



School of
MEDICINE

Handbook for Teachers of Medical Students

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INTRODUCTION

This **Handbook for Teachers of OHSU Medical Students** has been created to help all faculty, residents, and others who serve as teachers for OHSU medical students in all phases of the YourMD curriculum at OHSU. It contains important information about educational and institutional policies and procedures of the OHSU School of Medicine, as well as resources to help you as a member of our teaching community. This information is in addition to resources provided to you by individual OHSU departments and/or educational leaders and staff members associated with the curricular offerings in the Undergraduate Medical Education (UME) program. Finally, the [Medical Student Handbook](#) is another resource available to you that contains many details about the UME program including the OHSU medical student graduation requirements, the mechanism for a student to dispute a final course or clinical experience grade, and disciplinary processes used in the UME program for academic and professionalism problems, among others. This **Handbook for Teachers of OHSU Medical Students** is updated periodically, and the latest version can always be found [HERE](#) in the “Resources for Teachers” section. Throughout this Handbook, the numbers in parentheses refer to the LCME accreditation element related to the topic. We appreciate all that you do in teaching OHSU medical students, and we are grateful for the partnerships and collaboration you bring to helping educate tomorrow’s physicians.

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SECTION II: PROFESSIONALISM

Professional Behavior and Expectations

OHSU Code of Conduct

All members of OHSU's community (students and employees) are expected to adhere to the [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. All employees are provided the Code of Conduct as part of onboarding, and periodic updates and boosters for its content are provided through required Compass training modules.

Standards of Conduct in the Learner–Teacher Relationship and Learning Environment (3.5)

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 are provided education and information about the standards, mistreatment reporting, and data sharing during the Introduction to Preceptorship course in the MS1 year, and again during the Transition to Clinical Experiences course in the MS2 year.

Any student experiencing or witnessing mistreatment in any phase of the MD program curriculum is strongly encouraged to report this so that awareness and intervention can occur to prevent ongoing inappropriate behavior. **OHSU has a zero-tolerance policy for retaliation against anyone who reports violations** of professional behavior and expectations and/or the [OHSU Code of Conduct](#). See “Mistreatment Reporting” below in this Handbook.

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. Academic honesty includes the responsibility for producing original academic work, as well as properly citing sources and not plagiarizing.

- 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 demonstrate the following attributes of trustworthiness: truthfulness (truth telling and absence of deception), conscientiousness (thoroughness in data gathering and dependability in follow through), and discernment (awareness of one's limits in knowledge and skill and the application of knowledge and skill appropriate for one's level of training)
- 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 “Expectations for Electronic Health Record Use” found elsewhere in this Handbook.

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](#). This policy can also be found on the Office of UME Sakai site.

OHSU Surgical Scrub Attire Policy

The OHSU Hospital and Clinics maintains a scrub policy ([#HC-PC-252-RR](#)) that applies to all students, trainees, physicians and other OHSU workforce members.

Please note the following practice requirements within this policy:

Clean, OHSU-issued surgical scrub attire (light blues):

- May NOT be worn to and from the hospital
- May NOT be worn outside of operating rooms, Labor & Delivery, ICU, Interventional Radiology, Cath Lab/EP, and Central Sterile Processing Department without a white cover gown or white lab coat

While students are not issued the dark blue, Graduate Medical Education – issued scrubs (“uniform”) (i.e., for residents and fellows), you may be interested to know that these dark blue uniforms can be worn everywhere EXCEPT the operating rooms and Interventional Radiology.

Medical students are required to wear scrubs for certain courses and clinical experiences, and will be given access to OHSU scrub dispensing machines for those instances by the course coordinator. It is important to note that to maintain compliance with the Surgical Scrub Attire Policy, **students are not permitted to walk outside the building with the light blue scrubs as above, and must change into and out of the scrubs at the clinical or simulation setting they will be working in.** Students may also purchase their own uniforms (but not light blue) for use outside of operating rooms, interventional procedural areas, and labor & delivery operating rooms, and these personal scrubs must be freshly laundered prior to each use.

Compliance: Respect at University, HIPAA, & Encryption of Devices

All students are required to complete the OHSU Respect at the University and Health Insurance Portability and Accountability Act (HIPAA) Compliance computerized training programs. Students must be in compliance at all times.

Pertinent links for OHSU teachers and students include:

- **ReadySet** (immunizations, respiratory fit testing): <https://ohsu.readysetsecure.com>
- **Compass** (HIPAA and other training modules): <https://ohsu.csod.com>
- **Occupational Health**: <https://o2.ohsu.edu/occupational-health>

Protecting restricted information

You are responsible for protecting all restricted information that you come across at OHSU. Restricted information is anything that is not meant for the public, such as information about patients, employees or students, and research data. Often, it is protected by federal regulations. For example, Protected Health Information (PHI) is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Medical students may work with PHI and other kinds of restricted information during the course of their studies at OHSU. Help keep that information safe by following these guidelines.

Text messages

Do **not** use mobile devices, such as smartphones, to text PHI. Mobile devices that are used to receive OHSU pages can and should be encrypted. Follow these instructions to encrypt an [iOS](#) or [Android](#) device. Note that these steps encrypt the **device** — not the pages it receives. Therefore, the following additional precautions should be taken:

- Limit PHI to the minimum necessary for effective patient care.
- Change your smartphone settings so that the “preview” does not display on the locked screen. If preview is set to “on” then any patient information sent may be viewable without authentication.
- Delete pages containing patient information after reading them.

Photos and videos

- Photos and videos of patients for personal purposes are not permitted.
- If photos are being taken for education purposes, the patient must sign a release prior to being photographed.
- If photos are being taken for treatment purposes, the photos must be incorporated into the patient’s chart in Epic.

Additional tips

- Do not include any identifying patient information in written history and physicals (H&Ps) that are completed.
- Never send patient information to personal email accounts (e.g., Gmail, Hotmail).
- Only access the electronic health records of patients for whom you are directly providing care. Do not access the records of your family members or friends.

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

This includes electronic health record “snooping.” For additional information, see OHSU’s [information privacy and security sanctions policy](#) or contact the Information Privacy and Security Office at 503-494-0219 or oops@ohsu.edu.

For further information regarding privacy and/or compliance:

- [Information Privacy and Security](#)
- [Information Privacy and Security Policies and Regulations](#)
- [Mobile Device Management](#)
- [FAQ: Encryption](#)
- [Use Box.com at OHSU](#)

[General ITG Help and How To links](#)

If you see something, say something

OHSU is responsible for protecting the personal information of thousands of employees, students and patients. If you have a concern about the security or privacy of that information, report it as soon as possible. Even if you aren't sure something is really an incident, go ahead and report it — the privacy experts will take it from there.

What to report

Information privacy and security incidents happen when restricted information is accessed, acquired, used or disclosed without authorization. Some common examples include:

- Sending to the wrong address a fax or email that contains restricted information.
- Sending an unencrypted email that contains restricted information.
- Losing equipment that is used to store or work with restricted information, such as laptops, mobile phones, pagers and removable storage devices (e.g., thumb drives, external hard drives). This also includes cases of theft.
- Sharing OHSU network passwords, which is a violation of OHSU policy.
- Inappropriately accessing records in a patient-care tool, such as Epic.
- Inappropriately sharing PHI. Patients file complaints when they suspect the privacy of their information has been compromised — for example, if it has been verbally disclosed when it shouldn't have been.
- Storing PHI in unapproved cloud-based services. Remember, Box.com is OHSU's approved cloud storage solution.
- Inappropriately disposing of PHI, such as putting an after-visit summary in a recycling bin instead of a locked, confidential shred bin managed by OHSU.

How to report

To report a concern, contact the Information Privacy and Security Office at 503-494-0219 or oops@ohsu.edu. Alternatively, you may [report a concern anonymously](#) through the Office of Integrity.

Violations of Professional Behavior

Teachers

All teachers of OHSU medical students are expected to understand and embrace the *Standards of Conduct in the Learner-Teacher Relationship and Learning Environment* described above. Teachers of OHSU medical students should not only abide by these standards and expectations, but also serve as role models for collaboration, honesty, respect, and trust during every interaction with learners and colleagues.

For teachers who have violated the professional behavior expectations outlined above, appropriate action will be taken, including but not limited to: additional education, training, and counseling

regarding professionalism expectations with close monitoring; support and assistance in preventing/mitigating burnout; or removal from teaching duties for OHSU medical students for a specified or unspecified duration. In most cases, professionalism lapses of teachers can be remediated. However, the UME program will not waver in promoting a positive learning and work environment for all medical students and teachers, and will take swift action when needed.

The OHSU School of Medicine will ensure that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations. **The OHSU School of Medicine, in conjunction with its clinical affiliates and community teachers, share the responsibility to maintain a positive learning environment, and to identify and promptly correct violations of professional standards.**

Mistreatment Definitions (3.6)

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 is not limited to verbal or physical conduct that is severe or pervasive enough to objectively and subjectively create 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 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 objectively and subjectively create a hostile, threatening, intimidating, or offensive environment.

Other Forms of Mistreatment – In addition to the above definitions, 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 are encouraged to report any type of mistreatment experiences they encountered and/or any negative experiences they may have had regarding the clinical or classroom learning environment. Reports related to discrimination will be shared with OHSU AAEO Office and students are encouraged to report directly to AAEO using the link provided in the clerkship evaluation for any discrimination concerns.

All reports of student mistreatment received by the Office of UME by any one of the variety of methods listed below will be reviewed and followed up upon by the Office of UME in a timely fashion.

In addition, mistreatment reporting will be shared in aggregate format with multiple stakeholders on a routine basis (e.g., Clinical Experience Directors, Department Chairs, GME program directors, UME Curriculum Committee, medical students, Human Resources officials at OHSU, among others) for awareness raising, intervention, and prevention purposes.

Mistreatment Reporting (3.6)

There are **multiple ways for medical students to report mistreatment**, including:

- Assistant Deans for Student Affairs – submit a confidential [report](#) to Drs. Benjamin Schneider or Amy Garcia
- Associate Dean for Undergraduate Medical Education – meet and confidentially report to Dr. Tracy Bumsted
- Clinical Experience Director – meet and confidentially report the situation
- OHSU [AAEO](#) – Laura Stadum, JD, Director, confidential report [complaint form](#)
- OHSU Ombudsman – TBD, OHSU is currently recruiting, see [resources](#)
- [OHSU Integrity Office](#) – 503-494-8849 (877-733-8313 toll free and anonymous hotline)

Reporting is important so that support can be provided to the student and awareness and intervention can occur to prevent future inappropriate behavior. **OHSU has a zero-tolerance policy for retaliation against anyone who reports a violation of professional behavior and expectations.** Students subjected to abuse, discrimination and/or harassment also 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 Office.

Students

Professionalism Monitoring Form

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” (PMF) as a formal mechanism by which individuals may submit information concerning the professional behavior of any medical student. The school strongly encourages direct communication between the person submitting the form and the student whose behavior is being reported. Teachers of OHSU medical students can contact the [Office of Curriculum and Student Affairs](#) to receive a blank PMF form.

The PMF may be submitted by any person (e.g., patients, students, staff members, or faculty members) at any time while a medical student is enrolled at OHSU. The Office of UME will review all PMFs submitted about a student, and the student will have an opportunity to discuss the situation with one of the Assistant Deans for Student Affairs. All PMFs are filed in the student's confidential UME record and some PMFs are reviewed by the Medical Student Progress Board, depending on the patterned nature of professionalism concerns previously, and/or the seriousness of the concern outlined. Typically, the person who submits a PMF about a student will be contacted by one of the Assistant Deans for Student Affairs within 30 days to communicate the actions taken as a result of the PMF.

Student Misconduct

In addition to conduct proscribed by the School and the OHSU Code of Conduct, 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 indication in writing that the work is not that of the student (e.g., plagiarism);
- 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.

Commitment to Equity and Inclusion & Equal Opportunity Non-Discrimination Policy (3.4)

Oregon Health & Science University is committed to creating and fostering a learning and working environment based on open communication and mutual respect. If you encounter sexual harassment, sexual misconduct, sexual assault, or discrimination based on race, color, religion, age, national origin or ancestry, veteran or military status, sex, marital status, pregnancy or parenting status, sexual orientation, gender identity or expression, disability or any other protected status please contact the **Affirmative Action and Equal Opportunity (AAEO) Department** at 503-494-5148 or aaeo@ohsu.edu. Inquiries about Title IX compliance or sex/gender discrimination and harassment may be directed to the **OHSU Title IX Coordinator** at 503-494-0258 or titleix@ohsu.edu.

OHSU provides equal opportunities to all individuals without regard to race, color, religion, national origin, disability, age, marital status, sex, sexual orientation, gender, 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 **AAEO Department**. OHSU [Policy 03-05-030 "Equal Opportunity"](#) outlines further details of OHSU's commitment and stance on this important issue.

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.

The AAEO office at OHSU has published a Resource Guidebook entitled, "[Respect For All. Discrimination, Harassment, and Bullying: Resources and Support for Employees and Students](#)" which offers tools and resources to assist OHSU members in managing, responding, and dealing with incidents of discrimination, harassment and bullying.

