

CURRICULAR POLICIES AND PROCEDURES

Attendance

Attendance During the 1st and 2nd Year Curriculum

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.

The SOM Curriculum Committee expects all students to fully participate in the small groups and laboratory learning experiences unless otherwise indicated by the course director. Attendance at these sessions is required and not optional. The small groups and laboratory experiences are an essential component of the preclinical curriculum in providing enrichment, reinforcement of lecture content and delivery of new information. Active participation by both students and faculty in small groups is an excellent method of learning but also 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. The small groups sessions will comprise at least 5 % of the overall grade in a course.
3. Each course will assign exam questions from the small group content areas apportioned to the value of the small group time.
4. Students are expected to be present in their assigned group in order to receive credit for attending the session. Students are expected to come to the small group having read the assigned materials and prepared to participate in the small group discussions.
5. Faculty will be oriented to the small groups objectives as outlined by the course director. Faculty are encouraged to assess student performance in the small group sessions. The faculty are responsible for keeping attendance records for each small group as outlined by the course steering committee.

Pending approval of the Basic Sciences Course Directors
July 2005

Attendance Policy Regarding Clinical Clerkships

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

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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 4th year to pursue these kinds of events. If the request conflicts with required activities in the clerkship (e.g. exams, etc) 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 Dean's Office 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

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 will be afforded the opportunity to 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 be afforded the opportunity to 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

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

EXAMINATION ADMINISTRATION GUIDELINES

1. Student Personal Belongings

- Backpacks, etc. 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 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 School of Medicine policy pertains to all required courses for the M.D. 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 1,2,3,4,5,6

Cell Structure and Function
Systems Process & Homeostasis
Biological Basis of Disease
Circulation
Metabolism
Neurosciences & Behavior
Pathophysiology of Blood
Human Growth and Development
Medicine I and II
Psychiatry
Surgery I and II
Child Health I and II
Obstetrics & Gynecology
Family Medicine
Neurology

Medical Curriculum While in a Combined Degree Program

Medical students in the combined degree programs must take all required M.D. program courses while enrolled as a first or second year student. If a student feels extenuating circumstances exist then the student may petition the Student Progress Board to defer specific preclinical courses. Combined degree students may participate in an elective clinical preceptorship while taking graduate program courses.

Clinical Clerkships 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 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 clerkship schedules must do so at least four to six weeks prior to the start date of the clerkship to be modified. If an emergency occurs after the deadline has passed, the student must direct the request to the Assistant Dean for 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 Dean's Office, 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.

Clerkship and Elective Grading

The faculty evaluate 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 clerkship. 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 a course with mid course feedback in written format. Mid clerkship feedback must be provided by the 3rd week of a five-week rotation so the student has adequate time to respond.

Clerkship Expectations

The overall objective of the third year is to integrate all that you 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 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 clerkship.
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 3rd 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 3rd and 4th 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 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 for the treatment of health problems and the promotion of health
 - b. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-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.

Approved by Clinical Sciences Subcommittee May 17, 2004
Approved by the Curriculum Committee on June 10, 2004

EPIC Reference Guide for Medical Students

July 1, 2009

Goal: Students are expected to be integrated and engaged in the health care team therefore expected to 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 medical student can/should initiate the discharge summary. Faculty and residents will use the “Addend” function to edit the medical student note and it will also make the faculty member/resident the author of the note as well.

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 members 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:

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- 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?

- Third and Fourth year medical students have the same training as faculty and residents.
- Fundamental Online course – 1 hr
- 4 hrs of class time for both inpatient and outpatient training
- Online refresher course and IP104 online prior to starting clerkships
- Students in 1st and 2nd year receive Fundamental Online course – 1 hr and 4 hrs of class time for both inpatient and outpatient training. Prior to clerkships they do the refresher course and IP104 online.

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 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

- Dana Arnett – 503 494-5422

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

Documented Prepared May 2009 by:

Clerkship Directors (Clinical Sciences Subcommittee)

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Carolyn Powell. EPIC IT

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 or the Educational Agreement form
2. Name of person(s) or institution offering the elective
3. Subject matter or course title of the elective; course content description may be requested
4. Duration
5. Immediate supervisor who will provide a final grade
6. Justification for the elective may be requested

The "away clerkship" form must be submitted in writing to the Education and Student Affairs office with prior approval by appropriate OHSU department chair or designee sponsoring the student. The signed form is required at least 1 week prior to departure.

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.

Policy for Providing Tutors

Tutors are provided when a student is identified by a course director as having difficulty making satisfactory progress in a course. The Dean's Office will coordinate selecting a tutor and provide for the tutor by issuing no degree earning credits or a gift certificate to the bookstore.

