



School of
MEDICINE

Handbook for Teachers of Medical Students

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INTRODUCTION

This **Handbook for Teachers of OHSU Medical Students** was 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, we always publicly post the most recent version of our [Medical Student Handbook](#) which 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 in the “Resources for Teachers” section [HERE](#). 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 I: PEOPLE AND CONTACTS

SoM UME Contact

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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 the 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 (LCME 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, kindness, and compassion between medical school teachers (faculty, residents, and staff) and learners. OHSU School of Medicine (SoM) expects that all student-faculty, student-resident, and student-staff relationships be held to the highest professional standards, and specifically be free of abuse, discrimination, harassment, and mistreatment. Students are provided with education and

information about these standards, mistreatment reporting, and data sharing during the fall or winter of the MS1 year in a required OASIS programming session, and again during the Transition to Clinical Experiences course in the MS2 year. Teachers and clinical supervisors of medical students are provided education and information about these standards in this [Handbook for Teachers of Medical Students](#), and during ongoing faculty and resident development sessions regarding learner mistreatment from the Office of UME.

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 the [OHSU Code of Conduct](#). See “Mistreatment Reporting” below in this Handbook.

Professional Conduct Expectations for Students in the MD Program (LCME 7.5)

The students in OHSU’s SoM 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 students in the MD program. A deviation from expected conduct may result in official SoM disciplinary action (see *Professionalism Concern Report (PCR) in the Violations of Professional Behavior – Students section elsewhere in this Handbook*).

- Honesty is a necessary professional virtue. Students are expected to be honest in their academic and professional interactions with each other, peers, patients, OHSU and the professional community. Academic honesty includes the responsibility for producing original academic work, as well as properly citing sources and not plagiarizing. The acquisition of materials in whole or in part from any source (e.g., from textbooks, journal articles, web resources, generative Artificial Intelligence (AI) such as ChatGPT, and third parties such as ghost writers) and the subsequent presentation of those materials as the student's own work without proper attribution, whether that material is paraphrased or copied in verbatim or near-verbatim form, constitutes an academic integrity violation unless otherwise allowed by the UME faculty director or administrative leader. This includes answers used to complete an assignment, written essays, or examinations.
- Students are expected to fulfill professional obligations in a timely and responsible manner.
- Society entrusts health professionals to help people endure physical and emotional distress, and grants health professionals the privileges of examining personal areas of the body and 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.
- 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)

- Students will not allow personal concerns or biases to interfere with their patient's welfare.
- Students should show respect for each other and those who support the care of patients and academic programs.
- Students should assist each other to identify and maintain professional standards of conduct in a dignified and helpful manner.
- Conflicts among students and other individuals should be addressed and resolved in an equitable and professional manner.
- Professional responsibilities require mental and physical skills that are unimpaired by the use of drugs or alcohol.
- Electronic information—see *Standards of Electronic Information Conduct* section found elsewhere in this Handbook.

Recognizing Excellence in Professionalism (REP)

The OHSU SoM UME Program encourages individuals to recognize OHSU medical students who have demonstrated exemplary professional behavior in their journey to become physicians of the future. This recognition can include de-identified patient comments, exceptional projects, peer support, outstanding communication, or **anything that goes above and beyond** the expectations of medical student professional behavior or the role of a position they hold. Feedback can come from a variety of sources – patients, faculty, staff, students, residents or others.

Please complete the [Recognizing Excellence in Professionalism \(REP\) form](#) to submit exemplary feedback about a medical student, which will be sent to the UME Student Affairs team to formally recognize the student. The REP form and exemplary feedback will also be placed in the student's medical student file in the Office of UME.

Professional Appearance and Dress

Students are expected to adhere to professional dress and attire when encountering patients 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.

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 training programs. Students must always comply.

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 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 PHI 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 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 PHI 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](#)

[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 information security or privacy, , report it as soon as possible. Even if you aren't sure something is an incident, 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 currently 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 oips@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 should not only abide by these standards and expectations, but also serve as role models for collaboration, honesty, respect, and trust during interactions with learners and colleagues.

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 SoM will ensure that the learning environment of its medical education program is conducive to the ongoing development of appropriate professional behaviors in its medical students, faculty, and staff at all locations. **The OHSU SoM, 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 (LCME 3.6)

- **Verbal abuse** includes shouting, hostility, belittlement, intimidation, humiliation or profanity directed at the student.
- **Physical abuse** or threats of physical abuse include hitting, slapping, kicking or intentionally placing a student at risk of physical harm.
- **Harassment** includes 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 when submission to such conduct is a term or condition of one's professional training.
- **Discrimination** includes behaviors, actions, and/or interactions 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. Reports of discrimination received by the Office of UME are all referred to the OHSU Office of Civil Rights Investigations and Compliance for further investigation.
- **Sexual misconduct** is an umbrella term that includes intimate-partner violence, sexual assault, sexual harassment, and/or stalking. Students are encouraged to review the [OHSU sexual misconduct and Title IX website](#) for more detailed information and definitions related to sexual misconduct. Reports of any type of sexual misconduct received by the Office of UME are all referred to the OHSU Office of Civil Rights Investigations and Compliance/ Title IX for further investigation. Students can also access the [OHSU Confidential Advocacy Program](#) to confidentially speak with an individual about the experiences you may have had.

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 sexual harassment is severe or pervasive enough to objectively and subjectively create a hostile, threatening, intimidating, or offensive environment.

➤ **Additional Types of Mistreatment** – In addition to the above definitions, other types of student mistreatment may include:

- Requiring a student to perform personal services such as shopping or babysitting
- Requiring a student to perform tasks which would likely cause a reasonable student to be humiliated.

Disrespectful Behavior – Students may experience negative behavior that does not rise to the level of (or categorized as) mistreatment, but can nevertheless negatively impact the student's experience during medical school, including:

- Rude or disrespectful comments directed toward or about the student
- Rude or disrespectful comments directed toward or about other members of the healthcare team
- Rude or disrespectful comments directed toward or about a patient

Students will be asked on their clerkship evaluations to relay the type and scope of mistreatment. These will be reviewed by the Dean's Office, as well as shared in an anonymized, aggregated format with Clinical Experience directors monthly without specific names, sites or any other identifiers.

Students are encouraged to report the details of mistreatment on their clinical experiences and/or any negative experiences they may have had regarding the clinical learning environment so intervention can occur (see "Mistreatment Reporting" below). Reports related to discrimination, bias, or any type of sexual misconduct will be forwarded to the OHSU Office of OCIC and students are encouraged to report directly to OCIC using the link in the clerkship evaluation for any discrimination concerns.

What to do if you witness or learn of an encounter of a student experiencing sexual harassment, sexual misconduct, sexual assault, or discrimination at a regional site or off-campus rotation:

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. If you are located off campus or off-site and experience or witness a reportable incident, please contact OHSU [OCIC](#), using the confidential report [complaint form](#).

Mistreatment Reporting (LCME 3.6)

There are **multiple ways for medical students (or any individual) to report student mistreatment**, including:

- Assistant Deans for Student Affairs – submit a confidential [report](#) to Dr. Rebecca Cantone
- Associate Dean for Undergraduate Medical Education – meet and confidentially report to Dr. Benjamin Schneider, Associate Dean, UME
- Block/Thread/Course Director/Clinical Experience Director – meet and confidentially report your situation
- OHSU [OCIC](#), confidential report [complaint form](#)
- OHSU Ombudsperson – ombuds@ohsu.edu or 503-494-5397
- [OHSU Integrity Office](#) – 503-494-8849 (877-733-8313 toll free and anonymous hotline)
- OHSU Department of Public Safety – For an emergency, call 503-494-4444. For a non-emergency, call 503-494-7744

Students can get confidential support (not a reporting mechanism) from the OHSU Confidential Advocacy Program (CAP) – 833-495-2277, or CAPsupport@ohsu.edu for live, confidential support 24/7.

Reporting is important so that student support can be provided 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 SoM or, where legally prohibited discrimination is involved, have their concerns reviewed by the OHSU OCIC.

Students

Professionalism Concern Report (PCR)

Professionalism is [the basis of medicine's contract with society](#). As such, the OHSU SoM has embraced professionalism as one of the core competency domains for all its students enrolled in its undergraduate medical education (MD) program.

The OHSU SoM UME Program utilizes a Professionalism Concern Report (PCR) as a formal mechanism by which individuals may submit information regarding an event or incident that raises concerns about an OHSU medical student's professional behavior. The UME Program embraces a growth mindset model with respect to developing professionalism, and uses the PCR and process described below to support student development, growth, and learning when a suspected or confirmed professionalism lapse occurs. Note: the PCR has replaced the former "Professionalism Monitoring Form – PMF."

1. The [Professionalism Concern Report \(PCR\)](#) may be submitted by any individual who has witnessed, was directly involved in, or otherwise has first-hand knowledge about an event or incident that raises concerns about a medical student's professionalism. Anonymous reports are not accepted.

2. The completed PCR is routed to the Assistant Deans for UME Student Affairs (ADSA), one of whom reviews the reporter's information, and who then creates a PCR document. The PCR document will include information about the reported concern and any supplementary material provided.
3. The ADSA will send the PCR document to the student via email to review, along with an invitation to meet within one week. This timing will provide the student with a rapid resource for transparent sharing of information, support, guidance, and discussion about the PCR document and process.
4. The student will provide their written perspective on the PCR document, and can do this before, during, or immediately following the meeting with the ADSA. **The student will finalize their portion of the PCR document no later than two weeks following their meeting with the ADSA** Once completed, the student will email the PCR document to the ADSA for further processing.
5. The ADSA will forward the PCR document to the Associate Dean for UME (ADUME). The ADUME will review all of the information on the PCR, categorize it as a minor or major concern, and determine if it is patterned. The ADUME will decide the disposition of the PCR document from the following three options:
 - **1: Refer the student to an OASIS Life & Wellness Advisor for a confidential discussion.** The discussion is intended to help coach and guide the student and promote healthy personal and professional identity formation for a successful physician career. **This conversation will not be documented** or recorded in the student's file in the Office of UME and is for the sole benefit and support of the student. The final and completed PCR document **will be** kept in the Office of UME by the UME Student Affairs and Scholarship Project Coordinator.
 - **2: Refer to the Medical Student Progress Board (MSPB) for a Course of Action meeting.** With this option, an invitation to the MSPB will be included in the response to the student by the ADUME.
 - **3: Another disposition** as determined and described in the response by the ADUME.
6. If a student is referred to the MSPB, the MSPB will follow standard protocol for Course of Action meetings (see Course of Action meetings elsewhere in this Handbook.)
 - If the MSPB recommends the student continue in the curriculum but with modification of the professionalism section of the student's Medical Student Performance Evaluation (MSPE, aka "Dean's Letter") because of the serious nature of the professionalism lapse, the proposed modification language will be included in the student's MSPB outcome letter, sent to the student by the ADUME within 30 days of the MSPB meeting. **The student will have the ability to appeal the proposed modified language of the professionalism section of the MSPE to the Senior Associate Dean for Education (SADE) in the SoM.** The SADE will be the final decider on the MSPE language for the student.
 - If the MSPB recommends the student proceed to a Dismissal Hearing and the ADUME agrees with this recommendation, the student will be invited per MSPB standard protocol for a Dismissal Hearing. If the student is dismissed from the UME program, **the student can appeal this final disciplinary decision** per OHSU policy #02-30-050, which can be found in the **Student Affairs** section of the [Academic Policies](#) page.

Student Misconduct

In addition to conduct proscribed by the SoM 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.

Anti-Discrimination Policy (LCME 3.4)

OHSU is committed to creating and fostering a learning and working environment based on open communication and mutual respect. It is the policy of OHSU to maintain an environment free of discrimination against any person because of a real or perceived protected characteristic.

If you experienced or witnessed any type of discriminatory misconduct (refers to prohibited discrimination, harassment, sexual harassment, sexual misconduct, sexual assault, domestic violence, dating violence, stalking, sexual exploitation, and retaliation) to report the incident immediately to the

[OHSU Office of Civil Rights Investigations and Compliance \(OCIC\)](#) at 503-494-5148 or ocic@ohsu.edu.

Inquiries about Title IX compliance or sex/gender discrimination and harassment may be directed to the OHSU **Title IX Coordinator** at 503-494-5148 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 OCIC. OHSU [Policy 03-05-048](#) "**Discrimination, harassment and Retaliation**" 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.

SECTION III: TEACHING, ASSESSMENT, & EVALUATION

Teaching and Teaching Related Policies/Procedures

Philosophy of the OHSU SoM UME Curriculum

The purpose of the UME curriculum is to foster transformation of learners into physicians. 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 SoM curriculum explicitly integrates the scientific basis of medicine with clinical experiences within and across each year. 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 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 SoM. 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.

- Intersession 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 to meet the educational mission of the SoM.
- The Curriculum Committee is responsible for implementation, coordination, evaluation and continuous improvement of the UME curriculum.

Undergraduate Medical Education Program Objectives - 17 UME competencies and 12 EPAs (LCME 6.1)

Students who have matriculated to the OHSU SoM UME program in summer 2025 and beyond are required to attain the pre-defined minimum number of level 3 milestones, as judged by a Qualified Assessor, in all 17 UME competencies before graduating, in addition to meeting all other graduation requirements listed in this Medical Student Handbook.

