergraduate Medical Education

**Student Academic Records within the Dean’s Office**

The following documents are maintained in the Dean’s Office and are destroyed 7 years after graduation:

- Verification forms (if applicable)
- Clerkship grades and narratives
- Significant Student Progress documents unless approved by the Associate Dean for Undergraduate Medical Education to be put in permanent record
- Professional Development Evaluation forms
- Disability Insurance forms
- Other significant documents as decided by the Associate Deans

The Dean’s Office maintains a Dean’s Letter for every graduate since 1982. However, the permanent record of a Dean’s Letter is held by the University Registrar’s Office.

Department records pertaining to a student’s evaluation and grade are destroyed one year after graduation.

**III. Student Exams**

All exams will be destroyed 1 year after the final grade has been issued on the transcript.

A master of the exam, an official exam key, student answer sheets and the class roster with exam scores will be maintained for 5 years after the course ends.
MD CURRICULUM POLICIES AND PROCEDURES
PERTINENT TO ALL FOUR YEARS

Principles and Highlights of the MD Curriculum

The goal of the School of Medicine curriculum is to present a four-year continuum that balances emphasis on the scientific basis of medicine with early clinical experience; offers progressive patient care responsibilities for students; and permits students to individualize their educational programs as well as to enhance their independent learning and problem-solving skills. The sciences basic to medicine are presented in an interdisciplinary format focusing initially on the scientific principles of medicine and ultimately progressing to disease processes and the clinical management and care of patients. Highlights include:

- Centralized responsibility for curriculum in Dean’s Office
- Independent learning fostered
- Integrated and multi-disciplinary basic science courses with enhanced clinical relevance organized as a continuum
- Lecture and non-lecture learning in half-day sessions
- Courses in a sequence to avoid competing with other courses
- Instructional objective-based education
- Early and longitudinal clinical preceptorship
- Core clerkships completed during third year
- Ambulatory and primary care strongly emphasized
- Required clinical experience in a rural or medically underserved community setting
- Continuity Curriculum in the third year
- Advanced clerkships in fourth year
- Transition courses bridge curriculum at strategic junctures
- Performance-based assessment of students utilizing standardized patients
- Internet-based course and curriculum evaluation

The Guiding Principles and Policies of the MD Curriculum

Philosophy
- The purpose of the M.D. curriculum is the general education of the physician. Medical education should not only represent the transfer of information and skills but must provide for the transformation of the learner into a physician
- The educational process must foster independent and lifelong learning skills by promoting synthesis of material, critical thinking, problem solving skills, and self reflection.
- A longitudinal clinical experience must occur early in the first year and continue through the second year of the M.D. curriculum.
• Societal and behavioral issues in health care must be addressed early and throughout the M.D. education program.
• Revisions to the curriculum will involve all students rather than separate curricular tracks.
• Criteria for the academic advancement (promotion and tenure) of Faculty must assure equity and balance of teaching activities with scholarship, patient care and service.

Administrative Responsibility
• The Associate Dean for Medical Education, under the supervision of the Dean, is responsible for all aspects of the medical education program, including the undergraduate M.D. program curriculum, admissions, student affairs, and student support programs.

Faculty Expectations
• The Faculty are responsible for defining the specific content of each course and clerkship.
• All Faculty are expected to participate in the educational programs.

Student Expectations
• Students are expected to participate fully in all aspects of the medical education program.

Structure
• The basic science curriculum is to be organized into integrated, multidisciplinary units, relating structure to function, and progressing from normal and abnormal cells and behavior to the pathophysiology of disease and psychopathology as a continuum.
• The core clinical clerkship curriculum must be delineated and completed in the third year.
• Electives and/or selectives must be provided to enhance the educational value of the fourth year and to permit individualization of the educational experience throughout the curriculum.
• Transition courses must be provided at three strategic points, to facilitate the progression from undergraduate to professional school, from the first and second year curriculum to the core clerkship experiences, and from medical student to resident physician.

Evaluation of Performance
• The evaluation of student performance must include the following core competencies: medical knowledge, clinical skills, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.
• The evaluation of student performance must include traditional approaches and, in addition, performance-based assessment of the acquisition of clinical skills, knowledge and attitudes when deemed appropriate.
• Evaluation of student performance must be timely, include formative and summative feedback, and be provided by faculty who are familiar with the performance of the student.

Evaluation of Curriculum
• The content of the basic and clinical sciences curriculum must be continuously scrutinized for appropriate depth, breadth, and integration.
• The Curriculum Committee is responsible for implementation, coordination, and evaluation of the curriculum to assure appropriate curricular evolution.

Approved by the Faculty Council and Primary Faculty December 1990
Revisions approved by the Subcommittees May 2003
Revisions approved by the Curriculum Committee June 2003
Revised and approved by the Curriculum Committee September 2011
A. PATIENT CARE AND PROCEDURE SKILLS

Core Competency: Demonstrate compassionate, appropriate, and effective care for the treatment of health problems and the promotion of health.

1. Obtain an accurate history, covering essential medical, personal, and socioeconomic considerations.
2. Perform accurate physical and behavioral health examinations appropriate to patient presentation.
3. Construct a prioritized differential diagnosis for common presenting complaints.
4. Construct and present a clinical assessment and treatment plan.
5. Explain and demonstrate the practice of informed consent in patient care.
6. Demonstrate the use of information technology for the retrieval and application of biomedical information in clinical problem-solving and medical decision-making.
7. Order, interpret and apply information from diagnostic imaging, laboratory tests and pathologic evaluations of common conditions.
8. Demonstrate the ability to use the electronic health record in caring for patients.
9. Demonstrate the ability to assess pain, and describe the indications and limitations of common pain management strategies.
10. Identify and participate in the management of critical medical conditions.

B. MEDICAL KNOWLEDGE

Core Competency: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, social and behavioral sciences, and the application of this knowledge to patient care.

The Scientific Basis of Medicine

1. Identify the normal anatomy, histology, and embryology of major tissues, organs and organ systems.
2. Explain the normal development and physiology of major tissues, organs and organ systems of the human body.
3. Explain the biochemical, molecular, and cellular mechanisms important for maintaining homeostasis.
4. Explain the principles of medical genetics and their application to clinical practice.
System and Disease Processes
5. Explain the major molecular and cellular mechanisms of disease and explain how they alter the normal anatomic and histologic structures of major organs and organ systems.
6. Explain how disease alters the normal functions of the major organ systems of the body.
7. Explain the scientific basis of normal and abnormal human behavior.
8. Explain the basic principles of pharmacology.
9. Identify the clinical indications for commonly used therapeutic agents.
10. Identify the actions, interactions and toxicities of commonly used drugs.
11. Identify the risk factors for acquiring common diseases and prognostic factors for adverse outcomes.
12. Explain the normal physiologic and psychosocial characteristics, and the common pathologic processes, of human growth, development and aging.

Evaluation of Clinical Information
13. Apply basic principles of clinical, laboratory, and imaging tests for clinical screening and diagnosis, and critically evaluate their limitations.
14. Discuss the importance of the scientific method in establishing causation of disease and evaluating therapeutic options.
15. Demonstrate the ability to critically evaluate and interpret scientific and medical literature and to apply findings to clinical situations.

Health Promotion and Disease Prevention
16. Identify the social determinants of health and disease.
17. Explain and apply effective clinical approaches to prevention and early detection of common diseases.

C. PRACTICE-BASED LEARNING AND IMPROVEMENT
Core Competency: Demonstrate the ability to investigate and evaluate one’s own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

1. Continually self-assess one’s strengths and areas for improvement, and pursue a plan for improvement.
2. Accept and incorporate into clinical practice the feedback received from patients and colleagues.
3. Formulate relevant questions and utilize appropriate resources to answer them.
4. Interpret and appropriately apply practice guidelines in the diagnosis, treatment and prevention of disease.
5. Explain the role of practice-based data analysis in improving care for individual patients.

6. Demonstrate skills necessary to support independent lifelong learning and ongoing professional development.

D. INTERPERSONAL AND COMMUNICATION SKILLS

Core Competency: *Demonstrate effective information exchange and teaming with patients, their families, and other health professionals.*

1. Demonstrate effective listening and speaking skills when communicating with patients and their families.

2. Assess health care literacy and adapt to the patients’ comprehension while educating them about their medical conditions and treatments.

3. Develop mutually agreed upon goals for care with patients and families.

4. Demonstrate effective written and verbal communication skills with all members of the health care team.

5. Demonstrate respect for cultural and ethnic backgrounds of patients and their families and other members of the health care team.

6. Recognize and communicate effectively about pain and emotional distress with patients and their families.

7. Demonstrate effective attention and communication during transitions of care between members of the health care team.

E. PROFESSIONALISM

Core Competency: *Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.*

1. Explain the principles governing ethical decision-making, including those that arise at the beginning and end of life.

2. Explain the ethical principles governing research involving human subjects.

3. Demonstrate compassion, sensitivity and respect for patients.

4. Explain and uphold the legal and ethical principles of patient confidentiality and autonomy.

5. Demonstrate honesty and integrity in all interactions with patients, patients’ families, and members of the health care team.

6. Identify and disclose conflicts of interest in the practice of medicine.

7. Explain how to identify and report disruptive or unprofessional behavior or distress in colleagues and self.

8. Demonstrate an understanding of medicolegal principles pertaining to standard of care and informed consent.

9. Demonstrate professional judgment in the use of electronic and social media.
10. Demonstrate accountability by completing academic and patient care responsibilities in a timely manner.

11. Demonstrate social responsibility and community service in the care of patients and communities.

F. SYSTEMS-BASED PRACTICE

Core Competency: *Demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value.*

1. Explain health care delivery systems and resource allocation and their potential effects on the health of patients and communities.

2. Explain the principles of organizational governance and how to best effect change within the health system.

3. Explain a systems approach to assuring patient safety, including methods to improve safety and reduce medical errors.

4. Demonstrate the ability to participate effectively as a member of interprofessional teams caring for patients.

5. Explain the role of quality measures and population-based data in improving patient care.

6. Explain the factors affecting variations in clinical practice and health care delivery

Revised Winter 2010.
Approved by the Curriculum Committee March 2011.
## MD Program Curriculum Structure

### YEAR ONE CURRICULUM: SCIENTIFIC PRINCIPLES OF MEDICINE

<table>
<thead>
<tr>
<th>GROSS ANATOMY, IMAGING AND EMBRYOLOGY</th>
<th>CELL STRUCTURE AND FUNCTION</th>
<th>SYSTEMS PROCESSES AND HOMEOSTASIS</th>
<th>BIOLOGICAL BASIS OF DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 weeks</td>
<td>10 weeks</td>
<td>9.5 weeks</td>
<td>9.5 weeks</td>
</tr>
</tbody>
</table>

Principles of Clinical Medicine (PCM) 36 weeks
(Didactic 4 hours/week & Preceptorship 4 hours/week)

### YEAR TWO CURRICULUM: SYSTEMS AND DISEASE PROCESSES

<table>
<thead>
<tr>
<th>CIRCULATION</th>
<th>METABOLISM</th>
<th>NEUROSCIENCE &amp; BEHAVIOR</th>
<th>HUMAN GROWTH &amp; DEVELOPMENT</th>
<th>BLOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 weeks</td>
<td>6 weeks</td>
<td>8.5 weeks</td>
<td>6.5 weeks</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

Principles of Clinical Medicine (PCM) 33 weeks
(Didactic 4 hours/week & Preceptorship 4 hours/week)

### YEAR THREE CURRICULUM: CORE CLERKSHIP COMPONENT

<table>
<thead>
<tr>
<th>TRANSITION TO CLERKSHIP</th>
<th>INTERNAL MEDICINE</th>
<th>RURAL &amp; COMMUNITY HEALTH</th>
<th>OBSTETRICS &amp; GYNECOLOGY</th>
<th>PEDIATRICS I</th>
<th>PSYCHIATRY</th>
<th>FAMILY MEDICINE</th>
<th>SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week</td>
<td>10 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
</tr>
</tbody>
</table>

Two-week Continuity Curriculum
1-day Clinical Practice Exam in May or June

### YEAR THREE AND FOUR ENRICHMENT COMPONENT

<table>
<thead>
<tr>
<th>REQUIRED SELECTIVES</th>
<th>CLINICAL ELECTIVES</th>
<th>NON CLINICAL ELECTIVES</th>
<th>TRANSITION TO RESIDENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery Subsp – 4 weeks</td>
<td>30 credits hours</td>
<td>Up to 12 credit hours can be non-clinical including a maximum of 4 credits earned prior to the start of the 3rd year of medical school</td>
<td>Clinical Electives 4 weeks full time = 6 credits</td>
</tr>
<tr>
<td>Pediatrics II – 4 weeks</td>
<td></td>
<td></td>
<td>Non-Clinical Electives 4 weeks full time = 4 credits</td>
</tr>
<tr>
<td>Neurology – 4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-Internship – 4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU/MICU – 4 weeks</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MD Course Work for Graduation

Students are responsible for monitoring their courses and credits to assure they meet graduation requirements.

1st YR Required Courses:
- Gross Anatomy, Imaging and Embryology: 11 weeks (12 credits)
- Cell Structure and Function: 10 weeks (8 credits)
- Systems Process and Homeostasis: 9.5 weeks (9 credits)
- Biological Basis of Disease: 9.5 weeks (9 credits)
- Year One Principles of Clinical Medicine including preceptorship: 36 weeks (12 credits)

2nd YR Required Courses:
- Circulation: 10 weeks (8 credits)
- Metabolism: 6 weeks (5 credits)
- Neurosciences and Behavior: 8.5 weeks (8 credits)
- Human Growth and Development: 6.5 weeks (6 credits)
- Blood: 4 weeks (4 credits)
- Year Two Principles of Clinical Medicine including preceptorship: 33 weeks (12 credits)

3rd and 4th YR Required Clerkships:

<table>
<thead>
<tr>
<th>Clerkships</th>
<th>3rd year weeks (credits)</th>
<th>4th year weeks (credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>10 weeks (18 credits)</td>
<td></td>
</tr>
<tr>
<td>Surgery I</td>
<td>5 weeks (9 credits)</td>
<td></td>
</tr>
<tr>
<td>Pediatrics I</td>
<td>5 weeks (9 credits)</td>
<td></td>
</tr>
<tr>
<td>OB/Gyn</td>
<td>5 weeks (9 credits)</td>
<td></td>
</tr>
<tr>
<td>Psychiatry</td>
<td>5 weeks (9 credits)</td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td>5 weeks (9 credits)</td>
<td></td>
</tr>
<tr>
<td>Rural &amp; Community Health</td>
<td>5 weeks (9 credits)</td>
<td></td>
</tr>
<tr>
<td>Neurology</td>
<td></td>
<td>4 weeks (6 credits)*</td>
</tr>
<tr>
<td>Pediatrics II (Ambulatory Pediatrics)</td>
<td></td>
<td>4 weeks (6 credits)</td>
</tr>
<tr>
<td>Surgery II (Surgical Subspecialties)</td>
<td></td>
<td>4 weeks (6 credits)*</td>
</tr>
<tr>
<td>Sub-Internship</td>
<td></td>
<td>4 weeks (6 credits)</td>
</tr>
<tr>
<td>ICU/MICU</td>
<td></td>
<td>4 weeks (6 credits)</td>
</tr>
<tr>
<td>Transition to Clerkship</td>
<td>1 week (3 credits)</td>
<td></td>
</tr>
<tr>
<td>Continuity Curriculum</td>
<td>2 weeks (2 credits)</td>
<td></td>
</tr>
<tr>
<td>Clinical Performance Exam (CPX)</td>
<td>1 day (part of Continuity Curriculum Credit)</td>
<td></td>
</tr>
<tr>
<td>Transition to Residency</td>
<td></td>
<td>1 week (3 credits)</td>
</tr>
<tr>
<td>Required Electives &amp; Services</td>
<td></td>
<td>30 credits*</td>
</tr>
</tbody>
</table>

Required Selectives: 20 wks/30 credits Total Required Selectives
4 weeks/6 credits Sub-Internship

Intensive inpatient experience where the student functions (with supervision) at an intern level in evaluating patients, coordinating day-to-
day patient management, coordinating consultations and treatment plans, writing orders, and establishing diagnosis and therapeutic plans.

4 weeks/6 credits  Surgery II: Surgical Subspecialties - Surgery (Urology, General Surgery, Plastics, Transplant, Vascular, Pediatrics Surgery, Cardiothoracic), and other surgical departments including Orthopaedics, Neurosurgery, Ophthalmology, Otolaryngology, Anesthesiology

4 weeks/6 credits  Intensive Care Unit (ICU) Experience

4 weeks/6 credits  Neurology

4 weeks/6 credits  Pediatrics II: Ambulatory Pediatrics

Required Electives 3rd & 4th Years:
30 credits  All electives in this category are expected to be graded courses.

- 18 credits of clinical electives must be taken at the 3rd- and 4th-year level to include the following: clinical clerkships, international clerkship or clerkships away from the university, etc.
- 12 credits in this category can be clinical, non-clinical or research. 4 credits in this category can be earned during years one and two.
- Maximum of 12 credits of electives in one discipline.
- Maximum of 12 credits can be taken away from the university.

Flexible Time 3rd & 4th Years
12 weeks  Flexible time
Students may use this time for residency interviews, vacations or additional electives.

USMLE Step 1 and 2:
Students are required to sit for and pass USMLE Step I at the end of the second year curriculum prior to starting clerkships.

USMLE Step 2CK and 2CS must be completed by March prior to graduation in June.

Students are required to take all comprehensive exams as scheduled.

Scheduling Policies:
1. Students are expected to complete all required third-year clerkships during the third year of medical school. Students may not drop a required clerkship and replace it with an elective or fourth-year required course. Students can request a delay of a clerkship with approval from the Associate Dean for Student Affairs.

2. Away rotations and international experiences are considered Elective and/or Flexible time.
3. Clinical credits are 1.5 per week with an expected 60 hours per week. Research/non-clinical credits are 1 credit per week with an expected 40-hour work week.

4. Any selective requirement taken away from OHSU must be approved by the clerkship director prior to the scheduled course. The student should review the guidelines for approval of an away selective requirement.

5. Students are expected to be available for clinical responsibilities on all OHSU holidays except Winter Break. Third- and fourth-year students do not receive a Spring Break holiday.

6. No more than 12 credits (8 clinical elective weeks) can be in one discipline.

7. Concurrent degree students are expected to complete the clerkship, selective and elective requirements. MD/PhD students can transfer 10 credits from their graduate student research to the electives requirement. However, these research credits may not be used toward the PhD degree.

8. Students requesting international travel must complete all clerkship and selectives requirements prior to the international experience.

Approvals
Clinical Sciences Subcommittee, January 12, 2004
Curriculum Committee, February 12, 2004

Professionalism

A. Deviations from expected professional conduct should be discussed with the student and reported to the Associate Dean for Student Affairs.

B. Some of the reported violations will be inconsequential and require no action by the Associate Dean. Some of the issues, such as a student troubled with substance abuse, will require confidentiality and will be managed by the Associate Dean and the Medical Student Progress Board in consultation with whomever he or she feels is appropriate. Some of the issues may be serious and may involve the need for a sanction by the School of Medicine. When the Associate Dean believes a violation is serious, the matter is presented to the Medical Student Progress Board which determines if the evidence for the alleged violation of professional conduct is sufficient to warrant a hearing.

C. The Medical Student Progress Board is responsible for conducting hearings that may result in a sanction for violations of the School of Medicine expectations for professional conduct. The hearing must be conducted in such a way as to provide due process for the student.
Professional Dress

Students are expected to adhere to professional dress attire when encountering with patients either in the classroom or in a medical setting. Patients come from very diverse backgrounds that need to be respected.

Professional dress consists of a clean white coat and an official OHSU nametag identifying one as a medical student. Both male and female students are expected to be neat and well groomed at all times. Students should not wear shorts, jeans, tennis shoes, cargo pants, or capri pants. Men should wear ties. Women should wear blouses or dresses that have appropriate necklines and do not expose the midriff. Stockings or leggings are expected if the dress is above the knees. Students should minimize facial piercing and minimize wearing jewelry. Shoes with closed toes are considered safer in a clinical setting since contaminants and needles are often dropped.

First- and second-year classroom settings are considered informal unless faculty notify students otherwise. However, students should continue to be well-groomed and neat and use good judgment about what is too casual.

Students should adhere to hospital policy regarding appropriate protocols for wearing scrubs.

Grading System

The faculty evaluates a student’s academic performance to determine if he or she is displaying adequate knowledge, skills values and attitudes and is meeting the institutional standards for satisfactory academic progress. A grading system is used to indicate how well the student has met the school’s expectations for academic performance. The official transcript will indicate all grades issued including incomplete, marginal, and failures that have been remediated.

A. The levels of performance for students are indicated by the following designations:

- Honors (H) indicates extraordinary intellectual and creative performance and mastery of the course of study.
- Near Honors (NH) indicates performance that is superior to that which is required of a satisfactory performance.
- Satisfactory (S) indicates achievement of appropriate knowledge and skills.
- Marginal (M) indicates unsatisfactory performance at the interface between satisfactory and failure which requires remediation. Remediation is determined by the Medical Student Progress Board upon the advice of the course director. The original marginal grade remains on the transcript and the remediated grade is listed below the original grade. The remediated grade is determined by the course committee and any grade can be attained following remediation. A second marginal
grade obtained following remediation in a course results in assignment of a Failure grade for that course.

- Failure (F) indicates clearly unsatisfactory performance. In addition to satisfying any conditions set by the Medical Student Progress Board, the student must satisfactorily repeat the course.

- Pass (P) indicates achievement of appropriate knowledge and skills in courses that use a pass/fail grading system.

- Incomplete (I) indicates that the student has not completed all the requirements of a course for a bonafide reason.

- Withdrawal (W) indicates that a student dropped a course after the first week and receives a W on the transcript. If the student drops the course by the end of the first week of the course, a W will not appear on the transcript.

B. Grading Procedures

- At the beginning of the course, the faculty will communicate criteria for levels of performance and all students meeting these criteria will receive the corresponding grade. It is possible, for example, that 50 percent of the students may receive an Honors grade in a given course. Therefore, it is advantageous for students to help each other and to study with classmates.

- A comparison of student performances with that of their classmates will be accomplished by the course director posting the mean class performance on a given examination. Individual grades will be posted by confidential identification number.

C. Academic Transcript

- The academic record (transcript) should reflect the total, unabridged academic history of the student at the institution. The transcript should reflect the initial grade followed by documentation of a change in the grade. The original grade issued is never removed from the transcript.

- All courses should be recorded in the academic period in which the course was taken and graded.

D. Professional Conduct

- Basic science and clinical faculty, students and staff will observe and evaluate the professional conduct of students.

- A grade given to a student will include some aspects of professional conduct (e.g., professional responsibility, respect for patients and their families, etc.). Some
violations of professional conduct may result in a failing grade. (e.g., cheating on an examination.) A student receiving a marginal or failing grade due in part or wholly to deficiencies in professional conduct, will need to satisfy conditions set by the Medical Student Progress Board and the course director.

- Professional Development Evaluation report can be submitted by a course director, student or staff to the Associate Dean for Student Affairs. This report can be used by a course director to signal initial, moderate, or significant concern regarding a student’s professional development in their course. Professional development may be evaluated independently of the academic performance. If there is moderate or significant concern the issue will be reviewed by the Medical Student Progress Board.

- The required clerkships must provide a professionalism assessment for each student.

E. Notifying Students about their Professional Development and Its Implications

- Students are evaluated by written and oral examinations and assessment of clinical proficiency. Students are informed of their performance by the following mechanisms:
  
  a. Students receive grades that reflect the level of their performance.
  b. In most instances, the answers for written test questions are posted shortly after the examination and students receive their own examinations with correct and incorrect answers designated.
  c. The results of oral examinations are documented in writing by the examiner and copies given to the student.
  d. The evaluation of a student’s performance on clinical rotations is documented on an evaluation form by the faculty. A copy of this evaluation is given to the student.
  e. Students who perform poorly are strongly urged to discuss their performance with the course director.
  f. The course director or designee meets with all students receiving less than satisfactory grades to make sure that the student understands the nature of their deficiencies and what needs to be done to correct them.
  g. The Associate Dean of Student Affairs will also meet with any medical student receiving a marginal or failing grade
  h. Performance of a medical student receiving a less than satisfactory grade or receiving a Professional Development Evaluation report is reviewed by the Medical Student Progress Board.

F. Clerkship and Elective Grading

- The faculty evaluates a student’s academic performance to determine if he or she is displaying adequate knowledge, skills, and attitudes and is meeting the standards of the clerkship/course. The clerkship director is responsible for reviewing all faculty and resident comments, examination scores, and any other evaluation instruments requested and to arrive at a final grade.
• The clerkship directors submit the final grade and a written summary evaluation within six (6) weeks of the conclusion of a third year clerkship and within five (5) weeks of the conclusion of a fourth year clerkship including elective rotation. Timely evaluation is essential so that students with difficulties can be reviewed and adequately counseled.

• Formative evaluations are provided by faculty for the majority of third year required core clerkships. Midterm feedback must be given by the third week of a five week rotation and by the fifth week of a ten week rotation so that the student has adequate time to improve.

• Signed midterm feedback forms must be submitted to a clerkship coordinator by the beginning of the fourth week of a five week rotation and by the beginning of the sixth week of a ten week rotation.

Grade Disputes

The Associate Dean for Undergraduate Medical Education will hear complaints of alleged unfair grading or evaluation that have not been successfully adjudicated by the course director.

An original copy of each student's exam is retained for 1 year after the final grade has been issued. The examination master, official exam key, student answer sheets and class roster of final scores will be maintained for 5 years after the course ends.

Policy for Remediation of Unsatisfactory Course/Clerkship Performance

An unsatisfactory level of performance by a student in a course/clerkship is defined as the assignment of a "marginal" or "fail" final grade for a course. When a student receives an unsatisfactory evaluation the process outlined below is followed.

• The Course Director notifies the Associate Dean for Student Affairs and the student of the unsatisfactory performance. The Course Director also signs and dates the course grade roster and submits this form to the Assistant Dean for Medical Education.

• The Associate Dean for Student Affairs meets with the student and refers the unsatisfactory performance to the Medical Student Progress Board for review.

• The Course Director presents the record of the unsatisfactory student performance to the Medical Student Progress Board making a recommendation for remediation.

• The Medical Student Progress Board reviews the student's academic performance and all other relevant records, considers the Course Director's recommendation, and makes a final recommendation and deadline for student remediation to the Associate Dean for Undergraduate Medical Education.
• The Associate Dean for Undergraduate Medical Education determines, based on recommendations from the Medical Student Progress Board, the remediation and notifies the student in a letter outlining the requirements and deadline for completion. A copy of the letter is sent to the Course Director.

• The Course Director is responsible for scheduling the date and time for remediation and the Teaching Services Office or appropriate clinical department will coordinate the administrative requirements.

• If a student is unable to meet the scheduled remediation date, the student must notify the Associate Dean for Student Affairs in addition to the Course Director. In general, deferment of remediation is granted only in cases of emergency.

• Due to the longitudinal structure and grading requirements of the Principles of Clinical Medicine (PCM) course, the plan for remediation must be completed as specified by the PCM Course Director to permit the student to progress to the next level of PCM. The student must meet with the PCM Course Director to arrange the requirements for and the timing of the specified remediation.

Revised January 2001
Curriculum Committee

Preparation of the Medical Student Performance Evaluation (MSPE) & Class Ranking

The purpose of the Medical Student Performance Evaluation (MSPE), (formerly called the Dean’s Letter), is to serve as an evaluation of medical school performance, not a letter of recommendation. The MSPE is prepared in accordance with the standards outlined by the AAMC guidelines for the MSPE. The MSPE is generated directly from student course performance evaluations and is not authored by an individual. The MSPE is required to include an assessment of student professionalism. In cases where evaluations are not adequate, the Associate Dean for Student Affairs may edit. The generated MSPE will be reviewed by the Associate Dean for Student Affairs and then forwarded to the student for review. The MSPE should be of high quality, leading to professional appearance. The MSPE should contain a curriculum overview statement and a nomograph of class performance. The graduating class is ranked into four groups including outstanding, excellent, very good and good. Thirty-three percent (33%) of the final ranking is based on evaluations from the required preclinical curriculum and 67% of the ranking is based on performance in the core third year clinical clerkships.

Students are ranked within the class when they did the majority of their required third year clerkships. Electives are not be used in establishing class ranking.

The Unique Characteristics paragraph consists of student awards received or activities performed such as:
  • Honors and Awards (e.g. AOA)
Committee memberships
Activities which were sponsored by the medical school (i.e., Wallace Clinic, HAP, Club Med, Interest Group projects, Alumni functions)

The student assists in preparation of the unique characteristics section. The preparation process of the MSPE is administered by the Associate Dean for Student Affairs. The Educational Operations and/or Residency Advisory Committee serves to assure that each letter is prepared in a consistent format and serves all students fairly. These faculty groups are responsible for assigning group ranking and reviewing student questions regarding their letters serving as an appeal body through its chairperson. The letter should include recurrent academic or behavioral difficulties and leaves of absences. The descriptive performance from each clerkship should be a statement describing the student’s performance, including strengths and areas for improvement. It is expected that the narrative in these statements will be unique but their form standardized to the fullest extent available. All letters carry the signature of the Associate Dean for Student Affairs and the Associate Dean for Medical Education.

The School of Medicine participates in the Electronic Residency Application Service (ERAS).

USMLE Requirements

USMLE Policy Effective with the Class Entering in 2009

This policy is a change and is effective starting with all students in the first year curriculum in 2009-2010. All students will be required to take and record a passing score for the USMLE Step 1 and Step 2 CK and CS exams in order to graduate from the MD program.

Approved by Curriculum Committee April 2009
Approved by Faculty Council May 2009

Procedures
Students are required to take and record a passing score for USMLE Step 1 prior to entering the third year. All students must take the exam prior to starting the Transition to Clerkship course. MD/PHD and MD/MPH students are required to take and pass the USMLE Step 1 prior to being eligible to enter graduate studies or clinical curriculum.

Students who receive a non-passing score may complete their current clerkship rotation or take an incomplete grade. These students will be given an automatic one year leave of absence to achieve a passing score on Step 1 and must pass the exam before they can re-enter the clinical curriculum. During this leave year, students can decide to be registered for the Clinical Review Course for a maximum of two terms to remediate USMLE Step 1 or Step 2 CK/CS. Students must seek approval from the Associate Dean for Student Affairs prior to registration. If they do not pass USMLE Step 1 within that year, they will be subject to a dismissal hearing by the Medical Student Progress Board. If a student wishes to re-enter the curriculum before the one year leave of absence is completed, the student must request this in writing 6 weeks prior to the start of the next clerkship.
The only exception will be for students selected by the Associate Deans to be at significant risk for not passing. They will be identified based on overall academic performance and MOCK board scores. See Administrative Deferrals Policy for detail. Any student that does not sit for the exam by July 30 will be required to take an automatic one year leave of absence from the third year. Students who delay the USMLE Step 1 beyond the August rotation will no longer be able to meet the graduation requirements with their class and therefore automatically extend their curriculum by one year. During this leave year, students can decide to be registered for the Clinical Review Course for a maximum of two terms to remediate USMLE Step 1 or Step 2 CK/CS. Students must seek approval from the Associate Dean for Student Affairs prior to registration.

Students are required to take and record a passing score on both USMLE Step 2 clinical knowledge (CK) and clinical skills (CS) prior to graduation. They must complete both exams with a passing score received by the Dean’s Office no later than May 15 of their graduation year in order to be able to participate in the commencement ceremony. They will be given a one year automatic leave of absence to achieve a passing score on Step 2 CK and CS and must pass the exam before they can re-enter the clinical curriculum. If they do not pass USMLE Step 2 CK and CS within that year, they will be subject to a dismissal hearing by the Student Progress Board.

Approved by the Clinical Sciences Subcommittee March 9, 2009
Approved by the Basic Science Subcommittee March 16, 2009
Approved by the Curriculum Committee April 9, 2009

Deferral of USMLE Examinations
School of Medicine policy requires students to take USMLE Step 1 prior to beginning the Transition to Clerkship and/or a clerkship.

A deferral of USMLE Step 1 is only granted for documented illness or injury.

Failure to Comply with the USMLE Step 1 Policy
If a student does not take the USMLE Step 1 exam prior to the Transition to Clerkship and clinical curriculum:

- A student will not be permitted to begin clerkships until the USMLE Step 1 has been taken and passed. Student is subject to policies and procedures regarding the USMLE Policy (refer to the policy for specifics).
- A student must contact the clerkship director for the July rotation at least 1 week in advance to arrange for dropping the course. Likewise, the student must contact the Office of Education and Student Affairs.
- A student will not have priority as a fourth year student to reschedule this third year rotation.
- A Professional Development Evaluation may be submitted for non-compliance with the USMLE Step 1 policy.

Administrative Deferrals Policy
Administrative deferrals can be granted by the Associate Dean for Undergraduate Medical Education. The following criteria will be used, but is not limited to:
A group of students can be identified by the Associate Deans to have demonstrated academic performances in years one and two which may put them at risk for not passing Step 1. These identified students must meet the following performance criteria to be considered at risk:

- Mock Board score of 40 or less
- OR
- Mock Board score of 50 or less and a course class average of 77% or less

If a student falls into one of these categories, they might be identified as needing additional time to prepare for Step 1 and may be required to participate in preparation programs. The following are some of the components that might be outlined for participation in this program.

- Required participation in any identified preparation program
- Attendance at all sessions is required
- The course will be held prior to Transition to Clerkship so students will have an additional 4 weeks of study time for the exam.
- Permitted to drop the July clerkship
- Required to take the Transition to Clerkship course
- Requested to take Step 1 exam at least one week prior to the start of the second rotation period. Must be completed by July 30.
- Cannot begin clerkships until Step 1 exam has been taken. (Please refer to the USMLE policies and procedures for details)

Course and Clerkship Evaluation Process

Basic Science & PCM Course Evaluation Process

Each year, the elected student curriculum committee (CC) representative gives TSO a list of 10-15 students they feel would be strong mini-report authors. TSO randomly assigns one student from this list to be the author for each course reviewed during the year.

At the end of the course, the Report Authoring Team (student report author and curriculum committee student rep) is given all course evaluation materials by TSO. The team has 6 weeks to complete and submit the final student report.

Student report author reviews content and then fills in pre-formatted, online form that serves as the report.

Report contains:
- Strengths (no more than 10, no less than 5),
- Weaknesses (no more than 10, no less than 5),
- Recommendations (no more than 6, no less than 3),
  - Strengths and weaknesses have quantitative (how many comments out of the group mentioned this?) and qualitative (why do you think the students felt this way?) components.
- Though only the report authoring team has access to the evaluation data, it is recommended that they organize a "focus group" of fellow students during the authoring process to assist in fleshing out the qualitative components of the evaluation (e.g.
Why the students didn’t like the textbook, why they students liked a particular lab, etc.)
Raw course evaluation data is not to be shared with the focus group.
• Focus groups are organized and run by the report authoring team.

Final report must be approved by curriculum committee student rep prior to being officially submitted to TSO.

Course director and curriculum committee faculty liaison receive final report. At this point, no further action is needed. However, a meeting between course director, report authoring team and curriculum committee faculty liaison can be requested by any combination of the parties to discuss final report. A meeting between all of these parties is strongly encouraged. Additionally:

When the Manager of TSO sends out the raw course evaluation data, she/he will ask all parties if they would like to meet. If not, no meeting happens but, if so, she/he sets up a room and a time.
• The meetings are not catered.
• The meetings are ONLY between the report authors, course director and CC liaison. Steering committees and co-course directors can come, but it is not up to TSO to coordinate all of these schedules.
• Meetings are not open to the general student body.
• The meetings are scheduled 7 weeks out from the end of the term, so all parties have time to review the student evaluation due at week 6 prior to the meeting.

After final report is submitted, previous mini-reports may be reviewed by curriculum committee student representative.

**PCM**
For PCM, only one mini-report will be completed at the end of the year. However, abbreviated versions of these reports will be completed by the elected PCM student representatives after each term. These abbreviated reports will be shared with the PCM Leadership Team and curriculum committee student rep. only. Only the end of year mini-report will be shared with the curriculum committee faculty liaison. The elected student representatives for PCM will use their abbreviated reports to compile the final mini-report at the end of the year.

**GIE**
As the first MS1 course (GIE) ends prior to CC student rep election, the process for this course will be the following:
• MS2 CC rep will facilitate the GIE course review.
• MS2 CC rep will always designate the newly elected MS1 class president as the report author for GIE.
• All other timelines and processes remain the same as above.

**Student Recognition**
Students that participate as a course report author will receive a formal letter of recognition from the SOM Dean’s Office acknowledging their contribution to the course evaluation process. This letter will be given to the student and added to his/her academic file.
**Curriculum Committee Evals**

- Curriculum Committee faculty liaison is privy to yearly student reports and general course evaluations. He/she may choose to follow up with the student and course director with any questions after reviewing. Each year the faculty liaison will present a brief update to the Curriculum Committee regarding the course review.

- For a three year evaluation, CC rep reviews all student mini-reports, putting most emphasis on the most current. From this he/she is able to identify themes and trends over the past three years.

- CC rep completes a pre-formatted, online form for official submission to the Curriculum Committee.

- Report uses student mini-reports and raw data to determine:
  - Top 5 strengths of the course
  - Top 5 weaknesses of the course
  - Top 5 formal recommendations to the Curriculum Committee regarding the course.

- Finalized report is presented to Curriculum Committee by faculty liaison.

**Required Clinical Clerkship Evaluation Process**

Each required clerkship is evaluated annually by the students, faculty and Clerkship Directors. Clerkship Directors review student clerkships evaluation and log information every 6 months and annually for a comparative review.

Each required clerkship undergoes a complete evaluation review every 3 years by the members of the Curriculum Committee. During the Transition to Residency course the clerkship requiring to be evaluated are reviewed by students, faculty and Curriculum Committee. A final presentation of the information is then presented to the Curriculum Committee by the Liaison and the Clerkship Director. Student representatives are present.

The Dean’s Office randomly selects 4-5 students from each of the 7 rotations from that year to assure that all periods of time during the year are represented. However, any interested student may participate. The Curriculum Committee student chairs the student committee and will review the clerkship evaluation data for the past 3 years and develop a report. Upon completion of their review and report, then the Curriculum Committee faculty liaison assigned to that course will convene a meeting of the Clerkship Director and student committee. The meeting is also open to other students and faculty.

The course evaluation meeting will be chaired by the Curriculum Committee liaison. There should be about 5-10 fourth year medical students present to provide the student perspective on the clerkship. The clerkship director can bring other members of the faculty to the review if they desire. The Curriculum Committee liaison will prepare a final report which will include the strengths, areas of concern and final recommendations which will be presented to the
Curriculum Committee. The clerkship director will have the opportunity to review the report prior to the meeting and be present for the Curriculum Committee meeting.

The following materials are used for review:
- List of questions you might consider in the evaluation.
- Summary of the clerkship evaluation data from past 3 years.
- Previous clerkship evaluation reports submitted to the Curriculum Committee.
- Graduation Questionnaire information regarding this clerkship.
- Grade distribution sheet.
- Pertinent information regarding the clerkship.

Evaluation Questions for Clinical Clerkships

The following questions need to be addressed as part of the evaluation of a clinical clerkship.

1. Review the clerkship study guide presented to the students for:
   - Measurable objectives
   - Expectations of the student during the course
   - Criteria for Grading is outlined
   - Schedules of Conferences

2. Is there adequate orientation session between the course director and students prior to the start of the course?

3. Review the distribution of grades for this past year. How many H, NH, etc

4. Review the midterm student assessment process. How does the process guarantee the student was presented with feedback at mid-session? How is the information documented? How does the clerkship director use this information in formulating a final grade.

5. How does the clerkship director guarantee faculty directly observe a student during the clerkship? Do the objectives indicate the expectations regarding this observation?

6. What faculty and resident development information or programs does the clerkship director sponsor or the department? How are the faculty and residents informed of the criteria and grading methods of the grade?

7. If a clerkship uses multiple sites, how does the clerkship director assure continuity between all sites?

8. Review how the clerkship faculty and director assess student professionalism?

9. Review the pages from the Graduation Questionnaire regarding this clerkship.

10. Review the appropriateness for the lecture series? Does someone monitor the attendance of the faculty presenters and the student attendance?

11. Review the overall summary of the patient log and compare to the objectives.
Policy on Course and Clerkship Reviews

1. It is the goal of the OHSU SOM Curriculum Committee to assure transparency in its course and clerkship evaluation process, and to afford students the opportunity to fully access, engage and participate in the evaluation of their curriculum.

2. To this end, all three-year Curriculum Committee course and clerkship reviews, and all annual “refined” course and clerkship reports, shall be posted electronically in a manner providing easy accessibility to all students and faculty.

3. Effective immediately, reviews for all first and second year courses will be posted on the Sakai site by their respective course managers. This shall be done in a manner providing ease of location and review, e.g., as a separate folder in “Course Resources” or an independent heading under “Course Materials.”

4. All subsequent course and clerkship reviews shall remain available electronically in a similar manner year to year, thus creating a comprehensive review history for each course or clerkship. Retroactive reports for the two years prior to enactment of this policy shall also be posted on the same site.

5. Additionally, any follow up letters requested by the Curriculum Committee from a course or clerkship director during a course evaluation will also be posted as an addendum to the corresponding evaluation.

Approved by the Curriculum Committee 12/08/2011

SOM Conflict of Interest Lecture Policy

1. Instructors within the School of Medicine are required to disclose any Conflict of Interest regarding the content of their presentations, either in person or within the course syllabus.

2. If a presenter is using PowerPoint lecture slides, one slide clearly stating either a lack of a Conflict of Interest, or a disclosure of a potential Conflict of Interest, will be inserted into the slide set at the beginning of the presentation. If slides or other electronic media are not to be used, the presenter will clearly state similar Conflict of Interest information verbally at the beginning of the presentation.

3. Course and clerkship directors will promulgate this policy with the instructors for their respective courses. Additionally, course managers will distribute a Conflict of Interest slide template for presenters to insert into their slide set prior to the date of presentation.

Approved Curriculum Committee Nov. 12, 2009  
Approved FSYC-SC (formerly BSSC) Oct. 25, 2010  
Revised Curriculum Committee March 8, 2012  
Approved MS Year 3 & 4 Subcommittee April 9, 2012  
Approved MS Year 1 & 2 Subcommittee April 16, 2012
Confidentiality Policy for Duplicating Course Content Materials

All course content materials provided to OHSU medical students are for the educational use of OHSU medical students only. None of these materials are to be shared with anyone outside of this medical school.

All course materials provided by faculty through written or electronic format are considered intellectual property of the author and OHSU and are considered to be private and legally protected.

Consequently, there will be no duplication or sharing of course materials outside of the OHSU SOM in any form. These course materials include, but are not limited to, lecture materials, audio or video presentations, small group, laboratory and syllabi materials, as well as postings from Sakai or SOM websites.

If a student is granted permission to duplicate any course materials, these reproductions may only be used for internal educational purposes and only by that student or by other OHSU medical students.

There will be no duplicating in any form of examinations or quizzes for any reason.

Any breach of this policy will result in disciplinary action.

EPIC Reference Guide for Medical Students

July 1, 2010

**Goal:** Students are expected to be integrated and engaged in the health care team therefore expected to be fully engaged in the EPIC system in both the inpatient and outpatient settings.