USMLE Requirement

Students are required to sit for USMLE Step I at the end of the second year curriculum prior to starting the Transition to Clerkship course and the clerkships. If a student is unable to meet this requirement or fails Step I, they are required to take or repeat the exam in the November/December elective block. USMLE Step 2CK and 2CS should be completed by March prior to graduation in June.

Effective with the class entering in 2009 a new policy will be implemented.

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 I and Step 2 CK and CS exams in order to graduate from the MD program.

Students are required to take and record a passing score for USMLE Step I prior to entering the third year clerkship year. They must take the exam prior to starting the Transition to Clerkship

course. Students who receive a non passing score may complete their current clerkship rotation or take an incomplete. They will be given an automatic one year leave of absence to achieve a passing score on Step I and must pass the exam before they can reenter the clinical curriculum. If a student wishes to reenter 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. If they do not pass USMLE Step I within that year, they will be subject to a dismissal hearing by the Student Progress Board.

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 by no later than May 15 of their graduation year in order to be able to participate in Hooding and Commencement. 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 reenter the clinical curriculum. If they do not pass USMLE Step 2 CK and CS I 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
Approved by the Faculty Council, May 2009

Compliance with USMLE Step I Policy

School of Medicine policy requires students to take USMLE Step I prior to beginning the Transition to Clerkship.

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

Deferral due to Illness or Injury

If a student due to illness or injury requests a deferral of USMLE Step I prior to the Transition to Clerkship:

- A student must submit a physician's written statement establishing the student is unable to take the exam as required.
- A student will begin the clerkships in July but must take USMLE Step I by the end of the Nov/Dec elective period. A student may not begin clerkships during Winter or Spring term until the USMLE Step I has been taken.
- If a student must drop a third year clerkship to prepare for USMLE Step I, the student will not be given priority as a 4th year student to reschedule a third year clerkship.

Failure to Comply with the USMLE Step I Policy

If a student does not take the USMLE Step I exam prior to the Transition to Clerkship:

- A student will not be permitted to begin clerkships until the USMLE Step I has been taken.
- 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 Dean's Office.

- A student will not have priority as a 4th year student to reschedule this third year rotation.
- A Professional Development Evaluation may be submitted for non compliance with the USMLE Step I policy.

Course Evaluation Process

Responsibilities for Faculty Liaisons and Students

1. All required courses are evaluated by students using a standard course/clerkship evaluation form. The evaluation process is coordinated through the Office of Education and Student Affairs.
2. Student evaluators are randomly selected at the beginning of the academic year. A Student Chair is also randomly selected from each evaluation group. The Curriculum Committee student representative for the class assists with coordinating the evaluation process. At the beginning of the year, the Student Chairs from each course will meet as a group with the Associate Dean for Medical Education and the Chair of the Curriculum Committee to review appropriate policies and procedures.
3. At the conclusion of the course, an evaluation will be conducted and a summary report will be prepared by Education and Student Affairs which will include statistical data collected from the students and their written comments. The evaluation summary report will not contain specific comments regarding faculty performance. The faculty comments are only shared with the Course Director. Within two weeks of the conclusion of the course, the summary reports are sent to the Curriculum Committee Liaison, Course Director, and Student Evaluators for the course. Also included is the previous year's course evaluation summary report.
4. The Student Chair of each course evaluation group is responsible for calling a meeting of the students. See the attached guidelines for Student Evaluations.
5. The Office of Education and Student Affairs organizes a Student Consensus Report meeting within a month of the conclusion of the course. The meeting includes:
 - Curriculum Committee Liaison who serves as the chair of the meeting and must attend the entire meeting.
 - Course Director
 - Student Evaluators and Student Curriculum Committee Representative
 - Interested teaching faculty and students
6. At the meeting, chaired by Curriculum Committee Liaison, the following items will be covered:
 - The course evaluation data summary
 - The Student Evaluation Group consensus report
 - Comments from the Course Director and other faculty and students present at the meeting
7. The Curriculum Committee Liaison should contact the Course Director to obtain course guidelines, time lines, objectives, and materials used for the course.

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8. The Curriculum Committee Liaison is responsible for writing a summary report of the meeting. The report includes:
 - Areas that are working well in the course
 - Areas of the course needing attention
 - Specific items noted by Course Director that are a support or hindrance to the course (Examples: faculty participation in the course, facilities/space, number of hours, etc)

If the course is due to be presented to the Curriculum Committee that year, then the following items also need to be addressed:

