2015-16

Medical Student Handbook

For Students Matriculating In 2014 and Later
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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
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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. The OHSU Medical Student Handbook typically is updated yearly, although periodic mid-year updates may occur when deemed necessary. The most current edition of the Medical Student Handbook can always be found on the OHSU Student Portal.

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ACCREDITATION

The Oregon Health & Science University is accredited by the Northwest Commission on Colleges and Universities (NWCCU) and has been reaffirmed through 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 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/blocks while enrolled as a medical student in the Foundations of Medicine portion of the curriculum. This includes the passing of USMLE Step I prior to beginning any graduate studies and/or clinical experiences. The three combined degree programs are briefly described below. As students in combined degree programs are enrolled in multiple academic programs at OHSU, academic and professionalism student performance information will be shared across programs as needed. Academic and/or professionalism problems in one of the programs may result in repercussions in the other.
**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 in the SoM through Biochemistry and Molecular Biology, Cell, Developmental, and Cancer Biology, Molecular and Medical Genetics, Molecular Microbiology and Immunology, Physiology and Pharmacology, Neuroscience, Behavioral Neuroscience, Medical Informatics and Clinical Epidemiology, and Biomedical Engineering. Students may also pursue PhD degrees in the School of Public Health.

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 the clinical experience portion of the curriculum.

**MD-MPH Program**

The Oregon Master of Public Health (OMPH) Program is Oregon's first accredited MPH-granting entity, now entering its 22\textsuperscript{nd} 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. See the MD/MPH curriculum structure diagram later in this Handbook.

**Oral Maxillofacial Surgery (OMFS) Program**

Students admitted to the dual program must meet the requirements of both the MD degree as specified 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 as specified. The MD degree will be granted when the
required courses, examinations, behaviors and electives are successfully completed. See the OMFS curriculum structure diagram later in this Handbook.

**UNDERGRADUATE MEDICAL EDUCATION ORGANIZATION OPERATIONS & FACULTY COMMITTEE STRUCTURE**

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

**Senior Associate Dean for Education**
George Mejicano, MD, MS

**Associate Dean for Undergraduate Medical Education**
Tracy Bumsted, MD, MPH

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

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

**SoM Curriculum Committee**
Paul Gorman, MD, Chair

**Medical Student Progress Board**
Daniel O’Hearn, MD, Chair

**Assistant Dean for Student Affairs: UME Colleges, Progress Board, and Access Liaison**
Nicole Deiorio, MD

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**Admissions Committee**
Robert Cloutier, MD, Chair

**MD/PhD Committee**

**MD/MPH Committee**

**General Student Council**

**Student Dean’s Advisors**

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**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
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.
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 2015-16 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
A 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 one of the Assistant Deans for Student Affairs. 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 one of the Assistant Deans for Student Affairs 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 one of the Assistant Deans 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 will be charged for all enrolled terms, including the extension period. The amount of the full 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 one of the Assistant Deans 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 will 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 would pay full tuition and fees for all terms of Foundations of Medicine, 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.

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Typical Decision</th>
<th>Tuition Implications</th>
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</thead>
<tbody>
<tr>
<td><strong>UNSUCCESSFUL MATCH</strong></td>
<td>No extension granted assuming all graduation requirements have been met. Student will be graduated on time, typically in June.</td>
<td>Full tuition and fees paid as expected with typical program (i.e., 3 years + 10 months, 16 terms)</td>
</tr>
</tbody>
</table>
training in June, but did not match and was unsuccessful in the Supplemental Offer Application Process (SOAP.)

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).

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Typical Decision</th>
<th>Tuition Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRICULUM INTERRUPTION OR LEAVE(S) OF ABSENCE(S)</td>
<td>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 initial expected graduation date to finish their graduation requirements. Once they meet all their graduation requirements, the student will be graduated.</td>
<td>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 they have met their graduation requirements and are graduated.</td>
</tr>
</tbody>
</table>
**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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/31/2012</td>
<td>1.0</td>
<td>New Policy Statement – Provost’s Office</td>
</tr>
</tbody>
</table>
Respect at the University Compliance, Health Insurance Portability and Accountability Act (HIPAA) & Encryption of Electronic Devices

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. Pertinent links include:

Big Brain:  https://bigbrain.ohsu.edu/

All medical students must also abide by the OHSU Acceptable Use of Computing and Telecommuting Resources policy 11-20-010 (https://o2.ohsu.edu/policies-and-compliance/ohsu-policy-manual/chapter-11-information-technology/ohsu-policy-11-20-010.cfm)

Encryption:

Extreme care needs to be taken to ensure that protected information is not inadvertently stored on unencrypted home computers or devices. The information below is provided for medical students regarding different devices/systems:

- **To encrypt Mac laptops and desktops:** encryption can be performed by turning on File Vault in settings. No additional software is needed.
- **Encrypting PC computers** is not as easy. If you have Windows 7 Enterprise License or Windows 8 Professional License, you can use the built in Bitlocker to do so. However, most consumers do not have this level of operating system. PC users can upgrade the OS to Bitlocker for about $200, or purchase Symantec Endpoint Encryption (http://buy.symantec.com/estore/clp/productdetails/pk/endpoint-encryption) which costs $85.
- **Smart phones:** Encryption is only forced to a smartphone when the user configures the device to synchronize to OHSU email. You must go into the mail settings on the device and set up the account for OHSU servers. Once the sync starts, the OHSU mail server will check for encryption and will then force you to encrypt and lock the device before you receive any email.
  1. Text messaging on smart phones: remember to set your text messages so that the “preview” does not display on the locked screen. If preview is set to “on” then any patient information sent in text may be viewable without authentication.
  2. If you receive a text message containing patient information you should “read then delete”. This will prevent patient information from being stored on your phone carrier’s servers.
  3. Photos and videos of patients for personal purposes are not permitted.
    1. If a photo is desired for education purposes the patient must sign a release prior to photography.
    2. Photography for treatment purposes must be incorporated into the patient’s chart Epic.
If your home computer is not encrypted, only access school-related email or information through a web based program (www.ohsu.edu/wts)

Other Privacy/Compliance Tips:
- Written history and physicals (H&Ps) done for homework should not include any identifying information about the patient.
- OHSU Box (see link below) is a secure option for storing information with Protected Health Information (PHI) on it. Other cloud-based storage, such as Dropbox, should never be used.
- Never email patient information to your personal email accounts (e.g., Gmail, Hotmail, Yahoo Mail, etc.).
- Students should only enter the charts of patients for whom they are directly providing care.

Failure to adhere to HIPAA regulations or comply with protecting PHI may result in serious consequences, up to and including dismissal from medical school.

For further information regarding privacy and/or compliance:
Data privacy and security page: https://o2.ohsu.edu/data-privacy-security/index.cfm
FAQs: https://o2.ohsu.edu/data-privacy-security/faqs.cfm
Box: https://o2.ohsu.edu/information-technology-group/help-desk/it-help-pages/box-at-ohsu.cfm

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 (i.e., 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, JD. Inquiries may also be directed to the U.S. Department of Education Office for Civil Rights, 1-800-421-3481.

**Professional (Malpractice) Liability**

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. All “away” clinical experiences, both inside and outside of Oregon, require approval prior to registration. Certain clinical experiences require an Off-Campus Authorization (OCA), and students will only be approved for these experiences if the OCA is provided by OHSU.

Life and Disability Insurance
At the beginning of each academic year, information on life and disability insurance is distributed to the incoming medical students, along with enrollment forms. Once enrolled, as long as a student remains active, full-time status, in good standing, engaged in the medical school curriculum, they remain covered during their medical education. Life and disability insurance premiums are included in medical student tuition.

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 Clinical Experiences course prior to entering the clinical experiences 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. Questions can be directed to JBT Student Health and Wellness Center at 503-494-8665.
Basic Life Support Instruction
All students participate in a Basic Life Support Certification for Health Professionals course early in the first year, typically during the Transition to Medical School course, 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. Despite the changes in Oregon statute regarding marijuana use and possession beginning July 1, 2015, OHSU continues to adhere to Federal law and maintain a zero-tolerance policy in this regard. Test results are confidential as required by Federal and State laws, and tests are paid for by OHSU.

Testing Timeline:
Entering medical students must complete drug testing between August 1 and no later than mid-September of the matriculation year. Enrolled medical students can be tested for cause at any time during their undergraduate medical education program.

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 Undergraduate Medical Education, the Assistant Deans for Student Affairs, and the Medical Student Progress Board (see section for Role of Board). The student will be asked to meet with one of the Assistant Deans for Student Affairs and the Medical Student Progress Board for further review of the problem and to outline recommendations and/or accommodations to resolve the issue on a case-by-case basis.

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 student portal, 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 (tso@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. In addition, you must also contact the clinical experience coordinator and/or director to discuss the situation.

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, as well as your clinical experience coordinator and/or director.

If you are scheduled to participate in clerkship orientation or any other course, follow the OHSU announcements regarding the status for classes described above for first- and second-year students.

**MD Satisfactory Academic Progress Policy as It Pertains to Financial Aid**
A student’s eligibility for financial aid is determined by the OHSU Financial Aid Office.

If you are a financial aid recipient, federal regulations require that you must also meet the financial aid satisfactory academic progress policy for MD students. You can find the policy in the ‘Financial Aid Explained’ document posted on the OHSU Financial Aid website:
The document is posted under the General Forms and Information Section. If you have questions on the policy, please contact the OHSU Financial Aid Office by email at finaid@ohsu.edu or by calling 503-494-7800.

**Advanced Standing/Transfer Policy**

All advanced standing/transfer applicants will be reviewed by the Associate Dean for Undergraduate Medical Education (UME), UME Program Manager for Student Records and the UME Admissions Committee. Since the number of available clinical experiences is often limited beyond the capacity of the program’s current student body, the OHSU School of Medicine UME program does not routinely admit transfer students. Due to the unique structure of the curriculum, if a transfer position is to be considered, it would likely be for a student entering the clinical experiences phase of the medical school curriculum. To be eligible, an applicant must be the legal partner/significant other/spouse of a full-time OHSU faculty member, current OHSU medical student, or OHSU resident. They must also be a US citizen or resident alien with a current green card indicating permanent resident status in the US. In addition, 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.

If the Associate Dean for UME determines a transfer position is open for a specific year, then all applicants that meet the eligibility requirements may apply. Candidates for transfer should be prepared to provide the following information: formal application, letter of recommendation from their Associate or Assistant Dean for Student Affairs or delegate, letter of recommendation from a physician that worked with the student in a patient care setting during the basic sciences phase of their curriculum, personal statement indicating the basis for requesting a transfer, an official transcript from the current medical school, personal curriculum vitae, and record of USMLE Step I scores. In addition, each candidate must be available for an interview. Contact the UME Curriculum & Student Affairs office for an application packet.

**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 provide financial resources to medical students for individual, group, and community projects/events, that enrich their educational experience at OHSU, further their professional development, and ultimately improve the health of patients and society at large.

All requests for Senate Funding and Dean’s Funding begin with the appropriate application submission to the Student Senate. Students are asked to review the instructions below and those written in the funding request forms, before filling out the appropriate Funding Request application. If a student has further questions after referring to the appropriate documents, they are encouraged to contact their Student Senators. To access the application forms and evaluation criteria, go to: https://drive.google.com/folderview?id=0B1WiedN5x-twUzNpX2JCVEFpVXM&usp=drive_web.

General Instructions:
Applications using the most current form must be received and reviewed by the Senate prior to the time of event (except under the exception in senate funding*). The Student Senate meets the first week of each month. All applications must be received by 5:00 p.m. the day before the meeting. The Senate sends out MedAll emails approximately one week prior, to announce the meeting, give instructions, etc.

When to apply for Senate versus Dean’s Funding:
Senate Funding Requests should be submitted for individuals or groups planning to attend an academic conference or professional meeting relating to research, educational experience, or professional career development.
*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.

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 these requests, and does so based on set criteria (see Evaluation Criteria and Evaluation Rubrics documents for details). Funding is awarded to the students with the highest application scores each quarter, up to the maximum quarterly budget.

For *Dean’s Funding* requests, the Senate votes on applications, 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 and the Director, UME Administration, where a final decision is made.

**Senate Funding Instructions:**
The applicant must:

1. Be in the SoM MD Program, this includes the MD/PhD and MD/MPH 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, except under the scenario outlined below.*
5. Not exceed a total of $500 awarded to the student per fiscal year (July 1 – June 30) from Senate Funding, 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 the Evaluation Rubric. The four criteria are: (1) description and involvement of student in work begin presented or in the focus of the event, (2) professional development and/or educational enhancement, (3) additional funding efforts, and (4) budget. All funds must be reimbursed in the fiscal year (July 1 – June 30) they were awarded.

*Applications may be reviewed retroactively ONLY if a student is presenting research and received confirmation that their poster or oral presentation was accepted by the conference AFTER the senate meeting that occurred prior to their conference. That student is ONLY allowed to apply for funding at the senate meeting immediately following their conference as long as they kept all of their receipts from the conference.*
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 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; submit one funding request per group.

2. Students who wish to attend a conference, workshop, or other event, but are not presenting research. Maximum conference attendance funding is $200, $50 of which may go toward transportation, with the remainder for 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 are 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 Instructions:
The applicant must:

1. Be in the SoM MD Program, this includes the MD/PhD and MD/MPH programs, at the time of the event.
2. Have completed the application per all instructions and have submitted it on time.
3. Be applying before the date of the event. Students cannot receive funds retroactively.

Priority will be given to students based on the following criteria: (1) the request fits into one of the categories outlined below, (2) the students applying have exhausted other funding resources, (3) the project/event reaches a significant number of students/professors, and (4) the application focuses on start-up funding, rather than yearly funding, when applicable. All funds must be reimbursed in the fiscal year (July 1 – June 30) they were awarded.

No more than $50 can be requested for food for a single event. A maximum of $100 for food, per academic year can be awarded to an interest group or other student group.

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 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.
Additional Funding

Graduation Party:
UME funding of up to $7,500 (for FY16) is available for graduation party expenses, but must meet the following:
1. Can be used for the graduation dinner venue, food, DJ services and decorations.
2. Cannot be used to purchase alcohol.
3. An itemized budget must be provided and presented to the Associate Dean for UME, **before** funds can be approved and disbursed.
4. Funding for these activities cannot come from Student Senate or Dean’s Funding.

Fall Medical Student Retreat:
UME funding of up to $3,000 (for FY16) is available for the Fall Medical Student Retreat expenses, but must meet the following:
1. Can be used for retreat venue, food and supplies.
2. Cannot be used to purchase alcohol.
3. An itemized budget must be provided and presented to the Associate Dean for UME, **before** funds can be approved and disbursed.
4. Funding for these activities cannot come from Student Senate or Dean’s Funding.

Yearbook:
Funding for the Yearbook is provided through fundraising by the graduating class.

General Guidelines Applying to All OHSU Funds
1. OHSU funds cannot be used to purchase alcohol.
2. All expenses must be incurred and submitted for reimbursement by **June 15** of the fiscal year they were awarded.
3. All reimbursements must be submitted within 60 days of the completion of the event/travel.

Requests for Disbursement or Reimbursement
To qualify for a travel expense reimbursement, employees and non-employees must substantiate the business purpose of the expense in compliance with the provisions set forth in these guidelines. The Internal Revenue Service (IRS) requires all business travel expenses to be appropriately documented.
- Business purpose and the benefit to be derived
- Itinerary showing dates and duration of travel
- Conference flyer/schedule (when applicable)
- Paid receipts (showing vendor, date and amount), paid invoices, or bank statements. A Missing Receipt Waiver Form must be submitted in lieu of a receipt
Students are to work with Cathy Villagomez, Administrative Manager, Office of the Dean, (email: villagoc@ohsu.edu) for all disbursements and reimbursements of OHSU funding.

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

AAMC OSR/Curriculum Committee Representatives are approved by the Associate Dean for Undergraduate Medical Education with student input. Each academic year, the student representatives will meet with the Associate Dean for Undergraduate Medical Education, to decide who will attend the regional and national meetings. In order to maintain high participation from OHSU at the meetings, other students may be given the opportunity to register if a designated representative 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
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 for Undergraduate Medical Education

Student Academic Records within the Dean’s Office
The following documents are maintained in the Dean’s Office and are destroyed 7 years after graduation:
- Verification forms (if applicable)
- Clinical Experience/Clerkship grades and narratives
- Significant Student Progress documents unless approved by the Associate Dean for Undergraduate Medical Education to be put in permanent record
- Professionalism Monitoring Forms
- Disability Insurance forms
- Other significant documents as decided by the Associate Dean for Undergraduate Medical Education and the Assistant Deans for Student Affairs.

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. Students are expected to check the Portal regularly (if not daily) to stay up-to-date on important program information and resources.

- 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 (i.e., med19; med18; med17; med16;) 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. The Office of UME also has a Sakai site and time-sensitive announcements and other important communications are sent to students through this mechanism and also posted on the Student Portal.

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

**FEEDBACK MECHANISMS FOR STUDENTS**
Medical students who have concerns or complaints are encouraged to utilize one of the following mechanisms to achieve a productive solution.

1. Discuss the issue with fellow classmates to problem solve and brainstorm solutions.
2. Voice the concern to elected student leaders, who can bring the issue to the Office of UME.
3. Discuss the issue with one of the Assistant Deans for Student Affairs.
4. Attend and voice the concern with suggestion for improvement at Tuesday’s with Tracy monthly on Tuesdays at noon in the CLSB learning studio with Associate Dean for UME.
5. Discuss issue with UME staff members (Teaching Service Office staff, or Curriculum and Student Affairs staff).
6. Discuss block issue with Block and/or Thread Director(s).
7. Discuss preceptorship issue with Preceptorship Director and/or Coordinator.
8. Discuss clinical experience issue with Clinical Experience Director.
10. Discuss issue with University Ombudsman.
Philosophy of the OHSU School of Medicine
Undergraduate Medical Education Curriculum for
Student Matriculating in 2014

The purpose of the undergraduate medical curriculum is to foster transformation of the learner into a physician. In addition to transferring information and skills, medical education should prepare the student for lifelong learning and scholarship; synthesis of information, critical reasoning and problem solving; self-assessment and reflection; and collaborative clinical practice. The OHSU School of Medicine curriculum explicitly integrates the scientific basis of medicine with relevant clinical experiences within and across each year of learning. It offers students progressive patient care responsibilities, fosters independent learning, and allows individualization of educational experiences. Students learn in an integrated system model, in which scientific principles of normal and abnormal human structure and function are woven throughout, and other important themes are incorporated as threads.

Guiding Principles of the OHSU MD Curriculum

The curriculum is guided by the following tenets:

- Integration of foundational and clinical sciences throughout the curriculum promotes comprehension and retention.
- Learner-centered teaching modalities are selected according to the desired educational outcomes and may include: didactic presentations, team-based learning, problem-based learning, case discussions, simulation, online modules, service learning and clinical experiences.
- Competency-based assessment evaluates student mastery of knowledge, skills and attitudes.
- Training is aligned with the institutional missions addressing healthcare needs of the state and region.
- The curriculum embraces the principles of diversity and inclusion, scientific discovery and innovation.
- All physicians need a foundational core of knowledge, skills and attitudes, which the curriculum provides while maintaining the flexibility to allow the development of expertise in specific areas of concentration.
- Clinical experiences beginning in the first year and continuing throughout the medical curriculum reinforce integration and application of new knowledge, enhance clinical and communication skills, and foster development of professional identity.
Clinical experiences in rural, medically underserved, and other community settings provide perspective as well as exposure to the key role of social determinants of individual patient and population health.