UME Comp #	Competency	# of Level 3 Milestones Required*	Setting for Students to Attain Level 3 Milestone
<u>Domain: Patient Care and Procedures (PCP)</u>			
1	PCP1 – Gather information through history-taking and physical/mental status examination on patients.	3	Must be in authentic clinical environment or high-stakes OSCE (CPX, TTCE, TTR)

2	PCP2 – Construct prioritized differential diagnosis based on interpretation of available clinical data.	3	Must be in authentic clinical environment or high-stakes OSCE (CPX, TTCE, TTR)
3	PCP3 – Develop and implement a personalized management plan for the patient.	2	Must be in authentic clinical environment or high-stakes OSCE (CPX, TTCE, TTR)
<u>Domain: Medical Knowledge (MK)</u>			
4	MK1 – Demonstrate foundational knowledge in basic science.	3	Can be attained in non-clinical environment such as FoM blocks, or authentic clinical environment/high-stakes OSCE
5	MK2 – Demonstrate foundational knowledge in clinical science.	3	Can be attained in non-clinical environment such as FoM blocks, or authentic clinical environment/high-stakes OSCE
6	MK3 – Demonstrate foundational knowledge in health systems science.	3	Can be attained in non-clinical environment such as FoM blocks, or authentic clinical environment/high-stakes OSCE
<u>Domain: System-based Practice (SBP)</u>			
7	SBP1 – Engage in the quality improvement process related to patient safety and system issues.	1	Can be attained in non-clinical environment such as FoM blocks, or authentic clinical environment/high-stakes OSCE
<u>Domain: Practice-Based Learning and Improvement (PBLI)</u>			
8	PBLI1 – Demonstrate behaviors that support lifelong learning and professional growth such as incorporating self-assessment and feedback.	3	Can be attained in non-clinical environment such as FoM blocks, or authentic clinical environment/high-stakes OSCE
9	PBLI2 – Locate, critically appraise, and synthesize new information to support evidence-informed and patient-centered clinical decisions.	3	Must be in authentic clinical environment or high-stakes OSCE (CPX, TTCE, TTR)
10	PBLI3 – Engage in scholarly inquiry and disseminate findings using ethical principles.	1	Can be attained in non-clinical environment such as FoM blocks, or authentic clinical environment/high-stakes OSCE
<u>Domain: Interpersonal and Communication Skills (ICS)</u>			
11	ICS1 – Communicate effectively with patients and families.	3	Must be in authentic clinical environment or high-stakes OSCE (CPX, TTCE, TTR)

12	ICS2 – Communicate effectively with physicians and physicians-in-training.	3	Must be in authentic clinical environment or high-stakes OSCE (CPX, TTCE, TTR)
13	ICS3 – Communicate effectively with non-physician health professionals as a part of the healthcare team to coordinate patient care.	3	Must be in authentic clinical environment or high-stakes OSCE (CPX, TTCE, TTR)
14	ICS4 – Communicate a patient handover to transition responsibility of care.	1	Must be in authentic clinical environment or high-stakes OSCE (CPX, TTCE, TTR)
15	ICS5 – Access, review, and contribute to the electronic health record and other technologies.	2	Must be in authentic clinical environment or high-stakes OSCE (CPX, TTCE, TTR)
Domain: Professionalism and Personal & Professional Development (PPPD)			
16	PPPD1 – Identify and address the negative effects of structural and social determinants of health for patients with diverse needs.	1	Can be attained in non-clinical environment such as FoM blocks, or authentic clinical environment/high-stakes OSCE
17	PPPD2 – Demonstrate behaviors that are reflective of professional values of truthfulness, timeliness, accountability, and follow-through.	3	Can be attained in non-clinical environment such as FoM blocks, or authentic clinical environment/high-stakes OSCE

**Approved by UMECC December 12, 2024*

Core Entrustable Professional Activities (EPAs) for Entering Residency

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

EPA 1a – Obtain a hypothesis-driven history
EPA 1b – Perform a tailored physical examination
EPA 2 – Generate a prioritized differential diagnosis for a clinical encounter
EPA 3 – Interpret diagnostic or screening tests for a clinical encounter
EPA 4 – Enter orders including prescriptions for a clinical encounter
EPA 5 – Document a clinical encounter in the patient record
EPA 6 – Provide an oral presentation of a clinical encounter
EPA 7 – Use literature to make a patient care recommendation
EPA 8 – Communicate a patient handover to transition responsibility of care
EPA 9 – Advance patient care through interprofessional collaboration
EPA 10 – Recognize a patient requiring urgent assessment and escalate care
EPA 11 – Lead shared decision-making discussions for patient care

Resident Participation in Medical Student Education (LCME 9.1)

LCME expects that each medical student participates in one or more required clinical experiences conducted in a health care setting in which he/she/they work with resident physicians enrolled in an accredited program of graduate medical education.

Required Course and Clerkship Learning Objectives and Associated UME Competencies (LCME 6.1 and 9.1)

Foundations of Medicine Phase	
Transition to Medical School (TTMS)	
1.	Learn about the range of information sources, policies, procedures and resources at OHSU as well as within the SoM (PPPD 2)
2.	Develop strategies for maintaining wellness during medical school and be able to list available resources (PPPD 2)
3.	Identify ways to recognize one's strengths and deficiencies for lifelong learning (PPPD 2)
4.	Demonstrate accountability by completing academic responsibilities in a comprehensive and timely manner (PPPD 2)
5.	Develop skillset to work effectively with others in a respectful manner (PPPD 2)
Fundamentals Block (FUND)	
1.	Understand basic anatomical terminology and the basic structures of the major organ systems (MK 1)
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 (MK 1)
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 (MK 1)
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. (MK 1)
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. (MK 1)
6.	Identify appropriate indications for genetic testing; demonstrate understanding of the relevant cytogenetic techniques and recognize the limitations and implications of test results. (MK 1)
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. (MK 1)
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. (MK 1)
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. (MK 1)
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. (MK 1)
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. (MK 1)
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. (MK 1)
13.	Apply the principles of pharmacokinetics (absorption, distribution, metabolism and elimination) to evaluate options for safe, rational, and optimally beneficial drug therapy. (MK 1)
14.	Apply knowledge of individual pharmacogenetic variability in the use and responsiveness to pharmacological agents. (MK 1)
15.	Understand the pharmacologic key principles, targets, mechanisms, kinetics, adverse effects, interactions and contraindications, therapeutic uses and clinical effects of antimicrobial agents. (MK 1)
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. (MK 1)
17.	Understand the key nomenclature and concepts integral to microbiology, infectious diseases, infection control and epidemiology. (MK 1)
18.	Distinguish the structural and behavioral elements as well as the methods of survival and pathogenicity among the major groups of human pathogens. v
19.	Understand and identify the diagnostic techniques used to evaluate bacterial, viral and fungal pathogens. (MK 1)
20.	Demonstrate knowledge of the basic principles of nutrition and how they relate to overall health, exercise performance and treatment of metabolic disorders. (MK 1)
21.	Understand the role of the FDA in drug development and safety monitoring and identify reliable sources to obtain drug information. (MK 1)
22.	Understand basic physiology terminology and apply it to selected physiological processes. (MK 1)
23.	Understand basic pathology terminology and apply it to selected pathological processes. (MK 1)
24.	Develop a comprehensive understanding of the molecular, genetic, and biochemical mechanisms underlying a range of inherited and metabolic disorders, including Marfan's Syndrome, Familial Hypercholesterolemia, Glycogen Storage Disease Type III, Diabetic Ketoacidosis, Phenylketonuria, and Urea Cycle Defects, to elucidate their pathophysiology and inform effective diagnostic and therapeutic strategies. (MK 2)
25.	Develop structured information-gathering skills for patients presenting with double vision, knee pain and chest pain as well as dyspnea and abdominal pain [CSL-AM] (PCP 1)
26.	Develop skills in synthesizing clinical facts and identifying potential diagnosis for patients presenting double vision, knee pain and chest pain as well as dyspnea and abdominal pain based upon available clinical data [CSL-AM] (PCP 2)
27.	Develop foundational skills in creating a management plan for a patient presenting with double vision, knee pain and chest pain as well as dyspnea and abdominal pain [CSL-AM] (PCP 3)
28.	Develop foundational communication skills essential for effective patient interactions such as relationship-building, skilled medical interviewing, and patient-centered agenda-setting. [CSL-CC] (ICS 1)
29.	Demonstrate an understanding of medical professionalism, ethical principles, and fundamental responsibilities of physicians. [CSL-CC] (PPPD 2)
30.	Understand the fundamental types of variables and measurements along with the basic statistics used to describe them. [CSL-CC] (MK 3)
31.	Understand the basics of informatics and evidence-based medicine and begin to develop skills for critically accessing published papers and other sources of information. [CSL-CC] (MK 3)
32.	Understand the basics of high-valued care, including articulating ways to increase value using high-value care resources. [CSL-CC] (MK 3)

33.	Describe the basic concepts of improvement science and patient safety. [CSL-CC] (SBP 1)
34.	Explore, appreciate and describe the various given and acquired attributes of diversity, structural factors, and social determinants of health that impact access, quality of care and health outcomes for individual patients and populations. Examples (needs to meet any ONE of the HEDSC attributes described in the HEDSC overview document): (PPPD 1) a. Recognizing the concept of socio economic status on access to care b. Recognize the concept of trauma, mental health and substance use experience on health behavior c. Identify race, ethnicity, gender identity, sexual orientation, religion, and immigration status as determinants of health
35.	Develop the ability to identify and evaluate relevant online resources, utilize knowledge-based tools to answer clinical questions, adhere to HIPAA privacy & security (including secure messaging within the electronic health record (EHR), and correctly access the EHR for patient documentation. (ICS 5)
36.	Develop the ability to self-reflect and set learning goals when prompted. [CSL - CC] (PBLI 1)
37.	Describe the strengths and limitations of generative AI tools for information search and retrieval [CSL] (MK3)
Blood and Host Defense Block (BLHD)	
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. - MK 1
2.	Distinguish innate and adaptive immunity in terms of cell types, immune-receptor specificity and diversity, kinetics, function, and role in immunological memory. - MK 1
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. - MK 1
4.	Describe the cellular and biochemical mechanisms that underlie immunologic pathologies including autoimmunity, hypersensitivity, and immunodeficiency. - MK 1
5.	Understand the clinical manifestations, risk factors, and treatments (pharmacologic and biologic) for immunologic pathologies including autoimmunity, hypersensitivity, and immunodeficiency. - MK 2
6.	Understand the pathophysiology of inflammation. - MK 2
7.	Understand normal hemostasis and thrombosis, including the coagulation cascade, platelet structure and function. - MK 1
8.	Understand abnormal hemostasis: bleeding disorders, platelet disorders and thrombophilia and their treatments. - MK 2
9.	Understand normal hematopoiesis and structure and function of the major content of the RBC (i.e., RBC membrane, hemoglobin, and housekeeping enzymes) – MK 1
10.	Understand the major diseases of RBC: anemia (nutritional, hemolytic, and BM failure) and hemoglobin defects and their treatments (pharmacologic, nutrition, and transfusions) – MK 1
11.	Understand cancer biology including ideas on carcinogenesis, signaling pathway abnormalities, and basic treatment modalities: targeted therapy, chemotherapy, bone marrow transplantation – MK 1
12.	Understand hematological malignancies: presentation, diagnosis and treatment; leukemias, lymphomas, myeloproliferative neoplasms and myeloma – MK 1
13.	Know the important infectious diseases of blood and lymph; understand their life cycles, modes of transmission, virulence factors, clinical manifestations, and treatment modalities – MK 1
14.	Demonstrate proficiency in pending orders for labs, medications, and blood products. - ICS 5
15.	Effectively utilize the Secure function and access restricted charts within E.HR. - ICS 5
16.	Effectively utilize customizations within the E.HR to enhance efficiency. - ICS 5
17.	Utilize the correct standards for crafting the Subjective and Objective portions of a note. - ICS 5
18.	Develop structured information-gathering skills for patients presenting with hearing loss and constitutional symptoms as well as vision loss [CSL-AM] - PCP 1
19.	Develop skills in synthesizing clinical facts and identifying potential diagnosis for patients presenting hearing loss and constitutional symptoms as well as vision loss based upon available clinical data [CSL-AM] - PCP 2
20.	Develop foundational skills in creating a management plan for a patient presenting with hearing loss and constitutional symptoms [CSL-AM] - PCP 3
21.	Develop effective communication skills by applying principles of health literacy, plain language, and clear communication strategies to enhance patient understanding, foster shared decision-making, and patient-centered care, including the disclosure of serious news and medical errors. [CSL-CC] ICS 1
22.	Demonstrate the ability to present clinical cases in written form. [CSL-CC] - ICS 5
23.	Describe ethical and legal principles of informed consent, serious news delivery, and error disclosure. [CSL-CC] - PPPD 2
24.	Develop skills in presenting patient cases in an organized and complete presentation. [CSL - AM] - ICS 2
Skin, Bones, & Musculature Block (SBM)	
1.	Understand basic nerve, muscle, skin, connective tissue, bone and joint physiology and function - MK 1
2.	Understand basic nerve, muscle, skin, connective tissue, bone and joint embryology and histology - MK 2
3.	Understand nicotinic pharmacology and muscle excitation/contraction coupling - MK 2
4.	Identify the musculoskeletal and peripheral nerve gross anatomy of the cervical and thoracolumbar spine, and the upper and lower extremities - MK 1
5.	Relate your knowledge of gross anatomy to the motor and sensory function of the spine and extremities and how that influences motion - MK 2
6.	Recognize deficits in function and formulate possible anatomic lesions that may account for the deficit - MK 2
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 - MK 1
8.	Understand the epidemiology and natural history of common nerve, muscle, skin, connective tissue, bone and joint conditions or disorders - MK 1
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 = MK 2
10.	Demonstrate an appropriate spine, upper and lower extremity, skin and joint physical exam, and understand the clinical correlations of exam findings - MK 2
11.	Demonstrate informed decision making regarding diagnostic tests and management plans for common nerve, muscle, skin, connective tissue, bone and joint conditions or disorders - MK 2
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 - MK 3
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 - MK 3
14.	Effectively utilize the E.HR to accurately place orders for radiology, consults, and pathologies, while incorporating online references to support informed diagnostic decision-making - ICS 5
15.	Understand the core components of study design, measurement, data description and interpretation, and threats to validity of results. [CSL-CC] - MK 3
16.	Demonstrate the ability to apply epidemiology principles to critically access published papers and other sources of information. [CSL-CC] MK 3
17.	Develop structured information-gathering skills for patients presenting with back pain, shoulder pain, knee pain, hip pain, ankle pain, as well as heel pain with back pain and fever, rash and joint pain [CSL-AM] - PCP 1
18.	Develop skills in synthesizing clinical facts and identifying potential diagnosis for patients presenting back pain, shoulder pain, knee pain, hip pain, ankle pain as well as heel pain with back pain and fever, rash and joint pain based upon available clinical data [CSL-AM] - PCP 2
19.	Develop foundational skills in creating a management plan for a patient presenting with back pain, shoulder pain, knee pain, hip pain, ankle pain, as well as heel pain with back pain and fever, rash and joint pain [CSL-AM] - PCP 3
20.	Explore the availability of data about minoritized communities in research studies, and appreciate how that impacts our understanding of generalization of study results and the use of the observation in clinical practice (relates to the attributes described in the HEDSC overview document). - PPPD 1
Cardio-pulmonary & Renal Block (CPR)	

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. - MK 2
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. - MK 2
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. - MK 2
4.	Identify common urinary, cardiovascular, and respiratory infections, the organisms that cause them, their clinical presentation, and basic treatment methods – MK 2
5.	Define the role feedback and feed forward mechanisms play in cardiovascular homeostasis. - MK 1
6.	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. - MK 1
7.	Develop a systematic diagnostic and management approach to address obesity, coronary artery disease, peripheral vascular disease and aneurysms. - MK 1
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. Additionally develop an understanding of renal drug handling and the factors in both health and disease that influence drug clearance. - MK 2
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. - MK 2
10.	Contrast and compare nephritic and nephrotic syndromes in terms of clinical presentation, pathophysiology, histology and management. Contrast the hematuria of glomerular origin with that caused by lithiasis, recalling the different types of stones, the risk factors associated with nephrocalcinosis and nephrolithiasis, as well as how to manage them, pharmacologically and non-pharmacologically. - MK 1
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. - MK 2
12.	Understand the principles of mechanical ventilation in relation to acute respiratory syndrome and respiratory failure. - MK 2
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. - MK 1
14.	Learn the structure of the kidney and urinary tract, and its somatic and autonomic innervation. Recall the nephron configuration and its normal histology appearance. Be able to describe the hemodynamic and cellular processes by which the glomerulus and the renal tubules handle sodium, water, hydrogen ion, potassium, bicarbonate, chloride, and urea as well as how these processes are regulated by nerves and hormones. Apply this knowledge to conceptualize differences in plasma and urine osmolality and to assess and manage patients with fluid and electrolyte derangements as well as acid base disorders. - MK 2
15.	Develop familiarity with various E.H.R views– IP vs OP, ED, etc. - ICS 5
16.	Graph, trend and display vitals over time. - ICS 5
17.	Develop skills to balance patient interaction and computer use during clinical encounters. - ICS 5
18.	Utilize online references to assist with appropriateness of care standards and to support medical decision-making. - ICS 5
19.	Develop structured information-gathering skills for patients presenting with heart murmur, syncope, chest pain, electrolyte disorders, acid base disorders, glomerular disorders, dyspnea and pneumonia. [CSL-AM] PCP 1
20.	Develop skills in synthesizing clinical facts and identifying potential diagnosis for patients presenting heart murmur, syncope, chest pain, electrolyte disorders, acid base disorders, glomerular disorders, dyspnea and pneumonia based upon available clinical data. [CSL-AM] - PCP 2
21.	Develop foundational skills in creating a management plan for a patient presenting with heart murmur, syncope, chest pain, electrolyte disorders, acid base disorders, glomerular disorders, dyspnea and pneumonia. [CSL-AM] - PCP 3
22.	Understand culturally responsive care, with a biopsychosocial perspective to ensure equitable, patient-centered communication and care. [CSL-CC] - ICS 1
23.	Identify the role and the effects of unconscious bias in clinical decision-making and develop mechanisms for mitigating them. [CSL-CC] - PPPD 1
24.	Demonstrate the ability to apply epidemiology principles to critically access published papers and other sources of information. [CSL-CC] MK 3
25.	Understand the core components of high valued care, including identifying common signs that costs are a barrier to healthcare and implementing high value care strategies that enhance patient outcomes while reducing unnecessary costs. [CSL-CC] MK 3
26.	Understand the core components of study design, measurement, data description and interpretation, and threats to validity of results. [CSL-CC] - MK 3
27.	Identify the core components of healthcare systems, and describe key metrics for reporting healthcare outcomes to evaluate performance. [CSL-CC] - MK 3
28.	Demonstrate the ability to set learning goals through self reflection, and seek feedback. [CSL - CC] - PBLI 1
Hormones & Digestion Block (HODI)	
1.	Describe the anatomy of the gastrointestinal tract and its associated organs, in addition to the diverse components of the endocrine system. - MK1
2.	Understand the developmental processes giving rise to the normal gastrointestinal and endocrine systems, and aberrancies leading to abnormal form and/or function. - MK 1
3.	Understand the cellular structure and function of the digestive and endocrine systems. - MK 1
4.	Discuss the complex interrelationships of the endocrine system components and homeostatic mechanisms including positive and negative feedback signaling. - MK 1
5.	Differentiate between endocrine and exocrine substances in the gastrointestinal tract and understand their roles in gastrointestinal homeostasis. - MK 1
6.	Describe the complex interactions between microorganisms and the human organism in both symbiotic and pathologic settings. - MK 1
7.	Recognize the effects of nutrition on growth and development, along with disease prevention and treatment. - MK 1
8.	Understand processes that adversely affect gastrointestinal system function including acquisition, transit, absorption, elimination, and the common clinical manifestations of these processes. - MK 2
9.	Appreciate the etiologies and consequences of disruption of homeostasis in the endocrine function. - MK 2
10.	Identify common causes and consequences of auto-immunity in the gastrointestinal and endocrine systems. - MK 1
11.	Recognize how genetic variations can impact normal and pathological form and function of the gastrointestinal & endocrine systems. - MK 1
12.	Understand the pharmacologic principles of common medications used to treat pathologic processes of the gastrointestinal and endocrine systems. - MK 2
13.	Discuss non-pharmacologic treatments of pathologic processes of the gastrointestinal and endocrine systems. - MK 2
14.	Describe the manifestations and pathophysiology of gastrointestinal disease. - MK 1
15.	Understand the metabolic functions of the liver, and the causes and consequences of liver disease. - MK 1
16.	Develop structured information-gathering skills for patients presenting with abdominal pain, GI bleeding, jaundice, adrenal/pituitary disorders, hyper and hypothyroidism [CSL-AM] - PCP 1
17.	Develop skills in synthesizing clinical facts and identifying potential diagnosis for patients presenting abdominal pain, GI bleeding, jaundice, adrenal/pituitary disorders, hyper and hypothyroidism based upon available clinical data [CSL-AM] - PCP 2
18.	Develop foundational skills in creating a management plan for a patient presenting with abdominal pain, GI bleeding, jaundice, adrenal/pituitary disorders, hyper and hypothyroidism [CSL-AM] - PCP 3
19.	Develop understanding of equitable, trauma-informed, and culturally responsive care by recognizing and addressing the impact of trauma, disability, race, ethnicity, and religion on health experiences, while developing clear communication strategies, mitigating bias, and ensuring accessibility and inclusivity in medical encounters. [CSL-CC] - ICS 1
20.	Describe the impact of microaggressions on the wellness of students and healthcare professionals. [CSL-CC] - ICS 2
21.	Understand patients' autonomy regardless of communication or decision-making capacity, the concept of supported decision-making, and communication surrounding mandatory reporting responsibilities. [CSL-CC] - PPPD 2
22.	Identify the core components of health insurance plans. [CSL-CC] MK 3
23.	Demonstrate the ability to present clinical cases in written form. [CSL-CC] - ICS 5

24.	Understand the basics of Artificial Intelligence, including its' current application in healthcare and begin to develop skills for critically accessing the ethical landscape that it introduces to healthcare. [CSL-CC] MK 3
25.	Demonstrate the ability to acquire data from multiple sources to define clinical problems. [CSL-CC] - ICS 5
26.	Accurately locate detailed information within the E.HR, including pathology reports. - ICS 5
27.	Utilize the E.HR –based references while placing orders. - ICS 5
28.	Utilize the correct standards for crafting the Assessment and Plan portion of a note. - ICS 5
29.	Identify Health Equity, Diversity, and Structural Competency attributes that impact access to the quantity and quality of insurance coverage, generative AI based health information, and health perception. - PPPD 1
30.	Develop skills in presenting patient cases in an organized and complete presentation. [CSL - AM] - ICS 2
31.	Demonstrate the ability to set learning goals through self-reflection and seek feedback. [CSL - CC] - PBLI 1
Nervous System & Function Block (NSF)	
1.	Describe the normal development, structure, and function of the central and peripheral nervous system, including the molecular biology of neural tissue. - MK 1
2.	Describe biological and social processes involved in neurological homeostasis, including basic neuroendocrine and neuro-immunological processes. - MK 1
3.	Describe the contribution of metabolic dysfunction to major nervous system disorders. - MK 1
4.	Describe congenital, developmental, and acquired mechanisms that increase the risk for nervous systems disorders. - MK 2
5.	Identify neural structures and neurophysiological correlates of attention, consciousness, sleep, emotion, memory, language, praxis, visuospatial function, and other higher cortical functions. - MK 1
6.	Describe underlying pathophysiology and localize the neuroanatomical correlates of the major congenital and acquired neurological, psychiatric, and sensory organ diseases and disorders. - MK 1
7.	Describe the mechanisms of action of neuropharmacological treatment agents and complementary medicines, including their indications, contraindications, and major side effects. - MK 2
8.	Be familiar with non-pharmacologic acute and chronic treatment of major nervous system disorders, including their indications, contraindications, and major side effects. - MK 2
9.	Correctly pend an Admit Order Set. - ICS 5
10.	Identify the correct workflows for TeleHealth encounters. - ICS 5
11.	Utilize the Healthcare Information Exchange tool in the E.HR. - ICS 5
12.	Utilize the E.HR to effectively communicate with patients. - ICS 5
13.	Develop structured information-gathering skills for patients presenting with weakness, sensory loss, ataxia, cranial neuropathies, dementia, psychiatric disturbances [CSL-AM] - PCP 1
14.	Develop skills in synthesizing clinical facts and identifying potential diagnosis for patients presenting weakness, sensory loss, ataxia, cranial neuropathies, dementia, psychiatric disturbances based upon available clinical data [CSL-AM] - PCP 2
15.	Develop foundational skills in creating a management plan for a patient presenting with weakness, sensory loss, ataxia, cranial neuropathies, dementia, psychiatric disturbances [CSL-AM] - PCP 3
16.	Describe the diverse roles in which physicians can lead, including how leadership approaches vary across various contexts. [CSL-CC] - MK 3
17.	Describe the core components of improvement science, patient safety, and systems-based practice. [CSL-CC] - SBP 1
18.	Identify and address challenges in medical encounters by recognizing contributing factors from the physician, patient, and system, fostering shared responsibility for difficult interactions, managing countertransference, and applying strategies to defuse and resolve challenging situations effectively. [CSL-CC] - PPPD 2
19.	NSF 19. Develop effective communication and decision-making skills by applying numeracy best practices, writing clear and actionable patient instructions, managing difficult encounters, supporting shared decision-making, and utilizing motivational interviewing techniques to facilitate patient engagement and positive behavior change. [CSL-CC] ICS 1
20.	NSF 20. Demonstrate the ability to set learning goals through self-reflection and seek feedback. [CSL - CC] - PBLI 1
21.	Develop the AI literacy skills necessary to effectively prompt AI chatbots and evaluate AI-generated text output [CSL] (MK3)
Developing Human Block (DEVH)	
1.	Identify and describe AMAB and AFAB reproductive anatomy and histology, including the relationships between the bony pelvis, perineum, muscles, blood vessels, nerves and organs of the reproductive system, lower digestive tract, and bladder. - MK 1
2.	Describe the key aspects of reproductive physiology in all humans with a focus on how hormones and signaling in the hypothalamic pituitary gonadal axis leads to the menstrual cycle, oogenesis and spermatogenesis. - MK 1
3.	Describe the pharmacological classes of medications used in reproductive and sexual health and describe changes to pharmacokinetics and pharmacodynamics that impact medication dosing throughout the lifespan. - MK 1
4.	Apply underlying reproductive basic science (e.g., anatomy, physiology, and pharmacology) concepts to the clinical aspects of reproductive health, sexual function and dysfunction, contraception, fertility and infertility, unexpected pregnancy, sexually transmitted infections, and sexual health. - MK 2
5.	Describe the role of trauma informed and gender inclusive care in providing reproductive health care, considering especially sexual orientation, gender identity, and history of sexual trauma. - MK 2
6.	Describe how a new human develops, including the processes of fertilization, blastogenesis, implantation, placental development, and embryology. - MK 1
7.	Describe the physiology and progression of pregnancy, the stages and frequently used pharmacological agents of childbirth, and pregnancy/childbirth's associated perinatal related complications. - MK 1
8.	Identify ways in which social drivers of health, environmental exposure, trauma, parental health, lifestyle choices, access to healthcare, and medications can influence a developing fetus, child, adolescent and adult. - MK 3
9.	Explore physiological and clinical care issues from infancy to adolescence with an emphasis on: well-child care, vaccines, common diseases of childhood, developmental milestones, puberty, adolescent health, eating disorders, and child abuse. - MK 2
10.	Explore issues related to wellness and screening across the lifespan including: the use of screening tests, disease prevention, and healthy lifestyle practices. - MK 2
11.	Describe and identify reproductive tract pathology in all humans, including aspects relating to reproductive tract pathology risk factors, screening, and testing leading to a diagnosis. - MK 1
12.	Identify key features related to normal and pathophysiological aspects of aging, as they relate to the effects of aging on organ systems, menopause & andropause, mental health, polypharmacy, cognitive function, falls, and complex decision-making. - MK 1
13.	Identify the importance of supportive relationships, quality of life, end of life care, and promoting patient-centered care as humans age and thrive. – MK2
14.	Demonstrate an appropriate, trauma informed, and patient-centered reproductive health related history and physical exam. – PCP 1
15.	Demonstrate holistic and comprehensive perspective of human development and the life cycle from conception to death and to understand how each element influences the process. - ICS 1
16.	Correctly enter patient-reported information into the E.HR.- ICS 5
17.	Utilize the E.HR templates and customizations to facilitate efficiency. ICS 5
18.	Navigate the E.HR to locate appropriate end-of-life documents. ICS 5
19.	Develop structured information-gathering skills for patients presenting with loss of libido. [CSL-AM] PCP 1
20.	Develop skills in synthesizing clinical facts and identifying potential diagnosis for patients presenting with loss of libido based upon available clinical data. [CSL-AM] PCP 2
21.	Develop foundational skills in creating a management plan for a patient presenting with loss of libido. [CSL-AM] PCP 3
22.	Demonstrate culturally responsive care by using person-first language and best practices in eliciting sexual orientation and identity, while addressing ageism through clear communication, challenging stereotypes, and promoting health equity for older adults and people nearing the end of life. [CSL-CC] ICS 1

23.	Describe at least 2 specific impacts of environment and social determinants of health (refer to HEDSC attributes) on the quality of health outcomes for individual patients and populations. [CSL-CC] - PPPD 1
24.	Identify one area of knowledge or skills that will help with patient education, care delivery or treatment outcome in a context where HEDSC attributes are influencing health. [CSL-CC] - PPPD 1
25.	Describe a patient-centered approach to discussing firearm prevention, including identifying the clinician's role in advocacy for evidence-based policies. [CSL-CC] - MK 3
Developing Your Scholarly Project (SP)	
1.	Identify an important scientific or clinical question for investigation. (PBL1, PBL13)
2.	Assess, evaluate, and apply scientific literature relevant to the question. (PBL1, PBL13)
3.	Formulate a project hypothesis based on current evidence and concepts in the field.(PBL1, PBL13)
4.	Learn appropriate approaches to addressing the question that are based on methodologic standards in the relevant fields of study.(PBL1, PBL13)
5.	Identify project relevance to medicine and healthcare. (PBL1, PBL13)
6.	Communicate effectively in oral and written form. (PBL1, PBL13, PPPD2)
7.	Follow ethical and professional standards throughout the course. (PPPD2)
Preceptorship (PREC 721)	
1.	Use the guidance of your supervisors to define personal learning goals (PBL1)
2.	Actively engage in reflective practice with peers (PBL1)
3.	Understand the roles and responsibilities of a student doctor in the healthcare setting, particularly in learning how to use the clinical environment as an environment of inquiry (PPPD2)
4.	Understand the knowledge, skills and attitudes that are expected for graduation from medical school (PPPD2)
5.	Understand the role of the student doctor in the health care team (PPPD2)
Preceptorship (PREC 722-724)	
1.	Interact with patients as a student-doctor (PBL1)
2.	Begin thinking as physicians in clinical interactions (PBL1)
3.	Use the guidance of your supervisors to define personal goals (PBL1)
4.	Actively engage in reflective practice with peers (PBL1)
5.	Act professionally in clinical settings (PPPD2)
Foundations of Patient Safety IPE	
1.	Explain individual, team, and system processes that can have an impact and/or can improve the quality and safety of patient care.
2.	Discuss the roles, responsibilities, and scope of practice of one's own and other health care professions.
3.	Implement specific practices/tools used in effective team communication.
4.	Describe individual, team, and system processes that can have an impact and/or can improve the quality and safety of patient care.
5.	Describe the roles, responsibilities, and scope of practice of one's own and other health care professions.
6.	Demonstrate the attitudes, values and ability to work effectively on an interprofessional team.
7.	Describe specific practices/tools used in effective team communication.
Clinical Experience Phase	
Transition to Clinical Experiences (TTCE)	
1.	Recognize normal and unstable vital signs and variations that might be expected, based on patient and disease-specific factors (PCP2)
2.	Demonstrate the ability to perform effective CPR, including basic airway management, and proper technique in performing jaw thrust, chin tilt, and bag-mask ventilation (MK2)
3.	Use information technology to find and apply knowledge-based information to healthcare for patients and populations (PBL12)
4.	Demonstrate several communication skills necessary to competent clinical care, including giving an oral presentation, and describing how and when to call for a consult (ICS2)
5.	Demonstrate how and when to activate rapid response, code blue, or Dr. Strong, and describe which members of the interprofessional team are included in each of these groups (ICS3)
6.	Demonstrate giving and receiving handoffs using closed-loop communication in various simulated transition settings (ICS4)
7.	Understand the core professional, ethical, legal, and clinical expectations of students, regardless of healthcare environment or discipline (PPPD2)
Family Medicine Core Clinical Experience	
1.	Conduct thorough history-taking and physical/mental status examinations (PCP 1).
2.	Formulate a prioritized differential diagnosis using clinical data (PCP 2).
3.	Develop and execute personalized patient management plans (PCP 3).
4.	Integrate established and emerging clinical knowledge into diagnostic and therapeutic decision-making, problem-solving, and evidence-based care (MK2).
5.	Demonstrate foundational knowledge in health systems science by exploring core principles of family medicine, including access, continuity, comprehensiveness, coordination, and contextual care, through guided interviews and reflective analysis. Students will also develop a foundational understanding of artificial intelligence and machine learning applications in healthcare, including physician responsibilities and ethical considerations (MK 3).
6.	Create a self-assessment plan to identify areas of personal and professional improvement (PBL1 1).
7.	Develop the ability to locate, critically appraise, and synthesize new information to support evidence-based, patient-centered clinical decision-making (PBL1 2).
8.	Engage in scholarly inquiry and ethically disseminate findings to contribute to evidence-based practice (PBL1 3).
9.	Communicate clearly and compassionately with patients and families (ICS 1)
10.	Demonstrate clear and accurate communication in the outpatient setting using a well-organized format, informed by clinical templates and adapted to the needs of patients, preceptors, and the care team (ICS 2).
11.	Demonstrate professional interactions with interprofessional colleagues while caring for patients (ICS 3).
12.	Effectively access, review, and document patient information in the electronic health record and utilize other healthcare technologies (ICS5).
13.	Exhibit professionalism through honesty, timeliness, accountability, and follow-through (PPPD 2).
Family Medicine Continuity Core courses—FAMP 731A, FAMP 731B, and FAMP 731C—also include the following course objective and associated competency:	
14.	Participate in a quality improvement project that benefits the clinic population of patients, providers, and/or staff (SBP 1).
Internal Medicine Core Clinical Experience	
1.	To independently collect and critically synthesize patient data (Interpreter) into a holistic, accurate clinical snapshot (PCP 1, PCP 2, ICS 5).
2.	To work toward developing evidence-based plans, with assistance (PCP3, PBL12).
3.	To apply knowledge to the clinical setting and establish self-directed learning habits to address any gaps (MK 2, PBL1 1).
4.	To communicate clearly and interact professionally with patients and all members of the interdisciplinary team (ICS 1, ICS 2, ICS 3, PPPD 2).
Internal Medicine Continuity Core Course- IMED731A- also include the following course objective and associated competency:	
5.	To actively engage in health systems science in order to maximize personal efficacy and deliver excellent patient care (SBP 1)
Neurology Core Clinical Experience	
1.	To recognize the clinical presentation of common neurological disorders. History taking skills to elicit precise symptoms and to distinguish clinical syndromes will be emphasized (PCP 1).

2.	To gain basic competence in the neurologic exam in both the screening neurological examination and a focused neurological examination based on specific area of concern (PCP 1, MK 1).
3.	To develop the ability to create a reasonable and ordered differential diagnosis of common neurologic disorders and understand the laboratory evaluation and clinical management of these diseases including stroke, seizure disorders, headache, movement disorders, multiple sclerosis, stupor and coma, diseases of muscle and nerve, dizziness, and dementia (PCP 2).
4.	To demonstrate competence in the diagnostic evaluation and management of urgent neurological or neurosurgical illness (PCP 3).
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 (PCP 2).
6.	To acquaint the student with the new frontiers in neurology and many of the cutting-edge issues in neuroscience (MK 1).
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 (ICS 2, ICS 5, PPPD 2).
8.	To develop appropriate communication skills with other interprofessional team members while working on the inpatient ward (ICS 3, PPPD 2).
9.	Demonstrate professional behaviors including maintaining truthful communication, intellectual honesty, timeliness in clinical responsibilities, submitting assignments punctually, taking and accountability for actions, and incorporating feedback from clinical educators (PBLI 1, PPPD 2).
Obstetrics & Gynecology Core Clinical Experience	
1.	Obtain a comprehensive and focused obstetric and gynecologic history and perform appropriate physical examinations to gather accurate and relevant clinical information for diagnosis and management (PCP 1).
2.	Interpret clinical data—including history, physical exam findings, and diagnostic test results—to construct a prioritized differential diagnosis for common obstetric and gynecologic presentations (PCP 2).
3.	Evaluate and manage patients within the context of their unique preferences and life circumstances, and devise and implement individualized management plans accordingly (PCP 2, PCP 3).
4.	Apply foundational knowledge of reproductive anatomy, physiology, pathology, and pharmacology to the diagnosis and management of common obstetric and gynecologic conditions during clinical encounters (MK 2).
5.	Engage in regular self-assessment, actively seek feedback from supervisors and team members, and incorporate that feedback to improve clinical performance and support ongoing professional development and patient health outcomes during the OBGYN rotation (PBLI 1).
6.	Demonstrate respectful and culturally sensitive communication with a diverse population of patients and their families to foster trust and understanding in the healthcare setting (ICS 1).
7.	Demonstrate clear, concise, and respectful communication with attending physicians, residents, and fellow students in clinical discussions, patient care planning, and handoffs during the OBGYN rotation (ICS 2).
8.	Engage in respectful, timely, and collaborative communication with non-physician healthcare professionals—such as medical assistants, nurses, surgical technicians, advance practice providers, social workers, lactation specialists—to ensure safe, patient-centered care during the OBGYN rotation (ICS 3).
9.	Effectively deliver structured and concise patient handovers using standardized communication tools (e.g., SBAR, I-PASS) to ensure safe and accurate transitions of care in OBGYN clinical settings (ICS 4).
10.	Demonstrate professional behaviors by maintaining truthfulness in communication, adhering to timeliness in clinical responsibilities, attending all assigned didactics, submitting assignments punctually, taking accountability for actions, and ensuring reliable follow-through in patient care and team collaboration during the OBGYN rotation (PPPD 2).
Pediatrics Core Clinical Experience	
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 (PCP1).
2.	The student will learn to develop specific pediatric focused differential diagnosis for common conditions (PCP 2).
3.	The student will learn to evaluate and manage pediatric patients in the context of their family, community, and medical home, and devise/implement management plans as appropriate (PCP3).
4.	The student will learn to practice evidence-based medicine, including the application of established and emerging knowledge and principles to various aspects of clinical care (MK 2).
5.	The student will demonstrate the ability to incorporate feedback to improve their individual clinical skills and patient health outcomes (PBLI 1).
6.	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 (ICS 3).
7.	The student will learn how to communicate effectively, respectfully, and honestly with the entire medical team and demonstrate professionalism behaviors including accountability and follow-through (PPPD 2).
Psychiatry Core Clinical Experience	
1.	The student will gather essential and accurate data through history-taking, and through physical and mental status examinations (PCP 1)
2.	The student will interpret and evaluate history and examination findings, as well as other available data including prior records, review of collateral information and ancillary tests; to generate a basic, but prioritized list of psychiatric differential diagnoses (PCP 2)
3.	The student will demonstrate knowledge of basic criteria for psychiatric diagnoses and knowledge of basic psychopharmacology (MK1)
4.	The student will identify gaps in knowledge through self-assessment and soliciting, receiving and incorporating feedback to support lifelong learning (PBLI 1)
5.	The student will demonstrate an ability to create basic treatment plans for common psychiatric diagnoses based on available data and new information that are patient-centered and evidence-informed (PBLI 2)
6.	The student will effectively communicate with patients and families for the purpose of facilitating quality patient care (ICS 1)
7.	The student will collaborate with non-physician health professionals, including but not limited to advanced practitioners, social workers, case managers, bedside nursing and nursing leadership, other students/trainees and pharmacists as part of a healthcare team to coordinate patient care (ICS 3)
8.	The student will access, review and contribute appropriately to the medical record for the purpose of facilitating patient care (ICS 5)
9.	The student will begin to integrate social and psychological factors into basic treatment plans that include identifying and addressing negative effects of structural and social determinants of health to provide patient care to those with diverse needs (PPPD 1)
10.	The student will maintain the professional values of a physician, including but not limited to those of truthfulness, timeliness, accountability, and follow-through (PPPD 2)
Surgery Core Clinical Experience	
1.	Students are expected to demonstrate professionalism, teamwork, and a growth mindset. (PBLI 1, ICS 1, ICS 2, ICS 3, PPPD 2)
Within this objective:	
a. Students will demonstrate empathy and compassion toward all patients and staff. (ICS 1, ICS 2, ICS 3)	
b. Students will submit requested information and complete assignments by the due date. (PPPD 2)	
c. Students will attend all conferences, rounds, assigned operations, and other scheduled events on time and demonstrate active engagement. (PPPD 2)	
d. Students will demonstrate the ability to incorporate feedback and reflect on their own progress. (PBLI 1)	
2.	By the end of the rotation, students will be able to assess a patient in the preoperative setting and recommend a care plan. (PCP 1, PCP 2, PCP 3, PBLI 2, ICS 1)
Within this objective:	
a. Students will demonstrate the ability to perform an H&P on a new surgical consult. (PCP 1)	

b. Students will demonstrate the ability to integrate a patient's preoperative health status and medical comorbidities into their care planning. (PCP 2, PCP 3) c. Students will analyze available literature and judge its applicability to their patient's presentation. (PBLI 2) d. Students will be able to explain the components of a surgical consent and demonstrate their ability to perform a surgical consent in a simulated scenario. (ICS 1) 3. By the end of the rotation, students will be able to navigate the operative setting and demonstrate an understanding of sterile technique, operative anatomy and conduct, and basic surgical skills. (PCP 3, MK 2, ICS 3) Within this objective: a. Students will describe normal and abnormal anatomy pertinent to their patients' care. (MK 2) b. Students will be able to describe and engage in appropriate intraoperative preparation for cases. (PCP 3, ICS 3) c. Students will demonstrate adherence to proper sterile technique in an operative setting. (PCP 3) d. Students will demonstrate proper subcutaneous suturing technique, laparoscopic camera handling, and a two-handed knot. (PCP 3) 4. By the end of the rotation, students will be able to assess a patient in the postoperative setting and recommend a plan of care. (PCP 2, PCP 3, MK 2, PBLI 2, ICS 1) Within this objective: a. Students will demonstrate appropriate postoperative care of surgical patients, including adequate analgesia, volume management, diet management, and rehabilitation. (PCP 3) b. Students will describe the presentation of common postoperative complications and their management. (MK 2, PCP 2) c. Students will analyze available literature and judge applicability to their patient's postoperative care. (PBLI 2) d. Students will explain the components of a postoperative update and demonstrate their ability to perform one in a simulated scenario. (ICS 1) 5. Students will demonstrate the ability to work within an interprofessional team to care for surgical patients. (ICS 1, ICS 2, ICS 3) Within this objective: a. Students will demonstrate high quality communication with their patients' bedside nurses and nursing assistants regarding the daily plan. (ICS 3) b. Students will demonstrate excellent verbal and written communication in documenting their assessments and conveying information to other providers. (ICS 2) c. Students will apply primary palliative care principles to the care of their patients. (ICS 1, ICS 3) d. Students will demonstrate the ability to work collaboratively within the multi-disciplinary care team, discussing concerns with patients, their families, and the clinical staff (nurses, case managers, social workers, physical therapists, pharmacists, nutritionists, advanced practice providers, consulting services, etc.) (ICS 1, ICS 2, ICS 3)
Cancer Core Intercession 1. Describe the basic, clinical and healthcare delivery science underlying the occurrence, development, progression of common cancers. (MK1, MK2, MK3, PBLI1, PBLI3) 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. (MK2, SBP1, PPPD1) 3. Gain exposure to a variety of clinical resources and protocols available to physicians who care for patients with cancer. (MK2, MK3, SBP1, PBLI1, PBLI3, PPPD1, PPPD2) 4. Reflect on the clinical experience of caring for patients with cancer and how it pertains to the formation of professional identity. (PBLI1, PPPD1, PPPD2)
Cognitive Impairment Core Intercession 1. Students will be able to describe the neuroanatomy and neurophysiological processes associated with different cognitive functions (e.g., memory, attention) and how these processes are disrupted by various medical conditions (e.g., Alzheimer's Disease, intellectual disability). (MK1) 2. Students will be able to describe the prevention, etiology, progression and treatment associated with disorders characterized by cognitive impairment (e.g., Alzheimer's Disease, intellectual disability). (MK2) 3. Students will be able to describe the characteristics of the health care systems serving patients with different disorders characterized by cognitive impairment (e.g., Alzheimer's Disease, intellectual disability). (MK3) 4. Students will be able to identify and describe changes in patient care and health systems that might facilitate diagnosis and treatment of disorders characterized by cognitive impairment (e.g., Alzheimer's Disease, intellectual disability). (SBP1) 5. Students will be able to identify, understand and disseminate research addressing prevention, etiology, progression and prevention of medical conditions associated with cognitive impairment, and be able to adapt their understanding and dissemination based on self and collegial feedback. (PBLI1) 6. Students will be able to identify scholarly literature and clinical experience of caring for patients with cognitive impairment and how it pertains to the formation of professional identity. (PBLI3) 7. Students will be able to identify and describe systemic and social factors that influence treatment of conditions associated with cognitive impairment, and the effect of cognitive impairment on health care treatment (PPPD1) 8. Students will complete course requirements on time based on their own efforts. (PPPD2)
Dissection of the Coronavirus Intercession 1. Examine and respond to literary texts related to COVID and other pandemics (PPPD1) 2. Describe the viral structure and vaccine target sites of SARS-CoV-2 (MK1) 3. Describe the common clinical presentations of acute COVID-19 and post-acute COVID syndrome (MK2) 4. Identify appropriate treatment options for a patient with acute COVID-19, considering disease severity, age, comorbidities, and medical interactions (MK2) 5. Explain how SARS-COV-2 is transmitted and how infection control and public health practices such as quarantine, isolation, and personal protective equipment are used to minimize spread (MK3) 6. Evaluate the successes and lessons learned from OHSU's emergency operations response to COVID-19 (MK3) 7. Develop a new skill in infographic creation and utilize it to explore an area of the COVID-19 pandemic that is still unclear or confusing (PBLI1, PBLI3) 8. Review literature about a prior pandemic, and compare the two pandemics from a basic, clinical, or health systems science perspective (PBLI3) 9. Reflect on how misinformation has circulated during the pandemic, and consider how health professional use of social media has both contributed to and combated misinformation (PPPD1) 10. Reflect on the personal and professional experience of living through a pandemic (PPPD2) 11. Suggest how an element of COVID-19 response could be improved on a patient care or community level, and consider how physicians can better respond to future pandemics (SBP 1)
Infection Core Intercession 1. Describe bio-medical scientific principles for a complaint associated with Infection (MK1) 2. Identify principles of clinical science for Infection that contribute to evidence-based healthcare (MK2) 3. Use principles of epidemiology to identify health risks, prevention and treatment strategies, resource utilization, and healthcare promotion efforts associated with Infection (MK3) 4. Describe ways in which the principles of health care delivery science for Infection can be applied to patient care (MK3) 5. Participate in in-class and online reflection assignments, demonstrating insight into strengths and weaknesses; use this knowledge, coupled with evaluations from peers and faculty, to define a path for improvement to support ongoing learning and professional development (PBLI1, PPPD2) 6. Actively participate in all classes, student-led presentations, and learning demonstrations, sharing knowledge and engaging with other learners (PBLI1, PBLI3, PPPD2) 7. Demonstrate ability to use information technology to conduct literature searches and find appropriate sources, to develop a better understanding of infection-related topics (PBLI3) 8. Analyze guidelines, professional recommendations, and recent research studies, then disseminate this knowledge to other learners (PBLI3)

9.	Recognize risks for hospital-acquired infections and identify strategies for prevention that can be employed during clinical rotations (SBP1)
10.	Demonstrate ability to choose appropriate personal protective equipment for a given infection and to don and doff the equipment correctly. Develop skills to give feedback to other healthcare workers and patients about personal protective equipment use, contributing to a culture of safety in the hospital (SBP1)
11.	Use self-reflection to show awareness of limitations in knowledge, skills, and emotions, and appropriate help-seeking and coping strategies (PBL1)
12.	Exhibit integrity and professionalism, and react appropriately to challenging or unprofessional behavior (PPPD2)
13.	Identify risks for infection and opportunities for multidisciplinary care in populations affected by substance use disorder (PPPD1)
Pain Management Core Intercession	
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 (MK2, MK3, SBP1, PBL1, PPPD1, PPPD2).
5.	Reflect on the experience of caring for patients with pain and how it pertains to the formation of professional identity (PPPD1, PPPD2).
(Dis)ability Intercession	
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 (PPPD1, PPPD2).
2.	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 (PPPD1).
3.	Communicate effectively with patients, families and the public across a broad range of socioeconomic and cultural backgrounds (PPPD2).
4.	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 (MK2).
5.	Demonstrate insight and understanding about pain, emotions and human responses to disease states that allow one to develop rapport and manage interpersonal interactions (MK1, PBLI3).
6.	Demonstrate a commitment to ethical principles pertaining to provision, withdrawal of lifesaving care, confidentiality, informed consent, and business practices, including conflicts of interest, compliance with relevant laws, policies, and regulations (MK3).
7.	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 (PBL1, PPPD1, PPPD2).
8.	Continually identify, analyze, and implement new knowledge, guidelines, practice standards, technologies, products, and services that have been demonstrated to improve outcomes (MK3, SBP1, PBLI3).
9.	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 (MK2).
10.	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 (MK1, SBP1, PBLI3).
Scholarly Project Work	
1.	Assess, evaluate, and apply scientific literature relevant to the question. (PBL1, PBLI3)
2.	Apply appropriate approaches to addressing the question that are based on methodologic standards in the relevant fields of study. (PBL1, PBLI3)
3.	Design, conduct, and interpret results of your own project based on the question and hypothesis. (PBL1, PBLI3)
4.	Communicate effectively and professionally in oral and written form. (PBL1, PBLI3, PPPD2)
5.	Work on project following ethical and professional standards. (PPPD2)
Clinical Performance Exam (CPX)	
1.	Patient-provider interaction - Establish effective rapport with the patient (PPPD 2) - Model clinical courtesy/etiquette (PPPD 2)
2.	History and physical - Perform a focused, appropriate history (PCP 1) - Perform a focused appropriate physical exam (PCP 1)
3.	Communication Communicate assessment and plan effectively with the patient (ICS 1)
4.	Clinical reasoning - Formulate and justify a relevant and prioritized differential diagnosis (PCP 2) - Devise a reasonable diagnostic/therapeutic plan (PCP 3, PPPD 1)
Testing Intersections (INTS 770A-G)	
1.	To demonstrate sufficient acquisition of content-specific foundational knowledge in seven core clinical disciplines of medicine (family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, psychiatry, and general surgery.) (MK 1)
2.	To demonstrate sufficient acquisition of content-specific clinical reasoning in seven core clinical disciplines of medicine (family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, psychiatry, and general surgery.) (MK 2)
Transition to Residency (TTR)	
3.	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.
4.	Communicating with patients and families: Demonstrate effective communication skills for obtaining informed consent for a procedure from a patient or legal guardian.
5.	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.
6.	Practicing basic clinical and procedural skills: Review and practice some of the basic skills necessary to becoming a well-rounded physician including reading EKGs, reading basic x-rays, filling out death certificates, and review best practices for opioid management.
7.	Demonstrate basic preparedness for residency: describe what is expected of interns; appropriate debt management strategies; malpractice and legal issues pertinent to resident physicians; process and requirements for physician licensure.
8.	Recognize and articulate the principles of several frontiers of medicine including overdiagnosis, medical reversal and how climate change affects health.
Scholarly Project Capstone	
1.	Present an important scientific or clinical question for investigation. (PBL1, PBLI3)
2.	Communicate a project hypothesis based on current evidence and concepts in the field. (PBL1, PBLI3)
3.	Demonstrate approaches to addressing the question that are based on methodologic standards in the relevant fields of study. (PBL1, PBLI3)
4.	Interpret results of your own project based on the question and hypothesis. (PBL1, PBLI3)
5.	Contextualize results as relating to the scientific literature relevant to the research question. (PBL1, PBLI3)
6.	Act in accordance with ethical and professionalism standards. (PPPD 2)

Conflict of Interest Disclosure Prior to Lecturing Policy for Teachers (LCME 1.2)

1. Instructors within the SoM are required to disclose any Conflict of Interest (COI) 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 a lack of a COI, or a disclosure of a potential COI, will be included at the beginning of the presentation. If slides or other electronic media are not used, the presenter will clearly state similar information at the start 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 COI slide template for presenters to insert into their slide set prior to the date of presentation.

Attendance Expectations for Foundations of Medicine Phase Students

Students training to become physicians are expected to be present and actively engaged in their education. Instruction during the FoM phase of YourMD includes the following general types of sessions/activities, along with in-person attendance expectations:

- **Large group FoM block sessions in the RLSB 3A001/2 learning studio(s):**
 - Content organized by the Co-Block Directors, in conjunction with the Basic Science Thread Directors – Regular, in-person attendance is EXPECTED.
 - Content organized by the Clinical Thread Directors in advance of / in addition to small group Clinical Skill Laboratories (CSLs) – Regular, in-person attendance is EXPECTED, REQUIRED, and is TRACKED.
- **Small group discussions in the RLSB 2S rooms (CSLs and others):**
 - Content organized by the Clinical Thread Directors for weekly CSLs, Regular, in-person attendance is EXPECTED, REQUIRED, and is TRACKED.
 - Content organized by the Co-Block Directors, in conjunction with the Basic Science Thread Directors (e.g., case studies) – Regular, in-person attendance is EXPECTED.
- **Foundations of Medical Anatomy (FOMA) in FoM Blocks:**
 - Content is organized by the Anatomy Thread Director, Regular, in-person attendance is EXPECTED, REQUIRED, and is TRACKED.
- **Developing Your Scholarly Project (SCHI 701 Course):**
 - Content is organized by the Scholarly Projects Faculty Concentration Leads Regular, in-person attendance is EXPECTED, REQUIRED, and is TRACKED.

- **Introduction to Preceptorship, Clinical Preceptorships, & Narrative Medicine (PREC Courses):**

- Content for the Introduction to Preceptorship course in the Fall term of the M1 year is organized by the Preceptorship Director and Clinical Preceptorship Coordinator, Regular, in-person attendance is EXPECTED, REQUIRED, and is TRACKED.
- Content for the weekly Clinical Preceptorships (in the authentic outpatient and inpatient clinical environments) is organized by the clinician serving as a Preceptor – Regular, in-person attendance is EXPECTED, REQUIRED, and is TRACKED. 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 your absence. They are required to make up all absences during preceptorship within the term it occurs.
- Content for the Narrative Medicine sessions is organized by the Narrative Medicine and Reflective Practice Director – Regular, in-person attendance is EXPECTED, REQUIRED, and is TRACKED.

- **OASIS Required General Programming Events:**

Content is organized by the OASIS team– Regular, in-person attendance is EXPECTED, REQUIRED, and is TRACKED.

- **Foundations of Patient Safety Interprofessional Education Course:**

- Content for this IPE course is organized by the OHSU Provost's Office, taught in classroom and small group rooms throughout the University campus, and some virtual/asynchronous sessions– Attendance expectations are outlined by the IPE Course Directors and syllabi.

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 should schedule personal activities during University breaks in the academic calendar. There are no scheduled holidays during core/elective clinical experiences except for Thanksgiving Day. (No students are enrolled in a rotation during winter break so all students have the holidays during that time off.) 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 Office of UME.** 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 is missing a critical aspect of the rotation due to illness, these are handled on a case-by-case basis. See exact wording below.

Reason	# of days	Description/Protocol	Make-Up if Your Time-Off Request is Approved
Meet with OASIS Faculty Advisors (Academic, Career, Life & Wellness, Diversity) and/or OASIS sanctioned events	A total up to 2 hours per rotation.	Submit a time-off request form as soon as you make an appointment. Students are encouraged to make appointments in advance to minimize disruptions to clinical services; however, there may be occasions that advance notice is not possible. Students needing additional meetings with OASIS Advisors during the same rotation block should first try finding the time outside of the required clinical time.	Make-up required if students miss critical component or miss more than 2 hours.
Emergency Absence (Personal or Immediate Family Illness)	In most circumstances, up to eight sick days leave per academic year.	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.	Make-up required if students miss critical component or miss more than 1 day.
Medical appointment	A total up to 2 hours per rotation.	Submit a time-off request form as soon as your appointment is confirmed.	Make-up required if students miss critical component or miss more than 2 hours.
Required Curriculum	-CPX (half day) -SCHI Capstone (2 nd Fri W3) -BLS (2 hours) -Any official UME required session	Submit a time-off request form at least 6 weeks prior to the start of the course to seek approval. As students have options to choose dates/time of CPX and BLS, the Course Director or Coordinator may ask you to choose an alternate date/time.	Make-up required if students miss critical component.
Attend or Present at an Academic Conference	May receive up to two days during the academic year depending upon how many other days off the student has had prior to the request.	Submit a time-off request form at least 6 weeks prior to the start of the course to seek approval.	Make-up required for missed time.
USMLE Step 2 CK Exam	May receive approval of up to two days during the academic year	Submit a time-off request form at least 6 weeks prior to the start of the course to seek approval.	Make-up required for missed time.

Interview for Residency Program	Up to two days off per 4-week rotation (or one per 2-week rotation)	Days do not carry over from one rotation to the next (i.e., if you do not take two days off on a previous required rotation, you would not get four days off on the next required rotation.)	Make-up required if students miss critical component or miss more than 1 day.
Non-Emergency Personal Reason (i.e., weddings, reunions, etc.)		Request for time off for non-emergency personal reasons such as weddings, reunions, etc. can be considered if you submit the form. Submit a time-off request form at least 6 weeks prior to the start of the course to seek approval.	Make-up required for missed time.

Steps for Requesting Time Off

1. For emergency absences, the student will submit the Request for Time off form located on the Office of UME Sakai site in the "Student Information" tab → "Forms", to the Clinical Experience Director or Coordinator as soon as possible once an absence becomes necessary. For absences that can be anticipated, the student submits this form to the Clinical Experience Director or Coordinator at least 6 weeks prior to the start of that clinical Experience.
2. Clinical Experience Director or Coordinator will consult the Dean's Office UME Program Manager for Student Records to verify the number of days off the student has already had prior to this request listed on the Request form.
3. Clinical Experience Director reviews the request and will approve or deny the request. Approvals of Requests for Time Off will include any requirements or conditions to be met by the student at the time of approval.
4. Clinical Experience Director forwards the final decision and the signed Request for Time Off form to the Dean's Office Program Manager for Student Records, where the attendance records will be maintained for students in all clinical Experiences.
5. Coordinator and/or student have clearly communicated absence and make-up plan discussed with attending of record.

Note that requests for time off should NOT be presented to your supervising resident or attending, 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. During inclement weather, students are advised to check the **OHSU O2 website** or 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.

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 (or Brightspace) 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 you to travel safely to OHSU for a scheduled activity requiring attendance (e.g. examination), please contact UME Teaching Services at 494-8428 or by email (tso@ohsu.edu) and indicate your absence.

If you are scheduled for a preceptorship, follow the procedures above for classes. You are responsible for contacting your preceptor directly, as well as the OHSU preceptorship coordinator, regarding your 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 to keep roads clear for emergency personnel and other patient care activities. Medical students are not Critical Function Employees, if OHSU has declared modified operations, you must adhere to modified operations protocol.

Typically, once OHSU declares modified operations status, the students in clinical experience rotations will receive an email from their Clinical Experience Director or the Course Coordinator with further instructions. Students should communicate with their Clinical Experience Director and Coordinator via email if they have not received information from them after the University has implemented modified operations. Students are also strongly encouraged to communicate with their clinical supervisors (i.e., supervising attending physician and/or senior resident) via page or email to let them know you will be absent due to OHSU modified operations. This direct communication from you will help your Critical Function team members in caring for patients and is considered a communications best practice.

Students **rotating at 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.

Foundations of Medicine Phase Weekly Schedule

Updated 3-2021

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)	<u>Independent Learning</u> (all students)
9:00					Assessments-Examsoft and science skills (Avg 2 hours/week)
10:00					
11:00					Large Group Sessions as Needed
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)	OASIS Activities - Programming & Individual Support Life & Wellness Advising; Academic Advising; Career Advising	<u>Independent Learning</u> (all students)	Assessment (CSAs - avg 1 every other week, typically 30-45 min)
2:00		<u>Independent Learning</u> (all students)			Patient panels or active learning large/small group sessions. Rare pure lectures.
3:00					
4:00	<u>Independent Learning</u> (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 OASIS & 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) <u>Independent Learning</u> (1/2 class)	<u>Independent Learning</u> (all students)
9:00					Assessments-Examsoft and science skills (Avg 2 hours/week)
10:00					
11:00					Large Group Sessions as Needed
12:00	Break	Break	Break	Break	Break
1:00	Preceptorship (1/2 class) <u>Independent Learning</u> (1/2 class)	Clinical Skill Labs (SBM-DEVH) 1-4pm	OASIS Activities - Programming & Individual Support Life & Wellness Advising; Academic Advising; Career Advising	Large Group, Small Group, or Science Labs	Assessments (CSAs, avg 1 every other week, typically 45 min)
2:00					Patient panels or active learning large/small group sessions. Rare pure lectures.
3:00				<u>Independent Learning</u> (all students)	
4:00		<u>Independent Learning</u> (all students)			

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 OASIS & 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 and Academic Workload in the Foundations of Medicine Phase (LCME 8.8)

As part of LCME Element 8.8 Monitoring Student Time, the UME Curriculum Committee (UMECC) is responsible for ensuring the amount of time medical students spend in required activities in the Foundation of Medicine (FoM) phase of the medical curriculum is appropriate.

The FoM phase of the curriculum is separated into three categories, as defined below:

- **Required curriculum activities in FoM blocks and other required courses** – includes lectures, labs, small group sessions, patient panels, preceptorships, assessments, narrative medicine, scholarly project, and interprofessional education (IPE).
- **Required pre- or post-work for curricular activity** – includes any **required** readings, modules, or assignments delineated by an educational leader (e.g., block, thread, narrative medicine director) for students to complete before or after the required curriculum activities above. The time needed for this work is estimated by the educational leader and is based on the duration expected for a typical student.
- **Required Outreach, Advising, Support, and Identity formation for Students (OASIS) activities** – **Required** OASIS activities are rare, most events and appointments are optional and/or self-scheduled by the student, there are approximately six sessions per year students must attend.

These three categories combined make up the **academic workload** for each week. The total hours for these three required categories is 32 hours or less averaged over the course of the block. Additionally, in every regular, non-holiday instructional week, **at least 8 hours of unscheduled time is allocated for unscheduled, independent learning**. These required and unscheduled hours are tracked weekly by the Office of UME and are reported after the end of each block to the FoM Sub-Committee and UMECC by the Program Manager for LCME Accreditation. The current FoM standard weekly schedule template has been approved by UMECC.

Clinical Experience Phase Duty Hours Policy (LCME 8.8)

The goals of medical students and the faculty of the SoM 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 residency were developed with the goal of creating a safe working environment for residents who are often making critical decisions on patient care and need to maintain adequate mental alertness. 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, faculty and students should 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 safe patient care, maintain attention, 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, 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. 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 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 through 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 -see requesting time off, above. There are no scheduled holidays during core or elective clinical experiences except for Thanksgiving Day.
8. Students should expect to receive their final clinical experience evaluation no later than 6 weeks after completing the clinical experience.
9. Students are expected to submit their completed clinical experience logs electronically no later than the last day of the clinical experience.
10. Students are expected to complete their course evaluation for the clinical experience within one week of the end of the clinical experience.
11. Remember that patients are the focus of the patient care experience, and can be the greatest teachers.

Clinical Experiences Student Assignment (LCME 10.9)

Initial site assignments:

- Before the start of each clinical rotation, students will have the opportunity to submit preferences for clinical site(s) by a deadline established by each clinical course.
- Students with approved accommodations related to clinical site placement who wish to use them must submit their accommodation letter to the Clinical Experience Director and Clinical Coordinator.
- The Clinical Coordinator will make reasonable efforts to incorporate student site preferences during the assignment process when feasible. Site preferences are one of many factors considered when making assignments. Other include but are not limited to: balancing student schedules and assignments and preceptor and site availability. Final clinical site assignments are determined by the Clinical Coordinator, in consultation with the Clinical Director as needed, and will be communicated to students by the deadline established for the specific clinical course.

Alternative Clinical Site Requests

- After clinical site assignments have been issued, students who experience circumstances creating a hardship at the assigned site (e.g., care of a family member, medical conditions requiring treatment, or newly approved accommodations) may request an alternative clinical site. Lack of transportation and pet care do not constitute a hardship and are not grounds for requesting an alternative site.

- Requests must be submitted via email to the Clinical Coordinator and Clinical Experience Director and must include a detailed rationale no later than two business days* after receipt of the initial clinical site assignment.
 - The Clinical Coordinator will review all requests. When an appropriate rationale is provided and circumstances permit, an alternative clinical assignment will be offered.
 - If a requested change cannot be accommodated easily or would result in unreasonable disruption, the Clinical Coordinator will consult with the Clinical Experience Director.
 - The Clinical Experience Director or Clinical Coordinator will respond to the request within five business days of receipt.
- *Students with requests greater than two days later, due to an emergency, should meet with an Assistant Dean for UME Student Affairs.

Appeals of Denied Requests:

- If an alternative clinical site request is denied by the Clinical Experience Director and/or Clinical Coordinator, the student may submit an appeal for further review.
- Appeals must be sent via email no later than two business days after receipt of the denial to the Associate Dean, UME, Clinical Experience Director, and Clinical Coordinator and must include a clear rationale.
- The Associate Dean, UME, or their delegate, will complete the review and notify the student, Clinical Experience Director, and Clinical Coordinator of the decision within five business days of receipt of the appeal.
- If an appeal is approved but an alternative site is not immediately available, the student may be required to reschedule the rotation.
- The decision of the Associate Dean, UME is final and not subject to further appeal.

Required Clinical Experiences (Procedure Logs) (LCME 6.2and 8.6)

Level of Student Responsibility (OHSU Definition):

Observe: Student is present for the history and physical examination or procedure, and is attentively studying the patient encounter in order to learn from the observation. Students do not contribute to notes, diagnostic and/or treatment plan, or continuity of care of the patient.

Participate: Participates in patient rounds; interviews patient, obtains consent and completes essential components of the history and physical examination. Student will write notes; contribute to diagnostic and/or treatment plan for the patient, and are responsible for following the patient for the course of treatment. Student physically participates in procedures on the patient and is responsible for interpreting data.

Required Clinical Experiences					
Clerkship	Patient Type/ Clinical Condition	Procedures/ Skills	Clinical Setting	Level of Student Responsibility	Alternative Learning Experience
Family Medicine (FAMP 730/731A/B/C)	Patient who needs preventative care	Write/suggest orders	Ambulatory	Participate	Alternate Patient Encounter
Family Medicine (FAMP 730/731A/B/C)	Patient in FM clinic	Handoff to interprofession al colleague	Ambulatory	Participate	Alternate Patient Encounter

Family Medicine (FAMP 730/731A/B/C)	Patient with chronic disease	Update a problem list or patient history in EMR	Ambulatory	Participate	Alternate Patient Encounter
Family Medicine (FAMP 730/731A/B/C)	Patient with an acute problem	Perform H&P	Ambulatory	Participate	Alternate Patient Encounter
Family Medicine (FAMP 730/731A/B/C)	Patient with chronic cardiovascular disease	Perform H&P	Ambulatory	Participate	Alternate Patient Encounter
Family Medicine (FAMP 730/731A/B/C)	Patient with a respiratory condition	Perform H&P	Ambulatory	Participate	Alternate Patient Encounter
Family Medicine (FAMP 730/731A/B/C)	Patient with a mental health condition	Perform H&P	Ambulatory	Participate	Alternate Patient Encounter
Family Medicine (FAMP 730/731A/B/C)	Patient with a musculoskeletal condition	Physical exam	Ambulatory	Participate	Alternate Patient Encounter
Family Medicine (FAMP 731 A/B/C)	Patient	Provide continuity over more than one encounter	Ambulatory	Participate	Alternate Patient Encounter
Family Medicine (FAMP 731 A/B/C)	For a patient with a BMI >27, participate in nutrition/lifestyle counseling and develop a plan.	Provide educational materials related to the patient conversation.	Ambulatory	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731A)	Patient newly admitted to the hospital medicine service	Perform H&P	Inpatient	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731A)	Patient newly admitted to the hospital medicine service	Medication reconciliation	Inpatient	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731 A)	Established patient on the hospital medicine service	Follow-up interview & exam	Inpatient	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731 A)	Patient with sepsis and/or acute infection	Differential diagnosis in written note	Inpatient	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731 A)	Patient with acute respiratory problem	Differential diagnosis in written note	Inpatient	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731 A)	Patient with acute cardiac problem	Differential diagnosis in written note	Inpatient	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731 A)	Patient with acute acid-base disorder	Differential diagnosis in written note	Inpatient	Participate	Alternate Patient Encounter

Internal Medicine (IMED 730/731 A)	Patient requiring management of hyperglycemia	Medication conversion or titration	Inpatient	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731 A)	Patient with acute cardiac need	Interpretation of EKG	Inpatient	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731 A)	Established patient on the hospital medicine service	Discharge planning discussion with interdisciplinary team	Inpatient	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731A)	Established patient on the hospital medicine service	Discharge medication reconciliation	Inpatient	Participate	Alternate Patient Encounter
Internal Medicine (IMED 730/731A)	Established patient on the hospital medicine service	Contact PCP at time of discharge to coordinate care	Inpatient	Participate	Alternate Patient Encounter
Neurology (NEUR 730)	Patient with a change in mental status (delirium, coma, cognitive decline)	Perform H&P	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Neurology (NEUR 730)	Patient with a neurological emergency (stroke, seizure)	Perform H&P	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Neurology (NEUR 730)	Patient with a headache or focal pain in body (headache, neuropathic pain, neuropathy, central pain syndrome)	Perform H&P	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Neurology (NEUR 730)	Patient with numbness or paresthesia (stroke, neuropathy, spinal cord disorder, brain lesion)	Perform H&P	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Neurology (NEUR 730)	Patient with transient or paroxysmal alteration of neurological function (stroke, headache, seizure)	Perform H&P	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Neurology (NEUR 730)	Patient with weakness or alteration of motor system (stroke, neuropathy, tumor)	Perform H&P	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Neurology (NEUR 730)	Patient with neurological condition	Communicate with inpatient nursing staff about patient clinical updates and medical plan	Inpatient	Participate	Alternate Patient Encounter
Obstetrics & Gynecology (OBGY 730)	Pregnant patient	Vaginal delivery	Inpatient	Observe	Alternate Patient Encounter
Obstetrics & Gynecology (OBGY 730)	Pregnant patient	Cesarean delivery	Inpatient	Observe	Alternate Patient Encounter

Obstetrics & Gynecology (OBGY 730)	Patient with gynecologic condition	Perform surgical scrubbing	Operating room	Participate	Alternate Patient Encounter
Obstetrics & Gynecology (OBGY 730)	Patient with obstetric and/or gynecologic condition	Pelvic exam (speculum and/or bimanual exam)	Operating room	Participate	Alternate Patient Encounter
Obstetrics & Gynecology (OBGY 730)	Patient with obstetric and/or gynecologic condition	Hand off patient to another provider	Inpatient	Participate	Alternate Patient Encounter
Obstetrics & Gynecology (OBGY 730)	Patient with obstetric and/or gynecologic condition	Hand off service to another team	Ambulatory	Participate	Alternate Patient Encounter
Obstetrics & Gynecology (OBGY 730)	Patient with obstetric and/or gynecologic condition	Perform physical exam	Ambulatory	Participate	Alternate Patient Encounter
Obstetrics & Gynecology (OBGY 730)	Patient with obstetric and/or gynecologic condition	Obtain history	Ambulatory	Participate	Alternate Patient Encounter
Pediatrics (PEDI 730)	Pediatric patient	Use of medical interpreter	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Pediatrics (PEDI 730)	Pediatric patient	Interpret weight and length on growth chart	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Pediatrics (PEDI 730)	Newborn baby	Perform physical exam	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Pediatrics (PEDI 730)	Pediatric patient	Identify an ill child (respiratory distress, seizure, etc.)	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Pediatrics (PEDI 730)	Pediatric patient	Assess hydration status	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Pediatrics (PEDI 730)	Pediatric patient	Order IV fluids	Inpatient	Participate	Alternate Patient Encounter
Pediatrics (PEDI 730)	Pediatric patient	Write an outpatient prescription	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Pediatrics (PEDI 730)	Adolescent patient	Perform HEADSS exam	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Pediatrics (PEDI 730)	Pediatric patient	Perform ear exam	Inpatient or Ambulatory	Participate	Alternate Patient Encounter

Pediatrics (PEDI 730)	Pediatric patient	Interpret abnormal vital signs based on age	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Pediatrics (PEDI 730)	Pediatric patient	Discuss appropriate nutrition with patient/family	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Patient with psychiatric condition (adult or child/adolescent)	Psychiatric interview	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Patient with psychiatric condition (adult or child/adolescent)	Mental status exam	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Adult or child/adolescent patient	Standardized cognitive evaluation or screen	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Adult or child/adolescent patient	Assessment of dangerousness, develop a suicide safety plan, demonstrate understanding of "duty to protect"	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Adult or child/adolescent patient	Develop a treatment plan and/or recommendations	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Patient with psychiatric condition (adult or child/adolescent)	Patient case presentation	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Patient with psychiatric condition (adult or child/adolescent)	Clinical documentation	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Patient with mood disorder (adult or child/adolescent)	Interview patient	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Patient with anxiety disorder (adult or child/adolescent)	Interview patient	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Patient with psychotic disorder (adult or child/adolescent)	Interview patient	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Psychiatry (PSYC 730)	Patient with substance use disorder (adult or child/adolescent)	Interview patient	Inpatient or Ambulatory	Participate	Alternate Patient Encounter

Surgery (SURG 730)	Patient requiring an operation	Pre-operative consent discussion for surgery	Inpatient or Ambulatory	Observe	Alternate Patient Encounter
Surgery (SURG 730)	Patient requiring an operation	Perform surgical scrubbing	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Surgery (SURG 730)	Patient requiring an operation	Perform two-handed knot tying	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Surgery (SURG 730)	Patient requiring an operation	Demonstrate proper suturing technique	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Surgery (SURG 730)	Patient with an incision or wound	Evaluate wound healing and make treatment recommendations	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Surgery (SURG 730)	Patient with abdominal pain	Perform H&P	Inpatient or Ambulatory	Participate	Alternate Patient Encounter
Surgery (SURG 730)	Post-operative patient	Develop an assessment and plan	Inpatient	Participate	Alternate Patient Encounter
Surgery (SURG 730)	Patient requiring an operation	Assess pre-operative nutritional status	Inpatient or Ambulatory	Participate	Alternate Patient Encounter

Medical Student Clinical Supervision Policy (LCME 9.3)

Medical students are learners, not licensed healthcare professionals. During clinical activity, the supervising attending physician always retains medical and legal responsibility for the patient's care and is 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 Clinical Supervisor

The OHSU SoM UME program defines a "clinical supervisor" 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 clinical supervisor 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 "clinical supervisor" or "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.

OHSU EHR Technology Support

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

Compliance Contacts:

To report possible violations, contact Information Privacy and Security at privacy@ohsu.edu / 503-494-0219.

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 Conflicts of Interest When a Teacher of Medical Students Has a Familial Relationship With an OHSU Medical Student

Medical students in the OHSU UME Program may have familial relationships with individuals who are OHSU faculty, residents, or staff, or community physicians and/or other healthcare workers in our affiliate partner systems, who serve as our teachers. We have created this protocol to prevent perceived or actual conflicts of interest that can occur when an OHSU medical student in our program has a family member (or someone with a similar close personal relationship) they may encounter during their education who is a teacher of medical students in our Program.

Definitions:

Family Member: Any first- or second-degree relative (by blood, adoption, partnership, or chosen family unit) of an OHSU medical student. This is frequently a parent. More distant relatives and individuals that have been, or are currently, a prominent part of the medical student's life are also included in this definition (e.g., multigenerational households, caregivers, etc)

Teacher of Medical Students: An OHSU faculty member, resident, staff, or community physician and/or healthcare worker who serves as a teacher in any capacity for OHSU medical students.

Protocol:

The Office of UME will establish a process of disclosure when an OHSU medical student has a Family Member who serves, or could potentially serve, as a Teacher of Medical Students. This disclosure will inform the Teacher of Medical Students that **for the duration of the medical student's education in the UME Program, and in both clinical and non-clinical environments, the Teacher:**

- May never formally or informally evaluate or assess their family member who is an OHSU medical student. If a Teacher receives an inadvertent request to provide an evaluation of their family member from a Course Director, Coordinator, or some other individual, the Teacher will abstain from doing so. In this circumstance, the Teacher will turn over all evaluation and assessment responsibilities to another knowledgeable individual who can provide the evaluation. Course Directors and Coordinators will make every effort to never schedule an OHSU medical student on the same team or rotation as their Family Member.
- Must recuse from all matters related to selection, advancement, promotion, honors, awards, scholarships, or disciplinary actions regarding their family member who is an OHSU medical student. This may occur primarily in settings such as the UME Admissions Committee, UME Entrustment Group, the Medical Student Progress Board, the MD Scholarship Committee, or honor societies such

as the OHSU Chapter of Alpha Omega Alpha and Gold Humanism, but may occur in other settings as well.

- Must remember to maintain utmost professionalism and strict confidentiality with respect to their role as a Teacher for other OHSU medical students. This includes never sharing educational, performance, or other confidential information about other students they have taught and/or assessed with their medical student family member.

The Office of UME will maintain a confidential record of all medical students who have Family Members who serve, or could potentially serve, as a Teacher of Medical Students. The Office of UME will update this record no less than every year with each incoming class in order to ensure the Teacher is properly notified and understands these expectations. The Office of UME will notify Course Directors and Coordinators ahead of the student's assignment, so that the medical student who has a Family Member in that specialty, unit, or clinic can be assigned a location or team that is different from their Family Member.

Questions about this protocol, or discussion about an unclear situation can be directed to the Associate Dean for UME.

Non-Involvement of Providers of Student Health Services in Student Assessment (LCME 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 Assessment (LCME 9.5)

Narrative assessment is mandatory in all required courses and core clinical experiences when teachers have sufficient opportunity to directly observe a student's performance. Sufficient opportunity for observation exists when the same teacher interacts with a student in a setting of 12 or fewer learners on three or more occasions, or for the equivalent of at least six hours of direct observation, allowing for a meaningful narrative assessment of student's performance, including non-cognitive achievement. A larger learning group will also meet this requirement when the faculty member can demonstrate sufficient individual interaction and observation to provide a specific narrative assessment. The list below identifies specific instances within required courses and clerkships in which a narrative assessment is required:

1. Foundations of Medicine Phase:

1.1 In seven required courses (FUND, BLHD, SBM, CPR, HODI, NSF, DEVH), Clinical Skills Laboratory faculty/teaching facilitators provide narrative feedback to students.

1.2 The Preceptorship course requires clinical preceptors to provide narrative feedback to students.

1.3 The Scholarly Project - Developing Your Proposal course requires scholarly project

leads to provide narrative feedback to students' research project proposals. Additionally, faculty provide narrative feedback on the background search assignment.

2. Clinical Experience Phase:

Narrative assessment is a required element of the clinical and non-clinical performance assessment forms and final grade and competency assessment forms. Each course director ensures that students receive narrative assessments.

Approved by UME Curriculum Committee on 9/10/2026

Formative Assessment and Feedback (LCME 9.7)

- School of Medicine MD program requires medical students receive formative feedback by at least the mid-point courses and clerkships of four weeks (or longer) duration.
- Foundations of Medicine Phase: In each block, at the midpoint, a formative multiple choice question exam is given for students to allow sufficient time for remediation. Additionally, Clicker questions, small group quantitative and narrative assessment by CSL faculty, peer assessments by classmates in small groups and labs are provided as forms of formative narrative assessment. During the first preceptorship course, facilitators provide verbal formative feedback. In the subsequent preceptorship courses, preceptors provide formative assessment via Workplace-Based Assessments (WBAs). During the Scholarly Project – Developing Proposal course, scholarly project faculty leads provide formative feedback on project proposals. Additionally, faculty provide written formative feedback on background search learning activity.
- 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. Each student will get midterm feedback halfway through the rotation (2 weeks in 4-week rotation / 4 weeks in 8-week rotation). CCE director or faculty designee will give feedback based on all assessment data to that point in the rotation. This feedback will be provided to students in writing form and there will be opportunity for further discussion with the CCE director or faculty designee either in person, or synchronous / asynchronous virtual communication.

Assessment on Clinical Skills (LCME 9.4)

LCME requires medical schools to assess students on the necessary clinical skills (i.e., history taking and physician examinations during the pre-clerkship to prepare for the clerkship phase. During the clerkship phase, students must be observed performing history and physical exam in all required clerkships.

University Grading Policy and Summative Grading System for MD Students (LCME 9.8)

The **University-Wide Grading Policy #02-70-020**, which can be found in the **Student Affairs** section of the OHSU [Academic Policies](#) page, applies to all OHSU students and pertains mainly to what appears on the University transcript for courses taken.

Clerkship or course directors (Qualified Assessors) are required to submit final grades within six weeks of the end of a clerkship or course.

The **summative grading system** used in the MD program for all courses and clinical experiences in both the Foundations of Medicine and Clinical Experience phases are Pass/No Pass, and 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 and competency judgments at conclusion of all seven blocks:
 - Component 1: Formative weekly quizzes (25-35 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 and clinical supervisors grade students using the Preceptorship Trust-Based Evaluation form.

- **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 Pass/No Pass grading system 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 the 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 EPAs 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 (LCME 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 course evaluations for every Block and Course using the OHSU evaluation system. Evaluation results are anonymous and are shared with the Office of UME and appropriate educational leaders, committees, and sub-committees for continuous 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 course evaluations for every clinical experience and course taken in the clinical experience phase using the SoM evaluation system. All students are expected to provide faculty/resident evaluations, service evaluations, and conference/didactic evaluations. Results of 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 Assistant Dean, UME Curriculum to discuss this.

SECTION IV: STUDENT SUPPORT SERVICES

UME SoM Student Support Services

Assistant Dean for UME 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 UME Student Affairs in the UME Office for assistance. They can be reached multiple ways, depending upon the urgency of the situation:



Dr. Rebecca Cantone

Assistant Dean, UME Student Affairs
Associate Professor, Family Medicine

Office: RLSB 5S076 (South Waterfront)

Personal Office Phone: 503-346-4748

Main UME Office Phone: 503-494-8220

Email: cantone@ohsu.edu

Urgent Needs: call OHSU Operator 503-494-9000 and ask to page Dr. Cantone

OASIS

Since The Outreach, Advising, Support, and Identify formation for Students ([OASIS](#)) team was created in January 2021 to better support students' advising needs during medical school. The [OASIS replaces the former Colleges Program](#) in the MD Program.

The OASIS team provides a comprehensive system of support for medical students' advising needs and their personal and professional identity formation throughout all years of medical school. Faculty

Advisors work within the OHSU School of Medicine UME Program to provide academic, career, and life and wellness advising for medical students, create and deliver general support programming, and collaborate with a variety of individuals in UME and at the University to support the overall success of all medical students. Information about all OASIS activities and programming events can be found on the Office of UME Sakai site in the OASIS tab.

- Medical Student Life & Wellness Advising
- Medical Student Academic Advising (including tutoring)
- Medical Student Career Advising
- Diversity, Equity, Inclusion, and Belonging (DEIB) Advisors

Diversity and Inclusion Supports for Students

[Dr. Leslie Garcia](#) serves as the **SoM's Associate Dean for Diversity, Equity and Inclusion**. The Associate Dean, DEI works collaboratively across the School to support faculty, employees, and students in promoting a diverse, inclusive, and equitable climate for all.

OHSU has created multiple resource guides that can be found on [this O2 site](#). This site includes the following:

- Inclusive Language Guide
- Cultural Awareness Guide for Religious and Spiritual Beliefs
- Community Diversity Resource Guide
- Institutional Diversity Resources for Employees and Students
- An Inclusive Approach for Recruitment and Retention of OHSU Faculty and Staff: Recruitment Manual
- Creating a Culturally Inclusive and Responsive Learning Environment

SoM 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, the **SoM 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 12.17*) 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. 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 for 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) before 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.

OHSU Health Insurance

All medical students are required to have major medical health insurance.

Student Health & Wellness Center (SHW)

Phone: 503-494-8665

Website: <https://www.ohsu.edu/education/student-health-and-wellness>

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)

SHW serves OHSU students at the Portland campus on Marquam Hill. All currently registered students in degree and certificate training programs that are charged the required health fees in addition to their

tuition at OHSU are eligible for primary care and counseling services at the SHW. SHW primary care services are also available to OHSU students' adult dependents (spouse/registered domestic partner or child over the age of 18) if they have health insurance. Behavioral health providers can provide couple's counseling to OHSU students and their spouse/domestic partner if the partner has health insurance.

Personal Counseling and Suicide Prevention

The demands of medical school and personal problems can cause considerable stress. Students are urged to seek help as early 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 SHW 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 by seeking the advice of classmates, significant others or faculty.
2. Formal: **Student Health and Wellness Center**, Phone: 503-494-8665
Or contact: Assistant **Dean for Student Affairs** Dr. Rebecca Cantone 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 by dialing the 3-digit dialing code 988**, or contact the Crisis Text Line by texting TALK to 741741.

OHSU Office of Student Access and Accommodations (OSA)

The OHSU OSA supports the mission and value of diversity at OHSU by facilitating and supporting access to its programs and services by providing accommodations for disability, Title IX, pregnancy and parenting, and religion. Accommodations can be implemented in various areas, including classrooms, clinical rotations, research and lab spaces, university activities.

Phone: 503 494-0082

Email: studentaccess@ohsu.edu

Website: <https://www.ohsu.edu/education/academic-accommodations-disabilities>

Director of Student Access and Accommodation: Chennettee Jelleberg, M.S, CRC.

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 OSA to implement recommended accommodations for students with disabilities. **The MD Program PAL is the Assistant Dean for Student Affairs, Dr. Rebecca Cantone.** As of fall of 2024, **all student requests for accommodations** (e.g., disability, religious, Title IX/pregnancy/parental, and breastfeeding) are handled by the OHSU OSA. Title IX support measures related to sexual misconduct will be handled by the OHSU Office of Civil Rights Investigations and Compliance (OCIC). Students with approved accommodations through the OSA will be provided a written documentation letter outlining what the approved accommodations entail. Students will share the letter with the educational leader overseeing courses and clinical experiences, as appropriate, to ask implementation of their accommodations.

Disability Accommodations

OHSU is committed to providing equal access to qualified students who experience a disability in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act (ADA-AA) of 2008. If you have a disability or think you may have a disability (physical, sensory, chronic health, psychological, learning, or other) please contact the OSA to discuss eligibility for academic accommodations.

Because accommodations may take time to implement and cannot be applied retroactively, it is important to 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.

Religious Accommodations

Requests for student accommodations for religious beliefs are handled by OSA 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 are 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 should visit the [education accommodations site](#) under "Non-Disability Accommodations for Students" and complete the [Religious Accommodations Request Form](#) or contact the Office of Student Access at (503) 494-0082, or email studentaccess@ohsu.edu.

Student Exposure: Blood Borne Pathogens/Occupational Injury and Post-Exposure Procedure (LCME 12.8)

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. All medical students are required to maintain health insurance coverage to be enrolled in coursework in the MD program. **There is no cost to the student for initial care or post-exposure treatment at the Student Health & Wellness Center due to an infectious or environmental hazard exposure during a clinical experience. For students with conditions requiring referrals or additional medical care not available at the Student Health & Wellness Center, the student's insurance plan will outline the amount of co-pay, deductible, and/or any other out-of-pocket costs that the student is responsible for covering.**

Medical students exposed to blood/body fluids should, IMMEDIATELY:

1. Remove themselves from the situation and thoroughly wash the exposed area with soap and water. Rinsing eyes at an eyewash station is recommended if there was any possibility of mucosal exposure to eyes.
2. Notify the attending physician, resident or site coordinator.

3. Within ONE HOUR of the exposure, contact the Student Health and Wellness Center (SHW) at (503) 494-8665 to receive an appropriate medical evaluation and a postexposure treatment plan. This is typically completed via phone.
 - If they are exposed after SHW business hours, they should REPORT IN PERSON to the OHSU Emergency Room. They should identify themselves as an OHSU medical student with a blood/body fluid exposure so they can fast track students through the post-exposure process.
 - If they are exposed while rotating outside of an OHSU facility, report immediately to your attending physician or resident and follow the policies of the non-OHSU facility. This is often managed by the health center's Occupational Health team or the local Emergency Room. Follow-up care is typically provided by SHW after emergency care at the local facility has been sought, and students should contact SHW to discuss next steps.
4. Note the severity and type of exposure and the likelihood that the patient is at risk for HIV, Hepatitis B, or Hepatitis C infection. If the source patient is HIV positive or high risk, be sure to get care as quickly as possible. HIV post-exposure prophylaxis should be started as soon as possible after an exposure.
5. Work with faculty, site contact, or SHW provider to obtain venous blood from the source patient to be sent for rapid HIV, Hepatitis C PCR and Hepatitis B antigen testing.
6. Contact one of the Assistant Deans for Student Affairs to inform them of the incident, and who can provide you support and resources, and to assist you in mitigating the effects of the incident and any sequela on your medical student education and learning activities.

NOTE: Body fluids deemed potentially infectious for HIV include blood products, semen, CSF, amniotic fluid, menstrual discharge, vaginal secretions, pleural, peritoneal, or pericardial fluid, and any other body fluids/tissue contaminated with blood.

Breastfeeding/Lactation Rooms and Resources

For students at the Robertson Life Science Building (RLSB) at the South Waterfront, Room 1S011 is a secure, badge access 24/7 accessible room for breastfeeding and pumping. 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 (LCME 9.2)

OHSU-employed and non-OHSU employed community physicians are an important resource for teaching OHSU medical students. Liaison Committee on Medical Education (LCME) requires medical schools to ensure that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty. All community physicians who supervise/assess medical

students must have a volunteer faculty appointment before starting their supervisory/assessment roles by requesting an appointment in the OHSU SoM 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.	- OHSU Department Chair - Non-OHSU health system - OHSU Educational Program - Self-nomination	NA
Pre- Appointment Data Entry	Candidate information added to Pre-Appointment system - Demographic data - Clinical credentials - Teaching experience	Faculty candidate and/or designee	NA
Vetting Occurs	Vetting professional credentials - State licensure(s) - ABMS specialty certification - Hospital credentialing Sunshine pharma support	SOM Program Office of UME	2 weeks
	Vetting teaching credentials - Educational training - Teaching experience - Evaluations	SOM Dean's Office and Department - Office of UME - Clinical experience director	4 weeks
	Dean reviews (and if approves, appointment is finalized)	SoM Dean	2 weeks
Appointment Finalized	Faculty Affairs audit occurs, database is updated, record is live	SOM Faculty Affairs	2 weeks
	Notification of Appointment Letter (1 year) and "Welcome Packet" sent, stakeholders notified	SOM Faculty Affairs	

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

Faculty Development Opportunities (LCME 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 below are available to all, while others are only for individuals with an OHSU email.

SoM Faculty Development Resources:

- SoM [Faculty Development Website](#)
- SoM [Educators' Collaborative](#)
- SoM [Paths to Leadership](#)

- SoM 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

Questions about SoM and/or OHSU faculty development opportunities can be directed to:

- [Andrea Cedfeldt](#), MD, Associate Dean, Faculty Development, SoM
- [Nels Carlson](#), MD, Associate Dean, Continuing Professional Development, SoM
- [Elizabeth](#) Haney, MD, 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 (LCME 5.7)

1. Medical student education is the primary focus of the SoM 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, Storage Space, and Overnight Call Rooms at Each Clinical Site (LCME 5.6 and 5.11)

LCME accreditation requires medical school to ensure that medical students have at each clinical site adequate study space, space for formal educational sessions, access to workspace and computers to enter patient notes, secure storage space, and secure on-call rooms if students are required to participate in late night or overnight clinical learning experiences. To ensure compliance with this LCME accreditation requirement, the Office of UME works collaboratively with the clerkship director 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 (LCME 9.9, 10.3)

Teachers may refer to the Medical Student Handbook found on [this page](#) 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 (LCME 10.5)

OHSU Technical Standards

OHSU's Technical Standards, which apply to all candidates for an OHSU degree or certificate, can be found in the [OHSU policy #02-70-010](#). Academic Programs in the Health Sciences have a societal responsibility to train competent healthcare providers and scientists that demonstrate critical judgement, extensive knowledge and well-honed technical skills. To be qualified for and continue enrollment in OHSU Academic Programs, prospective and current students shall meet both OHSU's academic standards and the technical standards. Prospective and current students with disabilities may utilize approved reasonable accommodations to meet academic and technical standards.

OHSU's Technical Standards include nonacademic criteria that reflect the ability to:

- Acquire information from experiences and demonstrations conveyed through online coursework, lecture, group seminar, small group activities, and other formats.
- Recognize, understand and interpret required instruction materials including written documents, computer-information systems, and non-book resources.
- Manipulate the equipment, instruments, apparatus, or tools required to collect and interpret data appropriate to the domain of study, practice or research.
- 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.
- Communicate effectively and maintain mature, sensitive and effective relationships with all persons including but not limited to clients, patients, students, faculty, staff and other professionals.
- Operate 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 and professional practice, healthcare and biomedical sciences and engineering.

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).

SoM MD Program-Specific Technical Standards

In addition to the OHSU technical standards, the UME program is committed to diversity and to recruit and educate students who will become highly skilled and compassionate physicians that represent the population. The following technical standards are requirements for admission, promotion, and graduation, and in addition to the academic program requirements as outlined in the medical student handbook and applicable policies and procedures. Candidates with disabilities are encouraged to contact the [Office for Student Access \(studentaccess@ohsu.edu\)](mailto:studentaccess@ohsu.edu) early in the application process and at any time of a new diagnosis or need to have a confidential about reasonable accommodations to meet these standards. We actively collaborate to ensure accessibility in our curriculum and opportunities.

With or without the use of accommodations or assistive technologies:

- Candidates must be able to observe and learn from classroom instruction, laboratory instruction including anatomy and histology pictures, physical skills demonstrations, small group activities, team activities, individual study, technology including the electronic health record, written assignments, and additional opportunities throughout the curriculum.
- Candidates must be able to obtain information from patients, assess and evaluate findings accurately, including but not limited to palpation, auscultation, and percussion. This requires the use of vision, hearing, and touch or the functional equivalent.
- Candidates must be able to learn to respond with precise, quick, and appropriate action to provide or direct care in emergency situations following universal precautions and safety standards. This will include executing some motor movements required to provide general care and include some coordination of gross and fine muscular movements, balance and equilibrium. Candidates must also understand and utilize spatial relationships and three-dimensional modalities
- Candidates must be able to communicate with accuracy, clarity, efficiency, and sensitivity with all patients and members of the healthcare team, both in person and in writing. Candidates must demonstrate effective communication, accurate recording of information, and accurate interpretation of patients' verbal and nonverbal communication.
- Candidates must be able to acknowledge, analyze and synthesize complex information, solve problems, and reach diagnostic and therapeutic judgments.
- Candidates must possess the interpersonal skills to develop rapport and positive relationships with patients in a professional manner. Professional attributes include meeting legal and ethical standards and possessing compassion, integrity, concern for others, and other expectations as outlined in the medical student handbook.
- Candidates must possess good judgment with the perseverance, diligence, and consistency to complete the medical school curriculum. Candidates, therefore, must be able to handle and manage 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 (LCME 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 CASA at casa@ohsu.edu. Upon receipt of the request, CASA will provide access to the record within 10 business days.

Visiting Students (LCME 10.8)

LCME requires that the resources used by a medical school to accommodate visiting students do not substantially reduce or compromise the resources available to currently enrolled medical students.

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 SoM 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 SoM 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, if 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 SoM grade dispute and OHSU appeal process, respectively. Grievances involving discrimination are referred to the OHSU Office of Civil Rights Investigations and Compliance (OCIC). For more, see: University Student Grievance and Appeal Policy #02-30-055, which can be found in the **Student Affairs** section of the OHSU [Academic Policy](#) site.

Interpersonal Conflicts with Medical Students Identified by OHSU Faculty, Residents, or Staff

OHSU faculty, residents, and/or staff members may occasionally identify interpersonal conflicts that have arisen with medical students in the UME program during teaching or assessment activities, or in other learning and work environments. Like the suggestions in the *Student Grievance* section above, UME program leaders encourage conflict resolution at the lowest level possible and support the use of **informal mechanisms** at an early stage to facilitate timely resolution of the conflict(s). Faculty, residents, and staff in this situation can initially discuss the problem with one of the Assistant Deans for Student Affairs, or Associate Dean for Undergraduate Medical Education, or the University Ombudsperson. The individual approached may offer

to meet with the faculty, resident, and/or staff member to discuss the conflict(s), and to provide an opportunity for a facilitated or coaching conversation, again with the goal of reaching an informal resolution of the matter in a timely fashion. If conflict(s) remain following this effort, further assistance can be provided by the OHSU Office of Integrity, Office of Human Resources, or other designated OHSU personnel.

The End!