**Students are able to do the following in both the ambulatory and inpatient setting:**

- Write progress notes
- Pend orders
- Enter information into all components of the patient database, including past medical, family, social history (PFSH) and the review of systems (ROS)
- Access and view data from the medical record
- Access the problem list, medication list, history and allergies which are co-signed
- Develop a student in basket for purposes of sending feedback to them about their documentation
- The discharge summary is a combination of the Hospital Course and the discharge orders. The medical student may initiate the Discharge Summary by starting the Hospital Course. The note should remain in pended status until it is completed by either a resident or faculty.
The expectations for residents and/or attending involved in teaching medical students:

- Supervising physician is expected to review the student notes and orders; provide the student with feedback (if developed, faculty and supervising residents could use the in-basket for this)
- Supervising physician must approve and sign the orders that are pended by a medical student
- Supervising physician (whether this is an intern, resident or attending) will write their own primary note in every situation, but may refer to a medical student’s previously documented PFSH and ROS for the purposes of billing, documenting additions or addendums when necessary
- Students are not to be used as scribes. If a faculty member wishes to use a student as a scribe it must be approved by the Clerkship Directors Subcommittee.

**Students do not have the ability to do the following in EPIC:**

- May not cut, paste or duplicate another person’s note (either partial or in its entirety) in the medical record
- Are highly discouraged from using pre-established completed note templates
- May not sign orders (student may pend and should notify the supervising physician for them to sign)

**What level of training do students have?**

**During the MS1:**

- EpiCare Fundamentals Online course (1hr) and online assessment
- EpiCare InBasket Online course (30 minutes) and online assessment
- 4 hrs of medical students EPIC class time (EpicCare Medical Student) for both inpatient and outpatient training

**During the MS2:**

- Online refresher courses (EpiCare Fundamentals and EpiCareBasket) prior to starting clerkships

**VAMC VS OHSU**

- Federal Medicare guidelines requires the billing physician to document and bill based on the key elements, medical decision making and/or time spent with the patient.
- There are differences between the OHSU medical record (EPIC) and the VAMC (CPRS) record with respect to student documentation rules. When students are at the VAMC, they might be able to perform certain functions within the medical record that are prohibited in the EPIC/OHSU system, and this is due to the fact that the VA is not required to follow Medicare compliance guidelines for billing.

**EPIC Technology Support**

- Epic Help Desk  503 494-2222
The official EPIC Guidelines for Medical Students can be found on the OHSU ozone website

**Compliance Contacts:**

For compliance questions and to report possible violations

- Clerkship Director for individual clerkships
- Dr. Molly Osborne, Associate Dean for Student Affairs
- OHSU Chief Compliance Officer, Bobbie Clawson (503) 494-6806

**Document Prepared May 2009 by:**

Clerkship Directors (Clinical Sciences Subcommittee)
Bobbie Clawson, Chief Compliance Officer
Dr. Molly Osborne, Associate Dean for Student Affairs
Dr. Tana Grady-Weliky, Associate Dean for Medical Education
Dr. Patrick Brunett, Chair, Curriculum Committee
Carolyn Powell, EPIC IT

Adopted by Basic Science Subcommittee, June 25, 2010
Satisfactory achievement of the educational goals and the objectives of each course requires regular class attendance and participation in all curricular activities. All educational experiences which involve patient contact, clinical demonstration and direct care are required. Students are excused from classes on approved OHSU holidays. Students are expected to adhere to the OHSU Inclement Weather policy as stated in the Administrative Policies section. Students are expected, as a component of their professional responsibility, to complete a course evaluation for each course within one week of the end of the course.

In accordance with the “Guiding Principles” of the undergraduate medical education program, all medical students are expected to participate fully in all aspects of the medical curriculum. The SOM Curriculum Committee expects all students to attend lectures, and to fully participate in small group and laboratory learning experiences unless otherwise indicated by the course director. Active participation by both students and faculty in small groups is an excellent method of learning which strengthens group interactions and professional development skills.

1. Attendance in small groups and laboratories is required in all courses unless specified by the course director.

2. Each course will assign exam questions from the small group content areas apportioned to the value of the small group time.

3. Students are expected to be present in their assigned group, and sign-in, to receive credit for attending the session. Students are expected to come to the small group session having read the assigned materials and prepared to participate in the small group discussions.

4. The small group sessions will comprise at least 5% of the overall grade in a course.

Approval of the Basic Sciences Course Directors July 2005
Revised & Approved FSYC-SC March 14, 2011
Revised & Approved FSYC-SC May 16, 2011

Passing Grade Expectations

Students in the MS1 and MS2 required curriculum must achieve an average of 70% (75% in Gross Anatomy, Imaging & Embryology) on the cumulative examination scores in order to receive a passing grade for any course.

All other components of the course, including quizzes, labs small group attendance etc., may change the final grade as long as the minimum 70% (75% in Gross Anatomy, Imaging & Embryology) has been achieved on the exams.
Students receiving less than 70% average score (75% in Gross Anatomy, Imaging & Embryology) in any course will receive a marginal or failing grade for that course. Students in the MS1 and MS2 PCM course must achieve a summative score of 70% or higher on all graded course criteria over the duration of three terms in each academic year, to receive a passing grade for the course.

Grades considered less than satisfactory will be reviewed by the School of Medicine Student Progress Board.

The Student Progress Board in conjunction with the Course Director will determine remediation of the course if warranted.

Approved by Basic Science Subcommittee (aka: FSYC-SC) September 20, 2010
Approved by Curriculum Committee, October 2010
Amended FSYC-SC, March 14, 2011

Submission of Grades to Registrar’s Office

Final course grades for student in the MS1 & MS2 curriculum will be submitted by the Teaching Services Office, to the SoM Registrar’s Office for official recording no later than 6 weeks after the completion of each course.

Amended & Approved by First & Second Year Curriculum Sub-committee FSYC-SC 2/14/11

Examination Administration Guideline

1. Student Personal Belongings
   • Backpacks are permitted in the classroom and are to remain closed and undisturbed during the exam administration.
   • Students may utilize only identified exam materials during an exam administration. Exam materials include exams, scan sheets, query forms, pencils and calculators when permitted.
   • Watches with alarms and cell phones are to be turned off. Cell phone use is not permitted in the exam room. Pagers should be turned off or alternatively placed on vibrate mode if necessary. Recording/filming devices and radios are not permitted in the exam room. Personal digital assistants (PDAs) should be stored out of sight.

2. Exam Time Period
   • The designated exam time begins on the hour and ends at 50 minutes past the hour unless otherwise noted. This time frame includes exam distribution, proctor announcements and scan sheet completion. Students must be seated and quiet for the exam distribution to begin.
   • Students who have received approved testing accommodations will contact the Course Director at least one week prior to each exam date to request extended examination time.

3. Exam Materials Distribution
   • Students shall collect an answer sheet, query forms, and pencils from a central location prior to the start of the exam.
• The proctor(s) shall distribute the exam material to each row of seated students.

4. Admitting Late Examinees
• A 15-minute grace period shall be observed after the start of an exam.
• A student arriving later than 15 minutes after the start of an exam shall be documented as late. Additional testing time is not added to the testing session for a student who is late.
• A student arriving late for a second time will be permitted to sit for the exam and will be required to meet with the Associate Dean for Student Affairs.
• A student arriving late for a third time will be permitted to sit for the exam and will be referred to meet with the Student Progress Board.
• Late arrival documentations are cumulative throughout the first- and second-year medical curriculum and will be recorded by the Teaching Services Office.

5. Examinees Personal Breaks
• A maximum of six students may leave the exam for a personal break at any given time.
• Personal breaks are not to exceed five minutes duration and are restricted to use of the restroom.
• A student taking a personal break must deposit their exam and answer sheet, face down, at a location at the front of the classroom visible to all taking the exam.

6. Exam Queries
• The proctor will not answer any questions regarding interpretation of exam content.
• If there is a concern about the intent of an exam item, students should complete a query form.
• Queries are only accepted during the examination period and must be completed within the allocated exam period.

7. Collecting Test Materials at the End of the Session
• The proctor will announce 30-minute, 10-minute and end-of-exam announcements.
• Each student shall individually return their exam, scan sheet, query forms and pencils to the central location in the classroom.
• Exams are not permitted to leave the classroom.

8. School of Medicine Public Domain Policy
The following SOM policy pertains to all required courses for the MD Degree:
The content of an examination is confidential and distribution of the content in the public domain is prohibited when the examination bears the School of Medicine Public Domain Advisory. In this circumstance the reproduction or transcription of the content of the examination by any means is unauthorized. Possession and distribution of the examination or the content of this examination outside of the classroom setting or of the supervision of the course director or his/her designee is prohibited. Individuals possessing or distributing exams or exam content that is not authorized to the public domain will be subject to academic disciplinary action for failure to meet professional standards.

The following examinations are not authorized for distribution in the public domain:
Gross Anatomy, Imaging and Embryology
PCM I and II
Cell Structure and Function
Policy for Examination Schedule Change

1. If a student defers an examination due to illness, the student must contact Teaching Services staff (494-8428) who will forward the deferral request to the Course Director and Student Affairs Office. Subsequently, the student is responsible for arranging to sit for the deferred examination as outlined below (refer to item 4.)

Health care in the Student Health Service is available to all students who are ill.

2. A student may postpone exams for health reasons no more than once during the academic year. Need for a second examination deferral for health reasons requires meeting with the Associate Dean for Student Affairs and a signed release for health information from SHS.

3. Changing the scheduled time of an examination for non-health reasons is generally not permitted. Exceptions include emergencies and unique academic opportunities. In the case of academic opportunities, students must submit an e-mail request (which includes the phone number of the course director) to the Associate Dean for Student Affairs and the Course Director at least two weeks prior to the examination. Students must be in satisfactory academic standing to be considered for an examination schedule change for non-health reasons.

The Associate Dean for Student Affairs is responsible for reviewing non-health related examination schedule change requests from students, discussing the issues with the Course Director, and conveying the final written decision to the student, Course Director and Teaching Services office.

4. Students deferring exams must take the examination within one week of the original examination date. Failure to do so will be cause for assigning a grade of “incomplete.” Students who are approved for examination deferral must reschedule the examination through Teaching Services.

5. Students who defer examinations shall sign the following affirmation prior to taking a
deferred examination: “I affirm that I have not received any knowledge of the content of
the exam that is to be made-up or discussed its contents with my classmates or others
who may have knowledge of its contents.”

6. Students who receive permission to take an examination early, shall sign the following
affirmation prior to taking the exam: “I affirm that I will not disclose any knowledge of the
content of the exam or discuss its contents with my classmates or others who may take
this examination later.”

Revised and Approved
March 10, 1999
August 8, 1999
February 9, 2009
Amended FSYC-SC 1/24/11

Policy on Examination Scoring

Class performance on each question following an examination will be reviewed by the course
steering committee by reviewing the examination item analysis, reviewing student queries, and
individual faculty review of examination content. If the course steering committee recommends
a change in an answer, then the recommended change shall apply to all students in the course.
Upon a review of performance, if the course steering committee decides to eliminate a question
from an examination then no credit is given to students for this question under any
circumstances.

Finalized Basic Sciences Subcommittee
May 13, 1996
Curriculum Committee
June 13, 1996

Policy for Providing Tutors

The OHSU School of Medicine seeks to assure the academic success of all students. Students
not achieving a satisfactory score in a basic science course will be directed to the tutoring
program.

Procedure:

All at-risk students will be identified when scoring at or below 76% on an exam or a non-passing
score in a basic sciences course. This program will provide a structured, proactive, customized
intervention that will promote the achievement of satisfactory academic performance.

Elements of the Undergraduate Medical Education Tutoring Program:

1) A formal orientation of students to the availability of the tutoring program will occur
during MS I orientation.

2) The Teaching Services Office (TSO) identifies affected students throughout the
academic year utilizing the criteria specified above. After identifying appropriate
students the TSO will inform one of the Student Affairs Directors who will then schedule
a meeting with each student.
3) The meeting between the student and the Student Affairs Director will cover relevant areas that may be affecting student performance including academic, financial, medical, psychosocial, wellness or diversity issues. The Student Affairs Director will create a customized plan for improvement that addresses each relevant issue (including a referral for tutoring and accommodation assessment as well as referrals to debt management counselors, student health services, Office of Student Access, the Affirmative Action and Equal Opportunity Office, March Wellness, Center for Diversity & Inclusion or Ombudspeople, as needed). A written assessment of the meeting will be forwarded to the Associate Dean for Student Affairs. Each student will be referred to Sue Orchard, Psy.D, Coordinator for Student Access, Center for Diversity and Multicultural Affairs, Mackenzie Hall 1115, 503-494-0082 (phone), orchards@ohsu.edu, for an initial evaluation.

4) Tutoring will consist of two key components:
   a. Formal Tutoring
      i. The TSO will be in charge of the Formal Tutoring program.
      ii. Tutor development will be provided by the OHSU Teaching & Learning Center (TLC); completion of a tutor-training program will be required for all tutors prior to serving in this role. The TLC will provide support for tutors who have questions about tutoring as they tutor.
      iii. Tutors in the formal tutoring program may include MS-2, MS-3, MS-4, MD-MPH and MD-PhD students, who averaged 80% in the basic sciences course of the MS 1 and MS 2 curricula. Tutors will be compensated by the TSO.
      iv. Review groups of up to 8 students will meet weekly for 2 hours with one tutor.
      v. The students begin tutoring immediately once they are identified. Students remain in the tutoring program for the remainder of the course. If they are able to achieve a 75% or higher average, then they would not be required to attend the Formal Tutoring program for the next course. However, once they have become eligible for the Formal Tutoring program at any time during the year, the students may choose to continue with the program even if they are achieving a 75% or better overall examination performance.
      vi. Students that desire to opt out of the Formal Tutoring program must meet with the Associate Dean for Student Affairs or a Student Affairs Director and create a written proposal of why they are opting out of the program. This document will then be submitted to the Associate Dean for Student Affairs. Students may also request to meet directly with an Ombudsperson.
      vii. Students in the Formal Tutoring program are required to attend all course lectures and small groups, to take all quizzes and examinations and to participate in all required learning activities for the course in which they are being tutored. Students failing to meet the requirements of the Formal Tutoring program, or who opt out of tutoring and continue to score below 75%, will be referred to the Medical Student Progress Board for review and recommendations for subsequent academic actions.
   b. Peer Tutoring
      i. Peer Tutoring is a student run activity. MS-2’s develop the schedules, sessions, timing, and recruit additional tutors. TSO schedules the rooms
per their request, reimburses for food, and directs all MS-1 students to the Peer Tutoring sessions.

ii. MS2 Peer tutors should complete a tutor-training program administered by the TLC prior to serving in this role.

iii. Additional informal counseling can be obtained by talking with a classmate or more senior student in addition to studying with other students.

**Outcome Measures:**

The effectiveness of the program will be monitored by tracking the number of unsatisfactory grades issued, the number of students subsequently requiring academic extensions and the pass rate for USMLE Step I. In addition, the TLC will survey MS1s about the perceived effectiveness of the programs and tutors.

**Non-Sponsored Global Health Experiences**

Refer to page 60 for criteria.

**Policy on Preparation for Clerkships**

All students entering into the 3rd year clerkships must complete the following by May 15th prior to their first rotation. Failure to meet these requirements may result in delaying the clerkship.

- Complete the VA paperwork and submit to TSO (deadline will be given by TSO for each academic year).
- Take the online VA Mandatory Training for Trainees module, attach the certificate of completion and submit to TSO (deadline will be given by TSO for each academic year).
- Complete the VA background check (instruction will be emailed each year by TSO).
- Get finger printed and have photo ID taken for the VA.
- Complete CPRS-VA Computer Access 90 minute training session (TSO will email instructions for sign-up).
- Gain full access to Medical Student Epic (you must complete two online trainings—EpicCare Fundamentals and EpicCare InBasket—along with the competency assessments for each and attend 4-hr in-class Epic student training course set up by TSO (held fall of each academic year).
- Log onto IMPAX using your OHSU user ID and password and go through the self-guided tutorial.
Student Computing Recommendation MS1 Students

Incoming medical students are strongly encouraged to have a personal computing device for OHSU course and clinical work. Though on campus computing labs are available to students, a personal computing device will enhance a student’s in and out of class curricular experiences as well as promote the digital literacy skills necessary for 21st century clinicians. Though printed course materials will be provided to students (with the exception of the Principles of Clinical Medicine course), all courses utilize the Sakai online learning management system. Students will be able to access digital course materials via Sakai and will thus benefit from having a personal computing device.

While there are many personal computing options available, the School of Medicine (SOM) recommends students have a highly portable computing device that has a long battery life (7-12 hours). Long battery life is necessary as electrical sources may be limited in SOM lecture halls and small group rooms. Portability is important as students may move between many learning environments in a typical SOM day (lecture hall, small groups, clinical preceptorship, library, etc.) and will need a device that is readily accessible. For consideration, listed below are some computing device options that meet expectations:

- **Netbook Computer** (e.g. ASUS eee, Acer Aspire One)
  - Recommended minimum specs: 1.6 GHz processor, 2 GB RAM, 250 GB hard drive, Win 7.
- **Tablet Computer** (e.g. Apple iPad**, Motorola Xoom, ASUS Transformer)
- **Ultra-Portable Laptop Computer** (e.g. Apple Macbook Air, Samsung Series 9)
  - Recommended minimum specs: 1.6 GHz processor, 2 GB RAM, 250 GB hard drive, Win 7, Mac OS X.

If students are receiving financial aid through the OHSU Financial Aid Office, they may request a onetime increase in their financial aid budget for computer costs up to $2000. The computer costs cannot include items such as: IPODS, PDA, carrying cases, extended warranties, and supplies for the computer (i.e., paper and ink cartridges). To qualify, students must purchase the computer no sooner than August 2011 or anytime during their attendance at OHSU. An increase in financial aid for this purpose may require additional steps on the student’s part to receive approval for the additional funding. The students should contact the financial aid office to request the proper form and also to see how any increase in their budget would impact their financial aid award. The OHSU financial aid office can be contacted at 503-494-7800 or finaid@ohsu.edu.

Finally, please note that on campus technical support for students’ personal computing devices is limited. Accordingly, students wishing for comprehensive technical support for their computing
devices should consider purchasing their devices at retailers that offer support/training opportunities.

* A tablet computer is not a full computing device and is not recommended as a student’s sole personal computer. Tablets do work well as portable devices that compliment a traditional personal computer, such as a laptop or desktop computer.

**The Apple iPad does not support the Adobe Flash multimedia plug in. The majority of the SOM’s streaming materials (audio and video) utilize Flash, so the iPad will not be able to natively access these materials. Students wishing to use a tablet computer with Flash support should consider tablets that run Flash, like the Xoom or Transformer.

Approved by Curriculum Committee 7/14/11
PERTINENT TO MS3 & MS4

Attendance Policy

Students are expected to attend all activities involved in a required clinical clerkship. If a student is granted an approved absence that exceeds two days, then the student is expected to make up the time as outlined by the clerkship director. For absences that can be anticipated, approval must be obtained at least 6 weeks prior to the start of the clerkship. A student requesting time off must notify the clerkship director and attending physician by using the Request for Time Off Form. Finalized Request for Time Off forms will be submitted to the Dean’s Office for tracking.

There are three categories regarding absences from a clerkship:

1. **Student or immediate family illness or emergency.** Student should contact the clerkship director or designee immediately and request time off. Student should submit the Request for Time Off form to the clerkship director within 24 hours. Clerkship director can require this time to be made up if it exceeds two days.

2. **Request to attend/or present at a professional conference.** This category also includes interviewing or taking the USMLE exams. These events are known well in advance and the student should submit a Request for Time Off form to the clerkship director at least 6 weeks prior to the start of the clerkship to seek approval. Students are permitted to have a total of 2 days during the third year and 2 days off during the fourth year to pursue these kinds of events. If the request conflicts with required activities in the clerkship (e.g. exams), the request can be denied. Clerkship director can require this time to be made up if it exceeds two days.

3. **Request for Time Off for non-urgent personal reasons such as weddings, reunions, etc.** are usually not approved by the clerkship director but can be reviewed if you submit a Request for Time Off form. The clerkship director requires all this time to be made up.

**Steps for Requesting Time Off**

1. A student submits to the Clerkship Director the Request for Time Off form at least 6 weeks prior to the start of that clerkship.
2. Clerkship Director will review the request to determine if this time off will compromise the clinical service or the academic experience for this student.
3. Clerkship Director reviews the request and will approve with conditions or deny.
4. Clerkship Director forwards the final decision and the Request for Time Off form to the Office of Education and Student Affairs where the attendance records will be maintained for all clerkships.

If a student has a sudden illness and must be out for a day then the student will seek approval per telephone with the clerkship director and submit the Request for Time Off form upon their return.

Approved by Clerkship Directors May 9, 2005
Clerkship Expectations

The overall objective of the third year is to integrate all that students have learned into the basic skills needed to be a successful physician. Physicians are lifelong learners who must always reach for the next level. In order to reach that goal, the clerkship directors are providing you with a list of expectations to assist you during the core clerkship year.

1. You are expected to be present and participate fully in all activities involved in the clerkship, including orientation, seminars, and the final exam.
2. You are expected to make decisions, defend them, and understand the consequences of a poor decision.
3. You are expected to give 100% effort while on a clerkship and you should expect the same from your classmates.
4. You are expected to be respectful of your classmates, residents, faculty and other staff at all times. Do not undermine your colleagues.
5. You are expected to be current with all your patients and you are encouraged to do advanced reading on those patients. You should feel free to bring relevant articles to the team.
6. You should expect the residents and attendings to provide constructive criticism, so that you can improve throughout the clerkship. A formal midterm feedback session is required at week 3 of the rotation and week 5 of the Medicine rotation.
7. You are expected to be present daily unless you are ill or have a family emergency. You must seek approval for this time off by contacting the clerkship director for permission. There are no scheduled holidays during required third year clerkships.
8. You will be assigned to specific sites and team by the Clerkship Director.
9. You should expect that you will receive your final evaluation within 6 weeks of completing your 3rd year rotation and 5 weeks of completing your 4th year rotation.
10. You are expected to submit your procedural logs electronically on the last day of the clerkship.
11. You are expected to complete your course evaluation for the clerkship within one week of the end of the clerkship.
12. Remember that patient is the focus of the patient care experience, not you.