- Recommendations for approval or changes that need to be addressed by the Curriculum Committee
 - Recommendation for when the course should be evaluated again (i.e., 1 year, 2 years, or 3 years)
9. The Curriculum Committee Liaison will send this report to the Course Director for comment prior to distribution described in item 10.
 10. The Curriculum Committee Liaison will send, or present, the report to the appropriate Subcommittee Chair and the Curriculum Committee Chair. If the course is not to be evaluated by the Curriculum Committee that year, then only the written report needs to be submitted to the Subcommittee Chair.
 11. If the course is to be evaluated formally by the Curriculum Committee, the Curriculum Committee Liaison presents the final summary to the Curriculum Committee. The Course Director will be invited to the Curriculum Committee meeting when course evaluation is presented.
 12. Curriculum Committee actions for approval or changes are forwarded to the Associate Dean for Medical Education by the Chair of the Curriculum Committee.
 13. The Associate Dean is responsible for conveying final recommendations and actions to the Curriculum Committee, Course Directors and Subcommittees.
 14. A copy of the Curriculum Committee minutes, which include the summary reports and actions regarding the courses, is provided for faculty and student review in the Teaching Services Office.
 15. Course Directors are required to include in the course Study Guide changes made to the course from previous year(s).

Student Responsibilities in Course Evaluation Process

Students play a key role in the evaluation of the medical curriculum. The following are tips from past students to assist in preparing for your role in the course evaluation process.

The class Curriculum Committee Representative and the student selected to chair the Student Evaluation Group are the contact people to initiate the evaluation process. Rely on these people to help coordinate the initial meeting time with the evaluation group members. Also

depend on these people to e-mail or otherwise remind and inform group members of significant dates, such as the initial meeting date and the date reports are due, as well as the date for presenting the student consensus report to the Course Director and Curriculum Committee Liaison.

Student Evaluation Group Responsibilities:

- It is best not to name specific people in your report.
- Remember you are representing your class; NOT your specific individual concern.
- Include the positive with the negative perspectives.
- Make the report as organized and as easy to read as possible.
- If you do not take the report seriously, neither will the Course Director nor Curriculum Committee.
- Help make sure that everyone who wants to speak is allowed the chance to do so. This may include emphasizing some basic small group rules about taking turns, not interrupting, allowing the appointed group leader to lead when necessary.

The Process

1. The Education and Student Affairs (EDSA) office will randomly select students including a Student Chair to participate in the course evaluation process for each course. All students will participate in at least one course evaluation during years one and two. The chairs of each group will be provided with further guidance about the process in a special organizational meeting held in October with the Associate Dean for Medical Education, and the Curriculum Committee Chair.
2. The Student Chair sets an initial meeting time for the Student Evaluation Group members. Students arrange this on a class break; anyone from the group who is not in class should be called or e-mailed and informed of the scheduled time. The Student Chair and/or Curriculum Committee Representative will need to reserve a room with the Teaching Services office (TSO). This meeting usually lasts 1½ -2 hours. You may need to meet more than once, but this amount of time is generally sufficient. It can be nice to bring food!
3. Everyone will have received a packet of commentary and ratings which reflect the evaluations submitted by your class. EDSA compiles all the comments and averages the ratings for each part of the evaluation. Read over this information before the initial meeting time. Note any comments that seem to appear with significant frequency. You will find comments that reflect completely opposite opinions from one another - don't worry about this yet.
4. When you meet as a group, it is the students' responsibility to synthesize the information provided. The group can provide input even if it is not specifically stated in the evaluations, as long as the group agrees it is representative of the class as a whole. It is easiest to proceed section by section, the same way the evaluations are organized, and concentrate on course organization, content, syllabus, exams, books, etc.
5. In each section, identify strengths and areas in need of improvement. Somebody may want to write main points on the chalkboard or an easel. Someone should also take notes which can be copied after the meeting. For each area which needs improvement,

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be specific about exactly what the problem was and offer constructive criticism. The evaluation will not be effective unless you address solutions along with problems. Also, including the strengths is just as important; these are the areas that faculty must be assured should remain as they are.

If some areas seem divided, try to address both sides of the issue and come up with a group consensus: i.e., did some people like having 3 exams and request 2? What do you feel is realistic and how do you feel as a group? If there are a few negative comments about something that the group as a whole did not feel was a problem, consider the possibility that only those who disliked that aspect of the course may have submitted comments, etc.

6. Student comments about specific faculty are shared with the Course Director only and don't need to be addressed in the Student Evaluation Group consensus report.
7. After the students have gone through each area of the evaluation, divide the sections among the group members. It can be helpful to choose a uniform type font if you decide to divide the report this way. Each person should then type their section of the report and put it in the mail boxes of the Evaluation Group Chair and class Curriculum Committee Representative by the agreed-upon date (a few days before the Consensus Report presentation is helpful.)
8. The Chair of the Student Evaluation Group should compile the report and return it to each member's mailbox so the group members can go over it and make any changes or additions. If any member wants to add a personal addendum they should be able to do so. Provide the TSO with the final report and allow enough time for the TSO to make copies for the meeting with the Course Director.