Carefully designed shared learning experiences foster the knowledge, skills and attitudes needed for practicing as part of an interprofessional care team that operates within a larger system of care.

The curriculum effectively prepares the MD graduate for transition to the next phase of training as a resident.

Student, Faculty, and Administrative Expectations

- Students are expected to engage fully in all aspects of the medical education program, and to contribute to the learning of their classmates.
- The faculty are responsible for defining the specific content and learning modalities of each course and clerkship. Faculty are expected to participate in and support the education mission of the School of Medicine. In recognition of the importance of this mission, achievement as an educator will be an important component for faculty academic advancement.
- The Associate Dean for Undergraduate Medical Education, under the supervision of the Senior Associate Dean for Education, is responsible for maintaining the quality and effectiveness of the curriculum and all other aspects of the undergraduate medical education program. The Curriculum Committee and subcommittees assist with this work, and facilitate input of the faculty into the curriculum structure and function.

Structure

- An optional self-assessment and learning opportunity is offered prior to matriculation to help prepare students for success in the undergraduate medical curriculum.
- A required introductory block familiarizes the student with general concepts of the foundational sciences, and promotes the knowledge, skills and attitudes necessary for the professional development of the physician.
- The foundational science curriculum is organized into integrated, multidisciplinary units, relating normal and abnormal structure, function and behavior with the epidemiology, pathophysiology, prevention and treatment of disease, together with emerging disciplines such as informatics and quality improvement science.
- Required clinical clerkships follow the foundational science curriculum to provide a broad experience in clinical medicine.
- Electives, selectives, and mentored scholarly activity leading to a capstone project are provided to enhance the educational value of the curriculum, allow increased breadth and depth in specific areas, and permit individualization of each student’s educational experiences.
- Intersession courses are provided to facilitate the progression from undergraduate to professional school, from the foundational curriculum to the core clinical experiences, and from medical student to resident physician. They are also used to reinforce foundational sciences.
Evaluation of Performance

- The evaluation of student performance includes the following core competencies: medical knowledge, patient care and procedural skills, professionalism, interpersonal and communication skills, practice-based learning and improvement, and systems-based practice.
- The evaluation of student performance applies both traditional approaches and performance-based assessment of the acquisition of clinical skills, knowledge and attitudes.
- 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, teaching methodologies and assessment tools used in the foundational and clinical sciences curricula are continuously scrutinized for appropriate depth, breadth, integration and relevance.
- The curriculum is evaluated by how well our students perform, both at OHSU and following graduation. This evaluation includes what students do, in terms of specialty and career choices and practice location, and what impact they have, as measured by quality of clinical care, research productivity, leadership positions, awards and other recognition. This information is continuously reviewed and changes incorporated to meet the educational mission of the School of Medicine.
- The Curriculum Committee is responsible for implementation, coordination, evaluation and continuous improvement of the UME curriculum.

OHSU SoM Undergraduate Medical Education Program Competencies

Preamble: In August, 2014, Oregon Health & Science University (OHSU) School of Medicine (SoM) launched a new curriculum for its entering medical school class. This curriculum transformation was the result of several years of planning, widespread input from key stakeholders, and careful deliberation in order to fundamentally change how we educate physicians-in-training so that we may achieve our primary goal: to optimally prepare our graduates for 21st century residency education and professional practice in order to meet the needs of society. The OHSU SoM Undergraduate Medical Education (UME) competencies outlined below have evolved from the previous UME Program Objectives from 2013, and are aligned with local and national perspectives for competency-based education. Specifically, the OHSU SoM UME Competencies in this document were compiled and devised using four primary sources:

- OHSU SoM UME Program Objectives (2013)
- OHSU Graduation Core Competencies (2013)
- Clinical Informatics Competencies for UME (2014)
Each of the 43 numbered competencies listed herein is categorized under one of six Domains of Competence (DOC) in bold. This is consistent with the Accreditation Council of Graduate Medical Education (ACGME) competency nomenclature for residency education and because of the continuum of medical education from UME to GME, and from GME to continuing professional development and lifelong learning. Medical students at OHSU will obtain the M.D. degree once all M.D. program graduation requirements have been met. This includes, but is not limited to, achieving designated milestones associated with each competency below as evidenced by robust, multi-modal competency-based assessments in classroom settings, as well as in both simulated and authentic (actual) clinical environments.

As competency-based medical education and assessment evolves, so will the OHSU SoM UME Competencies. In particular, as Entrustable Professional Activities (EPAs) and UME milestones are defined across and within, respectively, the competencies listed herein, the language in this document will be refined to best describe the desired learning outcomes for OHSU SoM medical graduates. Periodic minor updates and revisions to this document will be presented first to the SoM UME Curriculum Committee, and then to a smaller workgroup of the SoM Faculty Council for approval, members of which will be named by the Dean. Larger, substantive changes to this document will be presented first to the SoM UME Curriculum Committee before final approval by the full Faculty Council and subsequently, the Dean of the SoM.

**Patient Care and Procedures: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.**

1. Gather essential and accurate information about patients and their conditions through history taking, physical examination, review of prior data and health records, laboratory data, imaging and other tests.

2. Interpret and critically evaluate historical information, physical examination findings, laboratory data, imaging studies, and other tests required for health screening and diagnosis.

3. Construct a prioritized differential diagnosis and make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.

4. Develop, implement, and revise as indicated, patient management plans.

5. Apply personalized healthcare services to patients, families, and communities aimed at preventing health problems and maintaining health.
6. Perform all medical, diagnostic, and surgical procedures considered essential for the specific clinical practice context.

**Medical Knowledge (Knowledge for Practice):** Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

1. Apply established and emerging bio-medical scientific principles fundamental to the healthcare of patients and populations.

2. Apply established and emerging knowledge and principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving and other aspects of evidence-based healthcare.

3. Apply principles of epidemiological sciences to the identification of health risk factors, prevention and treatment strategies, use of healthcare resources, and health promotion efforts for patients and populations.

4. Apply principles of social-behavioral sciences to assess the impact of psychosocial and cultural influences on health, disease, care-seeking, care-adherence, barriers to and attitudes toward care.

5. Apply principles of performance improvement, systems science, and science of health care delivery to the care of patients and populations.

**Practice-based Learning and Improvement:** Demonstrate the ability to investigate and evaluate the care provided to patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on analysis of performance data, self-evaluation, and lifelong learning.

1. Demonstrate skills necessary to support independent lifelong learning and ongoing professional development by identifying one’s own strengths, deficiencies, and limits in knowledge and expertise, set learning and improvement goals, and perform learning activities that address gaps in knowledge, skills or attitudes.

2. Participate in the education of peers and other healthcare professionals, students and trainees.

3. Use clinical decision support tools to improve the care of patients and populations.

4. Use information technology to search, identify, and apply knowledge-based information to healthcare for patients and populations.

5. Continually identify, analyze, and implement new knowledge, guidelines, practice standards, technologies, products, and services that have been demonstrated to improve outcomes.
6. Analyze practice data using quality measurement tools and adjust clinical performance with the goal of improving patient outcomes and reducing errors.

7. Participate in scholarly activity thereby contributing to the creation, dissemination, application, and translation of new healthcare knowledge and practices.

8. Incorporate feedback received from clinical performance data, patients, mentors, teachers, and colleagues into clinical practice to improve health outcomes.

**Interpersonal and Communication Skills**: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

1. Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

2. Counsel, educate and empower patients and their families to participate in their care and improve their health; enable shared decision-making; and engage patients through personal health records and patient health information access systems.

3. Demonstrate insight and understanding about pain, emotions and human responses to disease states that allow one to develop rapport and manage interpersonal interactions.

4. Use health information exchanges (e.g., Care Everywhere within the EPIC electronic health record) to identify and access patient information across clinical settings.

5. Effectively access, review, and contribute to the electronic health record for patient care and other clinical activities.

6. Effectively communicate with colleagues, other health professionals, and health related agencies in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations.

7. Effectively communicate patient handoffs during transitions of care between providers or settings, and maintain continuity through follow-up on patient progress and outcomes.

8. Act in a consultative role, including participation in the provision of clinical care remotely via telemedicine or other technology.

**Professionalism and Personal & Professional Development**: Demonstrate a commitment to carrying out professional responsibilities, an adherence to ethical principles, and the qualities required to sustain lifelong personal and professional growth.
1. Demonstrate responsiveness to a diverse patient population, including but not limited
to diversity in gender, age, culture, race, religion, disability, socioeconomic status, and
sexual orientation.

2. Demonstrate respect for protected health information and safeguard patient privacy,
security, and autonomy.

3. Demonstrate a commitment to ethical principles pertaining to provision, withholding or
withdrawal of care, confidentiality, informed consent, and business practices, including
conflicts of interest, compliance with relevant laws, policies, and regulations.

4. Demonstrate sensitivity, honesty, and compassion in difficult conversations about
issues such as death, end-of-life issues, adverse events, bad news, disclosure of errors,
and other sensitive topics.

5. Adhere to professional standards when using information technology tools and
electronic/social media.

6. Demonstrate responsiveness to patient needs that supersedes self-interest by
mitigating conflict between personal and professional responsibilities.

7. Demonstrate awareness of one’s knowledge, skills, and emotional limitations and
demonstrate healthy coping mechanisms and appropriate help-seeking behaviors.

8. Demonstrate integrity, establish oneself as a role model, and recognize and respond
appropriately to unprofessional behavior or distress in professional colleagues.

9. Demonstrate accountability by completing academic and patient care responsibilities in
a comprehensive and timely manner.

10. Demonstrate trustworthiness that engenders trust in colleagues, patients, and society
at large.

11. Recognize that ambiguity and uncertainty are part of clinical care and respond by
demonstrating flexibility and an ability to modify one’s behavior.

**System-based Practice and Interprofessional Collaboration:** Demonstrate an
awareness of and responsiveness to the larger context and system of
healthcare, as well as the ability to effectively call upon other resources in the
system to provide optimal care, including engaging in interprofessional teams in
a manner that optimizes safe, effective patient and population-centered care.

1. Participate in identifying system errors and implementing system solutions to improve patient
safety.
2. Incorporate considerations of resource allocation, cost awareness and risk-benefit analysis in patient and population-centered care.

3. Demonstrate accountability to patients, society and the profession by fully engaging in patient care activities, and maintaining a sense of duty in the professional role of a physician.

4. Effectively work with other healthcare professionals to establish and maintain a climate of mutual respect, dignity, diversity, integrity, honesty, and trust.

5. Effectively work with other healthcare professionals as a member of an interprofessional team to provide patient care and population health management approaches that are coordinated, safe, timely, efficient, effective, and equitable.

### MD Program Graduation Requirements for Students Matriculating in 2014 and Later

Note: This section lists graduation requirements that have been approved by the SoM UME Curriculum Committee on September 10, 2015, and the SoM Faculty Council and the Dean of the SoM on October 1, 2015. Final approval will come from the University Provost in the fall of 2015 and any modifications to the graduation requirements listed below will be updated and published in a revised Medical Student Handbook.

#### Required Curricular Components for Students Matriculating in 2014 and 2015

<table>
<thead>
<tr>
<th>Blocks/Clinical Experiences</th>
<th>Weeks</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FoM</strong> Transition to Medical School</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Fundamentals Block</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Blood &amp; Host Defense Block</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Skin, Bones &amp; Musculature Block</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Cardiopulmonary &amp; Renal Block</td>
<td>13</td>
<td>27</td>
</tr>
<tr>
<td>Hormones &amp; Digestion Block</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Nervous System &amp; Function Block</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Developing Human Block</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Preceptorship 1 (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)</td>
<td>12*</td>
<td>1</td>
</tr>
<tr>
<td>Preceptorship 2 (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)</td>
<td>12*</td>
<td>1</td>
</tr>
<tr>
<td>Preceptorship 3 (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)</td>
<td>11*</td>
<td>1</td>
</tr>
<tr>
<td>Preceptorship 4 (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)</td>
<td>18*</td>
<td>1.5</td>
</tr>
<tr>
<td>Scholarly Project – Developing Your Proposal (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)</td>
<td>1*</td>
<td>1</td>
</tr>
<tr>
<td>Interprofessional Education – Foundations of Patient Safety and</td>
<td>1*</td>
<td>1</td>
</tr>
</tbody>
</table>
**Interprofessional Practice** (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)*

<table>
<thead>
<tr>
<th>Sub-Totals</th>
<th>65 Weeks</th>
<th>131.5 Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clin Exp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition to Clinical Experiences</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Family Medicine Core Clinical Experience</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Internal Medicine Core Clinical Experience</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Neurology Core Clinical Experience</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Obstetrics and Gynecology Core Clinical Experience</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Pediatrics Core Clinical Experience</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Psychiatry Core Clinical Experience</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Surgery Core Clinical Experience</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Intersession – Cancer</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Intersession – Cognitive Impairment</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Intersession - Infection</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Intersession - Pain</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Intersession – Assessment/Testing (i.e., take 1 test=1 credit). Note:</td>
<td>Varies (min 4)*</td>
<td>7*</td>
</tr>
<tr>
<td>• All 7 core NBME subject exams or equivalent national exam must be taken no later than week 2 of Block 17 (or no later than 11 months prior to graduation) for adequate time for preparation of the Medical Student Performance Evaluation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Students may enroll in Scholarly Project work and an Assessment/Testing Intersession concurrently.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• *Some assessments may be offered on specified weekend days throughout the year. In this case the student may choose to fulfill their requirement for some assessments without enrolling in the 1 week assessment/testing intersession, and would not receive academic credit on the transcript for this “test only” option.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Clinical Performance Examination (CPX) | 1 | 1 |
| Transition to Residency | 1 | 1 |
| Scholarly Project – Investigative/Inquiry/Project work Note: | 6 (min) | 6 (min) |
| • The minimum number of weeks to complete the Scholarly Project work is 6. Students may enroll and will receive academic credit for additional weeks beyond the 6 required for their projects to be completed as necessary, but these weeks will count as elective credit. | | |
| • Students may enroll in Scholarly Project work and an Assessment/Testing Intersession or other non-full time clinical experience or non-clinical elective concurrently. | | |
| Scholarly Project – Capstone Presentation | 1 | 1 |

<table>
<thead>
<tr>
<th>(Minimum) Sub-Totals</th>
<th>51 Weeks</th>
<th>68 Credits</th>
</tr>
</thead>
</table>

46
### Electives Required for Graduation

<table>
<thead>
<tr>
<th>All Years</th>
<th>Requirements:</th>
<th>Weeks</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum of 30 elective credits must be taken and passed.</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>A maximum of 4 credits of non-clinical electives taken during the Foundations of Medicine curriculum may be used to meet graduation requirements for electives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>A minimum of 18 credits must be clinical experience electives. These may include clinical experiences taken at OHSU or one of the OHSU regional sites, an “away” rotation, or an international clinical experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Remaining credits in this category may be fulfilled with either clinical or non-clinical electives, and/or scholarly project work of the student’s choice during the Clinical Experience curriculum.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-Totals:</th>
<th>24 min Weeks</th>
<th>30 Credits</th>
</tr>
</thead>
</table>

| Total Minimum Required for Graduation: | 140 weeks | 229.5 credits |

### Other Graduation Requirements (curricular components)

#### Additional Clinical Experience Requirements

<table>
<thead>
<tr>
<th>Clin Exp</th>
<th>Rural Clinical Experience</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can be fulfilled with either a core or elective clinical experience depending on the clinical experience offered.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minimum of 4 full-time weeks in duration (or equivalent effort over a longer duration if experience is not full-time).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical experience is located in a rural Oregon community, as defined by the State of Oregon Office of Rural Health: “a geographic area in Oregon that is located 10 or more miles from the centroid of a population center of 40,000 people or more.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical experience can be offered in any clinical discipline, or be focused on community-based aspects of the physician’s role in a rural community, such as health policy/advocacy, structural competency, and reducing health disparities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continuity Clinical Experience</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirements:</td>
<td></td>
</tr>
<tr>
<td>Can be fulfilled with either a core or elective clinical experience depending on the clinical experience offered.</td>
<td></td>
</tr>
<tr>
<td>Minimum of 8 full-time weeks in duration (or equivalent effort over a longer duration if experience is not full-time).</td>
<td></td>
</tr>
<tr>
<td>Can be offered in any clinical discipline and can include more than one discipline.</td>
<td></td>
</tr>
<tr>
<td>Experience must allow students to maintain continuity in at least 2 of the following 3 ways:</td>
<td></td>
</tr>
</tbody>
</table>

Most are 4 weeks, but others may be longer and/or not full-time

Most are 8 weeks, but others may be longer and/or not full-time
Continuity with the same patient(s)
Continuity with the same health system
Continuity with the same preceptor(s)

- Students may request to fulfill the continuity clinical experience requirement with an “away” rotation or a special elective, and these requests must be approved by the student’s portfolio coach and the Associate Dean for Undergraduate Medical Education.

Other Graduation Requirements (non-curricular components)

<table>
<thead>
<tr>
<th>National Licensing Examination</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>USMLE Step 1</td>
<td>• All students must sit for USMLE Step 1 prior to taking Transition to Clinical Experiences course. • All students must pass USMLE Step 1 prior to progressing in the Clinical Experiences curriculum.</td>
</tr>
<tr>
<td>USMLE Step 2 Clinical Knowledge (CK)</td>
<td>• All students must pass USMLE Step 2 CK prior to December 31st if they are predicted to graduate the following June, or at least 6 months prior to graduation, whichever is longer.</td>
</tr>
<tr>
<td>USMLE Step 2 Clinical Skills (CS)</td>
<td>• All students must pass USMLE Step 2 CS prior to December 31st if they are predicted to graduate the following June, or at least 6 months prior to graduation, whichever is longer.</td>
</tr>
</tbody>
</table>

All Years

Competencies Required for the OHSU M.D. Degree

Students must be judged by the UME Competency Committee to have met the passing threshold for each of the six competency domains before the student is awarded the M.D. degree. Students must also meet the “entrustable” milestone for all 43 competencies prior to graduation. Students are required to demonstrate entrustment by the specified minimum number of different qualified assessors*** in a variety of clinical and non-clinical contexts below. The UME Competency Committee will periodically review the evidence related to entrustment accumulated over time for each competency and, as a group, determine when students have met the passing threshold. “Clinical context” is defined broadly in terms of both disciplines (e.g., psychiatry) and clinical scenarios (e.g., patients with heart failure), and occurs in an authentic or simulated clinical environment. “Non-clinical context” is defined as an environment that does not include authentic or simulated patients (e.g., classroom or laboratory settings).

***Qualified assessor is defined as a supervising faculty member, resident, or other specified direct observer of student performance.