Clerkship Principles of Evaluation

1. The process must include evaluation of students, faculty, curricular content, and curricular methodology.
2. All required rotations must submit a final grade and comments to the Dean’s Office no later than 6 weeks after the completion of a third year core clerkship and 5 weeks after the completion of a fourth year core clerkship or elective rotation.
3. Accountability to the standards for distribution of feedback must be monitored.

4. Midterm formative feedback of students must be completed in week 3 of a 5-week rotation and week 5 of a 10-week rotation.

5. The midterm formative feedback form will be common for all third year required clerkships and be in a checklist format.

6. A common set of skills and attitudes pertaining to professionalism will be assessed by each clerkship director for third and fourth year required clerkships. If a student receives an overall evaluation of below expectation, they will be required to remediate. The clerkship director will recommend a remediation plan that is submitted to the Student Progress Board for implementation. A clerkship director can also determine to use professionalism as part of overall final assessment.

7. The class grade distribution expectation will be 20-25% Honors, 40-45% Near Honors, 30-35% Satisfactory. The grade distribution will be reviewed annually by the clerkship directors.

8. The students must be evaluated based on the instructional objectives that have been developed by each clerkship director.

9. Evaluation of students must include direct monitoring by faculty of patient care skills, including history taking, physical examination, and procedural skills, appropriate for each clerkship.

10. Summative feedback must be obtained regarding student performance, faculty teaching effectiveness, and effectiveness of educational methodology at the end of each rotation.

11. The ACGME Core Competencies should serve as a guide to general areas of evaluation of students.
   a. **Patient Care** that is compassionate, appropriate, and effective care for the treatment of health problems and the promotion of health.
   b. **Medical Knowledge** about established and evolving biomedical, clinical, epidemiological, social and behavioral sciences, and the application of this knowledge to patient care.
   c. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
   d. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
   e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
   f. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
Clerkship and Elective Grading

The faculty evaluates a student’s academic performance to determine if he or she is displaying adequate knowledge, skills, and attitudes and is meeting the standards of the clerkship/course. The clerkship director is responsible for reviewing all faculty and resident comments, examination scores, and any other evaluation instruments requested and to arrive at a final grade. The clerkship directors must submit the final grade and a written summary evaluation within 6 weeks of the conclusion of a third year clerkship and within 5 weeks of the conclusion of a fourth year clerkship or elective rotation. Timely evaluation is essential so that students with academic or professional difficulties can be reviewed and adequately counseled. In addition, faculty are also expected to provide each student in core clerkships with midterm feedback in written format. Midterm feedback must be provided by the 3rd week of a five-week rotation and the 5th week of a ten-week rotation so the student has adequate time to respond.

Clerkship Scheduling

All students must complete the curriculum of the first two years and meet requirements for promotion prior to entering clinical clerkships. Under rare justifiable circumstances students may request to take a required course at another institution. This request must be directed to the Associate Dean for Undergraduate Medical Education for consideration.

All changes in the clinical rotations must be directed to the Office of Education and Student Affairs and not the specific departments. Students requesting a change, cancellation or modification of 3rd year clerkship schedules must do so at least five weeks prior to the start date of the clerkship to be modified. Students requesting a change, cancellation or modification of 4th year clerkship schedules must do so at least four weeks prior to the start date of the clerkship. If an emergency occurs after the deadline has passed, the student must direct the request to the Assistant Dean for Undergraduate Medical Education. All clinical rotations begin and end on a specific date which students are expected to adhere to unless prior approval has been granted by the clerkship director. Students are responsible for monitoring their courses and credits to assure they meet the graduation requirements.

Delaying a Clerkship

Students are expected to complete all required third year clerkships during the third year of medical school. Students may not drop a required clerkship and replace it with an elective or fourth year required course. Students can request a delay of a clerkship if: 1) enrollment is full which is determined by the Office of Education and Student Affairs, 2) military obligation, or 3) personal or academic issues approved by the Associate Dean for Student Affairs. These requests must be approved 6 weeks in advance of requested change. All delayed clerkships must be completed prior to the start of Winter term of the year the student plans to graduate.

Students in the MD/MPH program may request to delay a clerkship. In order to receive consideration for such a request students must: 1) outline in writing a justification for the request at least 4 months prior to the clerkship; 2) realize that we must consider the feasibility and logistics of being able to reschedule this clerkship, and 3) written approval from the Associate
Dean for Student Affairs and the Program Director of MD/MPH program must be granted before the clerkship can be dropped or not scheduled.

OHSU Clerkship Duty Hours Policy

The goals of medical students and the faculty of the School of Medicine are the same: to participate in an educational experience that prepares students to enter residency training and become physicians, while maintaining wellness. During their medical training, students contribute in meaningful ways to patient care. It also is important for students and physicians to develop a healthy balance between work hours and personal time. The student’s family and personal obligations are important and need to be balanced with their education.

Duty hour rules for graduate medical programs, often referred to as the “80-hour work week,” were developed for residents. Similar rules were not developed at the national level for medical students. There are obvious differences in terms of goals and responsibilities between residents and students. Nonetheless, the School’s Curriculum Committee, through the Clinical Sciences Subcommittee, developed the following guidelines.

- The student should work no more than 80 hours per week on the clinical hospital services and/or in clinics, including required clerkship lectures, conferences and exams.
- The student should have at least one full day off per week, averaged over a month.
- No matter how many hours the student has worked, he or she should always check out with their supervising resident or attending before leaving for the day.
- If a student is on a rotation without overnight call responsibilities, the student should feel free to come in early or stay late for the benefit of patient care or the student’s education. Students are expected to be at all required educational activities (including lectures, conferences, exams, etc).

Approved by the Clinical Sciences Subcommittee, May 10, 2010
Edited by the Curriculum Committee, May 14th
Edits approved by Clerkship Committee, May 17th.

Elective Courses Taken Away from OHSU

In general students are required to take all the required courses and clerkships as provided by OHSU School of Medicine. In some instances, students may petition to seek required experiences at other major medical teaching hospitals.

Student must be in good academic standing to participate in away rotations.

The procedures for obtaining approval for an elective course not sited at OHSU or at an affiliated site:
1. Complete the Away Clerkship Form.
2. Name of person(s) or institution offering the elective.
3. Immediate supervisor who will provide a final grade.
4. Subject matter or course title of the elective and course content description are required.
5. Duration.
6. Confirmation of acceptance by the away site.
7. Justification for the elective may be requested.

The Away Clerkship form must be submitted in writing to the Office of Education and Student Affairs with prior approval by appropriate OHSU department chair or designee sponsoring the student. The signed form is required at least 4 weeks prior to departure.

Students are expected to provide the away site with an evaluation form and are responsible for its return to EdSA office in a timely manner (within four weeks from the ending of the experience).

Due to liability issues, the OHSU Office of Risk Management does not allow students to seek electives outside of Oregon unless they are participating in 4th year required coursework. Students requesting clinical experiences outside of Oregon are required to be supervised by licensed physicians affiliated with accredited residency programs and/or teaching hospitals.

Requirements for Requesting More than 8 weeks/12 Elective Credits Away from OHSU

If students want to do more than 2 rotations away from OHSU, they will need to get permission from the Associate Dean for Student Affairs.

Third year required clinical clerkships must be done at an OHSU regularly scheduled site. Student cannot take required clinical clerkship away from OHSU.

Some of the fourth year required clerkships can be taken away with prior approval.

To take an away SUBI or ICU clerkship:

1. Students must submit a formal written request to the Office of Education and Student Affairs stating why they want to take the clerkship away from OHSU. The rotation must be taken at a university teaching hospital. Students must include a detailed description of the clerkship they are scheduled to take. The request will be reviewed and a preliminary decision will be made at that time. Final approval will be given based on the evaluation received after the rotation has been completed. The OHSU SUBI/ICU Evaluation Form should be used.

   The expectation for the rotation will include: Intensive inpatient experience where the student functions (with supervision) at an intern level in evaluating patients, coordinating for day-to-day patient management, call, coordinating consultations, treatment plans, writing orders and establish diagnosis and therapeutic plans.

2. Students may not fulfill both SUBI and ICU requirements with away rotations.

To take an away Neurology clerkship:

1. Students must get permission from the Neurology Clerkship Director to take the rotation away.
2. It must be at another medical school and be one of their regularly scheduled Neurology Clerkships. It cannot be done at a non-medical school site.

**To take an away Pediatrics II clerkship:**

1. Students must get permission from the Director of Medical Student Education in Pediatrics to take the rotation away.
2. The Director will require an outline/syllabus of the clerkship. It must be at a site that OHSU can approve to be an away rotation.

Students must take the Surgery Subspecialty rotation at an OHSU regularly scheduled site. It cannot be done away under any circumstances.

All away rotations done outside of the state of Oregon must be done at a LCME accredited U.S. Medical School or accredited ACGME Residency Program for OHSU to approve and provide malpractice coverage. Malpractice coverage cannot be provided for rotations outside of the U.S.

The OHSU Domestic Away Elective Form must be filled out and turned in with the appropriate supporting documentation prior to each away rotation. Failure to do so will result in no malpractice coverage and no credit for the rotation.

Approved OHSU Clerkship Directors, May 2011

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**Criteria for Global Health Experiences**

Two methods are available for students to seek an international educational experience as specified below:

A) **Authorized by the School of Medicine to receive academic credit**

B) **Non-sponsored by the School of Medicine and receive no academic credit**

**A) Authorized International & Global Health Experiences for Earning Academic Credit**

The following guidelines delineate the step for medical students wishing to earn academic credit, receive financial aid, or be granted an extension of their curriculum in order to pursue an international educational experience(s). Eligibility for an international educational experience requires the following criteria to be met at least 12 weeks prior to departure.

1. Successful completion of the required first, second and third year curriculum and pass USMLE Step 1. (NOTE: STUDENTS MAY PETITION TO COMPLETE AN ELECTIVE DURING THE 3RD YEAR ELECTIVE BLOCK).
2. Submission of a request in writing for approval to the SOM Dean’s Office with the following required information:
   a. Indicate the name and location of a person or agency that is supervising/responsible for your experience at each site.
   b. Indicate the length of stay (dates) for each experience. 4 weeks minimum.
   c. Describe the learning experience expected to be achieved during these experiences.
   d. Provide a CV or biosketch of the primary host mentor.
   e. Describe the host training site.
   f. If this experience extends your medical curriculum beyond four years, explain why this experience will enhance your education. Meet with the SOM scheduling staff to arrange academic credits for the period you are away.
Medical Student Handbook

g. Meet with the University Financial Aid Office staff prior to departure regarding financial aid regulations.

3. Students approved for an international education experience are required to register and pay University tuition (if due) and fees while away on an international experience. Students can earn up to a total of 9 clinical elective academic credits which apply to graduation. Any additional credit earned maybe applied to qualify as a full-time student for financial aid purposes and will be represented on the academic transcript, but not counted toward fulfilling graduation requirements.

4. Students are responsible for requesting a final grade, which can be either pass/fail or a letter grade, from the attending whom they worked with, who submits it to the Office of Education and Student Affairs.

5. Prior to departure, students are required to obtain consultation from OHSU Student Health and review travel preparation guidelines on the OHSU Global Health Center website http://www.ohsu.edu/xd/education/continuing-education/global-health-center/about/resources.cfm regarding appropriate immunization, prophylactic medications, security recommendations, and other preparatory steps.

6. OHSU does not provide malpractice insurance for international experiences.

7. Students are required to secure medical insurance as well as emergency medical evacuation insurance prior to departure. This coverage must be in place for the duration of the international experience. Students, who possess health insurance through OHSU student health, are covered by Aetna Insurance Company, but the company should be notified of travel plans. If other insurance is preferred, It is suggested that students contact International SOS Assistance Inc.; 3600 Horizon Blvd.; Suite 300; Philadelphia, PA 19053 USA: http://www.internalsos.com/en/americas_usa.htm Tel: 215 942 8000; FAX 215 942 8299; or a comparable organization to purchase health and evacuation insurance.

B) Non-Sponsored International Education Experiences without Academic Credit
Medical students may also pursue international experience(s) during the summer term between years one and two. Successful completion of the year one curriculum is required. Students earn no academic credit toward graduation requirements and are considered not sponsored by the School of Medicine. To ensure safety and a more meaningful experience, non-sponsored students pursuing education experiences are encouraged to comply with the same requirements as students seeking academic credit.
STUDENT STANDARDS AND POLICIES

OHSU Code of Conduct

At the beginning of medical school, each student will be provided with an OHSU Code of Conduct. This Code is a core component of the OHSU Compliance Program and expresses OHSU’s commitment to excellence and the highest ethical standards. Each student will be asked to sign a statement indicating they have received the Code of Conduct and are responsible for reading this document and seeking clarification if they do not understand the contents.

OHSU Technical Standards

Health Sciences programs have a societal responsibility to train competent healthcare providers and scientists that demonstrate critical judgment, extensive knowledge and well-honed technical skills. All candidates for an OHSU degree or certificate must possess essential skills and abilities necessary to complete the curriculum successfully. These include academic (e.g., examination scores, grade point average) as well as technical standards. These technical standards are nonacademic criteria, basic to all of OHSU’s educational programs. Each OHSU program may develop more specific technical standards.

OHSU’s Technical Standards include:

- Acquire information from experiences and demonstrations conveyed through online coursework, lecture, group seminar, small group activities, and other.

- Ability to recognize, understand and interpret required instruction materials including written documents, computer-information systems, and non-book resources.

- Ability to manipulate the equipment, instruments, apparatus, or tools required to collect and interpret data appropriate to the domain of study, practice or research.

- Ability to follow universal precautions against contamination and cross contamination with infectious pathogens, toxins and other hazardous chemicals.

- Solve problems and think critically to develop appropriate products and services (e.g., treatment plan, a scientific experiment).

- Synthesize information to develop and defend conclusions regarding observations and outcomes.

- Use intellectual ability, exercise proper judgment, and complete all responsibilities within a timeframe that is appropriate to a given setting.

- Maintain effective, mature, and sensitive relationships under all circumstances (e.g., clients, patients, students, faculty, staff and other professionals).

- Communicate effectively and efficiently with faculty, colleagues, and all other persons encountered in any OHSU setting.
• Work in a safe manner and respond appropriately to emergencies and urgencies.
• Demonstrate emotional stability to function effectively under stress and adapt to changing environments inherent in clinical practice, health care and biomedical sciences and engineering.

Disabilities:
It is our experience that a number of individuals with disabilities, as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, are qualified to study and work as health care professionals and scientists with the use of reasonable accommodations. To be qualified for health sciences programs at OHSU those individuals must be able to meet both our academic standards and the technical standards, with or without reasonable accommodations.

For further information regarding services and resources for students with disabilities and/or to request accommodations, please contact the Office for Student Access.

Approved: October 30, 2009

OHSU Professional Standards

OHSU students are expected to conduct themselves in accord with the high ethical standards expected of health professionals. Since students, after graduation, may be licensed to practice as health professionals and may be required to assume responsibility for the life and welfare of other human beings, every student is expected to demonstrate a level of competence and patterns of behavior which are consistent with these professional responsibilities and which are deserving of the public's trust. The University and School has the right to sever, at any time, the connection with any student considered unfit for a career in the health-related professions. If not otherwise provided by a school or applicable program, allegations of prohibited conduct shall follow procedures described below:

MD Technical Standards

Because the MD degree signifies that the holder is a physician prepared for entry into the practice of medicine within postgraduate training programs, it follows that candidates for graduation must have the knowledge, skills, attitudes, and judgment to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Candidates must demonstrate the capacity to develop academic and emotional maturity and leadership skills to function effectively in a medical team. Therefore, all students admitted to the School of Medicine must be able to meet, with or without reasonable accommodation, the following abilities and expectations. Students/Applicants who may have questions regarding the technical standards or who believe they may need to request reasonable accommodation in order to meet the standards are encouraged to contact the Education & Student Affairs Office.

1. Candidates must be able to observe demonstrations and experiments in the basic sciences.
2. Candidates must have sufficient use of the sensory, vision, hearing, motor, and the somatic sensation necessary to perform a physical examination. Candidates must be
able to perform activities such as palpation, auscultation, percussion, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the movements, equilibrium and functional use of the sense of touch and vision.

3. Candidates must be able to learn to respond with precise, quick and appropriate action in emergency situations.

4. Candidates must be able to communicate with accuracy, clarity, efficiency, and sensitivity.

5. Candidates must have the skills to be able to analyze and synthesize information, solve problems, and reach diagnostic and therapeutic judgments.

6. Candidates must be able to acknowledge evaluation and respond appropriately.

7. Candidates must possess the interpersonal skills to develop rapport and positive relationships with patients.

8. Candidates are expected to possess the perseverance, diligence, and consistency to complete the medical school curriculum. Candidates, therefore, must be able to tolerate physically and emotionally taxing workloads, to function effectively under stress, to adapt to changing environments, to display flexibility, and to function in the face of uncertainties inherent in the clinical problems of many patients.

Revised: 10/09

Professional Conduct Expectations for MD Program

Expectations for Professional Conduct: Conduct expected by the School of Medicine.

The faculty and students of the School of Medicine at the Oregon Health & Science University are expected to conduct themselves in an ethical, prudent and humanitarian manner while engaging in all phases of their professional and academic life. The following behaviors and attitudes are thought to embody some of the key requirements for professional conduct expected of faculty and students in the medical, graduate and allied health programs. A deviation from expected conduct may result in official School of Medicine disciplinary action.

- Honesty is a necessary professional virtue. Students and faculty are expected to be honest in their academic and professional interactions with each other and in their dealings with peers, patients, the Oregon Health & Science University and the professional community.
- It is expected that faculty and students will discharge their professional obligations in a timely and responsible manner.
- Society sanctions health professionals to help people endure physical and emotional distress, entrusts them to examine intimate areas of the body and grants them the privilege of listening empathetically to closely guarded secrets and fears. Consequently, it is expected that health professionals will treat patients and their families with dignity and respect and will hold the information that they acquire in strictest confidence.
• Faculty and students will not allow personal concerns and biases to interfere with the welfare of their patients.
• Faculty and students should show respect for each other and for those who support the care of patients and the academic programs.
• Faculty and students should assist each other to identify and maintain professional standards of conduct in a dignified and helpful manner.
• Conflicts among students and faculty should be addressed and resolved in an equitable and professional manner.
• Professional responsibilities require mental and physical abilities that are unimpaired by the use of drugs or alcohol.
• Electronic information—see Standards of Electronic Information Conduct.

Standards of Electronic Information Conduct

Electronic information and communication technology are provided specifically for meeting educational and professional responsibilities. The School of Medicine and OHSU computers are tools to enhance and provide learning, communication and information management. Using these computers is a privilege and all users have responsibilities regarding their use.

• Changing or rearranging the setup of any computer without authorization is prohibited.
• Compliance with copyright laws regarding software and information is required.
• The privacy of others must be respected.
• Use of appropriate language is essential. Language that would be offensive to others is unacceptable.

Other activities that are considered inappropriate use include, but not limited to:
• Accessing, viewing or downloading pornographic materials.
• Copy or downloading materials in a way that violates another’s licensure/copyright protection.
• Use of OHSU computing resources to harass others.

The Internet provides access to valuable information and interactions. Use of the Internet should support the educational mission and provide individuals with access to databases and other similar resources. In using the Internet, violating the rights of others including privacy as well as using or posting profanity, obscenities or language that may be offensive to another use is prohibited. Likewise accessing inappropriate graphic or factual information or responding to messages that are obscene or threatening is unacceptable conduct.

All students are expected to maintain utmost respect and confidentiality of patients, faculty and colleagues in accessing privileged information. Improper use of computer technology is considered professional misconduct and accordingly students will be referred to the Medical Student Progress Board for action which could include dismissal from the School of Medicine.
Standards of Conduct in the Teacher/Learner Relationship

Physicians are held to the highest standards of professionalism. It is expected that the learning environment for student physicians will facilitate and reinforce behaviors and attitudes of mutual respect between medical school teachers (faculty, residents, and staff) and medical student learners. It is the policy in the Oregon Health & Science University School of Medicine that all student-resident and student-faculty relationships be held to the highest professional standards, and in specific, be free of abuse, discrimination, mistreatment and harassment. Students subjected to abuse, discrimination and/or harassment have a right to file a grievance with the School of Medicine or, where legally prohibited discrimination is involved, have their concerns reviewed by the OHSU Affirmative Action & Equal Opportunity Department.

Definitions:

**Verbal abuse** may include, but is not limited to shouting, hostility, belittlement, intimidation, humiliation or profanity directed at the student.

**Physical abuse or threats of physical abuse** may include, but is not limited to hitting, slapping, kicking or intentionally placing a student at risk of physical harm.

**Discrimination** may include, but is not limited to those behaviors, actions, interactions, and policies that adversely affect one’s work because of a disparate treatment, disparate impact, or the creation of a hostile, intimidating or offensive work or learning environment. Common forms of discrimination include those based on gender, age, religion, ethnicity, race, disability, and sexual orientation.

**Harassment** may include, but not limited to verbal or physical conduct that creates an intimidating, hostile or offensive work or learning environment or verbal or physical abuse or mistreatment when submission to such a conduct is a term or condition of one’s professional training.

**Sexual harassment is defined by the Oregon Health & Science University as:** Sexual harassment involves unwelcome and unwanted talk, pictures, posters, touching, or other actions that have to do with sexual activity. It is a violation of OHSU policy when:

- Accepting or rejecting these behaviors affects someone’s assignment, job, pay, hours, grades, rotation, treatment, or any other terms and conditions of employment, education, training, or receiving services; or
- The harassment is severe or pervasive enough to create a hostile, threatening, intimidating, or offensive environment.

**Mistreatment** - other forms of mistreatment may include such things as requiring a student to perform personal services such as shopping or babysitting or requiring a student to perform tasks which would likely cause a reasonable student to be humiliated.
Misconduct

In addition to conduct proscribed by the School, prohibited conduct includes but is not limited to:

- Submitting material in assignments, examinations or other academic work, which is based upon sources, prohibited by the instructor, or the furnishing of materials to another person for purposes of aiding another person to cheat;
- Submitting material in assignments, examinations and other academic work which is not the work of the student in question and where there is no indicating in writing that the work is not that of the student;
- Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one’s own behavior related to educational or professional matters;
- Falsification or misuse of university records, permits or documents;
- Violating existing school or university policies and regulations;
- Exhibiting behavior which is disruptive to the learning process or to the academic or community environment;
- Conviction of a crime, before becoming a student under circumstances bearing on the suitability of a student to practice a health or related profession, conviction of a crime while a student, disregard for the ethical standards appropriate to the practice of a health related professional while a student or before becoming a student, or current habitual or excessive use of intoxicants or illegal drugs;
- Obstructing or disruption of teaching, research, administration, disciplinary procedures or other institutional activities including the university’s public service functions or other authorized activities on institutionally owned or controlled property;
- Obstruction or disruption interfering with freedom of movement, either pedestrian or vehicular, on institutionally owned or controlled property;
- Possession or use of firearms, explosives, dangerous chemicals or other controlled property, in contravention of law or institutional rules;
- Detention or physical abuse of any person or conduct intended to threaten imminent bodily harm or endanger the health of any person on any institutionally owned or controlled property.

Procedures for Alleged Misconduct

1. The alleged misconduct is reviewed by the Medical Student Progress Board
2. Recommendations are sent to Associate Dean for Medical Education and Dean of the School of Medicine.
3. The Dean is responsible for making a final decision.
4. Student may Appeal or Grieve to the University (see Grievance Policy on p.69).
Possible Actions
The following comprises examples of types of official School of Medicine actions which may be
taken. Any one or more of the following actions may be imposed only after a hearing at which
the student has had the opportunity to be present and present his or her side of the complaint:

• **Loss of privileges** (Denial of the use of specific OHSU facilities).
• **Financial Aid Termination** (Cancellation of any or all financial aid including, but not
limited to, tuition and fee waivers, scholarships, grants-in-aid and employment).
• **Restitution** (Reimbursement by transfer of property or services of the same or
equivalent value to the OHSU or to a member of the OHSU community).
• **Warning** (Official notice to a student that his or her performance is in violation of the
Medical School's Exceptions for Academic or Professional Conduct. The continuation of
violations may result in further action).

MD Student Grievance Policy
*For Non-Discrimination Issues*

Introduction
Students have the right to grieve matters related but not restricted to the following areas:
student-mentor or student-faculty conflicts, discrimination, grading policies, curriculum issues,
school policies, rights of authorship of scientific publications, laboratory safety concerns.
Students may not grieve assigned grades, or disciplinary actions. These issues are addressed
through the School of Medicine grade dispute process. A grievance involving discrimination is
referred to the Office of Affirmative Action/Equal Opportunity.

Informal Procedure
Students who wish to grieve a matter are encouraged to initially discuss the problem with an
Ombudsperson or either the Associate Dean for Student Affairs or Associate Dean for
Undergraduate Medical Education. These individuals may be able to provide you guidance
regarding a potential grievance. Students who do not feel comfortable doing so, or otherwise
choose not to, can also choose to discuss the potential grievance with the Department Chair,
Course Director, Faculty Member, etc. If the student feels that the situation is such that the
Department Chair, Program Director, faculty member, Associate Dean of Student Affairs,
Associate Dean for Undergraduate Medical Education, Ombudsperson, etc. cannot be
approached, the student should communicate with the Chairperson of the School of Medicine
Grievance Committee. The individual who is initially approached will meet with the grievant
and/or the person or persons complained against in an attempt to reach an informal resolution
of the matter.

Formal Procedure
If the parties are unable to resolve the issue to their mutual satisfaction through the informal
process, the grievant may file a written formal grievance with Associate Dean for Student Affairs
or the Associate Dean for Undergraduate Medical Education within 20 days after the termination
of the informal grievance procedure. The document should describe the nature of the
grievance, the circumstances under which the grievance took place, previous efforts to resolve
the problem, and the nature of the redress the grievant is seeking. The Associate Dean for Student Affairs or the Associate Dean for Undergraduate Medical Education will ask the chair of the Grievance Committee to convene within 20 weekdays. The Committee consists of three elected fourth year medical students. These students would be: one student from the Dean’s Advisory, one Curriculum Committee elected member, and the senior Class President, two basic science faculty members, two clinical faculty members, and a non-voting faculty committee chair. The faculty chair and faculty committee members are appointed by the Committee on Committees and serve 3 year terms which can be renewed. The Committee will meet within 10 workdays after receipt of a grievance, if feasible. The Committee subsequently sets a time and place for the grievance hearing and sends written notification to the parties involved. The hearing may consist of a series of meetings between the Committee and individuals involved in the grievance or a single meeting with all parties present. At any stage of the proceeding, each party to the grievance may be accompanied by an advisor of that party’s choice. The advisor will not be permitted to speak on behalf of the party or participate in any other manner not approved of by the Committee. The Committee members may, at any time, request additional information or documentation from the grievant and/or others, and may request that individuals appear before it during the hearing process to provide information. All Committee sessions, except for the Committee’s deliberations, will be tape recorded.

At any stage of the proceeding, the Committee may attempt to resolve the grievance. If an acceptable resolution is reached, the Committee will prepare a Statement of Understanding for all parties to sign. A copy of the statement will be provided to the parties and the Associate Dean for Student Affairs and Associate Dean for Undergraduate Medical Education.

If a resolution is not reached before the conclusion of the hearings process, the Committee will deliberate privately and reach a decision with respect to the grievance. A decision should be reached within 20 workdays of the conclusion of the hearings process. The Committee will prepare a report summarizing the Committee’s factual findings, the Committee’s conclusions based on the evidence presented at the hearing, and the Committee’s recommended solution or determination of the grievance. The Committee should also record the vote for and against the recommendation. Member(s) of the Committee may file a minority report with the Dean. A copy of the report will be forwarded to the Associate Dean for Students, Associate Dean for Undergraduate Medical Education and the Dean of the School of Medicine and to the parties to the grievance. The Dean shall reach a final decision on the grievance within 10 days of receipt of the report. A copy of the decision will be sent to the parties and to members of the grievance Committee. The Dean’s decision may be appealed to the Provost in accordance with OHSU policy on appeals.

Approved Curriculum Committee 2/10/2000

University Policy - Student’s Right of Appeal

A student may appeal a final disciplinary decision by their school or applicable program to the Provost as provided in OHSU Policy 02-30-050. Appeals to the Provost may be filed in the OHSU Office of Student Affairs and may only be made upon the following grounds:

a) The school or program failed to follow established procedures with respect to the decision appealed from; and the error resulted in prejudice to the student;
b) New material information is available that would not have been presented at the time of the proceedings at the school; or

c) The decision is in conflict with applicable laws, rules or OHSU policies.

Appeals to the Provost must be in writing and the appeal must be submitted within thirty days of the student’s notification of the decision.

The decision of the Provost is final.

(University - 02-30-010)

**Surveys Distributed to Medical Students**

Any survey that is to be administered to medical students must be reviewed and approved by the SOM Curriculum Committee prior to distribution. Some surveys may need IRB approval per institutional policy.

**Students as Investigative Subjects**

As investigative subjects, students and (in wider sense) hospital, laboratory, and other school personnel constitute a special population group. Their relationship to the institution demands increased responsibility for safeguarding their rights and welfare when they are used as investigative subjects. The responsibility rests with investigators, project directors, and instructors who use students and similar persons as subjects. Also, the OHSU, as an institution, has the overall responsibility to see that the rights and welfare of its students and personnel are not impaired when they participate as subjects in activities conducted under the auspices of or in affiliation with the school.

Rights and welfare mean a person’s right to physical and spiritual integrity variously described as his or her civil, personal, human or natural rights. The risk of violation of these rights exists whenever a person is exposed as a subject to activities and procedures that, by their nature or intent, go beyond the application of those established and accepted methods necessary to meet his or her needs. Besides research activities and formal scientific investigations, such situations also exist when students are being used as subjects in teaching laboratory exercises, instructional procedures, demonstrations, and any other activity that is not designed to provide care to the subject.

The principal reasons for the need of special consideration for student-subjects are:

1. Students function as healthy volunteers who, in contrast to the usual patient-subject, derive no direct personal benefit from serving as subjects. The absence of such benefit diminishes the ethical justiciability of the risks to which subjects may be exposed.

2. The student-teacher relationship implies a dependence of students on their teachers. It creates the possibility of coercion, which detracts from the validity of a student’s consent as being truly free. Coercion may be subtle and not realized; it may be indirect, in the form of unique influence on grades or academic standing; or it may be merely imagined.
by the student. Also, for this reason, using students as investigative subjects carries the risk that investigators and the institution may be vulnerable to outside criticism and public reprimands.

3. Students, because of their age, belong to a population group that is generally believed to be particularly susceptible to drug misuse. Taking into account the special position of student subjects, the following guidelines are formulated for the use of students as subjects in research projects and scientific investigations. They also may be applied to the use as subjects of other persons employed by or associated with the OHSU. Slightly modified guidelines are issued separately for the participation of students in class laboratory exercises and other non-research activities conducted for teaching purposes.

**Informed Consent:** It must be obtained in writing from every subject. The information provided the subject in the consent form must be specific and directly related to the particular circumstances of the research project or other activity. Therefore, no single standard consent form is applicable to every research or other activity. But, in any case, the subject must be given "a full and frank disclosure of all the facts, probabilities, and opinions which a reasonable person might be expected to consider before giving consent." The consent form must give a fair and, to the subject, comprehensible explanation of the project or activity, of its possible benefits, and of its attendant hazards, discomforts and other impositions on the subject.

Students must be assured that their decision to serve or not to serve as subjects will not influence, in any way, their grades and academic standing. They must be instructed that they are free to withdraw consent at any time without fear of negative consequences. It should be kept in mind that violation of a subject’s rights includes not only physical harm, discomfort, pain, and mental strain, but also invasion of privacy, breach of confidentiality, encroachment of personal dignity and disregard of individual identity.

**Institutional Review:** Before a research project is enacted, it should be reviewed by the Committee on Human Research. Two copies of the protocol, with a sample of the consent form, should be submitted to the Office of Research Services several weeks before the activity is to begin. The committee will review the proposed investigation by the standards applied to other proposals involving human subjects. Particular scrutiny will be given to the validity of the consent form for assuring truly free and informed consent, the importance of the knowledge to be gained from the investigation, and its promise to yield clearly interpretable and scientifically sound results as judged by the investigational design, procedures, and methods.

**Addicting (Dependence Producing) Drugs:** The human use of addictive drugs for purposes other than those of treatment must be handled with particular care and circumspection. For research purposes, such drugs, except psychotogenic drugs, may be used on student subjects, but only in particular circumstances and with adequate precautions. The urgent need for new knowledge about addicting drugs, and its importance for alleviating a pressing public health problem, may justify such use in research.

Research proposals involving the administration of addicting drugs to student-subjects will be reviewed by the Committee on Human Research, with particular attention to the factors known to affect the likelihood of inducing addiction, such as the kind of drug and its addiction potential, dose, route, frequency of administration and dosing interval. When the committee feels that the verdict on a particular proposal should be based on a broader judgment than the committee can provide, such a proposal may be referred to the Faculty Council.
Students should not be used as subjects in activities where the risk exists that a subject will be incapacitated for periods of time that may interfere with scheduled studies and responsibilities as a student. When indicated, the protocol must provide for adequate care and observation of the subjects after an experiment until they return to the pre-experimental state.

Scrupulous efforts must be made to forestall a lingering belief of coercion. For this reason, instructors should be particularly cognizant of the danger of coercion when they use their students in their own investigation.

The amount of money promised a student-subject should not be so large that unbiased persons might interpret it as constituting an unreasonable incentive or unduly influencing a student’s decision; that is, persuading him or her to accept risks as a subject that he/she otherwise would not accept. In other words, the impression must be avoided that the investigator is buying the student subjects.

Guidelines for the Participation of Students as Subjects in Teaching Exercises:
The guidelines apply to the participation of students as subjects in class experiments, instructional procedures, demonstrations, and other activities that are being conducted for didactic purposes within the context of the School of Medicine’s obligation to train future physicians.

1. *Statement of Policy:* The Faculty Council of the School of Medicine considers the participation of students as subjects in class experiments and other instructional exercises as an essential part of the training of physicians.

2. No experiment should expose student subjects to risks to their health and well-being that could not be justified by the didactical importance of the activity and its contribution to the students’ medical education.

3. Psychotomimetic drugs, narcotics, and other drugs with the potential of abuse or addiction represent a class of drugs with particular hazards. Such drugs are not to be used in student experiments without prior review of the Committee on Human Research.

Procedure:

1. If students are assigned to serve as subjects in an experiment, they should be informed of their right to withdraw at any time.

2. The students should be informed in advance about the nature of an experiment and of any medical contraindication for their participation as subjects.

3. Department heads should be familiar with the student exercises conducted on behalf of their departments.

4. Before a teaching exercise is implemented, it must be reviewed by the Student Health Service. A protocol of the planned activity should be submitted to the director of the Student Health Service.

5. The instructor or person in charge of the activity should retain copies of the protocol and written instructions that were distributed to the student.
6. The instructor or person in charge should report to the Student Health Service any significant adverse event experienced by a student-subject.

Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act

The purpose of this data collection is to give prospective and current students information to help them make decisions about their potential or continued enrollment at OHSU. The Department of Public Safety is also required to review these data and submit a report to the Federal Department of Higher Education.

Incidents to be reported will include criminal offenses, hate offenses, sexual assaults, arrests and disciplinary actions/judicial referrals involving students or staff. Please contact the OHSU Department of Public Safety for more information regarding this policy.

Emergency and Disaster Plan for MD Students

1. Medical student education is the primary focus of the School of Medicine at OHSU.

2. Every attempt will be made to maintain the educational component of our medical school curriculum.

3. MS 1 and MS2: In a disaster that overwhelms the resources of OHSU, those in the lecture-based years may be permitted to volunteer only by declaration from the Dean of the SOM. They should continue to attend classes until notified that this is an option.

4. MS3 and MS4: In an acute disaster, if students are assigned to a clinical area, they should respond to physician leader of the team.

5. Designated area to collect if there is an acute disaster with no internet or phone access: the SOM Emergency Assemble Area (EAA) is the atrium in Richard Jones Hall/CROET Building. In the event the building is compromised, the EAA is the area outside of this building.

6. The national Association of American Medical Colleges (AAMC) will be notified and they will also activate a response system per our instructions. They have all the enrollment data for our students so we can access their data to pursue student addresses, etc. If necessary, an alternative medical school will be identified to establish communication for the students and faculty.
MEDICAL STUDENT PROGRESS BOARD
DISCIPLINARY POLICIES AND ACTIONS

Role of the Board

A. Responsibilities of the Board.

The Medical Student Progress Board (MSPB) is responsible for reviewing the professional development of all students enrolled in the medical student curriculum. Professional development includes an assessment of the student’s academic progress as well as their ethical, prudent and humanitarian behavior as described in the section on Professional Development. The Board advises the Associate Dean for Undergraduate Medical Education, the Senior Associate Dean for Education and the Dean of the School of Medicine by recommending for each medical student, the promotion, dismissal, repetition of course work, or other special action before that student may progress from one year to the next in the medical curriculum or be considered for graduation. The Board refers students who are having difficulty with professional development to the Associate Dean for Student Affairs, who will arrange for appropriate academic or personal counseling which may involve the Student Health Service. The Board chairperson may appoint a special ad hoc committee of faculty to do an in-depth evaluation of a student’s professional development. This ad hoc committee reports its findings to the Medical Student Progress Board.

The Medical Student Progress Board advises the Associate Dean for Undergraduate Medical Education on matters related to grading and other types of evaluations of students, on procedures and requirements for promotion, and on other matters that relate to the professional development of students. The Board hears all cases of alleged violations of professional conduct referred to it by course and clerkship directors and the Associate Dean for Student Affairs and makes recommendations to the Associate Dean for Undergraduate Medical Education regarding sanctions that should be imposed. The Associate Dean for Undergraduate Medical Education may accept, deny, or revise the recommendations of the Board. Such action by the Associate Dean for Undergraduate Medical Education constitutes official action of the School of Medicine. The Associate Dean for Undergraduate Medical Education seeks final approval from the Dean of the School of Medicine for actions that may result in dismissal.

The Medical Student Progress Board may make recommendations to the Associate Dean for Undergraduate Medical Education on matters related to grading, other evaluations or student performance, requirements for promotion, and rules and regulations for the operation of the Board. Final approval or other action based on these recommendations rests with the Associate Dean for Undergraduate Medical Education, who will generally seek the advice of the Dean or Faculty Council on these matters.
B. Membership of the Medical Student Progress Board

The regular voting members of the Board are:

1. Three faculty members from basic science departments and four faculty members from clinical departments.
2. The chairperson of the board will be appointed for a three-year term by the Dean of the School of Medicine and may be reappointed for additional three-year terms.
3. All members will be nominated by the Committee on Committees of the School of Medicine and appointed by the dean to serve three-year terms. Board members can be appointed for a second term. Appointments of the Board members will be staggered on an annual basis to assure continuity of membership.
4. Annually, or if the incumbent is unable to serve, the Board will select a vice chairperson who will serve in the absence of the chairperson.
5. Ex-officio, non-voting members of the Board will include the Associate Dean for Student Affairs, the Associate Dean for Undergraduate Medical Education, Assistant Dean for Admissions and the Assistant Dean for Undergraduate Medical Education.
6. The Office of Education and Student Affairs maintains the official lists of regular voting members of the Board and notifies all Board members and appropriate course directors of the time and place of each meeting. The Associate Dean for Student Affairs will communicate the results of the Dean’s decisions regarding each student to the appropriate course directors, and the chairperson of the Medical Student Progress Board. The Assistant Dean for Undergraduate Medical Education will be designated as the recorder of the Board and keep minutes of all meetings of the Board.
7. A quorum of the board will consist of four voting members.

C. Duties of the Chairperson of the Board

1. Call and conduct all meetings of the Board;
2. Communicate the Board’s recommendation to the Associate Dean for Undergraduate Medical Education;
3. Report the results of the Associate Dean’s decisions regarding each student to the Board;
4. Insure that the rules and regulations of the Board are followed;
5. Represent and act on behalf of the Board between meetings.

D. Advisors

1. The Advisors to the Medical Student Progress Board are the course and clerkship directors. Any faculty member who gives a grade or otherwise evaluates a medical student may request to attend a meeting of the Medical Student Progress Board.
2. Duties of the Advisors

Whenever appropriate advisors are expected to attend meetings of the Board. When the review considers student performance, advisors will be expected to provide the Board with information about any student and to make recommendations regarding the disposition of students with academic or conduct deficiencies. After receiving the needed information and recommendations the Chairperson of the Medical Student Progress Board may excuse the Advisers and continue the meeting in executive session.

E. Regular and Special Meetings of the Board

Regular meetings of the Medical Student Progress Board will be held monthly. Special meetings of the Board may be called at any time by the Chairperson or, in his/her absence, by an appointed member, provided that notice of the meeting time and the agenda topics are given in advance to all of the regular voting members. The Chairperson is required to call a special meeting of the board whenever two or more members of the board make a written request for such a meeting. Special meetings of the Board are held for the purpose of hearings and decisions on recommendations for dismissal of students from the School of Medicine due to deficiencies in academic and professional development.

F. Minutes of the Meeting and Records of the Board

Minutes of each meeting of the Medical Student Progress Board will be prepared by the Associate Dean for Student Affairs and submitted to the Chairperson of the Board for review. The minutes will be subject to review and correction by the Board. The Board records, copies of correspondence and minutes, are maintained in the Office of the Education and Student Affairs by the Associate Dean for Medical Education. Working copies may be kept and used by the Chairperson of the Board. Access to minutes is provided for all members of the Medical Student Progress Board, the Associate Dean for Students Affairs, Associate Dean for Medical Education and the Dean of the School of Medicine, or the Dean’s designated representative. A student may review any part of the minutes or records that pertain specifically to that student, but does not have the right to inspect any other part of the records without authorization by the Associate Dean for Medical Education. The Associate Dean for Medical Education determines which sections of the Boards minutes and records pertain to a specific student and is accorded sufficient time to provide copies of these records for review by the student.

G. Documentation of Action

The Associate Dean for Undergraduate Medical Education or designee is responsible for reviewing the recommendation from the Medical Student Progress Board to determine the final action(s). The Associate Dean or designee is responsible for sending the student a letter indicating the final decision and action plan the student is to follow, with copy to the Chairperson of the Medical Student Progress Board. The student is
informed of the location of the policies and procedures on the website if applicable to the actions. Student is notified to contact the Associate Dean for Student Affairs to discuss the actions of this letter and/or they may contact the Associate Dean for Medical Education if they would like more clarification of the actions.

**POSSIBLE ACTIONS THE STUDENT PROGRESS BOARD MAY MANDATE:**

**Suspension, Dismissal or Expulsion:**

**Suspension:** Suspension for a prescribed period of time, generally from two academic terms to one year, after which application may be made for re-admission.

**Dismissal:** Indefinite exclusion from the School of Medicine after which application may be made for re-admission. The Readmissions policy is in the Administrative Policies and Procedures section of the handbook.

**Expulsion:** Permanent exclusion from the School of Medicine.

**Other Possible Actions (described below):** Leave of Absence, Academic Probation, Academic Warning, or Curriculum Extensions

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**Annual Academic Promotion**

Promotion of each student from year to year requires specific action by a majority of the members present and voting at a meeting of the Medical Student Progress Board. All grades of marginal or fail and professional development evaluation concerns should be remediated before promotion can occur.

To be promoted from the first to the second year, a student must receive grades of satisfactory or above in all required subjects and demonstrate satisfactory professional conduct.

Students are required to Pass (effective with entering class of 2009) the United States Medical Licensing Examination (USMLE) Step 1 at the end of the second year curriculum prior to starting clerkships.

Promotion from third to fourth year, or to be recommended for graduation, a student must receive grades of satisfactory or above in all subjects and demonstrate satisfactory professional conduct. In addition, he or she must pass (effective with entering class of 2009) the United States Medical Licensing Examination Step II CK and CS exams during the fourth year and prior to graduation.

Promotion of students from the third to the fourth year and recommendation for graduation requires specific action by a majority of the members present and voting at a meeting of the Medical Student Progress Board.

The minimum level of academic performance for promotion may only be changed by action of the Faculty Council and the Dean of the School of Medicine, usually upon recommendation of the Associate Dean for Medical Education and the Medical Student Progress Board.
The Board can recommend conditional promotion for a student pending satisfactory completion of as yet unfulfilled requirements. These may include a mark of incomplete or a grade of marginal or fail.

**Leave of Absence Policy**

A leave of absence, usually not to exceed 12 months, may be granted by the Associate Dean for Student Affairs to a student who finds it impossible to continue his or her education because of health or personal reasons. A leave of absence involves a complete withdrawal from course work for a designated period of time. In contrast, a curriculum extension involves enrollment in a minimum of courses during the academic year. The reason for the leave of absence must be expected to resolve within the period of the leave. The following conditions apply when a student is applying for/taking a leave of absence:

a. All requests for leave of absence should be made in writing to the Associate Dean for Student Affairs with final approval from the Medical Student Progress Board and Associate Dean for Undergraduate Medical Education which constitutes the official action of the School of Medicine.

b. The Associate Dean for Student Affairs informs the student in writing of the decision and any conditions that need to be satisfied in order to be reinstated on or before the leave of absence terminates. The Assistant Dean for Medical Education will also notify the registrar.

c. Permission to re-enter the School of Medicine after the leave of absence will be contingent upon satisfactory resolution of the issue which necessitated the leave. A written request for permission to reenter the School of Medicine should be submitted to the Associate Dean for Student Affairs.

d. A student granted a leave of absence remains an officially enrolled student in the School of Medicine while on leave. A student who does not make application for reinstatement before the last day of the leave of absence will be considered to have withdrawn from medical school.

e. Students may not seek a leave of absence until they have completed at least the first two years of the medical school curriculum with the exception of students with military obligations or personal illness.

f. The Associate Dean for Student Affairs will provide the Medical Student Progress Board with follow-up information concerning the status of each student granted a leave of absence.

g. In rare circumstances, where confidentiality is of paramount importance, the Associate Dean for Student Affairs may grant a leave of absence without the participation of the Medical Student Progress Board.
Curriculum Extensions

Ordinarily, students are expected to graduate within three years and nine months from the date of matriculation. Occasionally, a student may be confronted with special problems that may be solved if the curriculum is extended. It should be noted that curriculum extension requires compelling reasons (e.g., illness, pregnancy, academic difficulties) and involves enrollment in some courses during each academic year.

Requests for extensions must be submitted in writing to the Associate Dean for Student Affairs. The request will be reviewed by, and require final approval from, the Medical Student Progress Board and Associate Dean for Undergraduate Medical Education. The Board and Associate Deans will require extremely compelling reasons to allow a student to extend beyond seven (7) years to complete the MD curriculum.

Previously approved programs that require extended curricula such as the MD/PhD and MD/MPH programs and the five-year program in pathology will not be reviewed by the Medical Student Progress Board.

Revised by the Medical Student Progress Board June 14, 2010

Professional Development Evaluations

When the Medical Student Progress Board requires a report of possible physical, emotional, or professionalism problems that may be contributing to unsatisfactory performance or conduct of a student, the Board chairperson will consult with the Associate Dean for Student Affairs to identify an appropriate health professional to evaluate the student. The health professional will perform the evaluation and record any appropriate recommendations for the Board’s consideration. The evaluation requested shall be made only after the student has been apprised of its purpose and has given permission to the health professional involved for the release of privileged information to the Medical Student Progress Board.

Substance Abuse Policy

Students who are impaired due to substance abuse are strongly encouraged to voluntarily seek the most effective professional health care. Students may seek assistance through the Student Health Service, the Associate Dean for Students Affairs and/or private counseling. The School of Medicine advises students to voluntarily seek assistance before their academic performance and/or professional development is adversely affected and is brought to the attention of the Medical Student Progress Board. Students who voluntarily seek treatment will not be subject to formal academic disciplinary action for substance abuse. Students who voluntarily identify a substance abuse concern may be required to obtain the most effective treatment for substance abuse including some or all of the following: care in a residential treatment facility, outpatient
management programs and random testing for substance of abuse. The financial responsibility for required substance abuse treatment and subsequent follow up is borne by the student. Failure to pursue a requirement for substance abuse treatment may be the basis for academic disciplinary action including dismissal. The Medical Student Progress Board does have the authority to require students to seek professional health care for substance abuse and to prevent students from participating in the curriculum. Once student impairment due to substance abuse is reported to the Medical Student Progress Board as a result of unsatisfactory academic performance and/or professional development the matter will become a part of the permanent record of the student.

**Remediation**

**Repeating Part or All of MS1 and MS2**

**Academic Year of the Curriculum**

The Medical Student Progress Board may recommend that a student in the MS 1 and/or MS2 academic year repeat part or all of a year of the curriculum if the student receives less than satisfactory (marginal, failing, incomplete or withdrawal) grade in one or more courses within one academic year.

If the Medical Student Progress Board (MSPB) recommends that a student repeat part or all of a year, the student is placed on academic probation. The Medical Student Progress Board will outline specific curricular requirements for satisfactory completion by the student during the period that the student is on academic probation. During the probationary period, the student will be expected to fully participate in and successfully complete all aspects of the curriculum, including all courses, small groups, laboratory sessions, etc. The Medical Student Progress Board will review the student’s performance at the end of the probation period to approve removal of probation and advancement to the next year. If the student on probation receives a less than a satisfactory grade in a course during a repeat year, then a dismissal hearing will be required.

If the student receives a less than satisfactory grade in a subsequent year of the curriculum, after completing a ‘repeat year’, then the Medical Student Progress Board will meet with the student for consideration of a dismissal hearing. The Medical Student Progress Board will not grant an additional ‘repeat year’ for academic or professional reasons unless there are mitigating circumstances.

Revised by the Medical Student Progress Board May 4, 2010
Approved by Curriculum Committee June 21, 2010
Academic Warning

An academic warning serves as an early warning to students that they are not meeting academic expectations. The academic warning will allow the Medical Student Progress Board and Associate Deans to intervene early and provide structure and assistance for these potentially at risk students.

Academic warning is the step prior to academic probation. Students are considered to still be making satisfactory academic progress while placed on academic warning status and therefore their financial aid is not restricted.

Placement on academic warning status will be standard under the following circumstances:

- One (1) marginal grade in a required course
- A Professional Development concern that is deemed major or repeated behaviors prompting Professional Development Evaluations
- Students returning from a repeated year
  - Students just coming off of academic probation. Placement on academic warning is the responsibility of the Medical Student Progress Board and/or the Associate Deans. These faculty have the discretion of mandating specific actions, including but not limited to: Restriction from outside activities which could include international experiences, summer projects, etc.
  - The expectation to seek personal or academic counseling
  - The outline of specific expectations for courses or behavior

Approved by Medical Student Progress Board January 5, 2010

Academic Probation

The Medical Student Progress Board is responsible for placing a student on academic probation and to determine the length of time of the probation. A medical student may be placed on probation for academic performance, lack of professionalism, behavioral issues, or for other misconduct reported to the Medical Student Progress Board. In addition, the Medical Student Progress Board may place a student on probation for failing to progress in the curriculum as established by previous action of the Medical Student Progress Board. Removal from academic probation status will be determined by the Medical Student Progress Board. The Associate Dean for Undergraduate Medical Education is responsible for officially notifying the University Registrar of a student being placed on or removed from probation.

Placement on academic probation status will be standard under the following circumstances:

- Failure of a required course
- Marginal grade in two or more required courses in one academic year
- Repetition of part or all of an academic year
- Failure of USMLE Step 1 or Step 2 CS/CK

**Dismissal Procedures**

Disciplinary Actions can include but are not limited to dismissal, expelled and/or suspension.

The board may, at any meeting, accept by a majority vote, a proposal to consider a recommendation for dismissal or other action against a student be taken because of deficiencies in academic and professional development.

Deficiencies that may result in dismissal or other actions include:

1. Failure to pass a required course in the medical curriculum; or
2. Unacceptable behavior as described in the Professional Conduct Standards section found earlier in this document.
3. Failure to pass USMLE Step I or Step 2 CS/CK after three repeat attempts

Upon acceptance by the Board of a proposal to consider a recommendation for dismissal or other actions listed above, the chairperson will convene a special meeting of the Board for the purpose of hearings and decisions. The student for whom dismissal or other action is being considered will be given a written statement of the charges against him/her and notice of the time and place of the hearing at least ten days prior to the meeting. At such special meetings, the chairperson will supervise the Board’s conduct of an informational hearing on matters relevant to the proposed recommendation. In addition to members of the Board, the special meeting must be attended by the student and may be attended by an adviser of the student’s choice. A student who fails to appear for a dismissal hearing will be considered to have withdrawn from the medical school. The Chairperson will request members of the Board to present the information upon which the proposal to recommend dismissal or other action is based. The Chairperson will invite the student to present his or her information and opinions concerning the proposed recommendation, to address questions to the Board, and to respond to questions from the Board. The Chairperson will invite other persons identified by the student to present their information and opinions on behalf of the student, and to respond to questions from the Board.

The student’s advisor may be an attorney or any other person whom the student wishes to have present on their behalf. The advisor may counsel the student concerning the responses or questions he or she may wish to put to the Board. The advisor may address the Board only upon invitation of the Chairperson. If the advisor is a member of the Board, the advisor will abstain from voting or participating in the executive session of the Board when the decision on the proposed recommendation is made.

The Chairperson may recess the special meeting of the Board to a later identified time, whenever he/she considers this proper. At the completion of the hearing, the Chairperson will
adjourn the special meeting and convene the Board in an executive session for consideration and decision on the proposed recommendation of dismissal or other actions.

The findings, decision and recommendation of the Board will be communicated in writing to the Associate Dean for Undergraduate Medical Education and the Dean of the School of Medicine for such actions as he or she deems appropriate. In such cases, the decision of the Dean will be the final action of the School of Medicine. If the Associate Dean for Medical Education approves a recommendation for dismissal or a requirement to repeat part or all of a year of study or other action, he or she will notify the student of his or her decision in writing. Any recommendation made by the Board and approved by the Associate Dean for Medical Education and the Dean can be appealed to the Provost of OHSU. The OHSU appeal procedures are described earlier in this handbook. A dismissed, suspended or expelled student may not register or attend class while such an appeal is pending. A student who is required to repeat a year may, pending appeal, register for and attend classes only for the year which he or she is required to repeat.

Activities Not Within the Jurisdiction of the Board

Any student may be suspended or expelled from the School of Medicine by the Dean for sufficient cause. Although this will generally be the result of a recommendation of the Medical Student Progress Board, an emergency or other special circumstance may arise where this action must be taken at the administrative level of the School.

Students can be granted a leave of absence by the Associate Dean for Undergraduate Medical Education or the Dean of the School of Medicine or they can withdraw from school. In neither case will review and action by the Board be required unless requested by the Dean.

Withdrawal Function

Generally, withdrawal requires action by the student. A medical student may withdraw from the medical school when he or she no longer wishes to be a student in the program. Such an action officially severs his or her connection with the school.

Students usually choose to withdraw from the School of Medicine because they have decided that they no longer desire to pursue a career in medicine, or because they need to be away from the school for a prolonged period. Students will be administratively withdrawn from medical school if they do not return from a leave of absence or if they fail to register for classes.

A student initiating a withdrawal should begin the process by contacting the Associate Dean for Student Affairs. It becomes official only when the appropriate forms are completed and submitted to the Associate Dean for Medical Education who will then submit to the University Registrar. Students who withdraw from the School of Medicine either by their own volition or by administrative process must apply for admission to be re-admitted in order to resume medical studies.
This form is to be used if:
1. Student is currently registered in a program and dropping all OHSU courses prior to completion of the present academic quarter.
2. Student is currently registered and is completing the academic quarter, but will not be returning next quarter because of a LOA.*
3. Student is not currently registered but wishes to withdraw or take a LOA.*

The effective date of the withdrawal for tuition refund purposes is the date the form is returned to the Office of the Registrar and Financial Aid with the student’s signature as well as those signatures required for purposes of clearance. The effective date of withdrawal for Return of Title IV Funds purposes is the date of the notification of withdrawal (unless attendance at an academically related activity can be documented).

*Students granted a Leave of Absence will be treated as withdrawn for purposes of Return of Title IV Funds and enrollment reporting.

To be completed by the Student:

<table>
<thead>
<tr>
<th>Name:</th>
<th>SSN or Student ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forwarding Address/Phone/E-Mail:</td>
<td>Last day you attended Class?</td>
</tr>
</tbody>
</table>

Leave of Absence (LOA):

<table>
<thead>
<tr>
<th>Please check reason:</th>
<th>Military</th>
<th>Research</th>
<th>Maternity</th>
<th>Family Obligations</th>
<th>Illness</th>
<th>Hospitalization</th>
<th>Personal/Financial</th>
<th>Education</th>
<th>Other</th>
</tr>
</thead>
</table>

When will you return? __________

If you are currently enrolled are you completing the academic quarter? Yes □ No □

Do you wish to continue Student Health Services and/or Insurance? Yes □ No □ If YES, please contact Student Health Service at 503-494-8665.

If you will be attending another school, which institution? ___________________________ # of credits_____

Important: Be aware that an LOA will likely affect your time to degree. Review carefully with your advisor.

Withdrawal from School/Program:

<table>
<thead>
<tr>
<th>Please check reason:</th>
<th>Financial</th>
<th>Personal</th>
<th>Transfer to</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are currently enrolled are you completing the academic quarter? Yes □ No □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Term and year of your intended permanent withdrawal ____________________________

HEALTH CARE & HEALTH INSURANCE: You have access to the Student Health Clinic for 30 days from the completion date of this form to wrap up and transfer care if you have been paying the SHS fee. We strongly advise you to continue health insurance. Please contact SHS at 503-494-6665 or visit the website: http://www.ohsu.edu/xd/education/student-services/student-health for further help or questions. We are happy to meet with you and help you through this process.

Student Signature: ____________________________ Date: __________

Approval Signatures:

<table>
<thead>
<tr>
<th>Appropriate School/Department Signature</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If School of Nursing, Academic Advisor Signature</td>
<td>Date:</td>
</tr>
<tr>
<td>Associate Dean Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Financial Aid Officer Signature:</td>
<td>FA Recipient: Yes / No Date:</td>
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For Office Use Only:

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<td>Refund Processed by:</td>
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SOM SUPPORT SERVICES

Office of Education and Student Affairs (EdSA) & Teaching Services Office (TSO)

The Office of Education and Student Affairs (EDSA) is a centralized organizational structure responsible for managing all aspects of medical student education, including the admissions process, curriculum, student services and activities, academic scheduling, grades and course support. The office is headed by the Associate Dean for Undergraduate Medical Education and includes the Assistant Dean for Admissions, the Associate Dean for Student Affairs, and the Assistant Dean for Medical Education. The main office is located in the Office of the Dean on the fourth floor of Mackenzie Hall, and the Teaching Services Office (TSO) is located on the fourth floor of Richard Jones Hall.

MD Student Colleges

All OHSU medical students belong to one of eight colleges based on anticipated future practice. Students may stay within their college until graduation, but may elect a different group if their career path changes.

The eight colleges are:
1. Rural and Community Health
2. Global Health/Urban Underserved
3. Hospital based-Acute (Critical Care, Emergency Medicine, Anesthesiology)
4. Hospital-based-Chronic (Nuclear Medicine, Pathology, Physical Medicine & Rehabilitation, Diagnostic Radiology, Radiation Oncology)
5. General Urban/Suburban Practice (Family Medicine, General IM, General Pediatrics)
6. Consultant Urban/Suburban Practice-Medical (Cardiology, Dermatology, Endocrinology, Gastroenterology, Hematology, Infectious Disease, Medical Oncology, Nephrology, Neurology, Psychiatry, Pulmonary Disease, Rheumatology)
8. Academic/Biomedical Research (Combined Degree Programs, Health Policy, Health Care Administration)

Using advisory relationships between junior and senior students, and between students and faculty mentors, the colleges provide interest-specific advising, information dissemination, and opportunities for:

1. Career Advising
2. Medical Student Wellness
Other advising sessions take place either in large groups or asynchronously, such as Myers-Briggs testing, the Strolling Through the Match program, and the Careers in Medicine program. Additionally, each rising fourth year student is required to choose a Residency Advisor in his/her chosen specialty and to meet with a Student Affairs director review career plans and options.

**Academic Counseling**

Students are urged to seek academic assistance as early as possible. There are multiple ways to obtain counseling, including the following informal and formal mechanisms:

1. Informal counseling can be obtained by asking questions in class, talking with a classmate or more senior student, studying with other students, or talking with the lecturer, attending physician or resident physician.
2. Consulting with the course or clerkship director.
3. Seeking help from the department chair or his/her designee.
4. Formal counseling is also available: Students with marginal and failing grades are automatically referred to the Associate Dean for Student Affairs.
5. Students are invited to talk with the Associate Dean for Student Affairs regarding any academic difficulty. However, students who have less than satisfactory performance in any course or clerkship must see the Associate Dean or her designee for counsel and advice as well as a review of institutional requirements for advancement.
6. Tutoring for all students in academic difficulty can be arranged by contacting the director of each course or the Associate Dean for Student Affairs or her designee.

**Tutoring**

Refer to page 48

**Personal Counseling**

The demands of medical school and difficult personal problems can cause considerable stress. Students are urged to seek help as early as possible if the stress they are experiencing is bothersome or troublesome. Information discussed in personal counseling sessions is held in strict confidence by the counselor. There are multiple ways that a student can obtain assistance. However, if you are uncertain about where to start, contact the Director of the Student Health
Service, the Associate Dean for Student Affairs, or one of the Ombudspersons. Personal counseling can be obtained by the following informal or formal mechanisms:

1. Informal counseling can be obtained by seeking the advice of classmates, significant others or faculty.
2. Formal:
   - OHSU Student Health Service (refer to page 86 for contact information)
   - Associate Dean for Student Affairs: Dr. Molly Osborne
     Email: osbornem@ohsu.edu
     Cell: 503-260-5210
     VA Pager: 503-220-8262 *41-2698
     Appointment: 503-494-5708
   - Ombudsperson

**Role of Ombudsperson**

**Dr. Joe Matarazzo: 503-228-3215 (home phone number)**

**Dr. Frances Storrs: 503-636-5480 (home phone number)**

This faculty member has a specific role: They serve as liaisons between medical students, faculty and administration. The Ombudsperson provides an accessible and impartial professional within the School of Medicine to hear complaints, serve as an information resource, or act as a facilitator for individuals or groups in solving problems or addressing concerns related to medical education.

Any communication between the student and Ombudsperson is treated as confidential to the maximum extent possible (unless specifically requested otherwise by the student), and the Ombudsperson has no input on any student evaluations, including the Medical Student Performance Evaluation.

Students who raise concerns involving legally prohibited discrimination or threats of violence may be referred to another appropriate OHSU office.

If you are going to use OHSU Operator to reach Dr. Matarazzo, please request to put you through to Dr. Matarazzo on his home number. Do not leave a voice message on his OHSU extension – it will not be received.

**Debt Management Counseling**

Managing your medical school debt is both challenging and important to your future. To help students with medical school debt management, the Office of the Dean provides individual debt management counseling. Throughout the year, you can attend debt management seminars, brown-bag lunchtime sessions and webinars. For more information, visit the MD Student Affairs Financial Resources website (http://www.ohsu.edu/xd/education/schools/school-of-
Service Learning Opportunities

Both within the School of Medicine and through OHSU ongoing programs, many opportunities exist for medical students to participate in voluntary service-learning activities. OHSU medical students are strongly encouraged to participate in a service-learning experience.

Student Interest Groups are department-based and provide extracurricular activities for students to participate in educational, intellectual, interdisciplinary as well as cultural and social events, and community service. More than 40 groups on campus are available to medical students. Many groups are student-run and faculty-mentored organizations. Following are examples of student groups participating in community service activities:

- **American Medical Student Association (AMSA)** activities include monthly meetings, community outreach programs, lunchtime lectures, white coat embroidery, and Health Care Equality Week. In addition to a week full of lectures and community service projects, Health Care Equality Week culminates in a free health fair in conjunction with the weekly free meal service “Pot Luck in the Park,” which helps feed Portland’s homeless population. Every year the “Hills for Humanity” 5K race is an event organized entirely by student volunteers to raise money that directly supports the screening fair and local safety net clinics.

- **Association of Students for the Underserved (ASU)** activities include potlucks with students and physicians, the Social Determinants of Health elective, active involvement in the Clark Center (a local transitional facility for men) and the Oregon Food Bank, the annual Rebecca Landau Social Justice Lecture noontime talks on Social Justice and Underserved Healthcare.

- **REMEDY** is a program set up for the recovery of opened, but unused, materials from the operating rooms and clinics throughout the hospital, as well as unopened, unused surplus supplies. Instead of being discarded, materials are collected and sorted for use in the community and abroad. Supplies are donated to Northwest Medical Teams International for use all over the world. Students also take supplies on global health trips they complete during summers, time off, or international elective rotations.

- **Club Peds** encourages community service by medical students to benefit children’s/adolescent health. Events and activities include the ”Free Flu Vaccine for Parents” campaign, staffed entirely by volunteer students who are trained to educate/vaccinate parents and caregivers of children for free in the Doernbecher lobby. Students also participate in monthly volunteering at the Ronald McDonald house cooking dinners for families as well as the National Reach out and Read Program. The group also arranges ward walks, specialty/sub-specialty panels and Doernbecher Children’s Hospital Events.

