2014-15
Medical Student Handbook
For Students Matriculating Prior to 2014
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INTRODUCTION AND WELCOME

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 foundational 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.

Undergraduate Medical Education
Oregon Health & Science University School of Medicine
2730 SW Moody Avenue, Mailcode: CLMD5
Portland, OR 97201
Phone: 503-494-8220
Fax: 503-494-3400

Please note that information contained herein is subject to change during the course of any academic year. The OHSU School of Medicine or specific SoM Undergraduate Medical Education program reserves the right to make changes including, but not limited to, changes in policies, fees, tuition, course offerings and student requirements. This document should not be construed in any way as forming the basis of a contract.
ACCREDITATION

The Oregon Health & Science University is accredited by the Northwest Commission on Colleges and Universities (NWCCU) and has been reaffirmed accreditation until 2015. For more information, contact: NWCCU, 8060 165th Ave NE Suite 100, Redmond, WA 98052, 425-558-4224 or visit www.nwccu.org. The School of Medicine is accredited by the Liaison Committee on Medical Education (LCME) and has been reaffirmed accreditation until 2020. For more information, contact the LCME, www.lcme.org

OHSU MISSION STATEMENT

Oregon Health & Science University (OHSU) is the state’s only comprehensive public academic health center. Its fundamental purpose is to improve the health and wellbeing of people in Oregon and beyond. A ten-member Board of Directors nominated by the Governor and confirmed by the Oregon Senate governs the university.

As part of its multifaceted public mission, OHSU strives for excellence in education, research and scholarship, clinical practice and community service. Through its dynamic interdisciplinary environment, OHSU stimulates the spirit of inquiry, initiative, and cooperation among students, faculty and staff.

Setting the example for integrity, compassion and leadership, OHSU strives to:

- Educate tomorrow’s health professionals, scientists, engineers and managers in top-tier programs that prepare them for a lifetime of learning, leadership and contribution.
- Explore new basic, clinical and applied research frontiers in health and biomedical sciences, environmental and biomedical engineering and information sciences, and translate these discoveries, wherever possible, into applications in the health and commercial sectors.
- Deliver excellence in health care, emphasizing the creation and implementation of new knowledge and cutting-edge technologies.
- Lead and advocate for programs that improve health for all Oregonians, and extend OHSU’s education, research and healthcare missions through community service, partnerships and outreach.

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.
HISTORY OF THE SCHOOL OF MEDICINE

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; Doernbecher 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 over 15,000 health care professionals each year.

ACADEMIC PROGRAMS FOR MD DEGREE

MD Program

The School of Medicine Undergraduate Medical Education curriculum is designed to present an educational 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 a multidisciplinary and integrated format, relating normal and abnormal structure and function. Clinical sciences reinforce integration and application of knowledge, enhanced clinical and communication skills, and foster development of professional identity in becoming a physician.

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 and 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 Foundational years of the medical curriculum. Research rotations help students 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 clinical clerkships and electives.

MD-MPH Program
The Oregon Master of Public Health (OMPH) Program is Oregon’s first accredited MPH-granting entity, now entering its 21st year. The OMPH Program is a unique collaborative, built on the collective experience and expertise of two complementary partner institutions: Oregon Health & Science University (OHSU), and Portland State University (PSU). Oregon MPH Program students take advantage of the wealth of resources at two world-class universities, and have the opportunity to interact with diverse and internationally regarded faculty. The Oregon Health & Science University MD-MPH Program is a five-year program that 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 degree program is an integrated curriculum designed to allow selected students to complete the requirements for both the Doctor of Medicine (MD) and the Master of Public Health (MPH) degrees within five years. Students in the MD/MPH Combined Degree Program are required to complete the MPH in the Epidemiology and Biostatistics track of the Oregon MPH Program at OHSU. They will, however, have opportunities to pursue their specific areas of public health interest through elective courses in other MPH tracks. We also work hard to help students make strategic choices for their field experience and culminating research project to address these interests.

Students typically enter the Program directly through the application-admission process and begin their MPH studies with an intensive three-week introductory Epidemiology course during the month prior to beginning medical school classes (late July and early August). During the first academic year they take the Community Health elective in the fall quarter and a series of weekly public health seminars for MD/MPH students in the spring quarter. In addition, as time permits, students take a limited number of public health courses of their choosing during the remainder of the first eighteen months of medical school and will be encouraged to take advantage of other public health and/or research opportunities as they arise throughout their first three years. Finally, MD/MPH students will have a year of concentrated MPH study between the third and fourth academic years of medical school, during which they complete the required MPH courses, as well as is the field experience and research project required for graduation.

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.

Oral Maxillofacial Surgery (OMFS) Program
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.
Undergraduate Medical Education Overview

Undergraduate Medical Education (UME) is a branch of the School of Medicine Office of Education, headed by Dr. George Mejicano, Senior. Associate Dean for Education. The UME Program is led by Dr. Tracy Bumsted, Associate Dean for Undergraduate Medical Education. The UME Program consists of the following units:
1. Admissions
2. Advising, Colleges, and Outreach
3. Teaching Services
4. Curriculum and Student Affairs

UME is responsible for managing all aspects of medical student education, including the admissions process, advising, outreach, curriculum, student services and activities, academic scheduling, grades and course support. The main UME office is located in the Collaborative Life Science Building, fifth floor in the South tower, with the exception of UME Admissions unit, which is located on the fourth floor of Mackenzie Hall on the OHSU Marquam Hill main campus.

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 will be charged applicable tuition and fees according to the official OHSU Academic Year Fee Book in effect at the time of enrollment. Students are typically required to pay quarterly tuition and fees as a full-time student for 16 academic terms. Refer to the Curriculum Timeline Modification Policy section of this handbook for additional information on applicable tuition and fee charges during a curriculum interruption/leave of absence, extension, or slowdown.

2. Students in the MD-OMFS program are required to pay resident tuition and fees for all terms in which they are enrolled in the MD curriculum.

3. OHSU introduced a Tuition Promise in 2013 to keep tuition costs down for students enrolled in eligible clinical degree programs during specific academic years, and includes students enrolled in the MD program. This Promise in effect for the 2014-15 academic year states that MD students enrolled during the academic year “will not incur a tuition rate increase during the remaining years of their degree (according to the timeline specified by the degree program.)” Fees, books, supplies or equipment charges are not a part of the Tuition Promise, and are subject to change.” To learn more, go to: http://www.ohsu.edu/xd/education/student-services/registrar/registration-information/tuition-promise.cfm
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.

Curriculum Timeline Modification Policy

All students are expected to progress through the M.D. curriculum without delay in meeting their graduation requirements, and the curriculum is structured to support this timely progression. The typical student will have met all graduation requirements within 3 years + 10 months from date of matriculation, and pay 16 terms of full tuition and fees. Occasionally, a student will meet all graduation requirements faster or slower than 3 years + 10 months, and in certain instances may pay less or more, respectively, than 16 terms of full tuition and fees. All tuition and fees will be charged based upon the official OHSU Academic Year Fee Book in effect at the time of enrollment. The following section outlines the definitions, procedures, tuition implications and documentation details for students who are interested in modifying their curriculum timeline compared to the typical student.

Curriculum Interruption/Leave of Absence: formal period of time out during the program of study where a student is not enrolled, not actively taking courses or fulfilling graduation course requirements, and not utilizing curriculum resources; a temporary but complete exit from the curriculum.

- Examples of Circumstances That May Qualify: Students may be granted a Leave of Absence (LOA) due to personal or family illness, pregnancy, non-passing score on national board examination, or other unusual or unexpected circumstance.
- Procedure for Requesting a Curriculum Interruption/LOA: Students will follow the University LOA policy [http://www.ohsu.edu/xd/education/student-services/academic-programs-and-assessment/academic-policy/approved-policies/upload/Voluntary-Leave-of-Absence_2011112_Final_REVISION.pdf](http://www.ohsu.edu/xd/education/student-services/academic-programs-and-assessment/academic-policy/approved-policies/upload/Voluntary-Leave-of-Absence_2011112_Final_REVISION.pdf) and complete the request form [http://www.ohsu.edu/xd/education/student-services/Registrar/Registrar-Forms/upload/Withdrawal-LOA-Form_Updated-013014.pdf](http://www.ohsu.edu/xd/education/student-services/Registrar/Registrar-Forms/upload/Withdrawal-LOA-Form_Updated-013014.pdf). This should be done in consultation with the student’s academic portfolio coach and/or member of the SoM Dean’s Office Student Affairs team, which includes the Associate Dean for Student Affairs or any of the Student Affairs Directors. The request form should be submitted to the Associate Dean for Undergraduate Medical Education who will determine if the request is granted or denied, and communicate this to the student. The circumstances necessitating a LOA are expected to be resolved at the end of the LOA. At the time of desired re-entry, the student on a medical LOA must submit a provider attestation for reinstatement [http://www.ohsu.edu/xd/education/student-services/Registrar/Registrar-Forms/upload/LOAHEALTH-CARE-PROVIDER-ATTESTATIONRETURNING01-2014.pdf](http://www.ohsu.edu/xd/education/student-services/Registrar/Registrar-Forms/upload/LOAHEALTH-CARE-PROVIDER-ATTESTATIONRETURNING01-2014.pdf) prior to being formally re-enrolled. Students in all other categories of LOA are required to notify any member of the SoM Dean’s Office Student Affairs team of their intended re-entry date in order to plan their schedule of coursework once they have returned. The timing of this notification may vary.
depending upon the individual circumstance, but shall be no later than 2 weeks prior to desired re-entry. Of note, re-entry into the clinical curriculum typically requires at least 5 weeks’ notice. Students are encouraged to plan their re-entry with as much lead time as possible, working with the UME Dean’s Office staff to develop their schedule.

- **Tuition and Fees Charged:** During a curriculum interruption/LOA, no tuition and fees are charged for the term. **Note:** A student who takes a LOA after starting enrollment in a term will have paid tuition and fees for the entire term and will only be eligible for a refund according to the official OHSU Refund Schedule posted to the University Registrar’s Office website [http://www.ohsu.edu/xd/education/student-services/registrar/registrar-forms/index.cfm](http://www.ohsu.edu/xd/education/student-services/registrar/registrar-forms/index.cfm). During a curriculum interruption/LOA, a student is not eligible for federal financial aid because they are not enrolled in the program. Student loans may enter grace periods and/or be payable during this time. Curriculum interruption/LOA may also affect a student’s ability to maintain Financial Aid Satisfactory Academic Progress requirements, which could affect a student’s continued eligibility for federal financial aid. Students are advised to work closely with the Financial Aid office to understand the financial implications of curriculum interruptions/LOAs. It is the student’s responsibility to meet and maintain all financial aid eligibility requirements.

- **Documentation in Student’s Academic Record:** All LOAs are tracked by the University Registrar’s office and also documented on the student’s Medical Student Performance Evaluation (i.e., “Dean’s Letter”) sent to Residency Program Directors prior to the National Residency Match Program (NRMP) process. This documentation includes the start and end dates of all LOAs.

**Curriculum Extension:** period of time at the end of the expected length of a program, where a student is given approval to complete their graduation requirements. During the extension, the student is enrolled and actively taking courses, and is using curriculum resources beyond what a typical student would be expected to use to complete all graduation requirements.

- **Example of Circumstance That May Qualify:** The case where a student has had academic difficulty (e.g., student has received a non-passing grade in one or more required curriculum components and is remediating said components.) **Note:** students who have had academic difficulty but are able to remediate non-passing components within the typical expected time frame for the program do not require and will not be granted a curriculum extension.

- **Procedure for Requesting a Curriculum Extension:** A curriculum extension is granted only in select cases. A student requesting a curriculum extension is responsible for submitting a detailed proposal on the appropriate form to the Associate Dean for Student Affairs who will forward this to the Medical Student Progress Board (MSPB) for consideration. The MSPB will consider this proposal, and in certain occasions the student will be asked to appear in person to provide additional information. Following this, the MSPB will forward a recommendation to the Associate Dean for Undergraduate Medical Education, who will render the final decision, approving or denying the extension request, and communicate this to the student.

- **Tuition and Fees Charged:** Full tuition and fees may be charged for all enrolled terms, including the extension period. The amount of the tuition and fees charged will be determined according to the official OHSU Academic Year Fee Book in effect at the time of enrollment. Students are advised to
work closely with the Financial Aid Office to understand the financial implications of a curricular extension. It is the student’s responsibility to meet and maintain all financial aid eligibility requirements.

- **Documentation in Student’s Academic Record:** All coursework attempted will be documented on the student’s transcript. The Medical Student Performance Evaluation will reflect student performance for all program components up to the point in time it is sent to Residency Program Directors as a part of the NRMP, typically late Fall each year.

**Curriculum Slowdown:** planned special curriculum with deliberate slowing of meeting graduation requirements. During the slowdown period, students granted a curriculum slowdown are enrolled, actively taking courses, and are using curriculum resources but at a lesser amount than a typical student in the program.

- **Example of Circumstance That May Qualify:** A curriculum slowdown is granted only in rare cases and may be needed for compelling health or personal reasons. This may be needed in the case where a student is receiving accommodations due to a disability.

- **Procedure for Requesting a Curriculum Slowdown:** Students wishing to slow down their curriculum are responsible for submitting a detailed proposal to the Associate Dean for Student Affairs who will forward this to the Medical Student Progress Board (MSPB) for consideration. The MSPB will consider this proposal, and in certain occasions the student will be asked to appear in person to provide additional information. Following this, the MSPB will forward a recommendation to the Associate Dean for Undergraduate Medical Education, who will render the final decision, approving or denying the request, and communicate this to the student.

- **Tuition and Fees Charged:** Students who are granted a curriculum slowdown may pay **partial tuition** based upon curriculum resource utilization and **full fees** for all enrolled terms as part of the curriculum slowdown. The amount of tuition charged will be determined according to the official OHSU Academic Year Fee Book in effect at the time of the curriculum slowdown and will be outlined in the approval communication for the planned proposal. **Note:** students will pay full tuition and fees for all enrolled terms that are NOT a part of the curriculum slowdown (e.g., student who is taking courses as expected in the Foundations of Medicine curriculum, but then has a curriculum slowdown plan for the Clinical Curriculum. This student may pay full tuition and fees for all terms of MS1 and MS2 curriculum, and partial tuition and full fees for all terms of the Clinical Curriculum.) In addition, any term that a student is registered for both full enrollment and slowdown enrollment will pay full tuition and fees for that term (e.g., when a student starts the curriculum slowdown midway through a term.) During a curriculum slowdown a student may not be eligible for, or may be eligible for reduced amounts of, federal financial aid. A curriculum slowdown may also affect a student’s ability to maintain Financial Aid Satisfactory Academic Progress requirements, which could affect a student’s continued eligibility for federal student aid. Students are advised to work closely with the Financial Aid Office to understand the financial implications of a curriculum slowdown. It is the student’s responsibility to meet and maintain all financial aid eligibility requirements.

- **Documentation in Student’s Academic Record:** All coursework is documented on the student’s transcript. The Medical Student Performance Evaluation will reflect student performance for all
program components up to the point in time it is sent to Residency Program Directors as a part of the NRMP, typically late Fall each year. The curriculum slowdown will also be documented on the Medical Student Performance Evaluation.

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<th>Circumstance</th>
<th>Typical Decision</th>
<th>Tuition Implications</th>
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<td><strong>UNSUCCESSFUL MATCH</strong></td>
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<td>Student who has entered the NRMP in his/her final year of medical education and was planning to begin residency training in June, but did not match and was unsuccessful in the Supplemental Offer Application Process (SOAP.)</td>
<td>No extension granted assuming all graduation requirements have been met. Student will be graduated in June, on time.</td>
<td>Full tuition and fees paid as expected with typical program (3 years + 10 months, 16 terms)</td>
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In certain circumstances, students who learn that they have not matched may be unable to continue in the curriculum due to health reasons. In this situation, a student may request a medical leave of absence prior to completing all graduation requirements (see below curriculum interruption).

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<th>Circumstance</th>
<th>Typical Decision</th>
<th>Tuition Implications</th>
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<tr>
<td>CURRICULUM INTERRUPTION OR LEAVE(S) OF ABSENCE(S)</td>
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| Student who is unable to graduate on time due to previous curriculum interruption or leave(s) of absence(s), for any reason, and where they have had a temporary but complete exit from the curriculum. | Upon re-entry, students in this category will have their expected graduation date moved to no later than the end of the term in which they will have met all their graduation requirements.

If a student has been granted a LOA after starting enrollment in a term such that it is too late for a tuition refund but the student is not able to take coursework for the remaining part of the term, then after re-entry from the LOA they may need to re-enroll beyond their | Full tuition and fees for all enrolled terms. |

No tuition and fees are paid during LOAs, unless the student takes a LOA after enrolling in a term and does not qualify for a tuition or fee refund in that term.

Students needing to re-enroll will be charged full tuition and fees for the term(s) in which they re-enroll until | | |
initial expected graduation date to finish their graduation requirements. Once they meet all their graduation requirements, the student will be graduated.

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<th>Circumstance</th>
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<tr>
<td>PLANNED CURRICULUM SLOWDOWN</td>
<td>A curriculum slowdown is approved in rare circumstances, and approval is contingent upon student submission of a written plan and proposal for coursework timeline.</td>
<td>Pays full tuition and fees for all enrolled terms that are not a part of their slowdown plan, and may pay partial tuition and full fees for enrolled terms that are a part of their slowdown plan.</td>
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<tr>
<td>Student who is unable to graduate as initially expected due to slowed progression through the curriculum for compelling health or personal reasons. Students in this category are enrolled each term but are not taking the full credits available. This is a planned event, and requires prior approval.</td>
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OHSU Student Financial Aid Planning Policy

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

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<th>Date</th>
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<tr>
<td>07/31/2012</td>
<td>1.0</td>
<td>New Policy Statement</td>
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Responsible Officer: Provost
Policy Contact: Academic & Student Affairs, 503-494-7878
Supersedes: N/A
Respect at the University Compliance & Health Insurance Portability and Accountability Act

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

Diversity includes age, culture, disability, ethnicity, gender, national origin, race, color, religion, sexual orientation, and diversity of thought, ideas and more. Although each of these is important in their own right, the School of Medicine is explicitly committed to increasing the diversity of its student body, faculty and staff in the following three areas:

- Persons from racial or ethnic groups that are under-represented in medicine: African American, Latino (originating from Mexico, Central or South America, or Caribbean cultures), American Indian/Native American, Alaska Native, and Native Hawaiian/Other Pacific Islander.

- Persons from rural environments, defined as the majority of childhood years in a frontier environment or rural town as defined by the Oregon Office of Rural Health (e.g., a town of less than or equal to 40,000 population and at least 10 miles from a community of that size or larger).

- Applicants who have experienced significant disadvantage or adversity (i.e., disclosed by the applicant as first generation college graduate, recipient of social service resources while in elementary or secondary school, enhanced education or other programs for diverse populations, or by experience of economic, educational, cultural, or family adversity).

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.

Title IX of the Education Amendments Act of 1972 protects individuals from discrimination on the basis of sex in any educational program or activity operated by recipients of federal aid. OHSU complies with Title IX and 34 CFR Part 106 by prohibiting sex and gender discrimination 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. Contact Michael Tom. 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/joseph-trainer-health-wellness-center/insurance-plan/student-insurance-waiver.cfm?WT_rank=1

**Blood Borne Pathogens and Post-Exposure Procedure**
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 clinical curriculum. Medical students exposed to an infectious disease (through needle stick, bodily fluids, etc.) should follow the protocols established by the JBT Student Health and Wellness
Center. The SoM requires all medical students have Hepatitis B vaccination or show evidence of immunity.

**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. The red card information can also be found on the Student Portal. 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 prior to the 2 year expiration date.

**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. Each student will be given the opportunity to grant permission to OHSU to use photographs, video, audio recordings, and/or textual material of themselves for use in all university publications, websites, etc. Students who do not want their picture used are required to sign the Media Release Form that they are given by the Provost’s office during the Orientation week.

**Criminal Background Checks**

OHSU requires a criminal background check on all admitted students. Permanent records are maintained in the UME Curriculum & 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 and no later than mid-September.

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. Drug Test Panel
4. OHSU Drug Testing Protocols which details such things as dilute specimens, out of temperature specimens; negative and positive laboratory results

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

**What Happens After the Testing?**
A report will be sent to the Program Manager of UME Curriculum & 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 Program Manager of UME Curriculum & 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.

**Pre-Clinical Experiences/Pre-Clerkship 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 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 UME Teaching Services 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.

Clinical Experiences/Clerkship 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 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 described above for first- and second-year students.

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**MD Satisfactory Academic Progress Policy As It Pertains to Financial Aid for Students Matriculating Prior to 2014**

A student’s eligibility for financial aid is determined by the OHSU Financial Aid Office.

**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 be based on all terms at OHSU even those in which financial aid funding was not received.** At OHSU, to maintain Satisfactory Academic Progress, students in the M.D. program must meet all of the following standards:

- Be eligible to register (not academically dismissed)

  and

- Successfully complete at least 67% of total cumulative attempted credits at OHSU. Unsuccessful grades include, but are not limited to: incompletes (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: you may repeat a course that you previously did not successfully complete. If you have successfully
completed it and wish to retake it, you may retake it once. Please note: each time you register for the course it will count as an attempted course.

and

- For students admitted prior to Summer 2013, maintain a cumulative GPA of at least 1.0. For students admitted Summer 2013 and later, maintain a cumulative GPA of at least 2.0.

Financial Aid Suspension

Students who do not meet the above requirements at the end of spring term and/or completely withdraw from two consecutive terms 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’s 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: incompletes (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.

Financial Aid Probation

M.D. students who are suspended from financial aid and successfully appeal will be placed on Financial Aid Probation. When placed on Financial Aid Probation, a written notice will be sent to students informing them of the requirements of Financial Aid Probation. Students on Financial Aid Probation who resolve the GPA and/or completion percentage issue at the end of the probationary period will have the probationary status removed.

Cumulative Attempted Credit Limit
An M.D. 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 UME Curriculum & Student Affairs. Due to the unique structure of the curriculum, most transfer students are considered for entry into the clinical 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 entering the clinical 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 UME Curriculum & 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.

**Funding for Student Travel and Other Student Events**

SoM Senate and Dean’s Funding Guidelines

The aim of the OHSU School of Medicine Student Senate is to financially aid as many students in the School of Medicine as possible in enriching their educational experience at OHSU and furthering their professional development via individual, group, and community projects/events. Senate Funding applications are evaluated on defined criteria. Funding is awarded to the students with the highest application scores each quarter, up to the maximum quarterly budget.

**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 in October, December, February, April, and June. All applications must be received by 5:00 PM the Sunday before the meeting. A student must apply when the Senate is in session from October to June for funding through August 31st. For events in September, funding requests should be sent to the Associate Dean for Undergraduate Medical Education.

**When to apply for Senate versus Dean’s Funding:**

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. Senate Funding Requests should be submitted for individuals or groups planning to attend an academic conference or a professional meeting relating to research, educational experience, or professional career development. The Senate will not accept a Senate Funding Request and a Dean’s Funding Request for the same project.

**How applications are approved:**

The Senate reviews applications for both Senate Funding and Dean’s Funding.

For Senate Funding Requests: the Senate votes to approve or deny Senate Funding requests, and does so based on set criteria.

For Dean’s Funding Requests: the Senate votes on applications for Dean’s Funding, but can only recommend these applications for approval or no approval to the Dean’s Office. The application is then forwarded to the Associate Dean for Undergraduate Medical Education, where a final decision is made.

**Senate Funding Instructions:**

The applicant must:
1. Be in the School of Medicine MD Program, including joint degree programs, at the time of the event.
2. Be in good academic standing, verified by the Dean’s Office.
3. Have completed the application per all instructions and have submitted it on time.
4. Be applying before the date of the event. Students cannot receive funds retroactively.

No student may receive more than $500 per fiscal year (July 1 - June 30) from the Senate unless they are attending a conference in which they hold a nationally elected leadership position. Priority will be given to students based on their score from an evaluation rubric using predetermined criteria. All funds must be reimbursed between July 1 and June 30 of the Fiscal Year it was awarded.

**Senate 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 are both required. The Senate can help cover the cost of travel, lodging, and registration, but NOT the cost of food and poster production. A maximum of $500 per request for oral presentations and $400 per request for poster presentations will be awarded. A maximum of $750 will be awarded per group of students working on the same research project.
2. Students who wish to attend a conference, workshop, or other event, but are not presenting research. A maximum of $50 will be awarded per event towards registration fees only.
3. 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.

**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. Applications that show that multiple funding outlets have been exhausted will be considered stronger than those that do not. Similarly, the more students/professors a project/event will reach, the stronger the request.
4. No more than $50 can be requested for food for a single event. A maximum of $100 per academic year can be awarded to an interest group or other student group for food.

**Meeting Attendance for Office of Student Representatives (OSR) & Curriculum Representatives**

AAMC OSR/Curriculum Committee Representatives are approved by the Associate Dean for Student Affairs with student input. In general, the MS1 and MS3 student representatives attend the regional meetings and the MS4 student representatives attend the national meetings. MS2 student representatives may attend both the fall national and spring regional meetings in order to have an opportunity to obtain a leadership position in OSR. If a student does hold a national position, that student should be allowed to attend both national and regional meetings. In order to maintain high participation from OHSU at the meetings, other students may be given the opportunity to register if one of the designated representatives is unable to attend a specific meeting.
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.)
- Medical Student Performance Evaluation (MSPE)
- Verification forms (if applicable)
- Documentation of significant behavioral or academic issues as determined by the Associate Dean
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

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.

Communication Methods Used by the School of Medicine
At OHSU, we recognize the importance of and strive for highly effective communication with students, staff, faculty, and all members of our community. The University and the School of Medicine have established several ways for students to receive important messages regarding coursework and certain program requirements, stay up to date with activities and events, as well as ways for students to communicate electronically with each other. We also recognize that email is an imperfect tool to be the primary mechanism to ensure all parties have important information at the time needed. In an effort to improve the student experience and ensure timely and efficient sharing of information, the following communications procedures were developed by staff of the Dean’s office based on feedback from both students and faculty:

OHSU Student Portal:  (https://student.ohsu.edu)
In May of 2014, the MD section of the OHSU Student Portal was launched for day-to-day communications with students. The Portal also has a tremendous amount of information and links to resources for the MD program all in one place, reducing the time students must spend looking for important material.
- Program announcements and deadlines, scholarship opportunities, school news and other items from staff to students
- Students with announcements related to medical education may email staff for posting to portal (MS1 and MS2, email Laura Foran; MS3 and MS4 email Marcia Decaro)
Class Listservs:
The MD student listservs (med18; med17; med16; med15) are for student peer-to-peer communications, social announcements, class events, fundraisers, and for high priority/emergency, institutional messages as needed. The listservs are a members-only tool. All members of an MD class have the ability to use the listserv associated with their class. Because we recognize the occasional need for students to communicate across classes, the Dean's office created an all-student listserv for the full MD student body, medAll. Students in all classes are members of this listserv and can use it when inter-class communication is desired.

Chuckslist:
https://bridge.ohsu.edu/sites/chuckslist/Pages/default.aspx
Chuckslist is OHSU’s version of Craigslist
- Items for sale that are applicable to the wider OHSU community, such as apartments/rooms for rent

Sakai:
Communication from an instructor or a block/course/clerkship director to all the students enrolled in that block/course/clerkship goes through Sakai. Messages are distributed immediately after posting by the educational leader.

Town Halls:
All students are invited to attend the monthly Town Halls held by Dr. Bumsted, Associate Dean for Undergraduate Medical Education, and Dr. Osborne, Associate Dean for Student Affairs. These Town Halls are an opportunity for ongoing dialogue and regular communication and sharing of concerns and/or information between students and SoM administration. These are typically held on Tuesdays at noon in the Collaborative Life Science Building Learning Studio, and are advertised on the Student Portal.

Elected student representatives:
Students who hold elected leadership positions serve as important communication liaisons in their roles. All students in these positions are encouraged to have regular and formal mechanisms to bring information from their fellow students forward, and share information received during their leadership activities with their classmates.

MD CURRICULUM STRUCTURE, POLICIES AND PROCEDURES
Principles and Highlights of the MD Curriculum for Students Matriculating Prior to 2014
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 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

**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 occurs early in the first year and continues 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.

**Administrative Responsibility**

- The Associate Dean for Undergraduate Medical Education, under the supervision of the Senior Associate Dean for Education and 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.
- 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 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 is delineated and completed in the third year.
- Electives and/or selectives are provided to enhance the educational value of the fourth year and to permit individualization of the educational experience throughout the curriculum.
- Transition courses are 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 includes 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 includes traditional approaches and, in addition, performance-based assessment of the acquisition of clinical skills, knowledge and attitudes when deemed appropriate.
- Evaluation of student performance is timely, includes formative and summative feedback, and is 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 SoM Curriculum Committee is responsible for implementation, coordination, and evaluation of the curriculum to assure appropriate curricular evolution.

OHSU SoM Undergraduate Medical Education Program
Core Competencies and Objectives
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.

Systems 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. Apply 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. Demonstrate application of 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. Demonstrate use of quality measures and population-based data in improving patient care.

6. Explain the factors affecting variations in clinical practice and health care delivery.
MD Program Curriculum Structure for Students Matriculating Prior to 2014

<table>
<thead>
<tr>
<th>YEAR ONE CURRICULUM: SCIENTIFIC PRINCIPLES OF MEDICINE</th>
<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></td>
<td>11 weeks (12 credits)</td>
<td>10 weeks (8 credits)</td>
<td>9.5 weeks (9 credits)</td>
<td>9.5 weeks (9 credits)</td>
</tr>
</tbody>
</table>

Principles of Clinical Medicine (PCM) 36 weeks (12 credits)
(Didactic 4 hours/week & Preceptorship 4 hours/week)

<table>
<thead>
<tr>
<th>YEAR TWO CURRICULUM: SYSTEMS AND DISEASE PROCESSES</th>
<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></td>
<td>10 weeks (8 credits)</td>
<td>6 weeks (5 credits)</td>
<td>8.5 weeks (8 credits)</td>
<td>6.5 weeks (6 credits)</td>
<td>4 weeks (4 credits)</td>
</tr>
</tbody>
</table>

Principles of Clinical Medicine (PCM) 33 weeks (12 credits)
(Didactic 4 hours/week & Preceptorship 4 hours/week)

<table>
<thead>
<tr>
<th>YEAR THREE CURRICULUM: CORE CLERKSHIP COMPONENT</th>
<th>TRANSITION TO CLERKSHIP</th>
<th>INTERNAL MEDICINE</th>
<th>RURAL &amp; COMMUNITY HEALTH</th>
<th>OBSTETRICS &amp; GYNECOLOGY</th>
<th>PEDIATRICS</th>
<th>PSYCHIATRY</th>
<th>FAMILY MEDICINE</th>
<th>SURGERY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 week (3 credits)</td>
<td>10 weeks (18 credits)</td>
<td>5 weeks (9 credits)</td>
<td>5 weeks (9 credits)</td>
<td>5 weeks (9 credits)</td>
<td>5 weeks (9 credits)</td>
<td>5 weeks (9 credits)</td>
<td></td>
</tr>
</tbody>
</table>

Two-week Continuity Curriculum and 1-day Clinical Practice Exam in June (2 credits)

<table>
<thead>
<tr>
<th>YEAR THREE AND FOUR ENRICHMENT COMPONENT</th>
<th>REQUIRED SELECTIVES</th>
<th>CLINICAL ELECTIVES</th>
<th>NON CLINICAL ELECTIVES</th>
<th>TRANSITION TO RESIDENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surgery Subsp – 4 weeks (6 credits)</td>
<td>Class of 2015, 2016, and 2017: total of 18 credits</td>
<td>Up to 6 credit hours can be non-clinical including a maximum of 4 credits earned prior to the start of the 3rd year of medical school Clinical Electives 4 weeks full time = 6 credits Non-Clinical Electives 4 weeks full time = 4 credits</td>
<td>1 week (3 credits)</td>
</tr>
<tr>
<td></td>
<td>Pediatrics II – 4 weeks (6 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neurology – 4 weeks (6 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sub-Internship – 4 weeks (6 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ICU/MICU – 4 weeks (6 credits)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MD Program Graduation Requirements for Students Matriculating Prior to 2014

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

**1st Year 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 Year 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 Years Required Clerkships:**

<table>
<thead>
<tr>
<th>Clerkships</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; year weeks (credits)</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; 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</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></td>
<td>1 day (part of Continuity Curriculum Credit)</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>18 credits*</td>
</tr>
</tbody>
</table>

*either 3<sup>rd</sup> or 4<sup>th</sup> Year. 4 credits can be earned from 1<sup>st</sup> or 2<sup>nd</sup> Year.

**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 Orthopedics, 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:**

**Class of 2015, 2016 and 2017**
18 credits

All electives in this category are expected to be graded courses.

12 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.

6 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**

14 weeks Flexible time

Students may use this time for residency interviews, vacations or additional electives.

**United States Medical Licensing Examinations Required (see also USMLE policy):**

USMLE Step 1

USMLE Step 2CK and 2CS
**Scheduling:**

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.

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.

**OHSU University-Wide Grading Policy**

The grading policy below was approved by the Committee on Academic Policy in 2013. This policy is a university-wide policy that pertains to all students who matriculated after July 2013.

**Policy Title:** Grading System  
**Policy Number:** 0-01-0613  
**Applies to:** Course Instructors/Directors

**1.0 POLICY STATEMENT**

OHSU employs a letter grading system, applicable to all OHSU courses, as outlined below. All courses and course grades, except those courses dropped during the first week of the academic term, are recorded on the student’s permanent academic transcript. Grade Point Averages (GPA) are computed at the end of each academic term using the GPA Quality Points.
### OHSU Course Grading Key

<table>
<thead>
<tr>
<th>Course Grade</th>
<th>Grade Description</th>
<th>GPA Quality Points</th>
<th>Course Counts as Attempted Credit</th>
<th>Course Counts as Earned Credit</th>
<th>Course Counts in GPA Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Excellent or Honors</td>
<td>4.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>B</td>
<td>Very Good or Near Honors</td>
<td>3.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C</td>
<td>Fair or Satisfactory</td>
<td>2.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>D</td>
<td>Inferior or Marginal</td>
<td>1.00</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>F</td>
<td>Failure</td>
<td>0.00</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>P</td>
<td>Pass</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>NP</td>
<td>No Pass</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>IP</td>
<td>In Progress</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>I/Final Grade</td>
<td>Incomplete/Final Grade</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>AUD</td>
<td>Audit</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>W</td>
<td>Withdrew</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>WP</td>
<td>Withdrew Passing</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>WNP</td>
<td>Withdrew Non-Passing</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>WAU</td>
<td>Withdrew from Audit</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

* The final grade of the incomplete will determine the earned credit and the GPA Quality Points.

The use of + may be used in combination with the B, C or D grade and will result in an additional 0.30 GPA Quality Points for the course. The use of – may be used in combination with the A, B, C or D grade and will result in a reduction of 0.30 GPA Quality Points for the course. All +/- grades (including D-) count as attempted and earned credit as well as counting in the GPA calculation. The use of +/- will vary depending on academic program grading policies.

Each academic program stipulates standards for academic progression and graduation including a minimum cumulative Grade Point Average, a minimum required grade for a specific course, and other academic criteria which are required for continuation in and graduation from that academic program. Criteria for achievement of competence are defined by the faculty responsible for setting and communicating minimum standards of performance for a passing grade.

2.0 **DEFINITIONS:**

2.1 **Withdraw:** For courses that span the length of the term, after the first week of the term, but prior to the fifth week of the term, a withdrawal from a course will receive a grade of W (Withdrew) on the academic transcript. On or after the fifth week of the term, but prior to the last week of the term, a withdrawal from a course will be assigned a grade of WP (Withdrew Passing) or WNP (Withdrew Non-Passing) by the course instructor/director based on the student’s performance in the course to date. Course withdrawal will not be accepted during the final week of the term. Modular courses within terms (for example, 3 or 4 subsequent clinical rotations during a term) will operate on a modified withdrawal schedule depending on academic program policies.
2.2 Incomplete: The grade of I (Incomplete) is assigned when a student's work is of passing quality but incomplete for good cause. Assignment of an Incomplete grade is at the discretion of the course instructor. A grade of Incomplete should not be assigned unless the student is unable to complete the work because of sudden illness, personal emergency, or other good cause outside of the control of the student.

The final grade earned will be recorded on the academic transcript with the grade of I/Final Grade (for example, I/B). A course assigned an Incomplete must be completed within one term after the assignment of the Incomplete grade, or the grade will automatically be changed to a grade of I/F (Incomplete/Failure). An appeal for an extension to the one-term time frame must be approved by the appropriate Program Director prior to the grade of Incomplete being automatically assigned a grade of I/F.