<table>
<thead>
<tr>
<th>Comp #</th>
<th>Competency Domain: Patient Care and Procedures (PCP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PCP 1 – minimum of 8 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>2</td>
<td>PCP 2 – minimum of 8 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>3</td>
<td>PCP 3 – minimum of 8 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>4</td>
<td>PCP 4 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>5</td>
<td>PCP 5 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>6</td>
<td>PCP 6 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>Competency Domain: Medical Knowledge (MK)</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>7 MK 1 – minimum of 4 different assessors in a variety of clinical or non-clinical contexts</td>
<td></td>
</tr>
<tr>
<td>8 MK 2 – minimum of 6 different assessors in a variety of clinical or non-clinical contexts</td>
<td></td>
</tr>
<tr>
<td>9 MK 3 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
<td></td>
</tr>
<tr>
<td>10 MK 4 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
<td></td>
</tr>
<tr>
<td>11 MK 5 – minimum of 5 different assessors in a variety of clinical or non-clinical contexts</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Domain: Practice-Based Learning and Improvement (PBLI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 PBLI 1 – minimum of 8 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>13 PBLI 2 – minimum of 4 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>14 PBLI 3 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>15 PBLI 4 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>16 PBLI 5 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>17 PBLI 6 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>18 PBLI 7 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
<tr>
<td>19 PBLI 8 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Domain: Interpersonal and Communication Skills (ICS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 ICS 1 – minimum of 6 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>21 ICS 2 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>22 ICS 3 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
<tr>
<td>23 ICS 4 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>24 ICS 5 – minimum of 7 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>25 ICS 6 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>26 ICS 7 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>27 ICS 8 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Domain: Professionalism and Personal &amp; Professional Development (PPPD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 PPPD 1 – minimum of 6 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>29 PPPD 2 – minimum of 4 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>30 PPPD 3 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>31 PPPD 4 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>32 PPPD 5 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
<tr>
<td>33 PPPD 6 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
<tr>
<td>34 PPPD 7 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
<tr>
<td>35 PPPD 8 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
<tr>
<td>36 PPPD 9 – minimum of 8 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
<tr>
<td>37 PPPD 10 – minimum of 6 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>38 PPPD 11 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Competency Domain: System-Based Practice and Interprofessional Collaboration (SBPIC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>39 SBPIC 1 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
<tr>
<td>40 SBPIC 2 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
<tr>
<td>41 SBPIC 3 – minimum of 3 different assessors in a variety of clinical contexts</td>
</tr>
<tr>
<td>42 SBPIC 4 – minimum of 6 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
<tr>
<td>43 SBPIC 5 – minimum of 3 different assessors in a variety of clinical or non-clinical contexts</td>
</tr>
</tbody>
</table>
### Core Entrustable Professional Activities (EPAs) for Entering Residency Required for the OHSU M.D. Degree

Student must be judged by UME Entrustment Committee to have earned and maintained entrustment to perform the 13 core EPAs listed below with indirect supervision at the time of graduation, as deemed by multiple qualified assessors in a variety of clinical and non-clinical contexts. All EPAs are linked to multiple UME competencies across the six domains of competence as specified below. Judgment of whether the student has met the passing threshold for the EPA is based upon evidence of entrustment in the cumulative student performance record including, but not limited to, competency attainment during the student’s education.

***Qualified assessor is defined as a supervising faculty member, resident, or other specified direct observer of student performance.***

<table>
<thead>
<tr>
<th>All years</th>
<th>EPA 1 – Gather a history &amp; perform a physical examination (LINK to EPA Functions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>UME Competencies Linked To This EPA:</strong></td>
</tr>
<tr>
<td></td>
<td>- PCP 1,</td>
</tr>
<tr>
<td></td>
<td>- MK -none</td>
</tr>
<tr>
<td></td>
<td>- PBLI - none</td>
</tr>
<tr>
<td></td>
<td>- ICS 1, 2, 3, 4</td>
</tr>
<tr>
<td></td>
<td>- PPPD 1, 2, 3, 7, 10</td>
</tr>
<tr>
<td></td>
<td>- SBPIC 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EPA 2 – Prioritize a differential diagnosis following a clinical encounter (LINK to EPA Functions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UME Competencies Linked To This EPA:</strong></td>
</tr>
<tr>
<td>- PCP 1, 2, 3</td>
</tr>
<tr>
<td>- MK 1, 2, 3</td>
</tr>
<tr>
<td>- PBLI 1</td>
</tr>
<tr>
<td>- ICS 6</td>
</tr>
<tr>
<td>- PPPD 7, 10, 11</td>
</tr>
<tr>
<td>- SBPIC 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EPA 3 – Recommend and interpret common diagnostic &amp; screening tests (LINK to EPA Functions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UME Competencies Linked To This EPA:</strong></td>
</tr>
<tr>
<td>- PCP 2, 3, 4, 5</td>
</tr>
<tr>
<td>- MK 2, 3, 4, 5</td>
</tr>
<tr>
<td>- PBLI 3, 4</td>
</tr>
<tr>
<td>- ICS 2</td>
</tr>
<tr>
<td>- PPPD 3, 7, 10</td>
</tr>
<tr>
<td>- SBPIC 2, 3</td>
</tr>
<tr>
<td>EPA 4 – Enter and discuss orders and prescriptions (LINK to EPA Functions)</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td><strong>UME Competencies Linked To This EPA:</strong></td>
</tr>
<tr>
<td>• PCP 3, 4</td>
</tr>
<tr>
<td>• MK 1, 2, 4</td>
</tr>
<tr>
<td>• PBLI 1, 3, 4</td>
</tr>
<tr>
<td>• ICS 1, 2</td>
</tr>
<tr>
<td>• PPPD 7, 10</td>
</tr>
<tr>
<td>• SBPIC 2, 3</td>
</tr>
</tbody>
</table>

| EPA 5 – Document a clinical encounter in the patient record (LINK to EPA Functions) |
|-----------------------------|-----------------------------|
| **UME Competencies Linked To This EPA:** |
| • PCP 4                      |
| • MK 5                       |
| • PBLI none                  |
| • ICS 1, 2, 5, 6, 8          |
| • PPPD 2, 5, 7, 9, 10        |
| • SBPIC 1, 3, 4, 5           |

| EPA 6 – Provide an oral presentation of a clinical encounter (LINK to EPA Functions) |
|-----------------------------|-----------------------------|
| **UME Competencies Linked To This EPA:** |
| • PCP 4                      |
| • MK none                    |
| • PBLI 1, 2                  |
| • ICS 1, 2, 6, 7, 8          |
| • PPPD 2, 4, 7, 10, 11       |
| • SBPIC 3, 4, 5              |

| EPA 7 – Form clinical questions and retrieve evidence to advance patient care (LINK to EPA Functions) |
|-----------------------------|-----------------------------|
| **UME Competencies Linked To This EPA:** |
| • PCP none                  |
| • MK 1, 2, 3, 4, 5          |
| • PBLI 1, 3, 4, 5           |
| • ICS none                  |
| • PPPD 7, 10                |
| • SBPIC 3                   |

<p>| EPA 8 – Give or receive a patient handover to transition care responsibility (LINK to EPA Functions) |
|-----------------------------|-----------------------------|
| <strong>UME Competencies Linked To This EPA:</strong> |
| • PCP none                  |
| • MK none                   |
| • PBLI none                 |</p>
<table>
<thead>
<tr>
<th>EPA 9 – Collaborate as a member of an interprofessional team (LINK to EPA Functions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UME Competencies Linked To This EPA:</td>
</tr>
<tr>
<td>- PCP none</td>
</tr>
<tr>
<td>- MK 5</td>
</tr>
<tr>
<td>- PBLI none</td>
</tr>
<tr>
<td>- ICS 3, 6</td>
</tr>
<tr>
<td>- PPPD 4, 7, 8, 9, 10</td>
</tr>
<tr>
<td>- SBPIC 3, 4, 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EPA 10 – Recognize a patient requiring urgent or emergent care and initiate evaluation and management (LINK to EPA Functions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UME Competencies Linked To This EPA:</td>
</tr>
<tr>
<td>- PCP 1, 2, 3, 4, 6</td>
</tr>
<tr>
<td>- MK 2</td>
</tr>
<tr>
<td>- PBLI none</td>
</tr>
<tr>
<td>- ICS 3, 6, 8</td>
</tr>
<tr>
<td>- PPPD 3, 4, 6, 7, 10</td>
</tr>
<tr>
<td>- SBPIC 3, 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EPA 11 – Obtain informed consent for tests and/or procedures (LINK to EPA Functions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UME Competencies Linked To This EPA:</td>
</tr>
<tr>
<td>- PCP 4</td>
</tr>
<tr>
<td>- MK 1, 2, 3</td>
</tr>
<tr>
<td>- PBLI none</td>
</tr>
<tr>
<td>- ICS 1, 2, 3, 5</td>
</tr>
<tr>
<td>- PPPD 7, 9, 10</td>
</tr>
<tr>
<td>- SBPIC 2, 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EPA 12 – Perform general procedures of a physician (LINK to EPA Functions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UME Competencies Linked To This EPA:</td>
</tr>
<tr>
<td>- PCP 6</td>
</tr>
<tr>
<td>- MK none</td>
</tr>
<tr>
<td>- PBLI none</td>
</tr>
<tr>
<td>- ICS 1, 5</td>
</tr>
<tr>
<td>- PPPD 3, 4, 6, 7, 9, 10</td>
</tr>
<tr>
<td>- SBPIC 3</td>
</tr>
</tbody>
</table>
EPA 13 – Identify system failures and contribute to a culture of safety and improvement (LINK to EPA Functions)

UME Competencies Linked To This EPA:
- PCP none
- MK 5
- PBLI 2, 5, 6, 8
- ICS 1, 6
- PPPD 7, 10
- SBPIC 1, 3, 5

Definitions

<table>
<thead>
<tr>
<th>Clinical Experience Elective</th>
<th>Definition: A clinical experience where the student has direct patient-care responsibilities in an authentic clinical environment. A clinical experience elective may also include non-patient care activities such as teaching conferences and other enrichment learning activities designed to augment the student’s experience during the elective. A clinical experience that includes students participating in delivery of authentic patient care over a distance (e.g., telemedicine) is included in this definition.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A clinical experience elective can be taken by a student who has progressed to the clinical experiences curriculum. The clinical experience elective may or may not have specified pre-requisites for students.</td>
</tr>
<tr>
<td></td>
<td>All School of Medicine clinical experience electives must offer the student the opportunity to learn and be assessed on a minimum of four UME competencies.</td>
</tr>
<tr>
<td></td>
<td>All School of Medicine clinical experience electives in the UME course catalog are approved for students to take.</td>
</tr>
<tr>
<td></td>
<td>A graduate or doctoral-level clinical experience elective offered by any other OHSU School or College with clinical electives (e.g., SoD, SoN, CoP) can be taken by medical students with prior approval of the student’s academic coach, Associate Dean for Undergraduate Medical Education, and the School or College offering the elective. Only approved graduate or doctoral-level electives will count toward meeting elective credit graduation requirements for the MD degree.</td>
</tr>
<tr>
<td></td>
<td>A clinical experience elective offered in a clinical environment in international settings can be taken by medical students for academic credit but students must request and be granted approval for this.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-Internship Clinical Experience Elective</th>
<th>Definition: Intensive, full-time, advanced clinical experience offered by the OHSU School of Medicine where the student functions with supervision as similar as possible to that of an intern.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As this is an advanced clinical experience elective, the sub-internship will have one or more course prerequisites that students must successfully complete prior to enrolling.</td>
</tr>
</tbody>
</table>

For a clinical experience to qualify as a sub-internship, the following criteria must be included:
**Clinical Activities:** The student is expected to have direct, hands-on patient care responsibilities evaluating patients, developing and implementing patient management plans, communicating with consultative team members, writing and entering orders as well as all types of patient care documentation (H+Ps, progress notes, discharge and/or after visit summaries) similar to what an intern would be expected to do in the same clinical environment.

**Schedule:** The student’s work hours and on-call responsibilities will be similar to an intern.

**Non-Clinical Activities:** The student is expected to attend and participate in all intern teaching and/or departmental conferences offered that is analogous to what an intern would do.

**Required Associated Competencies:** The sub-internship must provide students the opportunity to learn and be assessed by Attending(s) (and residents where applicable) on the following UME competencies:

1) PCP 3- Construct a prioritized differential diagnosis and make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.

2) PCP 4- Develop, implement, and revise as indicated, patient management plans.

3) ICS 1- Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.

4) SBPIC 5- Effectively work with other healthcare professionals as a member of an interprofessional team to provide patient care and population health management approaches that are coordinated, safe, timely, efficient, effective, and equitable.

**Definition:** A non-clinical elective may be classroom-based, seminar-style, web-based/technologically-mediated, or another type of elective where the student does not have direct patient-care responsibilities in an authentic clinical environment.

- A non-clinical elective can be taken by a student in any phase of the YourMD curriculum. The non-clinical elective may or may not have specified prerequisites for students.
- All School of Medicine non-clinical electives must offer the student the opportunity to learn and be assessed on a minimum of four UME competencies.
- All School of Medicine non-clinical electives in the UME course catalog are approved for students to take.
- A non-clinical elective offered by any other OHSU School or College with electives (e.g., SoD, SoN, CoP) can be taken by medical students with prior approval of the student’s academic coach, Associate Dean for Undergraduate Medical Education, and the School or College offering the elective.
- A non-clinical elective offered in an international setting can be taken by medical students for academic credit but students must request and be granted approval for this.
### Research Elective

**Definition:** A research elective is an elective where the student pursues a specific research question, task, or contributes to a research project as outlined in the specific elective course objectives. A research elective is distinct from credit obtained for the required scholarly project in that typically a research elective has a smaller scope, shorter timeframe, and does not require a proposal, deliverable or “product” and dissemination of knowledge gained with the capstone course.

- A research elective can be taken by a student in any phase of the YourMD curriculum. A research elective typically does not have prerequisites for students unless specified in the course catalog.
- All School of Medicine research electives must offer the student the opportunity to learn and be assessed on a minimum of four UME competencies.

### Special Elective

**Definition:** A special elective is an elective created by the student in conjunction with a sponsoring faculty member that offers the student a unique opportunity to learn and be assessed regarding a specially designed curriculum.

- Special electives must include assessment of the student on a minimum of four UME competencies specific to the special elective.

### Other Details Regarding Credits, Scheduling, Grading and Dual-Degree Modifications

<table>
<thead>
<tr>
<th>Credit allocation and expected student hours of work per week for clinical experiences and electives</th>
<th>Definition: the number of credits allocated and expected student hours of work per week is defined by the University, varies depending upon the type of clinical experience or elective, and is specified below.</th>
</tr>
</thead>
</table>
| Clinical experiences (required and elective): | 48 hours of work per week = 1 credit per week  
72 hours of work per week = 1.5 credits per week |
| Research and non-clinical electives: | 36 hours of work per week = 1 credit per week  
Credits and hours may be calculated proportionately over a modified time period as long as an equivalent amount of work exists over that period (e.g., 1 credit over a 12 week term with 12 one hour classes and 2 hours of homework each week) |

| Minimum Credit and Enrollment Benefits | Full tuition charged: 1 credit/term  
Eligible for federal financial aid for tuition expenses: 5 credits/term  
Eligible for federal financial aid for cost of attendance (i.e., living expenses): in addition to a minimum of 5 credits/term, student must be enrolled in at least 1 credit throughout the entire term  
Eligible for student health insurance: 1 credit/term  
Full-time status: 9 credits/term (Note: some scholarships require students to maintain full-time status) |

| Scheduling Concurrent Coursework | Students may schedule concurrent coursework during the term (e.g., clinical experiences, scholarly project work, electives) as long as an equivalent amount of work exists for each enrolled course as would be the case if the student had scheduled them separately.  
Students who wish to schedule concurrent coursework during the clinical |
experience curriculum must obtain approval from their portfolio coach or the Associate Dean for Undergraduate Medical Education in advance of scheduling.

### Repeating a Clinical Experience
- A student who has taken a clinical experience and **successfully passed it**, but who wishes to repeat it to **gain additional experience** in that clinical environment may do so without penalty. In this circumstance, per the OHSU University-Wide Grading Policy (Policy # 0-01-0613) the original clinical experience and grade will continue to be listed on the academic transcript. However, the original clinical experience will be excluded from the number of credits attempted, the number of credits earned and the GPA calculation, and only the repeated clinical experience will have these included.
- A student who has taken a clinical experience and **successfully passed it**, but who wishes to repeat it to **gain additional competencies not attained initially**, may register for a different clinical experience with the sponsoring department and “competency” in the course name. In contrast to repeating a full clinical experience, the focus of this course would be for teaching and assessment around a specified number of competencies not attained initially. These clinical experiences require advanced planning and coordination by the student with the sponsoring department and the Office of Undergraduate Medical Education.
- A student who has taken a **required** clinical experience but **did not successfully pass it** initially, will be required to successfully remediate the required clinical experience before being awarded the M.D. degree. See the OHSU University-Wide Grading Policy for further information about how these credits are calculated.
- A student who has taken an **elective** but **did not successfully pass it** initially, will not be required to remediate this elective as long as the student is able to fulfill all graduation requirements with other curricular elements.

### Timing of Clinical Experiences
- Students are expected to successfully complete all 7 core clinical experiences before their Medical Student Performance Evaluation is finalized for their residency applications, which typically occurs during Block 17 (i.e., 10 months prior to graduation)
- Students can take elective clinical experiences during any block of their clinical experience curriculum.

### Adding/Dropping Clinical Experiences
- Once a student has been scheduled for their **core clinical experiences**, they will not be allowed to drop or change them, unless SoM UME procedures require it (e.g., failing USMLE Step 1).
- Students may add an available elective clinical experience to their schedule up to **eight** weeks prior to the start of the clinical experience. A student wishing to add an elective clinical experience to their schedule with **less than eight weeks’ notice** will require the approval of the clinical experience elective director and the Associate Dean for Undergraduate Medical Education.
- Students may drop elective clinical experiences up to **eight** weeks prior to the start of the clinical experience, after which they will not be allowed to drop.

### “Away” Rotations
- Away rotations are defined as: clinical experiences taken by OHSU students at institutions **outside** of Oregon, or any clinical experiences taken by OHSU students that require an Off Campus Authorization prior to approval. All rotations that require the student to use the Visiting Student Application
| **International Rotations and Electives** | • International rotations for academic credit must be approved, and are considered elective.  
• Students must have progressed to the clinical experience curriculum before requesting international elective approval.  
• Students requesting approval for an international clinical experience typically will have successfully completed all of the required 7 core clinical experiences prior to the international rotation. Students wishing to take a clinical or non-clinical elective in an international setting, but who have not yet completed their 7 core clinical experiences, require approval from both their academic coach and the Associate Dean for Undergraduate Medicine Education.  
• Approved international rotations and electives can only be taken during academic terms aligned with the OHSU university academic calendar. Students will not receive academic credit nor be approved to take international rotations or electives that occur during a university fall, winter, spring, or summer break.  
• International rotations do not have OHSU UME competencies linked to them, and therefore students will not attain required competencies through these experiences.  
• Students who do not request academic credit for international rotations or electives may schedule these as desired during vacation/flexible time and do not require approval from the School of Medicine or the University. |

| **Grading System** | The following grading system is used by the UME program, and these grades appear on the student’s official university transcript:  
• **Pass-No Pass** for Foundations of Medicine blocks, preceptorships, scholarly project, transition courses, intersessions, clinical performance exam (CPX), and other specified research, clinical experience, and non-clinical electives.  
• **Tiered Grading** (Honors/A, Near Honors/B, Satisfactory/C, Marginal/D, Fail/F) for all 7 core clinical experiences, sub-internships, specified clinical experience electives, and all clinical experiences fulfilling the continuity and rural requirement. See the OHSU University-Wide Grading Policy (Policy # 0-01-0613) for more information about how grades appear on the student’s university transcript. |
### What Appears on the Medical Student Performance Evaluation (MSPE, “Dean’s letter”)

In addition to the above pass-no pass and tiered grades, the Medical Student Performance Evaluation (MSPE), which is sent to residency program directors at the request of the student as a part of their residency applications, includes the following measures of student performance:

- **Competency Assessment** for all SoM preceptorships, Foundations of Medicine threads, transition courses, SoM core and elective clinical experiences, scholarly project, intersessions, and specified SoM non-clinical and research electives. Clinical experiences outside of the School of Medicine (i.e., all away and international rotations, and electives offered by another School at OHSU) will **not** have a competency assessment unless provided to the School of Medicine.

- **Core Entrustable Professional Activities (EPA) for Entering Residency** – 13 EPAs each depicted visually and with written descriptions to illustrate student evidence of entrustment at the time of preparation of the MSPE. The student’s EPAs are updated prior to graduation and the updated EPA report is forwarded to the residency program in which the student matched prior to graduation.

### Dual Degree Program Students with Modified Graduation Requirements

<table>
<thead>
<tr>
<th>MD-MPH students</th>
</tr>
</thead>
<tbody>
<tr>
<td>- May use their MPH field experience and project to meet their graduation requirement for the Scholarly Project Developing Your Proposal course and the Scholarly Project work. MD-MPH students are required to take and participate in the Scholarly Project capstone course where they will share and present their new knowledge attained during their MPH.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MD-PhD students</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Are not required to complete the first and second portions of the scholarly project (i.e., Developing your Scholarly Project Proposal; and Scholarly Project work) but are required to take and participate in the Scholarly Project capstone course where they will share and present their new knowledge attained during their PhD.</td>
</tr>
<tr>
<td>- Once the foundations of medicine curriculum and USMLE Step 1 are completed, typically enroll in a MD research elective to complete the term, and then start their graduate studies at the beginning of the next full term.</td>
</tr>
<tr>
<td>- Are required to take a longitudinal clinical experience during all years they are pursuing their PhD.</td>
</tr>
<tr>
<td>- Following their PhD studies, are required to take the Transition to Clinical Experience course immediately prior to re-entering the clinical experience curriculum.</td>
</tr>
<tr>
<td>- Are not required to take a rural clinical experience.</td>
</tr>
<tr>
<td>- Are required to take a Clinical and Translational Research clinical experience elective with a minimum of 8 weeks in duration and allows the student to learn and be assessed on a minimum of four UME competencies. This will fulfill the requirement for a continuity clinical experience for MD-PhD students.</td>
</tr>
</tbody>
</table>
Oral Maxillofacial Surgery students (OMFS)

- Are required to successfully pass the Transition to Medical School course, and the Fundamentals block in Foundations of Medicine.
- Are not required to take any of the 4 preceptorships.
- Are not required to take the Foundations of Patient Safety and Interprofessional Practice (1 credit) course.
- Once the student provides evidence of successfully passing USMLE Step 1, they are given the opportunity to take a multiple-station Objective Structured Clinical Examination (OSCE) using standardized patients. If they pass this OSCE, they are allowed to progress to the clinical experiences curriculum without having to take and pass any additional foundations of medicine blocks since they have already demonstrated their attainment of foundational competencies.
- Are not required to take a rural clinical experience or Surgery core clinical experience.
- Are required to take at least one surgery clinical experience elective.
- Are not required to take the Transition to Residency Course.
- Are not required to complete any portion of the Scholarly Project.

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>Grade</td>
<td>Description</td>
<td>Final Grade</td>
<td>Earned Credit</td>
<td>GPA Quality Points</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------</td>
<td>-------------</td>
<td>---------------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Inferior or Marginal</td>
<td>1.00</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Failure</td>
<td>0.00</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>Pass</td>
<td>N/A</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>NP</td>
<td>No Pass</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>IP</td>
<td>In Progress</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>I/F</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></td>
</tr>
<tr>
<td>W</td>
<td>Withdraw</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>WP</td>
<td>Withdraw Passing</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>WNP</td>
<td>Withdrew Non-Passing</td>
<td>N/A</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>WAU</td>
<td>Withdrew from Audit</td>
<td>N/A</td>
<td>No</td>
<td>No</td>
<td></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 (Withdrawn) 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 (Withdrawn Passing) or WNP (Withdrawn 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

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Responsible Officer: Provost, Office of the Provost
Policy Contact: Registrar, Office of the Registrar, 503-494-7800
Supersedes: N/A
MD Program Grading System for Students Matriculating in 2014 and Later

Foundations of Medicine curriculum (first 18 months of medical school): Pass/No Pass

Clinical experiences (everything after the first 18 months of medical school): Five tiered System (Honors/A; Near Honors/B; Satisfactory/C; Marginal/D; Failure/F)

Scholarly Project, Transition Courses, Intersessions, Specified Electives: Pass/No Pass

Competencies and Entrustable Professional Activities: Pass/No Pass

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 a block, course or clerkship/clinical experience director. A student who wishes to dispute a grade received in a block, course or clinical experience is required to submit in writing a description with the name of the course, grade received, process/discussion the student has had with the course director, and reason(s) for the dispute to the Associate Dean for Undergraduate Medical Education. This information must be received no later than one year (365 days) from the time the original grade was given. The Associate Dean for Undergraduate Medical Education will review this, along with any and all pertinent information related to the dispute and any aspects of the student’s cumulative academic record deemed appropriate. The Associate Dean for Undergraduate Medical Education will notify the student in writing of the decision no later than 30 days following the receipt of the submitted grade dispute. All decisions by the Associate Dean for Undergraduate Medical Education are final.

Medical Student Performance Evaluation & Class Ranking
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 a single individual. The MSPE is required to include an assessment of student professionalism. The Associate Dean for Undergraduate Medical Education and/or the Assistant Deans for Student Affairs may edit the MSPE. The generated MSPE will be forwarded to the student for review. The MSPE should be of high
quality, with a professional appearance. The MSPE contains 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. Final ranking is based on tiered grades/evaluations from the required clinical experiences curriculum. For medical students matriculating in 2014 and later, the MSPE also includes information related to attainment of OHSU SoM UME competencies and entrustable professional activities.

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 includes recurrent academic or behavioral difficulties and leaves of absences. The narrative description from clinical experiences includes a statement describing the student’s performance in the clinical experience. 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 signatures of the Assistant Deans for Student Affairs and the Associate Dean for Undergraduate Medical Education. The School of Medicine participates in the Electronic Residency Application Service (ERAS).

Applicable for students graduating in 2016 and 2017: 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 that academic year.

**USMLE Requirements for Students Matriculating in 2014 and Later**

Starting with the 2009 School of Medicine entering medical school class, all students are required to take and record a passing score for the USMLE Step 1 and Step 2 Clinical Knowledge (CK) and Step 2 Clinical Skills (CS) examinations in order to graduate from the MD program.

**USMLE Step 1:**

All students must successfully complete the Foundations of Medicine curriculum or equivalent prior to taking USMLE Step 1. Students are required to take USMLE Step 1 prior to taking Transition to Clinical Experience. Successful completion of Transition to Clinical Experience is required before students can
enter the clinical experiences curriculum. MD-PhD and MD-MPH students are required to take the USMLE Step 1 prior to being eligible to enter their graduate studies portion of their program.

Students who have begun their clinical experiences curriculum, but then receive notice that they have not passed Step 1 will be placed on Academic Probation, will meet with one of the Assistant Deans for Student Affairs, and may choose one of two options: 1) complete their current clinical experience; or 2) take an incomplete grade in that clinical experience. 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 experiences phase of the 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 one of the Assistant Deans 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 and the student is not eligible for financial aid or living expenses. Students may decide 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 have not posted a passing score on USMLE Step 1 within the first 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 Undergraduate Medical Education 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 in order to achieve a passing score. Students will have a maximum of three attempts or a maximum of one year while on a LOA, whichever occurs first, to achieve a passing score on USMLE Step 1. Any student who fails the USMLE Step 1 examination on their third attempt, or has not posted a passing score within the one year LOA (regardless of how many attempts they have taken), will come before the Medical Student Progress Board for consideration of a dismissal hearing.

**Deferral of USMLE Step 1 Examination**

School of Medicine policy requires that students take USMLE Step 1 prior to beginning the Transition to Clinical Experience and any subsequent clinical experiences or coursework. 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 Undergraduate Medical Education and one of the Assistant Deans for Student Affairs. Students requesting a deferral will submit a “Request for Deferral of USMLE Examination” form to one of the Assistant Deans 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 less than five months prior to graduation, typically December 31st prior to graduation in early June. 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 one of the Assistant Deans for Student Affairs 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 may be granted a maximum of four months past the December 31st deadline to retake and post a passing score. Students who do not post a passing score after three attempts on the USMLE Step 2 CK or CS, or who have not posted a passing score after a maximum of one year after the first fail, whichever occurs first, will come before the Medical Student Progress Board for consideration of a dismissal hearing.

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

**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. Block/Course and clinical experience/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.

Printing Resources for Foundations of Medicine Students

The YourMD curriculum is designed to utilize primarily electronic delivery of supplemental instructional materials and therefore study guides and syllabi are not provided to students in paper format. However, medical students in the Foundations of Medicine curriculum are provided with limited funds for purposes of printing at OHSU GoPrint stations. These funds are administered on a yearly basis, typically in August by the Manager in the Teaching Services Office. Additional funds will not be added to student accounts by the Office of Undergraduate Medical Education beyond what is listed below. Students can also add personal funds to their account if so desired. For the 2015-16 academic year, students will receive the following amounts credited to their account:

- MS1s (Med19): $21.00
- MS2s (Med18): $10.00

Unused credit that has been added by the Office of Undergraduate Medical Education on the student account at the end of the fiscal year (June 30th) does not roll over and will be forfeited. Any funds that have been added by a student individually will be maintained on the account until the student account is removed, typically at graduation/separation from the University. Questions about how to add funds to a student account can be directed toward the BICC (library) staff.

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 member wishes to use a student as a scribe it must be approved by the Clerkship Directors Subcommittee.

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

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

**During the MS1:**
• EpiCare Fundamentals Online course (1hr) and online assessment
• EpiCare InBasket Online course (30 minutes) and online assessment
• 6 hrs of medical students EPIC class time (EpicCare Medical Student) for both inpatient and outpatient training

**During the MS2:**
• Online refresher courses (EpiCare Fundamentals and EpiCareBasket) prior to starting clerkships

**VAMC vs OHSU**

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

**EPIC Technology Support**
- Epic Help Desk (503) 494-2222

The official EPIC Guidelines for Medical Students can be found on the OHSU ozone website

**Compliance Contacts:**

For compliance questions and to report possible violations
- Clerkship Director for individual clerkships
- Assistant Dean for Student Affairs, Dr. Ben Schneider or Dr. Nicole Deiorio
- OHSU Chief Compliance Officer (503) 494-6806

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**EVALUATION OF THE CURRICULUM**

**Block/Course and Clinical Experience/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 on the UME Curriculum Committee Sakai site for review by any interested student or faculty member.

3. Three year Curriculum Committee reviews for Foundation of Medicine blocks are housed on the UME Curriculum Committee Sakai site. In addition, any student may request electronic copies of the reviews by contacting the Administrative Manager for Curriculum & Student Affairs.

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.

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**Student Evaluation of Curriculum and Instructors**
Student feedback is an essential part of improving the student experience and quality of the educational program. Students are expected to provide honest and constructive feedback of their coursework in the Foundations of Medicine phase and the Clinical Experience phase of the curriculum as part of their professional responsibilities as a medical student. This information is treated strictly confidentially and student names are not associated with feedback provided on evaluations. Students will be prompted to evaluate both the block/course/clinical experience as a whole, as well as individual faculty and resident teaching effectiveness. This information is collected in the University evaluation system, Blue, and shared with the Dean’s Office of Undergraduate Medical Education, as well as the educational leaders overseeing the block/course/clinical experience and the individual instructors for purposes of continuous quality improvement.

In addition, close to the time of graduation, the American Association of Medical Colleges (AAMC) will conduct a survey of all graduating students called the Graduation Questionnaire (GQ) to gather feedback and data regarding all years of the student’s medical school education. The GQ results are shared with the OHSU School of Medicine dean’s office following collation, and used for purposes of continuous quality improvement for the program as a whole.

Pertinent To MS1 & MS2 Students in the Foundations of Medicine Phase of the Curriculum

Attendance Policy for Foundations of Medicine Curriculum for Students Matriculating in 2014 and Later

Foundations of Medicine Blocks
Students training to become physicians are expected to be present and actively engaged in their education. Regular attendance and punctuality for all required sessions are essential in demonstrating your professional development as an aspiring physician. You will know which sessions are required by looking at your weekly schedule in Sakai. Not only will your own learning be enhanced by attending all required sessions, but your classmates and instructors will count on your participation in large and small group activities to enrich their learning. This focus on being present is analogous to what will be expected of you during your clinical experiences, your residency training, and ultimately, your professional practice as a physician.

The OHSU School of Medicine Undergraduate Medical Education (MD) program leaders have established the above attendance expectations for students in the Foundations of Medicine curriculum. Your attendance will not be tracked on a daily basis because we know you are all adults, and we expect you
to adhere to the attendance expectations explicitly stated above. Indirect measures of attendance will be used and acted upon when student performance is near or below the passing threshold, or whenever there is concern about student engagement or performance. Such indirect measures may include your clicker responses during learning sessions, your participation in group learning activities, etc.

**Clinical Skill Laboratory Faculty Facilitator Absences:** Due to clinical emergencies and miscommunication there are times—rare, but they do occur—when instructors do not arrive as expected for CSL small groups. In the past, some student groups have not known what to do in this situation, and have simply left the classroom, missing out on important instruction. If your group has no faculty instructor 5-10 minutes after time for class to begin, it is the group’s responsibility to inform the Teaching Services Office (CLSB, 5th floor, 4A026, or call 503-494-8428) of the problem and to remain in the classroom until it is resolved. Teaching Service Office staff will attempt to quickly resolve the situation, and make all possible effort to ensure your group is not left without benefit of instruction.

**Applicable to Med19 Students:** Beginning in August, 2015 attendance will be required and tracked for all Foundations of Medical Anatomy (FOMA) and Clinical Skills Lab (CSL) sessions. Any student who anticipates an unavoidable conflict and cannot attend a required Foundations of Medical Anatomy (FOMA) or Clinical Skills Lab (CSL) session must fill out and submit a “Foundations of Medicine Request for Time Off- FOMA or CSL session” form to Teaching Services Office (TSO at tso@ohsu.edu) ahead of time. Your request will be sent to the appropriate educational leader for consideration. This form can be found on the Student Portal. If the request for time off is approved, it’s the student’s responsibility to review the missed materials on their own. Students who miss a required FOMA or CSL session without approval will have a Professionalism Monitoring Form (PMF) submitted for their unexcused absence. The accumulation of Professionalism Monitoring Forms may result in Medical Student Progress Board review.

**Foundations of Medicine Preceptorship**
You are expected to be present at all assigned preceptor clinical experiences and other preceptorship sessions offered during Foundations of Medicine. Please notify your preceptor if you are unable to attend a scheduled preceptorship clinical experience as well as the preceptorship coordinator as soon as possible before your absence. Students are required to make up all absences during preceptorship within the term it occurs.

**Preceptorship Commuting and Travel Policy**
OHSU students are fortunate to have access to a wide variety of incredible preceptors for their Foundations of Medicine preceptorships at OHSU and in the Portland metropolitan area. Students initially learn about the details and policies of the preceptorship program during Transition to Medical School course. Following the start of Fundamentals Block, students are surveyed regarding
preceptorship preferences and we try our best to match students according to submitted preferences. As many preceptors are located away from OHSU, students are expected to arrange their own transportation to their preceptorship assignments. The Office of Undergraduate Medical Education cannot assign or reassign preceptors based upon transportation needs.

An important aspect of medical education at OHSU is the opportunity to learn from preceptors throughout the Portland area. Student should take advantage of learning opportunities throughout the area. It is not recommended that students submit preferences for preceptor experiences solely on location, and we cannot assign or reassign preceptors based upon transportation needs. Students are expected to make their own travel arrangements to arrive on time to preceptorship sites. Accommodations to this policy will be made for needs documented through the OHSU Office of Student Access.

**Enrichment Weeks – Foundation of Medicine curriculum**

Following each final assessment week in every block except The Developing Human block in the Foundations of Medicine curriculum, all students are required to participate in Enrichment week. There are three goals of every Enrichment week:

1) to enrich your education with structured sessions and activities that will help solidify your knowledge and comprehension of core concepts;
2) to allow students to remediate one or more components as necessary;
3) to promote self-directed, independent learning.

Any student who has not initially passed one or more components of the block will be required to remediate, and will be contacted regarding an individualized plan for the Enrichment week. All other students are required to select and participate in three (3) sessions/activities outlined on the Enrichment activities schedule, provided to students several weeks in advance via Sakai. This is not a vacation week.

1. Please visit the “Sign-Up” tab in Sakai to view the session descriptions and determine which ones fit your interests. Viewing time for these activities will occur prior to registration, and students will be notified in advance when viewing and registration dates are scheduled for each Enrichment week.
2. Please refer to the “sign-up" tab in Sakai for dates and times of all sessions. Space is limited for some sessions.
3. Attendance will be taken at all enrichment sessions, and students are not permitted to switch sessions once registration has closed.
4. You will be required to select three (3) sessions/activities that you will attend. If you sign up for a session, you are committing to attend. Last minute cancellations or no-shows will result in submission of a professionalism monitoring form.
5. Ward-walk enrichment sessions are typically offered depending upon faculty availability.
Scholarly Projects
Scholarly Projects is an in-depth investigation of topics of interest to medical students during the course of their undergraduate medical education (UME) experiences with the goal of creating critical thinkers and lifelong learners. All students entering medical school in 2014 and later are required to complete Scholarly Projects. After completing their Scholarly Project, students will be able to think critically about complex clinical problems; expand beyond the established curriculum to investigate topics and problems in more depth; identify, define, and answer important questions relevant to clinical practice and healthcare delivery; and work effectively within a learning community. Students will also understand and apply principles of professionalism, ethics, communication, and collaboration while pursuing their projects.

There are three phases to Scholarly Projects:

- Developing the Scholarly Project Proposal course (1 credit)
- Scholarly Project work (minimum of 6 credits)
- Scholarly Project Capstone (1 credit)

Students select an area of interest, and work with a faculty mentor to achieve the goals of the Scholarly Project over time. These areas include:

- Basic science
- Biomedical engineering
- Clinical research
- Law
- Business
- Health policy
- Ethics
- Quality improvement
- Education
- Epidemiology
- Community health
- Global health

Assessment of Student Performance and Remediation of Unsatisfactory Performance for Students in the Foundations of Medicine Curriculum Matriculating in 2014 and Later

Foundations of Medicine Blocks

Weekly Graded Assessment Components
1. **Weekly Quizzes** - Weekly computer-based multiple choice and/or short answer quizzes, approximately 25-30 questions on each quiz.