For students who encounter sexual harassment, sexual misconduct, sexual assault, or discrimination at a regional, or off-campus, site:

OHSU's commitment to creating and fostering a learning and working environment based on open communication and mutual respect extends to all students, whether they are located on- or off-campus. Students who are located off-campus or off-site and experience or witness an incident they want to report are encouraged to contact AAEO. Students may report it confidentially by contacting the Student Health and Wellness Center and set up an appointment by phone, 503-494-8665.

SECTION III: TEACHING, ASSESSMENT, & EVALUATION

Teaching and Teaching Related Policies/Procedures

Philosophy of the OHSU School of Medicine Undergraduate Medical Education Curriculum

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 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.
- Intercession courses are provided to integrate basic, clinical, and health systems sciences during the clinical experience curriculum phase. They are also used to reinforce foundational sciences.
- Transition 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.

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 if available, practice outcomes. This information is reviewed by School and Program leaders in order 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.

Undergraduate Medical Education Program Objectives - 43 UME competencies and 13 EPAs (6.1, 8.2)

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)
- Association of American Medical Colleges (AAMC) [General Physician Competencies](#)

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. Competency attainment and progress will be tracked for each competency below using 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, withdrawal of life-saving 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.

Core Entrustable Professional Activities for Entering Residency

In conjunction with the 43 UME program objectives/competencies, evidence of entrustment for the 13 Core EPAs for Entering Residency will be periodically reviewed by the UME Entrustment Group. The 13 Core EPAs include:

1. Gather a history & perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic & screening tests
4. Enter and discuss orders and prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility
9. Collaborate as a member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

Course Objectives for Each Required Course in MD Program (6.1)

Note: for required course linkages to the overall medical education program objectives (AKA “competencies”), see the MD Course Catalogs ([AY19/20](#) and [AY20/21](#))

Foundations of Medicine Phase	
Transition to Medical School (TTMS)	<ol style="list-style-type: none"> 1. Learn about the range of information sources, policies, procedures and resources at the OHSU as well as within the School of Medicine. 2. Develop strategies for maintaining wellness during the medical school and be able to list available resources. 3. Use technology to search information that will be applied to your education and patient care. 4. Identify ways to recognize one's strengths and deficiencies for lifelong learning. 5. Demonstrate accountability by completing academic responsibilities in a comprehensive and timely manner. 6. Develop skillset to work effectively with others in a respectful manner.
Fundamentals Block (FUND)	<ol style="list-style-type: none"> 1. Understand basic anatomical terminology and the basic structures of the major organ systems. 2. Understand the fundamental concepts of the microscopic anatomy of the human body and describe how organ integrity and function are maintained by the organization of cells and tissues. 3. Understand the processes involved in early development of the human embryo - from zygote through implantation to formation of the body plan - and congenital malformations that arise from errors in these processes. 4. Demonstrate knowledge of the principles of genetic transmission, molecular biology of the human genome, including epigenetic mechanisms and explain how genetic variations alter the chemical and physical properties of biological systems. 5. Understand the specific types and frequencies of genetic variations and their distribution in different human populations and demonstrate ability to obtain and interpret family history and ancestry data to calculate risk of disease. 6. Identify appropriate indications for genetic testing; demonstrate understanding of the relevant cytogenetic techniques and recognize the limitations and implications of test results. 7. Identify the major types of biochemical molecules, including small, large and supramolecular components found in cells, understand their physical and chemical characteristics to predict normal and pathophysiological molecular function. 8. Apply knowledge of the basic principles that guide protein folding and control oligomeric assembly of protein complexes to evaluate how point mutations can alter the chemical or structural properties of proteins and cause disease. 9. Comprehend the regulation of major biochemical pathways (including carbohydrate, amino acid and lipid metabolism) and the mechanisms by which enzymes catalyze the synthesis and degradation of molecules to explain how deficiencies in metabolic enzymes are linked to disease. 10. Use knowledge of the structure-function relationship of cellular compartments and compartment-specific intracellular trafficking pathways to explain how cellular dynamic stability is maintained and how dysregulation of cellular homeostasis is related to disease. 11. Understand how cells send, receive, and respond to signals from their environment, including other cells and explain how intra- and intercellular communication determines normal and pathogenic cell morphology, division, or survival and link these to pharmacological approaches to treat disease. 12. Distinguish the morphological and biochemical events that occur during the cell cycle and understand the mechanisms that regulate cell division and cell death to explain normal and abnormal growth and development. 13. Apply the principles of pharmacokinetics (absorption, distribution, metabolism and elimination) to evaluate options for safe, rational, and optimally beneficial drug therapy. 14. Apply knowledge of individual pharmacogenetic variability in the use and responsiveness to pharmacological agents. 15. Understand the pharmacologic key principles, targets, mechanisms, kinetics, adverse effects, interactions and contraindications, therapeutic uses and clinical effects of antimicrobial agents. 16. Understand the key principles of pharmacodynamics including drug receptors and targets, dose-response relationships, therapeutic index, drug toxicity, and drug classification based on activity. 17. Understand the key nomenclature and concepts integral to microbiology, infectious diseases, infection control and epidemiology. 18. Distinguish the structural and behavioral elements as well as the methods of survival and pathogenicity among the major groups of human pathogens.

	<p>19. Understand and identify the diagnostic techniques used to evaluate bacterial, viral and fungal pathogens.</p> <p>20. Demonstrate knowledge of the basic principles of nutrition and how they relate to overall health, exercise performance and treatment of metabolic disorders.</p> <p>21. Understand the fundamental types of variables and measurements along with the basic statistics used to describe them.</p>
Blood and Host Defense Block (BLHD)	<p>1. Understand the different types of WBC, their development, morphologic characteristics, and function, as well as the cellular organization of lymphoid tissues and their roles in normal immune responses.</p> <p>2. Distinguish innate and adaptive immunity in terms of cell types, immune-receptor specificity and diversity, kinetics, function, and role in immunological memory.</p> <p>3. Describe the normal immune response to infection and vaccination including innate defense, inflammation, adaptive immune activation (B and T cells), and immunological memory; understand which immune components are most important for protection against different classes of pathogens.</p> <p>4. Describe the cellular and biochemical mechanisms that underlie immunologic pathologies including autoimmunity, hypersensitivity, and immunodeficiency.</p> <p>5. Understand the clinical manifestations, risk factors, and treatments (pharmacologic and biologic) for immunologic pathologies including autoimmunity, hypersensitivity, and immunodeficiency.</p> <p>6. Understand the pathophysiology of inflammation.</p> <p>7. Understand normal hemostasis and thrombosis, including the coagulation cascade, platelet structure and function.</p> <p>8. Understand abnormal hemostasis: bleeding disorders, platelet disorders and thrombophilia and their treatments.</p> <p>9. Understand normal hematopoiesis and structure and function of the major content of the RBC (i.e., RBC membrane, hemoglobin, and housekeeping enzymes).</p> <p>10. Understand the major diseases of RBC: anemia (nutritional, hemolytic, and BM failure) and hemoglobin defects and their treatments (pharmacologic, nutrition, and transfusions).</p> <p>11. Understand cancer biology including ideas on carcinogenesis, signaling pathway abnormalities, and basic treatment modalities: targeted therapy, chemotherapy, bone marrow transplantation.</p> <p>12. Understand hematological malignancies: presentation, diagnosis and treatment; leukemias, lymphomas, myeloproliferative neoplasms and myeloma.</p> <p>13. Know the important infectious diseases of blood and lymph; understand their life cycles, modes of transmission, virulence factors, clinical manifestations, and treatment modalities.</p> <p>14. Demonstrate the ability to acquire data from multiple sources, to define clinical problems, to generate a differential of diagnostic hypotheses, to apply information in comparing and contrasting plausible explanations, and to present clinical cases in oral and written forms.</p> <p>15. Demonstrate the ability to work in interprofessional teams and with patients to co-construct patient-centered clinical management plans appropriate to the defined clinical problem to achieve the triple aim of better health, better care, and lower costs.</p> <p>16. Describe the impact of environment and social determinants of health, and systems of healthcare delivery on the quality of health outcomes for individual patients and populations.</p> <p>17. Build on patient-centered communication skills, including communicating complex health information to patients using plain non-medical language, and confirming that quality communication has occurred.</p> <p>18. Build on ethical principles of care, including assurance of informed consent.</p>
Skin, Bones, & Musculature Block (SBM)	<p>1. Understand basic nerve, muscle, skin, connective tissue, bone and joint physiology and function.</p> <p>2. Understand basic nerve, muscle, skin, connective tissue, bone and joint embryology and histology.</p> <p>3. Understand nicotinic pharmacology and muscle excitation/contraction coupling.</p> <p>4. Identify the musculoskeletal and peripheral nerve gross anatomy of the cervical and thoracolumbar spine, and the upper and lower extremities.</p> <p>5. Relate your knowledge of gross anatomy to the motor and sensory function of the spine and extremities and how that influences motion.</p> <p>6. Recognize deficits in function and formulate possible anatomic lesions that may account for the deficit.</p> <p>7. Recognize the clinical manifestations of common nerve, muscle, skin, connective tissue, bone and joint conditions or disorders, and understand the pathophysiology that accounts for the clinical presentation.</p> <p>8. Understand the epidemiology and natural history of common nerve, muscle, skin, connective tissue, bone and joint conditions or disorders.</p> <p>9. Understand the clinical presentation and diagnostic approach to the patient with nerve, muscle, skin, connective tissue, bone and joint conditions or disorders, and how distinctions in presentation inform evaluation and treatment.</p> <p>10. Demonstrate an appropriate spine, upper and lower extremity, skin and joint physical exam, and understand the clinical correlations of exam findings.</p> <p>11. Demonstrate informed decision making regarding diagnostic tests and management plans for common nerve, muscle, skin, connective tissue, bone and joint conditions or disorders.</p> <p>12. Understand the pharmacology, risks and benefits and appropriate use of non-steroidal anti-inflammatories, opioids, corticosteroids, disease modifying anti-rheumatic medications, immunosuppressants, and bisphosphonates in treating common nerve, muscle, skin, connective tissue, bone and joint conditions or disorders.</p> <p>13. Understand the indications, precautions and contraindications for prescribing exercise for musculoskeletal and rheumatologic conditions, and the physiologic and psychosocial benefits of exercise in treating these conditions.</p> <p>14. Demonstrate the ability to acquire data from multiple sources, to define clinical problems, to generate a differential of diagnostic hypotheses, to apply information in comparing and contrasting plausible explanations, and to present clinical cases in oral and written forms.</p> <p>15. Demonstrate the ability to work in interprofessional teams and with patients to co-construct patient-centered clinical management plans appropriate to the defined clinical problem to achieve the triple aim of better health, better care, and lower costs.</p> <p>16. Describe the impact of environment and social determinants of health, and systems of healthcare delivery on the quality of health outcomes for individual patients and populations.</p>
Cardio-pulmonary & Renal Block (CPR)	<p>1. Describe the normal cardiac structure and function, and compare and contrast the structure and function of the cardiac muscle with that of skeletal and smooth muscles.</p> <p>2. Recall the electrical basis of electrocardiography, develop a systematic approach to interpret an ECG, and report the appropriate pharmacologic and surgical interventions in cardiac arrhythmias.</p> <p>3. Report the homeostatic regulation exerted by the autonomic nervous system and hormones over the cellular mechanisms that support normal cardiovascular function, and identify the drugs that alter this regulation.</p> <p>4. Define the role feedback and feed forward mechanisms play in cardiovascular homeostasis.</p> <p>5. Categorize common cardiovascular diseases such as acute coronary syndromes and ischemia, valvular disease, heart failure, cardiomyopathies and congenital heart disease by understanding their pathophysiology and how each relates to presenting symptoms and signs. Then apply a systematic way to manage them.</p> <p>6. Develop a systematic diagnostic and management approach to address obesity, coronary artery disease, peripheral vascular disease and aneurysms.</p> <p>7. Describe the hemodynamic and cellular processes by which the renal tubule handles sodium, water, hydrogen ion, potassium and chloride and how these processes are regulated by nerves and hormones. Apply this knowledge to evaluate and manage patients with total body sodium/volume, water, or potassium derangements as well as acid base disorders.</p> <p>8. Propose an evaluation and management plan for acute kidney injury (AKI) and chronic kidney disease (CKD), recognizing the importance of cardiovascular morbidity in the latter.</p> <p>9. Understand the role of the kidney in long term blood pressure regulation and identify reversible risk factors in order to develop an individualized treatment plan while addressing specific comorbidities.</p> <p>10. Contrast and compare nephritic and nephrotic syndromes in terms of diagnosis, pathophysiology, and management.</p>

	<ol style="list-style-type: none"> 11. Learn the normal pulmonary structures and function. Describe the mechanical properties, the neural regulation of breathing, the basis for the gas exchange and the pulmonary contribution to acid base balance. 12. Understand the principles of mechanical ventilation in relation to acute respiratory syndrome and respiratory failure. 13. Understand common pulmonary diseases such as obstructive and restrictive diseases including pneumoconiosis, pulmonary embolism and pulmonary hypertension, sleep apnea, lung neoplasias and pneumonias by understanding their pathophysiology and how each relates to presenting symptoms and signs. 14. Demonstrate the ability to acquire data from multiple sources in order to define clinical problems, generate a differential diagnosis comparing and contrasting possible explanations and to present clinical cases in oral and written forms. 15. Exhibit the ability to work in interprofessional teams, and with patients to cooperatively construct patient centered management plans that are appropriate to the defined clinical problem and ultimately achieve better health, better care and lower costs. 16. Analyze the impact the environment, the social determinants of health and the systems of health care delivery have on health outcomes at individual and population levels. 17. Identify the role and the effects of unconscious bias in clinical decision making and develop mechanisms to mitigate them. 18. Introduce the foundations of cross-cultural communication. 19. Perform a focused history and physical examination
Hormones & Digestion Block (HODI)	<ol style="list-style-type: none"> 1. Describe the anatomy of the gastrointestinal tract and its associated organs, in addition to the diverse components of the endocrine system. 2. Understand the developmental processes giving rise to the normal gastrointestinal & endocrine systems, and aberrancies leading to abnormal form and/or function. 3. Understand the cellular structure and function of the digestive & endocrine systems. 4. Discuss the complex interrelationships of the endocrine system components and homeostatic mechanisms including positive and negative feedback signaling. 5. Differentiate between endocrine & exocrine substances in the gastrointestinal tract and understand their roles in gastrointestinal homeostasis. 6. Describe the complex interactions between microorganisms and the human organism in both symbiotic & pathologic settings. 7. Recognize the effects of nutrition on growth and development, along with disease prevention and treatment. 8. Understand processes that adversely affect gastrointestinal system function including acquisition, transit, absorption, elimination, and the common clinical manifestations of these processes. 9. Appreciate the etiologies & consequences of disruption of homeostasis in the endocrine function. 10. Identify common causes and consequences of auto-immunity in the gastrointestinal and endocrine systems. 11. Recognize how genetic variations can impact normal & pathological form and function of the gastrointestinal & endocrine systems. 12. Understand the pharmacologic principles of common medications used to treat pathologic processes of the gastrointestinal and endocrine systems. 13. Discuss non-pharmacologic treatments of pathologic processes of the gastrointestinal and endocrine systems. 14. Describe the impact of environment and social determinants on health literacy regarding nutrition, alcohol and substance abuse, healthy habits, and actual access to resources for the above.
Nervous System & Function Block (NSF)	<ol style="list-style-type: none"> 1. Describe the normal development of the central and peripheral nervous system, including the molecular biology of neural tissue. 2. Describe biological and social processes involved in neurological homeostasis, including basic neuroendocrine and neuroimmunological processes. 3. Describe contribution of somatic and mitochondrial genetic disorders to major nervous system disorders. 4. Describe early life events and epigenetic mechanisms that increase the risk for nervous systems disorders. 5. Identify neural structures and neurophysiological correlates of attention, consciousness, sleep, emotion, memory, language, praxis, visuospatial function, and other higher cortical functions. 6. Describe underlying pathophysiology and localize the neuroanatomical correlates of the major congenital and acquired neurological, psychiatric, and sensory organ diseases and disorders. 7. Describe diagnostic strategies and tools for identifying the pathophysiology of the major neurological, psychiatric, and sensory organ diseases and disorders. 8. Describe the mechanisms of action of neuropharmacological treatment agents and complementary medicines, including their indications, contraindications, and major side effects. 9. Be familiar with non-pharmacologic acute and chronic treatment of major nervous system disorders, including their indications, contraindications, and major side effects. 10. Demonstrate competence and professionalism in clinical assessment by obtaining a relevant history and performing a complete physical, neurological and psychiatric examination, pertinent to presenting signs and symptoms, epidemiology and cultural contexts. 11. Demonstrate understanding of basic biostatistical strategies and informatics principles and how these can be applied to health policies and behavioral science research. 12. Demonstrate conscientious participation in the classroom and groups by attending to all duties responsibly, contributing to clinical activities, and respectfully engaging with colleagues and staff. 13. Demonstrate the ability to acquire data from multiple sources, to define clinical problems, to generate a differential of diagnostic hypotheses, to apply information in comparing and contrasting plausible explanations, and to present clinical cases in oral and written forms. 14. Demonstrate creativity in development of clinical management plans that specifically address the defined clinical problem while attending to the triple aim of better health, better care, and lower costs. 15. Describe the impact of environment and social determinants of health, and systems of healthcare delivery on the quality of health outcomes for individual patients and populations. 16. Demonstrate ability to acquire data from multiple sources including patient interview, examination, EHR, diagnostic tests and scholarly resources, and apply that information in creating a differential diagnosis.
Developing Human Block (DEVH)	<ol style="list-style-type: none"> 1. To understand male and female reproductive anatomy, histology and function; and to identify the relationships between the bony pelvis, muscles, blood vessels, nerves and the reproductive organs. 2. To understand the key aspects of male and female reproductive physiology with a focus on how hormones interact to result in the menstrual cycle, oogenesis and spermatogenesis. 3. To relate underlying basic science concepts to the clinical aspects of reproductive and sexual health. 4. To explore issues related to reproductive and sexual health including sexual function and dysfunction; sexual pleasure, contraception, unintended pregnancy, sexually transmitted infections, sexual orientation, gender identity, and sexual abuse/violence. 5. To understand how a new human develops; including the processes of fertilization, blastogenesis, implantation, placental development, and embryology 6. To have a basic understanding of male and female infertility, the effect that this has on couples and the role of assisted reproductive technology to achieve pregnancy 7. To explore the normal progression of pregnancy and childbirth and to begin to understand the etiology, diagnosis and management of related complications. 8. To understand how environmental exposure, maternal health, lifestyle choices, and medications can influence a developing fetus. To gain a basic understanding of the developmental origins of adult disease. 9. To explore issues from infancy to adolescence with an emphasis on: Well Child Care, SIDS, Vaccines, Common Diseases of Childhood, Developmental Milestones, Puberty, Adolescent Health, Eating Disorders, Substance Abuse in Adolescence, Suicide and Child Abuse. 10. To explore issues related to wellness and screening including: the use of screening tests, disease prevention, healthy lifestyle practices, the importance of family and community, environmental health and access to healthcare.

	<ol style="list-style-type: none"> 11. To understand reproductive tract pathology (breast, prostate, ovary, testicles, uterus, penis and cervix) including aspects relating to screening/diagnosis, genetics, treatment, surveillance and survivorship. 12. To explore issues related to the process of aging, death and dying: the biology of aging, the effects of aging on organ systems, bone health, menopause/andropause, mental health, polypharmacy, dementia, and abuse/isolation. The importance of family and relationships, quality of life, end of life care and the process of dying will be emphasized.
Developing Your Scholarly Project (SP)	<ol style="list-style-type: none"> 1. Identify an important scientific or clinical question for investigation. 2. Assess, evaluate, and apply scientific literature relevant to the question. 3. Formulate a project hypothesis based on current evidence and concepts in the field. 4. Learn appropriate approaches to addressing the question that are based on methodologic standards in the relevant fields of study. 5. Design, conduct, and interpret results of your own project based on the question and hypothesis. 6. Identify project relevance to medicine and healthcare. 7. Communicate effectively in oral and written form. 8. Apply ethics and professionalism throughout the project
Preceptorships (PREC)	<ol style="list-style-type: none"> 1. Interact with patients as a student-doctor. 2. Become a member of a health-care team as student-doctor. 3. Begin thinking as physicians in clinical interactions. 4. Act professionally in clinical settings.
Foundations of Patient Safety IPE	<ol style="list-style-type: none"> 1. Demonstrate the ability to participate effectively as a member of an interprofessional team in activities that improve the safety and quality of health care. 2. Demonstrate active listening and oral and written communication skills with diverse individuals, communities, and colleagues to ensure effective, culturally appropriate exchange of information. 3. Develop skills to communicate with patients' families, communities, peers, and other health professionals in a responsive and responsible manner that supports an interprofessional approach that ensures an effective, culturally appropriate exchange of information. 4. Demonstrate knowledge of codes of ethical conduct for multiple professions and assess for similarities and differences. 5. Work with individuals of other professions to enhance a climate of mutual respect and shared values. 6. Place the interests of patients and populations at the center of health care delivery
Clinical Experience Phase	
Transition to Clinical Experiences (TTCE)	<ol style="list-style-type: none"> 1. Recognize a patient requiring urgent or emergent care and demonstrate the ability to appropriately call for help and initiate basic life-saving maneuvers. 2. Communicate effectively and efficiently with patients, colleagues and staff in both oral and written form. 3. Demonstrate standard patient and personal protective equipment (PPE) safety measures appropriate to the healthcare environment. 4. Recognize gaps in knowledge, skills and attitudes, identify and begin to utilize effective strategies for lifelong learning. 5. Understand the core professional, ethical, legal, and clinical expectations of students, regardless of healthcare environment or discipline. 6. Understand and employ effective strategies to balance personal wellness alongside clinical duties. 7. Participate in in-situ shadowing experience, submit and share reflection with class and faculty
Family Medicine Core Clinical Experience	<ol style="list-style-type: none"> 1. Describe in writing one of the major components of family medicine: Access to care; Continuity of care; Comprehensiveness of care; Coordination of care; Contextual care 2. Practice the delivery of health care provided by family physicians by recording an experience with each of the following: Evaluate undifferentiated problems in the context of a continuing personal relationship with patients and families; Identify preventative skills and education regarding health risks; Practice assessing and managing common chronic medical problems; Recognize procedures commonly utilized in a n ambulatory setting 3. Practice assessing and managing common acute medical problems. 4. Under direct observation, present three specific medical question with evidence based answers. 5. Interpret the answers of three specific medical questions with your colleagues. 6. Create a self-assessment plan to identify areas of personal or professional improvement. 7. Demonstrate patient centered use of telemedicine in the care of patients.
Internal Medicine Core Clinical Experience	<ol style="list-style-type: none"> 1. To provide ample opportunities to practice gathering complete and accurate information from a variety of sources, including but not limited to: the patient chart, the patient's history and exam, their family's account, outside records. 2. You are expected to evaluate a minimum of 2-3 new-to-you patients per week but should be ready to do more as directed by your team. You will submit an H&P to your attending for every patient evaluated to maximize your formative feedback. 3. To develop students' skills in understanding and interpretation of data including but not limited to history and exam findings, laboratory and imaging interpretations, and details of prior healthcare encounters. 4. To practice utilizing the data to construct a prioritized (i.e., focused on probable and/or dangerous conditions) differential diagnosis 5. To aid students in developing skills that promote developing diagnostic and treatment plans that incorporate full use of available information as well as the patient's unique preferences and life circumstances. 6. To acquaint the student with the use of established and emerging knowledge to support diagnostic and therapeutic decisions. 7. To provide ample opportunities to demonstrate communication of information that you have gathered and the plan you are suggesting in a structured and organized way that emphasizes key findings, in both oral and written formats. 8. To provide feedback to students that aid them in accurate assessments of their own strengths and limitations, set goals, and seek help in addressing knowledge gaps. 9. To encourage students to demonstrate consistent respect for patients, co-workers and the public. 10. To foster an environment of personal accountability.
Neurology Core Clinical Experience	<ol style="list-style-type: none"> 1. To familiarize the student with the clinical presentation of common neurological disorders. History taking skills to elicit precise symptoms and to distinguish clinical syndromes will be emphasized. 2. To develop in the student a facility with the neurologic exam. Both the detailed neurological examination and features of the neurological examination for practical application in general medical practice and allied neurological specialties such as orthopedics, and physical medicine will be taught. 3. To have the student acquire a sound knowledge of the differential diagnosis of common neurologic disorders, the laboratory evaluation and clinical management of these diseases. Categorically included are: stroke, seizure disorders, headache, movement disorders, multiple sclerosis, stupor and coma, diseases of muscle and nerve, dizziness, and dementia. 4. To introduce the student to the diagnostic evaluation and management of urgent neurological or neurosurgical illness. 5. To convey the indications for and to acquire skills in performing lumbar puncture and to appreciate both the clinical value and the limitations of technologies such as: electroencephalography, evoked potentials, computerized axial tomography (CT), magnetic resonance imaging (MRI), arteriography, myelography, and radionuclide imaging. 6. To acquaint the student with the new frontiers in neurology and many of the cutting-edge issues in neuroscience. 7. To introduce the concepts of neurologic consultation and an understanding of the role of the consultant in clinical problem solving, including appropriate use of remote patient records in preparation to see a patient in a consultation setting.

Obstetrics & Gynecology Core Clinical Experience	<ol style="list-style-type: none"> 1. The student will learn to perform an obstetrics and gynecology history and physical exam. 2. The student will demonstrate proper care of a diverse population of pregnant women, including labor, delivery, and postpartum care. 3. The student will demonstrate proper surgical and medical management of GYN disease by applying established and emerging knowledge. 4. The student will identify preoperative issues in patients who are candidates for surgery, interpret pertinent diagnostic imaging, and know common postoperative complications, their workup, and treatment. 5. The student will demonstrate understanding of basic fertility and family planning principles. 6. The student will establish skills to develop differential diagnoses, diagnostic, and treatment plans that incorporate available information as well as the patient's unique preferences and life circumstances. 7. The student will demonstrate consistent respect for a diverse population of patients, co-workers, and the public. 8. The student will demonstrate accountability by completing assignments in a timely manner, and attend conferences, rounds, and procedures on time.
Pediatrics Core Clinical Experience	<ol style="list-style-type: none"> 1. The student will evaluate and manage pediatric patients in an age- and developmentally-appropriate manner, including performing the relevant portions of a pediatric history and physical exam. 2. The student will learn to develop specific, pediatric-focused differential diagnoses for common conditions, evaluate and manage pediatric patients in the context of their family, community, and medical home, and devise/implement management plans as appropriate. 3. The student will learn to be a reliable and accountable part of the medical team caring for the pediatric patient in a variety of settings. 4. The student will learn how to communicate effectively, respectfully, and honestly with the entire medical team, and how to establish rapport with patients and families. 5. The student will learn to work effectively and collaboratively with other healthcare professionals in providing clinical care, as well as establish mutual respect, dignity, honesty and trust within the interprofessional healthcare team.
Psychiatry Core Clinical Experience	<ol style="list-style-type: none"> 1. Gather essential and accurate data through history taking, physical and mental status examination, review of prior records, review of collateral information and interpretation of ancillary tests (e.g., imaging, laboratory data). 2. Interpret and evaluate history, examination findings and other available data in order to generate a basic psychiatric differential diagnosis for both straightforward and complex patients. 3. Demonstrate knowledge of basic criteria for psychiatric diagnoses and knowledge of basic psychopharmacology. 4. Identify gaps in knowledge and describe strategies to improve one's knowledge base in psychiatry and general medicine. 5. Effectively communicate with patients, families, colleagues and staff for the purpose of facilitating patient care. 6. Access, review and contribute appropriately to the medical record for the purpose of facilitating patient care. 7. Demonstrate appropriate sensitivity and respect in caring for a diverse patient population. 8. Complete academic and patient care responsibilities in a comprehensive and timely manner. 9. Demonstrate trustworthiness at all times. 10. Effectively work with other healthcare professionals in the context of a multidisciplinary team.
Surgery Core Clinical Experience	<ol style="list-style-type: none"> 1. Perform a focused H&P on patients with varied surgical diagnoses in the inpatient and outpatient setting. 2. Write and present an accurate and succinct H&P including a prioritized differential diagnosis and initial treatment plan based on patient information and scientific evidence. 3. Identify preoperative issues in patients who are candidates for surgery, interpret pertinent diagnostic imaging, and know common postoperative complications, their workup, and treatment. 4. Witness and participate in the process of informed consent for a surgical procedure. Describe the basic tenants of informed consent discussions. 5. Know the normal anatomy and physiology, and the pathophysiology of topics covered in the Manual of Surgical knowledge Objectives. 6. Recognize proper and improper wound healing, and know the basic principles of chronic wound management. 7. Demonstrate proficiency with suturing and proper two-handed or instrument knot tying. 8. Understand and use data from primary clinical trials to support decisions on patient care. 9. Communicate plan of care to patients and their families and discuss patient concerns with ancillary clinical staff (i.e., – RNs, case managers, social worker, physical therapist) on a daily basis. 10. Demonstrate empathy and compassion on the care of acutely ill patients. 11. Demonstrate proper etiquette in the operating room and on the ward. 12. Demonstrate accountability by completing assignments in a timely manner and attend conferences, rounds, and operations on time.
Cancer Core Intercession	<ol style="list-style-type: none"> 1. Describe the basic, clinical and healthcare delivery science underlying the occurrence, development, progression of common cancers. 2. Delineate appropriate treatment and palliative care approaches and the factors affecting a physician's selection and continued use of a specific approach to common cancers. 3. Gain exposure to a variety of clinical resources and protocols available to physicians who care for patients with cancer. 4. Reflect on the clinical experience of caring for patients with cancer and how it pertains to the formation of professional identity.
Cognitive Impairment Core Intercession	<ol style="list-style-type: none"> 1. Describe the basic, clinical and healthcare delivery science underlying the occurrence, development, progression of a variety of conditions leading to cognitive impairment. 2. Delineate appropriate treatment approaches and the factors affecting a physician's selection and continued use of a specific approach to conditions leading to cognitive impairment. 3. Gain exposure to a variety of clinical resources and long-term care facilities available to physicians who care for patients with cognitive impairment. 4. Reflect on the clinical experience of caring for patients with cognitive impairment and how it pertains to the formation of professional identity.
Infection Core Intercession	<ol style="list-style-type: none"> 1. Describe the basic, clinical and healthcare delivery science underlying the occurrence, transmission, and progression of a variety of healthcare associated infections. 2. Delineate appropriate treatment approaches and the factors affecting a physician's selection and continued use of a specific approach to healthcare associated infections, including antibiotic stewardship. 3. Gain exposure to a variety of resources available to physicians to prevent healthcare associated infections. 4. Reflect on the clinical experience of caring for patients with healthcare associated infections and how it pertains to the formation of professional identity.
Pain Core Intercession	<ol style="list-style-type: none"> 1. Describe the basic, clinical and healthcare delivery science of pain. 2. Delineate a variety of treatment approaches and the factors affecting a physician's selection and continued use of a specific approach to treating pain. 3. Gain exposure to a variety of resources available to physicians to help patients with pain. 4. Analyze guidelines and professional recommendations regarding opiate prescribing, and describe the public health risks of overprescribing. 5. Reflect on the experience of caring for patients with pain and how it pertains to the formation of professional identity.
Scholarly Project Work and Capstone	<ol style="list-style-type: none"> 1. Identify an important scientific or clinical question for investigation. 2. Assess, evaluate, and apply scientific literature relevant to the question. 3. Formulate a project hypothesis based on current evidence and concepts in the field. 4. Learn appropriate approaches to addressing the question that are based on methodologic standards in the relevant fields of study. 5. Design, conduct, and interpret results of your own project based on the question and hypothesis. 6. Identify project relevance to medicine and healthcare. 7. Communicate effectively in oral and written form.

	8. Apply ethics and professionalism throughout the project
Clinical Performance Exam (CPX)	<ol style="list-style-type: none"> Integrated Clinical Encounter (ICE) <ol style="list-style-type: none"> Demonstrate data gathering and data interpretation skills including documented summary of the findings of the patient encounter (history and physical examination), diagnostic impressions, justification of the potential diagnoses, and initial patient diagnostic studies; Identify a patient at risk for becoming unstable and identify appropriate next step(s); Create differential diagnosis with several possibilities/most important problems prioritized; Propose a treatment plan that addresses issue(s) raised by problems and/or diagnosis Communication and Interpersonal Skills (CIS) <ol style="list-style-type: none"> Demonstrate appropriate and compassionate interpersonal communication with patients and families in stressful circumstances; Demonstrate the ability to foster the relationship by listening attentively and showing interest in the patient as a person; Shows skills in informational interviewing and encouraging the patient to explain the situation in her/his own words; Demonstrate skills in providing information to the patient by using clear and understandable language matched to the patient's need, preference and ability; Demonstrate ability to help the patient make decisions by outlining what should happen next, linked to a rationale, and by assessing a patient's level of agreement, willingness, and ability to carry out next steps; Demonstrate the ability to support emotions when a clinical situation warrants it by seeking clarification or elaboration of the patient's feelings and by using statements of understanding and support Spoken English Proficiency (SEP) <ol style="list-style-type: none"> Demonstrate clarity of spoken English communication within the context of the doctor-patient encounter (e.g., word choice, pronunciation, and minimizing the need to repeat questions or statements); Demonstrates accurate word choice to enhance comprehension and decrease the amount of listener effort required to understand the student's questions and responses
Transition to Residency (TTR)	<ol style="list-style-type: none"> Communicating with patients and families: Review and demonstrate strategies for communicating with patients and their families in stressful circumstances, including delivering life altering news and disclosing medical errors. Communicating with patients and families: Demonstrate effective communication skills for obtaining informed consent for a procedure from a patient or legal guardian. Communicating with colleagues: Review and demonstrate strategies for communicating with colleagues, including giving and receiving sign outs, calling consults and filling out death certificates. Articulating essential non-clinical aspects of medicine: Review several non-clinical aspects of being a medical professional, including debt management, malpractice, licensure, stress management and reflective practice. Practicing basic clinical and procedural skills: Review and practice some of the basic skills necessary to becoming a well-rounded physician including placing IVs, reading EKGs, reading basic x-rays and recognizing and stabilizing the unstable patient. Practicing basic clinical and procedural skills: Review and practice entering orders into the electronic medical record. Demonstrate basic preparedness for residency: describe what is expected of interns; appropriate debt management; malpractice and legal issues pertinent to resident physicians; process and requirements for physician licensure.
Testing Intersessions	<ol style="list-style-type: none"> To demonstrate sufficient acquisition of content-specific knowledge and clinical reasoning in seven core clinical disciplines of medicine (family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, psychiatry, and general surgery.)

Conflict of Interest Disclosure Prior to Lecturing Policy for Teachers

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.

Attendance Expectations for Foundations of Medicine Phase Students

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 their professional development as an aspiring physician. Students will know which sessions are required by looking at their weekly schedule in Sakai. Not only will the students' own learning be

enhanced by attending all required sessions, but classmates and instructors will count on student participation in large and small group activities to enrich their learning. This focus on being present is analogous to what will be expected of students during their clinical experiences, residency training, and ultimately, their 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. Student attendance will not be tracked on a daily basis because we know students are all adults, and we expect adults to adhere to the attendance expectations explicitly stated above.

Foundations of Medical Anatomy (FOMA) and Clinical Skills Lab (CSL) Required Attendance:

Attendance is required and tracked for all Foundations of Medical Anatomy (FOMA) and Clinical Skills Lab (CSL) sessions. Because of the experiential nature of these sessions and the associated collaborative learning process, it is critical that all students attend the sessions so that everyone can obtain the maximum benefit derived from the intended learning objectives and instructional methods. 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**. The request will be considered and a reply provided. This form can be found on the Office of UME Sakai site in the “Student Information” tab. **Regarding CSL absences:** A student who misses their regular CSL session (for any reason) must complete a written assignment relevant to that week’s session and content, to be returned to TSO by the end of the week following the absence. These assignments will be reviewed by a faculty member. Any student with repeated absences will be required to meet with a member of the educational leadership group (i.e., one of the clinical thread directors) to address the attendance problem in a constructive manner. The student’s portfolio coach will also be notified if there are repeated absences in CSL sessions. A student who misses a required CSL session without submitting the form, or any student who misses four or more sessions (two or more days) in the first academic year (FUND – HODI) and two or more sessions (one day or more) in the second academic year (NSF – DEVH), may have a Professionalism Monitoring Form (PMF) submitted for their absences, which may result in Medical Student Progress Board review.

Foundations of Medicine Preceptorship Required Attendance:

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

Attendance Expectations for Clinical Experience Phase Students

Students in the OHSU clinical curriculum are expected to attend and actively participate in all required clinical experiences and MD program activities. Students are expected to schedule personal activities during University breaks in the academic calendar. There are no scheduled holidays during core/elective clinical experiences with the exception of Thanksgiving Day. (No student is ever enrolled in a rotation

during winter break so all students have the holidays that fall during that 2-3 week time off as well.) 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. One exception to this includes missing a critical aspect of the rotation due to illness, and these are handled on a case-by-case basis. See categories for time off 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 and should contact Student Health and Wellness Center for questions or concerns about this. 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 to the Clinical Experience Director or Coordinator 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 a student does not take two days off on a previous required rotation, they 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.

Note that requests for time off should NOT be presented to supervising resident or attendings, though these individuals should certainly be notified in advance once approval is obtained.

Inclement weather procedures

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. **All medical students are students, and as such, are never classified as “Critical Function Employees” who are expected to work during modified operations at the University.** During inclement weather, all students are advised to check the the **OHSU O2 website**, or listen to the **OHSU Alert Line at 503-494-9021**. Decisions regarding the status of operations (i.e., Regular or Modified) on the OHSU campus are made by the OHSU Provost’s Office by 6:00AM. The UME program abides by the status determined by the University, and will hold, delay, or cancel classes as directed by the central University administration. Outlined below are guidelines for medical students concerning inclement weather. OHSU policy #1-40-010 regarding University functions and personnel during times of Modified Operations can be found at the following [link](#).

Foundations of Medicine / Pre-Clinical Experiences Students

During a weather event, classes may be on a normal schedule, delayed, or canceled. If classes are to be held or delayed, pre-clinical experience students are expected to make a reasonable effort to attend class and instructional sessions. In addition, specific instructions will be posted to the Sakai Announcement space (which also generates an email to students) for the Foundations of Medicine Block as early as possible (usually by 6:00 am) to give instructions to students about the class schedule. If conditions make it impossible for a student to travel safely to OHSU for a scheduled activity requiring attendance (e.g. examination), students should contact UME Teaching Services at 494-8428 or by email (tso@ohsu.edu) and indicate the absence.

Students scheduled for a preceptorship should follow the procedures above for classes. Students are responsible for contacting their preceptor directly, as well as the OHSU preceptorship coordinator, regarding their attendance for that day.

Clinical Experiences/Clerkship Students

Students who are **in clinical experience rotations in metro Portland-area locations** (Clackamas, Multnomah, Columbia, or Washington counties in Oregon, or Clark County in Washington) will follow OHSU modified operations policy. During OHSU Modified Operations, only Critical Function Employees should report in order to keep roads clear for emergency personnel and other patient care activities. Medical students are not Critical Function employees, therefore, if OHSU has declared modified operations, they must adhere to modified operations protocol.

Students are responsible for communicating with their team member(s) about their absences due to the modified operation protocol. This includes at a minimum the clinical experience director and

coordinator, and their supervising attending and/or senior resident. Typically, students will hear first from their Clinical Experience Director via email with further instructions during a weather event that necessitates modified operations. However, students should communicate with their clinical experience directors and coordinators via email if they have not received information from them and the University has implemented modified operations, to ensure the course leadership is aware that the student will be absent.

Students who are **rotating in a site outside of metro Portland area locations** (NOT in Clackamas, Multnomah, Columbia, or Washington counties in Oregon, or Clark County in Washington) should follow the individual hospitals/clinics operation guideline for those locations. Communication with the site director and/or coordinator as well as the supervising physician is the student's responsibility. A snowstorm in Portland does not excuse a student rotating in a non-Portland area hospital or clinic from work. For example, a student rotating in Springfield, Oregon at PeaceHealth Riverbend Hospital would still report to duty there when OHSU has declared modified operations for Marquam Hill because of a snow or ice storm in Portland.

Clinical Experience Directors will work with students to plan make-up dates/sessions for time missed due to modified operations.

Independent and life-long learning (6.3)

The Foundations of Medicine blocks standard weekly schedule

					Finalized 3-20-2018
Weekly Template FUND - BLHD (MS1 Summer B-Fall Term)					
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Large Group & Small Groups (10 min break avg per hour)	Large Group & Small Groups (10 min break avg per hour)	Large Group & Small Groups (10 min break avg per hour)	Large Group & Small Groups (10 min break avg per hour)	Independent Learning (all students)
9:00					Assessments-Examsoft and science skills (Avg 2 hours/week)
10:00					Large Group Sessions as Needed
11:00					Break
12:00	Break	Break	Break	Break	Break
1:00	Clinical Skill Labs (FUND-BLHD) 1-4pm	Summer B Term: FUND; Starting Fall Term: Intro to Preceptorship (all students)	↕	Independent Learning (all students)	Assessment (CSAs - avg 1 every other week, typically 30-45 min)
2:00			College Activities (average 2 hours of student contact time per week)		Patient panels or active learning large/small group sessions. Rare pure lectures.
3:00		Independent Learning (all students)	↕		
4:00	Independent Learning (all students)				

Each student has a minimum of **8 hours** of independent learning (IL) each week FUND - BLHD. Wednesday & Friday afternoons may have *additional* IL depending on colleges & block schedule. Weeks with University holidays (e.g., Labor Day, T-giving, MLK Day, Pres Day, July 4) are adjusted as needed.

NOTE: While there will always be a minimum number of 8 IL hours each week in every block, Block & Thread Directors retain flexibility to adjust where the IL occurs during a specific week for select educational activities (e.g., certain labs or workshops). In these instances, students will be notified before the block starts when these activities will adjust the weekly template.

Weekly Template SBM - DEVH (MS1 Winter Term - MS2 Fall Term)					
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Large Group & Small Groups (10 min break avg per hour)	Large Group & Small Groups (10 min break avg per hour)	Large Group & Small Groups (10 min break avg per hour)	Preceptorship (1/2 class)	Independent Learning (all students)
9:00				Independent Learning (1/2 class)	Assessments-Examsoft and science skills (Avg 2 hours/week)
10:00					Large Group Sessions as Needed
11:00					Break
12:00	Break	Break	Break	Break	Break
1:00	Preceptorship (1/2 class)	Clinical Skill Labs (SBM-DEVH) 1-4pm	↕	Large Group, Small Group, or Science Labs	Assessments (CSAs, avg 1 every other week, typically 45 min)
2:00			College Activities (average 2 hours of student contact time per week)		Patient panels or active learning large/small group sessions. Rare pure lectures.
3:00		Independent Learning (all students)	↕	Independent Learning (all students)	
4:00					

Each student has a minimum of **8 hours** of independent learning (IL) each week SBM - DEVH. Wednesday and Friday afternoons may have *additional* IL depending on colleges & block schedule. Weeks with University holidays (e.g., Labor Day, T-giving, MLK Day, Pres Day, July 4) are adjusted as needed.

NOTE: During Preceptorship hiatus Summer A term (6 weeks) each year (typically ~ late June-early Aug) all students have *additional* 4 hours/week of IL.

NOTE: While there will always be a minimum number of 8 IL hours each week in every block, Block & Thread Directors retain flexibility to adjust where the IL occurs during a specific week for select educational activities (e.g., certain labs or workshops). In these instances, students will be notified before the block starts when these activities will adjust the weekly template.

Unscheduled (Independent Learning) Time in the Foundations of Medicine Phase

At least 8 hours of unscheduled time per week is allocated for independent learning during the Foundations of Medicine Curriculum phase. This allows medical students to develop the skills of lifelong learning and engage in independent study. The standard weekly schedule template above was last reviewed and approved by the UME Curriculum Committee on March 8, 2018.

Clinical Experience Phase Duty Hours (8.8) Policy

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 UME Curriculum Committee, through the Clinical Experiences sub-committee, 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, the student 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 (e.g., 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.

Clinical Experiences Expectations for Students

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 students and teachers alike.

1. Students are expected to be present and participate fully in all activities involved in the clinical experience, including orientation, seminars, and assessments.
2. Students are expected to make decisions, defend them, and understand the consequences of a poor decision. Students are early clinical learners, and do not have a medical degree and are not licensed independent practitioners. As such, students should seek appropriate approval from supervising faculty and residents before performing procedures, giving advice to patients, ordering tests, diagnostics or therapy.
3. Students are expected to give 100% effort while on a clinical experience and should expect the same from classmates.
4. Students are expected to be respectful of classmates, residents, faculty and other staff at all times. Do not undermine colleagues.
5. Students are expected to be current with all of their patients and are encouraged to do advanced reading on those patients. Students should feel free to bring relevant articles to the team.
6. Students should expect the residents and attendings to provide constructive criticism, so that they can improve throughout the clinical experience. Formal midterm feedback for every student is required midway throughout all required core clinical experiences.
7. Students are expected to be present daily unless they are ill or have a family emergency. They must seek approval for this time off by contacting the clinical experience director for permission. There are no scheduled holidays during core or elective clinical experiences with the exception of Thanksgiving Day.
8. Students will be assigned to specific sites and team by the Clinical Experiences Director and/or Coordinator. After they receive their clinical site placement, students may request an alternate site or team assignment **before the rotation begins** by contacting the Clinical Experience Coordinator via email. The request should include a clear rationale and reasoning for an alternate assignment. The Coordinator will consider the request, and grant it if able to do so. When circumstances do not allow for the requested change to occur easily or if the change might cause unreasonable disruption, the Coordinator will discuss the case with the Clinical Experience Director. The student will be notified by either the Coordinator or Director with a decision. Students who are denied can appeal to the Associate Dean for UME via email who will consider the request on a case-by-case basis.

9. Students should expect to receive their final clinical experience evaluation no later than 6 weeks of completing the clinical experience.
10. Students are expected to submit their completed clinical experience logs electronically no later than the last day of the clinical experience.
11. Students are expected to complete their 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 the greatest teachers.

Required Student Procedures and Clinical Procedure Logs (6.2 and 8.6)

Clinical Discipline	Patient Type/Clinical Condition	Procedures/Skills
Family Medicine	<ol style="list-style-type: none"> 1. Chronic cardiovascular disease (e.g., DM, HTN, obesity) 2. Respiratory condition (cough, difficulty breathing, pneumonia) 3. Mental Health Diagnosis (e.g., depression, anxiety, mood disorder) 4. Musculoskeletal Condition (e.g., arthritis, joint injury) 5. Patient who needs preventative care (adult and child) 6. Patient in FM clinic needing additional care, participate in a transition of care (e.g., ED/hospital, to interdisciplinary team, to hospital/ED) 7. For patient with chronic disease, update the chart 8. For patient with acute problem, participate in history and physical and develop a plan 	<ol style="list-style-type: none"> 1. Conduct a history of physical and review appropriate data to assist with a plan for chronic disease management 2. History and physical 3. History 4. Exam 5. Write orders 6. Patient handoff 7. Update a problem list or patient history 8. Document an assessment and plan
Internal Medicine	<ol style="list-style-type: none"> 1. Patient admitted to acute/inpatient unit 2. Patient admitted to acute/inpatient unit 3. Patient admitted to acute/inpatient unit 4. Patient admitted to acute/inpatient unit 5. Patient admitted to acute/inpatient unit 6. Patient admitted to acute/inpatient unit 7. Patient with Cardiovascular disorder 8. Patient with Pulmonary Condition 9. Patient with Hepatobiliary disorder 	<ol style="list-style-type: none"> 1. Admission H&P Write up 2. Admission Oral Presentation 3. Admission History and Physical Exam 4. Plan safe discharge including med reconciliation, handoff to outpatient care team, and identify safe follow up 5. Daily interview and examination of hospitalized patient 6. Follow up Patient Encounter- written note 7. Interview, examination, formulation of assessment and plan 8. Interview, examination, formulation of assessment and plan 9. Interview, examination, formulation of assessment and plan
Neurology	<ol style="list-style-type: none"> 1. Patient with a neurological condition (e.g., headache, sensory loss, weakness) 2. Patient with a neurological condition (e.g., headache, sensory loss, weakness) 3. Patient with a neurological condition (e.g., headache, sensory loss, weakness) 4. Patient with a neurological condition (e.g., headache, sensory loss, weakness) 5. Patient with transient or paroxysmal alteration of neurological function (e.g., stroke, headache, seizure) 6. Patient with a change in mental status (e.g., delirium, coma, cognitive decline) 7. Patient with weakness or alteration of motor system (e.g., stroke, neuropathy, tumor) 8. Patient with headache or focal pain in body (e.g., headache, neuropathic pain, neuropathy, central pain syndrome) 9. Patient with numbness or paresthesia (e.g., stroke, neuropathy, spinal cord disorder, brain lesion) 	<ol style="list-style-type: none"> 1. Access remote patient records through HER 2. Written consultation note - new patient 3. Perform Observed Complete Neurological Physical examination 4. Perform Observed Neurological History 5. Interview/Exam 6. Interview/Exam 7. Interview/Exam 8. Interview/Exam 9. Interview/Exam

	10. Patient with a neurological emergency (e.g., stroke, seizure)	10. Interview/Exam
Obstetrics/ Gynecology	<ol style="list-style-type: none"> 1. Patient with an obstetric, gynecologic or gynecologic oncology condition 2. Patient with an obstetric, gynecologic or gynecologic oncology condition 3. Pregnant patient 4. Pregnant patient 5. Postpartum patient 6. Patient with obstetric and/or gynecologic condition 7. Gynecologic or gynecologic oncology patient 8. Gynecologic or gynecologic oncology patient 9. Pregnant patient 	<ol style="list-style-type: none"> 1. Oral presentation 2. Written note 3. Attend a vaginal delivery 4. Attend a Cesarean delivery 5. Interview and examine a postpartum patient 6. Perform a pelvic exam (speculum, bimanual exam) 7. Scrub in for gynecologic or gyn/onc surgery 8. Interview and examine post-op GYN patient 9. Measure fundal height and auscultate fetal heart tones
Pediatrics	<ol style="list-style-type: none"> 1. Infant or child patient 2. Infant or child patient with acute illness 3. Newborn patient 	<ol style="list-style-type: none"> 1. Plot weight and length on growth chart 2. Identify an ill child 3. Perform a newborn physical exam
Psychiatry	<ol style="list-style-type: none"> 1. Patient with an acute mental health condition (e.g., suicide attempt or gesture, mood disorder, psychosis) 2. Patient with an acute mental health condition (e.g., suicide attempt or gesture, mood disorder, psychosis) 3. Patient with an acute mental health condition (e.g., suicide attempt or gesture, mood disorder, psychosis) 4. Patient with an acute mental health condition (e.g., suicide attempt or gesture, mood disorder, psychosis) 5. Patient with an acute mental health condition (e.g., suicide attempt or gesture, mood disorder, psychosis) 6. Patient with an acute mental health condition (e.g., suicide attempt or gesture, mood disorder, psychosis) 7. Patient with an acute mental health condition (e.g., suicide attempt or gesture, mood disorder, psychosis) 8. Patient with an acute mental health condition (e.g., suicide attempt or gesture, mood disorder, psychosis) 9. Patient with psychotic disorder 10. Patient with anxiety disorder (e.g., OCD, PTSD, GAD, Panic disorder) 11. Patient with alcohol or substance use disorder 12. Patient with mood disorder 	<ol style="list-style-type: none"> 1. Assessment of dangerousness - suicide safety plan, understand of duty to warn 2. Oral presentation to peers on psychiatric topic 3. Development of treatment plan or consult recommendations 4. Mental status exam 5. Oral presentation – new or follow-up patient 6. Thorough cognitive evaluation (standardized ambulatory or bedside evaluation or other screening cognitive testing) 7. Written note – new or follow-up patient 8. Patient Interview (observed by faculty, fellow or resident) 9. Patient interview 10. Patient interview 11. Patient interview 12. Patient interview
Surgery	<ol style="list-style-type: none"> 1. Patient requiring an operation 2. Patient requiring an operation 3. Patient requiring an operation 4. Patient requiring an operation 5. Patient with a wound 6. Patient with suspected or proven bowel obstruction 7. Undifferentiated abdominal pain 	<ol style="list-style-type: none"> 1. Observe a pre-operative consent discussion for surgery 2. Scrub in for surgery 3. Demonstrate 2 handed knot tying 4. Demonstrate proper suturing technique 5. Evaluation of wound healing 6. History and physical examination 7. History and physical examination

Medical Student Clinical Supervision Policy (9.3)

Medical students are learners and are not yet licensed healthcare professionals. During clinical activity, at all times the supervising attending physician retains medical and legal responsibility for the patient's care and is ultimately responsible for the evaluation and management of the patient. While some of the day-to-day supervision of medical students may be delegated to house staff, the supervising attending physician retains full responsibility for the supervision of the medical students assigned to the clinical experience.

While engaged in clinical experiences or clinical activities associated with prescribed coursework, medical students should be incorporated into and accepted as an integral part of the team and permitted to participate in team care of the patient.

To facilitate the education of medical students, **supervising attending physicians and/or resident physicians** are expected to do the following:

- Provide opportunities for students to demonstrate appropriate responsibility and ownership for patient care responsibilities, including participating in supervised clinical activities as well as documentation in the patient's electronic health record.
- Provide students with regular and timely positive and constructive critical feedback. The clinical experience or course director should be notified immediately by the supervising physician if serious academic or professional gaps in student performance exist. Students are also encouraged to perform self-assessment and report to the attending physician and resident identified areas for improvement along with a plan for improvement. Students are encouraged to contact the attending and/or the clinical experience or course director with problems or concerns in clinical, administrative, professional or educational matters. Students may also directly contact one of the Assistant Deans for Student Affairs, or the Associate Dean for Undergraduate Medical Education with concerns.
- Set a model example of professionalism and collegiality, and demonstrate the attributes becoming of a professional, consistent with the OHSU Code of Conduct.

Individual clinical experience and course directors will provide specific guidance to students to explain the student's level of responsibility and the scope of approved activities and procedures expected or permitted on the clinical experience.

Definition of a Preceptor

The OHSU School of Medicine UME program defines a "preceptor" for purposes of teaching OHSU medical students as *"anyone who oversees the clinical activities of a student in an authentic clinical environment in any phase of the MD curriculum."* A preceptor may be an attending physician, resident physician, a member of the interprofessional healthcare team, or a community/public member with knowledge or expertise in a specified area, among others. In addition, certain departments may have additional criteria to be designated as a "preceptor."

Expectations for Electronic Health Record Use at OHSU by Medical Students

Goal: To effectively prepare OHSU students for residency training and professional practice in the 21st century, students must be fully integrated in the health care team, and this includes being fully engaged in using the electronic health record (EHR) systems in inpatient and outpatient settings.

Students are able to do the following EHR tasks with appropriate physician supervision:

- Document the clinical encounter including admit notes (H&P), and progress notes (SOAP)
- Enter information into all components of the patient database, including problem list, allergies, past medical, family, social history (PFSH) and the review of systems (ROS)

- Employ checklists and templates where appropriate
- Create and pend orders, including use of order sets, and decision support
- Access and view ancillary data from the medical record including laboratory and radiology
- Access and view data of other health professionals including nursing and allied health documentation.
- Locate and review data from prior hospitalizations and other institutions including admission notes, progress notes, procedure and consultation reports, discharge summaries, and including health information exchange systems (such as Care Everywhere). Develop a student in basket for purposes of sending feedback to them about their documentation.
- The discharge summary combines Hospital Course and Discharge Orders. A medical student may initiate a Discharge Summary, but (a) the note must remain in pended status until it is completed by either a resident or faculty; and (b) if used for billing, the CMS standard must be followed: *“teaching physician personally must perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.”*

The expectations for residents and/or attending involved in teaching medical students:

- Supervising physician (whether this is an intern, resident or attending) is expected to review the student notes and orders and 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 will write their own primary note in every situation, and must follow the CMS standard, *“The teaching physician must personally perform (or re-perform) the physical exam and the medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work”* 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 Clinical Experience Directors’ Subcommittee.

Students may not do the following in the EHR:

- 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, but may pend orders and notify the supervising physician to sign.
- Students may never document or perform other tasks in the Electronic Health Record under another person’s login. (See OHSU Code of Conduct, and Information Technology policy ISD-003, section 2(c)-(d): “(2) Users shall not...(c) knowingly allow access or use of a logged-in session by any other User or individual; [or] (d) knowingly access or use a logged-in session that was initiated by another User or individual.” This policy prohibits an attending physician from allowing a student to use the attending’s logged-in session, and prohibits a student from using a logged-in session where the student knows the student didn’t initiate the session. (§§ 2(a)-(b) of the same policy also prohibit sharing passwords or authentication information, as well as using another Users login or authentication information to initiate a session, respectively.)

What level of training do students have?

Use of the EHR and Informatics tools is integrated into all phases of the *YourMD* curriculum, including:

- **Transition to Medical School**
 - EpiCare Fundamentals online course (1 hour) and online assessment
 - EpiCare InBasket online course (30 minutes) and online assessment
 - EpiCare for Medical Students online course (30 minutes-1 hour) and online assessment
 - 2 hours of Instructor-led EPIC class time (EpiCare for Medical Students)
- **Foundations Curriculum**
 - Weekly Clinical Informatics Pearls teach individual EHR skills including protecting PHI, accessing all forms of data, creating clinical notes, entering orders. The Pearls and assignments will cover all functions that students need to utilize for effective EPIC use. These assignments will be outlined in detail in the course syllabi for each block and/or course
 - A series of EHR clinical skills labs integrate these skills into typical clinical tasks

- Assessment of EHR skills in regular Clinical Skills Assessment exercises
- **Clinical Experiences Curriculum**
 - Transitions to Clinical Experiences review of EHR skills
 - EHR skills refinement labs during each of four required Intersessions
 - EHR specific training and assessment on individual clinical experiences, including Family Medicine EHR and telemedicine OSCEs, etc.
- Under development are integrated assessments of EHR related functions as preparation for AAMC Core EPA 4 (entering orders) and EPA 5 (documenting the encounter).

OHSU EHR Technology Support

- Epic Help Desk: (503) 494-2222.

Compliance Contacts:

For compliance questions and to report possible violations

- Clinical Experience Director for individual clerkships
- Assistant Deans for Student Affairs, Dr. Ben Schneider or Dr. Amy Garcia
- OHSU Chief Compliance Officer (503) 494-6806
- OHSU Ombudsman

EHR Use by Students Rotating at the VAMC

- 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.

EHR Use by Students Rotating at non-OHSU and non-VA facilities

- Students should seek clarification of EHR use and student documentation expectations during orientation for all clinical experience located at non-OHSU and non-VA facilities, including those located out of state.

Student Assessment and Grading Related Policies & Procedures

Protocol to Avoid Portfolio Coaches Evaluating Their Own Students

Most Portfolio Coaches (“coaches”) have clinical teaching and evaluation roles in the clinical experiences. However, MD accreditation standards from the LCME require a coach to avoid being in an evaluative position over his/her students. Note: this protocol pertains strictly to formal evaluation and does not preclude Portfolio Coaches supervising, teaching, or providing formative feedback to their own students in a clinical or non-clinical learning environment.

Protocol: At the beginning of a new class of students entering clinical rotations, the Colleges Program Manager will send the roster of coaches to each clinical department, along with the list of students

assigned to each coach. Each department and coach will be responsible for ensuring no conflict of interest is posed, and ensuring that the coach never evaluates their own student. Since every clinical experience has a different structure, this can be done in one of several ways, for example:

- A student will not be placed on a team or at a site where the coach is responsible for the majority of student evaluation for that rotation (*e.g., a student enrolled in a pediatric hospitalist rotation would be assigned to a different team than his/her coach*)
- A clinical experience director who is a coach may ask for a colleague to review evaluations and assign a final grade for the clinical experience, recusing himself/herself entirely from the grading (*e.g., the Internal Medicine clerkship director may turn over grading for her coached students to a colleague knowledgeable of the medical student rotation and grading requirements*)
- A short-term evaluator may still work with a student, but not turn in any evaluation for a student (*e.g., an emergency physician coach could work a clinical shift with a student, and give a student feedback, but not turn in a shift evaluation card for the student*)

Coaches must also recuse themselves from residency selection decisions regarding their students. Please contact the Assistant Dean for Student Affairs (Dr. Amy Garcia), or Program Manager for the Colleges (Dr. Carolyn Zook) with any questions or unusual situations.

Non-Involvement of Providers of Student Health Services in Student Assessment (12.5)

Providers of health services to medical students, including physical, psychiatric, and/or psychological services, are **never** to have involvement in the academic assessment of, or in promotions decisions about, that student. Health care professionals who serve as teachers of medical students **must recuse themselves** whenever they are asked to submit a formal assessment of, or make a promotion decision about, any student for whom they have provided health care.

Narrative/Formative Feedback to students (9.7)

- Foundations of Medicine Phase: Clinical Skills Laboratory narrative feedback is provided by faculty/teaching facilitators to all students within each of the seven required blocks (typically 1-2 times per block) and clinical preceptors in the preceptorship courses will also provide written narrative feedback to the student. All narrative feedback in the Foundations of Medicine phase will be visible in the student's Research and Evaluation Data for Educational Improvement (REDEI) portfolio for review by the student, coach, and UME program.
- Clinical Experience Phase: 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.

University Grading Policy and Summative Grading System for MD Students

The [University-Wide Grading Policy](#) (CAP #02-70-020) applies to all students at the University and pertains mainly to what appears on the University transcript for courses taken.

The **summative grading system** used in the MD program for each phase can be found below:

- **Foundations of Medicine phase of the curriculum (first 18 months of medical school): Seven blocks** all with 5 independent assessment components, including real-time remediation; competency judgments at conclusion of all seven blocks:
 - Component 1: Weekly quizzes (25-25 MCQs in ExamSoft)
 - Component 2: Weekly skills assessments (Basic Science; Clinical Skills + Health Systems)
 - Component 3: Final knowledge (50 questions in ExamSoft, OHSU-created)
 - Component 4: National Board of Medical Examiners (NBME) customized board exam
 - Component 5: Final skills assessment (Basic Science; Clinical Skills + Health Systems)

Preceptorships - Pass/No Pass and competency judgments. All Preceptors grade students using the OHSU-developed “BETR” rubric with descriptors:

Beginning → Emerging → Threshold → Ready (for clerkships)

- **Clinical experiences phase of the curriculum (everything after the first 18 months of medical school):**

Core Clinical Experiences – Seven core clinical experiences all with 4 independent assessment components required to pass; final grades determined by Qualified Assessors (i.e., educational leaders overseeing clinical experiences), using a five tiered System (Honors/A; Near Honors/B; Satisfactory/C; Marginal/D; Failure/F) and competency judgments.

- Component 1: Directly supervising Attendings’ and Residents’ evaluations of students using standardized rubric in MedHub
- Component 2: Objective skills assessments
- Component 3: Self-directed learning activities
- Component 4: Professionalism assessments

Core Interessions: Pass/No Pass, competency judgments; 4 independent assessment components required to pass

- Component 1: Attendance at all sessions, active participation, submit all requirements
- Component 2: Written reflection(s)
- Component 3: End-of-intersession quiz - ~50 MCQs/short answers in ExamSoft
- Component 4: Presentations and group projects with 3 science integration (basic, clinical, health systems sciences)

Scholarly Projects, Clinical Performance Exam, Testing Interessions, Certain elective clinical experiences: Pass/No Pass; competency judgments.

- **Transition Courses:** Pass/No Pass, competency judgments; independent assessment components required to pass
 - **Transition to Clinical Experiences**

- Component 1: On-time completion of all pre-work modules and quizzes
- Component 2: Attendance at all sessions and assessments, active participation and submission of all course requirements
- Component 3: Final capstone OSCE
- **Transition to Residency**
 - Component 1: Attendance and active participation in all large and small group sessions
 - Component 2: Passing score for each of 3 OSCEs
- **Competencies and Entrustable Professional Activities (EPAs):** Pass/No Pass. See Medical Student Handbook “Graduation Requirements” section for full details. Badges will be awarded for the 13 core EPAs for entering residency once sufficient evidence is present in the cumulative student performance record as judged by the UME Entrustment Group. Evidence includes assessment components, competency judgments by Qualified Assessors, narrative comments and workplace-based ad-hoc EPA assessments of students by directly supervising teachers that are reviewed by the UME Entrustment Group, among others.

Evaluation of Courses, Instructors, and UME Program

Student Evaluation of Curriculum and Instructors (8.5)

Student feedback is an essential part of improving the student experience and quality of the educational program. Students are expected to provide honest, constructive, and professional feedback of their courses, instructors, and clinical supervisors in the Foundations of Medicine phase and the Clinical Experience phase of the curriculum as part of their professional responsibilities as a medical student.

Foundations of Medicine Phase:

All students are required to complete summative course evaluations for every Block and Course using the OHSU evaluation system, Blue (accessed by the Sakai site). Evaluation results are anonymous, and are shared with the Office of UME and appropriate educational leaders, committees, and subcommittees for the purposes of continual quality improvement. All students are also expected to provide teaching effectiveness evaluations in each block/course. Teaching effectiveness evaluation results are also shared in an aggregate, anonymous format with the Office of UME, individual instructor, and pertinent educational leaders, committees, and subcommittees. Evaluations by students of their clinician preceptors in the Preceptorship courses are compiled over the 18 month Foundations of Medicine phase, and provided to the preceptor anonymously at the end of the phase.

Clinical Experience Phase:

All students are required to complete summative course evaluations for every clinical experience and course taken in the clinical experience phase using the SoM evaluation system, MedHub. All students are also expected to provide faculty/resident evaluations, service evaluations, and conference/didactic evaluations. Results of summative course evaluations are shared anonymously by the Office of UME

with appropriate education leaders, coordinators, committees and subcommittees. Evaluation results of faculty by students are viewable to the faculty member only in an aggregate format once three or more evaluations have been completed. However, residency program faculty directors, residency program staff coordinators, and the course staff coordinators have access to student evaluations of residents in a non-aggregate, non-anonymous format. Any student who has concerns about submitting an evaluation for a faculty member who also happens to be a residency program director, should contact one of the Assistant Deans for UME Student Affairs or the Administrative Manager for Curriculum and Student Affairs to discuss this.

Role of UME Curriculum Committee in Program Evaluation (8.1)

The UME Curriculum Committee (UMECC) is responsible for the overall evaluation of the YourMD curriculum. Educational outcome data are reviewed regularly by the UMECC where action items are determined for continual quality improvement purposes. The UMECC is aided in this work by three of its sub-committees (i.e., Foundations of Medicine sub-committee, Clinical Experiences sub-committee, and Evaluation sub-committee.) Summary of outcomes are also posted on the Office of UME Sakai site for student review in the “Student Information” tab. The following table lists the educational outcomes that are reviewed by the UMECC in the YourMD curriculum.

Educational Outcome Data Reviewed	Frequency of Review
USMLE results, de-identified and aggregated – Step 1; Step 2 CK; Step 2 CS	Annually
Clinical Performance Exam (CPX) results, de-identified and aggregated	Annually
Student competency and entrustable professional activity (EPA) results, de-identified and aggregated	Annually
Number of MD Graduates, Time-To-Degree, and Transition to Dual-Degree and Other Academic Enrichment by Year, de-identified and aggregated	Annually
National Residency Matching Program (NRMP) match results, identified and individual	Annually
Match Stats	Annually
AAMC Graduation Questionnaire (GQ) results	Annually
Program Director (GME) Assessment of PGY-1 year performance of graduates, de-identified and aggregated	Annually
Student mistreatment reporting, de-identified, aggregated	Annually
Duty hours reporting, de-identified, aggregated	Annually
Required Course and Clinical Experience multi-year comprehensive reviews	Every 3 Years
Elective Courses and Clinical Experience multi-year comprehensive reviews	Every 5 Years
Evaluation of YourMD Curriculum As a Whole	Every 3 Years

AAMC Graduation Questionnaire (GQ)

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 student satisfaction for all years of the student’s medical school education. The GQ results are



shared by the AAMC 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.

SECTION IV: STUDENT SUPPORT SERVICES

School of Medicine Student Support Services

Assistant Deans for Student Affairs

All students are supported by many faculty, staff, and administrators in the School of Medicine and OHSU. Students who are experiencing difficulty of any sort, as well as teachers who are aware of any students struggling, are encouraged to reach out to the Assistant Deans for Student Affairs in the UME Office for assistance. They can be reached multiple ways, depending upon the urgency of the situation:

 <p>Dr. Amy Garcia Assistant Dean for Student Affairs Associate Professor, Pediatrics (GI)</p> <p>Office: RLSB 5S076 (South Waterfront) Personal Office Phone: 503-346-4748 Main UME Office Phone: 503-494-8220 Email: garciaam@ohsu.edu Urgent Needs: call OHSU Operator 503-494-9000 and ask to page Dr. Garcia</p>	 <p>Dr. Benjamin Schneider Assistant Dean for Student Affairs Assistant Professor, Family Medicine</p> <p>Office: RLSB 5S078 (South Waterfront) Personal Office Phone: 503-346-4749 Main UME Office Phone: 503-494-8220 Email: schneibe@ohsu.edu Urgent Needs: call OHSU Operator 503-494-9000 and ask to page Dr. Schneider</p>
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Colleges Learning Communities

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.

The UME Colleges and contact information include:

Amy Garcia, MD Assistant Dean, Student Affairs & Director, UME Colleges 503-346-4748 garciaam@ohsu.edu	Carolyn Zook, PhD Program Manager, UME Colleges 503-494-6181 zookc@ohsu.edu	Vanessa Valdez, MS Administrative Coordinator, UME Colleges 503-494-6067 valdezv@ohsu.edu
College	Faculty Co-Lead & Contact	Faculty Co-Lead & Contact
<i>Global Health and Urban Underserved</i>	Molly Osborne, MD osbornem@ohsu.edu	Rahel Nardos, MD nardosr@ohsu.edu
<i>Urban Medical Subspecialties</i>	Kara Connelly, MD connellk@ohsu.edu	Rebecca Harrison, MD harrisor@ohsu.edu
<i>Surgical Specialties</i>	Keenan Mitchum, MD yanitk@ohsu.edu	Enjae Jung, MD junen@ohsu.edu
<i>Metropolitan Primary Care</i>	Sean Robinson, MD robinsse@ohsu.edu	Adam Kellis, MD kellisr@ohsu.edu
<i>Rural Medicine</i>	Rebecca Cantone, MD cantone@ohsu.edu	Gabe Andeen, MD andeeng@ohsu.edu
<i>Acute Care</i>	Chidi Ani, MD ani@ohsu.edu	Shadi Dowlathshahi, MD dowlatsh@ohsu.edu
<i>Hospital-Based Diagnostics and Therapeutics</i>	Jay Starkey, MD starkey@ohsu.edu	Joseph Chiovaro, MD chiovaro@ohsu.edu

College Portfolio Coaches: Individual Academic Advisors for Students

Faculty Name	Contact	Faculty Name	Contact
Katie Au, MD	auk@ohsu.edu	Kyle Kent, MD	kentk@ohsu.edu
Amarprit Bains, MD	bainsa@ohsu.edu	Sheevaun Khaki, MD	khakis@ohsu.edu
Fran Biagioli, MD	biagiloi@ohsu.edu	Amit Mehta, MD	mehtaa@ohsu.edu
Carol Blenning, MD	blenning@ohsu.edu	Melissa Moffitt, MD	moffittm@ohsu.edu
Jim Boehnlein, MD	boehnlei@ohsu.edu	Omar Nazir, MD	nazir@ohsu.edu
Kourt (Richard) Bowes, MD	bowes@ohsu.edu	Michelle Noelck, MD	noelck@ohsu.edu
Anna Brady, MD	bradyan@ohsu.edu	Angie Pena, MD	penaan@ohsu.edu
Hans Carlson, MD	carlsonh@ohsu.edu	Bailey Pope, MD	popeb@ohsu.edu
Rob Cloutier, MD	cloutier@ohsu.edu	Joshua Schindler, MD	schindlj@ohsu.edu
Ganesh Devendra, MD	devendra@ohsu.edu	Shinpei Shibata, MD	shibata@ohsu.edu
Allison Empey, MD	empey@ohsu.edu	Sonia Sosa, MD	sosaso@ohsu.edu
Ladawna Gievers, MD	gievers@ohsu.edu	Sean Stanley, MD	stanleym@ohsu.edu
Farahnaz Joarder, MD	joarder@ohsu.edu	Amy Wiser, MD	wisera@ohsu.edu
Megan Jacobs, MD	jacobsme@ohsu.edu	Eric Wiser, MD	wisere@ohsu.edu
Kyle Johnson, MD	johnsoky@ohsu.edu		

Tutoring and Learning Support

The OHSU School of Medicine seeks to support the academic success of all students. General programming, individual consultation, and formal peer tutoring is available to all students in the MD program. Students should contact Stephen Mills, MA, UME Academic and Learning Support Specialist (millstep@ohsu.edu) for appointments, or to request a tutor.

Diversity and Inclusion Supports for Students

UME Diversity Navigators: The School of Medicine UME program implemented a Diversity Navigator Program in January, 2019 consisting part-time funded faculty members to serve as a resource for any OHSU medical student who desires additional culturally competent mentorship, advising, and coaching outside of, and in addition to, their existing academic coaching relationship and cohorts.

The Diversity Navigator Program current contacts include:

Dr. Amy Garcia Assistant Dean for Student Affairs and Director, Diversity Navigator Program garciaam@ohsu.edu	
Dr. Anthony Cheng Assistant Professor, Family Medicine chengan@ohsu.edu	Dr. Donn Spight Associate Professor, Surgery spightd@ohsu.edu

Additionally, **Derick Du Vivier, MD, MBA** serves as the School of Medicine's Assistant Dean for Diversity. The Assistant Dean works collaboratively across the School to support faculty, employees, and students in promoting a diverse, inclusive, and equitable climate for all.

Diverse Student Interest Groups at OHSU: The School of Medicine and OHSU maintains an active student engagement in a variety of [diverse student interest groups](#) listed below. The Assistant Dean for Diversity as well as **Ms. Leslie Garcia**, Assistant Chief Diversity Officer for OHSU work to support and foster relationships with student leaders and members of the various groups.

Diverse Student Interest Group Acronym	Full Name
APAMSA	Asian and Pacific Islander American Medical Student Association
SNMA	Student National Medical Association
LMSA	Latino Medical Student Association
MESAA	Middle Eastern South Asian Association
JSA	Jewish Student Association
AVDS	Alliance for Visible Diversity in Science
S4LGBTQH	Students for Lesbian, Gay, Bisexual, Transgender, Queer Health

Center for Diversity & Inclusion (CDI)

Phone: 503-494-5657

Fax: 503-494-4916

E-mail: cdi@ohsu.edu

Website: <https://www.ohsu.edu/center-for-diversity-inclusion>

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.

Diversity and Inclusion Links of Interest:

- [Diversity Events](#)
- [Diversity Action Plan](#)
- [Diversity Resource Guide](#) (comprehensive list of multicultural resources)
- [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](#)
- [Employee Resource Groups](#) (membership and activities open to OHSU students)

School of Medicine Diversity Definition for Students

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** in the following three areas:

- Persons from **racial or ethnic groups that are under-represented in medicine and biomedical research**: Black or African American, Latino or Hispanic (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).
- Persons who have experienced **significant disadvantage or adversity** (i.e., 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).

Gender Designated Facilities

OHSU has distinguished itself as a leader among Academic Health Centers regarding gender affirming care with the establishment of the OHSU Transgender Health Program in 2015. The program “strives to advance a vision of safe, affirming and welcoming care for all transgender and gender nonbinary individuals at every touch point across the organization.” (*OHSU News Dec. 21, 2017*) In 2017, OHSU approved and implemented the [Gender Designated Facilities Policy](#) so that “all OHSU members,

patients, and visitors by ensuring that individuals may use Gender Designated Facilities that best align with their gender identity or expression.” For additional information, see the [Gender Designated Facilities FAQ](#).

OHSU (University) Student Support Services

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. Students are not covered to participate in clinical activities during any University break or vacation. All “away” clinical experiences, both inside and outside of Oregon, require approval (see the OHSU Office of UME Sakai site for request form) 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 for Students

Medical students are automatically enrolled in life and disability insurance while they are enrolled, as long as a student remains active, full-time status, engaged in the medical school curriculum. Information on life and disability insurance is distributed to the incoming medical students, along with beneficiary designation/change form for Life and Accidental Death & Dismemberment Insurance.

OHSU Health Insurance

All medical students are required to have major medical health insurance. Information on eligibility and restricted enrollment times are described in the section entitled, Health Insurance Info and Waiver Applications [here](#).

Student Health & Wellness Center

Phone: 503-494-8665

Hours: Monday and Friday: 7am-5pm. Tuesday: 7am-7pm. Wednesday: 8am-5pm. Thursday: 8am- 7pm (After hour appointments available for counseling).

For urgent care after hours, 503-494-8311 and ask for the SHS physician on-call.

Location: Basement of Baird Hall, Room 18 (Primary Care) and Room 6 (Behavioral Health)

Student Health & 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 primary care and counseling services at the Student Health & Wellness Center. Eligibility for new students begins on the first day that classes start. Additionally, Student Health & Wellness Center primary care services are also available to OHSU students' adult dependents (spouse/registered domestic partner or child over the age of 18) as long as they have health insurance. Behavioral health providers are able to provide couple counseling to OHSU students and their spouse/domestic partner as long as the spouse/partner has health insurance.

Personal Counseling and Suicide Prevention

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 impacting their daily lives or their ability to succeed in school. Information discussed in personal counseling sessions through the Student Health and Wellness Center is held in strict confidence by the counselor. There are multiple ways that a student can obtain assistance as indicated below. 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:

Student Health and Wellness Center, Phone: 503-494-8665

Or contact: **Assistant Deans for Student Affairs** [Dr. Amy Garcia](#) or [Dr. Ben Schneider](#) by calling the OHSU paging operator at 503-494-8311.

If you are aware of a student (or anyone) in crisis, please call the **National Suicide Prevention Lifeline at 1(800)273-TALK (8255)**, or contact the Crisis Text Line by texting TALK to 741741.

Medical Student Wellness and Leadership Development in SoM

All students have the opportunity to participate in wellbeing and leadership programming collaboratively created by **Dr. Megan Furnari**, the Director of Medical Student Wellness & Leadership, and medical students. OHSU believes it is fundamental for students to have high quality programming focused on specific areas unique to becoming a doctor. Our philosophy is that all medical students are leaders, thus it is critical to provide leadership opportunities and training as an integral part of maintaining student happiness. Leadership training is periodically offered during enrichment sessions for students in the Foundations of Medicine phase. The purpose of the leadership training is to affirm and support purpose and vision in our medical student leaders, to further their enjoyment and engagement in their own learning process.

In addition to leadership, wellness focused activities will sometimes be optional and at other times integrated into the medical school experience. Some of the high yield topics specific to medical school wellness at OHSU include: understanding and optimizing the relaxation response, the science of

happiness, mindfulness based stress reduction, personal well-being plans, time management skills and sleep hygiene. Wellness education is infused within the College program, enrichment sessions, and other critical experiences for all medical students. Our focus is building a strong base in the 1st and 2nd years with frequent opportunities complemented by direct access to Dr. Furnari via her student office hours (2x/month) for more tailored advice or support. A USMLE Step 1 support program is also offered to help students deal with the challenges of a large standardized test and will include: relaxation training, focused tutoring, group mindfulness sessions, weekly exercise, affirmation emails, and gratitude exercises to enhance wellbeing and improve the student experience preparing and taking the exam. Overall, our programming offers a collaborative, rich, and nourishing experience for students to prepare them for a successful, well-balanced approach to their careers moving forward into residency and beyond.

Office of Student Access/Disability Accommodations

Phone: 503-494-0082

Email: studentaccess@ohsu.edu

Website: www.ohsu.edu/student-access

Director of Student Access and Accommodation: Jennifer Gossett, M.S.

MD Program Accommodation Liaison (PAL): Dr. Amy Garcia, 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. Students with a disability (physical, sensory, chronic health, psychological, learning, or other) are instructed to 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. Because accommodations may take time to implement and cannot be applied retroactively, it is important students have this discussion as soon as possible. All private 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. Amy Garcia.

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 or taking time off for a holy day or to engage in a religious observance or practice. Student seeking accommodations for religious beliefs are asked to complete the Religious Reasonable Accommodation form, located on the AAEO website below, or by contacting 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

Blood Borne Pathogens/Occupational Injury 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 are provided with an electronic card (“OHSU Procedure Following Exposure to Blood/Body Fluids”) which delineates the procedures to be followed when a student is exposed to blood/body fluids. **OHSU will bear the financial responsibility for any charges generated or billed to the student as a result of an occupational injury or exposure while on a clinical experience or preceptorship.** Medical students exposed to an infectious disease (through needle stick, bodily fluids, etc), an environmental hazard, or sustaining some other occupational injury, should:

1. Seek immediate care at the healthcare facility you are working in, as below:
 - **Students rotating at OHSU or the Portland VA**
 - If the exposure/injury occurs during normal business hours, students should go to the Student Health and Wellness Center on the OHSU campus.
 - If the exposure/injury occurs during evening, weekend, or holiday hours, students should seek care at the OHSU Emergency Department.
 - **Students rotating away from OHSU** should seek care at the healthcare facility’s Emergency Department or similar urgent care venue. Follow-up care is typically provided by Student Health and Wellness Center after emergency care at the local facility has been sought, and students should contact Student Health and Wellness Center to discuss timing of this care.
2. Contact one of the Assistant Deans for Student Affairs (Dr. Benjamin Schneider or Dr. Amy Garcia) to inform them of the incident, and who can provide support and resources, and to assist in mitigating the effects of the incident and any sequela on medical student education and learning activities.

- Follow the protocols established by Student Health and Wellness Center (e.g., Hepatitis B and C, and Human Immunodeficiency Virus (HIV) protocol as necessary, and HIV counseling and appropriate testing as necessary.)

Breastfeeding/Lactation Rooms and Resources

For students at the Robertson Life Science Building (RLSB) at the South Waterfront, Room 1S011 is a secure, badge-swipe only 24/7 accessible room for breastfeeding and pumping breastmilk. To gain access, students must request approval by completing the registration form [HERE](#). All of the OHSU lactation room resources for breastfeeding mothers can be found [HERE](#).

SECTION V: FACULTY BENEFITS FOR TEACHING

Faculty Appointment Process (4.3, 9.2)

OHSU-employed and non-OHSU employed community physicians are an important resource for teaching OHSU medical students. Holding a faculty appointment in one of the OHSU School of Medicine departments is required by our MD program's accreditor, Liaison Committee on Medical Education (LCME) for all Qualified Assessors in required Core Clinical Experiences (i.e., appointed Clerkship Directors for the seven required core clerkships). However, all community physicians who teach OHSU medical students but are not employed by OHSU are encouraged to consider requesting a volunteer faculty appointment in a specific OHSU School of Medicine department by the process outlined below.

<i>Step</i>	<i>Process</i>	<i>Who</i>	<i>Time frame</i>
Identify Clinician	Prospective faculty member put forward for appointment.	<ul style="list-style-type: none"> OHSU Department Chair Non OHSU health system OHSU Educational Program Self-nomination 	NA
Pre- Appointment Data Entry	Candidate information added to Pre-Appointment system <ul style="list-style-type: none"> Demographic data Clinical credentials Teaching experience 	Faculty candidate and/or designee	NA
Central Vetting Occurs	Initial verification of data	Faculty Affairs	2 weeks
	Vetting professional credentials <ul style="list-style-type: none"> State licensure(s) ABMS specialty certification Hospital credentialing Sunshine pharma support 	SOM Program <ul style="list-style-type: none"> UME PA Others 	2 weeks

	Vetting teaching credentials <ul style="list-style-type: none"> Educational training Teaching experience Evaluations 	SOM Department <ul style="list-style-type: none"> Clinical experience director Education coordinator 	4 weeks
Department Has Their Say	Chair reviews completed and vetted information packet	Department Chair decision (with rationale if deciding against)	4 weeks
	<i>Appeal process if Chair does not recommend appointment</i>	<i>SOM Program may appeal</i>	2 weeks
Appointment Finalized	Dean reviews (and if approves, appointment is finalized)	SOM Dean	2 weeks
	Faculty Affairs audit occurs, database is updated, record is live	Faculty Affairs	2 weeks
Welcome to Faculty	Notification of Appointment Letter (1 year) and "Welcome Packet" sent, stakeholders notified	Faculty Affairs	

To submit an application for consideration of a volunteer faculty appointment, please follow this [link](#). Please direct questions about faculty appointments in the School of Medicine to: somfacultyaff@ohsu.edu

Faculty Development Opportunities (4.5)

There are many resources and opportunities for faculty and teachers of OHSU medical students to develop and build skills related to teaching, assessment, learning theory, and scholarship among others. Most OHSU departments also have faculty development offerings specific to the department. Many of the resources listed below are available to all, while others are available only for individuals with an OHSU email address.

School of Medicine Faculty Development Resources:

- School of Medicine's [Faculty Development Website](#)
- School of Medicine's [Educators' Collaborative](#)
- School of Medicine's [Paths to Leadership](#)
- School of Medicine's Education Grand Rounds – First Wednesday of each month, noon-1pm OHSU Hospital 8B60. [Archives](#) of Recordings.

[OHSU \(University-wide\) Faculty Development Resources](#)

External Resources

Faculty development resources related to improving skills in **small group facilitation** can be found on the [Stanford Teaching Commons Small Groups and Discussions](#) site (public). Pertinent sections include:

- How to lead a discussion
- Leading discussion groups
- How to get students to talk in class

- Teaching plan elements for small groups

The Stanford Teaching Commons site also has excellent [Learning Resources](#) section for **enhancing students' learning in the classroom**, including:

- Promoting active learning
- Learning activities – activities in the classroom and beyond to enhance learning
- Learning matters – how learning works

The [National Center for Faculty Development and Diversity](#) also has many on-line resources. You can sign up for an account to gain access using your OHSU email. You will have access to the Core Curriculum, which includes seminars to hone skills on semester planning, time management, cultivating a network of mentors, engaging in healthy conflict, managing stress, and others.

Questions about School of Medicine and/or OHSU faculty development opportunities can be directed to:

- [Andrea Cedfeldt](#), MD, Assistant Dean, Faculty Development, School of Medicine
- [Nels Carlson](#), MD, Assistant Dean, Continuing Professional Development, School of Medicine
- [Niki Steckler](#), PhD, Chair, SoM Faculty Advancement and Development Committee
- [Constance Tucker](#), MA, PhD, Vice Provost, Educational Improvement and Innovation, OHSU
- [Teaching and Learning Center](#), OHSU

OHSU Library Access

Faculty members also have the benefit of accessing the OHSU library holdings and online resources. The welcome packet new faculty members receive as part of a faculty appointment outlines how to access the OHSU library resources.

Use of OHSU Letterhead for Writing Student Letters

Faculty members who supervise and/or teach OHSU medical students may also request to use OHSU letterhead for writing letters of reference for students' residency applications. Requests to obtain standard letterhead should be directed to the faculty members' department.

SECTION VI: OTHER POLICIES, PROCEDURES, & REQUIREMENTS RELATED TO MEDICAL STUDENT EDUCATION IMPORTANT FOR TEACHERS TO KNOW

Emergency and Disaster Preparedness for MD Students (5.7)

1. Medical student education is the primary focus of the School of Medicine at OHSU. In the event of a natural or man-made disaster, every attempt will be made to maintain the educational component of our medical school curriculum.

2. All students should review the OHSU Emergency Management [website](#) and [Emergency Preparedness Resources](#)
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 RLSB, 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.

Study, Lounge, and Storage Space, and Overnight Call Rooms (5.11)

Medical students must have adequate study space, lounge or relaxation space, a secure place for personal belongings, and a secure call room (if required to participate in overnight clinical learning experiences) in all clinical sites, including affiliated and community sites. To ensure compliance with this LCME accreditation requirement, the Office of UME works collaboratively with the Qualified Assessor responsible for the clinical experience and the department or health system partners to accomplish this.

Student Progression, Advancement, Graduation Requirements and Appeal Processes and Policies (9.9, 10.3)

Teachers may refer to the [Medical Student Handbook](#) for information about student progression, advancement, detailed graduation requirements, as well as discipline and appeal processes and policies for students in the MD program at OHSU.

Technical Standards (10.5)

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 #02-70-010](#) 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:

Many 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 (studentaccess@ohsu.edu).

School of Medicine MD Program-Specific 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.

MD Program Student Academic Record Access & Confidentiality (11.5)

Students have direct access to their assessment data in their Research and Evaluation Data for Educational Improvement (REDEI) portfolio as well as in the MedHub system for their course related performance/scores/comments/final grades. The REDEI portfolio houses the student's competency and entrustable professional activity (EPA) attainment and progress as well.

Students who consider the information contained therein to be inaccurate, misleading, or inappropriate have the right to challenge their educational records, and can do so by submitting, in writing, the challenge/concern to the Associate Dean, Undergraduate Medical Education.

Medical student educational records are confidential and available only to the faculty and administration with a need to know, unless released by the student or as otherwise governed by laws (e.g., [FERPA](#)) concerning confidentiality. Students can request to release their educational records in writing to the Office of Curriculum & Student Affairs (CASA) at casa@ohsu.edu. If the request is to release anything other than electronic versions, there may be a charge for copying the records incurred by the student. Medical students have right to review their educational records. Students can request to review their records by emailing to the CASA at casa@ohsu.edu. Upon receipt of the request, CASA will provide access to the record within 10 business days.

Patient Requests for or Refusal of Healthcare Professionals or Other Personnel with Specific Characteristics

OHSU Healthcare determined in 2017 the need to revise a previous policy (#HC-RI-133-POL) to address instances where patients at OHSU Hospitals and Clinics had requested or refused care provided by healthcare professionals or other OHSU personnel because of a specific characteristic of the employee. In general, these requests are not accommodated, and only three situations outlined in the policy will be considered for accommodation. The policy can be found at the following [link](#).

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.

Vendors in OHSU Learning Environments

All visitors with the intent to influence, sell products to, or gain access to OHSU medical students, or any employed staff or faculty, must abide by the relevant OHSU policies and procedures that pertain to OHSU visitors [Policy 07-15-010, OHSU Visitor](#) and solicitation [Policy 01-10-020, Solicitation](#). All vendors must obtain approval by the appropriate campus unit (i.e., in most situations regarding students, this is the Office of UME) prior to coming to OHSU. All members of the OHSU community, including students, are bound by the [OHSU Code of Conduct](#), which addresses gifts and entertainment, among other items (see Code of Conduct section elsewhere in this Handbook.) Specifically, the Code of Conduct states that OHSU members “*do not offer, solicit, or accept gifts or entertainment that may appear to or actually influence OHSU decisions.*”

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](#). 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.

University Student Grievance and Appeal Policy

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). For further information, students are referred to the [University Student Grievance and Appeal Policy Number 02-30-055](#)