2.3 In Progress: The grade of IP (In Progress) is a placeholder grade assigned for a course extending beyond one term. An In Progress grade may also be assigned if a student has not completed all the experiences required in a clinical course due to circumstances beyond the student’s control (for example, a lack of patients available in the clinical setting during the term). The Office of the Registrar converts In Progress grades to the final grade after submission of the final grade from the course instructor/director.

2.4 Audit: Audit registration permits a student to enroll in a course for no credit and no grade. Course requirements for an audited course will be determined by the course instructor/director. Not all courses offer an option to audit. A change of a course from a credit status to an audit status (if allowed for that course) must be completed before the University deadline to drop/add courses and cannot be subsequently changed. Audit courses are assessed tuition and fees at the same rate as credit courses. Upon completion of an audited course, the designation of AUD (Audit) will automatically be recorded on the academic transcript. A designation of WAU (Withdrawn from Audit) will be assigned by the course instructor/director if a student withdraws from an audited course after the first week of the term. Audit courses do not satisfy degree requirements or count toward the continuous enrollment requirement.

2.5 Remediated Courses: In certain situations, a student receiving a final grade of C, D, F or NP may be permitted to remediate portions of the coursework instead of having to repeat the course in its entirety. Remediation of a course may be allowed if the faculty of record for that course has determined that a student has not passed certain required components, but has passed other required components. The specific courses that allow and/or require remediation and the maximum course letter grades for remediated courses will be determined by the academic unit offering those courses.

If a course is remediated, the original course will continue to be listed on the academic transcript and a new entry will also be listed indicating that the course has been remediated. Both the original course and the remediated course will be reflected in the same term on the academic transcript. Upon remediation, the original course will be excluded from the number of credits attempted, the number of credits earned and the GPA calculation. The remediated course will be included in the number of credits attempted, the number of credits earned (if passed) and the GPA calculation.
2.6 Repeated Courses: In certain situations, a student receiving a final grade of C, D, F or NP may be required to repeat the course. Under some conditions, a student may also be required to repeat other previously passed courses. Maximum course letter grades for repeated courses will be determined by the academic unit offering those courses. With approval from the instructor of record, and pending available space and resources, a student may voluntarily repeat a previously passed course.

When repeating a course, students will re-register for the course in a subsequent term and will be charged the applicable tuition and fees associated with the number of credit hours in the course. The original course will continue to be listed on the academic transcript. A request to waive tuition to repeat a required course may be submitted by, and at the discretion of, the academic unit. If a course is repeated, the original course will be excluded from the number of credits attempted, the number of credits earned and the GPA calculation. The repeated course will be included in the number of credits attempted, the number of credits earned (if passed) and the GPA calculation.

2.7 Academic Unit: The entity whose curriculum committee approved the course.

3.0 RESPONSIBILITIES
Individual course instructors/directors are responsible for ensuring that the course grades assigned comply with the OHSU Grading Policy as defined above. Individual course instructors/directors are also responsible for submitting course grades by the appropriate deadlines established under OHSU Policy (assigned number) Timely Release of Grades. The OHSU Registrar is responsible for making official course grades available to students within the ISIS student information system by the appropriate deadlines established under OHSU Policy (assigned number) Timely Release of Grades and for maintaining the permanent academic transcript.

4.0 PROCEDURES
N/A

5.0 RELATED POLICIES
Timely Release of Grades
Feedback and Evaluation of Student Work
Academic Progression

6.0 KEY SEARCH WORDS
Grading Key, Withdrawal, Withdraw, Incomplete, Audit, Grading Policy, Timely Release of Grades

7.0 REVISION HISTORY

| 6/13/2013 | 1.0 | Policy Approved and Implemented |
MD Program Grading System for Students Matriculating Prior to 2014

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 are indicated by the following designations:

- Honors (H) indicates extraordinary intellectual and creative performance and mastery of the course of study. For students matriculating in 2013 or later, a grade of Honors will appear as the letter “A” on the front of the official OHSU transcript. The School of Medicine will continue to use the designation of Honors in its courses and clerkships as well as on the Medical Student Performance Evaluation (MSPE or Dean’s Letter).

- Near Honors (NH) indicates performance that is superior to that which is required of a satisfactory performance. For students matriculating in 2013 or later, a grade of Near Honors will appear as the letter “B” on the front of the official OHSU transcript. The School of Medicine will continue to use the designation of Near Honors in its courses and clerkships as well as on the Medical Student Performance Evaluation (MSPE or Dean’s Letter).

- Satisfactory (S) indicates achievement of appropriate knowledge and skills. For students matriculating in 2013 or later, a grade of Satisfactory will appear as the letter “C” on the front of the official OHSU transcript. The School of Medicine will continue to use the designation of Satisfactory in its courses and clerkships as well as on the Medical Student Performance Evaluation (MSPE or Dean’s Letter).

- 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 and/or clerkship director. For students matriculating before July 2013, 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 or clerkship results in assignment of a Failure grade for that course or clerkship. For students matriculating in 2013 or later, a grade of Marginal will appear as the letter “D” on the front of the official OHSU transcript. The School of Medicine will continue to use the designation of Marginal in its courses and
clerkships as well as on the Medical Student Performance Evaluation (MSPE or Dean’s Letter). Please refer to the University Grading Policy approved in 2013 regarding calculation of GPA as well as how remediated and/or repeated courses and clerkships appear on the official OHSU transcript.

- 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 or clerkship. For students matriculating in 2013 or later, a grade of Failure will appear as the letter “F” on the front of the official OHSU transcript. The School of Medicine will continue to use the designation of Failure in its courses and clerkships as well as on the Medical Student Performance Evaluation (MSPE or Dean’s Letter). Please refer to the University Grading Policy approved in 2013 regarding calculation of GPA as well as how remediated and/or repeated courses and clerkships appear on the official OHSU transcript.

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

- Incomplete (I) indicates that the student has not completed all the requirements of a course or clerkship for a bonafide reason. For students matriculating in 2013 or later, a grade of I (Incomplete) is assigned when a student’s work is of passing quality but incomplete for good cause. Assignment of an Incomplete grade is at the discretion of the course instructor. A grade of Incomplete should not be assigned unless the student is unable to complete the work because of sudden illness, personal emergency, or other good cause outside of the control of the student. The final grade earned will be recorded on the academic transcript with the grade of I/Final Grade (for example, I/B). A course assigned an Incomplete must be completed within one term after the assignment of the Incomplete grade, or the grade will automatically be changed to a grade of I/F (Incomplete/Failure). An appeal for an extension to the one-term time frame must be approved by the appropriate Program Director prior to the grade of Incomplete being automatically assigned a grade of I/F.

- Withdrawal (W) indicates that a student dropped a course or clerkship 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. For students matriculating in 2013 or later, various designations (i.e., W, WP or WNP) may appear on the official OHSU transcript depending on when the withdrawal took place as well as the student’s academic performance in the course or clerkship at the point when she/he withdrew. Course withdrawal will not be accepted during the final week of the term.

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 may 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.

• Professionalism and professional development may be evaluated independently of academic performance. The mechanism to do so is submission of a Professionalism Form to the Associate Dean for Students.

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

E. Notifying Students about their Professional Development and Its Implications

• Students are evaluated using a variety of assessment instruments. 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’ 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 or clerkship director.

f. The course or clerkship 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 or his/her delegate will also meet with any medical student receiving a marginal or failing grade.

h. Any student who receives a less than satisfactory grade will have their academic progress 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 all 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 student complaints of alleged unfair grading or evaluation that have not been successfully adjudicated by the block, course or clerkship director. All decisions by the Associate Dean for Undergraduate Medical Education are final.

Remediation of Unsatisfactory Course and Clerkship Performance For Students Matriculating prior to 2014

An unsatisfactory level of performance by a student in a course or 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 or Clerkship Director notifies the Associate Dean for Student Affairs and the student of the unsatisfactory performance.

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

• The Course or Clerkship Director makes a recommendation for remediation in writing, and may be asked to present the record of the unsatisfactory student performance to the Medical Student Progress Board.

• The Medical Student Progress Board reviews the student’s academic performance and all other relevant records, considers the Course or Clerkship 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 or Clerkship Director.

• The Course or Clerkship Director is responsible for scheduling the date and time for remediation and the UME Teaching Services 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 or Clerkship Director. In general, deferment of remediation is granted only in cases of emergency by the Associate Dean for Student Affairs or his/her delegate.

• Due to the longitudinal structure and grading requirements of the Principles of Clinical Medicine (PCM) course, the plan for remediation for students in this course 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.

Medical Student Performance Evaluation & Class Ranking For Students Matriculating Prior to 2014
The purpose of the Medical Student Performance Evaluation (MSPE), (also 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 histogram 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, 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 Dean’s Office staff. 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. 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 Undergraduate Medical Education. The School of Medicine participates in the Electronic Residency Application Service (ERAS).

Students who do not successfully match into a residency program, and who wish to enter the National Residency Matching Program in a subsequent year, will have their original MSPE addended to include all coursework taken through the time the second MSPE is sent to residency programs. There will be a short statement at the beginning of the addendum outlining the reasons for the addendum. Once the MSPE has been finalized and sent to residency programs, typically in October of each year, there will not be any further changes or additions to it.

**USMLE Requirements For Students Matriculating Prior to 2014**

**USMLE Policy Effective for Students Matriculating from 2009-2013**

All students are 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.

**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.

Students who have begun their third year clerkship curriculum, but then receive notice that they have not passed Step 1 will be placed on Academic Probation, and will meet with the Associate Dean for Student Affairs or her delegate, and may choose one of two options: 1) complete their current clerkship; or 2) take an incomplete grade in that clerkship. Following either of these options, students who have not passed USMLE Step 1 will take an official leave of absence (LOA) from the University, and not be enrolled in the M.D. curriculum in order to achieve a passing score on Step 1. Students will have up to six months on a LOA to study and retake the exam. All students must have a documented passing score on the exam before they can re-enter the clinical curriculum. In addition, once a student has received notice of his/her passing score, they must request their desire to re-enter in writing to the Associate Dean for Student Affairs at least five weeks prior to their re-entry date into the clinical curriculum. During the academic term(s) the student is on a LOA, there is no tuition charged. Students are encouraged to take a USMLE board preparation course during the study period, but are not required to do so. Additionally, Education Specialists in the Teaching and Learning Center are available to help students create an individualized learning plan for the study period prior to retaking the examination.

Students who do not pass USMLE Step 1 within the six months while on a LOA, will come before the Medical Student Progress Board. Students with extraordinary circumstances may request in writing to the Associate Dean for Student Affairs and ask for an extension to the LOA up to a total of one year if needed. Students who have not passed the examination on their second attempt will continue on a LOA for a final six months (for a total of one year from the time of first failure) in order to achieve a passing score. Students who fail the USMLE Step 1 on their second attempt will come before the Medical Student Progress Board. Students will have a maximum of three attempts to achieve a passing score on USMLE Step 1. Any student who fails the USMLE Step 1 examination on their third attempt will be subject to a dismissal hearing by the Medical Student Progress Board.

Deferral of USMLE Step 1 Examination
School of Medicine policy requires that students take USMLE Step 1 prior to beginning the Transition to Clerkship and subsequently a clerkship. A deferral of USMLE Step 1 is only granted for documented illness or injury or other extremely compelling reason, and requires prior approval of both the Associate Dean for Student Affairs and the Associate Dean for Undergraduate Medical Education. Students requesting a deferral will submit a “Request for Deferral of USMLE Examination” form to the Associate Dean for Student Affairs or the Associate Dean for Undergraduate Medical Education. Students granted a deferral will have their curriculum progression planned on a case-by-case basis depending upon the circumstance.

USMLE Step 2:
Students are required to take and record a passing score on both USMLE Step 2 CK and CS no later than May 15th of their graduation year. Students are strongly encouraged to complete both Step 2 examinations prior to submitting residency applications, typically in September. A student who has attempted a Step 2 examination but then receives notice that they have not passed, will be placed on Academic Probation, and will meet with the Associate Dean for Student Affairs or her designee to determine what adjustments should be made to the student’s clinical curriculum to best achieve a passing score on the Step 2 examination(s). This may include a LOA, or the student may remain enrolled but at a reduced credit load to accommodate a study period and retake of the failed Step 2 examination. Students who have failed a Step 2 examination on their second attempt will come before the Medical Student Progress Board. Students who do not pass the USMLE Step 2 CK or CS after three attempts will be subject to a dismissal hearing by the Medical Student Progress Board. Students who do not pass the USMLE Step 2 CK or CS will not have their MD degree conferred, even though they may have completed all other graduation requirements. Students in this circumstance will not be enrolled in the MD program, and be given a maximum of one calendar year to take and record a passing score on the Step 2 examination(s). Failure to record a passing score within one calendar year will be subject to a dismissal hearing by the Medical Student Progress Board.

In addition, any student who fails two USMLE Step examinations (any combination of Step 1, Step 2 CK or Step 2 CS) will come before the Medical Student Progress Board.

**Course and Clerkship Evaluation Process For Students Matriculating Prior to 2014**

**Basic Science & PCM Course Evaluation Process**

Each year, the elected student curriculum committee (CC) representative gives UME Teaching Services a list of 10-15 students they feel would be strong mini-report authors. UME Teaching Services 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 UME Teaching Services. 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 UME Teaching Services.

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 UME Teaching Services 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 UME Teaching Services 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.

**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 Evaluations**
• 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.

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.
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. 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.

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.

Confidentiality Policy for Duplicating Course Content or Assessment Materials

Every reasonable effort has been made to protect the copyright requirements of materials used in the curriculum. All course content materials provided to OHSU medical students are for the educational use
of OHSU medical students. 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. Recording (video and/or audio) by students of class sessions is strictly prohibited. Sessions during classroom activities will be digitally captured on a routine basis with Echo360, and be available on Sakai following processing for all students enrolled. Copyrighted material will be kept on reserve in the library or made available online for student access. Copyright law allows for making one personal copy of each article from the original article. This limit also applies to electronic sources.

Duplication or sharing of course materials outside of the OHSU SoM in any form is strictly prohibited. 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 on Sakai.

Duplication of quizzes, examinations, or assessments of any kind, including clinical skills assessments or Objective Structured Clinical Examinations, is strictly prohibited.

Any breach of this policy will result in disciplinary action.

**EPIC Reference Guide for Medical Students**

**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 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:**
• 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
• 6 hrs of medical students EPIC class time (EpicCare Medial 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
• Associate Dean for Student Affairs, Dr. Molly Osborne
• OHSU Chief Compliance Officer (503) 494-6806

Pertinent To MS1 & MS2 Students

Attendance Policy For Students Matriculating Prior to 2014

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.

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.

**MS2 Passing Grade Expectations For Students Matriculating Prior to 2014**

Students in the MS2 required curriculum must achieve an average of 70% 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% has been achieved on the exams.

Students receiving less than 70% average score in any course will receive a marginal or failing grade for that course.

Students in the 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 Medical Student Progress Board. See Disciplinary Policies and Actions of Medical Student Progress Board in this handbook.
Submission of Grades to Registrar’s Office
Final course grades for student in the Foundations of Medicine & MS2 curriculum will be submitted by the UME Teaching Services, to the SoM Registrar’s Office for official recording no later than 6 weeks after the completion of each course.

MS2 Examination Administration Guideline For Students Matriculating Prior to 2014

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 Medical Student Progress Board.
   - Late arrival documentations are cumulative throughout the first- and second-year medical curriculum and will be recorded by the UME Teaching Services.

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 strictly prohibited. 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 any examination outside of the classroom setting is prohibited. Individuals possessing or distributing exams or exam content 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
Systems Process & Homeostasis
Biological Basis of Disease
Circulation
Metabolism
Neurosciences & Behavior
Pathophysiology of Blood
Human Growth and Development
Internal Medicine
Psychiatry
Surgery I and II
Pediatrics I and II
Obstetrics & Gynecology
Family Medicine
Neurology
Policy for Examination Schedule Change in MS2 Curriculum For Students Matriculating Prior to 2014

1. If a student defers an examination due to illness, the student must contact UME 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.)

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 JBT Student Health Center.

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 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 UME Teaching Services.

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 UME 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.”

Policy on Examination Scoring in MS1 and MS2 Curriculum

Class performance on each question following an examination will be reviewed by the course leadership by reviewing the examination item analysis, reviewing student queries, and individual faculty review of examination content. If the course leaders 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 leaders decides to eliminate a question from an examination then no credit is given to students for this question under any circumstances.

**Procedure for Providing Tutors in MS1 and MS2 Curriculum**

The OHSU School of Medicine seeks to assure the academic success of all students. Students not achieving a satisfactory score of 70% or above in a basic science exam and/or course will be expected to participate in the Formal Tutoring program. Students can opt out of Formal Tutoring by submitting a written request/explanation. Students scoring 5% above the passing score will be considered at-risk and will be offered Formal Tutoring on an optional basis. All students are eligible to attend Peer Tutoring.

**Elements of the Undergraduate Medical Education Tutoring Program:**

1) A formal orientation of students to the availability of the tutoring program will occur during Transition to Medical School.

2) The UME Teaching Services will identify students who fail an exam and/or course throughout the academic year utilizing the criteria specified above. These students will be referred to a Student Affairs Director who will then schedule an initial meeting with each student to determine their needs.

3) The initial meeting between the student and a 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 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, the TLC and the Student Access Coordinator (if applicable) - both available at 503-494-0082/studentaccess@ohsu.edu.

4) Tutoring will consist of two key components:

a. Formal Tutoring (required; by referral)

   i. The TLC will manage the Formal Tutoring program.

   ii. Tutor development will be provided by the TLC; completion of a tutor-training session will be required for all tutors prior to serving in this role. The TLC will also work with tutors to document session attendance, address student issues as they arise, and connect tutors with additional educational resources to enhance their tutoring sessions.

   iii. Tutors in the Formal tutoring program may include MS-2, MS-3, MS-4,
MD-MPH and MD-PhD students, who averaged 80% or higher in the basic sciences courses of the MS-1 and MS-2 curricula. Tutors will be compensated through the UME Teaching Services.

iv. Tutoring sessions of up to 5 students will meet weekly for 2 hours with one tutor. In special cases, students may be assigned a one-on-one tutor.

v. The students will begin tutoring immediately once identified and remain in the tutoring program for the remainder of the course. If they are able to achieve a passing course grade of 70%, then they will 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 passing scores. Once referred to the TLC for Formal Tutoring (after each exam and/or final course grade is posted), students that desire to opt out of the Formal Tutoring program must respond to the TLC with the reason(s) that they wish to opt out; students not opting out will respond to TLC with confirmation of their intent to participate in tutoring sessions. A report detailing student opt-outs will be sent by TLC after each course to UME Teaching Services, the Associate Dean for Student Affairs, and the Student Affairs Directors.

vi. 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.

vii. Students who continue to score below passing scores of 70% will be referred to the Medical Student Progress Board for review and recommendations for subsequent academic actions. Participation (or lack thereof) and/or opt out of the tutoring program will be taken into consideration. Recommendations will be shared with the TLC and the Associate Dean for Student Affairs.

b. Peer Tutoring (optional; open to all MS-1 students)

i. Peer Tutoring is a student run activity for MS-1s. MS-2s develop the schedules, session content, timing, and recruit additional tutors. UME Teaching Services will schedule the rooms per request and reimburse for food.

ii. Peer tutors will be required to 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 (UME Teaching Services), the number of students attending tutoring versus opting out and their subsequent course grades (TLC), the number of students subsequently requiring academic extensions and/or remediation (Student Affairs), and the pass rate for USMLE Step I (Student Affairs/Registrar). In addition, the TLC will survey annually tutors and tutees about the perceived effectiveness of the Formal and Peer Tutoring programs.
Preparation for Clerkships For Students Matriculating Prior to 2014

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 UME Teaching Services (deadline will be given by them for each academic year).
- Take the online VA Mandatory Training for Trainees module, attach the certificate of completion and submit to UME Teaching Services (deadline will be given by them for each academic year).
- Get fingerprinted and have photo ID taken for the VA.
- Complete CPRS-VA Computer Access 90 minute training session (UME Teaching Services 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 UME Teaching Services (held fall of each academic year).
- Log onto IMPAX using your OHSU user ID and password and go through the self-guided tutorial.

Pertinent To MS3 & MS4 for Students Matriculating Prior to 2014

Attendance Policy & Time-Off Requests from Clerkships

Students in the clinical curriculum are expected to attend and actively participate in all required clerkship and MD program activities. Students should schedule personal activities during University breaks in the academic calendar totaling 5 weeks per year (July 1-June 30). Students wishing to take additional days off are required to submit the Request For Time Off for approval, found on the Student Portal. All days off during each academic year are tracked by the Dean’s Office, and in most circumstances students are allowed no more than two days off for any reason without making up the time missed.

Request for Time Off Due To Emergency Absence/Personal or Immediate Family Illness:
In most circumstances, students with emergency absences due to personal or immediate family illness may receive up to two days off per academic year without making up this time off. However, students are still required to submit a Request form to be granted approval and for documentation purposes. Students with emergency absences should contact the Clerkship Director or Clerkship Coordinator.
immediately by phone or email once the request is needed. The form must be completed within 24 hours, and the Clerkship Director may require a student to make up some or all of this time off.

**Request to Take Time Off to Attend or Present at an Academic Conference:**
Students requesting time off to attend or present at an academic conference should know this well in advance, and submit a Request for Time Off From Clerkship form to the Clerkship Director or Clerkship Coordinator at least 6 weeks prior to the start of the clerkship to seek approval. When approved, students may receive up to two days during the third year and two days off during the 4th year to pursue these kinds of events depending upon how many other days off the student has had prior to the request. However, the Clerkship director will most often require all of this time to be made up.

**Request to Take Time Off to Sit for USMLE Step 2 CK or Step 2 CS Examination:**
Students requesting time off to take a USMLE examination should know this well in advance, and submit a Request for Time Off From Clerkship form to the Clerkship Director or Clerkship Coordinator at least 6 weeks prior to the start of the clerkship to seek approval. In most circumstances, students may receive approval of up to two days off during the 4th year to pursue this kind of event. However, the Clerkship director will most often require all of this time to be made up.

**Request to Take Time Off for Non-Emergency Personal Reason:**
Request for time off for non-emergency personal reasons such as weddings, reunions, etc. are usually not approved by the clerkship director but can be considered if you submit a Request for Time Off form. Students should submit the form at least 6 weeks prior to the start of the Clerkship. The clerkship director requires all this time to be made up, no matter how many days off the student has had prior to the request.

**Steps for Requesting Time Off:**
1. For emergency absences, the student will submit the Request for Time Off From Clerkship form as soon as possible once an absence becomes necessary. For absences that can be anticipated, the student submits this form to the Clerkship Director at least 6 weeks prior to the start of that clerkship.

2. Clerkship Director will consult the Dean’s Office UME Program Manager for Student Records to verify the number of days off the student has already had prior to this request and listed on the Request form.

3. Clerkship Director reviews the request and will approve or deny the request. Approvals of Requests for Time Off will include any requirements or conditions to be met by the student at the time of approval.

4. Clerkship Director forwards the final decision and the signed Request for Time Off form to the Dean’s Office Program Manager for Student Records, where the attendance records will be maintained for students in all clerkships.

**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 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 UME Curriculum & Student Affairs dean’s office staff 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 UME Curriculum & 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/PhD 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/PhD program must be granted before the clerkship can be dropped or not scheduled.

**SoM Clerkship Duty Hours Policy for Medical Students**

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).
Courses and Clerkships 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 any away rotations. Students who are on academic probation are restricted from rotating at regional clinical sites and from completing rotations away from OHSU. The only exception to this is that students are allowed to complete their rural clinical rotation requirement after discussion with and approval of the clerkship director and the dean’s office clerkship scheduling staff.

The procedures for obtaining approval for an elective course not sited at OHSU or at an affiliated site:
1. Complete the Domestic Away Elective 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 Domestic Away Elective form must be submitted in writing to the UME Curriculum & Student Affairs Program Manager for Student Records at least 1 month prior to anticipated travel. OHSU Risk Management must also approve the student’s request prior to departure.

Students are expected to provide the away site with an evaluation form and are responsible for its return to Curriculum & Student Affairs 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 contact and obtain permission from the Associate Dean for Undergraduate Medical Education.

Third year required clinical clerkships must be done at an OHSU regularly scheduled site.

Some of the fourth year required clerkships can be taken away with prior approval. The Domestic Away Elective Form must be submitted to the UME Curriculum & Student Affairs Program Manager for Student Records with the appropriate supporting documentation prior to any away rotation. Failure to do so will result in no malpractice coverage and no credit for the rotation.
To take an away SUBI or ICU clerkship:

1. 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 decision will be provided to the student in writing. 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 and Pediatrics 2 clerkship:

1. Students must get permission from the Neurology or Pediatrics 2 Clerkship Director to take the rotation away.

2. It must be at another medical school and be one of their regularly scheduled Neurology or ambulatory Pediatrics Clerkships. It cannot be done at a non-medical school site.

Surgery Subspecialty Clerkship:

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.

Criteria for International & Global Health Experiences

Two methods are available for students to seek an international educational experience -- authorized by the School of Medicine to receive academic credit, or non-authorized by the School of Medicine and receive no academic credit

Authorized International & Global Health Experiences for Earning Academic Credit

The following guidelines delineate the steps for medical students wishing to earn academic credit and receive financial aid while pursuing a global health experience. 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 an *International Away Elective Form & Medical Student International Travel Waiver of Liability*, which can be found on the Student Portal under “Forms”. All students are required to 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 may be 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 UME Curriculum & Student Affairs Program Manager for Student Records.

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

6. OHSU does not provide malpractice insurance for international experiences, and students are required to purchase this on their own.

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 JBT Health and Wellness Center should notify their insurance carrier of their 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.internationalsos.com/en/americas_usa.htm](http://www.internationalsos.com/en/americas_usa.htm) Tel: 215 942 8000; FAX 215 942 8299; or a comparable organization to purchase health and evacuation insurance.

8. Students must be cognizant of federal HIPAA standards (American Health Information Portability and Accountability Act, 1996), to which OHSU adheres. HIPAA helps to ensure that all medical information meets certain, consistent standards with regard to documentation and patient privacy. Whether at home or abroad, use of a patient’s health information, including name and diagnoses, or identifiable photographs, requires explicit, written permission from the individual. [http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/privacysummary.pdf](http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/privacysummary.pdf)

**Non-Authorized International Education Experiences without Academic Credit**

Medical students may also pursue international experience(s) during any vacation time. Students earn no academic credit toward graduation requirements and these experiences do not require approval by
the School of Medicine. To ensure safety and a more meaningful experience, non-authorized students pursuing education experiences are encouraged to comply with the same requirements as students seeking academic credit.

Oral Maxillofacial Surgery Program Curriculum Structure
For Students Matriculating Prior to 2014

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.

### 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>
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<tr>
<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>
<thead>
<tr>
<th>CIRCULATION</th>
<th>METABOLISM</th>
<th>NEUROSCIENCE &amp; BEHAVIOR</th>
<th>HUMAN GROWTH &amp; DEVELOPMENT</th>
<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>
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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 CLERKSHIPS

<table>
<thead>
<tr>
<th>TRANSITION TO CLERKSHIP</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 SPECIALTY</th>
<th>PEDIATRICS II</th>
<th>USMLE STEP 2</th>
<th>CK AND CS</th>
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</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>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
STUDENT STANDARDS AND OTHER POLICIES

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.
School of Medicine MD Program 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 UME Curriculum & Student Affairs.

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.

OHSU Code of Conduct

At the beginning of medical school, each student will be provided with an OHSU Code of Conduct, and the Code can also be found on the OHSU Student Portal. 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.
Professional Conduct Expectations for all OHSU Health Professions Students

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:

Professional Conduct Expectations for Students in the MD Program

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.
Professionalism and Professionalism Monitoring Form

Background:
Professionalism is one of the core competencies in medicine. As such, the OHSU School of Medicine has embraced professionalism as one of the core competency domains for all of its students enrolled in its undergraduate medical education (MD) program.

The school utilizes a “Professionalism Monitoring Form” as a formal mechanism by which individuals may submit information concerning the professional behavior of any medical student. Importantly, the OHSU School of Medicine is interested in hearing about exemplary behavior as well as behavior that is of concern. The school strongly encourages direct communication between the person submitting the form and the student whose behavior is being reported.

Process:
The Professionalism Form may be submitted by any person (e.g., patients, students, staff members, or faculty members) at any time while a medical student is enrolled at OHSU. The Associate Dean for Student Affairs will typically be the recipient of this form, but any of the Associate Deans in the School of Medicine may complete or be the recipient of this form, and may act on the information as necessary using the process described in this section. In addition to the completed form being filed in the student’s confidential record, the school’s Associate Dean for Student Affairs (or other authorized personnel) will review the information submitted and then one of two actions will occur within two weeks of receipt of the form. The Associate Dean for Student Affairs (or other authorized personnel) will either communicate directly with the student and/or the student will be notified that the situation will be reviewed by the Medical Student Progress Board (MSPB) at an upcoming meeting. If the Associate Dean for Student Affairs (or other authorized personnel) decides to refer the incident/situation/issue to the MSPB, the chairperson of that committee will determine whether the student must appear in person before the Progress Board. Importantly, any student that has three or more of these forms submitted about him/her that describe concerning behavior will automatically be discussed by the MSPB. Finally, persons who submit this form will be informed by the Associate Dean for Student Affairs (or other authorized personnel) of the actions taken (e.g., direct communication with the student and/or referral to the MSPB) within 30 days of receipt of the form. Students should feel free to seek assistance from the School of Medicine’s Ombudsperson if they have concerns.

Professional Appearance and Dress
Students are expected to adhere to professional dress and attire when encountering patients either in the classroom or in a clinical setting. Patients come from very diverse backgrounds that need to be respected.
Classroom settings are considered informal unless there are patients present. Students participating in classroom activities should be well-groomed and neat and use good judgment about what is too casual.

Students are responsible for reading and adhering to the OHSU Professional Appearance policy, [http://www.ohsu.edu/xd/about/services/logistics/procurement/upload/professional-appearance-policy-HC-HR-101-RR.pdf](http://www.ohsu.edu/xd/about/services/logistics/procurement/upload/professional-appearance-policy-HC-HR-101-RR.pdf). This policy can also be found on the Student Portal.

**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.

**Social Media Guidelines for Medical Students**

All students are expected to maintain professionalism when using social media such as Facebook, Twitter, YouTube, Instagram, among others. The societal framework of “online professionalism” is evolving and as such, it does not have uniformly accepted standards for what is acceptable for individuals training to become physicians. However, just as in most areas of medicine, as new knowledge and tools are developed, standards can be defined and then later re-evaluated and adjusted as necessary. The OHSU SoM Undergraduate Medical Education program wishes to assist students by clearly defining what is acceptable regarding online professionalism for medical students.
• Patients and society trust physicians with their health and lives. Anything you post online in a public forum should honor this trust and uphold the professional standards expected of you. You will be judged by your professional reputation throughout your career, and your words, writings, and actions as a medical student should engender confidence by society at large. Whenever you are posting something online, ask yourself, “would I want any current or future patient of mine seeing this?” If the answer is “no” than you should not proceed. Your digital footprint will be long lasting, and your responsibility as a member of the medical profession is to uphold the trust of your current and future patients.

• Anything that could compromise patient confidentiality or reveal patient identity should never be posted online in any format.

• When in doubt, ask for help. If you are unclear whether or not a post will be contrary to maintaining your online professionalism, ask your colleagues, mentors, a trusted personal or academic advisor, or the Directors/Associate Dean for Student Affairs.

Violations of these guidelines may be brought forward as professionalism concerns to the Medical Student Progress Board.

Standards of Conduct in the Learner-Teacher 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.

Please also see Affirmative Action & Equal Opportunity section of this Handbook.

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. Students will be asked on their clerkship evaluations about any experiences they may have had regarding mistreatment. These concerns will be reviewed confidentially by the Dean’s Office.

Misconduct
In addition to conduct proscribed by the School, prohibited student 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 Undergraduate 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.

**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**

*For concerns related to potential discrimination, see Equal Opportunity-Affirmative Action section of this Handbook.*

**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 and OHSU appeal process, respectively. 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 or Block Director, Faculty Member, etc. If the student feels that the situation is such that the Department Chair, Program Director, faculty
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 the Senior Associate Dean for 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 Senior Associate Dean for 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 group, 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 Senior Associate Dean for 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 Senior Associate Dean for 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.
Medical 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 justifiability 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.

**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. Foundations of Medicine and MS2 students: 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 Schnitzer parking lot or 3030 Moody building lot for the CLSB, and the atrium in Richard Jones Hall/CROET building for upper campus. In the event the building is compromised, the EAA is the area outside of this building.

6. The Association of American Medical Colleges (AAMC) will be notified and will also activate a response system per our instructions. The AAMC has all the enrollment data for OHSU medical students. Thus, the AAMC database can be accessed to obtain student addresses, etc. If necessary, an alternative medical school will be identified to establish communication for the students and faculty.

DISCIPLINARY POLICIES AND ACTIONS OF MEDICAL STUDENT PROGRESS BOARD

Role 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, the Associate Dean for Student Affairs, or any educational leader with concerns about a student, 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 Senior Associate Dean for Education and 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 Senior Associate Dean for Education, the Dean of the School or Medicine and/or the Faculty Council on these matters.

**Membership of the Medical Student Progress Board**

The regular voting members of the Board are:

1. Approximately three faculty members from basic science departments and four faculty members from clinical departments, however, the exact composition of the Board members will be determined by the SoM Committee on Committees.

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 Senior Associate Dean for Education, the Associate Dean for Undergraduate Medical Education, the Associate Dean for Student Affairs, and the Assistant Dean for Admissions.

6. A designated staff member in UME Curriculum & 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 or their designee 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.

7. A quorum of the board will consist of four voting members.

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 for Undergraduate Medical Education’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.

Advisors to the Medical Student Progress Board

1. The Advisors to the Medical Student Progress Board are the course and clerkship directors, the Director of Student Access, and the OHSU attorney to advise on legal matters. 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.

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.

Events That Prompt Discussion About a Student at a Medical Student Progress Board Regular Meeting:

1. One “No Pass” (students entering 2014 or later) or Marginal or Failure (students entering prior to 2014) grade in any block, course, clerkship, or clinical experience over entire MD program length**
2. One Professionalism Monitoring Form with serious concern as defined by the Associate Deans, Student Affairs Directors, or Portfolio Coach**
3. Three Professionalism Monitoring Forms with concern of any kind over entire MD program length**
4. Two Professionalism Monitoring Forms with concern of any kind PLUS one Marginal or “No Pass” over entire MD program length
5. One Portfolio Coach Concern Form over entire MD program length (students entering 2014 or later)
6. One USMLE failure in any Step
7. Two USMLE failures in any Steps**
8. Student requires remediation in two or more components or preceptorships over entire length of Foundations of Medicine curriculum** (students entering 2014 or later)
9. Progress Review Meeting – scheduled event to follow up on previous Medical Student Progress Board action, such as placement on academic warning or probation, in order to formally monitor student progress since status was specified. Typical interval between initial Medical Student Progress Board action and Progress Review Meeting is six months
10. Student submits request for Curriculum Extension
11. Student submits request for Curriculum Slowdown
12. Dismissal hearing
13. Inadequate milestone progression as determined by the Undergraduate Medical Education Competency Assessment Committee (students entering 2014 or later)
14. Other events as determined by the Chair of the Medical Student Progress Board

**see #1 below in section “A student will appear at medical student progress board”

A Student Will Appear at Medical Student Progress Board:

1. **For any Progress Review Meeting. All events in section above “Events that prompt discussion about a student at Medical Student Progress Board” with **notation typically will include a six month Progress Review Meeting.
2. When requested by Medical Student Progress Board to provide additional information for any reason, or when the Medical Student Progress Board determines that an in-person meeting would provide a more effective environment for sharing of concerns and context
3. When a student receives a less than passing grade or a professionalism concern in a subsequent year of the curriculum, after repeating a year in medical school
4. For their dismissal hearing
5. For a specific student request

Range of Possible Medical Student Progress Board Actions:

1. No action taken
2. Student is given an academic warning
3. Student is placed on academic probation
4. Recommend to Associate Dean for Undergraduate Medical Education that the student repeat all or some of the first or second year of medical school
5. Recommend to Associate Dean for Undergraduate Medical Education that the student come before Medical Student Progress Board for a dismissal hearing
6. Recommend that the student get additional assessment – psychiatric, psychological, and/or medical – before further action is taken
7. Other action as determined to be appropriate by the Medical Student Progress Board

Documentation to Student

Letter from Associate Dean for Undergraduate Medical Education to student after Medical Student Progress Board discussion or appearance will include:

1. Any Medical Student Progress Board action, term/duration of the action, and right to appeal, if any
2. Any Medical Student Progress Board and/or Associate Dean for Undergraduate Medical Education requirements for student
3. Any Medical Student Progress Board and/or Associate Dean for Undergraduate Medical Education recommendations for student
4. Any follow-up plans, e.g., six month Progress Review Meeting
5. Instruction to the student to discuss the matter with the Associate Dean for Student Affairs, or his/her designee
6. Copy of the letter to the Chairperson of the Medical Student Progress Board

Academic Status Definitions

**Academic Warning**: The Medical Student Progress Board is responsible for placing students on an academic warning. Academic warning serves as an early warning to students that they are not meeting
academic expectations and lasts a minimum of one calendar year from the time it is given. Students will be notified in writing of their academic status by the Associate Dean for Undergraduate Medical Education when they are given an academic warning along with the reasons for the warning and any requirements associated with the academic warning, including remediation plans. The academic warning will allow the Medical Student Progress Board, Associate Deans, Student Affairs Directors, and the Portfolio Coaches to intervene early and provide structure and assistance for these potentially at-risk students. Students with an academic warning are still considered to be making satisfactory academic progress and therefore their financial aid is not restricted. Students with an academic warning will have no absolute restrictions on their ability to rotate at regional clinical sites or complete rotations away from OHSU. They also have no absolute restrictions on their extracurricular activities including serving as elected representatives or holding leadership positions, but they are strongly encouraged to limit these activities while the warning is in place.

Academic warnings will be standard under the following circumstances (and may be issued in other circumstances as determined to be appropriate by the Medical Student Progress Board):

1. One Marginal grade in a course, clerkship, or clinical experience
2. Two required remediations during the Foundations of Medicine curriculum, including components in blocks, or preceptorship
3. Professionalism concern deemed significant by the Medical Student Progress Board
4. Portfolio Coach concern deemed significant by the Medical Student Progress Board
5. Students who have successfully repeated a year will move from academic probation to academic warning for a minimum of one calendar year

Students will be notified in writing by the Associate Dean for Undergraduate Medical Education when their academic warning status has been lifted.

**Academic Probation**: The Medical Student Progress Board is responsible for placing a student on academic probation and determining the duration of the probation. Academic probation lasts a minimum of one calendar year, and may last as long as the remaining duration of the student’s enrollment in the MD program depending upon the circumstances. Students will be notified in writing of their academic status by the Associate Dean for Undergraduate Medical Education when they are placed on academic probation along with the reasons for the probation and any requirements associated with the academic probation, including remediation plans. The Associate Dean for Undergraduate Medical Education is also responsible for officially notifying the University Registrar of any student placed on or removed from academic probation, and this may have implications for a student’s ability to receive federal financial aid. A student may be placed on probation for poor academic performance, unprofessional behavior, or other misconduct reported to the Medical Student Progress Board. Students on academic probation are restricted from rotating at regional clinical sites and from completing rotations away from OHSU. The only exception to this is that students are allowed to complete their rural clinical rotation requirement after discussion with and approval of the clerkship director and the dean’s office clerkship scheduling staff. They are also restricted from holding elected office at OHSU or participating in any extracurricular activities since these may interfere with returning
to satisfactory academic progress. Students on academic probation will be required to attend a Progress Review Meeting at six months and again at one year from the start of the probation period to determine if sufficient progress has been made since the probation status began.

Academic Probation will be standard under the following circumstances (and may be issued in other circumstances as determined to be appropriate by the Medical Student Progress Board):

1. Fail or “No Pass” in a block, course, clerkship, or clinical experience
2. Marginal in two or more courses, clerkships, or clinical experiences in one calendar year
3. Failure of any USMLE Step Examination (Step 1, Step 2 CK, or Step 2 CS)
4. Failing to progress in the curriculum or follow requirements as established by previous action of the Medical Student Progress Board
5. Professionalism concern deemed highly significant by the Medical Student Progress Board
6. Portfolio Coach concern deemed highly significant by the Medical Student Progress Board
7. Marginal in one course, clerkship, or clinical experience PLUS two professionalism concerns of any kind over the entire length of the MD program
8. Required repeat of all or some of the first or second year of the MD curriculum

Students who have successfully progressed in the curriculum following their academic probation will have their status moved from academic probation to academic warning for a minimum of one calendar year, and will be notified by the Associate Dean for Undergraduate Medical Education in writing of this change.

**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 Foundations of Medicine or MS2 academic year repeat part or all of a year of the curriculum if the student receives less than a satisfactory 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. 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. 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.
Dismissal and Suspension Procedures

The School of Medicine reserves the privilege of retaining only those students who, in the judgment of the faculty and dean’s office, satisfy the requirements of honesty, scholarship and clinical performance necessary for the safe practice of medicine. Disciplinary actions for students that fall short of this standard can include but are not limited to dismissal or suspension. The Medical Student Progress Board may, at any meeting, accept by a majority vote, a proposal to consider a recommendation for dismissal or other action against a student due to deficiencies in academic progress and/or concerns about professional behavior or other misconduct.

Deficiencies that may result in dismissal or other disciplinary actions include, but are not limited to:

1. Failure to pass a block, course, clerkship, or clinical experience, or any element required for graduation in the MD curriculum
2. Failure to pass USMLE Step I or Step 2 CS/CK after three attempts
3. Unacceptable behavior as described in the Professional Conduct Standards section found earlier in this document
4. Specific proscribed conduct under OHSU Policy 02-30-010, the OHSU Code of Conduct.

Upon acceptance by the Medical Student Progress 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 notified in writing by the Associate Dean for Undergraduate Medical Education of the charges against him/her and notice of the time and place of the hearing at least ten days prior to the meeting. The student will have the ability to withdraw from medical school up to and including 24 hours prior to the scheduled dismissal hearing. A student wishing to withdraw from medical school is required to submit a statement in writing to the Associate Dean for Student Affairs or any Director of Student Affairs, who will assist the student in completing the appropriate forms. If a student who is scheduled for a dismissal hearing does not notify the Associate Dean for Student Affairs or any Director of Student Affairs of their intent to withdraw at least 24 hours in advance, the dismissal hearing will proceed as scheduled. A student will not have the ability to withdraw from medical school after this time (i.e., 24 hours prior to scheduled dismissal hearing.) The Associate Dean for Undergraduate Medical Education is never present at a dismissal hearing.

During a special meeting, 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. The chairperson will invite the student to present his or her information and opinions concerning the proposed recommendation, to ask questions of the Board, and to respond to questions from the Board. The chairperson will invite other persons identified by the student and identified by the Medical Student Progress Board to present their information and opinions on behalf of the student and the medical school, and to respond to questions from the Board. If a student fails to appear for their dismissal hearing, and such failure to appear is not excused by the Medical Student Progress Board, the Medical
Student Progress Board will recommend to the Associate Dean for Undergraduate Medical Education that the student be dismissed from the medical school.

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. In addition, any student who has been granted a reasonable accommodation for a disability through the OHSU Office of Student Access may have the Director of Student Access or his or her delegate present at the dismissal hearing.

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 special meeting, 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 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 by the chairperson for such actions as he or she deems appropriate. If the Associate Dean for Undergraduate Medical Education approves a recommendation for dismissal, he or she will discuss this approval with the Senior Associate Dean for Education and the Dean of the School of Medicine. The decision of the Dean will be the final action of the School of Medicine. The Associate Dean for Undergraduate Medical Education will notify the student in writing of this decision. Any recommendation made by the Board and approved by the Associate Dean for Undergraduate Medical Education and the Dean can be appealed to the Provost of OHSU. The OHSU appeal procedures are described in this handbook. A dismissed or suspended student may not register or attend class while such an appeal is pending.

If, following a dismissal hearing or other special meeting, the Medical Student Progress Board recommends and the Associate Dean for Undergraduate Medical Education approves, a requirement for a student to repeat part or all of a year of study or other action, the Associate Dean for Undergraduate Medical Education will notify the student of this decision in writing. 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 Procedures**

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 more than one year. 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 Undergraduate Medical Education, who will then submit the required documentation 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.

Students scheduled for a dismissal hearing will have the opportunity to withdraw from medical school up to 24 hours prior to the hearing. A student who chooses not to withdraw at least 24 hours prior to their dismissal hearing, and is subsequently dismissed, will not have the opportunity to withdraw from medical school after receiving notice of their dismissal. Students who are dismissed are not eligible for readmission to the MD program.

**Health Professional Evaluation**

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 JBT Student Health and Wellness Center, 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 and comply with 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.

Student’s Right of Appeal
Per OHSU Policy, a student may appeal a final disciplinary decision by their school or applicable program to the Provost. Appeals to the Provost and may only be made upon the following grounds:

1. 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;
2. New material information is available that would not have been presented at the time of the proceedings at the school; or
3. 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 initial decision by the MD program. The decision of the Provost is final.

SCHOOL OF MEDICINE SUPPORT SERVICES

MD Colleges Program
https://student.ohsu.edu/school/school-of-medicine/medicine/college-system

Since 2012, our College learning communities support cohorts of faculty and students with similar interests, enabling more intimate relationships to form even as our school continues to expand. While learning communities are becoming more common in medical schools across the country, OHSU’s is unique in that each College represents a specific practice setting, allowing students early exposure to specific practice types. Students and faculty explore student affairs curricula through setting-specific activities, grouped into the six College pillars of Career Planning, Wellness, Academic Advising, Service
Learning, Peer-to-Peer Advising, and College Spirit. College activities throughout the year may take the form of panels, small group discussions, off-campus field trips, or labs.

Each College’s student leaders and faculty create practice-specific, relevant programming designed to place a personalized spin on many common student concerns and experiences. To find out more about this program, follow the link above.

The seven Colleges include:

**College for Global Health and Urban Underserved**
This College comprises any students who are interested in practicing in any international or domestic urban underserved area

**College for Urban Medical Subspecialties**
This College comprises students interested in adult AND pediatric medical subspecialties. Students interested in outpatient-based Psychiatry, Neurology, or Physical Medicine and Rehabilitation may also find a home in this College.

**College for Surgical Specialties**
This College comprises students anticipating careers in General Surgery, Neurosurgery, OB/GYN, Ophthalmology, Orthopedics, Otolaryngology, Plastic Surgery, Thoracic Surgery, or Urology

**College for Metropolitan Primary Care**
Students in this College are anticipating practice in an urban or suburban area, doing primary care after being trained in Family Medicine, Internal Medicine, or Pediatrics

**College for Rural Medicine**
This College’s students are interested in practicing any medical or surgical specialty (not only primary care) in a rural area

**College for Acute Care**
Students in this College are anticipating hospital-based careers in acute care fields such as Anesthesiology, Critical Care, or Emergency Medicine

**College for Hospital-Based Diagnostics and Therapeutics**
This College consists of students interested in the predominantly hospital-based fields of Neurology, Pediatric and Adult Hospitalist Medicine, Pathology, Physical Medicine & Rehabilitation, Psychiatry, and Radiology

**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 block, course or clerkship director.

3. Seeking help from a 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.

7. Foundations of Medicine curriculum students will be meeting regularly with their assigned Portfolio Coach who will serve as their academic advisor for the duration of their medical school education.

**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:
   - JBT Health and Wellness Center, Phone: 503-494-8665
   - Or contact: 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

**School of Medicine Ombudsperson Program**

Please note: The OHSU School of Medicine Ombudsperson program is currently in transition. We are in the process of building a new program that will serve medical student needs for a confidential advisor
who does not evaluate students in any manner, or have impact on their future career as a physician. In
the interim, students are encouraged to contact the Student Wellness and Professionalism or PASS
program student leaders, or the JBT Health and Wellness Center, all of which can be found in this MD
Student Handbook.

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.

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**OHSU STUDENT SERVICES**

**Access and Accommodation Office**

Phone: 503 494-0082  
Email: studentaccess@ohsu.edu  
Website: www.ohsu.edu/student-access  
MD Program Accommodation Liaison: Dr. Molly Osborne, Associate Dean for Student Affairs

The OHSU School of Medicine is committed to providing equal access to qualified students with disabilities. The Director of Student Access determines and facilitates reasonable accommodations,
including academic adjustments and auxiliary aids, for students with documented disabilities. A qualified student with a disability is a person who meets the academic and technical standards requisite to admission or participation in a particular program of study. As defined by the Americans with Disability Act (ADA), a person with a disability has a physical or mental impairment that substantially limits one or more major life activities of the individual. This may include, but is not limited to, physical conditions, chronic health issues, sensory impairments, mental health conditions, learning disabilities and ADHD. The Director of Student Access works with students with disabilities from all of OHSU’s educational programs and at each campus.

Each school has an assigned Program Accommodation Liaison (PAL), who acts as an “in-house” resource for students and faculty concerning access issues for students with disabilities. The PAL works in collaboration with the Director of Student Access to implement recommended accommodations for students with disabilities. The MD Program PAL is the Associate Dean for Student Affairs, Dr. Molly Osborne.

It is recommended that you contact the Director of Student Access to consult about possible accommodations if you a) received disability accommodations in the past, b) begin experiencing academic difficulties, and/or c) are given a new diagnosis from your healthcare provider.

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

Affirmative Action & Equal Opportunity Office (AAEO) leads the development and awareness of diversity, accessibility, and respect within OHSU and the wider community. AAEO is proactive, solving problems university-wide through collaboration. 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

Center for Diversity & Inclusion (CDI)
Phone: 503-494-5657  
Fax: 503-494-4916  
E-mail: cedma@ohsu.edu  
Website: http://www.ohsu.edu/xd/about/vision/center-for-diversity-inclusion/?WT_rank=1

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 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. CDI is open to all OHSU community.

**Financial Aid Office**

Phone: 503-494-7800 or 800-775-5460  
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.

**Financial Wellness and Student Debt Counseling**

Managing your finances during medical school is both challenging and important to your future. The Student Debt Counseling and Financial Management Program at OHSU is designed to be an educational and counseling resource for the students of OHSU to better understand the fiscal challenges while participating in an OHSU health professional program of study. These resources include online resources, educational personal financial planning focused seminars, brown-bag lunchtime sessions, and the ability to schedule a 1 on 1 counseling session with OHSU’s full time financial counselor, Justin Kribs, CFP®.

Students can contact Justin Kribs, financial counselor, directly at kribs@ohsu.edu or 503-494-7800 or 800-775-5460.
Global Health Center
Phone: 503-494-0387  
E-mail: ghc@ohsu.edu  
Website: http://www.ohsu.edu/xd/education/continuing-education/global-health-center/

Location: Mackenzie Hall, Room 1166

The Global Health Center facilitates OHSU collaboration with the global health community to promote quality and equity in health worldwide. Through the Global Health Center, OHSU networks with domestic and international communities and is developing programs for students, faculty, staff and partners that will promote global health awareness, research, education and advocacy.

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.

Joseph B. Trainer Health and Wellness 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: askjbhealth@ohsu.edu  
Website: http://www.ohsu.edu/xd/education/student-services/joseph-trainer-health-wellness-center/

Location: Basement of Baird Hall, Room 18 and Room 6

Whom we serve:
Joseph B. Trainer Health and Wellness Center serves OHSU health sciences students at the Portland campus on Marquam Hill. Specifically, all currently registered students in degree and certificate training programs that 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 University Health Plan.

**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.

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**Library**

Phone: 503-494-3460  
E-mail: library@ohsu.edu  
Website: [http://www.ohsu.edu/xd/education/library/](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](http://www.ohsu.edu/xd/education/library/services/forms/barcode.cfm).

**March Wellness and Fitness Center**

Phone: 503-418-6272  
Website: [www.marchwellness.com](http://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 its 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.

**Parking and Transportation Office**

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

Please contact this officer regarding information about parking as well as information about purchasing transit passes for discounted price (TriMet and C-Tran). For bicycling and bike incentive program information, visit [www.ohsu.edu/bike](http://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.
Students who wish to purchase a limited duration parking pass should fill out the parking permit request form, which can be found on the Student Portal or on the Parking and Transportation office website above. All student parking passes require the approval and signature of the Associate Dean for Undergraduate Medical Education prior to being submitted to the Parking and Transportation office. Students can forward their completed request form to the Associate Dean for Undergraduate Medical Education or any member of the UME Curriculum and Student Affairs staff for consideration.

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 is part of the OHSU Facilities & Logistics group and consists of more than 40 dedicated professionals 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. Please see the Safety Guides and other resources available on their website.

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
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.
STUDENT GOVERNMENT, ELECTED OFFICES, AND STUDENT-LED ORGANIZATIONS & ACTIVITIES

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. Please see the Student Government section of the OHSU Student Portal: https://student.ohsu.edu/school/school-of-medicine/medicine/student-government

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.

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.
Medical Student Honor Code
Each year the incoming class develops an individual class Honor Code during Transition to Medical School orientation that the members of the class agree accurately represents their collective pledge to ethical principles and academic integrity as they are learning to become physicians. The honor code language for each class will be enlarged and placed on a board, and posted publically in the OHSU Learning Studio at the Collaborative Life Science Building after students have signed it.

Medical 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 all medical students into competent, responsible, well 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 wellness and professionalism 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 two major categories: 1) personal wellness issues affecting our capacity as students and as human beings and 2) professionalism issues including difficulties or concerns regarding other students, concerns or questions about behavior not conforming to the OHSU SOM statement of principles, and complications arising from the power differential which exists within the medical hierarchy.

1 – Student wellness and personal problems
A primary focus of the SRC is to serve as a resource for medical students during times of personal crisis. The SRC recognizes the profound influence that factors from personal lives have on the ability to perform as medical students and professionals. As a result, the SRC is 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 such difficult times. Specifically, the SRC offers confidential and non-judgmental listening, as well as connection to other OHSU and community resources that may be beneficial.

2 – Professionalism-related issues
Concerns regarding other students
Relationships and communication between medical student peers and colleagues can sometimes be challenging or disruptive to learning. The SRC encourages every student to address 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 among peers while in medical school will carry forward to professional careers as physicians. The SRC exists to facilitate resolution of these concerns and conflicts with the hopes that lessons learned can be extended to future practice.

*Questions concerning potential violations of the OHSU SOM Statement of Principles*

The student body, in signing the OHSU SOM Statement of Principles, has joined together and overwhelmingly passed a code to which students are now held responsible. This code is only as good as individual student commitments to its content. The SRC stands ready to assist, advise on, and interpret the OHSU statement of principles as required. If questions arise regarding behavior or actions not in accordance with the broader themes of the SOP, the SRC stands ready to assist in seeking answers with the end goal of helping to develop responsible and effective future physicians.

*Issues and concerns existing as a result of the power differential inherent to the medical hierarchy*

The hierarchy inherent to the current medical training paradigm facilitates the dissemination of important knowledge and furthers the essential goal of patient protection while balancing 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 attending physicians are almost always professional, respectful, and worthy of role-modeling. There are rare situations, however, which can make medical students feel unwelcome, uncomfortable, and in extreme circumstances, even demeaned. When this happens, students can find themselves caught between their basic rights as human beings and their expected behavior as learners. The SRC serves as a valuable, confidential resource to which students may bring concerns, questions, or simply start a discussion.

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 with 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.

Issues brought forward to an individual SRC member may rest with that single SRC individual. However, if appropriate or desired, any member of the SRC may 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.

**Medical Student Peer Advocacy and Support Services (PASS) Organization**
Peer Advocacy and Support Services (PASS) is a peer-to-peer group for medical students who are struggling academically, or who could use some extra support. This group of students believes that academic struggles may leave students feeling alone and sometimes hopeless. They believe that they can help lessen these feelings of isolation by providing a space for students to share their stories and receive empathic advising and support from their peers. PASS Peers are available to connect confidentially one-on-one with students who are struggling for any reason, or who have received a non-passing grade on an examination or course. PASS Meet Ups are for everyone to share missteps, learn new skills, and support each other. The group also has an advocacy arm that works to identify needs and work towards change.

**Medical Student Organizations and Activities**

**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.

**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.

**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.

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.hrsa.gov/scholarships/index.html
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

Each year, students from all four classes are selected to receive grants-in-aid. The school aims to award these funds as soon as possible before the start of each academic year.

American Medical Association (AMA)
The AMA Foundation and AMA Alliance work to raise funds for medical school scholarships through the AMA Scholars fund. The amount of the scholarship is dependent on funds available.

Diversity Achievement Scholarship
Four to six students are selected to receive this scholarship annually based upon achievement and commitment to diversity. The scholarship is eligible for renewal in each of the four years of attendance as long as the recipient fulfills scholarship eligibility requirements. These include maintenance of successful academic progress during medical school and participation in a school leadership activity coordinated by the Center for Diversity & Inclusion. Students will be selected to receive this award at the time of admission to OHSU.

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.

President’s Fund (Full grant-in-aid)
Better health outcomes are achieved when patients visit healthcare providers with similar backgrounds. To ensure that OHSU graduates students to help address the healthcare needs of Oregon, the region and the US, the President’s Fund will provide grant-in-aid to qualified students from disadvantaged backgrounds to become health professionals. A grant-in-aid will be provided to 5 selected students admitted in 2013-14 for the entire length of their program. Students are selected for this grant-in-aid at the time of admission to OHSU.

Scholars for a Healthy Oregon (Full grant-in-aid)
The Scholars for a Healthy Oregon Initiative was established in 2013 by the State of Oregon to address two critical challenges that exist when educating health providers for the state of Oregon: the high cost of tuition for students and the mal-distribution of providers throughout the state. The Oregon Legislature allocated funding to be used to cover tuition and fees for incoming medical students during the 2014-15 academic year who also agree to practice as a health care practitioner in an OHSU-approved Oregon designated service site for one year longer than the number of years for which the student receives funding. The Scholars for a Healthy Oregon Initiative funding is awarded annually, effective for one academic year with annual renewal if the student maintains good academic standing. The funding provides for payment of full OHSU tuition and required fees, but does not provide a living allowance.

School of Medicine Diversity Scholarship
This scholarship will cover $12,000 towards tuition. The scholarship is eligible for renewal in each of the four years of attendance as long as the recipient fulfills scholarship eligibility requirements. These eligibility requirements include maintenance of successful academic progress during medical school and participation in a school leadership activity coordinated by the Center for Diversity & Inclusion. One scholarship will be available. A student will be selected to receive this award at the time of admission to OHSU.

Swindell Family Leadership Scholarship
This is a scholarship for medical students who are Oregon residents or have Oregon heritage. Students are selected for an interview upon demonstration of leadership and academic achievement at the time of admission. Upon request, medical students send in a CV and essay based on academics, leadership and service. The recipients of this scholarship will receive $20,000 toward their tuition while enrolled as medical students. This scholarship is eligible for renewal in each of the four years of attendance as long as the recipient maintains successful academic progress during 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 Awarding of Graduation Honors section 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>AWARD/DONOR</td>
<td>GIFT</td>
<td>TO WHOM</td>
<td>CRITERIA</td>
<td>DECISION</td>
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<tr>
<td>------------------------------------------</td>
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</tr>
<tr>
<td>Oregon Academy of Family Physicians</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>Outstanding Senior</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society for Academic Emergency Medicine</td>
<td>1 year subscription to the SAEM monthly journal and SAEM newsletter.</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>Medical Student Excellence Award</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multicultural Recognition and Service</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>Award</td>
<td></td>
<td></td>
<td></td>
<td></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</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>Anesthesiology &amp; Peri-Operative Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outstanding Senior</td>
<td></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>Medicine Award</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>School of Medicine Award for Academic</td>
<td>Gift certificate to OHSU Bookstore</td>
<td>2 MSI’s</td>
<td>Academic excellence</td>
<td>Committee selects</td>
</tr>
<tr>
<td>Excellence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doernbecher Children’s Hospital</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>Foundation Pediatric Clerkship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doernbecher Children’s Hospital</td>
<td>$750</td>
<td>1 MSIV</td>
<td>Academic excellence and humanism</td>
<td>Department selects</td>
</tr>
<tr>
<td>Foundation 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, 500 word essay on future practice plans</td>
<td>Oregon Academy of Family Physicians 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</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>Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubinstein Award</td>
<td>Funding to carry out the research project. Letter of Certificate.</td>
<td>1 MS 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 Honors at OHSU Graduation For Students Matriculating Prior to 2014

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.