2. **Weekly Clinical and/or Science Lab Skills Assessments** - Weekly clinical skills assessments (CSAs) and/or science skills assessments (SSAs), approximately 0-2 per week (i.e., some weeks may not have any CSAs or SSAs, other weeks may have more than 1.)

**Cumulative Graded Assessment Components**

3. **Final Block Examination** - End-of-block computer-based multiple choice and/or short answer examination developed by OHSU, approximately 50 questions per examination.

4. **NBME “Board” Examination** - End-of-block National Board of Medical Examiners (NBME) computer-based multiple choice customized board examination, approximately 100 questions per examination.

5. **Final Skills Examination** - End-of-block clinical or science skills assessments consisting of multiple station Objective Structured Clinical Examinations (OSCEs) and/or other skills demonstrations, approximately 5 assessments per examination.

**Final Block Grade**

The threshold for a passing score for all graded assessments is 70%. This threshold may be lowered in select circumstances by the block directors if the post-assessment analysis indicates this is necessary. All of the five graded assessment components above are treated separately and each component must be passed in order to maintain satisfactory academic progress. An assessment component will be considered passed when the average of the achieved scores (example: average of all block quiz scores) equals or exceeds the average of the passing thresholds for each assessment (example: 70%). As long as each component is passed, the student’s overall final block grade will be “Pass”. There is no rounding upward when calculating student scores.

**Remediation of Non-Passing Scores**

1. Students are required to meet the overall passing threshold for each assessment component.

2. Students who do not meet the passing threshold on any of the individual weekly graded assessments are not required to formally remediate these to achieve a passing score, as long as the total average score at the end of the block for the weekly graded assessment components meets the passing threshold. However, any non-passing score for individual weekly graded assessments should be used in a timely fashion by the student, their Portfolio Coach, and curriculum leaders to focus the student’s additional studying to achieve the student learning objectives.
3. Students who do not meet the passing threshold on the final block examination or the NBME board examination are required to remediate these to achieve a passing score.

4. The final skills examination will require remediation when the average of the achieved scores for all OSCE or skills assessments combined is less than the average of the passing thresholds. In some instances, the Foundations of Medicine Thread Directors may require a student to remediate a portion of the final skills examination to improve a significant deficiency based upon demonstrated performance, despite achieving an average passing score for the component overall.

5. Remediation will nearly always occur during the block assessment dates listed on the syllabus. The remediation activities and re-testing will be coordinated under the direction of the block and thread directors, and other curriculum leaders as appropriate. The student’s Portfolio Coach will also be notified when a student requires remediation. Remediation activities will be individualized for each student requiring remediation based upon the student’s identified deficiencies in the block. Any student requiring remediation following the Developing Human block will do so following the winter break in the academic calendar.

Students who are successful and meet the passing threshold for their remediation re-testing will have their final block grade posted as “Pass” and their University Transcript will reflect only the “Pass.” However, because a required remediation is an indicator of a student experiencing academic difficulty, the remediation history of all students will be tracked by the Associate Dean for Undergraduate Medical Education. Any student who requires remediation re-testing in two or more components in the entire Foundation of Medicine curriculum, regardless of whether the student successfully passes during remediation re-testing, will be referred by the Associate Dean for Undergraduate Medical Education for further action, including referral to the Student Progress Board.

Students who do not meet the passing threshold for their remediation re-testing in a block will have their final block grade posted as “No Pass” and be referred to the Associate Dean for Undergraduate Medical Education for further action, including referral to the Student Progress Board.

**Preceptorship**

Student assessment of Preceptorship during Foundations of Medicine curriculum will be multimodal and competency-based. Student performance will be assessed by preceptors, patients and/or clinical staff. The Preceptorship Director and the Director of Narrative Medicine, and/or their delegates, will assess student performance regarding students’ reflective essays.

Students not meeting expected milestones or performance benchmarks for the Preceptorship will be notified by the Preceptorship Director, and an individualized remediation plan will be
developed in conjunction with the student’s Portfolio Coach. Students who do not meet expected performance benchmarks after completing all of the Preceptorship experiences in Foundations of Medicine will require remediation prior to entering the clinical experiences curriculum.

**Submission of Grades to Registrar’s Office**
Final course grades for students in the Foundations of Medicine 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.

**Foundations of Medicine Examination Administration**

**Guideline for Students Matriculating in 2014 and Later**

**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 a personal laptop computer, 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.

**Exam Time Period**
- The designated time period to complete an examination will be announced prior to the examination date.
- Students who have received approved testing accommodations will contact the Course Manager in the Teaching Services Office at least three weeks prior to each exam date to request extended examination time.

**Admitting Late Examinees**
- A student arriving late after the start of an exam for the first time, will be permitted to sit for the exam but will not be given extra testing time for the testing session.
- A student arriving late for a second time will be permitted to sit for the exam but will not be given extra time for the testing session, and will also have a Professionalism Monitoring Form submitted.
• A student arriving late for a third time will be permitted to sit for the exam, will not be given extra time for the testing session, will have a Professionalism Monitoring Form submitted, and will be referred to the Medical Student Progress Board.

• Late arrival documentations are cumulative throughout the Foundations of Medicine curriculum and will be recorded by the UME Teaching Services Office.

• 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.

• 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.
  • Query forms for the examination will be collected by the proctor(s) and given to the Block Director for consideration.

• 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:
  Fundamentals Block
  Blood and Host Defense Block
  Skin, Bones, and Musculature Block
  Cardiopulmonary & Renal Block
  Hormones & Digestion Block
  Nervous System & Function Block
  Developing Human Block
  Transition to Clinical Experiences course
  Family Medicine Clinical Experience
  Internal Medicine Clinical Experience
  Psychiatry Clinical Experience
Policy for Examination Schedule Change in Foundations of Medicine Curriculum for Students Matriculating in 2014 and Later

Any student who anticipates an unavoidable conflict and cannot attend a required end-of-week or end-of-block (cumulative) assessment for any reason must fill out and submit a “Foundations of Medicine Request for Time Off” form to the Block Directors or other designated educational leader ahead of time. A copy of this form can be found on the Student Portal. If the request for time off is approved by the Block Directors, then an alternate assessment will be arranged. These requests will typically only be granted in rare instances on a case-by-case basis. It is the student’s responsibility to complete all of the requirements of the block in order to progress as expected in the curriculum.

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 one of the Assistant Deans for Student Affairs to support the student and ensure that extenuating circumstances are not interfering with the student’s ability to achieve academic success.

Students deferring exams must take the examination within one week of the original examination date. The only exception to this is any student who is approved to defer a Clinical or Science Skills Examination during the Foundations of Medicine curriculum will typically be required to make up this examination during the end-of-block Enrichment week. Failure to make up a required assessment as directed will prompt a meeting with one of the Assistant Deans for Student Affairs.

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.”

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
or transmit its contents in any manner with my classmates or others who may take this examination later.”

Procedure for Assessment Scoring in the Foundations of Medicine Curriculum

Class performance on each question following an assessment will be reviewed by the course leadership by reviewing the assessment item analysis, reviewing student queries, and individual faculty review of assessment content. If an educational leader recommends a change in an answer, then the recommended change shall apply to all students in the block. Upon a review of performance, if the educational leaders decide to eliminate a question from an assessment, then no credit is given to students for this question under any circumstances. The process used by the Office of UME regarding post-assessment analysis and assessment adjustments can be found on the Student Portal.

Procedure for Providing Tutors in the Foundations of Medicine Curriculum

The OHSU School of Medicine seeks to support the academic success of all students. Formal Peer tutoring is available to all students in the foundations of medicine curriculum. Students are able to view and sign up for sessions through the Student Learning Support Sakai site.

The goals of the Formal Peer Tutoring are:

- Promote independence and autonomy in learning.
- Acknowledge student insights into the learning process.
- Provide a student perspective on learning and student success.
- Respect individual differences.
- Acknowledge diverse ways of knowing and learning.
- Personalized tutoring sessions.

Elements of the Undergraduate Medical Education Formal Peer Tutoring Program:

- A formal orientation of students to the availability of the tutoring program will occur during Transition to Medical School.
- The TLC will manage the Formal Tutoring program.
- 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.
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 Foundations of Medicine curriculum. Tutors will be compensated through the UME Teaching Services.

Tutoring sessions of up to 10 students will likely meet weekly for 2 hours with one tutor. Larger sessions will be facilitated by 2 tutors. Tutoring sessions to be offered include:

- Weekly preview sessions
- Weekly review sessions for Friday’s assessments
- NBME review sessions
- ExamSoft final review sessions
- Anatomy sessions

Anatomy tutoring will be offered throughout the block and will be limited to 6 students. These sessions will range from 1 hour to 2 hours and take place in the anatomy lab.

In special cases, students may be assigned a one-on-one tutor.

Elements of Informal Peer Tutoring:

- Informal Peer Tutoring is a student run activity. 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.

Outcome Measures:

The TLC will track attendance and usage of the tutoring sessions. The TLC will survey annually tutors and tutees about the perceived effectiveness of the Formal and Peer Tutoring program.

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**Student Laptop Minimum Standards for Students Matriculating in 2015**

**PC Hardware Minimum Standards**

- 2.0GHz Dual-core processor
- 4GB RAM memory
- 250GB Hard Drive
- Graphics card with 256MB dedicated video memory
- Wi-Fi 802.11 g/n

**PC Software Minimum Standards**

- Windows 7
- Microsoft Office 2010 (or equivalent)
- Adobe Reader, Flash Player
- Virus protection software
- Encryption software (BitLocker)
- Quicktime
- Windows Media Player
Mac Hardware Minimum Standards

- Intel i-3, i-5, or i-7 processor
- 4GB RAM memory
- 250GB Hard Drive
- Graphics card with 256 MB dedicated video memory
- Wi-Fi 802.11 g/n

Mac Software Minimum Standards

- OS X Lion
- Microsoft Office 2011 Business Edition
- Adobe Reader, Flash Player
- Virus protection software
- Encryption software (FileVault)
- Quicktime

Connecting to OHSU high-speed wireless (Hawkeye)

The OHSU high speed wireless, Hawkeye, is available to all enrolled students and students should connect your laptop and any other mobile devices to this. The information about this can be found on the following website:  
http://www.ohsu.edu/xd/education/library/services/wireless-options-via-hawkeye.cfm

Visitors to OHSU learning environments – classroom and clinical settings

OHSU School of Medicine frequently receives requests for visitors to observe medical school courses and/or shadow in clinical environments. In general, these requests are denied as this can disrupt the learning and clinical care environment for enrolled students, faculty, and patients. All requests of this nature should be directed to the Associate Dean for Undergraduate Medical Education who will consider them on a case-by-case basis.
Pertinent To MS2, MS3 & MS4 Students in the Clinical Experience Curriculum

Attendance Policy & Time-Off Requests from Clinical Experiences

Students in the OHSU clinical curriculum are expected to attend and actively participate in all required clinical experiences and MD program activities. Students should schedule personal activities during University breaks in the academic calendar. Students wishing or needing to take additional days off are REQUIRED to submit the Request for Time Off form for approval and tracking. It is the student’s professional responsibility to communicate and document ALL days that they will miss. All days taken off during each academic year are tracked by the Dean’s Office. In most circumstances, clinical experience students are allowed eight sick days and two general leave days per academic year that do not automatically need to be made up. MS4 students may be approved to take more than two days depending on the reasons. See exact wording below.

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 receive up to eight sick days leave per academic year. Within any one Clinical Experience, if students miss a single day of non-critical curriculum students will not be required to make up work. Students with emergency absences must contact the Clinical Experience Director or Coordinator immediately by phone or email once the request is needed. The form must be completed within 24 hours. Students MUST take sick leave when they are infectious. If a student misses a critical component of the curriculum or if the student requires more than one day off per rotation, the Clinical Experience Director will assist the student with creating a plan to make up missed work.

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 the form to the Clinical Experience Director or Coordinator at least 6 weeks prior to the start of the clinical experience to seek approval. When approved, students may receive up to two days during the academic year to pursue these kinds of events depending upon how many other days off the student has had prior to the request. Students will most often be required to make up missed work.

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 the form to the Clinical Experience Director or Coordinator at least 6 weeks prior to the start of the clinical experience to seek approval. In most circumstances, students may receive approval of up to two days off per academic year to pursue this kind of event. Students will most often be required to make up missed work.
Schedule adjustment request for Non-Emergency Personal Reason:
Request for time off for non-emergency personal reasons such as weddings, reunions, etc. can be considered if you submit the form. Students should submit the form at least 6 weeks prior to the start of the Clinical Experience. If approved, the student must document and submit a proposed plan to the Clinical Experiences Director to make up missed work.

Fourth year only: Interview Days (2 days per clinical experience)
Request to Take Time Off to Interview for Residency Program:
During residency interview months (October – early February) students applying for the match and rotating on clinical experiences may request up to two days off per four week rotation (or one per two week rotation) specifically for residency interviews. If a student will miss a critical component of the curriculum or if the student requires more than one day off per rotation, the student must document and submit a plan to the Clinical Experiences Director for approval to make up missed work. Days do not carry over from one rotation to the next (i.e., if you do not take two days off on a previous required rotation, you would not get four days off on the next required rotation.) Students may request more than two days for interviewing purposes, but it may not be approved.

Steps for Requesting Time Off
1. For emergency absences, the student will submit the Request for Time off form located on the Student Portal as soon as possible once an absence becomes necessary. For absences that can be anticipated, the student submits this form to the Clinical Experience Director at least 6 weeks prior to the start of that clinical Experience.

2. Clinical Experience Director or Coordinator 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 listed on the Request form.

3. Clinical Experience 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. Clinical Experience 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 clinical Experiences.

5. Coordinator and/or student have clearly communicated absence and make-up plan discussed with attending of record.
Clinical Experiences Expectations

During the clinical experience curriculum, students are expected to integrate all that has been 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 clinical experiences directors provide the following list of expectations to assist you.

1. You are expected to be present and participate fully in all activities involved in the clinical experience, including orientation, seminars, and assessments.

2. You are expected to make decisions, defend them, and understand the consequences of a poor decision. You are an early clinical learner, and you do not have a medical degree and are not licensed independent practitioner. As such, you should seek appropriate approval from your supervising faculty and residents before performing procedures, giving advice to patients, ordering tests, diagnostics or therapy.

3. You are expected to give 100% effort while on a clinical experience 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 clinical experience. Formal midterm feedback for every student is required midway throughout all required core clinical experiences.

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 clinical experience director for permission. There are no scheduled holidays or university breaks during required core clinical experiences with the exception of Thanksgiving Day.

8. You will be assigned to specific sites and team by the Clinical Experiences Director.

9. You should expect that you will receive your final clinical experience evaluation no later than 6 weeks of completing your clinical experience.

10. You are expected to submit your clinical experience logs electronically no later than the last day of the clinical experience.

11. You are expected to complete your course evaluation for the clinical experience within one week of the end of the clinical experience.

12. Remember that the patients are the focus of the patient care experience, and can be your greatest teachers.
Clinical Experience National (e.g., “Shelf”) Examinations

Students must arrive on time to take clinical experience examinations including the National Board of Medical Examiners (NBME) subject exams or other required summative examinations. No extra time will be provided a student who arrives late to an examination. A Professionalism Monitoring Form may be submitted for students who arrive late to an examination.

Clinical Experience Principles of Student Assessment

Students in the core clinical experiences will be assessed by attendings, residents, and other appropriate and designated evaluators on their knowledge, skills and attitudes using a multi-modal component framework. All of the four graded assessment components are treated separately, and each component must be passed individually in order to pass the clinical experience. The final tiered grade (i.e., A/Honors, B/Near Honors, C/Satisfactory, D/Marginal, or F/Fail), will be determined by the Core Clinical Experience Director after all of the student performance and assessment data is compiled. Failure in any one of the four components will result in a non-pass final tiered grade for the core clinical experience (i.e., D/Marginal or F/Fail) irrespective of the student performance in other components (see “Remediation of Non-Passing Clinical Experience Grades” below). The final grade for the clinical experience will appear on the student’s official University transcript.

1. The multi-modal assessment framework includes the following components:

   Components that Contribute to the Final Tiered Grade of the Clinical Experience include:
   Component 1: Clinical performance as judged by attendings, residents, and other appropriate and designated evaluators in authentic patient care encounters
   Component 2: Skills demonstrations, some of which may be during authentic patient care encounters, and objective knowledge for clinical practice assessments
   Component 3: Self-directed learning activities
   Component 4: Professionalism assessment

   Each clinical experience will also have a defined set of the 43 OHSU UME Competencies under the six larger domains of competence tied to the experience. The Clinical Experience Director, as the “Qualified Assessor,” will determine the level of entrustability the student has achieved for each of the competencies tied to the experience. Competency assessments are tracked longitudinally for all students across the YourMD curriculum. Clinical experience final tiered grades may be, but are not absolutely required to be, directly correlated with the student’s competency assessments for a particular clinical experience. For instance, some students may not have met the “Entrustable” level
of a particular competency that is tied to the clinical experience but nonetheless have earned a tiered grade of Honors/A, Near Honors/B, or Satisfactory/C.

The number and types of evaluators, and the specific types of assessments within each of the above components, will vary between different core clinical experiences but the framework will be standard.

2. All clinical experience directors must submit a final grade and comments to the Dean’s Office no later than 6 weeks after the completion of the core clinical experience.

3. Midterm feedback will be provided to all students in the seven required core clinical experiences, and a standard form will be used to document this feedback.

4. A common set of skills and attitudes pertaining to professionalism will be assessed by each clinical experience director for the seven required core clinical experiences, in addition to assessment of professionalism competencies specific to that clinical experience.

5. The overall yearly grade distribution for all core clinical experiences of a class cohort (e.g., Med18) will be a maximum of 25% Honors, and 75% of the grades distributed between Near Honors, Satisfactory, Marginal and Fail. The grade distribution will be reviewed annually by the core clinical experience directors.

6. The students will be assessed based on the clinical experience objectives that have been developed for each clinical experience.

7. Assessment of students must include direct observation by faculty and other appropriate and designated evaluators of the student’s patient care skills, including history taking, physical examination, procedural skills, communication, professionalism, use of systems, and practice improvement appropriate for each clinical experience.

**Remediation of Non-Passing Core Clinical Experience Grades**

Any student who does not pass one or more components in a required core clinical experience will post a non-passing tiered grade (i.e., D/Marginal, F/Fail) which will be listed on the student’s University transcript for the clinical experience. The student will also be referred to the Medical Student Progress Board as detailed in other sections of this Medical Student Handbook. The clinical experience director will provide an individualized remediation plan to the Medical Student Progress Board for consideration.

**Elective Clinical Experience Grading**

Elective clinical experiences may utilize the four component multi-modal assessment framework above, or may utilize a different framework, depending upon the preference of the elective clinical experience director. **At a minimum**, all elective clinical experiences will include the following assessment items when determining a student’s final elective clinical experience grade:

- **Final elective clinical experience grade** – either tiered (A/Honors, B/Near Honors, C/Satisfactory, D/Marginal, F/Fail) or Pass-No Pass (P/NP)
- **Competency assessment** – level of entrustability and student competency attainment for all of the competencies tied to that elective clinical experience
• **Professionalism assessment** for the student in the elective clinical experience

• **Narrative comments** – written comments from attending and other appropriate and designated evaluators of the student’s performance during the elective clinical experience.

### Clinical Experience Scheduling

All students must complete the Foundations of Medicine curriculum prior to entering the Clinical Experience curriculum. Students may not drop or modify core clinical experiences once scheduled unless required to do so by the UME program policy (e.g., failing USMLE Step 1).

Students requesting a change, cancellation or modification of scheduled elective clinical experiences, intersessions, scholarly project work or other electives may do so up to eight weeks prior to the start date of the clinical experience or other coursework. If an emergency occurs after the deadline has passed, the student must direct the request to modify their schedule the Associate Dean for Undergraduate Medical Education, not the specific departments. Students are responsible for monitoring their courses and credits to assure they meet the graduation requirements.

### Timing of Scheduling Core Clinical Experiences

All seven core clinical experiences must be completed and a grade posted in time for the Medical Student Performance Evaluation (MSPE, “Dean’s Letter”) preparation, typically no later than the end of Block 16 in July prior to the MSPE release to residency programs on October 1 of the year prior to graduation. All national examinations (i.e., NBME subject “shelf” exams) associated with the core clinical experiences must be completed no later than Block 17 in August in time for the MSPE preparation as well.

### 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 provide instructional activities and facilitate participation in care for patients to create an overall educational experience that prepares students to enter residency training and become physicians, while maintaining wellness.

Duty hour rules from the ACGME for graduate medical programs were developed for residents with the goal of creating a safe working environment for residents who are often making critical decisions on patient care, and thus need to maintain an adequate level of mental alertness. Similar national standards have not been developed for medical students. There are obvious differences in terms of goals and responsibilities between residents and students due to differences in direct supervision requirements as learners progress through medical training. Regardless of this, faculty and students
need to work together to foster a healthy balance between work hours and personal time. This policy is intended to recognize the value of maintaining adequate rest throughout the learning experience to appropriately and actively participate in patient care safely, maintain attention to be able to adequately learn, and maintain an appropriate healthy balance between work and personal time. The SoM UME Curriculum Committee, through the Clinical Sciences Subcommittee, developed the following guidelines:

- The student should be assigned to be physically present no more than 80 hours per week, averaged over 4 weeks, on the clinical hospital services and/or in clinics, including required clerkship lectures, conferences and exams.
- Ideally a student should not be assigned to be in a clinical learning environment more than 24 hours in one shift. A clerkship may determine that a given learning experience is not able to be achieved within this timeframe, and they deem there will be adequate likely downtime for the student, they may extend the experience to 30 hours to enhance learning opportunities.
- The student should have at least one full day off per week, averaged over a month.
- No matter how many hours the student has been physically present, 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).
- Clerkship directors will be responsible for monitoring likely weekly schedules for students on their clerkship to assure that violations of this policy would not be anticipated for an average student who is completing all required activities. Clerkship directors will also be responsible for assigning reasonable amounts of required assignments. Completing assignments or studying for examinations at home does not count toward duty hour time.
- Students who have exceeded or are likely to exceed the duty hour policy over the course of clerkship may alert their supervising faculty member, the clerkship director, the Office of Student Affairs, or the University Ombudsman. Students will not be required to log hours while on clerkships, but will be asked through the end of clerkship evaluation if violations did occur, and if they did occur, students should be ready to report the hours they were on duty.

**Rural Clinical Experiences**

All OHSU medical students are required to successfully complete at least one rural clinical experience to meet graduation requirements for the MD degree. Rural clinical experiences are offered in a wide variety of locations across the state of Oregon, and may be offered within the Rural Elective and Multidisciplinary Clinical Experiences course, or within a specific department’s clinical experience offerings (e.g., Surgery Core Clinical Experience in Gold Beach, Oregon as part of the department of surgery’s clinical experiences for students). **Housing is provided** at no additional cost for all students completing their required rural experience. Travel and mileage reimbursement is **not provided** by the SoM Office of Undergraduate Medical Education. Students may contact Dr. Paul Gorman, Assistant Dean for Rural Medical Education (gormanp@ohsu.edu) and/or Dr. Mark Baskerville, Rural Elective and
Information for Students Completing Clinical Experiences at the Campus for Rural Health

Students who complete their rural clinical experience at a Campus for Rural Health location (i.e., Klamath Falls or Coos Bay) will have additional requirements as specified below:

- Students must complete the eIRB “Responsible Conduct of Research” module
- Students who rotate for the first time at either Klamath Falls or Coos Bay will be enrolled in the **Rural Community-based Project** as an additional 1 credit course during the 4 week experience.
  - This interprofessional course is graded pass/no pass and entails approximately 36 hours total of active participation.
  - During this course, students engage with community partners, OHSU faculty leaders and interprofessional students in the development, implementation, and evaluation of a project identified by the community that addresses one or more local health issues. All learning activities require two or more interprofessional students working together. Students will participate in a variety of aspects of the project, including, but not limited to:
    - Review of the literature and relevant documents
    - Qualitative and/or quantitative data collection
    - Data analyses
    - Data interpretation
    - Collaborative development and implementation of a system-level improvement or intervention.
  - This course is delivered throughout the year, with students in multiple disciplines and programs on/off boarding at various points in time. Depending on the length of the student’s rural clinical experience, some work may need to be completed through online participation or other remote activity.
  - Students who return to Coos Bay or Klamath Falls for additional clinical experiences are not required to enroll in the course again.

- The housing that is provided in Klamath Falls and Coos Bay at the Campus for Rural Health is **shared** between students in the School of Medicine (medical students and physician assistant students), School of Dentistry, School of Nursing, and the College of Pharmacy.
- Students may contact Amy Dunkak, Rural Campus Operations Director ([dunkak@ohsu.edu](mailto:dunkak@ohsu.edu)) with additional questions regarding the OHSU Campus for Rural Health.

Clinical Experiences Taken Away from OHSU

In general, students will take all the required courses and clinical experiences as offered by OHSU School of Medicine. In certain circumstances, students may complete required experiences with away rotations with prior approval.
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 experience requirement while on academic probation.

The procedures for obtaining approval for an elective course not listed in the OHSU course catalog include:

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 the standard clinical experience 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 requires all students requesting away rotations outside of Oregon to obtain prior approval. Students requesting clinical experiences outside of Oregon are required to be supervised by licensed physicians affiliated with accredited residency programs and/or teaching hospitals.

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 Foundations of Medicine curriculum and pass USMLE Step 1.
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. All international away rotations require 3 sets of approvals – the School of Medicine Associate Dean for UME, the School of Medicine Senior Associate Dean for Education, and the University Executive Vice-Provost. No student will be approved for international experiences for academic credit without detailed learning objectives, assessment strategy and an OHSU faculty sponsor. In addition, no student will be approved for an international rotation in a country or location of the world that has an existing United States security warning for US citizen travel from the US State Department. Warnings can be found at http://travel.state.gov/content/passports/en/alertswarnings.html

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 tiered letter grade (e.g., A/B/C, etc), 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.

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) 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.

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
MD-MPH Program Curriculum Structure for Students Matriculating in Summer of 2014 and Later

Proposed MD/MPH Curriculum (New MD / New MPH)  
(Appplies to MD/MPH students admitted starting 2014)

(1) Six weeks prior to Medical School: Introductory Epi Course: To comply with the new uniform scheduling requirement, this course has been reorganized as a 6-week course in Summer term A as follows:

   a) The first 3 weeks involve independent study: reading a series of articles about epidemiology and reflecting on these readings by answering a set of response questions.
   b) The second 3 weeks are, as originally organized, to present the regular MPH Epi I course curriculum in a foreshortened daily three-week course. This not only introduced MD/MPH to OHSU through an intense exposure to Epidemiology, it also served as a group bonding opportunity for the next 5 years of study.

(2) First 18 months of Medical School are devoted primarily to integrated course work in basic and clinical medicine. During this time MD/MPH students will, as before, be engaged with some public health study as follows:
a) Fall Quarter 1st Academic Year: Community Health (an elective for medical students; required for MD/MPH students)
b) Spring Quarter 1st Academic Year: MD/MPH Seminar in medicine-public health topics
c) Winter quarter of 1st and Fall Quarter of 2nd Academic Years: Selected core or elective MPH courses depending on student interest, scheduling availability, and student comfort with the rest of medical school work. [Note: The new organization of the MD curriculum may make taking additional MPH courses (core or elective) challenging or impossible. This may require that the MD/MPH Seminar be restructured to become a more longitudinal course over the first two academic years.]

(3) Summer between 1st and 2nd Academic Years: Students will continue their integrated course work in basic and clinical medicine throughout this summer, with no sustained break. Since the new MPH curriculum no longer requires a separate Public Health Internship there will be no explicit engagement with MPH studies during this summer (except possibly extending the MD/MPH Seminar).

(4) January-February of the 2nd Academic Year: MD/MPH students, with their MD student colleagues will have completed their 18 initial months and will study for and take Part I of the USMLE (Board exam, Part 1)

(5) March-September (2nd Academic Year and summer between 2nd & 3rd Academic Years): Core Clinical Clerkships (previously referred to as 3rd-year clinical clerkships) now begin in March of the 2nd academic year, right after students take Part I of the USMLE, and continue through the summer between the 2nd & 3rd academic years.

(6) 3rd Academic Year: MD/MPH students will start the concentrated year of MPH study beginning in September, during which they would:
   a) Complete all of the required MPH courses (core required courses and a total of 60 credits) except for the final Data Analysis course (see below)
   b) Work on some initial work in their potential Field Experience area (this would be done credit-free or receiving credit for a research or “reading & conference” course). It would involve preliminary work for what will become their official Field Experience (in the 4th year) and would allow for development of their Field Experience proposal, which would incorporate scholarly project ideas required of MD students in the new curriculum.
   c) Seek out and engage in some clinical activities in their area of clinical interest (e.g. ½ day per week in clinic or on ward rounds), although this will be less critical for them than for those on the old MD curriculum and the new MPH curriculum.

(7) Summer between 3rd & 4th Academic Years (July-August): Complete the 6-week intensive Data Analysis course (no rotations for 1st and 2nd blocks)

(8) Beginning August through the end of the 4th Academic Year:
a) Students will re-enter clinical training taking up their Core Clinical Clerkships where they left off the prior September and will continue these until December or January of the 4th Academic Year.
b) January-February: Students will prepare for and take Part II of the USMLE
c) March-June: Elective/Selective Clinical Rotations (traditional ‘4th year rotations) begin, including sub-internships and other important clinical rotations needed for the Residency applications.

(9) Summer between 4th & 5th Academic Years through the end of the 5th Academic Year:
   a) July-September: Ensure by this time that sub-internships and critical rotations for Residency applications have been completed.
   b) July-September: Prepare and submit Residency applications (due mid-September)
   c) October-January: This time period is generally filled with a mix of clinical rotations and time off/travel for Residency interviews.
   d) January-May: Student will finish any requirements for their MD & MPH degrees:
      i. Required or elective clinical rotations
      ii. 1-2 months to complete and present their MPH Field Experience (capstone project).

ADDITIONAL NOTE OF EXPLANATION: Because of the early start of the Core Clinical Clerkships in the 2nd Academic Year, the above outlines a proposal that the MPH year be shifted to begin in late September of the 3rd academic year at OHSU. By that point, students will have completed 6-7 of their clinical rotations (they may need to be scheduled specially to make sure the most important rotations are done early). This would have the important benefit of removing the required summer Data Analysis course from interfering with rotations in the summer just before applications for residency are due. The challenges would be that they will have a one-year break between these initial Core rotations and the remainder of the Core rotations and it would also delay completion of Part II of the USMLE.

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 can be found in the OHSU policy #0-04-0612
and 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 OHSU Office of Student Access.

1. Candidates must be able to observe demonstrations and experiments in the curriculum.

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. This Code is a core component of the OHSU Compliance Program and expresses OHSU’s commitment to excellence and the highest ethical standards. Each student will be asked to sign a statement indicating they have received the Code of Conduct and are responsible for reading this document and seeking clarification if they do not understand the contents. The OHSU Code of Conduct can be found here: [http://www.ohsu.edu/xd/about/services/integrity/policies/coc.cfm](http://www.ohsu.edu/xd/about/services/integrity/policies/coc.cfm)
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.
• Electronic information—see Standards of Electronic Information Conduct found in this Handbook.

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. One of the Assistant Deans for Student Affairs will typically be the recipient of this form, but any of the Assistant or 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 Assistant 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 Assistant 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 Assistant 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 Assistant 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 University Ombudsman 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, [link](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.

Conscientious Objection

The OHSU School of Medicine Undergraduate Medical Education curriculum includes required clinical experiences in a variety of disciplines and settings. Medical students may occasionally face ethical dilemmas during their education. The following information is provided to clarify student involvement and participation in required educational activities in which a medical student may raise a conscientious objection. Students are also referred to OHSU Policy # HC-RI-111-RR [link](https://ohsu.ellucid.com/documents/view/147)

Pertinent situations for medical students include care provided to patients related to:

- The Oregon Death with Dignity Act
- Termination of a viable pregnancy
- Contraception services
- Withholding or withdrawing of life-sustaining treatments, including artificial nutrition and hydration.

In accordance with OHSU’s policy, students with a conscientious objection to any of the above clinical experience activities expected of OHSU medical students must contact the course/block or clerkship/clinical experience director overseeing the required activity to describe and explain the basis of their objection. Alternatives to the required activity may be provided by the director, as long as the student is able to fulfill the course/block or clerkship/clinical experience objectives with the alternative educational activity. A student who participates in an alternative educational activity offered by the director will not be penalized in any way because of their decision to conscientiously object with respect to grading or evaluation for the clinical experience. The decision to offer an alternative educational activity is at the discretion of the director, and is considered final.
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 one of the Assistant Deans 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 OHSU Office of Affirmative Action & Equal Opportunity (AAEO). Students are also referred to the University Student Grievance and Appeal Policy Numbers 02-30-055 and 02-30-050

Informal Procedure:
While a formal process has been developed to address student grievances, OHSU encourages conflict resolution at the lowest level possible and supports the use of informal mechanisms and resources available to students when possible. Students are encouraged to initially discuss the problem with one of the Assistant Deans for Student Affairs, or Associate Dean for Undergraduate Medical Education or the University Ombudsman. 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 a Department Chair, Course or Block Director, or other faculty member. The individual who is initially approached may meet with the grievant and/or the person or persons complained against, all in an attempt to reach an informal resolution of the matter.

Formal Procedure:
If the parties are unable to resolve the issue to their mutual satisfaction through the informal process, the grievant may file a written formal grievance with the Senior Associate Dean for Education. 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 convene a Grievance Committee and ask the Chair to arrange a meeting of the Committee within 20 weekdays. The Committee consists of three elected fourth-year medical students (consisting of one fourth-year Dean’s Advisor, the fourth-year UME Curriculum Committee/OCR representative, 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 School of Medicine. 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. Psychoactive 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.

Student Surveys

Medical students are frequently asked to participate in collection of data through surveys. The Office of Undergraduate Medical Education understands the importance of surveying students for their opinions and feedback but also recognizes the need to balance this with the competing time demands for all students. The following procedures are meant to help clarify the communication channels for the use of medical students as investigative subjects with respect to surveys:

- **OHSU medical students wishing to survey other OHSU medical students** may use the class listservs (to contact members of their individual class), or the MedAll list-serv (to contact all OHSU medical students) to solicit participation as deemed appropriate. Students from one class wishing to survey students in a different class (but not the whole student body) should contact one of the class leaders to send out the request for the survey on their behalf.

- **OHSU medical students may occasionally receive requests from medical (or other) students outside of OHSU** to send a survey to members of their class, and may do so using the class listservs if so desired and if deemed appropriate.

- **OHSU School of Medicine Dean's Office Administration.** The Office of Undergraduate Medical Education will infrequently (approximately two to three times per academic year) send survey requests to OHSU medical students in order to collect important information from students necessary for accreditation and quality assurance purposes regarding the curriculum and MD program as a whole. These survey requests will be posted on the Student Portal, and also sent via the class or MedAll listservs when appropriate to ensure all students are aware of the
request. The Dean’s Office strongly encourages students to complete surveys in this category as programmatic and procedural decisions are often made using this information.

- **OHSU faculty wishing to survey OHSU medical students.** OHSU Faculty wishing to survey OHSU medical students may send their request to the SoM communications team - SOM Office of the Dean (somdeansoffice@ohsu.edu) for consideration of the request. These requests are only approved on a case-by-case basis. OHSU medical students who are contacted by or working with an OHSU faculty member who wishes to send a survey to their fellow classmates may do so using the process described in the first point above.

- **Non-OHSU faculty, medical students, or other researchers wishing to survey OHSU medical students.** OHSU Office of Undergraduate Medical Education will never release names and contact information for medical students to outside parties who do not have a need to know this information. The Office of Undergraduate Medical Education frequently receives requests to forward surveys to OHSU medical students for a variety of research purposes and these requests are routinely denied.

- **Association of American Medical Colleges (AAMC) surveys** all medical students at various points in their education for quality assurance and program evaluation purposes. These survey requests come directly from the AAMC and results are typically de-identified and shared only in aggregate with the OHSU SoM Office of Undergraduate Medical Education. The Dean’s Office strongly encourages students to complete surveys in this category as programmatic and procedural decisions are often made using this information.

### Political Advocacy, Lobbying, and/or Political Activity

Students at OHSU who engage in political advocacy, lobbying or political activity are required to abide by the relevant OHSU policies 03-30-003 and 03-30-005, which can be found at:

- [https://o2.ohsu.edu/policies-and-compliance/ohsu-policy-manual/chapter-3-human-resources/ohsu-policy-03-30-003.cfm](https://o2.ohsu.edu/policies-and-compliance/ohsu-policy-manual/chapter-3-human-resources/ohsu-policy-03-30-003.cfm)

and

- [https://o2.ohsu.edu/policies-and-compliance/ohsu-policy-manual/chapter-3-human-resources/ohsu-policy-03-30-005.cfm](https://o2.ohsu.edu/policies-and-compliance/ohsu-policy-manual/chapter-3-human-resources/ohsu-policy-03-30-005.cfm)

Students are encouraged to contact one of the Assistant Deans for Student Affairs with questions.

### 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. **Students in the Foundations of Medicine curriculum:** In a disaster that overwhelms the resources of OHSU, those in the Foundations of Medicine curriculum 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. **Students in the Clinical Experience curriculum:** 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.
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 Assistant 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 block, course and clinical experience/clerkship directors, the Assistant 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, the Board will select a vice chairperson who will serve in the absence of the chairperson.

5. Ex-officio members of the Board will include the Senior Associate Dean for Education, the Associate Dean for Undergraduate Medical Education, the Assistant Dean for Student Affairs, and the Assistant Dean for Admissions. Ex-officio members have full voting rights on the Board.

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 and educational leaders of the time and place of each meeting. The Associate Dean for Undergraduate Medical Education will communicate in writing the results of decisions made to the appropriate block/course or clinical experience educational leader, the student’s portfolio coach, and the Chairperson of the MSPB.

7. A quorum of the board will consist of a majority of voting members.

Duties of the Chairperson of the Board

1. Call and conduct all meetings of the Board

2. Communicate the Board’s recommendations 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, or request the Associate Dean for Undergraduate Medical Education provide updates to this effect

4. Ensure that the rules and regulations and Bylaws 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 may include the block/course and clinical experience/clerkship directors, the Director of Student Access, and OHSU legal counsel to advise on legal matters. The Board can also request a specific faculty member to be present and provide information at any MSPB meeting.

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.

3. Role of Portfolio Coach. A student’s portfolio coach may attend a MSPB meeting if requested by the student for support. If the coach attends a MSPB meeting, he/she will not be asked to provide information to the Board.

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 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, or Assistant Dean for Student Affairs.**
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. Student requires remediation in two or more components or preceptorships over entire length of Foundations of Medicine curriculum (students entering 2014 or later)
8. 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
9. Student submits request for Curriculum Extension
10. Student submits request for Curriculum Slowdown
11. Dismissal hearing
12. Inadequate progression in the program as determined by one or more educational leaders (students entering 2014 or later)
13. 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 (and may include more than one of the following):

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 Foundations of Medicine curriculum.
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. Invitation to the student to discuss the matter with the Assistant Dean for Student Affairs, as appropriate
6. Copy of the letter to the student’s portfolio coach, Chairperson of the Medical Student Progress Board, and appropriate educational leaders/advisors

Documentation letters will be sent to the student regarding any of the above no later than 30 days following the MSPB discussion or student appearance at a meeting.

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 warnings will allow the Medical Student Progress Board, Associate Deans, Assistant Deans for Student Affairs, and the Portfolio Coaches to intervene early and provide structure and assistance for these potentially at-risk students. Students given a first or second academic warning are still considered to be making satisfactory academic progress and are in good academic standing.

First Academic Warning

Students with a First 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. A First Academic Warning 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/D 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

Second Academic Warning

Students who have previously been given a First Academic Warning may receive a Second Academic Warning for additional academic or professionalism problems that occur while on Warning status but that do not meet the threshold of Academic Probation. A student issued a second Academic Warning may be asked to appear before the Medical Student Progress Board, and will be restricted from holding elected office at OHSU, or participating in extracurricular activities. Second Academic Warnings will be standard under the following circumstances:

- Three or more required remediations during the Foundations of Medicine curriculum, including components in blocks, or preceptorship, each with successful remediation re-testing
- Two required remediations during the Foundations of Medicine curriculum PLUS one Professionalism monitoring form during Foundations of Medicine curriculum
- One Marginal/D grade in a course/clerkship or clinical experience PLUS one Professionalism monitoring form deemed significant during the clinical experience

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 typically 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. 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 or the Veteran’s Administration hospital. The only exception to this is that students are allowed to complete their rural clinical experience rotation requirement. They are also restricted from holding elected office at OHSU or participating in any extracurricular activities. Students in their final year of training who are on academic probation may request in writing to the MSPB approval to complete an away rotation to support their residency application. If the request for an away rotation is approved, the student will
move from academic probation to academic warning and receive a letter from the Associate Dean for Undergraduate Medical Education outlining the conditions of the approval. Students on academic probation may 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. Students who are required to attend a Progress Review Meeting will be notified in writing by the Associate Dean for Undergraduate Medical Education.

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/D 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/D 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 Foundations of Medicine 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 the Foundations of Medicine Curriculum

The Medical Student Progress Board may recommend that a student in the Foundations of Medicine phase repeat part or all of a year of the curriculum if the student receives less than a passing grade in one or more blocks or preceptorships during the Foundations of Medicine phase, or demonstrates significant professionalism problems as described on submitted Professionalism Monitoring Form(s)

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 passing grade in any course during a repeat year, then a dismissal hearing will be required.

If the student receives a less than passing 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.
Repeating Part of All of the Clinical Experience Curriculum

The MSPB will generally not recommend an additional “repeat year” for academic or professionalism reasons for students in the clinical experience phase of the curriculum, unless there are known extraordinary 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. Failure to pass USMLE Step 1 or Step 2 CS/CK within one year after initial failure of that Step
4. Unacceptable behavior as described in the Professional Conduct Standards section found earlier in this document, or described in submitted Professionalism Monitoring Forms about the student
5. Specific proscribed conduct under OHSU Policy 02-30-010, the OHSU Code of Conduct.

If the Associate Dean for Undergraduate Medical Education accepts a Medical Student Progress Board recommendation for dismissal or other actions listed above, the chairperson will convene a special meeting of the Board for the purpose of hearings and recommendations. 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 prior to the scheduled dismissal hearing. A student wishing to withdraw from medical school is required to submit a statement in writing to the Assistant Dean for 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 Undergraduate Medical Education or an Assistant Dean for Student Affairs of their intent to withdraw prior to the hearing, the dismissal hearing will proceed as scheduled. A student will not have the ability to withdraw from medical school after the dismissal hearing.
hearing has begun. 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 dismissal recommendation. In addition to members of the Board, the special meeting is attended by the student and may be attended by one advisor of the student’s choice (or two, if the student wishes to bring their attorney in addition to an advisor). If the student wishes to have their attorney attend the special meeting, they must notify the Office of Undergraduate Medical Education at least five business days prior to the special meeting. The chairperson will invite the student to present his or her information and opinions concerning the dismissal 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, evidence, and opinions on behalf of the student and the medical school, and to respond to questions from the Board.

The student’s advisor(s) may counsel the student concerning the responses or questions he or she may wish to put to the Board. The advisor(s) 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 dismissal 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 within 10 business days of the conclusion of the hearing. 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 no later than 10 business days from the receipt of the Board’s recommendation (up to 20 business days from the conclusion of the hearing). 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 the Foundations of Medicine curriculum or other action, the Associate Dean for Undergraduate Medical Education will notify the student of this decision in writing within 30 days of the MSPB meeting. 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 placed on 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 Assistant 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 readmitted in order to resume medical studies.

Students scheduled for a dismissal hearing will have the opportunity to withdraw from medical school prior to the hearing. A student who chooses not to withdraw 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 Assistant 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 Assistant 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
- College for Urban Medical Subspecialties
- College for Surgical Specialties
- College for Metropolitan Primary Care
- College for Rural Medicine
- College for Acute Care
- College for Hospital-Based Diagnostics and Therapeutics

Academic Advising

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

1. Informal advising 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. For students matriculating in 2014 and later, consulting with your portfolio coach.

4. Seeking help from a department chair or his/her designee.

5. Formal tutoring and advising is also available: Students with non-pass, marginal and failing grades are automatically referred to the Assistant Deans for Student Affairs.

6. Students are invited to talk with one of the Assistant Deans for Student Affairs regarding any academic difficulty. Students who have less than satisfactory performance in any block, course or clinical experience are encouraged to seek help from the Assistant Dean of Student Affairs for advice as well as a review of institutional requirements for advancement.

7. Tutoring for all students experiencing academic difficulty will be arranged by the Learning Support Specialist in the Teaching and Learning Center.

8. Students matriculating in 2014 and later will be meeting regularly with their assigned Portfolio Coach who will serve as their ongoing 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 Assistant Dean for Student Affairs, or the University Ombudsman. 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: **Assistant Deans for Student Affairs** Dr. Nicole Deiorio or Dr. Ben Schneider by calling the OHSU paging operator at 503-494-8311.

**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, and the UME College Program also incorporates service learning as one of their pillars.

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. The 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, Surgery, Pediatrics) 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](http://www.ohsu.edu/student-access)

Director of Student Access and Accommodation: Shelby Acteson

MD Program Accommodation Liaison (PAL): Dr. Nicole Deiorio, Assistant Dean for Student Affairs

OHSU is committed to providing equal access to qualified students who experience a disability in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act (ADA-AA) of 2008. If you have a disability or think you may have a disability (physical, sensory, chronic health, psychological, learning, or other) please contact the Office for Student Access at (503) 494-0082 or studentaccess@ohsu.edu to discuss eligibility for academic accommodations. Information is also available at [www.ohsu.edu/student-access](http://www.ohsu.edu/student-access). Because accommodations may take time to implement and cannot be applied retroactively, it is important to
have this discussion as soon as possible. All information regarding a student’s disability is kept in accordance with relevant state and federal laws.

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 Assistant Dean for Student Affairs, Dr. Nicole Deiorio.

**Religious Accommodations**
The OHSU Affirmative Action/Equal Opportunity (AAEO) office reviews requests for student accommodations for religious beliefs in a manner that is consistent with state and federal law and OHSU policy. These include:

- Titles IV and VII of the federal Civil Rights Act
- Oregon statutes: ORS 659.850 and 353.020

Examples of religious accommodations may include, but is not limited to: wearing religious clothing, taking time off for a holy day or to engage in a religious observance or practice. Student seeking accommodations for religious beliefs should contact the AAEO office at:

  Phone: 503-494-5148
  Email aaeo@ohsu.edu
  Website www.ohsu.edu/aaeo
  Office location:
  Marquam Plaza, Suite 240
  2525 SW Third Avenue
  Portland, OR 97201-4901

**Affirmative Action & Equal Opportunity (AAEO) 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:**

Center for Diversity & Inclusion (CDI)

Phone: 503-494-5657
Fax: 503-494-4916
E-mail: cdi@ohsu.edu
Website: http://www.ohsu.edu/diversity
Location: Richard Jones Hall 4365

Diversity at OHSU means creating a community of inclusion. We honor, respect, embrace and value the unique contributions of all employees, patients, students, volunteers and our local and global communities. Diversity includes age, color, culture, disability, ethnicity, gender identity or expression, marital status, national origin, race, religion, sex, sexual orientation, and socioeconomic status. We respect and support diversity of thought, ideas and more.

The Center for Diversity & Inclusion serves as the hub to provide resources and consultation about diversity and inclusion initiatives and strategies, as well as healthcare cultural competency through diversity and multicultural resources, events, and activities. CDI offers academic support services to enhance student academic success and work in collaboration with OHSU academic, healthcare and research leaders.

Additionally, CDI supports OHSU student groups, including Asian Pacific American Students Association, Latino Medical Students Association, OHSU Health Equity Circle, the Student National Medical Association, Students for LGBTQ Health, Middle Eastern and South Asian Association, among others.

CDI is open to all of the OHSU community. The CDI office at Richard Jones Hall 4365 offer a conference room and study lounge. CDI sponsors cultural competency lectures, supports diverse student interest groups and a wide variety of multicultural and diversity events at OHSU and in the greater Portland community. We also sponsor a cultural competency lecture series, publish a Portland-area diversity resource guide, and host diversity-focused events for our OHSU community.

Diversity and Inclusion Links of Interest:
- Diversity Events
- Diversity Action Plan
- Diversity Resource Guide (comprehensive list of multicultural resources)
- Diversity and Inclusion Community Report
- Cultural Competency Lectures (Archived Recordings)
- Cultural Awareness Guide: Religious and Spiritual Accommodations
- Religious and Spiritual Observances Calendar – Instructions on Outlook Calendar Overlay
- OHSU Resources for LGBTQ Patients, Employees and Students
- Student Interest Groups
- Employee Resource Groups (membership and activities open to OHSU students)
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.

In addition, the UME Colleges Program also has financial wellness as a part of the larger Wellness Pillar activities.

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
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, Tuesdays until 7:00 p.m. (After hour appointments available for counseling).
For urgent care after hours, 503-494-8311 and ask for the SHS physician on-call.

E-mail: askjbthealth@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

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 one of the Assistant Deans 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 one of the Assistant Deans 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.

**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
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.

**OHSU Ombudsman**

The OHSU Ombudsman provides a confidential, impartial and informal resource to which all faculty, employees and students can bring any concern relating to their experience and wellbeing at OHSU. Visitors are assisted through such means as:

- Listening and clarifying issues
- Coaching and problem solving
- Making inquiries on your behalf with involved offices and parties
- Reviewing possible options and decisions
- Explaining OHSU policies and procedures
- Facilitating communication between people (shuttle diplomacy)
- Mediating between parties as appropriate
- Making referrals to other services

Students may contact the OHSU Ombudsman: **Merle Graybill**
Phone: 503-494-5397
OHSU location: 117 Gaines Hall

The University Ombudsman serves as a confidential advisor who does not evaluate students in any manner, or have impact on their future career as a physician. Students with conflicts are also 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.

**Parking and Transportation Office**

Phone: 503-494-8283
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 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](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 Assistant Deans for Student Affairs. An election for the first-year student is held before Winter Break. The Assistant Deans for Student Affairs assist 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 3 Dean’s Advisors. The Curriculum Committee Representative is selected by the Assistant Dean for Student Affairs and the other CCR members.

**Organizations of Student Representatives (OCR) 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 SoM UME Curriculum Committee Representatives. OCR students should attend each monthly SoM UME Curriculum Committee to offer robust student voice and input to the Committee process. If an OCR student is unable to attend a meeting, they will be responsible for finding an alternate student from their class to attend in their absence.

**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 is then 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.

Medical Student Council Constitution

PREAMBLE

We, the members of the OHSU School of Medicine Student Council do promise to serve the interests of, and as representatives for, all students enrolled in the MD degree or MD combined degree programs at Oregon Health & Science University, establish the following goals and procedures to effectively achieve our stated promise.

ARTICLE ONE: NAME AND PURPOSE

SECTION ONE: This organization shall be known as the OHSU School of Medicine Student Council.

SECTION TWO: The student council shall serve as the primary executive agency of the student body. The purpose of the Student Council shall be:
1. To serve as the official representative of the OHSU School of Medicine student body to the administration and faculty and students in other OHSU schools.
2. To promote interaction between students, faculty, the administration, and the community.
3. To promote student awareness of issues and policies pertinent to succeeding within their respective program.
4. To consider and potentially act upon matters of concern brought to its attention by individual students, one or more classes, or the student body at large.
5. To serve as a means by which effective communication is achieved between classes, the student body, and other organizations.
6. To raise and maintain funds it deems necessary and useful to carry out its purposes.
7. To manage and distribute funds in a manner that contributes to mission of the SOM Student Council.
8. To aid student organizations in applying for recognition/funding according to the Funding Policy bylaws.

9. To make the student body aware of teaching awards, and to determine nominations and/or recipients as outlined by the specific awards.

10. To make the student body aware of awards, recognitions, and achievements of students within the SOM UME Program.

11. To empower ourselves and each other to excel in patient care, medical knowledge, professionalism, practice based learning and improvement, interpersonal and communication skills, and systems based practice in the work place, and collaboration among health care professionals.

12. To support students’ emotional, relational, and mental health needs.

ARTICLE TWO: MEMBERSHIP

SECTION ONE: The OHSU SOM student council will be composed of one Class Council for each class (MS1, MS2, MS3, and MS4).

SECTION TWO: Each Class Council will be composed of elected members. The elected members comprise:

- President (1) 1 year term
- Vice President (1) 1 year term
- Secretary (1) 1 year term
- Treasurer (1) 1 year term
- Dean’s Advisors (3) 1 year term
- Senators (2) 1 year term
- All-Hill Council Representatives (2) 1 year term
- Academic Resource Council - 2 positions will be Student Faculty Liaisons and 1 position will be the Education Resource Coordinator, (3 positions for the first 2 years of medical school and then 1 position for each of the last 2 years) 1 year term for each
- Student Wellness and Professionalism Representatives (SWAP, formerly Student Ombudsperson) (3) 2 year term
- Admissions Liaison (1) 1 year term
- Debt Management Liaison (1) 1 year term, elected for all 4 years
- Diversity and Inclusion Liaison (1) 1 year term

SECTION THREE: All members must be students in the SOM, including joint degree programs, at the time of the election. They must also be in good academic standing (“passing” as verified by the Dean’s Office).
SECTION FOUR: Terms of office shall commence after the close of the last Student Council meeting of the academic year and will continue through the following academic year until the last Student Council meeting of that academic year (defined as August through August).

ARTICLE THREE: RESPONSIBILITIES OF MEMBERS

SECTION ONE: The Class Presidents of each of the 4 classes shall meet at least once each quarter with the Senior Associate Dean for Education of the School of Medicine.

SECTION TWO: At minimum, each Class President or Class Vice President and an additional elected student council member from each class council, will be present at the All-Class SOM Student Council meetings. Presidents and Vice Presidents should arrange for a designee if they are unable to attend the All-Class Student Council meetings. It is the responsibility of each Class President or his/her designee to inform and update the rest of Student Council of his/her class.

SECTION THREE: As appropriate, the Student Council shall coordinate the efforts of the students to re-evaluate the SOM’s procedures, curriculum, and policies and present those ideas and opinions to the appropriate staff or faculty members.

SECTION FOUR: Each of the members shall be required to fulfill the duties assigned to them [in the attached document].

SECTION FIVE: As appropriate, Student Council members will communicate with the first year class in order that they are better informed in how to perform their responsibilities.

ARTICLE FOUR: POWERS

SECTION ONE: Officers and members shall derive their powers and duties solely from their positions on the Student Council as defined in this Constitution.

SECTION TWO: Meetings are open to the entire SOM student body; however, only Student Council members can vote on issues presented to Student Council.

SECTION THREE: At minimum, the following Student Council members, or designees, must be present for any voting to be performed by Student Council: (a) Class President or Vice-President, (b) Senator, (c) Secretary, and (d) two additional elected members of Student Council. Voting matters that involve the disbursement of Student Council funds must also require the presence of the Class Treasurer, or designee.
SECTION FOUR: The Student Council reserves the right to veto, by a majority vote of 50%, any decision made by the standing Committees. A quorum of 3 council members must call a veto into action for a vote to take place.

ARTICLE FIVE: IMPEACHMENT, RECALL AND DISMISSAL

SECTION ONE: In the event that any member of the Student Council is found to be negligent of their duties, then the Student Council should designate someone within Student Council to first have a conversation with that person.

SECTION TWO: Reasons for impeachment can only include abuses of power, laundering of class funds, and gross misconduct. The reasons for impeachment must be submitted in writing to the Student Council President and Class Secretary at least one week prior to the next scheduled Student Council meeting.

SECTION THREE: If reasons for impeachment are being submitted for the Class President, then it must be submitted to the Vice President and Secretary. If the reasons for impeachment are being submitted for the Class Secretary they must be submitted to the Class President and a Senator.

SECTION FOUR: The Student Council member who is being impeached will have the opportunity to speak on his/her own and call other individuals to speak on his/her behalf.

SECTION FIVE: The impeachment hearing will be held at a time when the Class President of another SOM Class year is able to attend and function as an impartial mediator of the Class’ Student Council deliberations.

SECTION SIX: After having heard both sides to the Council's satisfaction, the Student Council shall determine its decision by no less than 80% of the elected members of Student Council. All members of the Student Council must vote either aye, nay, or abstain.

SECTION SEVEN: The only decisions available for Student Council vote of the impeached are, dismissal from role and of responsibilities, permanent censure following the end of the term from any future student council responsibilities, both, or complete acquittal. Decisions will be carried out immediately. If necessary, the class Senators will conduct an election within 2 weeks of the Student Council decision, so long as there is not less than one month prior to the ending of the academic calendar.

ARTICLE SIX: VACANCIES

SECTION ONE: Vacancy of the term of office of President shall be filled by the Vice President.
SECTION TWO: Vacancies during the term of office of any other Council position shall be filled at the earliest time possible in a manner designed by the Council by either appointment or election.

SECTION THREE: Any member of Council wishing to step-down from their position should do so in writing to the President, preferably with at least 10 days in advance of the expected vacancy.

ARTICLE SEVEN: AMENDMENTS

SECTION ONE: Any student of the SOM student body may propose an amendment. All proposed amendments to this Constitution, in order to be considered, must 1) contain a petition from 30% of the elected Student Council members within all classes of the School of Medicine, and 2) be submitted in writing to the MS4 Class President. He/She reserves the right to appoint an ad hoc committee to facilitate reviewing and presentation of the new amendments to the Student Council.

SECTION TWO: All proposed amendments to this Constitution, in order to take effect, must be passed by a ⅔ majority vote of the voting members of the Student Council.

SECTION THREE: If a proposed amendment does not receive a majority vote of the Council, the amendment will be reconsidered through petition and endorsement by fifty (50) percent of students in the SOM. The proposed amendment can then be passed by a simple majority vote of the Council.

SECTION FOUR: If the proposed amendment does not receive simply majority vote of the Council after petition, the proposed amendment may be passed as a referendum, requiring signatures of 75% of the eligible electorate from students within the School of Medicine.

SECTION FIVE: Appendix A - Duties and Responsibilities of Officers will be updated each year by the respective Council members, and require the approval of the Executive or Class Council Presidents.

ARTICLE EIGHT: RATIFICATION:

This Constitution, in order to take effect, must be ratified by a ⅔ majority vote of the All-Classes Student Council. This Constitution shall also be approved by the Dean of the School of Medicine.

APPENDICES

APPENDIX A: Committee Roles & Appointment Process

SECTION ONE: Making Appointments
All appointments to committees or vacant Student Council positions must be presented by one of the following - President, Vice President, Senator, Secretary, or Treasurer - to the Student Council. Student Council will need a majority vote to sustain that individual in the role they have been appointed for.

SECTION TWO: Appointed Roles
Appointments can be made as needed to serve the student body by serving as committee leaders or point persons, or to fill vacancies within Student Council. Only the President, Vice President, Secretary, Treasurer, and Senators can make appointments. The number of appointed class officers will ultimately be determined at the discretion of the President, Vice President, Treasurer, Secretary, and Senators.

SECTION THREE: Sustaining Appointments
All appointments must be approved by the Class Student Council with at least a 2/3rds vote. Appointed members should not function in their role until approved by the Class Student Council.

SECTION FOUR: Membership
Appointed members of Student Council are members only for the duration of their service in their specified role. Only appointed members of Student Council who receive a vote of confidence from the student body of their class can function as voting members of Student Council.

APPENDIX B: Elections & Recalls

SECTION ONE: Election period for the MS2, MS3, MS4 Student Councils shall occur Monday through Friday, in early-mid August, at a date of the election committee’s choosing and will be supervised by an Election Committee determined by the Senate. Election period will be run in conjunction with the election period for the MS1 Class Council.

SECTION TWO: Election period for the MS1 Class Council shall occur Monday through Friday two weeks after the first official day of classes for the academic year, and will be supervised by an Election Committee determined by the MS2 Senators.

SECTION THREE: For elections to be valid, over fifty (50) percent of the eligible student body for that particular class must vote. “Eligible” is defined as those currently enrolled in classes at Oregon Health & Science University School of Medicine who are not in their final medical year. If an election is deemed ineligible, it will be rerun. The Election Committee will inform the class for whose elections it is responsible, with an email notification 2 weeks prior to elections. This email must be sent out through the SOM MedXX list-serve and not through other social media outlets.

SECTION FOUR: MS2, MS3, MS4: Candidates who were not members of the class council the previous academic year must submit a 300-word or less written statement declaring their intentions, to the Election Committee by 11:59 pm the Saturday before the first official day of elections. Election week will begin in the spring, preferably in late April or early May, at the discretion of the Election Committee. The
polls will open promptly at 12 am the Monday of election week and will close promptly at 11:59 pm the Friday of election week. For incoming students, election week will be the third week of classes.

SECTION FIVE: The Senators who are responsible for a class’ election will maintain a running list of current candidates that is made public to the class.

(B) MS1: Those interested in running for a Student Council position must submit a 300-word or less statement declaring their intentions to the Election Committee by 11:59 pm the Saturday before the official elections in order to be considered for an elected position. The Election Committee will arrange time for speeches with the course director. The Election Committee will also determine the order that speeches will be conducted.

SECTION SIX: Each student may run for a maximum of one elected position each election period. In the event that, after the deadline for declaring candidacy has passed, there are fewer candidates than the minimum required number of members for a particular elected council role, any candidate for any other elected council position shall have the option to switch candidacy to a vacant council position through the end of the election period before the close of voting. Such switching of candidacy must be declared to the Elections Committee prior to the close of voting, and constitutes a withdrawal of candidacy for the original position.

In order to win an election, the candidate must receive at least 50% of the votes. If not, the top two candidates will enter a re-run and the candidate receiving the majority of the votes will win.

After the close of voting, any council position which remains vacant shall be advertised by the Elections Committee and another vote should be performed within 1 week of advertising the empty position. If no one is elected by the class on this second election, then that position shall be filled by appointment and with subsequent Student Council approval with a vote of a simple majority. [See Appendix XX for Appointment Rules] Appointment to a vacancy on a class council shall be made preferably by the newly elected voting members of the council on which the vacancy exists. Non-winning candidates in the election may seek appointment to vacancies, but will not have any priority over other potential appointees. Persons wishing to be appointed to vacant elected positions following the close of elections are responsible for communicating their interest in such positions directly to the appropriate Student Council President.

SECTION SEVEN: The Election Committee will endeavor to ensure elections that are fair and free of corruption.

SECTION EIGHT: Any member of the SOM student body, within two weeks of the posting of election results, may initiate a recall by collecting thirty (40) percent of the eligible electorate. The eligible electorate is defined as those students within the class who are capable to vote for a Student Council election. Recalls can only be initiated for cheating and the reasons for a recall must be submitted in writing to the Dean of the School of Medicine and to the Student Senate, including reasons for the recall and which position shall be recalled. The Dean or designate must approve of the recall before Senate begins another election. Another election will then be established to re-elect the position in question (yes/no referendum). These elections will also be coordinated by the Student Senate, and not just the
class’ Senate. Recalls can only be filed by students representing the class for which they are requesting a recall.

**APPENDIX C: Meetings**

**SECTION ONE:** The MS4 President shall call a meeting of all the SOM Class’ Student Councils within one week following the election of the MS1 student council.

**SECTION TWO:** The SOM Class Student Councils shall hold regularly scheduled meetings conducted according to the rules established by the Council in a public room of adequate size and accessibility at a publicized time. The meetings shall be open to all members of the OHSU SOM community.

**SECTION THREE:** Class Council meetings shall be held regularly during the academic year, and shall be scheduled by the Class President at least three days in advance. This might include meetings at lunch, before, or after school.

**SECTION FOUR:** All Class Council meetings and meetings of the full SOM Student Council shall be open to all students, faculty, and administration of the SOM and publicized via emails to the class listserv email.

1. The Student Council shall function in meetings conducted by the President.
2. Minutes of the meeting shall be recorded in a permanent manner by the elected Secretary. Copies of the minutes shall be furnished to each member of the Council, and shall be posted to the Student Portal website in a timely fashion.
3. Students wishing to address the Student Council, shall notify the President and Secretary to request placement on the agenda at the next meeting or may appear during the allotted time for hearing student concerns at each meeting.

**APPENDIX D: Designees**

**SECTION ONE:** In the event that an elected Student Council member is not able to attend a meeting that they are (a) not responsible for leading, and (b) is a meeting of the council of their particular position, then they should first find a substitute and then notify the Class Secretary, at least 3 days before the meeting.

**SECTION TWO:** If a Class President is not able to attend a Class Student Council meeting, then he/she should notify the Class Secretary and Vice President at least 3 days before the meeting.

**APPENDIX E: Funding Guidelines**

**SECTION ONE:** A requestor must be a member of the SOM and can only request funds from his/her Class year Student Council account. Requestors may also be enrolled in joint degree programs and will be considered part of the class with which they will graduate.
**SECTION TWO**: In order to be reimbursable, funding requests must be submitted in writing (or via email) to the Class Treasurer prior to any funds being spent by the requestor. Requests for reimbursement of funds already expended will not be approved. Funding requests should be dated, and submitted with sufficient details of the proposed activity, project, or event to permit the Funding Subcommittee (discussed below) to evaluate the request. Each request must include a reasonable estimate regarding budgetary needs. Any funds expended in excess of an approved estimate will not be reimbursed without the requestor submitting a supplemental request.

**SECTION THREE**: Within two days of receipt of a funding request, the Class Treasurer shall evaluate the request. If the request meets the requirements given above, the Treasurer shall refer to the Funding Subcommittee any request that falls within the scope of the Funding Subcommittee’s limited authority for evaluation. The Treasurer shall refer any request that is not within the Funding Subcommittee’s authority to the next full meeting of the Class Student Council for evaluation.

**SECTION FOUR**: The Funding Subcommittee shall consist of three members. The permanent members shall include the Class Treasurer, and both of the two Class Senators. In the event of the reasonable unavailability of one or more of these three permanent Subcommittee members, the Class President may appoint as many other members of the Class Student Council as are necessary to bring the total number of members on the Funding Subcommittee to three. Any non-permanent appointed members of the Funding Subcommittee shall serve on an ad hoc basis, which basis shall terminate when the permanent members are again available to serve.

**SECTION FIVE**: The funding subcommittee may approve requests that otherwise meet the requirements of these guidelines, so long as the request does not exceed $50.00. Additionally, within any school year, the Funding Subcommittee has the authority to approve funding requests that, in the aggregate, do not exceed $500.00, and that will not result in the complete depletion of remaining funds in the Class bank account(s). Any requests that exceed either of these two limitations must be referred to the Class Student Council for evaluation.

**SECTION SIX**: The Class Student Council may approve requests that otherwise meet the requirements of these guidelines, so long as the approval of the requests will not result in the complete depletion of remaining funds in the Class bank account(s).

**SECTION SEVEN**: In order for the Funding Subcommittee to approve a funding request, all three members of the Funding Subcommittee (whether permanent or ad hoc) must vote, in their sole discretion, in favor of the request. In order for the Class Student Council to approve a funding request, a quorum of the Class Student Council must be present. A quorum of the Student Council is defined as 50% of the total number of Student Council members, rounded up to the next whole number. To approve a funding request, a simple majority of those present must vote, in their sole discretion, in favor of the request.
SECTION EIGHT: Once a funding request has been approved, whether by the Funding Subcommittee or the Student Council, the requestor will be informed that he/she has the authority to spend his/her own funds on the activity, project, or event, up to the approved amount. The requestor must then submit receipts, evidencing the actual costs associated with the activity, project, or event, to the Class Treasurer. The Class Treasurer shall then reimburse the requestor based upon the approved amounts and the amounts evidenced by the receipts.

SECTION NINE: Requests for funds may not be related to presenting research or attending conferences. Students must utilize the existing pathways via the Senate and Dean’s Funding Request processes for funding requests of this nature.

Students for Wellness and Professionalism (SWAP)
Charter
The Students for Wellness and Professionalism (SWAP) 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 SWAP 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 SWAP: A wellness and professionalism advisory body for all OHSU SOM students

The members of the SWAP 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 SWAP 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 SWAP is to serve as a resource for medical students during times of personal crisis. The SWAP recognizes the profound influence that factors from personal lives have on the ability to perform as medical students and professionals. As a result, the SWAP 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 SWAP exists to support students during such difficult times. Specifically, the SWAP 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 SWAP encourages every student to address issues with their classmates directly, but if this is not possible the SWAP 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 SWAP 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 SWAP 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 SWAP 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 SWAP 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 SWAP 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 SWAP 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 SWAP for reflection or consideration.
Issues brought forward to an individual SWAP member may rest with that single SWAP individual. However, if appropriate or desired, any member of the SWAP 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 SWAP 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 Wellness and Professionalism—details of function and transparency

Election of Members and Terms
- Three from each class, each with one vote in full SWAP
- All elections for SWAP will be held in the general election prior to May 1 for MS2-4 students, and prior to winter break for MS1 students.
- 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 SWAP
- Faculty advisors can be consulted by the SWAP 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 SWAP from OHSU faculty or from community resources. Again, every effort will be made to keep information confidential as previously stated.

Committee Chair
The SWAP 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 SWAP meetings.
• The Chair may call additional meetings at his or her discretion.

Meetings
The SWAP 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 SWAP. SWAP 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 SWAP 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 SWAP 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 SWAP 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 SWAP, the Dean’s office, or to the OHSU Ombudsman. 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 SWAP can be made via the confidential SWAP email account or the locked SWAP 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 SWAP student mediator;
2) Issue requiring review by the full SWAP;
3) Issue not appropriate for SWAP 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 SWAP 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 SWAP within two weeks. Involved parties may be asked to submit written materials and/or asked to attend the SWAP meeting. Based on its review of the matter, the SWAP 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 SWAP 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 SWAP 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 SWAP 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 SWAP 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 SWAP input.

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

**Reporting of SWAP Activities:**
To ensure transparency, the SWAP will generate a quarterly report to the student body and the Deans’ Office showing the general number and type of concerns handled by the SWAP 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 SWAP:**
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.

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**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.

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**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.


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**SCHOLARSHIPS AND AWARDS**

**Scholarships (Grant-in-Aid)**

**NATIONAL SCHOLARSHIPS**

**FastWeb!**
Website: [http://www.fastweb.com/](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](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
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](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 varies 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.

Annual Award for Excellence
Medical students in good academic standing and demonstrated humanistic traits (student must be nominated for the Gold Humanism Honor Society). Must be an MS3 student going into MS4. Criteria will be reviewed yearly. Students are awarded in late Spring of each year.

Dean's Fund for Excellence Scholarship
Must be a medical student in the OHSU School of Medicine in the top 10% of their class; display potential for class professional development and excellent communication skills. Students will receive in invitation to apply in early Spring. Approximately six students will be selected to receive $5,000 from the Dean’s Fund for Excellence.

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 $12,000 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. Where possible, priority will be given to resident students as defined by the OHSU Oregon Heritage Policy. A grant-in-aid will be provided to 5 selected students admitted each year for the entire length of their program. Students are selected for this grant-in-aid at the time of admission to OHSU.

**Outstanding Medical Student Scholarship**
The OHSU Scholarship Committee awards a limited number of $10,000 1-year scholarships to outstanding medical students from each Class who have demonstrated sustained and exceptional performance in one or more g areas at Oregon Health and Science University. Each recipient of the OMSS will be awarded additional dollars from the General Fund so that they receive a total of $10,000 for the academic year of the award.

**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 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.

Swindells 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 satisfactory academic progress during medical school.

Walsh Memorial Fund
The J. R. Walsh, M.D. Memorial Fund goes to a 2nd year who demonstrates an interest in geriatrics. An email invitation goes to students in March.

Wendell 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.

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.

Honors and Awards
The Student Honors and Awards Committee 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. Some of the awards listed below are accompanied by a monetary gift to the student.

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<th>AWARD/DONOR</th>
<th>TO WHOM</th>
<th>CRITERIA</th>
<th>DECISION</th>
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<tr>
<td>Alma Sneed Pathology Award</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>2 MSII's</td>
<td>Exemplify desired characteristics of a true physician</td>
<td>Selected by class</td>
</tr>
<tr>
<td>Award Title</td>
<td>Eligibility</td>
<td>Criteria</td>
<td>Authority</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Dean’s Award for Exemplary Contributions to the School of Medicine</td>
<td>1 or 2 MSIV’s</td>
<td>Exemplary Contributions to the School of Medicine.</td>
<td>Deans in the UME Office.</td>
</tr>
<tr>
<td>Department of Psychiatry Outstanding Senior Award</td>
<td>1 MSIV</td>
<td>Demonstrated excellence in the Psychiatry Department</td>
<td>Dept. of Psychiatry</td>
</tr>
<tr>
<td>Doernbecher Children’s Hospital Foundation Award for Excellence in Pediatrics</td>
<td>1 MSIV</td>
<td>Outstanding performance in academics and humanism</td>
<td>Dept. of Pediatrics</td>
</tr>
<tr>
<td>Doernbecher Children’s Hospital Foundation Pediatric Clerkship Award</td>
<td>1 MSIII</td>
<td>Outstanding performance in the Pediatric Clerkship.</td>
<td>Dept. of Pediatrics</td>
</tr>
<tr>
<td>Family Medicine Clerkship Award</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>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>Gregory Magarian Award for Excellence in Internal Medicine</td>
<td>1 MSIV</td>
<td>Senior medical student who has demonstrated excellence in the specialty of Internal Medicine</td>
<td>Dept. of Internal Medicine</td>
</tr>
<tr>
<td>Harry G. G. Kingston Anesthesiology and Peri-Operative Medicine Outstanding Senior Award</td>
<td>1 MSIV</td>
<td>Senior medical student who has demonstrated excellence in the specialty of Anesthesiology</td>
<td>Dept. of Anesthesiology</td>
</tr>
<tr>
<td>James B. Reuler Service Award</td>
<td>1 MSIV</td>
<td>Recognizing outstanding service by a medical student</td>
<td>Nominated and voted by MSIV class</td>
</tr>
<tr>
<td>The Mark Nichols, M.D. OB/Gyn Award</td>
<td>1 MSIV</td>
<td>Outstanding performance in the specialty of Obstetrics and Gynecology</td>
<td>Dept. of OB/Gyn.</td>
</tr>
<tr>
<td>Mary Gonzales Lundy Family Medicine Award</td>
<td>1 or 2 MSIV</td>
<td>Senior medical student who has demonstrated excellence in the specialty of family medicine.</td>
<td>Dept. of Family Medicine</td>
</tr>
<tr>
<td>Outstanding Medical Student in Radiation Medicine</td>
<td>1 MSIV</td>
<td>Senior medical student who has demonstrated excellence in the specialty of radiation medicine.</td>
<td>Dept. of Radiation</td>
</tr>
<tr>
<td>Multicultural Recognition and Service Award</td>
<td>1 or 2 MSIV</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>School of Medicine Deans’ Research Award</td>
<td>2 MSIV</td>
<td>Recognizing outstanding research while enrolled in medical school.</td>
<td>Student nominates; Committee selects</td>
</tr>
</tbody>
</table>

**Awarding of Honors at OHSU Graduation for Students Matriculating in 2014 and Later**

**Professional Degree Honors**

Professional degree honors may be awarded upon graduation to individuals who have demonstrated outstanding achievement in the MD curriculum as deemed by the Student Honors and Awards Committee in the School of Medicine. The MD program uses a grade point average criteria based upon
student performance only in the clinical curriculum, since the Foundations of Medicine curriculum has a pass-no pass grading system. Students must obtain a grade point average in the clinical curriculum of at least 3.5 for Honors to be awarded at graduation.

Professional Degree Honors are awarded with the English terms: With Honor, With Great Honor, and With Highest Honor. Graduates earning professional degree honors are notified in advance of the graduation and hooding ceremony and given a gold honor cord to wear at the ceremony. The distinction of Honors is also recorded on the permanent academic transcript.