- **Health Policy Interest Group** receives support from the Oregon Medical Association. Its goal is to increase awareness and foster discussion of current health policy issues in
both local and national arenas, with the goal of actively making a difference. Group activities include presentations, workshops, local and regional speakers and community projects (including Health Care Equality Week).

- **Family Medicine Interest Group (FMIG)** coordinates numerous community service projects throughout the year, including the student-run Southwest Community Health Center for uninsured patients, Tar Wars which allows med students to teach middle school students about the dangers of smoking, Being There program which allows med students to visit the bedside of terminally ill patients, and the Baby Beeper program which pairs students with residents in the community caring for prenatal patients and allowing them to be present for labor and delivery.

- **The Southwest Community Health Center** is a safety net clinic staffed with volunteer physicians/residents from OHSU Family Medicine and heavily supported and staffed by medical students as well. Students can receive elective credit, but many volunteer just for the experience.

- **Latino Medical Student Association (LMSA)** is a network of students, alumni, and health professionals whose mission is to promote the development of Latino students through educational, volunteer, professional and networking opportunities to foster diversity, higher education, and the improvement of the Latino community. Events and activities include high school and undergraduate mentorship programs.

- **Rural Medicine Interest Group** seeks to raise student interest in practicing medicine (e.g., Family Medicine) in a rural setting as well as to help students gain exposure to medical experiences outside of the greater Portland area. Additionally, speakers are brought in from a variety of rural Oregon communities to discuss their practice and lifestyle with the goal to encourage students to consider a career in rural practice.

**The OHSU Global Health Center (GHC)** brings together students from all of OHSU's schools for activities and elective courses on global health that include a focus on service learning in both a local and global context. GHC courses and programs include the following: “Global Health in Changing Environments,” “Health and Disease in Context” (a student-led elective run in collaboration with Portland's Central City Concern), “Conversations in Global Health,” “Global Health Epidemiology,” and “Interdisciplinary Community Health and Education Exchange (iCHEE),” an interprofessional outreach program designed to facilitate bi-directional cultural exchange in the context of sharing information on health, hygiene and nutrition.

Community Service Learning Initiative (CSLI) is a program, started in 2010, for first-year medical students designed to build on the school's dedication to its social and community service mission as well as the strong interest of medical students in community outreach efforts. The CSLI encourages each student to participate as part of a small group for a minimum of 8 hours with a community partner.

Students are informed about service-learning opportunities on the OHSU website, including the School of Medicine student site and the OHSU Global Health Center (GHC) site, through postings, and informally through their classes. Email announcements and, for the GHC, an electronic message board, also alert students to service-learning opportunities. In addition, fairs such as the “National Mentoring Month & Community Fair” and the “Student Community Service Fair” alert medical students about positions and provide opportunities to sign up to participate in service-learning activities.
OHSU STUDENT SERVICES

Affirmative Action & Equal Opportunity

Phone: 503-494-5148  
E-mail: aaeo@ohsu.edu  
Website: http://www.ohsu.edu/aaeo/index.html  
Location: Marquam Plaza Building, Suite 240

Any issue of discrimination, harassment (including sexual harassment), and/or sexual misconduct or abuse should be reported to the Office of Administrative Action & Equal Opportunity as soon as possible. You may call AAEO and/or submit a complaint form: http://www.ohsu.edu/xd/about/services/affirmative-action-and-equal-opportunity/forms-and-brochures/upload/Prohibited-Discrimination-and-or-Harassment-Complaint-Form.pdf

The Center for Diversity & Inclusion (CDI)

Phone: 503-494-5657  
Fax: 503-494-4916  
E-mail: cedma@ohsu.edu  
Website: Center for Diversity & Inclusion

Location: Mackenzie Hall 1115, next to the Mac Hall Café

The Center for Diversity & Inclusion (CDI) leads and supports university-wide initiatives to create an environment of respect and inclusion for all. The center is dedicated to fostering partnerships to enhance OHSU’s mission of healing, teaching, research and community service. With a range of resources and services, the center supports all interested students, faculty and staff from all walks of life, including historically underrepresented populations.

At the Center for Diversity & Inclusion we go beyond respecting and valuing diversity; we aspire to sustain a culture of inclusion by increasing diversity in the workplace; improving access to education and increasing community outreach.

CDI offers supplemental support to student recruitment and retention, providing activities and programs to support both prospective and current diverse student populations and hosting community activities. CDI resources include the following:

- Diversity and multicultural events
- Community Outreach
- Academic Support
- Cultural Competency Lecture Series
- Computer Lab
- Multicultural Publication
- Textbook Library
CDI also works in collaboration with medical student groups, including the Asian Pacific American Medical Student Association (APAMSA), Latino Medical Student Association (LMSA), Student National Medical Association (SNMA), Queer and Allies in Healthcare (QAHC), Students of Islam and Medicine Society (SIMS) and more. Please contact CDI at cedma@ohsu.edu for more information. CDI is open to all OHSU community.

Financial Aid Office

Phone: 503-494-7800 or 800-775-5460 option 2  
E-mail: finaid@ohsu.edu  
Website: http://www.ohsu.edu/finaid  
Location: Mackenzie Hall, Room 1120  
The student financial aid program at OHSU is designed to assist eligible students in meeting their educational costs. The Financial Aid Office thoroughly reviews student applications for aid, and the best possible assistance is offered to help cover the costs of attending medical school. The goal is to make the financial aid process as smooth as possible for students. Please feel free to contact the Financial Aid office with questions regarding financial aid or for additional information.

ITG/Computer Help Desk

Phone: 503-494-2222  
E-mail: helpdesk@ohsu.edu  
Website: http://www.ohsu.edu/xd/about/services/information-technology/index.cfm  
The office assists students with questions or issues related to their OHSU network and email accounts, Institutional Student Information System (ISIS) access, and Big Brain web-based training system. The Help Desk also supports OHSU-owned networked computers and printers, which students may use in the course of their research or studies.

OHSU Library

Phone: 503-494-3460  
E-mail: library@ohsu.edu  
Website: http://www.ohsu.edu/xd/education/library/  
Location: OHSU Library, BICC Building
The Library is the place to go for information and for study. The 4th floor of the library is open 24/7 and includes group study space. Much of the journal content is now available electronically, as well as many electronic books; however, there is still a sizable book collection in the library. The Instruction, Research & Outreach Department offers training for individuals or groups on using the library’s many resources, including databases (e.g., PubMed, Ovid) and bibliographic managers (e.g., RefWorks, EndNote). To check out materials and to use library resources from off campus, you will need a library barcode. You can get your barcode at the Circulation Desk on the main floor of the library, or you can get the number sent to you by filling out the form at http://www.ohsu.edu/xd/education/library/services/forms/barcode.cfm.

March Wellness

Phone: 503-418-6272
E-mail: feracoj@ohsu.edu
Website: www.marchwellness.com
Location: Center for Health and Healing, 2nd floor

OHSU march wellness and fitness center offers programs that are designed to strengthen and nurture it's members. We support members in achieving goals whether they are improving flexibility, managing a chronic illness, training for a marathon or recovering from surgery.

A wide variety of group exercise classes are offered throughout the week and are included in membership. We have a full array of cardio and strength training equipment, saline pools, demo kitchen and steam/sauna. Members also have access to personal trainers, massage therapists and acupuncturists. For more information visit marchwellness.com

Hours of operation are 5:00am to 10:00pm, Monday – Friday. Saturday and Sunday hours are 7:00am to 7:00pm.

Student Access
Disability Services and Academic Support

Contact: Sue Orchard, Psy.D
Phone: 503-494-0082
E-mail: orchards@ohsu.edu
Website: www.ohsu.edu/student-access
Location: Mackenzie Hall, Room 1115

Student Access at OHSU serves two primary purposes. First, Student Access facilitates and supports equal access to its programs and services for students who have a diagnosed disability. A student with a disability is a person with a health or mental health condition that substantially impacts daily living. A qualified student meets the academic and technical standards for admission or to participate in a program, with or without reasonable accommodations.
Second, Student Access acts as a resource for all students to assist with improving learning styles and strategies, study skills, time management and other academic support related issues. All OHSU students are eligible to receive learning support services through Student Access.

Students with Disabilities:
Our program is committed to all students achieving their potential. If you have a disability or think you may have a disability (physical, learning disability, hearing, vision, psychological) which may need a reasonable accommodation please contact Sue Orchard, Coordinator for Student Access, at (503) 494-0082 or email at orchards@ohsu.edu to discuss your needs. You can also find more information at www.ohsu.edu/student-access. Because accommodations can take time to implement, it is important to have this discussion as soon as possible. All information regarding a student’s disability is kept in accordance with relevant state and federal laws.

Q: What does the Student Access office do?
A: Student Access ensures that qualified students with documented disabilities receive equal access to OHSU programs and services. OHSU is legally required to comply with Section 504 of the Rehabilitation Act and the Americans with Disabilities (ADA).

Q: Who is considered a “qualified student with a disability?”
A: The Americans with Disability Act (ADA) and Section 504 of the Rehabilitation Act define a person with a disability as someone who has a physical and/or mental impairment that substantially limits a major life activity. Major life activities include, but are not limited to: breathing, hearing, walking, seeing, lifting, speaking, working, reading, concentration, learning, and sleeping. A person may have a visible disability (e.g. a person who is blind, Deaf, or uses a wheelchair) or a hidden disability (e.g. a learning disorder, psychological disorder, or some type of chronic health condition, such as epilepsy, diabetes, or cancer.). A qualified student with a disability is a student with a documented disability who, with or without reasonable accommodations, meets the academic and technical standards requisite to admission and to participate in a particular program or activity.

Q: What is considered a “reasonable accommodation,” particularly in health and science programs?
A: Accommodations for students with disabilities typically fall into two general categories: 1) Program modifications or academic adjustments, and 2) Auxiliary Aids. Examples of program modifications include extra time to take a test; extended time to complete a program of study; allowing a student time away to check blood sugar levels. Examples of Auxiliary aids includes use of an amplified or digital stethoscope; audio recording a lecture; use of a notetaker; using assistive technology, such as text to speech software.

Q: What would be considered an unreasonable accommodation?
A: An accommodation would not be considered reasonable if 1) it caused a fundamental alteration to the program or course of study, 2) jeopardized the health and safety of others, or 3)
caused an undue burden to the program. Undue burdens are typically related to administrative burdens rather than financial burdens, such as changing the start time of a class or creating a special clerkship for a student.

**Q: How are accommodations decided?**

A: Student Access determines appropriate accommodations based on student interviews, evaluating the student’s disability documentation provided by a qualified healthcare provider, and consulting with the Program Accommodation Liaison and appropriate faculty within the school.

If an accommodation request is considered not reasonable, Student Access and the academic program are required to engage in an “interactive process” to ensure that alternative reasonable accommodations are considered.

**Q: Are faculty required to honor a student’s request for accommodations if she or he presents official paperwork from the Student Access office?**

A: Yes, accommodations must be provided if a student presents a letter from Student Access that outlines disability accommodations. If a student asks for an accommodation but does not provide documentation from Student Access, faculty are not required to provide the requested accommodation.

**Q: Are students with disabilities evaluated any differently than the rest of the class?**

A: All students, including those with disabilities, should be evaluated at the same level as all students. The requested accommodations are not in place to give the student an extra advantage or to raise or lower academic expectations, but are designed to “level the playing field.” Some students with disabilities may exhibit their knowledge, production, and other course expectations differently than their peers. For example, a student with a learning disability may read at a much slower rate than his/her peers, thus extra time to take an exam helps ensure that the test is assessing the student’s knowledge level and not his/her reading speed.

**Q: What if I don’t know if I have a disability but I’ve been struggling with my coursework or clinical work?**

A: You are encouraged to contact Dr. Sue Orchard at 503-494-0082 or orchards@ohsu.edu at anytime. Dr. Orchard can help assess whether you have a disability as defined by the ADA and make referrals to get evaluated by a qualified professional to determine you eligibility for accommodations.

**Q: What if I disagree with an accommodation or have questions about my accommodations?**

A: You should immediately contact Dr. Sue Orchard at 503-494-0082 or orchards@ohsu.edu. You can also contact the Program Accommodation Liaison within the School of Medicine, Dr.
Student Center

Phone: 503-494-8295
E-mail: studentcenter@ohsu.edu
Website: [http://www.ohsu.edu/xd/education/student-services/student-center/?WT_rank=1](http://www.ohsu.edu/xd/education/student-services/student-center/?WT_rank=1)
Location: Next to Mark Hatfield Building and across the street from Doernbecher Children’s Hospital

The Student Center provides social, cultural and recreational opportunities to students and members of the OHSU Community. Amenities available at the Student Center include: basketball court; swimming pool and hot tub; intramural program; game room with pool table, ping-pong, foosball and darts; TV lounge and multi-media room; lounge spaces for group gatherings; locker rooms and towel service; café; and computer kiosk. Spaces at the Student Center can be reserved for use by student groups. Please contact the front desk at 503-494-8295 for more information.

Student Health Service Center

Phone: 503-494-8665
Hours: 8 a.m.- 5 p.m. Monday-Friday (After hour appointments available for counseling). For urgent care after hours, 503-494-8311 and ask for the SHS physician on-call.
E-mail: askshs@ohsu.edu
Website: [http://www.ohsu.edu/student-health](http://www.ohsu.edu/student-health)
Location: Basement of Baird Hall, Room 18 and Room 6

Whom we serve:
Student Health serves OHSU health sciences students at the Portland campus on Marquam Hill. Specifically, all currently registered students in degree and certificate training programs who are assessed the required health fees in addition to their tuition at OHSU are eligible for health and counseling services at the Student Health Service. Eligibility for new students begins on the first day that classes start. In addition to students, we also make available the services of the OHSU Student Health Service to the spouse or registered domestic partner of an eligible student. Enrollment times and registration rules and affidavits for domestic partnership apply and these are available upon request at the Student Health Service office. Health insurance for spouses, registered domestic partners and dependents is also available and eligibility rules and restricted enrollment times are described in the section entitled Health Insurance Info and Waiver Applications on the Student Health website. Additional information can be found at the Aetna Student Health website at [https://www.aetnastudenthealth.com/storefront/welcome.aspx?groupid=474951](https://www.aetnastudenthealth.com/storefront/welcome.aspx?groupid=474951).

Student Health Service Staff:
Our staff includes primary care clinical staff (3 primary care physicians and a nurse practitioner),
clinical psychologists, a psychiatrist, registered nurses and a certified medical assistant. There are four administrative support persons who are an integral part of the team as well as a Practice Manager and all are particularly knowledgeable about insurance problems, helping with referrals, securing lab results, etc. Although we have a variety of professional degrees, background and experience, we all work together as a team to serve you during your years of training at OHSU.

Wellness Information:

Counseling/Mental Health Support: Student Health Center has a psychiatrist and two psychologists to provide mental health care for issues such as stress/time management, depression and anxiety. Like all other visits to Student Health Center, mental health visits are completely confidential. Staff is also available at all times through the paging service.

Substance Abuse: Students are urged to seek assistance from Student Health Service and/or the Associate Dean for Students Affairs for substance abuse concerns. Seeking help voluntarily will not result in dismissal from school.

Eating Disorder: Students are urged to seek assistance from Student Health Center and/or Associate Dean for Student Affairs for concerns regarding eating disorders.

Sleep Disturbances: Sleep disturbances can be evaluated at Student Health or in the Sleep Disorders Clinic on campus. Call 503-494-6066 to make appointment.

Wellness Calendar: A student wellness calendar can be found on our website. This calendar lists all the wellness offerings on campus.

Parking Office

Phone: 503-494-8283
E-mail: parking@ohsu.edu
Website: www.ohsu.edu/parking
Location: Physical Plant Building

MS1 and MS2: 1 diamond car-pool parking is available; MS3 and MS4: 1 diamond and 2 diamond parking is available to purchase. You can also visit this office to purchase transit passes for discounted price (TriMet and C-Tran). For bicycling and bike incentive program information, visit www.ohsu.edu/bike or email bike@ohsu.edu. The Student Center has a bike repair center with tools and supplies available. Please inquire at the Student Center.

Hours of operation are 7:00am to 5:00pm, Monday – Friday. The Office is closed from 2:30-3:30 on Fridays.
Public Safety

Phone: 503-494-7744
E-mail: pubsafe@ohsu.edu
Website: http://www.ohsu.edu/xd/about/services/public-safety/about-us/index.cfm
Location: Physical Plant Building 228G

The Department of Public Safety (DPS) team is part of the OHSU Facilities & Real Estate group and consists of more than 40 people who are responsible for ensuring the safety of our campus 24 hours a day, seven days a week. Our safety team includes police officers, community service officers and dispatchers who handle emergency and non-emergency services, and a group of administrative support employees. Our officers have varied backgrounds ranging from career public safety professionals and police officers with more than 20 years in law enforcement to some who are reserve police officers with local law enforcement agencies. In addition to performing their regular duties, many officers specialize in one or more areas, such as background investigations, evidence processing, security assessments and training. DPS also performs fingerprinting services for job applications. OHSU policy requires that students wear their ID badge at all times at OHSU. Check out the Safety Guides and other resources available on our website.
STUDENT GOVERNMENT

All registered professional students are members of the Affiliated Students of the Oregon Health & Science University. The School of Medicine elects representatives to the All-Hill Council. The selection of representatives is described in the ASOHSU Constitution.

Class Officers

Each medical class elects officers to work with the Dean, Associate Deans, and other faculty members throughout the school year as liaisons between their class and the school. Second-, third- and fourth-year officers are elected before May 1 each year. Elections for each class are organized by the incumbent officers and the Associate Dean for Student Affairs. An election for the first-year student is held before Winter Break. The Associate Dean for Student Affairs assists the class in scheduling and conducting an organizational meeting for election of officers.

Class Officers selected annually by each class:
Class President, Vice President, Treasurer, Secretary, 2 Senators, 2 All-Hill Council representatives and Dean’s Advisor. The Curriculum Committee Representative is selected by the Associate Dean for Student Affairs and the other CCR members. The PCM representatives are elected to 4-year terms by the first-year class.

Organizations of Student Representatives to the Association of American Medical Colleges include one representative and an alternate representative for the medical student body and are elected to terms ending upon graduation, usually either 2- or 4-year terms. The students chosen for this organization are the same students as the Curriculum Committee Representatives.

Medical Student Senate

The Student Senate is comprised of the two elected representatives and the class president for each of the medical student classes. The Student Senate represents the medical student body and usually meets at least monthly. A chairperson and a secretary are elected by the Student Senate from within the membership.

Objectives of the Student Senate are:

a. to serve as a means by which student opinion can be sampled and expressed as a unified voice
b. to promote the exchange of ideas on both the intra-class and inter-class levels, and thus to identify issues of greatest student concern

c. to establish and maintain formal communication between the Student Senate and the student body, administration and faculty
d. to implement changes relevant to student concerns. A constitution and more information on the Student Senate are available through the Student Senate secretary.
Student Statement of Principles

We, as medical students of Oregon Health & Science University, recognize the privilege of studying medicine. We believe it is fundamental to support and cultivate the principles that uphold the integrity of the medical profession. Our Statement of Principles is the standard to which we, as a community, hold our colleagues and ourselves accountable, thus entrusting ourselves with the responsibility to self-govern. The objective of our Statement of Principles is to foster trust, responsibility and professionalism in all student interactions, including those with fellow students, faculty, staff and patients. Our goal is to promote the professional advancement of all students, to ensure the highest integrity in the academic enterprise, and to endorse our commitment to ethical behavior in the profession of medicine.

- As students, we will maintain the highest academic standards and advance the science and quality of clinical care by:
- Always submitting original work, examinations, and assignments, or properly crediting contributions from other sources;
- Never giving aid in examinations or assignments unless such cooperation is expressly permitted;
- Fostering an environment in which students can be fully trusted to be academically honest;
- Working with faculty and staff to create classroom and clinic environments that are conducive to learning and that reward characteristics such as inquisitiveness and perseverance;
- Promoting a culture of learning that is free from abuse and humiliation;
- Striving to produce the most complete and accurate medical histories, physical examinations, and patient assessments possible;
- Understanding the importance of recognizing, admitting, and learning from our mistakes;
- Recognizing the limitations of our knowledge and clinical skills;
- Seeking assistance when necessary to provide outstanding patient care and to advance our knowledge and skills;
- Ensuring that the confidentiality and privacy of each patient is respected;
- Recognizing patient modesty as essential in providing the best patient care;
- Demonstrating professional conduct in demeanor, language, and appearance in the health care setting and when representing the university;
- Reporting situations in which we believe an individual’s safety or well being was compromised;
- Promoting diversity by creating a community of inclusion, and respecting the unique contributions of all;
- Committing ourselves to the growth of a culture at OHSU that is free from harassment or discrimination of any kind.
Student Resource Committee Charter

The Student Resource Committee (SRC) is a group of twelve elected individuals from the four OHSU undergraduate medical education program classes.

Its overarching mission is to serve as a resource to students throughout their tenure at OHSU, as a group of students committed to advising and assisting others through the sometimes turbulent years of medical education, and as a committee of peers with the goal of facilitating the maturation of ourselves and of all medical students into competent, responsible, and effective physicians.

The SRC exists to advise on and address student issues, be they individual student issues or issues arising between students, housestaff, or faculty. It serves as an accessible, approachable, voluntary alternative to the Dean’s Office that makes confidentiality a priority, upholds the broad intentions of the ratified OHSU statement of principles, and draws anonymous council from trusted, elected advisory faculty and other university resources.

Appendix A: Prime Directive for the OHSU SRC: A resource and advisory body for all OHSU SOM students

The members of the SRC commit to making themselves available whenever possible in person or by telephone, email, or other means of confidential communication.

A student may call upon the full SRC or a single member for advice on any issue of concern. These issues can be as diverse as we are a student body, but greatly fall into four major categories: 1) Personal issues affecting our capacity as students and as human beings. 2) Difficulties or concerns regarding other students. 3) Concerns or questions about behavior not conforming to the ratified OHSU SOM statement of principles. 4) Issues and concerns complicated by the power differential which exists within the medical hierarchy.

1 – Personal Problems
A primary focus of the SRC is serving as a resource for medical students to be utilized during times of personal crisis. We recognize the profound influence that our personal lives has on our abilities to perform as medical students and professionals and we are committed to both the self-realization and success of all medical students at OHSU.

Whether students find themselves feeling overwhelmed, struggling academically, grieving from separation or loss of a loved one, or dealing with unstable home environments - the SRC exists to support students during difficult times. Specifically, we offer confidential and non-judgmental listening, as well as connection to other OHSU and community resources that may be beneficial.

Medical school is an incredibly challenging time. We will all have our coping mechanisms tried, tested, and occasionally overwhelmed. Every one of us are confident, competent, successful people – we wouldn’t have gotten here otherwise. There will be a time, however, when most of us will find that we need each other – if only to vent or to hear that others have at times experienced similar emotions. When this time comes to pass, students are encouraged to call on the SRC for support and advice.

2 – Concerns regarding other students
Relationships and communication between our peers and colleagues can sometimes be challenging or disruptive to learning. We encourage every student to address any issues with their classmates directly, but if this is not possible the SRC commits itself to guiding effective
communication in the form of supportive listening (which assumes the good intent of both parties) and/or mediation if desired. Learning how to deal with uncomfortable issues involving our peers while in medical school will carry over to our professional careers as physicians, where we will undoubtedly come up against similar challenges.

3 – Questions concerning potential violations of the OHSU SOM Statement of Principles. As a student body we came together and overwhelmingly passed a code to which we now hold ourselves and future members of our institution responsible. This code is only as good as we are committed to it. The SRC stands ready to assist, advise upon, and interpret the OHSU statement of principles as required. If you have questions regarding your behavior, the behavior of your peers, or issues that you find perhaps not in accordance with the broader themes of the SOP please do not hesitate to call upon a single individual or a confidential review of the SRC to assist us all in the maturation into responsible and effective future physicians.

4 – Issues and concerns existing within the sometimes unavoidable power differential of the medical hierarchy. The hierarchy which exists in the current medical training paradigm facilitates the dissemination of important knowledge and the essential goal of patient protection balanced with the expected mistakes of the learner. Imbedded in this paradigm, however, is the potential for uncomfortable interaction and undue influence. Comments and behaviors by housestaff and attendings are almost always professional, respectful, and worthy of role-modeling. This is one aspect of why those individuals have chosen to be part of the academic medical community. There are rare situations, however, which can make medical students feel unwelcome, uncomfortable, and in extreme circumstances even demeaned. When that happens, students can find themselves caught between their basic rights as human beings and their expected behavior as learners. The SRC can serve as a valuable, confidential resource for which to bring concerns, questions, or simply as a sounding board for frustrations. We make it a priority to see that these rare behaviors do not continue unrecognized.

Additionally, a student may request a member of the SRC to be present at any proceeding related to their medical education to act in the role of a student advocate. This may be in meetings with the Dean’s office, meetings w/ both basic science and clinical faculty, or in curriculum committee or progress board meetings. Specific requests will be honored whenever possible, but when scheduling does not allow, another member of the SRC will be suggested as an alternative.

These circumstances and categories are by no means encompassing, but they serve to give an idea of the kinds of things that can be brought to any member of the SRC for reflection or consideration.

The issue may rest with that single SRC individual. However, if appropriate or desired, any member of the SRC can call upon the full committee or anonymously upon the elected legal, ethical, and professional advisors in an effort to aid the presenting individual with a plan or simple advice as to how to proceed.

Actions taken by the SRC may include, but are not limited to: referral to student resources, peer education, facilitation, mediation, investigations, raising concerns w/ clinical or educational faculty directly, and advocacy for students and concerned parties.
It is a guiding precept that confidentiality will be respected whenever possible, with exceptions relating only to those circumstances which supersede the physician-patient relationship – namely the real risk of harm to individuals or other effected parties.

Appendix B: Student Resource Committee – details of function and transparency

Election of Members and Terms
- Three from each class, each with one vote in full SRC:
- All elections will be held in January.
- First-year members will also be elected to the committee in January.
- Members will serve for one year unless they choose to resign or are removed from the committee.
- No term limits will apply.

Advisory Members
Legal Advisor
- Volunteer from the OHSU Legal Department
- Two year terms
- No term limits apply

Faculty Advisors (no less than 4)
To be composed of a minimum of:
- Two basic science faculty
- Two clinical faculty
- Nominated and appointed by the SRC
- Faculty advisors can be consulted by the SRC anonymously for advice on appropriate referral, issue legality, professionalism, and available support entities.
- Faculty members have no voting rights.

Other Advisors
- May be selected as deemed necessary by the SRC from OHSU faculty or from community resources. Again, every effort will be made to keep information confidential as previously stated.

Committee Chair
The SRC Chair will be elected by committee members in the first meeting following January elections. The Chair will serve one year. No term limit will apply.
- The Chair will be responsible for arranging and leading SRC meetings.
- The Chair may call additional meetings at his or her discretion.

Meetings
The SRC communicates on a monthly basis and on an “as-needed” basis as determined by the Chair. All members are expected to attend meetings. Failure to attend a reasonable number of meetings without approval by the Chair may result in removal from the SRC. SRC meetings are closed to the public. Any student whose issue is being discussed by full council has the right to be present if he/she desires for that portion of the SRC meeting, students will be notified one week prior to meeting if their issue is being discussed. Requests for exceptions may be addressed to the Chair and may be approved by 2/3 majority of the Committee.
Quorum
Quorum of the SRC shall consist of 2/3 members.

Special Election
Special election by the appropriate class will be held in the event of the resignation or removal of one of the SRC members representing that class. The Chair will be responsible for arranging the election.

Process for Suspected Violations of the OHSU SOP
Any student who observes or strongly suspects a violation of the Statement of Principles (SOP) or Student Code of Conduct shall report it as promptly as possible. Reports should be made to any individual of the SRC, the Dean’s office, or to the OHSU Ombudspeople. Students are encouraged to approach involved parties to discuss the situation before making a report, unless the student feels that doing so would not be prudent or would result in harm to the student or another. Concerns addressed to the SRC can be made via the confidential SRC email account or the locked SRC mailbox in the student mailrooms. Anonymous reporting is discouraged but will be considered if received. Reports will be reviewed by the Chair and Legal as soon as possible and categorized as:

1) Issue to be handled by a single SRC student mediator;
2) Issue requiring review by the full SRC;
3) Issue not appropriate for SRC review (e.g. discrimination matter to be referred to Affirmative Action/Equal Opportunity Office);
4) Issue appropriate to be handled in another specified manner

Issues deemed necessary for full SRC Review (typically involving suspected OHSU SOP Violations):
The Chair will assign two or more members to review the reported concern. If appropriate, a faculty advisor will also be assigned to assist in the review. Whenever possible, reviews should be completed and the results brought before the SRC within two weeks. Involved parties may be asked to submit written materials and/or asked to attend the SRC meeting. Based on its review of the matter, the SRC will make a determination as to whether it finds that a violation of the SOP or Student Code of Conduct has occurred. Two-thirds of the quorum is required to reach a determination that a violation has occurred. If a violation is found, the SRC will determine and recommend an appropriate intervention. Possible interventions include, but are not limited to: referral to academic support services, referral to wellness services, specific reparation deemed appropriate, or recommendation to the Dean’s Office.

Participation in SRC proceedings by individuals whom complaints are brought against is on a voluntary basis. However, refusal to participate may result in referral of the matter to the Dean’s Office or other appropriate action.

Issues for Student Mediators:
The Chair will assign a member of the SRC to handle the concern. Whenever possible, mediations should be completed within two weeks of the concern being filed and a summary of the results sent to the SRC within three weeks. Participation in mediation by the concerned parties is on a voluntary basis. However, declining to participate in the mediation process will result in the issue being referred to the Dean’s office for traditional formal review without SRC input.

Record Keeping:
Records of the proceedings and any supporting documentation will be kept in a locked SRC file cabinet in the Dean’s office. Only the 12 elected student SRC members will have access to these files. All documentation will be destroyed upon graduation of the involved parties.

Reporting of SRC Activities:
To ensure transparency, the SRC will generate a quarterly report to the student body and the Deans’ Office showing the general number and type of concerns handled by the SRC and the type of recommended resolutions. In accordance with the Committee’s confidentiality policy, no specific details will be provided nor will the identity of the individuals involved be revealed.

Amendments to the Statement of Principles and SRC:
Amendments to either the Statement of Principles or this document can be amended with 2/3 majority of the quorum. Amendments can be proposed by any member of the student body at any time through a written request submitted to the Chair.

Implemented July 2009

Student Organizations and Activities

1. American Medical Student Association (AMSA)
   A national medical student organization, AMSA represents medical student interests on a national scale. Membership is voluntary and on an individual basis. Locally, AMSA plans student activities, sponsors scientific programs, and keeps a part-time employment file for medical students and their spouses. It also makes available life and hospital insurance programs for students. Annual dues include a subscription to the AMSA publication, the New Physician. Student members serve on a number of Oregon Medical Association Committees.

2. Alpha Omega Alpha
   The Oregon Chapter of Alpha Omega Alpha, a medical college honor society for both men and women, was installed at the School of Medicine in 1923. The society’s aims are the promotion of scholarship among medical students and the encouragement of high standards of character and conduct. Selection to AOA is made each spring by the active faculty and resident members and from the junior and senior classes’ members.

3. Department Interest Groups
   The Departments of Family Medicine, Internal Medicine, Emergency Medicine, Pediatrics, Surgery, Rural Health, Anesthesiology, Psychiatry, etc. each have interest groups for students interested in these areas. Each year additional groups may form.

4. American Medical Women’s Association
   A national women’s medical organization closely tied to the AMA and AAMC which promotes women health care issues, provides leadership for, recruitment and career development for women in medicine.

Please refer to the OHSU website http://www.ohsu.edu/xd/education/student-services/student-center/student-activities/student-interest-groups/index.cfm for the latest update on the Student Groups
SCHOLARSHIPS (GRANT IN AID) AND AWARDS

Scholarships (Grant-in-Aid)

NATIONAL SCHOLARSHIPS

FastWeb!
Website: http://www.fastweb.com/
FastWeb! is a free national scholarship search service listing over 600,000 scholarships. FastWeb! is easy to use, and information about new scholarships is posted as it becomes available.

National Health Service Corps (NHSC)
Website: http://nhsc.bhpr.hrsa.gov/scholarship/
The NHSC has scholarship programs available to students in medicine, nursing, dentistry and physician assistant studies. NHSC scholarships typically cover tuition, fees, books and supplies, and provide a monthly living allowance. The NHSC website provides information about the availability of as well as the deadline for applying for scholarships.

OREGON SCHOLARSHIPS

Oregon Student Assistance Commission
Website: http://www.getcollegefunds.org/
OSAC administers over 400 different scholarships. All scholarships are listed on this site and application forms can be downloaded. The application deadline must be postmarked by March 1 for consideration.

The Foundation for Medical Excellence (TFME)
Website: http://www.tfme.org
TFME Medical Scholars Program strives to 1) Enhance professional development of student physicians, 2) Reduce the cost of medical education, and 3) Promote future practice in Oregon. Each year 4-6 students are selected to receive a $5,000 scholarship. The scholarship is renewed the following year if the student continues to meet the program expectations and submits a renewal application.

OHSU SCHOOL OF MEDICINE SCHOLARSHIPS
In most cases, the amount of the scholarships listed below vary from year to year and will go towards the students tuition.

General Scholarship
In late September or early October, the scholarship application will be posted to the ‘General Forms & Information’ section of the Financial Aid site. An email is sent to all medical students
from the Financial Aid Office inviting them to apply for this scholarship. Recipients of general scholarships will be notified in Spring.

American Medical Association (AMA)
The AMA Foundation and AMA Alliance work to raise funds for medical school scholarships through the AMA Scholars fund. This scholarship is new as of 2012 and is awarded to a student or students who have scholarship needs. The amount of the scholarship is dependent on funds available.

DuBois Scholarship
This is a partial scholarship for a 2nd medical student for 4 years of medical school. The student will receive $15,000 for years one through four. The student must be in the top 10% of their class. An email invites applications for this biannual scholarship.

Otterdale Memorial Scholarship
This is a scholarship for residents of Oregon who are second year medical students, with preference given to those from Jackson County. The annual scholarship goes towards tuition.

Swindell Family Leadership Scholarship
This is a scholarship for medical students who are Oregon residents or have Oregon Heritage. Upon request, medical students send in a CV and essay based on leadership at OHSU. The recipient of this scholarship will received $20,000 towards their 3rd and 4th years of medical school.

Walsh Memorial Fund
The J. R. Walsh, M.D. Memorial Fund goes to a 4th year who matches in Internal Medicine or Family Medicine and who is interested in geriatrics. An email invitation goes to those students the Monday after Match Day.

Wendel Memorial Scholarship Fund
The Wendel Memorial Scholarship Fund is an annual scholarship award for an outstanding medical student who has shown interest in cardiology and/or cardiovascular medicine. In January, an email is sent to all medical students providing application instructions.

OHSU SUMMER TRAVEL SCHOLARSHIPS
The travel scholarships will not fund travel expenses for away rotations.

Bacon Medical Enrichment Scholarship
The Bacon fund supports one or more projects or programs annually with a $1,000 to $5,000 grant. The fund underwrites the cost of OHSU medical students education programs and projects, with an emphasis on value-added programs reaching beyond the core curricular requirements. This is not an international scholarship and occurs annually.
Hills OHSU Medical Ambassadors Program
Applicants to this program are asked to write a proposal for a project that “enriches their standard curriculum with unique experiences in medically underserved populations in Oregon and beyond.” Ambassadors work with health care professionals to respond to genuine medical needs while acquiring first-hand knowledge of life in these communities.” Each grant ranges between $1,000 and $5,000. Students on the global health student’s listserv and to first- and second-year medical students are notified about the application process each February.

Sack International Medical Education Scholarship
This scholarship supports students for international clinical experience. Third- and fourth-year medical students are notified about the applications process each August.
Honors and Awards

Graduation with honors is designated as with Honor, With Great Honor, and With Highest Honor. The Student Honors and Awards Committee select students based on academic achievement to graduate with Honors. (See policy below.) The Student Honors and Awards Committee also recommends to the Associate Dean for Undergraduate Medical Education and the Dean the recipients of the following awards based on outstanding achievement.

The following chart lists the Honors and Awards available to medical students.

<table>
<thead>
<tr>
<th>AWARD/DONOR</th>
<th>GIFT</th>
<th>TO WHOM</th>
<th>CRITERIA</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alma Sneeden Pathology Award</td>
<td>$200</td>
<td>2 MSIV’s or MSIII’s</td>
<td>Excellence in pathology scholarship</td>
<td>Dept. of Pathology</td>
</tr>
<tr>
<td>Alpha Kappa Kappa Award</td>
<td>Scholarship</td>
<td>2 MSII’s</td>
<td>Exemplify desired characteristics of a true physician</td>
<td>Selected by class</td>
</tr>
<tr>
<td>Deans’ Recognition Award</td>
<td>$500</td>
<td>1 or 2 MSIV’s</td>
<td>Exemplary Contributions to the School of Medicine</td>
<td>Dean’s Office nominates, committee recommends</td>
</tr>
<tr>
<td>Family Medicine Clerkship Award</td>
<td>$100</td>
<td>1 MSIV</td>
<td>Outstanding academic and professional performance in the Family Medicine Clerkship</td>
<td>Dept. of Family Medicine</td>
</tr>
<tr>
<td>Gold-Headed Cane Award</td>
<td>Engraved plaque, monetary award. Name on permanent plaque in Dean's Office</td>
<td>1 MSIV</td>
<td>Best exemplifies the qualities of a true physician</td>
<td>Nominated by MSIV class, voted by class and faculty</td>
</tr>
<tr>
<td>Tow Humanism in Medicine (Healthcare Foundation of New Jersey)</td>
<td>$1,000</td>
<td>MSIV</td>
<td>Recognizes compassion and sensitivity in the delivery of care to patients and their families</td>
<td>Nominated and voted by MSIV class</td>
</tr>
<tr>
<td>Merck Awards for Academic Excellence</td>
<td>Merck Manual w/name engraved</td>
<td>3 MSIV’s</td>
<td>Outstanding scholastic achievement in medical studies (top three students)</td>
<td>Dean’s Office selects</td>
</tr>
<tr>
<td>Oregon Academy of Family Physicians Outstanding Senior</td>
<td>$200, FM book</td>
<td>1 MSIV</td>
<td>Service to Oregon Academy of Family Physicians</td>
<td>Oregon Academy of Family Physicians Board of Directors</td>
</tr>
<tr>
<td>Society for Academic Emergency Medicine Medical Student Excellence Award</td>
<td>1 year subscription to the SAEM monthly journal and SAEM newsletter. 1 year Resident/Medical Student membership in SAEM. Certificate of Excellence.</td>
<td>1 MSIV</td>
<td>Senior medical student who has demonstrated excellence in the specialty of emergency medicine</td>
<td>Department selects</td>
</tr>
<tr>
<td>Multicultural Recognition and Service Award</td>
<td>-</td>
<td>Graduating Medical Students</td>
<td>Commitment to promoting cultural understanding and wellness in communities of diversity</td>
<td>Center for Diversity &amp; Inclusion Selects</td>
</tr>
<tr>
<td>William Krippaehne, MD Surgery Award</td>
<td>$250</td>
<td>1 MSIV</td>
<td>Most outstanding medical student who has matched in a General Surgery or Surgical Sub-Specialty</td>
<td>Dept. of Surgery Selects</td>
</tr>
<tr>
<td>Deans’ Research Award</td>
<td>$250</td>
<td>2 MSIV</td>
<td>Outstanding research</td>
<td>Student nominates; Committee selects</td>
</tr>
<tr>
<td>Harry G. G. Kingston Anesthesiology &amp; Peri-Operative Outstanding Senior Medicine</td>
<td>-</td>
<td>1 MSIV</td>
<td>Excellence in study of Anesthesiology &amp; Peri-Operative Medicine</td>
<td>Department selects</td>
</tr>
<tr>
<td>Robert B. Taylor, M.D. Family Medicine Award</td>
<td>$500, FM book</td>
<td>1 MSIV</td>
<td>Academic excellence and qualities of the “ideal family physician”</td>
<td>Dept. of Family Medicine</td>
</tr>
<tr>
<td>AWARD/DONOR</td>
<td>GIFT</td>
<td>TO WHOM</td>
<td>CRITERIA</td>
<td>DECISION</td>
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<td>------------------------------------------------</td>
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</tr>
<tr>
<td>School of Medicine Award for Academic Excellence</td>
<td>Gift certificate to OHSU Bookstore</td>
<td>2 MSI’s</td>
<td>Academic excellence</td>
<td>Committee selects</td>
</tr>
<tr>
<td>Doernbecher Children’s Hospital Foundation</td>
<td>$750</td>
<td>1 MSIV</td>
<td>Highest overall performance on the third year Pediatrics 1 Clerkship</td>
<td>Department selects</td>
</tr>
<tr>
<td>Pediatric Clerkship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doernbecher Children’s Hospital Foundation</td>
<td>$750</td>
<td>1 MSIV</td>
<td>Academic excellence and humanism</td>
<td>Department selects</td>
</tr>
<tr>
<td>Excellence in Pediatrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary Gonzales Lundy Family Medicine</td>
<td>$3,000</td>
<td>1 MSIV</td>
<td>Financial need, academic class standing, community and school service,</td>
<td>Oregon Academy of Family Physicians</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>500 word essay on future practice plans</td>
<td>Foundation Board of Directors</td>
</tr>
<tr>
<td>Psychiatry Outstanding Student Award</td>
<td>Certificate</td>
<td>1 MSIV</td>
<td>Overall excellence in Psychiatry clerkship</td>
<td>Department of Psychiatry selects</td>
</tr>
<tr>
<td>Outstanding Medical Student in Radiation Medicine</td>
<td>Name on permanent plaque in the Dept.</td>
<td>1 MSIV</td>
<td>Designated as outstanding medical student</td>
<td>Dept. of Radiation Medicine selects</td>
</tr>
<tr>
<td>Rubinstein Award</td>
<td>Funding to carry out the research project.</td>
<td>1MS I, II, III, or IV</td>
<td>Outstanding contribution in the academic medicine and translational cancer biology arena</td>
<td>Dept. of Radiation Medicine selects</td>
</tr>
<tr>
<td>The Mark Nichols, MD Ob/Gyn Award</td>
<td>$250</td>
<td>1 MSIV</td>
<td>Senior student who has demonstrated excellence in the specialty of Ob/Gyn</td>
<td>Dept. of OB/GYN selects</td>
</tr>
<tr>
<td>Outstanding Master’s Thesis</td>
<td>$500</td>
<td>1 MSIV</td>
<td>Graduate Studies determines criteria</td>
<td>Faculty nominates; Faculty selects</td>
</tr>
<tr>
<td>John A. Resko Outstanding Doctoral Thesis</td>
<td>$500</td>
<td>1 MSIV</td>
<td>Outstanding contribution to doctoral research</td>
<td>Faculty nominates; Faculty selects</td>
</tr>
</tbody>
</table>

### Awarding of Graduation with Honors at OHSU

#### Professional Degree Honors

Professional degree honors are awarded upon graduation by the respective school based on earned grade point average while enrolled in that academic program. The grade point average for honors must be 2.5/3.5 or above. Determination of levels of honors above 2.5/3.5 shall be at the discretion of the academic unit.

Professional Degree Honors are awarded with the English terms: With Honor, With Great Honor, and With Highest Honor. Usually graduates earning a professional degree are given a gold honor cord. The distinction of Honors is recorded on the academic transcript.

Approved by the ASAC March 2010