An alternative approach is to have one person type the report. The review process should be the same. Some groups prefer this method.

9. The Course Evaluation Consensus Report will be presented 2-3 weeks after the students receive the materials.

Purpose: Provide an opportunity for an objective person (the Curriculum Committee Liaison) to hear the student consensus report as it is presented to the Course Director. Subsequently, the Liaison will submit a final report to the Curriculum Committee that is as objective and balanced as possible.

Who Attends: Everyone from the Student Evaluation Group should be encouraged to attend! At a bare minimum, the Curriculum Committee Liaison and student Curriculum Committee Representative, Course Director, Student Evaluation Group Chair, and at least a few Evaluation Group members must be present.

Role of Students at the Meeting: Review the consensus report you have compiled. Answer any questions from the Curriculum Committee Liaison and/or the Course

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Director. Clarify confusing aspects of the report and expand on any parts which are particularly important. Do not gloss over difficult areas-the Course Director wants to hear what you have to say and will take suggestions into consideration!

Adapted from reports by Maria Raven, MS3 and Megan Thygesen, MS4. 10-01-98

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**Oregon Health & Sciences University
School of Medicine
Education Agreement for
Regional Education Physicians
(for Third and Fourth Year Medical Students)**

Thank you for agreeing to serve as an attending/preceptor for the _____ clerkship. _____ (*Student Name*) is currently a medical student in good standing at Oregon Health & Sciences University. This student has permission to participate in this clinical clerkship as a part of their required curriculum at OHSU. This letter is to outline the expectations for the student and the preceptor, as well as, provide you with assurances regarding the student's liability and health care coverage.

Date of the experience:

Name of the Clinic and Address:

Name of the OHSU Clerkship Director responsible including email and phone:

OHSU Expectations for the Student at your Facility:

The Student is expected to adhere to all academic standards established by the preceptor and only perform duties within the goals and objectives outlined by the course leadership at OHSU.

The Student is expected to review your facility requirements and abide by all policies, regulations, and procedures as requested by the Preceptor/Supervisor and/or the applicable medical center.

The Student is expected to perform to the best of their ability all course objectives and requirements as outlined by the OHSU course director and the supervision at the facility.

The Student is expected to demonstrate professional demeanor with all students, faculty and staff of your facility.

OHSU Expectations for the Supervising Preceptor and Facility named above:

The preceptor named above (Preceptor) is responsible for the Student's overall educational experience including scheduling, supervision and evaluation. The Student shall at all times while they are at your facility be subject to the direct oversight, supervision, and direction of the Preceptor.

The Preceptor is exclusively responsible the care of all patients, including all determinations of appropriate treatment and care of all patients. The preceptor is an independent contractor and shall not be considered an officer, employee or agent of OHSU for any purpose. And the Preceptor shall not be entitled to any of the benefits that OHSU provides for its employees.

Preceptor is required to submit to the Director of Medical Education at your site a final grade and narrative related to the Student's performance at the end of each OHSU academic quarter.

OHSU Training and Screening of Students:

The Student will have completed an OHSU HIPAA training program.

Prior to placement, OHSU will conduct a criminal background check on Student and provide to the Hospital upon request.

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Prior to placement, OHSU will require that the Student has demonstrated immunity from mumps, measles, rubella, varicella (Chickenpox), and Hepatitis B (completion of Hepatitis B series or signed statement declining series); and OHSU will have proof of a negative Purified Protein Derivative (PPD) skin test or chest x-ray within six (6) months prior to placement.

The Student has major medical insurance, and all personal health care related matters involving the students should be directed to the Student Health Service at OHSU.

If the Student has an occupational blood borne pathogen exposure while at your facility, then OHSU expects the Student to contact OHSU Student Health Services immediately for emergency services and follow up. Medical expenses incurred will be the responsibility of the student and/or OHSU.

Insurance/Liability:

OHSU shall be responsible to provide Professional Liability Insurance coverage for OHSU's students, with minimum limits of \$1,000,000 per incident and \$3,000,000 aggregate while students are participating in this preceptorship.

OHSU does not assume any Professional Liability coverage for the Preceptor or any other facility staff members. The Preceptor shall maintain their own professional liability Insurance coverage in amounts of not less than \$1,000,000 per incident and \$3,000,000 aggregate. The Preceptor is responsible for the care of its patients and under this agreement is providing training for the Student.

If this Student is involved in an incident or claim involving patient care or other related activities, the Preceptor shall notify immediately the School of Medicine, Office of Education and Student Affairs in writing of this incident.

Signatures:

Your signature acknowledges that you have reviewed this document. If you have any additional questions or concerns, please do not hesitate to contact us. Please return the signed original to the Director of Medical Education at your site.

Community Attending/Preceptor:

(Name)

Signature

Date

OHSU Clerkship Director: