



*School of*  
**MEDICINE**

# Medical Student Handbook

Effective November 22, 2019

## Table of Contents

<b>TABLE OF CONTENTS</b>	<b>2</b>
<b>INTRODUCTION AND WELCOME</b>	<b>9</b>
<b>ACCREDITATION</b>	<b>10</b>
<b>OHSU MISSION STATEMENT</b>	<b>10</b>
<b>OHSU VISION STATEMENT</b>	<b>10</b>
<b>HISTORY OF THE SCHOOL OF MEDICINE</b>	<b>11</b>
<b>ACADEMIC PROGRAMS FOR MD DEGREE</b>	<b>11</b>
MD PROGRAM	11
DUAL DEGREE PROGRAMS	11
MD-PHD PROGRAM	12
MD-MPH PROGRAM	13
ORAL MAXILLOFACIAL SURGERY (OMS) PROGRAM	13
<b>OFFICE OF UNDERGRADUATE MEDICAL EDUCATION ORGANIZATION</b>	<b>14</b>
<b>ADMINISTRATIVE POLICIES AND PROCEDURES</b>	<b>16</b>
REGISTRATION POLICY	16
TUITION POLICY	16
TUITION PAYMENT POLICY	16
CURRICULUM TIMELINE AND TIMELINE MODIFICATION POLICY	16
CURRICULUM INTERRUPTION/LEAVE OF ABSENCE	17
CURRICULUM EXTENSION:	18
CURRICULUM SLOWDOWN:	19
OHSU STUDENT FINANCIAL PLANNING POLICY	21
RESPECT AT THE UNIVERSITY COMPLIANCE, HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) & ENCRYPTION OF ELECTRONIC DEVICES	22
WIRELESS INTERNET ACCESS	22
STUDENT LAPTOP MINIMUM STANDARDS FOR ALL STUDENTS	27
SCHOOL OF MEDICINE DIVERSITY DEFINITION FOR MEDICAL STUDENTS	28
COMMITMENT TO EQUITY AND INCLUSION AND EQUAL OPPORTUNITY NON-DISCRIMINATION POLICY	29
Patient Requests for or Refusal of Healthcare Professionals or Other Personnel with Specific Characteristics	30
Gender Designated Facilities	30
PROFESSIONAL (MALPRACTICE) LIABILITY	30

LIFE AND DISABILITY INSURANCE	31
OHSU HEALTH INSURANCE	31
BLOOD BORNE PATHOGENS/OCCUPATIONAL INJURY AND POST-EXPOSURE PROCEDURE	31
BASIC LIFE SUPPORT INSTRUCTION	32
PHOTO USAGE POLICY	32
CRIMINAL BACKGROUND CHECKS	32
DRUG TESTING POLICY AND PROCEDURES	33
PRE-ENTRANCE IMMUNIZATION REQUIREMENTS	34
INCLEMENT WEATHER POLICY	34
MD SATISFACTORY ACADEMIC PROGRESS POLICY AS IT PERTAINS TO FINANCIAL AID	36
ADVANCED STANDING/TRANSFER POLICY	36
READMISSION POLICY	37
FUNDING FOR STUDENT TRAVEL AND OTHER STUDENT EVENTS	37
GENERAL GUIDELINES APPLYING TO ALL OHSU FUNDS	40
REQUESTS FOR DISBURSEMENT OR REIMBURSEMENT	41
MEETING ATTENDANCE FOR OFFICE OF STUDENT REPRESENTATIVES (OSR) & CURRICULUM REPRESENTATIVES	41
MD PROGRAM STUDENT ACADEMIC RECORD RETENTION POLICY	41
MD PROGRAM STUDENT ACADEMIC RECORD ACCESS AND CONFIDENTIALITY	43
COMMUNICATION METHODS USED BY THE SCHOOL OF MEDICINE	44
FEEDBACK MECHANISMS FOR STUDENTS	45
<b>MD CURRICULUM STRUCTURE, POLICIES AND PROCEDURES</b>	<b>46</b>
PHILOSOPHY OF THE OHSU SCHOOL OF MEDICINE UNDERGRADUATE MEDICAL EDUCATION CURRICULUM	46
GUIDING PRINCIPLES OF THE OHSU MD CURRICULUM	46
OHSU SOM UNDERGRADUATE MEDICAL EDUCATION COMPETENCIES (MEDICAL EDUCATION PROGRAM OBJECTIVES)	48
MD PROGRAM GRADUATION REQUIREMENTS FOR STUDENTS MATRICULATING IN 2014 AND LATER	53
OHSU UNIVERSITY-WIDE GRADING POLICY	68
GRADE DISPUTES	68
MEDICAL STUDENT PERFORMANCE EVALUATION (AKA “DEAN’S LETTER”) & CLASS RANKING	69
USMLE REQUIREMENTS	71
CONFLICT OF INTEREST LECTURE POLICY	74
CONFIDENTIALITY POLICY FOR DUPLICATING COURSE CONTENT OR ASSESSMENT MATERIALS	74
PRINTING RESOURCES FOR OHSU MEDICAL STUDENTS	74

<b>EXPECTATIONS FOR ELECTRONIC HEALTH RECORD USE AT OHSU BY MEDICAL STUDENTS</b>	<b>75</b>
<b>EVALUATION OF THE CURRICULUM</b>	<b>78</b>
<b>STUDENT EVALUATION OF CURRICULUM AND INSTRUCTORS</b>	<b>79</b>
<b>VISITORS TO OHSU LEARNING ENVIRONMENTS – CLASSROOM AND CLINICAL SETTINGS</b>	<b>81</b>
<b>VENDORS IN OHSU LEARNING ENVIRONMENTS</b>	<b>81</b>
<b>PERTINENT TO MS1 &amp; MS2 STUDENTS IN THE FOUNDATIONS OF MEDICINE PHASE OF THE CURRICULUM</b>	<b>82</b>
<b>ATTENDANCE POLICY FOR FOUNDATIONS OF MEDICINE PHASE OF CURRICULUM</b>	<b>82</b>
Foundations of Medicine Blocks	82
Unscheduled (Independent Learning) Time in the Foundations of Medicine Phase	82
Clinical Skill Laboratory Faculty Facilitator Absences	82
Foundations of Medical Anatomy (FOMA) and Clinical Skills Lab (CSL) Required Attendance	83
Foundations of Medicine Preceptorship Required Attendance	83
<b>PRECEPTORSHIP</b>	<b>83</b>
<b>PRECEPTORSHIP COMMUTING AND TRAVEL POLICY</b>	<b>84</b>
<b>NARRATIVE MEDICINE AND REFLECTIVE PRACTICE DURING PRECEPTORSHIP</b>	<b>84</b>
<b>ENRICHMENT WEEKS – FOUNDATION OF MEDICINE PHASE</b>	<b>84</b>
<b>SCHOLARLY PROJECTS</b>	<b>85</b>
Scholarly Project Work (SCHI 702) Scheduling	87
Scholarly Project Work (SCHI 702) Documentation and Grading System	88
<b>ASSESSMENT OF STUDENT PERFORMANCE AND REMEDIATION OF UNSATISFACTORY PERFORMANCE FOR STUDENTS IN THE FOUNDATIONS OF MEDICINE CURRICULUM</b>	<b>88</b>
Remediation of Non-Passing Scores	89
<b>HEALTH SYSTEMS SCIENCE AND ASSESSMENT</b>	<b>91</b>
<b>PROCEDURE FOR ASSESSMENT SCORING AND ADJUSTMENTS IN THE FOUNDATIONS OF MEDICINE PHASE</b>	<b>92</b>
<b>SUBMISSION OF GRADES TO REGISTRAR’S OFFICE</b>	<b>93</b>
<b>FOUNDATIONS OF MEDICINE EXAMINATION ADMINISTRATION GUIDELINES</b>	<b>93</b>
<b>POLICY FOR EXAMINATION SCHEDULE CHANGE IN FOUNDATIONS OF MEDICINE PHASE</b>	<b>96</b>
<b>PERTINENT TO MS2, MS3 &amp; MS4 STUDENTS IN THE CLINICAL EXPERIENCE PHASE</b>	<b>97</b>
<b>ATTENDANCE POLICY &amp; TIME-OFF REQUESTS FROM CLINICAL EXPERIENCES</b>	<b>97</b>
<b>CLINICAL EXPERIENCES EXPECTATIONS FOR STUDENTS</b>	<b>99</b>
<b>MEDICAL STUDENT CLINICAL SUPERVISION</b>	<b>100</b>
<b>CLINICAL EXPERIENCE NATIONAL (E.G., “SHELF”) EXAMINATIONS (SEE ALSO “TESTING INTERSESSION” SECTION OF THIS HANDBOOK)</b>	<b>101</b>
<b>CLINICAL EXPERIENCE PRINCIPLES OF STUDENT ASSESSMENT</b>	<b>102</b>

PROTOCOL TO AVOID PORTFOLIO COACHES EVALUATING THEIR OWN STUDENTS	104
CLINICAL EXPERIENCE PHASE SCHEDULING	104
SOM CLERKSHIP DUTY HOURS POLICY FOR MEDICAL STUDENTS	105
RURAL CLINICAL EXPERIENCES	106
CLINICAL EXPERIENCES TAKEN AWAY FROM OHSU	108
DOMESTIC AWAY ROTATIONS	108
INTERNATIONAL & GLOBAL HEALTH EXPERIENCES	109
INTERSESSIONS	112
General Information about Core Interessions	112
Core Interession Principles of Student Assessment	113
Testing Interessions	114
<b>YOURMD PROGRAM CURRICULUM STRUCTURE</b>	<b>116</b>
<b>MD-PHD PROGRAM CURRICULUM STRUCTURE</b>	<b>117</b>
<b>ORAL MAXILLOFACIAL SURGERY PROGRAM CURRICULUM STRUCTURE</b>	<b>118</b>
<b>MD-MPH PROGRAM CURRICULUM STRUCTURE</b>	<b>119</b>
<b>OTHER CURRICULAR OPPORTUNITIES AVAILABLE FOR <i>YOURMD</i> MEDICAL STUDENTS</b>	<b>121</b>
OREGON FIRST (FAMILY MEDICINE INTEGRATED RURAL STUDENT TRAINING)	121
PHYSICIAN-SCIENTIST EXPERIENCE	122
PATHOLOGY YEAR EXPERIENCE	123
<b>STUDENT STANDARDS AND OTHER POLICIES</b>	<b>125</b>
OHSU TECHNICAL STANDARDS	125
SCHOOL OF MEDICINE MD PROGRAM-SPECIFIC TECHNICAL STANDARDS	126
OHSU CODE OF CONDUCT	126
PROFESSIONAL CONDUCT EXPECTATIONS FOR ALL OHSU HEALTH PROFESSIONS STUDENTS	127
PROFESSIONAL CONDUCT EXPECTATIONS FOR STUDENTS IN THE MD PROGRAM	127
PROFESSIONALISM AND PROFESSIONALISM MONITORING FORM	128
PROFESSIONAL APPEARANCE AND DRESS	129
OHSU SURGICAL SCRUB ATTIRE POLICY	129
CONSCIENTIOUS OBJECTION	130
STANDARDS OF ELECTRONIC INFORMATION CONDUCT	130
SOCIAL MEDIA GUIDELINES FOR MEDICAL STUDENTS	131
STANDARDS OF CONDUCT IN THE LEARNER-TEACHER RELATIONSHIP	132
MISTREATMENT DEFINITIONS:	132
OTHER FORMS OF MISTREATMENT	133
MISCONDUCT	134

PROCEDURES FOR ALLEGED MISCONDUCT	134
MD STUDENT GRIEVANCE POLICY FOR NON-DISCRIMINATION ISSUES	135
MEDICAL STUDENTS AS INVESTIGATIVE SUBJECTS	137
STUDENT SURVEYS	140
POLITICAL ADVOCACY, LOBBYING, AND/OR POLITICAL ACTIVITY	141
JEANNE CLERY DISCLOSURE OF CAMPUS SECURITY POLICY AND CAMPUS CRIME STATISTICS ACT	142
EMERGENCY AND DISASTER PLAN FOR MD STUDENTS	142
STUDENT EMPLOYMENT WHILE ENROLLED IN MEDICAL SCHOOL	143
<b><u>DISCIPLINARY POLICIES AND ACTIONS OF THE MEDICAL STUDENT PROGRESS BOARD</u></b>	<b>143</b>
ROLE OF THE BOARD	143
MEMBERSHIP OF THE MEDICAL STUDENT PROGRESS BOARD	144
DUTIES OF THE CHAIR OF THE BOARD	144
ADVISORS TO THE MEDICAL STUDENT PROGRESS BOARD	145
REGULAR AND SPECIAL MEETINGS OF THE BOARD	145
EVENTS THAT PROMPT DISCUSSION ABOUT A STUDENT AT A MEDICAL STUDENT PROGRESS BOARD	
REGULAR MEETING	146
A STUDENT WILL APPEAR AT A MEDICAL STUDENT PROGRESS BOARD MEETING:	146
RANGE OF POSSIBLE MEDICAL STUDENT PROGRESS BOARD ACTIONS (MAY INCLUDE MORE THAN ONE OF THE FOLLOWING)	148
DOCUMENTATION TO STUDENT	148
ACADEMIC STATUS DEFINITIONS	149
ACADEMIC WARNINGS	149
First Academic Warning	149
Second Academic Warning	149
ACADEMIC PROBATION	150
REPEATING PART OR ALL OF THE FOUNDATIONS OF MEDICINE PHASE	152
REPEATING PART OR ALL OF THE CLINICAL EXPERIENCE PHASE	152
DISMISSAL AND SUSPENSION PROCEDURES	152
ACTIVITIES NOT WITHIN THE JURISDICTION OF THE BOARD	154
WITHDRAWAL PROCEDURES	155
HEALTH PROFESSIONAL EVALUATION	155
SUBSTANCE ABUSE POLICY	155
STUDENT’S RIGHT OF APPEAL FOR FINAL DISCIPLINARY DECISIONS	156
OHSU-WIDE STUDENT AFFAIRS POLICIES	156
<b><u>SCHOOL OF MEDICINE SUPPORT SERVICES</u></b>	<b>157</b>

MD COLLEGES PROGRAM	157
ACADEMIC ADVISING	157
TUTORING AND LEARNING SUPPORT	158
MEDICAL STUDENT WELLNESS AND LEADERSHIP DEVELOPMENT	160
PERSONAL COUNSELING AND SUICIDE PREVENTION	161
DOUGLAS ALLEN HIERONIMUS STUDENT ASSISTANCE FUND	161
SERVICE LEARNING OPPORTUNITIES	162
STUDENT STATUS VERIFICATION LETTERS	162
<b>OHSU STUDENT SERVICES</b>	<b>162</b>
ACCESS AND ACCOMMODATION OFFICE	162
RELIGIOUS ACCOMMODATIONS	163
AFFIRMATIVE ACTION & EQUAL OPPORTUNITY (AAEO) OFFICE	163
BREASTFEEDING/LACTATION ROOMS AND RESOURCES FOR PREGNANT AND PARENTING STUDENTS AT OHSU	164
BRIDGES COLLABORATIVE CARE CLINIC (BCCC)	164
BUSINESS CARDS FOR OHSU MEDICAL STUDENTS	164
CENTER FOR DIVERSITY & INCLUSION (CDI)	164
FINANCIAL AID OFFICE	165
FINANCIAL WELLNESS AND STUDENT DEBT COUNSELING	166
FOOD SERVICES IN OHSU HOSPITAL	166
GLOBAL HEALTH CENTER	166
ITG/COMPUTER HELP DESK	166
STUDENT HEALTH & WELLNESS CENTER	167
LIBRARY	168
MARCH WELLNESS AND FITNESS CENTER	168
OHSU OMBUDSMAN	169
PARKING AND TRANSPORTATION OFFICE	169
LYFT OFF PROGRAM	170
PUBLIC SAFETY	170
STUDENT CENTER	170
UNIVERSITY-WIDE STUDENT AFFAIRS POLICIES	171
<b>STUDENT GOVERNMENT, ELECTED OFFICES, AND STUDENT-LED ORGANIZATIONS &amp; ACTIVITIES</b>	<b>171</b>
CLASS OFFICERS	171
MEDICAL STUDENT SENATE	172
MEDICAL STUDENT HONOR CODE	172

MEDICAL STUDENT STATEMENT OF PRINCIPLES	172
MEDICAL STUDENT COUNCIL CONSTITUTION	173
ALPHA OMEGA ALPHA HONOR SOCIETY	182
<b>SCHOLARSHIPS AND AWARDS</b>	<b>182</b>
SCHOLARSHIPS	182
AWARDS	184
AWARDING OF HONORS AT OHSU GRADUATION	186



# INTRODUCTION AND WELCOME

This is an exciting time to be in medicine. Advances in the sciences basic to the study and practice of medicine are moving at an absolutely incredible pace. These developments improve our understanding of disease as well as enhance potential treatment options. The School of Medicine at Oregon Health & Science University is committed to preparing physicians in a collegial environment that is filled with faculty who are at the forefront of scientific (basic and clinical) and educational advances.

OHSU has a long history of being on the cutting edge of innovation in medical education. Our interdisciplinary format of teaching in the foundational years of medical school facilitates not only the acquisition of basic science knowledge, but also the application of this knowledge in clinical settings. We are dedicated to your medical school training and want to ensure that you will have the knowledge, skills, attitudes, and values that will be necessary to practice medicine in the year 2020 and beyond. You will be given the opportunity to gain not only medical knowledge and skills, but also to engage in self-reflection and self-assessment in an effort to help you identify areas of strength and weakness. This type of self-assessment will lead to improved life-long learning as well as enhanced patient care.

Collaboration is central to future generations of health care professionals. With this in mind, interprofessional education is another important aspect of medical education. We strive to provide our students with a range of learning experiences that promote knowledge of working in interprofessional teams. We anticipate that all of you will serve in leadership roles in your chosen area of expertise, whether that is in a rural Oregon community, in an academic health center, or in a large inter-specialty practice setting.

OHSU School of Medicine: *Where healing, teaching and discovery come together.*

Undergraduate Medical Education  
Oregon Health & Science University School of Medicine  
2730 SW Moody Avenue, Mailcode: CL5MD  
Portland, OR 97201  
Phone: 503-494-8220  
Fax: 503-494-3400

*Please note that information contained herein is subject to change during the course of any academic year. The OHSU School of Medicine or specific SoM Undergraduate Medical Education program reserves the right to make changes including, but not limited to, changes in policies, fees, tuition, course offerings and student requirements. This document should not be construed in any way as forming the basis of a contract. The OHSU Medical Student Handbook typically is updated yearly, although periodic mid-year updates may occur when deemed necessary. Unlike degree requirements, changes in regulations, policies and procedures are immediate and supersede those in any prior Medical Student Handbook. The most current version of the Medical Student Handbook can always be found on the OHSU Office of UME Sakai site.*

**Handbook Released November 22, 2019**

## ACCREDITATION

The Oregon Health & Science University is accredited by the Northwest Commission on Colleges and Universities (NWCCU) and has been reaffirmed through 2022. For more information, contact: NWCCU, 8060 165<sup>th</sup> Ave NE Suite 100, Redmond, WA 98052, 425-558-4224 or visit [www.nwccu.org](http://www.nwccu.org). The OHSU School of Medicine's undergraduate medical education program is accredited by the Liaison Committee on Medical Education (LCME) and meets the licensure requirements in all 50 states. This specialty accreditation has been reaffirmed until 2020. For more information, contact the LCME, [www.lcme.org](http://www.lcme.org).

## OHSU MISSION STATEMENT

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

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

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

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

## OHSU VISION STATEMENT

Our vision is to partner to make Oregon a national leader in health and science innovation for the purpose of improving the health and well-being of Oregonians and beyond.

OHSU's focus on healing, teaching and discovery – combined with our deep history in Oregon – is unique. We are the state's only academic health center and one of the only universities in the U.S. devoted exclusively to educating doctors, dentists, nurses, pharmacists and public health professionals. We not only treat the most complex health needs in the region, we make discoveries that save lives and train leaders to address the societal issues that impede health.

# **HISTORY OF THE SCHOOL OF MEDICINE**

The University of Oregon Medical School was established by a charter from the Board of Regents of the University of Oregon in 1887. As schools and facilities were added over the decades, the name went through several iterations before becoming Oregon Health & Science University (OHSU) in 2001. OHSU occupies 7 million square feet on 420 acres, including the Marquam Hill, Schnitzer and West campuses and the South Waterfront Central District. The Marquam Hill campus includes 118 acres and 36 major buildings overlooking the city of Portland, and connected to the South Waterfront by the Portland Aerial Tram. Physical facilities on the hill include advanced laboratories and scientific equipment which supported the Vollum Institute, Oregon Institute of Occupational Health Sciences, the LEED silver-certified Biomedical Research Building and many other research institutes; OHSU Hospital; the Peter O. Kohler Pavilion; Doernbecher Children's Hospital; OHSU Library and Auditorium and a student activity building. The School of Medicine is affiliated with the Veteran's Affairs Medical Center and Shriners Hospital for Children located on the Campus. The School of Medicine provides educational programs for medical and graduate students, as well as programs for physician assistants, radiological technologists, medical technologists and dietitians. The Graduate Medical Education programs are offered in virtually all fields of medicine, as well as oral maxillofacial surgery. Courses offered by the School of Medicine's Office of Continuing Professional Development and Lifelong Learning reach over 10,000 health care professionals each year.

## **ACADEMIC PROGRAMS FOR MD DEGREE**

### **MD Program**

The School of Medicine Undergraduate Medical Education Program is designed to present an educational continuum that balances the scientific basis of medicine with early clinical experience; offers progressive patient care responsibilities for students; permits students to individualize their educational programs; and enhances a student's independent learning and problem solving skills. The foundational sciences are presented in a multidisciplinary and integrated format, relating normal and abnormal structure and function, and integrating basic, clinical, and health systems sciences. The clinical experience phase reinforces basic, clinical and health systems sciences integration, application of knowledge, advanced clinical and communication skills, and fosters development of lifelong learning and professional identity in becoming a physician.

### **Dual Degree Programs**

Medical students in the dual degree programs must take all required MD program courses/blocks while enrolled as a medical student in the Foundations of Medicine portion of the curriculum. This includes the passing of USMLE Step I prior to beginning any graduate studies and/or clinical experiences. The three combined degree programs are briefly described below. As students in dual degree programs are enrolled in multiple academic programs at OHSU, academic and professionalism student performance

information will be shared across programs as needed. Academic and/or professionalism problems in one of the programs may result in repercussions in the other.

## **MD-PhD Program**

The MD-PhD dual degree program provides rigorous training in both research and clinical medicine, providing a strong foundation for a career as a Physician-Scientist. The MD/PhD dual degree is a fully funded program, providing tuition, fees and stipend for all enrolled students. Funding is provided by the OHSU School of Medicine, endowed funds, and by the National Institute of General Medical Sciences of the National Institutes of Health under Award Number T32GM109835 “Medical Scientist Training Program of Oregon Health & Science University.” PhD degree may be obtained in the SoM through graduate programs in Behavioral Neuroscience, Biochemistry and Molecular Biology, Biomedical Engineering, Cancer Biology, Cell and Developmental Biology, Medical Informatics and Clinical Epidemiology, Molecular and Medical Genetics, Molecular Microbiology and Immunology, Neuroscience, Physiology and Pharmacology. Students may also pursue PhD degrees in the School of Public Health.

The dual degree program is designed for exceptional students with a strong basic science background. Successful applicants must show evidence of potential for outstanding performance in both the MD and PhD programs and of a firm commitment to a career in academic medicine. Prior research experience is expected. Funding, including tuition waivers and stipend support, is provided for students in this program.

The curriculum is designed to allow students to complete the program in seven- to eight- years, depending on the student’s progress in fulfilling the requirements for both the MD and PhD degrees. Upon joining the MD-PhD program, students are assigned a Scientific Oversight Committee that helps them formulate a schedule encompassing graduate and clinical courses, the PhD qualifying examination, and doctoral thesis research. Students begin with the Foundational years of the medical curriculum. Research rotations help students select a graduate program. In addition to the MD and PhD curriculum, MD/PhD students complete MD/PhD specific curriculum: a weekly MD/PhD journal club, a one term Professional Development Fundamentals course, a Longitudinal Clinical Clerkship (one half day every two weeks while in their PhD) which allows them to maintain and further develop their clinical skills and finally an eight week Clinical & Translational Research Experience exposing them to clinical trials work while in their final year of the MD program. When their PhD is completed, they return to medical school to complete the clinical experience portion of the curriculum. See the MD-PhD course schedule and yearly progression outlined later in this Handbook.

The Program Director for the MD-PhD dual degree program is Dr. David Jacoby ([jacobyd@ohsu.edu](mailto:jacobyd@ohsu.edu)). More information about the program can be found [here](#).

## MD-MPH Program

The Oregon Health & Science University MD-MPH dual degree program is a five-year program jointly sponsored by the OHSU School of Medicine and the OHSU-PSU School of Public Health. It is specifically designed for students who demonstrate: (1) a potential for excellent performance in both the MD and the MPH curricula, and (2) a firm commitment to, and potential for, a career in which the population-based clinical practice model (a medicine-public health model) would be particularly useful, or in which the combined degree would prepare for enhanced career productivity in clinical and public health policy, programs, or research.

The dual degree program follows a quasi-integrated curriculum designed to allow selected students to complete the requirements for both the Doctor of Medicine (MD) and the Master of Public Health (MPH) degrees within five years. The curriculum is quasi-integrated in the sense that we expect MD-MPH students to be engaged in formal or informal public health-related study throughout their tenure at OHSU. Students in the MD-MPH dual degree program currently complete the MPH with an Epidemiology concentration to provide them with the quantitative tools to be successful in whatever area of clinical medicine and public health they choose. They will also have opportunities to pursue specific areas of public health interests in two ways: (a) through elective courses in other MPH tracks and (b) by engaging in Field Experience and a culminating research project to address these interests.

**Students are accepted into the MD-MPH dual degree program only at the time of initial admission to the MD program.** Successful applicants begin their studies at OHSU with a six-week Introductory Epidemiology course in the summer (July and early August), just prior to beginning medical school classes (three weeks of independent study and three weeks of in-class work). During the first academic year they take a weekly Public Health & Medicine Seminar course in the winter quarter and a Community Health course in the spring. As time permits, students also may take a limited number of public health courses of their choosing during the remainder of the first eighteen months of medical school and will be encouraged to take advantage of other public health and/or research opportunities as they arise throughout their first 18 months. Finally, MD-MPH students have a year of concentrated MPH study that typically begins in September of the third academic year through early August of the following year, during which they complete the remainder of the required MPH course work and explore opportunities for the MPH Field Experience. During the final two and a half years at OHSU, these students will complete their core and elective clinical experiences, apply for residency positions, and take 1-2 months to complete their capstone Field Experience and research project required for the MPH. The Program Director for the MD-MPH dual degree program is Dr. John Stull ([stullj@ohsu.edu](mailto:stullj@ohsu.edu)). See the MD-MPH curriculum structure diagram later in this Handbook.

## Oral Maxillofacial Surgery (OMS) Program

Students admitted to the OMS program must meet the requirements of both the MD degree as specified and the OMS residency to remain in the program. Dismissal from either program for academic or non-academic reasons constitutes dismissal from all aspects of the dual degree six-year program. Two to three students will be admitted per year.

**Requirements for the MD Degree:** Students are expected to adhere to all policies, procedures, and expectations required for the medical degree as specified. The MD degree will be granted when the required courses, examinations, behaviors and electives are successfully completed. See the OMS curriculum structure diagram later in this Handbook.

## **OFFICE OF UNDERGRADUATE MEDICAL EDUCATION ORGANIZATION**

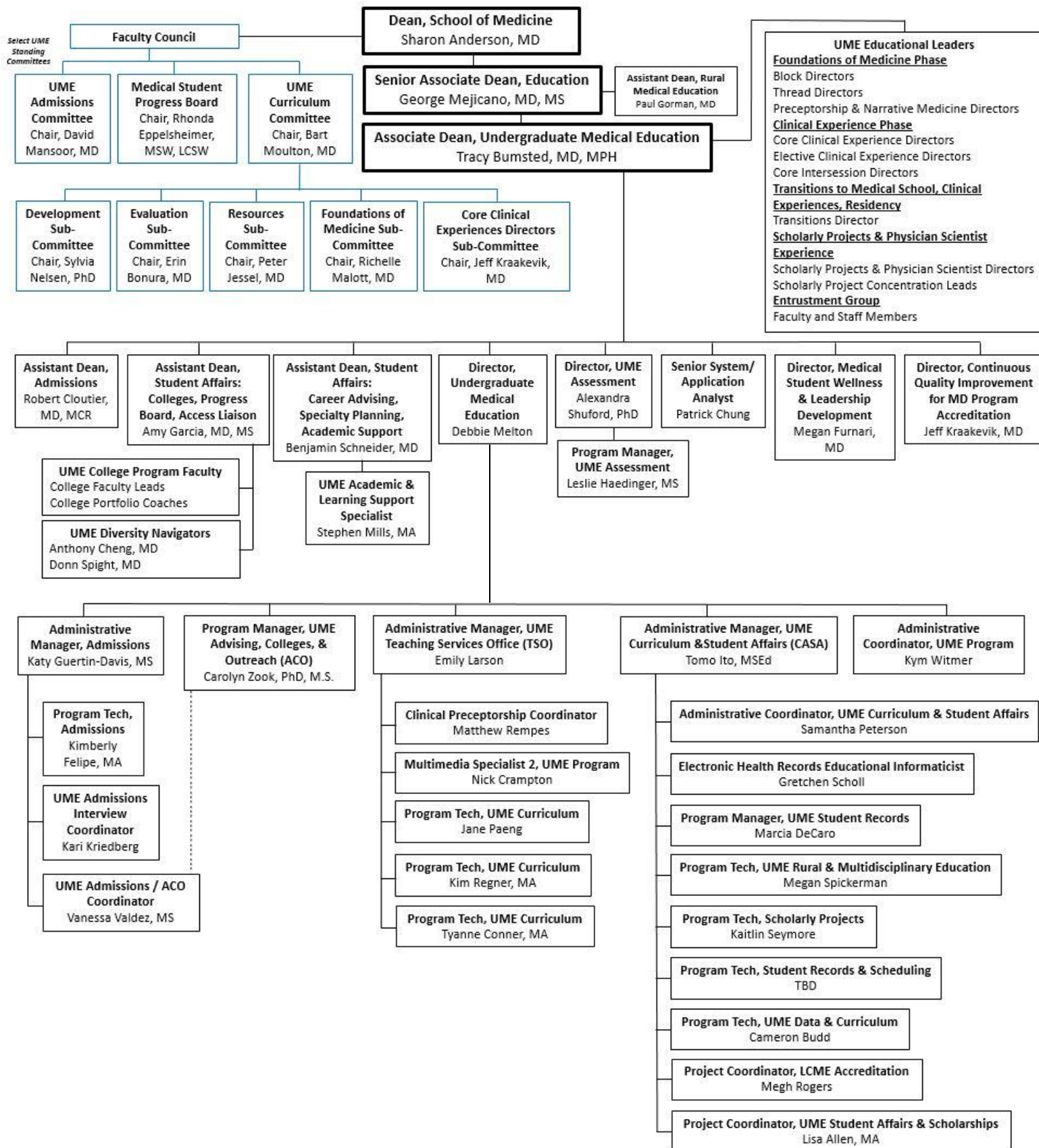
The Undergraduate Medical Education (UME) Program is led by Dr. Tracy Bumsted, Associate Dean for UME. The UME Program is a branch of the School of Medicine Office of Education, which is headed by Dr. George Mejicano, Senior Associate Dean for Education. All Senior Associate Deans in the School of Medicine report to Dean Sharon Anderson, who in turn, reports to the President of the University, Dr. Danny Jacobs.

The Office of UME consists of the following units:

1. Admissions
2. Advising, Colleges, and Outreach (ACO)
3. Teaching Services (TSO)
4. Curriculum and Student Affairs (CASA)
5. Assessment

The Office of UME is responsible for managing all aspects of medical student education, including the admissions process, advising, outreach, curriculum, student services and activities, academic scheduling, grades and course support. The main UME office is located in the Robertson Life Science Building, fifth floor in the South tower.

(See next page for UME organizational operations chart and select UME faculty committee structure)



# ADMINISTRATIVE POLICIES AND PROCEDURES

## Registration Policy

The MD degree curriculum is restricted to students who have been competitively selected by the School of Medicine Admissions Committee to earn the MD degree. The only exception to this policy is students selected to participate in OHSU graduate degree and special programs. These students and/or advisors may seek permission from the Associate Dean for Undergraduate Medical Education to participate in selected courses in the MD curriculum. Appeals of decisions made by the Associate Dean for Undergraduate Medical Education should be directed to the Dean of the School of Medicine.

## Tuition Policy

1. All enrolled medical students will be charged applicable tuition and fees according to the official OHSU Academic Year Fee Book in effect at the time of enrollment. Students are typically required to pay quarterly tuition and fees as a full-time student for 16 academic terms. Refer to the **Curriculum Timeline Modification Policy** section of this handbook for additional information on applicable tuition and fee charges during a curriculum interruption/leave of absence, extension, or slowdown.
2. Students in the MD-OMFS program are required to pay resident tuition and fees for all terms in which they are enrolled in the MD curriculum.
3. OHSU introduced a Tuition Promise in 2013 to keep tuition costs down for students enrolled in eligible clinical degree programs during specific academic years, and includes students enrolled in the MD program. This Promise in effect currently states that MD students enrolled during the academic year “will not incur a tuition rate increase during the remaining years of their degree (according to the timeline specified by the degree program.) Fees, books, supplies or equipment charges are not a part of the Tuition Promise, and are subject to change.” To learn more, click [HERE](#).

## Tuition Payment Policy

1. Students are expected to pay tuition and fees at the beginning of each quarter.
2. The OHSU Student Account Office will provide students with bills regarding delinquent payments.
3. If the balance is not resolved by the due date, a financial hold will be placed on the account. For detail on collection actions, refer to the [2019-20 OHSU Tuition and Fee Book](#).

## Curriculum Timeline and Timeline Modification Policy

All students are expected to progress through the MD curriculum without delay in meeting their graduation requirements, and the curriculum is structured to support this timely progression. The typical student will have met all graduation requirements within 3 years + 10 months from date of matriculation, and pay 16 terms of full tuition and fees. Occasionally, a student will meet all graduation



requirements faster or slower than 3 years + 10 months, and in certain instances may pay less or more, respectively, than 16 terms of full tuition and fees. All tuition and fees will be charged based upon the official OHSU Academic Year Fee Book in effect at the time of enrollment. **The maximum time to degree for the MD program is six years** (with the exception of the dual-degree students admitted to the MD-MPH and MD-PhD programs.) This maximum time to degree includes all time from matriculation to graduation including any time off for leaves of absences, curriculum slowdowns, or extensions. The following section outlines the definitions, procedures, tuition implications and documentation details for students who are interested in modifying their curriculum timeline compared to the typical student.

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

- Examples of Circumstances That May Qualify: Students may be granted a Leave of Absence (LOA) due to personal or family illness, pregnancy, non-passing score on national board examination, or other unusual or unexpected circumstance.

Procedure for Requesting a Curriculum Interruption/LOA: Students will follow the [University LOA policy](#) and complete the [request form](#). This should be done in consultation with the student's academic portfolio coach and/or one of the Assistant Deans for Student Affairs. The request form should be submitted to the Associate Dean for Undergraduate Medical Education who will determine if the request is granted or denied, and communicate this to the student. The circumstances necessitating a LOA are expected to be resolved at the end of the LOA.

Procedure for Requesting Re-Entry: At the time of desired re-entry, the student on a **medical** LOA must submit a [provider attestation for reinstatement](#) prior to being formally re-enrolled. Students in all other categories of LOA are required to notify one of the Assistant Deans for Student Affairs of their intended re-entry date in order to plan their schedule of coursework once they have returned. The timing of this notification may vary depending upon the individual circumstance, but shall be no later than 20 business days prior to start of the term they intend to enroll. Of note, re-entry into the clinical curriculum typically requires at least 5 weeks' notice. Students are encouraged to plan their re-entry with as much lead time as possible, working with the UME Dean's Office staff to develop their schedule.

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

responsibility to meet and maintain all financial aid eligibility requirements. Students who take an LOA also should be aware of impacts to scholarship eligibility because in certain cases, scholarships are paused, and may be discontinued, if a student is not continuously enrolled. A LOA will also impact the student's eligibility for student health insurance and all students considering a LOA should discuss health insurance coverage implications with staff at the Student Health and Wellness Center.

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

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

- Example of Circumstance That May Qualify: The case where a student has had academic difficulty (e.g., student has received a non-passing grade in one or more required curriculum components and is remediating said components.) **Note:** students who have had academic difficulty but are able to remediate non-passing components within the typical expected time frame for the program do not require and will not be granted a curriculum extension.
- Procedure for Requesting a Curriculum Extension: A curriculum extension is granted only in select cases. A student requesting a curriculum extension is responsible for submitting a detailed proposal on the appropriate form to one of the Assistant Deans for Student Affairs who will forward this to the Medical Student Progress Board (MSPB) for consideration. The MSPB will consider this proposal, and in certain occasions the student will be asked to appear in person to provide additional information. Following this, the MSPB will forward a recommendation to the Associate Dean for Undergraduate Medical Education, who will render the final decision, approving or denying the extension request, and communicate this to the student.
- Tuition and Fees Charged: Full tuition and fees will be charged for all enrolled terms, including the extension period. The amount of the full tuition and fees charged will be determined according to the official OHSU Academic Year Fee Book in effect at the time of enrollment. Students are advised to work closely with the Financial Aid Office to understand the financial implications of a curricular extension. It is the student's responsibility to meet and maintain all financial aid eligibility requirements.
- Documentation in Student's Academic Record: All coursework attempted will be documented on the student's transcript. The Medical Student Performance Evaluation will reflect student performance for all program components up to the point in time it is sent to Residency Program Directors as a part of the NRMP, typically late Fall each year.

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

- Example of Circumstance That May Qualify: A curriculum slowdown is granted only in rare cases and may be needed for compelling health or personal reasons. This may be needed in the case where a student is receiving accommodations due to a disability.
- Procedure for Requesting a Curriculum Slowdown: Students wishing to slow down their curriculum are responsible for submitting a detailed proposal to one of the Assistant Deans for Student Affairs who will forward this to the Medical Student Progress Board (MSPB) for consideration. The MSPB will consider this proposal, and in certain occasions the student will be asked to appear in person to provide additional information. Following this, the MSPB will forward a recommendation to the Associate Dean for Undergraduate Medical Education, who will render the final decision, approving or denying the request, and communicate this to the student.
- Tuition and Fees Charged: Students who are granted a curriculum slowdown will pay **partial tuition** based upon curriculum resource utilization and **full fees** for all enrolled terms as part of the curriculum slowdown. The amount of tuition charged will be determined according to the official OHSU Academic Year Fee Book in effect at the time of the curriculum slowdown and will be outlined in the approval communication for the planned proposal. **Note:** students will pay full tuition and fees for all enrolled terms that are NOT a part of the curriculum slowdown (e.g., student who is taking courses as expected in the Foundations of Medicine curriculum, but then has a curriculum slowdown plan for the Clinical Curriculum. This student would pay full tuition and fees for all terms of Foundations of Medicine, and partial tuition and full fees for all terms of the Clinical Curriculum.) In addition, any term that a student is registered for both full enrollment and slowdown enrollment will pay full tuition and fees for that term (e.g., when a student starts the curriculum slowdown midway through a term.) During a curriculum slowdown a student may not be eligible for, or may be eligible for reduced amounts of, federal financial aid. A curriculum slowdown may also affect a student's ability to maintain Financial Aid Satisfactory Academic Progress requirements, which could affect a student's continued eligibility for federal student aid. Students are advised to work closely with the Financial Aid Office to understand the financial implications of a curriculum slowdown. It is the student's responsibility to meet and maintain all financial aid eligibility requirements.
- Documentation in Student's Academic Record: All coursework is documented on the student's transcript. The Medical Student Performance Evaluation will reflect student performance for all program components up to the point in time it is sent to Residency Program Directors as a part of the NRMP, typically late Fall each year. The curriculum slowdown will also be documented on the Medical Student Performance Evaluation.

### Examples of Curriculum Modification Requests and Outcomes

Circumstance	Typical Decision	Tuition Implications
<p><b>UNSUCCESSFUL MATCH</b></p> <p>Student who has entered the NRMP in his/her final year of medical education and was planning to begin residency training in June, but did not match and was unsuccessful in the Supplemental Offer Application Process (SOAP.)</p> <p>In certain circumstances, students who learn that they have not matched may be unable to continue in the curriculum due to health reasons. In this situation, a student may request a medical leave of absence prior to completing all graduation requirements (see below curriculum interruption).</p>	<p>No extension granted assuming all graduation requirements have been met. Student will be graduated on time, typically in June.</p>	<p>Full tuition and fees paid as expected with typical program (i.e., 3 years + 10 months, 16 terms)</p>
Circumstance	Typical Decision	Tuition Implications
<p><b>CURRICULUM INTERRUPTION OR LEAVE(S) OF ABSENCE(S)</b></p> <p>Student who is unable to graduate on time due to previous curriculum interruption or leave(s) of absence(s), for any reason, and where they have had a temporary but complete exit from the curriculum.</p>	<p>Upon re-entry, students in this category will have their expected graduation date moved to <u>no later than</u> the end of the term in which they will have met all their graduation requirements.</p> <p>If a student has been granted a LOA after starting enrollment in a term such that it is too late for a tuition refund but the student is not able to take coursework for the remaining part of the term, then after re-entry from the LOA they may need to re-enroll beyond their initial expected graduation date to finish their</p>	<p>Full tuition and fees for all enrolled terms.</p> <p>No tuition and fees are paid during LOAs, unless the student takes a LOA after enrolling in a term and does not qualify for a tuition or fee refund in that term.</p> <p>Students needing to re-enroll will be charged full tuition and fees for the term(s) in which they re-enroll until they have met their graduation</p>

	graduation requirements. Once they meet all their graduation requirements, the student will be graduated.	requirements and are graduated.
<b>Circumstance</b>	<b>Typical Decision</b>	<b>Tuition Implications</b>
<p><b>PLANNED CURRICULUM SLOWDOWN</b></p> <p>Student who is unable to graduate as initially expected due to slowed progression through the curriculum for compelling health or personal reasons. Students in this category are enrolled each term but are not taking the full credits available. This is a planned event, and requires prior approval.</p>	<p>A curriculum slowdown is approved in rare circumstances, and approval is contingent upon student submission of a written plan and proposal for coursework timeline.</p>	<p>Pays full tuition and fees for all enrolled terms that are not a part of their slowdown plan, and partial tuition and full fees for enrolled terms that are a part of their slowdown plan.</p>

## OHSU Student Financial Planning Policy

The Office of the Provost at OHSU has approved the [OHSU Student Financial Planning Policy, #02-90-025](#) to assist students with a comprehensive program of debt management counseling and financial planning services. These services include, but not limited to:

- Individual meetings with financial counselor;
- Ongoing educational activities; and
- Online information resources with links to resources/tools to help students strategically manage the repayment of educational debt.

All student loan borrowers are expected to use the debt management counseling and financial planning services which are specifically tailored to the needs of OHSU students. Students who do not borrow to finance their education are also encouraged to utilize these financial planning services.

# Respect at the University Compliance, Health Insurance Portability and Accountability Act (HIPAA) & Encryption of Electronic Devices

## Completing required trainings

As a new student, you must complete three trainings before you can receive your OHSU ID badge. The required trainings are:

- Information Privacy and Security Essentials
- Respect at the University
- Integrity Foundations

All three courses are available in Compass, OHSU's learning management system. Log in directly at <https://ohsu.csod.com/>, or you can access it from the O2 shortcuts menu. After logging in with your OHSU username and password, you will find links to the courses under "My Assigned Training" on your homepage.

## Technology, security and privacy

As a student, you are responsible for the computer and mobile devices you use during your studies at OHSU. Following best practices — such as running an up-to-date operating system — can help protect yourself while also contributing to a safer computing environment at OHSU.

In addition, your use of computing resources must abide by [OHSU's Acceptable Use of Computing and Telecommuting Resources policy](#). The following information will help you use your computing resources in line with that policy as well as [OHSU's additional information privacy and security policies](#).

Go to the [Technology, Security and Privacy page on Student Central](#) for the latest information and to learn more, including how to connect to the internet, how to check your OHSU email and much more.

## Wireless internet access

There are several ways to connect to wireless internet, whether you are on campus or on the go. For the best experience, the one that is recommended for students to use is eduroam.

## Shared Global Wi-Fi (eduroam)

The eduroam wireless network is a shared global wireless service for participating research and education institutions. Connect to the eduroam wireless network quickly and easily using your OHSU username and password at more than 450 colleges, universities and research facilities in the United States. Visit <https://www.eduroam.us> for a full list of participating institutions.

Connecting at OHSU is simple:

1. Turn on your device's **Wi-Fi**. (Disable Airplane Mode on smartphones and tablets.)
2. Connect to the **eduroam** wireless network.
3. At the login prompt, enter your complete OHSU email address and password. Connect to the eduroam network.
4. If you see a trust certificate prompt, accept it.
5. After your device connects to the eduroam network, you will have internet access.

## Private Wi-Fi (OHSU-Secure)

OHSU-Secure is a secured wireless network that is provided for OHSU employees. Students should NOT use OHSU Secure. This is because in order to access internal resources using the OHSU Secure network, the computer must meet the requirements outlined below (which are required for OHSU employees using OHSU-owned devices):

### BitLocker, FileVault or Symantec Desktop Encryption

Your computer must be encrypted with BitLocker, FileVault or Symantec Desktop Encryption.

- **BitLocker:** Available for Windows 7 Enterprise or Ultimate edition, Windows 8.1 Pro or enterprise edition, Windows 10 Pro, Enterprise or Education. [Learn more.](#)
- **FileVault:** Available for OS X 10.8 or newer. [Learn more.](#)
- **Symantec Desktop Encryption:** Available for Windows "Home" versions. [Learn more.](#)

### ForeScout SecureConnector

SecureConnector must be installed and running. SecureConnector checks the encryption status of your computer and ensures it is compliant with security requirements. The ForeScout SecureConnector installers are available to [download here.](#)

### Dell Data Protection

Dell Data Protection ensures that restricted information (see the *Protecting restricted information* section) cannot be moved from OHSU-Secure to unencrypted removable storage devices, such as USB sticks (thumb drives) and external hard drives. It can also be used to encrypt unencrypted removable storage devices. The Dell Data Protection installers are available to [download here.](#)

## Public Wi-Fi (OHSU-Guest)

OHSU-Guest is an unsecured wireless network that is provided for OHSU patients, visitors, vendors and others who need internet connectivity. Because OHSU-Guest is outside of the secure network, it is not protected by the firewall. **Therefore, it should not be used by OHSU employees, students and affiliates.**

## Mobile device management

If you want to have your OHSU email delivered directly to an app on your smartphone, you must take steps to protect that mobile device: It must be enrolled in OHSU's mobile device management program. If you choose to enroll, you have a choice of two VMware applications:

- **AirWatch Container**, which “contains” your OHSU-related activities to specific apps. When you enroll your smartphone in AirWatch Container, the OHSU App Catalog will be downloaded to your smartphone as well. From there, you can install the Boxer app for access to your OHSU email, calendar and contacts. Other apps, including a secure web browser for access to internal resources, are also available.
- **Intelligent Hub**, which allows you to use your smartphone’s built-in apps for OHSU-related activities. For example, if you have an iPhone, you can access your OHSU email, calendar and contacts through its Mail app. You can also use Safari to access other internal resources. In addition, be aware that some OHSU-related applications and technology may only be accessible through Intelligent Hub, rather than AirWatch Container.

Generally, these applications can run on mobile devices built by mainstream manufacturers, such as Apple, Samsung, LG, Motorola, Huawei and HTC, if they have one of the following operating systems: Android 8 or later or iOS 11 or later. Note: These requirements are subject to change over time. You do **not** need Intelligent Hub or AirWatch Container to check your OHSU email at mail.ohsu.edu from a web browser on your smartphone; however, Duo Mobile may be required, depending on how your smartphone is connecting to the internet (see the *Two-step authentication* section for details). To learn more, go to the [personally owned mobile devices page on O2](#).

## Two-step authentication

Two-step authentication (also called multi-factor authentication) is required to log in to certain OHSU systems from **outside** the OHSU-Secure wireless network — for example, when you log in to mail.ohsu.edu from your home Wi-Fi network or from eduroam. It is also required to remotely log in to applications that use single sign-on, including Banner, Box, Compass and Sakai.

OHSU uses Duo Mobile for two-step authentication. Duo Mobile is a free app that you can download from your smartphone’s app store. If your smartphone is enrolled in AirWatch Container or Intelligent Hub as part of mobile device management, the Duo Mobile app is also available from the OHSU App Catalog. Smartphone apps like Duo Mobile are popular tools for two-step authentication because of their convenience — if you have a smartphone, you probably don’t go anywhere without it.

If you cannot or do not want to use the Duo Mobile app, you can request a security token (key fob). Send an email to [duo@ohsu.edu](mailto:duo@ohsu.edu), and please include your telephone number and your campus mail code (or your USPS address, if you do not have a campus mail code).

To learn more, go to the [Duo Mobile page on O2](#).

## Cloud storage

Box.com is OHSU’s approved cloud storage service. You can use it to store your school-related files and share them with others. There is no storage limit, and you can upload files as large as 15 GB. To get started, log in directly at <https://ohsu.box.com/> with your OHSU username and password.

Other common cloud storage services, such as Dropbox, Google Docs, OneDrive and iCloud, should **not** be used for OHSU restricted information (see the *Protecting restricted information* section), because these services have not agreed to comply with OHSU’s information privacy and security policies.



To learn more, go to the [Box.com page on O2](#).

## Removable storage devices (e.g., thumb drives and external hard drives)

Removable storage devices, such as USB sticks (thumb drives) and external hard drives, must be encrypted with Dell Data Protection if they contain restricted information (see the *Protecting restricted information* section).

The Dell Data Protection software is required for computers that need access to internal resources on the secure network. It ensures that restricted information cannot be moved from the secure network to unencrypted removable storage devices. In addition, it can be used to encrypt unencrypted removable storage devices. To learn more, go to the [Dell Data Protection page on O2](#).

## Additional resources

- [Help and How To](#): Help and How To provides solutions for the most common information technology issues at OHSU, as well as FAQ on a variety of topics.
- [Phish Bowl](#): The Phish Bowl is where you can find recent examples of phishing emails reported by others at OHSU. If you receive a suspicious email at your OHSU email address, report it by forwarding it to [antispam@ohsu.edu](mailto:antispam@ohsu.edu). Also, be aware that OHSU occasionally sends phishing training exercises to help you practice identifying and reporting suspicious emails. Examples of past exercises are also accessible from the Phish Bowl.

## 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).

As a medical student, you may work with PHI and other kinds of restricted information during the course of your studies at OHSU. You can help keep that information safe by following these guidelines.

## Text messages

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

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

- Delete pages containing patient information after reading them.

## **Photos and videos**

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

## **Additional tips**

- Do not include any identifying patient information in written history and physicals (H&Ps) that you complete.
- 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 [oips@ohsu.edu](mailto:oips@ohsu.edu).

### **For further information regarding privacy and/or compliance:**

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

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

## **If you see something, say something**

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

## What to report

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

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

## How to report

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

## Student Laptop Minimum Standards for All Students

Computers 4 years or older are not recommended.

### PC Minimum Standards

- Operating System: 32-bit or 64-bit Versions of Windows 10
  - Alternate versions of Windows 10, such as Windows RT and Windows 10 S, are NOT permitted
  - Only genuine, U.S.-English versions of Windows Operating Systems
- No Tablet devices
  - However, Surface Pro tablets are permitted (only the Pro version)
- CPU Processor: 1.86Ghz Intel Core 2 Duo
- RAM: 4GB
- Hard Drive: 250GB
- A working USB port (Newer devices may require an adaptor)
- Ability to connect to Wi-Fi networks
- Display: 13"
- Screen Resolution: 1024x768
- Administrator level account permissions

### Mac Minimum Standards

- Operating System: OS X 10.11 (El Capitan)
  - Only genuine versions of Mac Operating Systems.
  - Server version of Mac OS X is NOT permitted.
- CPU: Intel processor
- RAM: 4GB
- Hard Drive: 250GB
- A working USB port (Newer devices may require an adaptor)
- Ability to connect to Wi-Fi networks
- Display: 13"
- Screen Resolution: 1024x768
- Administrator level account permissions

**Other operating systems (Linux, Android, iOS, Chrome OS, etc.) are NOT permitted.**

## School of Medicine Diversity Definition for Medical 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 identity or expression, marital status, national origin, race, color, religion, sex, sexual orientation, veteran status, socioeconomic status, and diversity of thought, ideas and more. Although each of these is important in their own right, the **School of Medicine is explicitly committed to increasing the diversity of its medical 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).

# Commitment to Equity and Inclusion and Equal Opportunity Non-Discrimination Policy

Oregon Health & Science University is committed to creating and fostering a learning and working environment based on open communication and mutual respect. Inclusion means we honor, respect, embrace and value the unique contributions and perspectives of all employees, patients, students, volunteers, and our local and global communities. It is fundamental to OHSU's ability to attract and retain top talent. Inclusive cultures also foster innovation and creativity, flourish in a competitive market, maximize the return on our investment in people, and ensure flexibility to thrive.

If you encounter sexual harassment, sexual misconduct, sexual assault, or discrimination based on race, color, religion, age, national origin or ancestry, veteran or military status, sex, marital status, pregnancy or parenting status, sexual orientation, gender identity or expression, disability or any other protected status please contact the **Affirmative Action and Equal Opportunity (AAEO) Department** at 503-494-5148 or [aaeo@ohsu.edu](mailto:aaeo@ohsu.edu). Inquiries about Title IX compliance or sex/gender discrimination and harassment may be directed to the OHSU **Title IX Coordinator** at 503-494-0258 or [titleix@ohsu.edu](mailto:titleix@ohsu.edu).

OHSU provides equal opportunities to all individuals without regard to race, color, religion, national origin, disability, age, marital status, sex, sexual orientation, gender, gender identity or expression, military service, or any other status protected by law. It does not discriminate on any status protected by law. This policy applies to all employment, education, volunteer, and patient care related activities or in any other aspect of OHSU's operation. Such compliance efforts are coordinated by the OHSU **AAEO Department**. OHSU [Policy 03-05-030 "Equal Opportunity"](#) outlines further details of OHSU's commitment and stance on this important issue.

Title IX of the Education Amendments Act of 1972 protects individuals from discrimination on the basis of sex in any educational program or activity operated by recipients of federal aid. OHSU complies with Title IX and 34 CFR Part 106 by prohibiting sex and gender discrimination in education programs, activities, employment, and admissions.

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

## **What to do if you encounter sexual harassment, sexual misconduct, sexual assault, or discrimination at a regional, or off-campus, site:**

OHSU's commitment to creating and fostering a learning and working environment based on open communication and mutual respect extends to all students, whether they are located on- or off-campus. If you are located off-campus or off-site and experience or witness an incident that you want

to report, please contact AAEO. If you wish to report it confidentially, please contact the Student Health and Wellness Center and set up an appointment by phone, 503-494-8665.

[Student Resources Card](#) or can be found on the Office of UME Sakai site.

## 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](#).

## Gender Designated Facilities

OHSU has distinguished itself as a leader among Academic Health Centers regarding gender affirming care with the establishment of the OHSU Transgender Health Program in 2015. The program “strives to advance a vision of safe, affirming and welcoming care for all transgender and gender nonbinary individuals at every touch point across the organization.” (*OHSU News Dec. 21, 2017*) In 2017, OHSU approved and implemented the [Gender Designated Facilities Policy](#) so that “all OHSU members, patients, and visitors by ensuring that individuals may use Gender Designated Facilities that best align with their gender identity or expression.” For additional information, see the [Gender Designated Facilities FAQ](#).

## Professional (Malpractice) Liability

The Dean explicitly authorizes medical students, as a part of their academic responsibilities, to participate in clinical activities, including care and treatment for patients, taking histories and performing physical examinations at OHSU, OHSU facilities or non-OHSU sites. Such authorization by the Dean is for student academic activities (including clinical activities) that are under the direction of and in a location to which assigned by an individual with a faculty position. Sites include inpatient (such as hospitals and extended care facilities, nursing homes and hospices), outpatient (such as clinics and physician offices), patient dwellings and any other location where education and training of medical students may occur. **In order to be covered by the State Tort Claims Act, a medical student must be registered for an approved course when participating in clinical activities, and this includes all electives on and off campus. During any University break or vacation, students are not covered by malpractice liability and therefore should refrain from participating in clinical activities, unless provided specific approval as an “observer” by the OHSU Office of Visitors and Volunteers (contact [OVV@ohsu.edu](mailto:OVV@ohsu.edu)).** All “away” clinical experiences, both inside and outside of Oregon, require approval (see the OHSU Office of UME Sakai site for request form) prior to registration. Certain clinical

experiences require an Off-Campus Authorization (OCA), and students will only be approved for these experiences if the OCA is provided by OHSU.

## Life and Disability Insurance

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

## OHSU Health Insurance

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

## Blood Borne Pathogens/Occupational Injury and Post-Exposure Procedure

Medical students are provided with specific presentations and demonstrations on Blood Borne Pathogens at the beginning of medical school and again during the Transition to Clinical Experiences course prior to entering the clinical experiences curriculum. Medical students are provided with an electronic card (“OHSU Procedure Following Exposure to Blood/Body Fluids”) which delineates the procedures to be followed when a student is exposed to blood/body fluids. **OHSU will bear the financial responsibility for any charges generated or billed to the student as a result of an occupational injury or exposure while on a clinical experience or preceptorship.** Medical students exposed to an infectious disease (through needle stick, bodily fluids, etc), an environmental hazard, or sustaining some other occupational injury, should:

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

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

## Basic Life Support Instruction

All students participate in a Basic Life Support Certification for Health Professionals course early in the first year, typically during the Transition to Medical School course, and are recertified prior to the 2 year expiration date.

## Photo Usage Policy

The SoM prints and distributes a class photo and a picture directory of students by class. These are distributed publicly to students, staff and faculty. Each student will be given the opportunity to grant permission to OHSU to use photographs, video, audio recordings, and/or textual material of themselves for use in all university publications, websites, etc. Students who do not want their picture used are required to sign the Media Release Form that they are given by the Provost's office during the Transition to Medical School week.

## Criminal Background Checks

OHSU requires a criminal background check on all admitted students prior to matriculation. Permanent records are maintained in the UME Curriculum & Student Affairs. All students are expected to comply with OHSU and Veteran's Affairs (Portland VA Health System) policy for a criminal background checks and fingerprinting. If criminal activity is reported to the School of Medicine at the time of the pre-matriculation background check or at any point during the student's time in the MD program, the Associate Dean for Undergraduate Medical Education is responsible for reviewing the issue and following the [OHSU policy #03-10-011](#) "Background Checks." In certain situations, following review of the case by OHSU public safety officials and the appropriate medical school dean, the Medical Student Progress Board may be asked to review a student's criminal activity record in order to make a recommendation to the Associate Dean for Undergraduate Medical Education regarding the student's progression in the program. Criminal convictions of any kind may disqualify an applicant from matriculating, or prompt a dismissal hearing for a current student. In addition, all OHSU students have a duty as outlined in OHSU policy #03-10-011 referenced above to directly report all criminal convictions that occur at any point during the student's time in the MD program to the OHSU Public Safety Department.



# Drug Testing Policy and Procedures

OHSU requires all faculty, staff, residents and students who are involved in patient care to have a drug screening test. The information provided below is to assist you with complying with that policy. Despite the changes in Oregon statute regarding marijuana use and possession beginning July 1, 2015, OHSU continues to adhere to Federal law and maintain a **zero-tolerance policy** in this regard. Test results are confidential as required by Federal and State laws, and tests are paid for by OHSU.

## Testing Timeline:

**Entering medical students must complete drug testing prior to the first day of the Transition to Medical School course (Summer B term of matriculating academic year). Enrolled medical students can be tested for cause at any time during their undergraduate medical education program.**

## Instructions for Student Testing:

1. Report to collection site within the specified timeframe.
2. When you report for testing be sure to specify the School, Program and account number (this information can be found on the student drug testing information document) for which you are registered.
3. Bring Photo ID with you.
4. Refrain from drinking liquids prior to collection.

## What Happens After the Testing?

A report will be sent to the UME Curriculum & Student Affairs office in the SoM who will obtain a record that students have complied and have a negative result. If a “diluted” report result is received, the student must repeat the testing. The report is not part of the student permanent record and is only maintained until the student graduates.

This information can be shared with affiliated hospitals requesting this information to prevent students from having to comply with further drug testing at their facility and to assure affiliated hospitals that the student has complied with the policy.

If the Medical Review Officer at the testing vendor requests a review with a student and the student then receives a negative report, only the negative report is provided to the SoM. Results of the inquiry will not be forwarded to the SoM.

If a student receives a positive result, it will be forwarded to the Associate Dean for Undergraduate Medical Education, the Assistant Deans for Student Affairs, and the Medical Student Progress Board (see section for Role of Board). The student will typically be asked to meet with one of the Assistant Deans for Student Affairs and the Medical Student Progress Board for further review of the problem and to outline recommendations and/or accommodations to resolve the issue on a case-by-case basis. Positive drug tests may disqualify an applicant from matriculating, or prompt a dismissal hearing for a current student.

## Pre-Entrance Immunization Requirements

OHSU requires all new students to provide proof of having received required vaccinations (or titer documentation), and tuberculosis screening prior to matriculation. Students should download the OHSU Immune Status Form from the Student Health and Wellness Center [website](#) and return to the Student Health and Wellness Center no later than mid-July. Questions regarding pre-entrance immunization requirements can also be directed to [SHW@ohsu.edu](mailto:SHW@ohsu.edu). Only once you have submitted your form and the Student Health and Wellness Center has processed it, will you be able to obtain your OHSU badge. All required pre-entrance immunization (or titer) documentation must be submitted before new student orientation. The Student Health and Wellness Center will ONLY be able to offer assistance with the Hepatitis B requirement for those who have already initiated the series, and will only have a certain number of these appointments available. Students must establish with a Student Health and Wellness Center provider in order to obtain these services. Your insurance will be billed for these services and students will be responsible for covering any fees not covered by their insurance. A fee of \$95 will be placed on accounts for those that have not completed all immunization and screening requirements 14 days after matriculation. A hold will be placed on accounts for those that have not completed the requirements 30 days after matriculation and you will not be registered for any coursework the next term.

## Inclement Weather Policy

OHSU, as a health care system, must always remain open during inclement weather. However, adverse weather conditions may present travel problems or other unsafe situations, causing classes to be delayed or canceled, as well as alterations in some office, clinic and lab schedules. During inclement weather, all students are advised to check the Student Portal, the **OHSU O2 website**, or listen to the **OHSU Alert Line at 503-494-9021**. Decisions regarding the status of operations (i.e., Regular or Modified) on the OHSU campus are made by the OHSU Provost's Office by 6:00AM. The UME program abides by the status determined by the University, and will hold, delay, or cancel classes as directed by the central University administration. Outlined below are guidelines for medical students concerning inclement weather. OHSU policy #1-40-010 regarding University functions and personnel during times of Modified Operations can be found at the following [link](#).

**Text Alerts:** In addition to understanding the OHSU policy, all OHSU medical students are encouraged to sign up for automatic text alerts from the University when Modified Operations is declared or lifted, by following instructions at this [link](#).

### **Foundations of Medicine / Pre-Clinical Experiences Students**

During a weather event, classes may be on a normal schedule, delayed, or canceled. If classes are to be held or delayed, pre-clinical experience students are expected to make a reasonable effort to attend class and instructional sessions. In addition, specific instructions will be posted to the Sakai Announcement space (which also generates an email to students) for the Foundations of Medicine Block

as early as possible (usually by 6:00 am) to give instructions to students about the class schedule. If conditions make it impossible for 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](mailto: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 in order to keep roads clear for emergency personnel and other patient care activities. Medical students are not Critical Function employees, therefore, if OHSU has declared modified operations, you must adhere to modified operations protocol.

Students are responsible for communicating with their team member(s) about their absences due to the modified operation protocol. This includes at a minimum the clinical experience director and coordinator, and their supervising attending and/or senior resident. Typically, students will hear first from their Clinical Experience Director via email with further instructions during a weather event that necessitates modified operations. However, students should communicate with their clinical experience directors and coordinators via email if they have not received information from them and the University has implemented modified operations, to ensure the course leadership is aware that the student will be absent.

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

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

# MD Satisfactory Academic Progress Policy as It Pertains to Financial Aid

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

If you are a financial aid recipient, federal regulations require that you must also meet the financial aid satisfactory academic progress policy for MD students. You can find the policy in the 'Student Aid Explained' document posted on the [OHSU Financial Aid website](#).

The document is posted under the General Forms and Information Section. If you have questions on the policy, please contact the OHSU Financial Aid Office by email at [finaid@ohsu.edu](mailto:finaid@ohsu.edu) or by calling 503-494-7800.

## Advanced Standing/Transfer Policy

Since the number of available clinical experiences is often limited beyond the capacity of the program's current student body, **the OHSU School of Medicine UME program does not routinely admit transfer students**. Due to the unique structure of the curriculum, if a transfer position is to be considered, it would likely be for a student entering the clinical experiences phase of the medical school curriculum. Each year, the Associate Dean for Undergraduate Medical Education (UME), determines the number of transfer positions open. If the Associate Dean for UME determines a transfer position is open for a specific year, then all applicants that meet the eligibility requirements may apply. To be eligible for transfer with advanced standing into the UME program, an applicant must fulfill all of the following criteria:

1. Be the legal partner/significant other/spouse of:
  - A current full-time OHSU faculty member; or
  - A current OHSU medical student; or
  - A current OHSU resident.
2. Be a US citizen or resident alien with a current green card indicating permanent resident status in the US.
3. Be matriculated to an LCME accredited MD program with excellent academic standing in their current medical school.
4. Have satisfactorily passed USMLE Step I.

All advanced standing/transfer applicants will be reviewed by the Associate Dean for Undergraduate Medical Education (UME), UME Program Manager for Student Records and the UME Admissions Committee. Candidates for transfer should be prepared to provide the following information: formal application, letter of recommendation from their Associate or Assistant Dean for Student Affairs or delegate, letter of recommendation from a physician that worked with the student in a patient care setting during the foundational/pre-clerkship phase of their curriculum, personal statement indicating the basis for requesting a transfer, an official current transcript from the medical school in which they are currently matriculated, personal curriculum vitae, and record of all USMLE Step scores. In addition,

each candidate must be available for an interview. Interested transfer applicants can contact the UME Curriculum & Student Affairs office ([casa@ohsu.edu](mailto:casa@ohsu.edu)) for an application packet.

## **Readmission Policy**

Consideration for readmission is provided only to students who withdrew from the OHSU SoM MD Program in good standing and without impending academic or disciplinary action. Students who have been dismissed from the MD Program or who withdrew due to unsatisfactory academic progress or unsatisfactory professionalism may not seek readmission. Students in this situation who wish to enroll in the MD program, must pursue admission to the program using the standard admissions process. The Associate Dean for Undergraduate Medical Education is responsible for reviewing applications for readmission to the MD Program and for forwarding such requests to the Assistant Dean for Admissions for advice. The Dean of the School of Medicine is responsible for granting or denying readmission based upon the recommendation of the Associate Dean for Undergraduate Medical Education.

Candidates for readmission must provide at least the following information: secondary admission application, personal statement indicating the basis for their withdrawal and an explanation for their desire to return to medical school, resume indicating all work and academic experiences since leaving medical school, three letters of recommendation from individuals who can currently evaluate the candidate, academic transcripts documenting all academic experiences following the withdrawal from medical school, and a release of OHSU's academic record and admissions data to the Associate Dean for Undergraduate Medical Education and Admissions Committee. In addition, each candidate must be available for an interview if requested.

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

### **SoM Senate and Dean's Funding Guidelines**

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

All requests for Senate Funding and Dean's Funding begin with the appropriate application submission to the Student Senate. Students are asked to review the instructions below and those written in the funding request forms, before filling out the appropriate Funding Request application. If a student has further questions after referring to the appropriate documents, they are encouraged to contact their Student Senators. To access the application forms and evaluation criteria, go [here](#).

**General Instructions:**

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

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

*Senate Funding Requests* should be submitted for individuals or groups planning to attend an academic conference or professional meeting relating to research, educational experience, or professional career development.

*Dean's Funding Requests* should be submitted for large group events in the final stages of planning, with concrete details and a good estimate regarding budgetary needs.

The Senate will not accept a Senate Funding Request and a Dean's Funding Request for the same project.

**How applications are approved:**

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

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

For *Dean's Funding* requests, the Senate votes on applications, but can only recommend these applications for approval or no approval to the Dean's Office. The application is then forwarded to the Associate Dean for Undergraduate Medical Education and the Director of UME where a final decision is made.

**Senate Funding Instructions:**

The applicant must:

1. Be in the SoM MD Program; this includes the MD/PhD and MD/MPH programs, at the time of the event.
2. Be in good academic standing, verified by the Dean's Office.
3. Have completed the application per all instructions and have submitted it on time.
4. Be applying before the date of the event. Students cannot receive funds retroactively, except under the scenario outlined below.\*
5. Not exceed a total of \$500 awarded to the student per fiscal year (July 1 – June 30) from Senate Funding, unless they are attending a conference in which they hold a nationally elected leadership position.

Priority will be given to students based on their score from the Evaluation Rubric. The four criteria are: (1) description and involvement of student in work being presented or in the focus of the event, (2) professional development and/or educational enhancement, (3) additional funding efforts, and (4) budget. All funds must be reimbursed in the fiscal year (July 1 – June 30) they were awarded.

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

**Senate Funding is appropriate for:**

1. Students presenting original research at a conference. Proof of acceptance to the conference and a copy of the abstract of your research are required. The Senate can help cover the cost of travel, lodging, and registration, but NOT the cost of food and poster production. A maximum of \$500 per request for oral presentations and \$400 per request for poster presentations will be awarded. A maximum of \$750 will be awarded per GROUP of students working on the same research project; submit one funding request per group.
2. Students who wish to attend a conference, workshop, or other event, but are not presenting research. Maximum conference attendance funding is \$200, \$50 of which may go toward transportation, with the remainder for registration fees only.
3. Students attending a conference for an organization for which they hold a nationally elected position. Description and verification of the nationally held leadership position are required. The Senate can help cover the cost of travel, lodging, and registration. A maximum of \$500 per request will be awarded with a cap of one trip per academic year.

**Dean's Funding Instructions:**

The applicant must:

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

Priority will be given to students based on the following criteria: (1) the request fits into one of the categories outlined below, (2) the students applying have exhausted other funding resources, (3) the project/event reaches a significant number of students/professors, and (4) the application focuses on start-up funding, rather than yearly funding, when applicable. All funds must be reimbursed in the fiscal year (July 1 – June 30) they were awarded. No more than \$50 can be requested for food for a single event. A maximum of \$100 for food, per academic year can be awarded to an interest group or other student group.

**Dean's Funding is appropriate for:**

1. Group projects/events that enrich the OHSU medical curriculum or fill a gap in the OHSU medical curriculum.
2. Group projects/events that benefit the Portland community in which OHSU is a member. These can be outreach projects, public awareness projects, etc.
3. Group projects/events that are otherwise not funded by the interest group and their supporters. Applications that show that multiple funding outlets have been exhausted will be considered stronger than those that do not. Similarly, the more students/professors a project/event will reach, the stronger the request.

## **Additional Funding**

### **Graduation Party:**

UME funding of up to \$7,500 is typically available for graduation party expenses, but must meet the following criteria:

1. Can be used for the graduation dinner venue, food, DJ services and decorations.
2. Cannot be used to purchase alcohol.
3. An itemized budget must be provided and presented to the Associate Dean for UME, **before** funds can be approved and disbursed.
4. Funding for these activities cannot come from Student Senate or Dean's Funding.

### **Fall Medical Student Retreat:**

UME funding of up to \$3,000 is typically available for the Fall Medical Student Retreat expenses, but must meet the following criteria:

1. Can be used for retreat venue, food and supplies.
2. Cannot be used to purchase alcohol.
3. An itemized budget must be provided and presented to the Associate Dean for UME, **before** funds can be approved and disbursed.
4. Funding for these activities cannot come from Student Senate or Dean's Funding.

### **Yearbook:**

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

## **General Guidelines Applying to All OHSU Funds**

1. OHSU funds cannot be used to purchase alcohol.
2. All expenses must be incurred and submitted for reimbursement by **June 15** of the fiscal year they were awarded.
3. All reimbursements must be submitted within 60 days of the completion of the event/travel.
4. For any given activity where a student is awarded funding, the student must submit all receipts together. Only one reimbursement per student per activity will be processed.



## Requests for Disbursement or Reimbursement

To qualify for a travel expense reimbursement, employees and non-employees must substantiate the business purpose of the expense in compliance with the provisions set forth in these guidelines. The Internal Revenue Service (IRS) requires all business travel expenses to be appropriately documented. Students must keep all receipts to be used for reimbursement, and this is the only typical way the reimbursement will be processed.

- Business purpose and the benefit to be derived
- Itinerary showing dates and duration of travel
- Conference flyer/schedule (when applicable)
- Paid receipts (showing vendor, date and amount) or paid invoices. **Bank statements or credit card statements are not allowable** proof or receipt of payment. A [Missing Receipt Waiver Form](#) must be submitted in lieu of a receipt, but this form should only be used when students have exhausted every other way of getting a copy of the receipt from the vendor, and these may not be approved.

**Students are to send all disbursements and reimbursements of OHSU funds to SoM Student Reimbursements (email: [somreimbursements@ohsu.edu](mailto:somreimbursements@ohsu.edu)).**

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

Association of American Medical Colleges (AAMC) OSR/UME Curriculum Committee Representatives are selected by the Assistant Dean for Student Affairs with current student representative (OSR) input. Each academic year, the student representatives will coordinate with the Assistant Dean for Student Affairs in order to decide who will attend the AAMC national Learn Serve Lead meeting held each fall. OHSU School of Medicine will fund registration, travel and lodging costs for two students each year to attend the meeting. It is expected that each OSR representative will attend the meeting at least once. Travel is not supported for the UME Curriculum Sub-Committee student representatives.

## MD Program Student Academic Record Retention Policy

### I. Admissions

Permanent Admissions Records - University Registrar's Office

The following information is sent to the Registrar's Office after matriculation:

- Original AMCAS Application
- Original AMCAS Biographical Summary Sheet
- Final Official Transcript(s)
- Copy of Acceptance Letter
- Student's form accepting the offer
- Documentation of WICHE or residency status (if applicable)

Notification of receipt of scholarships (if applicable)  
Green card documentation (if applicable)  
Supporting documentation for approval of prerequisites (if applicable)

#### Admissions Records within the Dean's Office

The following documents are destroyed 5 years after graduation:

Copy of the Biographical Sheet  
Committee summary sheet and voting  
Interview write-ups and scores  
Copy of the Acceptance letter  
Multiple- Mini Interview comments  
Documentation of WICHE certification or residency information (if applicable)

The following documents are destroyed at the time of matriculation:  
Letters of recommendation

#### Admissions Records transferred to the Student Record within the Dean's Office

These documents are moved to the student academic record upon matriculation:

- Complete AMCAS application
- Original Secondary Application
- Copy of Technical Standards forms (University and SoM)
- Prerequisite signature form
- MMI confidentiality agreement
- Notification of receipt of scholarships (if applicable)
- Updates to application (if applicable)

#### Applicant Pool Files

For a given application cycle, all the application files are maintained for 3 years for all applicants who did not matriculate.

## **II. Matriculated Student Files**

#### Student Academic Permanent Record - University Registrar's Office

Upon graduation the following is sent to the Registrar to be added to Admissions file: (Transcripts are not necessary since they are generated by the Registrar's Office.)

- Medical Student Performance Evaluation (MSPE)
- Verification forms (if applicable)
- Documentation of significant behavioral or academic issues as determined by the Associate Dean for Undergraduate Medical Education

#### Student Academic Records within the Dean's Office

The following documents are maintained in the Dean's Office and are destroyed 7 years after graduation:

- Significant Student Progress documents unless approved by the Associate Dean for Undergraduate Medical Education to be put in permanent record

- Professionalism Monitoring Forms
- Disability Insurance forms
- Other significant documents as decided by the Associate Dean for Undergraduate Medical Education and the Assistant Deans for Student Affairs.

The following documents are maintained in the Dean's Office and are destroyed 10 years after graduation:

- Clinical Experience/Clerkship grades and narratives
- Verification forms (if applicable)

Department records pertaining to a student's evaluation and grade are destroyed one year after graduation.

### **III. Student Exams**

All exams will be destroyed 1 year after last date of attendance.

A master of the exam, an official exam key, student answer sheets and the class roster with exam scores will be maintained for 5 years after the course ends.

## **MD Program Student Academic Record Access and Confidentiality**

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 concerning confidentiality. Students can request to release their educational records in writing to the Office of Curriculum & Student Affairs (CASA) at [casa@ohsu.edu](mailto:casa@ohsu.edu). If the request is to release anything other than electronic versions, there may be a charge for copying the records incurred by the student.

Medical students have right to review their educational records. Students can request to review their records by emailing to the CASA at [casa@ohsu.edu](mailto:casa@ohsu.edu). Upon receipt of the request, CASA will provide access to the record within 10 business days.

# Communication Methods Used by the School of Medicine

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

## **Class Listservs:**

The MD student class listservs (i.e., med23; med22; med21; med20) are for student peer-to-peer communications, social announcements, class events, fundraisers, and for high priority/emergency, institutional messages as needed. The listservs are a members-only tool. All members of an MD class have the ability to use the listserv associated with their class. Because we recognize the occasional need for students to communicate across classes, the Dean's office created an all-student listserv for the full MD student body, medAll. Students in all classes are members of this listserv and can use it when inter-class communication is desired.

## **Chuckslist:**

Chuckslist is OHSU's version of Craigslist. It includes items for sale that are applicable to the wider OHSU community, such as apartments/rooms for rent.

## **Sakai:**

Communication from an instructor or a block/course/clerkship director to all the students enrolled in that block/course/clerkship goes through Sakai. Messages are distributed immediately after posting by the educational leader. The Office of UME also has a Sakai site and announcements and other important communications are sent to students through this mechanism.

## **Town Halls:**

**Tuesdays with Tracy:** All students are invited to attend the monthly Town Halls "Tuesdays with Tracy" held by Dr. Bumsted, Associate Dean for Undergraduate Medical Education. These Town Halls are an opportunity for ongoing dialogue and regular communication and sharing of concerns and/or information between students and SoM administration, and are designed as solutions-generators for continual improvement purposes. These are typically held on Tuesdays

at noon in the Robertson Life Science Building Learning Studio, and dates are advertised on the Office of UME Sakai site under “Student-Admin Communication.”

**Student Affairs Town Halls:** Student Affairs Town Halls are hosted by the Assistant Deans for Student Affairs, Drs. Amy Garcia and Benjamin Schneider. These drop-in sessions occur monthly and alternate in location between the Robertson Life Science Building and a location on the Hill to accommodate students on clinical rotations. These sessions are an additional opportunity for open communication between students and the Student Affairs Deans. Topics discussed range greatly based on student questions or concerns but are often related to navigating the unique challenges of medical school, career advising and general student support services. The dates and locations of these sessions are advertised on the Office of UME Saki site under, “Student-Admin Communication”.

### **Elected student representatives:**

Students who hold elected leadership positions serve as important communication liaisons in their roles. All students in these positions are encouraged to have regular and formal mechanisms to bring information from their fellow students forward, and share information received during their leadership activities with their classmates. **Certain elected/selected student representatives have particularly important roles in facilitating bidirectional communication between students and members of the faculty, staff, and dean’s office administration. These include:**

- The three Dean’s Advisors for each class cohort
- The President for each class cohort
- The Office of Student Representatives (OSR) members of the UME Curriculum Committee for each class cohort
- The Diversity and Inclusion representative for each class cohort
- The two to three Colleges Advisory Board representatives for each class cohort
- The Admissions Liaison for each class cohort
- The three Student Wellness and Professionalism representatives for each class cohort
- The two Student-Faculty Liaisons for each class in the Foundations of Medicine phase
- The two Educational Resource Coordinators for each class in the Foundations of Medicine phase

## **Feedback Mechanisms for Students**

Medical students who have concerns or complaints are encouraged to utilize one of the following mechanisms to achieve a productive solution. The Office of UME posts the feedback received from students that has resulted in changes within the MD program on the “You Said, We Did” section of the Office of UME Sakai site in the Student-Admin Communication section.

1. Discuss the issue with fellow classmates to problem-solve and brainstorm solutions.
2. Voice the concern to elected student leaders (listed in the previous section of this Handbook), who can bring the issue to the Office of UME.
3. Discuss the issue with one of the Assistant Deans for Student Affairs.

4. Attend and voice the concern with suggestion for improvement at the Town Halls offered as described in the previous section of this Handbook (i.e., Tuesdays with Tracy monthly on Tuesdays at noon in the RLSB learning studio with Associate Dean for UME; Student Affairs Town Halls)
5. Discuss issue with UME staff members (Teaching Service Office staff, or Curriculum and Student Affairs staff).
6. Discuss block issue with Block and/or Thread Director(s).
7. Discuss preceptorship issue with Preceptorship Director and/or Coordinator.
8. Discuss clinical experience issue with Clinical Experience Director.
9. Provide feedback on end-of-block/clinical experience evaluation.
10. Report mistreatment to the Assistant Dean of Student Affairs using [this confidential reporting tool](#)
11. Discuss issue with University Ombudsman.
12. Discuss issue with University Affirmative Action/Equal Opportunity Office.

## **MD CURRICULUM STRUCTURE, POLICIES AND PROCEDURES**

### **Philosophy of the OHSU School of Medicine Undergraduate Medical Education Curriculum**

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

### **Guiding Principles of the OHSU MD Curriculum**

The curriculum is guided by the following tenets:

- Integration of foundational and clinical sciences throughout the curriculum promotes comprehension and retention.
- Learner-centered teaching modalities are selected according to the desired educational outcomes and may include: didactic presentations, team-based learning, problem-based learning, case discussions, simulation, online modules, service learning and clinical experiences.
- Competency-based assessment evaluates student mastery of knowledge, skills and attitudes.

- Training is aligned with the institutional missions addressing healthcare needs of the state and region.
- The curriculum embraces the principles of diversity and inclusion, scientific discovery and innovation.
- All physicians need a foundational core of knowledge, skills and attitudes, which the curriculum provides while maintaining the flexibility to allow the development of expertise in specific areas of concentration.
- Clinical experiences beginning in the first year and continuing throughout the medical curriculum reinforce integration and application of new knowledge, enhance clinical and communication skills, and foster development of professional identity.
- Clinical experiences in rural, medically underserved, and other community settings provide perspective as well as exposure to the key role of social determinants of individual patient and population health.
- Carefully designed shared learning experiences foster the knowledge, skills and attitudes needed for practicing as part of an interprofessional care team that operates within a larger system of care.
- The curriculum effectively prepares the MD graduate for transition to the next phase of training as a resident.

#### **Student, Faculty, and Administrative Expectations**

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

#### **Structure**

- An optional self-assessment and learning opportunity is offered prior to matriculation to help prepare students for success in the undergraduate medical curriculum.
- A required introductory block familiarizes the student with general concepts of the foundational sciences, and promotes the knowledge, skills and attitudes necessary for the professional development of the physician.
- The foundational science curriculum is organized into integrated, multidisciplinary units, relating normal and abnormal structure, function and behavior with the epidemiology, pathophysiology,

prevention and treatment of disease, together with emerging disciplines such as informatics and quality improvement science.

- Required clinical clerkships follow the foundational science curriculum to provide a broad experience in clinical medicine.
- Electives and mentored scholarly activity leading to a capstone project are provided to enhance the educational value of the curriculum, allow increased breadth and depth in specific areas, and permit individualization of each student's educational experiences.
- 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 in order to meet the educational mission of the School of Medicine.
- The Curriculum Committee is responsible for implementation, coordination, evaluation and continuous improvement of the UME curriculum.

## **OHSU SoM Undergraduate Medical Education Competencies (Medical Education Program Objectives)**

**Preamble:** In August, 2014, Oregon Health & Science University (OHSU) School of Medicine (SoM) launched a new curriculum for its entering medical school class. This curriculum transformation was the result of several years of planning, widespread input from key stakeholders, and careful deliberation in



order to fundamentally change how we educate physicians-in-training so that we may achieve our primary goal: to optimally prepare our graduates for 21<sup>st</sup> century residency education and professional practice in order to meet the needs of society. The OHSU SoM Undergraduate Medical Education (UME) competencies outlined below have evolved from the previous *UME Program Objectives* from 2013, and are aligned with local and national perspectives for competency-based education. Specifically, the OHSU SoM UME Competencies in this document were compiled and devised using four primary sources:

- OHSU SoM UME Program Objectives (2013)
- OHSU Graduation Core Competencies (2013)
- Clinical Informatics Competencies for UME (2014)
- Association of American Medical Colleges (AAMC) [General Physician Competencies](#)

Each of the 43 numbered competencies listed herein is categorized under one of six Domains of Competence (DOC) in **bold**. This is consistent with the Accreditation Council of Graduate Medical Education (ACGME) competency nomenclature for residency education and because of the continuum of medical education from UME to GME, and from GME to continuing professional development and lifelong learning. Medical students at OHSU will obtain the M.D. degree once all M.D. program graduation requirements have been met as described in this Handbook. Competency attainment and progress will be tracked for each competency below using robust, multi-modal competency-based assessments in classroom settings, as well as in both simulated and authentic (actual) clinical environments.

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

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

1. Gather essential and accurate information about patients and their conditions through history taking, physical examination, review of prior data and health records, laboratory data, imaging and other tests.
2. Interpret and critically evaluate historical information, physical examination findings, laboratory data, imaging studies, and other tests required for health screening and diagnosis.

3. Construct a prioritized differential diagnosis and make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
4. Develop, implement, and revise as indicated, patient management plans.
5. Apply personalized healthcare services to patients, families, and communities aimed at preventing health problems and maintaining health.
6. Perform all medical, diagnostic, and surgical procedures considered essential for the specific clinical practice context.

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

1. Apply established and emerging bio-medical scientific principles fundamental to the healthcare of patients and populations.
2. Apply established and emerging knowledge and principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving and other aspects of evidence-based healthcare.
3. Apply principles of epidemiological sciences to the identification of health risk factors, prevention and treatment strategies, use of healthcare resources, and health promotion efforts for patients and populations.
4. Apply principles of social-behavioral sciences to assess the impact of psychosocial and cultural influences on health, disease, care-seeking, care-adherence, barriers to and attitudes toward care.
5. Apply principles of performance improvement, systems science, and science of health care delivery to the care of patients and populations.

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

1. Demonstrate skills necessary to support independent lifelong learning and ongoing professional development by identifying one's own strengths, deficiencies, and limits in knowledge and expertise, set learning and improvement goals, and perform learning activities that address gaps in knowledge, skills or attitudes.
2. Participate in the education of peers and other healthcare professionals, students and trainees.

3. Use clinical decision support tools to improve the care of patients and populations.
4. Use information technology to search, identify, and apply knowledge-based information to healthcare for patients and populations.
5. Continually identify, analyze, and implement new knowledge, guidelines, practice standards, technologies, products, and services that have been demonstrated to improve outcomes.
6. Analyze practice data using quality measurement tools and adjust clinical performance with the goal of improving patient outcomes and reducing errors.
7. Participate in scholarly activity thereby contributing to the creation, dissemination, application, and translation of new healthcare knowledge and practices.
8. Incorporate feedback received from clinical performance data, patients, mentors, teachers, and colleagues into clinical practice to improve health outcomes.

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

1. Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
2. Counsel, educate and empower patients and their families to participate in their care and improve their health; enable shared decision-making; and engage patients through personal health records and patient health information access systems.
3. Demonstrate insight and understanding about pain, emotions and human responses to disease states that allow one to develop rapport and manage interpersonal interactions.
4. Use health information exchanges (e.g., Care Everywhere within the EPIC electronic health record) to identify and access patient information across clinical settings.
5. Effectively access, review, and contribute to the electronic health record for patient care and other clinical activities.
6. Effectively communicate with colleagues, other health professionals, and health related agencies in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations.
7. Effectively communicate patient handoffs during transitions of care between providers or settings, and maintain continuity through follow-up on patient progress and outcomes.
8. Act in a consultative role, including participation in the provision of clinical care remotely via telemedicine or other technology.

**Professionalism and Personal & Professional Development: Demonstrate a commitment to carrying out professional responsibilities, an adherence to ethical principles, and the qualities required to sustain lifelong personal and professional growth.**

1. Demonstrate responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disability, socioeconomic status, and sexual orientation.
2. Demonstrate respect for protected health information and safeguard patient privacy, security, and autonomy.
3. Demonstrate a commitment to ethical principles pertaining to provision, withdrawal of life-saving care, confidentiality, informed consent, and business practices, including conflicts of interest, compliance with relevant laws, policies, and regulations.
4. Demonstrate sensitivity, honesty, and compassion in difficult conversations about issues such as death, end-of-life issues, adverse events, bad news, disclosure of errors, and other sensitive topics.
5. Adhere to professional standards when using information technology tools and electronic/social media.
6. Demonstrate responsiveness to patient needs that supersedes self-interest by mitigating conflict between personal and professional responsibilities.
7. Demonstrate awareness of one's knowledge, skills, and emotional limitations and demonstrate healthy coping mechanisms and appropriate help-seeking behaviors.
8. Demonstrate integrity, establish oneself as a role model, and recognize and respond appropriately to unprofessional behavior or distress in professional colleagues.
9. Demonstrate accountability by completing academic and patient care responsibilities in a comprehensive and timely manner.
10. Demonstrate trustworthiness that engenders trust in colleagues, patients, and society at large.
11. Recognize that ambiguity and uncertainty are part of clinical care and respond by demonstrating flexibility and an ability to modify one's behavior.

**System-based Practice and Interprofessional Collaboration: Demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to effectively call upon other resources in the**

**system to provide optimal care, including engaging in interprofessional teams in a manner that optimizes safe, effective patient and population-centered care.**

1. Participate in identifying system errors and implementing system solutions to improve patient safety.
2. Incorporate considerations of resource allocation, cost awareness and risk-benefit analysis in patient and population-centered care.
3. Demonstrate accountability to patients, society and the profession by fully engaging in patient care activities, and maintaining a sense of duty in the professional role of a physician.
4. Effectively work with other healthcare professionals to establish and maintain a climate of mutual respect, dignity, diversity, integrity, honesty, and trust.
5. Effectively work with other healthcare professionals as a member of an interprofessional team to provide patient care and population health management approaches that are coordinated, safe, timely, efficient, effective, and equitable.

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

Note: This section lists graduation requirements that were approved by the SoM UME Curriculum Committee on September 10, 2015, the SoM Faculty Council and the Dean of the SoM on October 1, 2015. Final approval from the University Provost was obtained on January 6, 2016. **Students who have matriculated to the MD program prior to 2014** may have different graduation requirements depending upon when they entered. These students are referred to Ms. Tomo Ito, ([itot@ohsu.edu](mailto:itot@ohsu.edu)) Administrative Manager for Curriculum and Student Affairs in the Office of UME for an exact listing of their individual graduation requirements. To fulfill the graduation requirements listed below, students must post passing grades and scores.

### **Required Curricular Components**

<b>Phase</b>	<b>Blocks/Clinical Experiences</b>	<b>Weeks</b>	<b>Credits</b>
FoM	Transition to Medical School	1	2
	Fundamentals Block	10	18
	Blood & Host Defense Block	7	13
	Skin, Bones & Musculature Block	7	13
	Cardiopulmonary & Renal Block	13	27
	Hormones & Digestion Block	9	18
	Nervous System & Function Block	10	22
	Developing Human Block	8	12

	<b>Preceptorship 1</b> (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)	12*	1
	<b>Preceptorship 2</b> (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)	12*	1
	<b>Preceptorship 3</b> (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)	11*	1
	<b>Preceptorship 4</b> (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)	18*	1.5
	<b>Scholarly Project – Developing Your Proposal</b> (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below) <i>^Starting with the entering class of 2023, 1 credit will be accrued over 3 terms: Spring - 0.5 credit; summer - 0.25 credit; fall - 0.25 credit</i>	1*	1^
	<b>Interprofessional Education – Foundations of Patient Safety and Interprofessional Practice</b> (*this course runs concurrently with the FoM blocks so weeks are not included in the sub-total below)	1*	1
	<b>Preparation for Step 1 Independent Study</b> (students who are on leave of absences during winter term, and those who are enrolled in Basic Science Review C, are not required to take this course)	5	5
	<b>Sub-Totals</b>	<b>70 Weeks</b>	<b>136.5 Credits</b>
Clin Exp	<b>Transition to Clinical Experiences</b>	2	2
	<b>Family Medicine Core Clinical Experience</b>	4	6
	<b>Internal Medicine Core Clinical Experience</b>	4	6
	<b>Neurology Core Clinical Experience</b>	4	6
	<b>Obstetrics and Gynecology Core Clinical Experience</b>	4	6
	<b>Pediatrics Core Clinical Experience</b>	4	6
	<b>Psychiatry Core Clinical Experience</b>	4	6
	<b>Surgery Core Clinical Experience</b>	4	6
	<b>Intersession – Cancer</b>	2	2
	<b>Intersession – Cognitive Impairment</b>	2	2
	<b>Intersession - Infection</b>	2	2
	<b>Intersession - Pain</b>	2	2
	<b>Intersession – Assessment/Testing (i.e., take 1 test=1 credit).</b> Note: All 7 core NBME subject exams or equivalent national exam must be taken no later than week 2 of the Summer 2 block (i.e., 6 weeks after the start of Summer A term), or no later than 11 months prior to graduation, for adequate time for preparation of the Medical Student Performance Evaluation (MSPE.) Students may enroll in Scholarly Project work and an Assessment/Testing Intersession concurrently.	Varies (min 4)	7
	<b>Clinical Performance Examination (CPX)</b>	1	1
	<b>Transition to Residency</b>	3	1

	<b>Scholarly Project – Investigative/Inquiry/Project work (SCHI 702)</b> Notes: Beginning Fall Term, 2018, the minimum number of <u>credits</u> to complete the Scholarly Project work is 6 (where 1 credit = 36 hours of workload). Students may enroll and will receive academic credit beyond the 6 required credits for their projects to be completed as necessary, and these will count as non-clinical elective credit.  Students may NOT concurrently enroll in SCHI 702 at the same time and block as taking any of the following courses/situations: <ul style="list-style-type: none"> <li>○ 7 core clinical experiences</li> <li>○ Transition to Clinical Experiences</li> <li>○ Transition to Residency</li> <li>○ Any 4-week clinical elective that is 6 or more credits</li> <li>○ When two 2-week electives that are 3 or more credits each are already scheduled in that block</li> </ul> Students MAY enroll in Scholarly Project work SCHI 702 concurrently with any other course that is not listed above up to a total of 6 credits per block.  Students needing to enroll in scholarly project work post-Capstone, will require Scholarly Project Faculty Concentration Lead’s approval.  SCHI 702 must be completed by the end of fall term <u>prior</u> to enrollment in the SCHI 703 Scholarly Project Capstone course where the completed project will be presented by the student.	Varies (4 min)	6 (min)
	<b>Scholarly Project – Capstone Presentation</b>	1	1
	<b>(Minimum) Sub-Totals</b>	<b>51 Weeks</b>	<b>68 Credits</b>
	<b>Electives Required for Graduation</b>	<b>Weeks</b>	<b>Credits</b>
All Years	Requirements: Minimum of 30 elective credits must be taken and passed. A maximum of 4 credits of <u>non-clinical electives</u> taken during the Foundations of Medicine curriculum may be used to meet graduation requirements for electives. A minimum of 18 credits must be <u>clinical experience electives</u> . These may include clinical experiences taken at OHSU or one of the OHSU regional sites, a domestic “away” rotation, or an international clinical experience. Remaining credits in this category may be fulfilled with either clinical or non-clinical electives, and/or scholarly project work of the student’s choice during the Clinical Experience curriculum.	Varies, 24 minimum	30
	<b>Sub-Totals:</b>	<b>24 min Weeks</b>	<b>30 Credits</b>
	<b>Total Minimum Required for Graduation:</b>	<b>145 weeks</b>	<b>234.5 credits</b>

## Other Graduation Requirements (curricular components)

Phase	Additional Clinical Experience Requirements	Weeks
Clin Exp	<p><b>Rural Clinical Experience</b></p> <p>Requirements:</p> <p>Can be fulfilled with either a core or elective clinical experience depending on the clinical experience offered.</p> <p>Minimum of 4 full-time weeks in duration (or equivalent effort over a longer duration if experience is not full-time).</p> <p>Clinical experience is located in a rural Oregon community, as defined by the State of Oregon Office of Rural Health: <i>“a geographic area in Oregon that is located 10 or more miles from the centroid of a population center of 40,000 people or more.”</i></p> <p>Clinical experience can be offered in any clinical discipline, or be focused on community-based aspects of the physician’s role in a rural community, such as health policy/advocacy, structural competency, and reducing health disparities.</p>	Most are 4 weeks, but others may be longer and/or not full-time
	<p><b>Continuity Clinical Experience</b></p> <p>Requirements:</p> <p>Can be fulfilled with either a core or elective clinical experience depending on the clinical experience offered.</p> <p>Minimum of 8 full-time weeks in duration (or equivalent effort over a longer duration if experience is not full-time). The only exception to the 8 full-time week duration is if a student takes a 7 full-time week continuity clinical experience during winter term.</p> <p>Can be offered in any clinical discipline and can include more than one discipline.</p> <p>Experience must allow students to maintain continuity in <u>at least 2</u> of the following 3 ways:</p> <ul style="list-style-type: none"> <li>○ Continuity with the same patient population (e.g., similar patients with a specific condition at a different time point in treatment, such as a patient with a newly diagnosed malignancy, another patient who has undergone surgery for the same kind of malignancy, and yet another patient who is undergoing chemotherapy for the same malignancy.)</li> <li>○ Continuity with the same health system</li> <li>○ Continuity with the same preceptor(s)</li> </ul> <p>Students may request to fulfill the continuity clinical experience requirement with a domestic “away” rotation or a special elective, and these requests must be approved by the Associate Dean for Undergraduate Medical Education. For all special electives, additional approvals from the Department (Faculty Director and Coordinator) must be obtained.</p>	Most are 8 weeks, but others may be longer and/or not full-time



## Other Graduation Requirements (non-curricular components)

National Licensing Examination	Notes
USMLE Step 1	All students must successfully complete the Foundations of Medicine phase of the curriculum prior to taking USMLE Step 1. All students must pass USMLE Step 1 prior to progressing in the Clinical Experiences phase of the curriculum.
USMLE Step 2 Clinical Knowledge (CK)	All students must pass USMLE Step 2 CK prior to December 31 <sup>st</sup> if they are predicted to graduate the following June, or at least 6 months prior to graduation, whichever is longer.
USMLE Step 2 Clinical Skills (CS)	All students must pass USMLE Step 2 CS prior to the first week of Winter term if they are predicted to graduate the following June, or at least 6 months prior to graduation, whichever is longer. The exact date for score reporting varies each year. For CS score reporting schedule, see <a href="http://www.usmle.org/step-2-cs/#reporting">http://www.usmle.org/step-2-cs/#reporting</a>

All Years	<p style="text-align: center;"><b>Competency Attainment and Tracking Progress</b></p> <p><b>All students</b> in the undergraduate medical education program demonstrate the core set of graduation competencies (i.e., the 43 medical education program objectives) and earn their M.D. degree by successfully completing specified credit-based coursework and other program requirements (e.g., USMLE Step examinations, professionalism expectations) as outlined in this Handbook. One of the key outcomes of the <i>YourMD</i> curriculum transformation is to move from a traditional course- and credit-based curriculum to a true competency-based curriculum with time-variable progression. To that end, the program has outlined the following information to help current students understand their degree requirements while these innovations are being implemented.</p> <p><b>All students</b> who have matriculated in 2014 and later will have competency or EPA information and progress displayed as part of their Medical Student Performance Evaluation (MSPE, aka “Dean’s Letter”) that will be transmitted as a part of residency applications (see the MSPE section elsewhere in this Handbook). Additionally, all students will have an updated MSPE supplement with competency or EPA attainment displayed sent to their matched residency program immediately prior to graduation (post-match). See below for additional class-specific details.</p> <p><b>Information for students who matriculated in 2017-2019 (i.e., Med21-Med23):</b> Students who matriculated in 2017-2019 are not required to demonstrate 100% entrustability (i.e., “level 3 milestones”) for the 43 competencies prior to graduation. Students will be periodically reviewed by the UME Entrustment Group to understand their progress for each of the six competency <u>domains</u>. Students can earn “entrustable” (level 3) milestones by multiple qualified assessors*** in a variety of clinical and non-clinical contexts to support their competency attainment in the M.D. program. “Clinical context” is defined broadly in terms of both disciplines (e.g., psychiatry) and clinical scenarios (e.g., patients with heart failure), and occurs in an authentic or simulated clinical environment. “Non-clinical</p>
-----------	---

	<p>context” is defined as an environment that does not include authentic or simulated patients (e.g., classroom or laboratory settings).</p> <p>***Qualified assessor is defined as an educational leader overseeing student performance in a course.</p> <p><b>Information for students who have matriculated in 2016 and earlier (i.e., Med20 and before):</b> Students who matriculated in 2016 and before are not required to demonstrate 100% entrustability (i.e., “level 3 milestones”) for the 43 competencies prior to graduation. Students will be periodically reviewed by the UME Entrustment Group to understand their progress for each of the six competency <u>domains</u>. Progress in earning “entrustable” (level 3) milestones of the 43 competencies over the course of the student’s education, however, will be displayed on the MSPE by competency domain, and updated in the MSPE supplement sent to the student’s matched residency program in June.</p>
Comp #	<b>Competency Domain: Patient Care and Procedures (PCP)</b>
1	<b>PCP 1</b> – goal of 8 different assessors in a variety of clinical and/or non-clinical contexts
2	<b>PCP 2</b> – goal of 8 different assessors in a variety of clinical and/or non-clinical contexts
3	<b>PCP 3</b> – goal of 8 different assessors in a variety of clinical and/or non-clinical contexts
4	<b>PCP 4</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
5	<b>PCP 5</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
6	<b>PCP 6</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
	<b>Competency Domain: Medical Knowledge (MK)</b>
7	<b>MK 1</b> – goal of 4 different assessors in a variety of clinical and/or non-clinical contexts
8	<b>MK 2</b> – goal of 6 different assessors in a variety of clinical and/or non-clinical contexts
9	<b>MK 3</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
10	<b>MK 4</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
11	<b>MK 5</b> – goal of 5 different assessors in a variety of clinical and/or non-clinical contexts
	<b>Competency Domain: Practice-Based Learning and Improvement (PBLI)</b>
12	<b>PBLI 1</b> – goal of 8 different assessors in a variety of clinical and/or non-clinical contexts
13	<b>PBLI 2</b> – goal of 4 different assessors in a variety of clinical and/or non-clinical contexts
14	<b>PBLI 3</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
15	<b>PBLI 4</b> – goal of 4 different assessors in a variety of clinical and/or non-clinical contexts
16	<b>PBLI 5</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
17	<b>PBLI 6</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
18	<b>PBLI 7</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
19	<b>PBLI 8</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
	<b>Competency Domain: Interpersonal and Communication Skills (ICS)</b>
20	<b>ICS 1</b> – goal of 6 different assessors in a variety of clinical and/or non-clinical contexts
21	<b>ICS 2</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
22	<b>ICS 3</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
23	<b>ICS 4</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
24	<b>ICS 5</b> – goal of 7 different assessors in a variety of clinical and/or non-clinical contexts
25	<b>ICS 6</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
26	<b>ICS 7</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts

27	<b>ICS 8</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
	<b>Competency Domain: Professionalism and Personal &amp; Professional Development (PPPD)</b>
28	<b>PPPD 1</b> – goal of 6 different assessors in a variety of clinical and/or non-clinical contexts
29	<b>PPPD 2</b> – goal of 4 different assessors in a variety of clinical and/or non-clinical contexts
30	<b>PPPD 3</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
31	<b>PPPD 4</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
32	<b>PPPD 5</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
33	<b>PPPD 6</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
34	<b>PPPD 7</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
35	<b>PPPD 8</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
36	<b>PPPD 9</b> – goal of 8 different assessors in a variety of clinical and/or non-clinical contexts
37	<b>PPPD 10</b> – goal of 6 different assessors in a variety of clinical and/or non-clinical contexts
38	<b>PPPD 11</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
	<b>Competency Domain: System-Based Practice and Interprofessional Collaboration (SBPIC)</b>
39	<b>SBPIC 1</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
40	<b>SBPIC 2</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
41	<b>SBPIC 3</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
42	<b>SBPIC 4</b> – goal of 6 different assessors in a variety of clinical and/or non-clinical contexts
43	<b>SBPIC 5</b> – goal of 3 different assessors in a variety of clinical and/or non-clinical contexts
All years	<p><b>Core Entrustable Professional Activities (EPAs) for Entering Residency Requirements for the OHSU M.D. Degree</b></p> <p>Evidence of entrustment for the 13 Core EPAs for Entering Residency will be periodically reviewed by the UME Entrustment Group. Entrustment for the 13 EPAs are assessed, in part, by directly observing supervisors in authentic workplace-based clinical settings as below, as well as holistically evaluated by the UME Entrustment Group using a variety of data sources. See below for class-specific details and requirements:</p> <p><b>All students who matriculated in 2017-2019 (i.e., Med21-Med23)</b> must have obtained a minimum of the specified number of Workplace-Based Assessments (WBAs) in authentic clinical environments as indicated below to be awarded the M.D. degree. <u>At least two WBAs must be completed in each of the 13 EPAs.</u> The WBAs can be obtained in <u>any</u> rotation or authentic clinical environment, and the requirement for students matriculating in 2017-2019 will be met regardless of the level of supervision obtained, as below:</p> <p><b>Matriculated in 2017 (Med21)*:</b> 50 WBAs – completed by any supervisor</p> <p><b>Matriculated in 2018 (Med22)*:</b> 75 WBAs – must have &gt;50% (i.e., 38) completed by attending physicians</p> <p><b>Matriculated in 2019 (Med23)*:</b> 100 WBAs – must have &gt;50% (i.e., 51) completed by attending physicians</p> <p>*Student requirement above is based on <u>matriculating class year</u>.</p>

<p>In addition, all EPAs are linked to multiple UME competencies across the six domains of competence as specified below. The UME Entrustment Group will periodically review the evidence of entrustment for specific EPAs in the cumulative student performance record including, but not limited to, competency attainment and WBAs for all 13 Core EPAs for Entering Residency during the student’s education. Following this review, the student will be awarded an EPA badge by the UME Entrustment Group once the overall evidence supports programmatic entrustment for that EPA. For students matriculating in 2017-2019 (i.e., Med21-23), the progress toward EPA badging will be represented on the Medical Student Performance Evaluation (MSPE, aka “Dean’s Letter”) transmitted as part of residency applications. Additionally, all students who have matriculated in 2017-2019 will have an updated supplement with progress toward EPA badging displayed sent to their matched residency program immediately prior to graduation (post-match). <u>Students who matriculated in 2017-2019 are not required to earn a badge for any of the 13 EPAs prior to graduation.</u></p> <p><b>Information for students who have matriculated in 2016 and earlier (i.e., Med20 and before):</b> While obtaining WBAs for EPAs is strongly encouraged for all students in the UME program, students who have matriculated in 2016 and earlier (i.e., Med20 and before) are exempt from the WBA requirement for graduation. Additionally, the MSPE and MSPE supplement for students graduating in 2020 will display progress toward attainment of competency domains, not EPA badging. <u>Students who matriculated in 2016 and earlier are not required to earn a badge for any of the 13 EPAs prior to graduation.</u></p>												
<p><b>EPA 1 – Gather a history &amp; perform a physical examination</b> <u>UME Competencies Linked To This EPA:</u></p> <table><tr><th>PCP</th><th>MK</th><th>PBLI</th><th>ICS</th><th>PPPD</th><th>SBPIC</th></tr><tr><td>1</td><td>none</td><td>none</td><td>1, 2, 3, 4</td><td>1, 2, 3, 7, 10</td><td>3</td></tr></table>	PCP	MK	PBLI	ICS	PPPD	SBPIC	1	none	none	1, 2, 3, 4	1, 2, 3, 7, 10	3
PCP	MK	PBLI	ICS	PPPD	SBPIC							
1	none	none	1, 2, 3, 4	1, 2, 3, 7, 10	3							
<p><b>EPA 2 – Prioritize a differential diagnosis following a clinical encounter</b> <u>UME Competencies Linked To This EPA:</u></p> <table><tr><th>PCP</th><th>MK</th><th>PBLI</th><th>ICS</th><th>PPPD</th><th>SBPIC</th></tr><tr><td>1, 2, 3</td><td>1, 2, 3</td><td>1</td><td>6</td><td>7, 10, 11</td><td>3</td></tr></table>	PCP	MK	PBLI	ICS	PPPD	SBPIC	1, 2, 3	1, 2, 3	1	6	7, 10, 11	3
PCP	MK	PBLI	ICS	PPPD	SBPIC							
1, 2, 3	1, 2, 3	1	6	7, 10, 11	3							
<p><b>EPA 3 – Recommend and interpret common diagnostic &amp; screening tests</b> <u>UME Competencies Linked To This EPA:</u></p> <table><tr><th>PCP</th><th>MK</th><th>PBLI</th><th>ICS</th><th>PPPD</th><th>SBPIC</th></tr><tr><td>2, 3, 4, 5</td><td>2, 3, 4, 5</td><td>3, 4</td><td>2</td><td>3, 7, 10</td><td>2, 3</td></tr></table>	PCP	MK	PBLI	ICS	PPPD	SBPIC	2, 3, 4, 5	2, 3, 4, 5	3, 4	2	3, 7, 10	2, 3
PCP	MK	PBLI	ICS	PPPD	SBPIC							
2, 3, 4, 5	2, 3, 4, 5	3, 4	2	3, 7, 10	2, 3							

	<b>EPA 4 – Enter and discuss orders and prescriptions</b> <u>UME Competencies Linked To This EPA:</u>					
	PCP	MK	PBLI	ICS	PPPD	SBPIC
	3, 4	1, 2, 4	1, 3, 4	1, 2	7, 10	2, 3
	<b>EPA 5 – Document a clinical encounter in the patient record</b> <u>UME Competencies Linked To This EPA:</u>					
	PCP	MK	PBLI	ICS	PPPD	SBPIC
	4	5	none	1, 2, 5, 6, 8	2, 5, 7, 9, 10	1, 3, 4, 5
	<b>EPA 6 – Provide an oral presentation of a clinical encounter</b> <u>UME Competencies Linked To This EPA:</u>					
	PCP	MK	PBLI	ICS	PPPD	SBPIC
	4	none	1, 2	1, 2, 6, 7, 8	2, 4, 7, 10, 11	3, 4, 5
	<b>EPA 7 – Form clinical questions and retrieve evidence to advance patient care</b> <u>UME Competencies Linked To This EPA:</u>					
	PCP	MK	PBLI	ICS	PPPD	SBPIC
	none	1, 2, 3, 4, 5	1, 3, 4, 5	none	7, 10	3
	<b>EPA 8 – Give or receive a patient handover to transition care responsibility</b> <u>UME Competencies Linked To This EPA:</u>					
	PCP	MK	PBLI	ICS	PPPD	SBPIC
	none	none	none	4, 5, 6, 7, 8	2, 7, 10	3, 4, 5
	<b>EPA 9 – Collaborate as a member of an interprofessional team</b> <u>UME Competencies Linked To This EPA:</u>					
	PCP	MK	PBLI	ICS	PPPD	SBPIC
	none	5	None	3, 6	4, 7, 8, 9, 10	3, 4, 5

	<b>EPA 10</b> – Recognize a patient requiring urgent or emergent care and initiate evaluation and management <u>UME Competencies Linked To This EPA:</u>					
	PCP	MK	PBLI	ICS	PPPD	SBPIC
	1, 2, 3, 4, 6	2	none	3, 6, 8	3, 4, 6, 7, 10	3, 5
	<b>EPA 11</b> – Obtain informed consent for tests and/or procedures <u>UME Competencies Linked To This EPA:</u>					
	PCP	MK	PBLI	ICS	PPPD	SBPIC
	4	1, 2, 3	none	1, 2, 3, 5	7, 9, 10	2, 3
	<b>EPA 12</b> – Perform general procedures of a physician <u>UME Competencies Linked To This EPA:</u>					
	PCP	MK	PBLI	ICS	PPPD	SBPIC
	6	none	none	1, 5	3, 4, 6, 7, 9, 10	3
	<b>EPA 13</b> – Identify system failures and contribute to a culture of safety and improvement <u>UME Competencies Linked To This EPA:</u>					
	PCP	MK	PBLI	ICS	PPPD	SBPIC
	none	5	2, 5, 6, 8	1, 6	7, 10	1, 3, 5

## Definitions

<p><b>Clinical Experience Elective</b></p>	<p><b>Definition:</b> A clinical experience where the student has direct patient-care responsibilities in an authentic clinical environment. A clinical experience elective may also include non-patient care activities such as teaching conferences and other enrichment learning activities designed to augment the student’s experience during the elective. A clinical experience that includes students participating in delivery of authentic patient care over a distance (e.g., telemedicine) is included in this definition.</p> <p>A clinical experience elective can be taken by a student who has progressed to the clinical experiences curriculum. The clinical experience elective may or may not have specified pre-requisites for students.</p> <p>All School of Medicine clinical experience electives must offer the student the opportunity to learn and be assessed on a minimum of <u>four</u> UME competencies. All School of Medicine clinical experience electives in the UME course catalog are approved for students to take.</p>
--	---

	<p>A graduate or doctoral-level clinical experience elective offered by any other OHSU School or College with clinical electives (e.g., SoD, SoN, CoP) can be taken by medical students with prior approval of the student's academic coach, Associate Dean for Undergraduate Medical Education, and the School or College offering the elective. Only approved graduate or doctoral-level electives will count toward meeting elective credit graduation requirements for the MD degree.</p> <p>A clinical experience elective offered in a clinical environment in international settings can be taken by medical students for academic credit but students must request and be granted approval for this (see "International Experiences" section)</p>
<b>Sub-Internship Clinical Experience Elective</b>	<p><b>Definition:</b> Intensive, full-time, advanced clinical experience offered by the OHSU School of Medicine where the student functions with supervision as similar as possible to that of an intern.</p> <p>As this is an advanced clinical experience elective, the sub-internship will have one or more course prerequisites that students must successfully complete prior to enrolling.</p> <p style="padding-left: 40px;">For a clinical experience to qualify as a sub-internship, the following criteria must be included:</p> <p><b>Clinical Activities:</b> The student is expected to have direct, hands-on patient care responsibilities evaluating patients, developing and implementing patient management plans, communicating with consultative team members, writing and entering orders as well as all types of patient care documentation (H+Ps, progress notes, discharge and/or after visit summaries) <u>similar to what an intern would be expected to do in the same clinical environment.</u></p> <p><b>Schedule:</b> The student's work hours and on-call responsibilities will be similar to an intern.</p> <p><b>Non-Clinical Activities:</b> The student is expected to attend and participate in all intern teaching and/or departmental conferences offered that is analogous to what an intern would do.</p> <p><b>Required Associated Competencies:</b> The sub-internship must provide students the opportunity to learn and be assessed by Attending(s) (and residents where applicable) on the following UME competencies:</p> <ol style="list-style-type: none"> <li>1) <b>PCP 3-</b> Construct a prioritized differential diagnosis and make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.</li> <li>2) <b>PCP 4-</b> Develop, implement, and revise as indicated, patient management plans.</li> <li>3) <b>ICS 1-</b> Communicate effectively with patients, families and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.</li> <li>4) <b>SBPIC 5-</b> Effectively work with other healthcare professionals as a member of an interprofessional team to provide patient care and population health management approaches that are coordinated, safe, timely, efficient, effective, and equitable.</li> </ol>

<b>Non-Clinical Elective</b> <i>(see below for research elective definitions)</i>	<p><b>Definition:</b> A non-clinical elective may be classroom-based, seminar-style, web-based/technologically-mediated, or another type of elective where the student does not have direct patient-care responsibilities in an authentic clinical environment.</p> <p>A non-clinical elective can be taken by a student in any phase of the YourMD curriculum. The non-clinical elective may or may not have specified prerequisites for students.</p> <p>All School of Medicine non-clinical electives must offer the student the opportunity to learn and be assessed on a minimum of <u>four</u> UME competencies. All School of Medicine non-clinical electives in the UME course catalog are approved for students to take.</p> <p>A non-clinical elective offered by any other OHSU School or College with electives (e.g., SoD, SoN, CoP) can be taken by medical students with prior approval of the student's academic coach, Associate Dean for Undergraduate Medical Education, and the School or College offering the elective.</p> <p>A non-clinical elective offered in an international setting can be taken by medical students for academic credit but students must request and be granted approval for this (see "International Experiences" section).</p>
<b>Research Elective</b> <i>(this is a specific sub-type of a non-clinical elective, and has "research" and the department in the course name.)</i>	<p><b>Definition:</b> A research elective is an elective where the student pursues a specific research question, task, or contributes to a research project as outlined in the specific elective course objectives. A research elective is distinct from credit obtained for the required scholarly project in that typically a research elective has a smaller scope, shorter timeframe, and does not require a proposal, deliverable or "product" and dissemination of knowledge gained with the capstone course.</p> <p>A research elective can be taken by a student in any phase of the YourMD curriculum. A research elective typically does not have prerequisites for students unless specified in the course catalog.</p> <p>All School of Medicine research electives must offer the student the opportunity to learn and be assessed on a minimum of <u>four</u> UME competencies</p>
<b>Special Elective</b>	<p><b>Definition:</b> A special elective is an elective created by the student in conjunction with a sponsoring faculty member that offers the student a unique opportunity to learn and be assessed regarding a specially designed curriculum.</p> <p>Special electives must include assessment of the student on a minimum of <u>four</u> UME competencies specific to the special elective.</p>

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

<b>Credit allocation and expected student hours of work per week for clinical experiences and electives</b>	<p><b>Definition:</b> the number of credits allocated and expected student hours of work per week is defined by the University, varies depending upon the type of clinical experience or elective, and is specified below.</p> <p><u>Clinical experiences (required and elective):</u></p> <ul style="list-style-type: none"> <li>○ 48 hours of work per week = 1 credit per week</li> <li>○ 72 hours of work per week = 1.5 credits per week</li> </ul> <p><u>Research and non-clinical electives:</u></p>
---	---



	<ul style="list-style-type: none"> <li>○ 36 hours of work per week = 1 credit per week</li> <li>○ Credits and hours may be calculated proportionately over a modified time period as long as an equivalent amount of work exists over that period (e.g., 1 credit over a 12 week term with 12 one hour classes and 2 hours of homework each week)</li> </ul>
<b>Minimum Credit and Enrollment Benefits</b>	<p><u>Full tuition charged:</u> 1 credit/term</p> <p><u>Eligible for any federal financial aid for tuition expenses:</u> 5 credits/term</p> <p><u>Eligible for federal financial aid for cost of attendance</u> (i.e., living expenses) the following federal rules apply:</p> <ul style="list-style-type: none"> <li>○ To receive <b>3 months of living expenses</b>, student must be enrolled in coursework for at least 10 weeks per term;</li> <li>○ To receive <b>2 months of living expenses</b>, student must be enrolled in coursework from 6 – 9 weeks per term;</li> <li>○ To receive <b>1 month of living expenses</b>, student must be enrolled in coursework from 2-5 weeks per term.</li> </ul> <p><u>Eligible for student health insurance:</u> 1 credit/term</p> <p><u>Full-time status:</u> 9 credits/term (<i>Note: some scholarships require students to maintain full-time status</i>)</p> <p>NOTE: Federal regulations prohibit disbursing federal financial aid more than 10 days before the start of a student's period of enrollment in a term.</p>
<b>Repeating a Clinical Experience</b>	<p>A student who has taken a clinical experience and <b>successfully passed it</b>, but who wishes to repeat it to <u>gain additional experience</u> in that clinical environment may do so without penalty. In this circumstance, per the <a href="#">OHSU University-Wide Grading Policy (#02-70-020)</a> the original clinical experience and grade will continue to be listed on the academic transcript. However, the original clinical experience will be excluded from the number of credits attempted, the number of credits earned and the GPA calculation, and only the repeated clinical experience will have these included.</p> <p>A student who has taken a <u>required</u> clinical experience but <b>did not successfully pass it</b> initially, will be required to successfully remediate or repeat the required clinical experience before being awarded the M.D. degree, and the specific requirements for a student in this situation will be outlined in an official student letter sent to the student following Medical Student Progress Board review. See the <a href="#">OHSU University-Wide Grading Policy</a> for further information about how these credits are calculated.</p> <p>A student who has taken an <u>elective</u> but <b>did not successfully pass it</b> initially, will not be required to remediate this elective as long as the student is able to fulfill all graduation requirements with other curricular elements.</p>
<b>Adding/Dropping Clinical Experiences</b>	Please refer to "Clinical Experience Phase Scheduling" elsewhere in this Handbook for details about adding, dropping, or modifying core and elective clinical experience schedules.
<b>"Away" Rotations</b> (also known as	Away rotations are defined as: clinical experiences taken by OHSU students typically at institutions <u>outside</u> of Oregon, not listed in the YourMD Course Catalog, or any clinical experiences taken by OHSU students that require an Off

<p><b>“Domestic Away” Rotations)</b></p>	<p>Campus Authorization prior to approval. All rotations that require the student to use the Visiting Student Application Service (VSAS) apply.</p> <p>Away rotations are considered elective.</p> <p>Students may not fulfill any of the 7 required core clinical experiences with away rotations.</p> <p>Students may fulfill a <b>maximum of three</b> elective clinical experiences required for graduation with away rotations.</p> <p>Students may take away rotations only during academic terms aligned with the OHSU university academic calendar. Students will not receive academic credit nor be approved to take away rotations that occur during a university fall, winter, spring, or summer break, unless they seek and gain approval for this from the OHSU Vice-Provost, Cherie Honnell.</p> <p>Away rotations do not have OHSU UME competencies linked to them, and therefore students will not attain required competencies through these experiences.</p>
<p><b>International Rotations and Electives</b></p>	<p>International rotations for academic credit must be approved, and are considered elective.</p> <p>Students must have progressed to the clinical experience curriculum before requesting international elective approval.</p> <p>Students requesting approval for an international clinical experience typically will have successfully completed all of the required 7 core clinical experiences prior to the international rotation. Students wishing to take a clinical or non-clinical elective in an international setting, but who have not yet completed their 7 core clinical experiences, require approval from both their academic coach and the Associate Dean for Undergraduate Medicine Education.</p> <p>Approved international rotations and electives can only be taken during academic terms aligned with the OHSU university academic calendar. Students will not receive academic credit nor be approved to take international rotations or electives that occur during a university fall, winter, spring, or summer break.</p> <p>International rotations do not have OHSU UME competencies linked to them, unless they are listed in the SoM MD Program Course Catalog, and therefore students will typically not attain required competencies through these experiences.</p> <p>Students who do not request academic credit for international rotations or electives may schedule these as desired during vacation/flexible time and do not require approval from the School of Medicine or the University.</p>
<p><b>MD Program Grading System</b></p> <p><b>What Appears on the Student Transcript</b></p>	<p>The following grading system is used by the UME program, and these grades appear on the student’s official university transcript:</p> <p><u>Pass-No Pass</u> for Foundations of Medicine blocks, preceptorships, scholarly project, transition courses, intersessions, clinical performance exam (CPX), and other specified research, clinical experience, and non-clinical electives.</p> <p><u>Tiered Grading</u> (Honors/A, Near Honors/B, Satisfactory/C, Marginal/D, Fail/F) for all 7 core clinical experiences, sub-internships, and specified clinical experience</p>

	<p>electives. See the <a href="#">OHSU University Grading Policy (Policy # 02-70-020)</a> for more information about how grades appear on the student's university transcript.</p>
<p><b>Dual Degree Program Students with Modified Graduation Requirements</b></p>	<p><b>MD-MPH students</b> May use their MPH field experience and project to meet their graduation requirement for the Scholarly Project Developing Your Proposal course and the Scholarly Project work. MD-MPH students <b>are</b> required to take and participate in the Scholarly Project capstone course where they will share and present their new knowledge attained during their MPH.</p> <p><b>MD-PhD students</b> MD-PhD students <b>are not</b> required to complete the first and second portions of the scholarly project (i.e., Developing your Scholarly Project Proposal; and Scholarly Project work) but <b>are</b> required to take and participate in the Scholarly Project capstone course where they will share and present their new knowledge attained during their PhD. Once the Foundations of Medicine curriculum, USMLE Step 1, and the Transition to Clinical Experience course are all completed, the student typically enrolls in a MD research elective to complete the term, and then starts their graduate studies at the beginning of the next full term. <b>Are</b> required to take a longitudinal clinical experience during all years they are pursuing their PhD. Following their PhD studies, except for students who have taken the pre-YourMD Transition to Clinical Experience course, <b>are not</b> required to take the Transition to Clinical Experience course immediately prior to re-entering the clinical experience curriculum. However, students can request to take it again prior to re-entering the clinical experience phase of the curriculum. The request will be considered by the Administrative Manager of Curriculum and Student Affairs based on reasoning provided and space availability. <b>Are not</b> required to take a rural clinical experience. <b>Are</b> required to take a Clinical and Translational Research clinical experience elective with a minimum of 8 weeks in duration and allows the student to learn and be assessed on a minimum of <u>four</u> UME competencies. This will fulfill the requirement for a continuity clinical experience for MD-PhD students.</p> <p><b>Oral Maxillofacial Surgery students (OMFS)</b> <u>Foundations of Medicine Phase</u> <b>Are</b> required to successfully take and pass the Transition to Medical School course. <b>Are</b> required to pass the Fundamentals block in Foundations of Medicine. <b>Are not</b> required to take any of the 4 preceptorships. <b>Are not</b> required to take the Foundations of Patient Safety and Interprofessional Practice (1 credit) course. Once the student provides evidence of successfully passing USMLE Step 1, they are given the opportunity to take a high-stakes, multiple-station Objective Structured Clinical Examination (OSCE) using standardized patients. If they pass this OSCE, they are allowed to progress to the clinical experiences curriculum without having to take and pass any additional Foundations of Medicine blocks</p>

	<p>since they have already demonstrated their attainment of foundational competencies.</p> <p style="text-align: center;"><u>Clinical Experience Phase</u></p> <p><b>Are not</b> required to take a rural clinical experience, the Surgery core 730 clinical experience, or the NBME Surgery subject “shelf” exam during a testing intersession.</p> <p><b>Are</b> required to pass at least one surgery clinical experience elective.</p> <p><b>Are</b> required to pass a continuity clinical experience (core or elective)</p> <p><b>Are</b> required to pass 6 core clinical experiences and their corresponding NBME subject/national exams during a testing intersession (Fam Med, Int Med, Neuro, OB/Gyn, Peds, Psych).</p> <p><b>Are</b> required to pass the clinical performance exam (CPX).</p> <p><b>Are</b> required to pass 4 core intersessions (Cancer, Cognitive Impairment, Infection, Pain).</p> <p><b>Are not</b> required to take additional clinical electives beyond surgery clinical experience elective as above.</p> <p><b>Are not</b> required to take the Transition to Residency Course.</p> <p><b>Are not</b> required to complete any portion of the Scholarly Project.</p>
--	--

## OHSU University-Wide Grading Policy

See the Office of the Provost’s Committee on Academic Policy’s [OHSU University-Wide Grading Policy #02-70-020](#) for information about grades appearing on official university transcripts and other details related to coursework and grading applicable to all students at OHSU. See above “MD program grading system” for details about the grading system used in specific courses in the MD program.

## Grade Disputes

The Associate Dean for Undergraduate Medical Education will receive student complaints of alleged unfair grading or evaluation that have not been successfully adjudicated by a block, course or clerkship/clinical experience director. A student who wishes to dispute a final grade received in a block, course or clinical experience is required to submit in writing a description with the name of the course, grade received, process/discussion the student has had with the course director, and reason(s) for the dispute to the Associate Dean for Undergraduate Medical Education. This information must be received no later than one year (365 days) from the time the original grade was given. The Associate Dean for Undergraduate Medical Education will review this, along with any and all pertinent information related to the dispute and any aspects of the student’s cumulative academic record deemed appropriate. The Associate Dean for Undergraduate Medical Education will typically notify the student in writing of the decision within 30 days following the receipt of the submitted grade dispute, although some disputes may take longer for a final decision depending upon the circumstances and complexity of the dispute. All decisions by the Associate Dean for Undergraduate Medical Education are final.

# Medical Student Performance Evaluation (AKA “Dean’s Letter”) & Class Ranking

The purpose of the Medical Student Performance Evaluation (MSPE), (also called the Dean’s Letter), is to serve as an evaluation of medical school performance, not a letter of recommendation. The MSPE is prepared with consideration given to the AAMC guidelines. The preparation process of the MSPE is administered by the Office of UME Assessment Program Manager. The MSPE is compiled using information from multiple sources. This includes information on student course performance evaluations, as well as portions that are authored by the student (e.g., “Noteworthy Characteristics” and “Scholarly Project Synopsis”). All MSPEs also include an assessment of student professionalism. The Associate Dean for Undergraduate Medical Education and the Assistant Deans for Student Affairs may edit the MSPE. Therefore, the MSPE is not authored by a single individual. The generated MSPE will be forwarded to the student for review and identification of any errors. Any student can challenge the content of the MSPE by notifying the UME Assessment Program Manager about factually incorrect information. The UME Assessment Program Manager will review the challenged data to determine if it was an unintentional error, or if the challenge must be reviewed by another party (i.e., qualified assessor, Assistant Dean for Student Affairs, or the Associate Dean for UME.) The narrative comments associated with all courses and clinical experiences listed on a student’s MSPE are finalized on a rolling basis within six weeks of course completion. Students have full access to these MSPE comments through their electronic REDEI portfolio system. Students may challenge the MSPE comments submitted by the qualified assessor up to eight weeks following the posting of these comments in their REDEI portfolios, and must do so directly with the qualified assessor who compiled the MSPE comments for the course. Any needed changes to MSPE comments following this procedure are communicated by the qualified assessor to the UME Assessment Program Manager and are updated in a timely manner in the student’s REDEI portfolio.

The MSPE is a high quality document with a professional appearance. The MSPE contains a curriculum overview statement and histograms of class performance. The graduating class is categorized into four groups:

- Top quartile (top 25%);
- Second quartile (25-50%);
- Third quartile (50—75%); and
- Bottom quartile (75-100%)

Exact percentages may vary from cohort to cohort. Final quartiles are based on the student’s tiered grades from the required seven core clinical experiences, and the calculation is based upon the grade earned on the first attempt of every core clinical experience (i.e., if a student remediates or repeats a core clinical experience due to a “D” or “F” grade, the original grade will be used for quartile calculation). Students are expected to take all seven core clinical experiences no later than the Summer 1 block of the graduating year so these may be displayed in the MSPE. **Students matriculating in August of 2017 (i.e., Med21) and beyond must also complete the four required core intersessions prior to Summer 1 block of the graduating year.** For medical students matriculating in 2014 and later, the MSPE

also includes information related to attainment of OHSU SoM UME competencies by domain. **For medical students who matriculated prior to 2014**, the MSPE may include histograms for courses they took in the pre-clerkship phase, and will also include their attainment of the OHSU SoM UME competencies in the clinical experience phase, as able. In addition, medical students who matriculated prior to 2014 may have their tiered grades in the pre-clerkship courses (e.g., GIE, CSF, SPH, etc) incorporated into their quartile group.

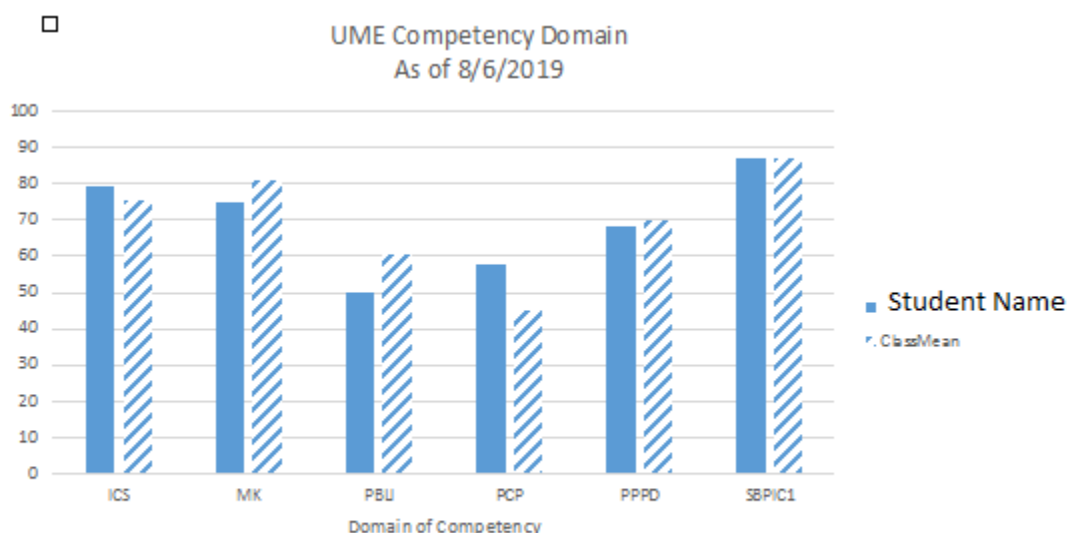
The Noteworthy Characteristics paragraph consists of 3 bulleted items that students submit for inclusion in their MSPE detailing student awards received or activities performed such as:

- Holding elected leadership positions
- Committee memberships
- Activities which were sponsored by the medical school (e.g., Wallace Clinic, Club Med, Interest Group projects, Alumni functions)

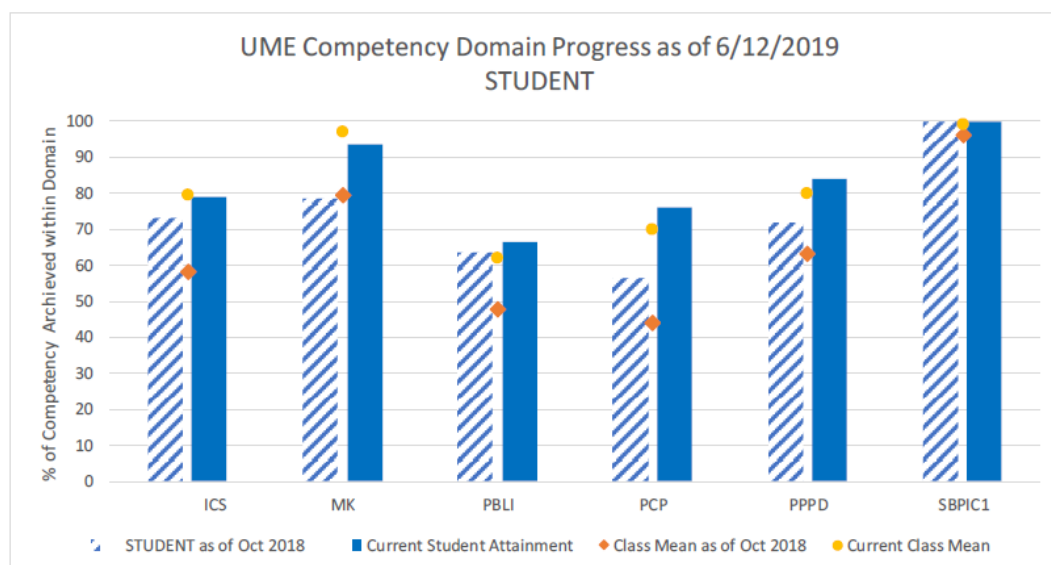
The MSPE also includes recurrent academic or behavioral difficulties and leaves of absences. **Beginning with students who matriculated with the entering class of 2018 (i.e., Med22), all Academic Probation status', duration(s), and reason(s) will be listed on the MSPE in the Academic History section.**

All letters are signed by the Assistant Deans for Student Affairs and the Associate Dean for Undergraduate Medical Education. The School of Medicine participates in the Electronic Residency Application Service (ERAS) as part of the National Residency Match Program (NRMP.)

The following graphic shows an **example** of the competency domain progress graph that has been displayed for **students in the Med18, Med19, and Med20 cohorts** on the MSPE released on October 1<sup>st</sup>:



Following the “Match”, the student’s competency attainment by domain is updated prior to graduation and a MSPE supplement report is forwarded to the residency program in which the student matched. The following graphic shows an **example** of the **Med18, Med19, and Med20** competency domain progress graph on the **MSPE supplement** sent to the student’s matched PGY-1 program director:



**For students in the Med21 cohorts and later**, the MD program will display the student’s progress toward badging in the 13 Core Entrustable Professional Activities (EPAs) for Entering Residency on their MSPE and MSPE supplement.

**MSPE Addendum:** Students who do not successfully match into a residency program in their final year of medical school, and who wish to enter the National Residency Matching Program in a subsequent year, will have a onetime addendum added to their original MSPE to include all coursework taken through the time the second MSPE is sent to residency programs. There will be a short statement at the beginning of the addendum outlining the reasons for the addendum. Once the MSPE has been finalized and sent to residency programs, typically on October 1<sup>st</sup> of each year, there will not be any further changes or additions to it that academic year.

## USMLE Requirements

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

### USMLE Step 1:

All students must successfully complete the Foundations of Medicine curriculum or equivalent prior to taking USMLE Step 1. Prior to entering the Clinical Experiences phase of the curriculum, students must have taken and passed USMLE Step 1 and Transition to Clinical Experiences (TTCE), which is only offered one time per year in February. MD-PhD and MD-MPH students are required to take the USMLE Step 1 prior to being eligible to enter their graduate studies portion of their program.

Students who have begun their clinical experiences curriculum, but then receive notice that they have not passed Step 1, will be placed on Academic Probation, and will meet with one of the Assistant Deans for Student Affairs to discuss options for coursework, studying, and re-taking the Step 1 exam in a timely fashion. Students will have up to six months from the time of initial Step 1 attempt to study and retake the exam. All students must have a documented passing score on the exam before they can re-enroll into the clinical experiences phase of the curriculum. In addition, once a student has received notice of his/her passing score, they must request their desire to re-enroll in writing to one of the Assistant Deans for Student Affairs at least five weeks prior to their re-entry date into the clinical curriculum. Students typically will take an academic leave of absence (LOA) while they are studying for their re-take of the Step 1 exam. During the academic term(s) the student is on a LOA, there is no tuition charged and the student is not eligible for federal financial aid or living expenses. Students may decide to take a USMLE board preparation course during the study period, but are not required to do so. Additionally, Education Specialists in the Teaching and Learning Center will help students create an individualized learning plan for the study period prior to retaking the examination.

Students who have not posted a passing score on USMLE Step 1 following the first six months after initial attempt will come before the Medical Student Progress Board. Students with extraordinary circumstances may request an extension to post a passing score in writing to the Associate Dean for Undergraduate Medical Education, who will confer with the Medical Student Progress Board. The extension request may ask for additional time up to a total of one year after the date of the initial attempt. Students will have a maximum of three attempts or a maximum of one year from initial attempt (if approved by the Associate Dean for Undergraduate Medical Education) whichever occurs first, to achieve a passing score on USMLE Step 1. Any student who fails the USMLE Step 1 examination on their third attempt, or has not posted a passing score within the one year after initial attempt (regardless of how many attempts they have taken), will come before the Medical Student Progress Board for consideration of a dismissal hearing.

### Deferral of USMLE Step 1 Examination

School of Medicine policy requires that students take USMLE Step 1 prior to starting any clinical experiences in the curriculum. A deferral of USMLE Step 1 is **only granted for documented illness or injury or evidence that a student is at risk for failing Step 1**, and requires prior approval of both the Associate Dean for Undergraduate Medical Education and one of the Assistant Deans for Student Affairs. Students requesting a deferral will submit a "Request for Deferral of USMLE Examination" form located on the Office of UME Sakai site in the "Student Information" tab, to one of the Assistant Deans for Student Affairs or the Associate Dean for Undergraduate Medical Education. Students will be required



to meet with an Assistant Dean for Student Affairs to discuss all the options and implications of deferring the Step 1 exam. Students granted a deferral will be removed from their clinical experiences phase enrollment, and their curriculum progression and enrollment in clinical experiences will be determined on a case-by-case basis. **Beginning in 2019**, the Transition to Clinical Experience course (TTCE) is only offered once per year in winter term, so all students who have successfully completed the Foundations of Medicine phase of the curriculum, regardless of if they have been approved for USMLE Step 1 delay, will take TTCE at that time. Students who are approved for a delay will then resume studying for Step 1 following completion of TTCE. **Depending on the available capacity in core clinical experiences and core intersessions, students who delay their USMLE Step 1 exam may not be able to complete all seven core clinical experiences, four core intersessions, and seven testing intersessions prior to Medical Student Performance Evaluation (MSPE, aka “dean’s letter”) release.** Students who defer the Step 1 exam may be required to take an academic leave of absence (LOA) until they have taken the exam, and students will discuss this when they meet with an Assistant Dean for Student Affairs prior to deferral approval. Students granted a deferral to take USMLE Step 1 must fulfill certain requirements as outlined by the Assistant Deans for Student Affairs during the meeting to discuss deferring their exam.

#### **USMLE Step 2:**

Students are **required to take and record a passing score on both USMLE Step 2 CK and CS no less than six months prior to graduation**, typically by the first week of winter term prior to graduation in early June. Students are **strongly encouraged to complete both Step 2 examinations prior to submitting residency applications, typically in September**. A student who has attempted a Step 2 examination but then receives notice that they have not passed, will be placed on Academic Probation, and will meet with one of the Assistant Deans for Student Affairs to determine what adjustments should be made to the student’s clinical curriculum to best achieve a passing score on the Step 2 examination(s). This may include a LOA, or the student may remain enrolled but at a reduced credit load to accommodate a study period and retake of the failed Step 2 examination. Students who have failed a Step 2 examination may be granted a maximum of four months past the deadline of the first week of winter term prior to graduation to **retake and post** a passing score. **It is important for students to factor in the time to receive the score back from the NBME in their planning. Scores for Step 2 CS can take up to 3 months (or longer if there is a delay) to post, and students will not be eligible to graduate if they have not posted a passing score on all three USMLE step exams as outlined in this Handbook.** Students who do not post a passing score after three attempts on the USMLE Step 2 CK or CS, or who have not posted a passing score after a maximum of one year after the first fail (if they have taken an LOA), whichever occurs first, will come before the Medical Student Progress Board for consideration of a Dismissal Hearing.

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

## **Conflict of Interest Lecture Policy**

1. Instructors within the School of Medicine are required to disclose any Conflict of Interest regarding the content of their presentations, either in person or within the course syllabus.
2. If a presenter is using PowerPoint lecture slides, one slide clearly stating either a lack of a Conflict of Interest, or a disclosure of a potential Conflict of Interest, will be inserted into the slide set at the beginning of the presentation. If slides or other electronic media are not to be used, the presenter will clearly state similar Conflict of Interest information verbally at the beginning of the presentation.
3. Block/Course and clinical experience/clerkship directors will promulgate this policy with the instructors for their respective courses. Additionally, course managers will distribute a Conflict of Interest slide template for presenters to insert into their slide set prior to the date of presentation.

## **Confidentiality Policy for Duplicating Course Content or Assessment Materials**

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

Duplication or sharing of course materials outside of the OHSU SoM in any form is strictly prohibited. These course materials include, but are not limited to, lecture materials, audio or video presentations, small group, laboratory and syllabi materials, as well as postings on Sakai.

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

Any breach of this policy will result in disciplinary action.

## **Printing Resources for OHSU Medical Students**

The *YourMD* curriculum is designed to utilize primarily electronic delivery of supplemental instructional materials and therefore study guides and syllabi are not provided to students in paper format. However, medical students are provided with limited funds for purposes of printing at OHSU GoPrint

stations. These funds are administered at the beginning of the MS1 and MS2 year as indicated below, typically in August by the Administrative Manager in the Teaching Services Office. Additional funds will not be added to student accounts by the Office of Undergraduate Medical Education beyond what is listed below, **but the amount in the student account will remain as long as the student is enrolled in the MD program.** Students can also add personal funds to their account if so desired, and questions about how to add funds to a student account can be directed toward the BICC (library) staff. For this academic year, students will receive the following amounts credited to their account:

MS1s: \$21.00

MS2s: \$10.00

## 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 21<sup>st</sup> 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, 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 members wishes to use a student as a scribe it must be approved by the Clinical Experience Directors’ Subcommittee.

#### **Students may not do the following in the EHR:**

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

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

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

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

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

### **OHSU EHR Technology Support**

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

### **Compliance Contacts:**

For compliance questions and to report possible violations

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

### **EHR Use by Students Rotating at the Portland VA Health System**

- 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 Portland VA Health System (CPRS) record with respect to student documentation rules. When students are at the Portland VA Health System, 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.
- Important reminders about obtaining and maintaining Portland VA Health System Computer Access
  - Vista/CPRS access automatically closes (disuses) at 90 days of inactivity. After 180 days of inactivity, the accounts automatically terminate. The termination of a Vista account deletes ALL menus, keys, and electronic signatures.
  - The network (Windows) account is disabled at 45 days, and deleted at 90 days of inactivity. This policy is in place to keep the accounts from being misused in a way that could leave the patient data vulnerable.
  - Students who are planning on returning to a VA rotation need to log into this site periodically to prevent account deletion or disabling. It is the responsibility of the student to ensure that computer access does not lapse.
  - To prevent loss of access, complete the following steps every 30 days:
    1. From any computer, go to: <https://rescue.vpn.va.gov/>
    2. Log in to the network
    3. Log in to CPRS or Vista

4. Follow instructions for changing password if necessary
  5. Keep track of your password
- If an account is disused or disabled (i.e. more than 45 days of inactivity but less than 90 days) or terminated (more than 90 days of inactivity):
    1. Call 55909 and the help desk will submit a “ticket” or work order.
    2. Expect a minimum of three working days before access is restored.
    3. Once accounts are reopened or recreated, it is the supervisor's responsibility (site director or program coordinator) to request the missing menus and keys.
    4. The Portland Help Desk is not able to grant any of the CPRS security keys
    5. Once access is re-established, the student will need to create a new electronic signature code. Instructions will be given for this.
    6. If your account is terminated, personal templates that were created in CPRS will be lost.
    7. The Portland Help Desk does not accept walk-ins. People who come to the office are directed to find a phone and call x55909 for the R01 Help Desk and to enter a work ticket.

### **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.

## **EVALUATION OF THE CURRICULUM**

The UME Curriculum Committee (UMECC) is responsible for the overall evaluation of the YourMD curriculum. Educational outcome data are reviewed regularly by the UMECC where action items are determined for continual quality improvement purposes. Summary of outcomes are also posted on the Office of UME Sakai site for student review in the “Evaluation of the Curriculum” tab. The following table lists the educational outcomes that are reviewed by the UMECC in the YourMD curriculum.

<b>Educational Outcome Data Reviewed</b>	<b>Frequency of Review</b>
USMLE results, de-identified and aggregated – Step 1; Step 2 CK; Step 2 CS	Annually
Clinical Performance Exam (CPX) results, de-identified and aggregated	Annually
Student competency and entrustable professional activity (EPA) results, de-identified and aggregated	Annually
Number of MD graduates, Time-to-degree, and Transitions to Dual-Degree and Other Academic Enrichment by Year, de-identified and aggregated	Annually
National Residency Matching Program (NRMP) match results, identified and individual	Annually

Match Statistics by Year	Annually
AAMC Graduation Questionnaire (GQ) results	Annually
Program Director (GME) Assessment of PGY-1 year performance of graduates, de-identified and aggregated	Annually
Student mistreatment reporting, de-identified, aggregated	Annually
Duty hours reporting, de-identified, aggregated	Annually
Required Course and Clinical Experience multi-year comprehensive reviews	Every 3 Years
Elective Courses and Clinical Experience multi-year comprehensive reviews	Every 5 Years
Evaluation of YourMD Curriculum as a Whole	Every 3 Years

The Office of UME Sakai site “Evaluation of the Curriculum” section also posts the **annual quality improvement** forms compiled by the Evaluation Sub-Committee of the UME Curriculum Committee for all courses evaluated. Finally, this site also houses all **elective course evaluation results** aggregated on a yearly basis so students are able to review the evaluation comments and reviews from students who have taken a specific elective to aid in future elective selection.

### **Evaluation of Courses and Clinical Experiences**

It is the goal of the OHSU SOM Curriculum Committee to assure transparency in its course and clinical experience evaluation process, and to afford students the opportunity to fully access, engage and participate in the evaluation of their curriculum. To this end, all annual course and clinical experience quality improvement reports, all Evaluation Sub-Committee reviews, and all three-year Curriculum Committee course and clinical experience reviews shall be posted electronically on the Office of UME Sakai site, under Student Information for review by any interested student or faculty member. All subsequent course and clinical experience reviews shall remain available electronically in a similar manner year to year, thus creating a comprehensive review history for each course or clerkship. Retroactive reports for the two years prior to enactment of this policy shall also be posted on the same site. Additionally, any follow up letters requested by the Curriculum Committee from a course or clinical experience director during a course evaluation will also be posted as an addendum to the corresponding evaluation.

## **Student Evaluation of Curriculum and Instructors**

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

### **Foundations of Medicine Phase:**

All students are required to complete summative course evaluations for every Block and Course using the OHSU evaluation system, Blue (accessed by the Sakai site). Evaluation results are anonymous, and are shared with the Office of UME and appropriate educational leaders, committees, and sub-committees for the purposes of continual quality improvement. All students are also expected to

provide teaching effectiveness evaluations in each block/course. Teaching effectiveness evaluation results are also shared in an aggregate, anonymous format with the Office of UME, individual instructor, and pertinent educational leaders, committees, and subcommittees. Evaluations by students of their clinician preceptors in the Preceptorship courses are compiled over the 18 month Foundations of Medicine phase, and provided to the preceptor anonymously at the end of the phase. The following chart details the important dates, windows of completion, and reminders in place to ensure 100% compliance with this requirement for all students. Failure to complete required course evaluations will result in a professionalism monitoring form.

<b>Evaluation Open/ Close Date</b>	<b>Open Date</b>	<b>Close Date</b>	<b>Reminder Emails</b>
FoM Blocks Course Evaluation	1 week prior to assessment week (opens on Monday)	End of enrichment week (closes on Sunday)	1st invite: evaluation open date (10am) 2nd reminder: 5 days after the invite (5pm) Final reminder: Wednesday of enrichment (10am)
FoM Blocks Teacher Evaluation	First day of the course	End of enrichment week (closes on Sunday)	1st invite: evaluation open date (10am) 2nd reminder: middle of the block (5pm) Final reminder: Wednesday of enrichment (10am)
FoM Preceptorship Course (PREC 721) Evaluation	1 week prior to BLHD assessment week (opens on Monday)	End of BLHD enrichment week (closes on Sunday)	1st invite: evaluation open date (10am) 2nd reminder: 5 days after the invite (5pm) Final reminder: Wednesday of enrichment (10am)
FoM Preceptorship (PREC 721) Teacher Evaluation	First day of the course	End of enrichment week (closes on Sunday)	1st invite: evaluation open date (10am) 2nd reminder: Tuesday of a week prior to BLHD assessment (5pm) Final reminder: Wednesday of enrichment (10am)
FoM Preceptorship Courses (PREC 722, 723, and 724) <u>and</u> Teacher Evaluation	2 weeks prior to last week of preceptorship (varies by term) (Opens on Monday)	Last week of the term end date (closes on Sunday)	1st invite: evaluation open date (10am) 2nd reminder: 5 days after the invite (5pm) Final reminder: Wednesday of last week of each term (10am)

#### **Clinical Experience Phase:**

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



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

### **AAMC Graduation Questionnaire (GQ)**

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

## **Visitors to OHSU learning environments – classroom and clinical settings**

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

## **Vendors in OHSU learning environments**

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

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

## **Attendance Policy for Foundations of Medicine Phase of Curriculum**

### **Foundations of Medicine Blocks**

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

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

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

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

### **Clinical Skill Laboratory Faculty Facilitator Absences**

Due to clinical emergencies and miscommunication there are times—rare, but they do occur— when instructors do not arrive as expected for CSL small groups. If your group has no faculty instructor 5-10 minutes after time for class to begin, it is the group's responsibility to inform the Teaching Services Office (RLSB, 5<sup>th</sup> floor, 4A026, or call 503-494-8428) of the problem and to remain in the classroom until it is resolved. Teaching Service Office staff will attempt to quickly resolve the situation, and make all possible effort to ensure your group is not left without benefit of instruction.

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

Attendance is required and tracked for all Foundations of Medical Anatomy (FOMA) and Clinical Skills Lab (CSL) sessions. Because of the experiential nature of these sessions and the associated collaborative learning process, it is critical that all students attend the sessions so that everyone can obtain the maximum benefit derived from the intended learning objectives and instructional methods. Any student who anticipates an unavoidable conflict and cannot attend a required Foundations of Medical Anatomy (FOMA) or Clinical Skills Lab (CSL) session must fill out and submit a “Foundations of Medicine Request for Time off FOMA or CSL session” form to Teaching Services Office (TSO at [tso@ohsu.edu](mailto:tso@ohsu.edu)) **ahead of time**. Your request will be considered and a reply provided. This form can be found on the Office of UME Sakai site in the “Student Information” tab. **Regarding CSL absences:** A student who misses their regular CSL session (for any reason) must complete a written assignment relevant to that week’s session and content, to be returned to TSO by the end of the week following the absence. These assignments will be reviewed by a faculty member. Any student with repeated absences will be required to meet with a member of the educational leadership group (i.e., one of the clinical thread directors) to address the attendance problem in a constructive manner. The student’s portfolio coach will also be notified if there are repeated absences in CSL sessions. A student who misses a required CSL session without submitting the form, or any student who misses four or more sessions (two or more days) in the first academic year (FUND – HODI) and two or more sessions (one day or more) in the second academic year (NSF – DEVH), may have a Professionalism Monitoring Form (PMF) submitted for their absences, which may result in Medical Student Progress Board review.

## Foundations of Medicine Preceptorship Required Attendance

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

## Preceptorship

The Preceptorship program introduces students to working in an authentic clinical setting, in a variety of specialties during the Foundation of Medicine phase of the YourMD curriculum. Multiple factors go into assigning students to preceptors. Preceptors also teach other learners including medical students in their clinical years and residents, in addition to their other non-clinical responsibilities. We do our best to ensure that every student will be assigned a preceptor.

Students are not permitted to arrange their own preceptorship experiences. All requests must be made through the Preceptorship Coordinator, and failure to do so is considered unprofessional and will result in a Professional Monitoring Form (PMF). Under no circumstances will students be permitted to precept with a family member or relative, or their portfolio coach.

## **Preceptorship Commuting and Travel Policy**

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

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

## **Narrative Medicine and Reflective Practice During Preceptorship**

Preceptorship students will submit a required number of field notes during their preceptorship assignments. Each field note will be read by one of the Preceptor & Narrative Medicine Readers. Students will receive written feedback on each field note. The writing will NOT be shared with individual preceptors or any member of the preceptor clinic team. The writing will also not be shared with Portfolio Coaches. Students will also be required to attend and participate in a small number of peer reflection small group sessions, where students will share one of the field notes and/or a creative or original work of writing, music, or visual art. The field notes and creative pieces should be related to the student's experience in preceptorship or in other areas of medical school that prompt further reflection. During the session, each student will have the opportunity to share their reflection with the small group.

## **Enrichment Weeks – Foundation of Medicine Phase**

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

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

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

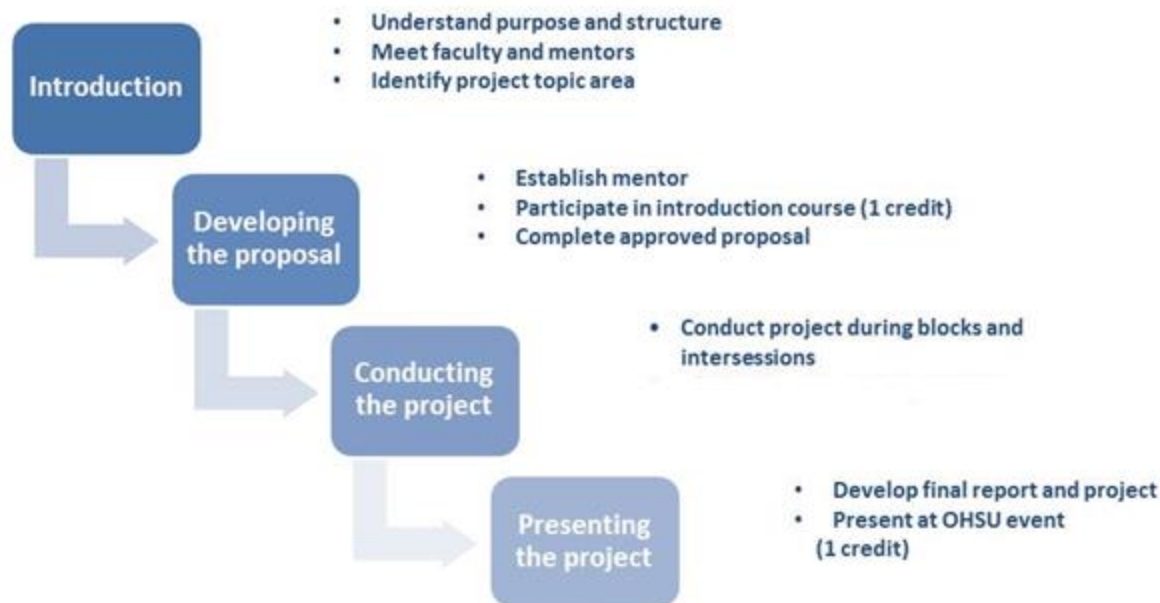
1. Please visit the “Sign-Up” tab in Sakai to view the session descriptions and determine which ones fit your interests. Viewing time for these activities will occur prior to registration, and students will be notified in advance when viewing and registration dates are scheduled for each Enrichment week.
2. Please refer to the “sign-up” tab in Sakai for dates and times of all sessions. Space is limited for some sessions.
3. Attendance will be taken at all enrichment sessions, and students are not permitted to switch sessions once registration has closed.
4. You will be required to select three (3) sessions/activities that you will attend. If you sign up for a session, you are committing to attend. Last minute cancellations or no-shows will result in submission of a professionalism monitoring form.
5. “Ward-walk” enrichment sessions are typically offered depending upon faculty availability.

## Scholarly Projects

Scholarly Projects is an in-depth investigation of topics of interest to medical students during the course of their undergraduate medical education (UME) experiences with the goal of creating critical thinkers and lifelong learners. All students entering medical school in 2014 and later are required to complete Scholarly Projects. After completing their projects, students will be able to think critically about complex clinical problems; expand beyond the established curriculum to investigate topics and problems in more depth; identify, define, and answer important questions relevant to clinical practice and healthcare delivery; and work effectively within a learning community. Students will also understand and apply principles of professionalism, ethics, communication, and collaboration while pursuing their projects.

Scholarly Projects includes sequential activities that extend across the undergraduate medical school experience (see MD Program Graduation Requirements section elsewhere in this Handbook for further details):

- Introduction to Scholarly Projects
- Developing the proposal (1 credit)
- Conducting the project (minimum of 6 credits)
- Presenting the project at the OHSU Capstone event (1 credit)



In this curriculum, students attend a basic introduction course on design and conduct of research and scholarly work, identify projects and mentors, prepare project proposals, complete activities of their projects, and prepare final products including reports, presentations, and other deliverables. Students meet specific benchmarks throughout their participation to document their progress.

Essential components of the Scholarly Projects experience include:

- Identifying an important scientific or clinical question.
- Assessing, evaluating, and applying scientific literature.
- Formulating a project hypothesis based on current evidence and concepts in the field.
- Designing, conducting, and interpreting results of students' own projects.
- Identifying relevance.
- Communicating effectively in oral and written form.
- Applying ethics and professionalism throughout the project.

Working with faculty project mentors, students lead their own scholarly projects focusing on any of a wide range of topics relevant to health and medicine. Most projects will be designed as research studies, although many other types of projects are acceptable (e.g., engineering, informatics, arts). Regardless of the type of project, all must be scholarly in the sense that they meet standards for investigative work in their respective fields. While each student leads their own project, collaborations with other students on specific aspects of the project are acceptable (e.g. data collection). Students accepted in the MD-PhD combined degree program, MD-MPH combined degree program, and the physician scientist experience meeting benchmarks in other ways are not required to complete scholarly projects.

While many types of projects qualify as Scholarly Projects, certain elements are essential to all types. Scholarly Project faculty and project mentors guide students in planning projects that fit these criteria:

- The question is important and currently unanswered.
- Uses the best method to answer the question.
- Method is feasible and likely to succeed.
- Could be completed within the time frame.
- Appropriate mentor and resources are available.
- The project connects to students' skills, interests, passions, and goals.

In addition to project mentors, students work with the Scholarly Project faculty in large and small groups. These include a director, five faculty concentration leads, research librarians, and biostatisticians who all work together to guide projects. Concentration leads are aligned with the following areas, although project topics are not confined to this list:

- *Basic research and biomedical engineering*
- *Clinical research*
- *Epidemiology, community and global health*
- *Ethics, quality improvement and education*
- *Health law, business and health policy*

## **Scholarly Project Work (SCHI 702) Scheduling**

- Students may add, drop, or change the number of credits desired for SCHI 702 coursework or change the number of credits desired by notifying the Office of Curriculum and Student Affairs ([casa@ohsu.edu](mailto:casa@ohsu.edu)) up to two weeks prior to a block starting. Students must notify their mentors when adding or dropping credits prior to the work commencing.
- Enrolled students will receive an email two weeks prior to the start of a rotation reminding them of their enrollment this is to allow students time to make changes, if needed, to their schedule prior to the course starting.
- Retro-active credit will not be given for work completed outside of SCHI 702 enrollment.
- Students will be enrolled in Scholarly Projects for the full four weeks of a rotation. It is up to the student and mentor to decide when the work within the block is completed, but all hours must be completed by the last day of the rotation. All students enrolled in SCHI 702 must provide details about the work they completed and the hours they spend on the project in Labspot no later than the last day of the registered block. Failure to do so will result in NP grade.
- All students enrolled in SCHI 702 must document the work done in order to receive credit and a grade.
- Preparing a poster or slides specifically for a presentation other than Capstone, giving a presentation at another meeting, writing a manuscript for publication are worthy academic activities, but fall outside SCHI 702.

## Scholarly Project Work (SCHI 702) Documentation and Grading System

All students enrolled in SCHI 702 must document the work done in order to receive credit and a grade.

**Students in the Med19 class** must complete their logs in [MedHub](#) no later than the last day of the registered block. **All other students in program** must provide details about the work they completed and the hours they spend on the project in [Labspot](#) no later than the last day of the registered block.

The following grading applies to all scholarly project work (SCHI 702) and will appear on the student's University transcript (please see the [University Grading Policy](#) for further details):

- **Pass (P)** – student satisfactorily completes the work and the final grade is entered into MedHub by the Scholarly Project course director.
- **No Pass (NP)** – student has not completed the work in a satisfactory manner and the final grade is entered into MedHub by the Scholarly Project course director. When this occurs, an NP grade will be posted on the student's University transcript. Additionally, the student must remediate the failed grade to a passing grade following Medical Student Progress Board approval of the remediation.
- **Withdraw (W)** – student asks to drop/withdraw from the scholarly project work within the first or second week of the block (in Winter 1 block, a "W" will be assigned if a student withdraws by Wednesday morning of the second week of the block.) Requests for withdrawal must be in writing via email to the Office of Curriculum and Student Affairs ([casa@ohsu.edu](mailto:casa@ohsu.edu)).
- **Withdraw Pass (WP) or Withdraw No Pass (WNP)** will be assigned and posted to the student's university transcript if a student withdraws during the third week of the block (in Winter 1 block, this will be in effect on Thursday of the third week) depending upon the student performance in the course to date prior to the withdraw.

Students will not be allowed to withdraw during the fourth week of the block (third week of Winter 1 block.)

For Incomplete ("I") grade, please refer to the [OHSU University-wide Grading Policy](#).

## Assessment of Student Performance and Remediation of Unsatisfactory Performance for Students in the Foundations of Medicine Curriculum

**Foundations of Medicine Blocks – There are five components that comprise the assessment framework for each block, and students are required to take all assessments:**

### Weekly Graded Assessment Components

1. **Weekly Quizzes** - Weekly computer-based multiple choice and/or short answer quizzes, approximately 25-35 questions on each quiz. Lowest weekly quiz score is dropped.



2. **Weekly Clinical Science, Health Systems Science, and Basic Science Skills Assessments** - Weekly Clinical science Skills Assessments (CSAs), Health systems science Skills Assessments (HSAs) and Basic science Skills Assessments (BSAs), approximately 1-3 per week.

#### **Cumulative Graded Assessment Components**

3. **Final Block Examination** - End-of-block computer-based multiple choice and/or short answer examination developed by OHSU, approximately 50 questions per examination.
4. **NBME “Board” Examination** - End-of-block National Board of Medical Examiners (NBME) computer-based multiple choice customized board examination, approximately 100 questions per examination. Questions will require students to apply a high level of critical thinking and clinical reasoning skills. Students are strongly encouraged to utilize board review materials for exam preparation.
5. **Final Skills Examination** - End-of-block clinical science, health systems science, and basic science skills assessments consisting of an Objective Structured Clinical Examination (OSCE) and health systems science and/or basic science skills demonstrations, approximately 3-8 total assessments.

#### **Final Block Grade**

The threshold for a passing score for all graded assessments is 70%. This threshold may be lowered for the entire class in select circumstances by the block directors if the post-assessment analysis indicates this is necessary. All of the five graded assessment components above are treated separately and each component must be passed in order to maintain satisfactory academic progress. An assessment component will be considered passed when the average of the achieved scores (example: average of all block quiz scores) equals or exceeds the average of the passing thresholds for each assessment (example: 70%). **Beginning with Med22 and beyond**, skills assessments in Components 2 and 5 are divided into two sub-groups: 1) all CSAs and HSAs combined; and 2) all BSAs combined, and each sub-group must be passed at 70% or greater to have passed Components 2 and 5. As long as each component is passed, the student’s overall final block grade will be “Pass”. There is **no rounding** upward when calculating student scores.

#### **Remediation of Non-Passing Scores**

1. Students are required to meet the overall passing threshold for each assessment component.
2. Students who do not meet the passing threshold on any of the individual weekly graded assessments are not required to formally remediate these to achieve a passing score, as long as the total average score at the end of the block for the weekly graded assessment components meets the passing threshold. While students must take all Component assessments, the lowest Component 1 quiz score per block is dropped and not counted in the calculation. Any non-passing score for individual weekly graded assessments (i.e., Components 1 and 2) should be used in a timely fashion by the student, their Portfolio Coach, and curriculum leaders to focus

the student's additional studying to achieve the student learning objectives. Students who do not meet the overall Components 1 and 2 passing thresholds at the end of the block are required to remediate these to achieve a passing score. The remediation assessments will be individualized to the student's specific areas of deficiencies.

3. Students who do not meet the passing threshold on the Component 3 final (ExamSoft) block examination or the Component 4 NBME board examination are required to remediate these to achieve a passing score. The remediation assessment for the final (ExamSoft Final) block exam is in short essay answer format and will be individualized to the student's specific areas of deficiencies. The NBME remediation assessment will consist of another NBME exam to cover the concepts of the entire block. *\*Note: the NBME remediation assessment will not be individualized as it is not possible given the student performance data received from NBME.*
4. The Component 5 final skills assessments will require remediation when the average of the achieved scores for each of the two sub-groups (1-CSAs + HSAs; and 2-BSAs) is less than the average of the passing thresholds for each sub-group. The remediation assessments for Component 5 are individualized to the student's specific areas of deficiencies.
5. Remediation will nearly always occur during the block assessment dates listed on the syllabus. The remediation activities and re-testing will be coordinated under the direction of the block and thread directors, and other curriculum leaders as appropriate. The student's Portfolio Coach will also be notified when a student requires remediation. Remediation activities will be individualized for each student requiring remediation based upon the student's identified deficiencies in the block, with the exception of the NBME exam.

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

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

### **Clinical Skills Laboratories**

Clinical Skills Laboratory (CSL) Small Group Instructors provide meaningful narrative feedback to the students in their small groups. An online evaluation form is used with content that assesses observable behaviors. CSL instructors will complete these formative evaluations of student performance midway, and again at the end of each CSL section and these comments are viewable in the student's REDEI electronic portfolio associated with the block in which the CSL groups occur. In addition to narrative comments, the following items are assessed on a 5 point scale for each student:

- Attends regularly and is well prepared for sessions.
- Explains reasoning processes clearly and effectively with regard to solving problems, basic mechanisms, concepts, etc.
- Demonstrates respect, compassion and empathy.
- Seeks to understand others' views.
- Takes initiative and provides leadership.
- Shares information/resources.
- Seeks appropriate responsibility. Identifies tasks and completes them efficiently and thoroughly.
- Seeks feedback from peers and instructors and puts it to good use.
- Small group behavior is appropriate.

### **Preceptorship**

Student assessment in the Preceptorship during Foundations of Medicine curriculum will be multimodal and competency-based. Student performance will be assessed by preceptors, patients and/or clinical staff. The Preceptorship Director and the Director of Narrative Medicine, and/or their delegates, will assess student performance regarding students' reflective essays. Preceptor narrative comments are viewable in the student's REDEI electronic portfolio.

Students not meeting expected milestones or performance benchmarks for the Preceptorship will be notified by the Preceptorship Director, and an individualized remediation plan will be developed in conjunction with the student's Portfolio Coach. Students who do not meet expected performance benchmarks after completing all of the Preceptorship experiences in Foundations of Medicine will post a "No Pass" grade on their transcript for their Preceptorship, and require remediation prior to entering the clinical experiences curriculum.

## **Health Systems Science and Assessment**

One of the guiding principles of the development of the *YourMD* curriculum was the integration of basic, clinical, and **health systems sciences** necessary to optimally prepare OHSU M.D. graduates for their residency programs and professional practices for the 21<sup>st</sup> century. Toward that end, we have embraced the vision for innovation as articulated by the American Medical Association Accelerating Change in Medical Education Consortium regarding the "medical school of the future." As described by James L. Madara, MD, Executive Vice President and CEO of the AMA, this vision is for,

*“one that measures competency; one that responds to the needs of chronic disease through a team-based care approach, greater continuity, and more outpatient exposure; and one that adopts new technologies for education and creates new fields of medical science. These are schools that will do more than simply prepare young doctors to care for patients. They will prepare physicians for a lifetime of training and learning. They will prepare them to take leadership roles in their practices while also exploring the most innovative ways to care for patients, populations, and communities. **The emergence of health systems science will be a key component of the medical school of the future**, bridging the study of basic and clinical sciences and giving new physicians a broad view of the societal influences and administrative challenges that sometimes complicates patient care. Health systems science is that window into the lives of our patients and our communities that makes us more effective, compassionate, and knowledgeable doctors.”*

Students in the *YourMD* curriculum will be taught and assessed on content and topics related to health systems science throughout their medical school education. Pertinent health systems science threads in the *YourMD* curriculum include: Epidemiology, Evidence-Based Medicine, Informatics, Health Policy, Quality, and Patient Safety. Students will be assessed on these topics during their weekly quizzes or skills exams and cumulative final block assessments, as well as in the Preceptorship in the Foundations of Medicine phase, during their Core intersessions and clinical experiences in the clinical experience phase, among others. **Beginning with the class of students who matriculated in 2019 (i.e., Med23)**, all students will also take the NBME subject exam in Health Systems Science twice during their medical school education – once in the Foundations of Medicine phase of the curriculum, and the second time once they have completed all four required intersessions in the clinical experience phase of the curriculum. Students in prior *YourMD* cohorts will be offered the option of taking the NBME subject exam in Health Systems Science following completion of the four required intersessions in the clinical experience phase.

## **Procedure for Assessment Scoring and Adjustments in the Foundations of Medicine Phase**

A post assessment review of class performance of each exam will be conducted by the course leadership and assessment team members. This includes reviewing the assessment item analysis, the student queries, and may include individual faculty review of assessment content. If an educational leader recommends a change in an answer, then the recommended change shall apply to all students in the block. Upon a review of performance and in rare instances, if the educational leaders decide to eliminate a question from an assessment, then no credit is given to students for this question under any circumstances. For the **Foundations of Medicine blocks, the Component 4** (National Board of Medical Examiners Customized Assessment System) exam scores are typically adjusted to reflect class performance and the difficulty of the exam, first by taking the top performer’s score in the class as the “new” 100% and adjusting all scores upward to reflect this. Additionally, when two standard deviations from the adjusted mean falls below 70%, then the passing threshold for the component 4 assessment is lowered to that number. In circumstances where two standard deviations from the adjusted mean falls

above 70%, the passing threshold will remain at 70%. Once the post-assessment review and analysis process is completed, the results stand as final. See “Foundations of Medicine Examination Administration Guidelines” section below in this Handbook for more details about exam queries and exam item challenges.

## Submission of Grades to Registrar’s Office

Final course grades for students in the Foundations of Medicine curriculum will be submitted by the UME Assessment Team to the SoM Registrar’s Office for official recording in Banner registration system no later than 6 weeks after the completion of each course.

## Foundations of Medicine Examination Administration Guidelines

All UME MD assessments will be proctored. In keeping with the OHSU Code of Conduct and the MD Student Honor Code, students enrolled in the UME MD program are expected to conduct themselves ethically. This includes honesty and trustworthiness in taking all weekly quizzes, finals, NBME exams, or other tests. Duplication of quizzes, examinations, or assessments of any kind, including clinical skills assessments or Objective Structured Clinical Examinations is strictly prohibited. Students are also prohibited from retaining any portion of **any exam including scratch paper**.

### Exam Time Period

- The designated time period to complete an examination will be announced prior to the examination date.
- Students who have received approved testing accommodations will contact the Course Manager in the Teaching Services Office to request extended examination time. Ideally, this will occur at least three weeks in advance of the assessment.

### Student Personal Belongings

All backpacks and bags are to be stored in your locker during exams. If they are too big to fit, they must be brought to the front of the examination room and are to remain closed and undisturbed during the exam administration.

- Students may utilize only identified exam materials during an exam administration. Scratch paper will be available at the beginning of the exam by the Teaching Services Office staff.
- Students may only bring into the exam a personal laptop computer, charger, and a writing utensil. You may bring your own calculator if you wish but not one on your smartphone.
- No recording/or filming devices are allowed in the exam environment. **All electronic devices (e.g., cell phones, tablets, digital watches with memory, and pagers) are disallowed during an exam.** If a student advertently brings an electronic device, it will be turned completely OFF (not just silenced) and be placed in a separate area during the examination period per the instructions of the Proctor. Repeated instances of students bringing their electronic devices to an examination are unprofessional and will result in a Professionalism Monitoring Form.

- You may bring a beverage with you but no food as eating during an exam can be very distracting to other examinees.

#### Academic Honesty and Test Security

- Prior to taking OHSU-developed exams, students will see the following academic honesty statement. By continuing with the exam, students are agreeing to abide by it.
  - *I understand that ethical conduct is one of the most important attributes of a competent health care professional. Cheating on an examination will ultimately deprive my future patients of the quality health care they deserve.*
  - *Upon matriculation, I agreed to abide by the policies and procedures of the University, and the School of Medicine. As a member of the medical student class, I affirm that I will personally uphold the policies and procedures, and will report any suspected or known infractions committed by any member of my class.*
  - *During this exam, I affirm that I will not use any outside sources of information, including but not limited to books, websites, journals, computers, smart phones, tablets, or any other emerging technologies. In addition, I will not seek or accept help from another person by phone, in person or via any electronic means.*
  - *The content of this examination is proprietary and confidential and is not to be transcribed or reproduced in any manner at any time, or through any means. I understand that the use of technology designed to capture test content or override test security measures represents a violation of School of Medicine policies. Possession, re-creation and/or distribution of the examination or content of the examination is prohibited. Students are expected to respect test security at all times. Anyone in possession of unauthorized examination content in any form will be subject to academic disciplinary action, up to and including dismissal from the program, for failing to meet professional standards.*
  - ***Continuing this examination indicates that I understand and agree to abide by the policies and procedures of the University, and the School of Medicine.***

#### Admitting Late Examinees

- A student arriving late after the start of an exam will be permitted to sit for the exam but will not be given extra testing time for the testing session.
- Students with repeated late arrivals to exams may have a Professionalism Monitoring Form submitted, and will be referred to the Medical Student Progress Board.

#### Examinees Personal Breaks

- Students may request to leave the exam for a personal break to the proctor.
- Personal breaks are not to exceed five minutes duration and are restricted to use of the restroom. Students are not permitted to study or access their phones or any other material during these breaks.

### Exam Queries

- The proctor will not answer any questions regarding interpretation of exam content.
- If a student has a concern about the intent of an exam item, students should complete the appropriate feedback/query within ExamSoft, and all queries will be considered by the educational leaders during the post-assessment analysis review.
- Queries are only accepted during the examination period and must be completed within the allocated exam time period.
- If a query necessitates an adjustment to the accepted answers on any assessment item, all students will receive the adjustment prior to releasing the scores to the class.

### Exam Item Challenges

- All challenges to Components 1 and 2 assessment items must be made by students within 1 week from time of assessment/score release to students (called “challenge window”).
- Block +/- Thread Directors and the Assessment team will determine if a challenge is accepted. If an item is adjusted, then all students will receive the adjustment.
- Challenges to Components 3 and 5 assessments must be made within 2 business days of release of scores back to students due to the timing of remediation during enrichment week.
- Importantly, after the challenge window has closed, the assessment will be finalized and recorded, and no further adjustments will be made.

### School of Medicine Public Domain Policy Pertaining to Exams

The following SoM policy pertains to all required courses for the MD Degree:

The content of an examination is confidential and distribution of the content in the public domain is strictly prohibited. In this circumstance the reproduction or transcription of the content of the examination by any means is unauthorized. Possession and distribution of the examination or the content of any examination outside of the classroom setting is prohibited. Individuals possessing or distributing exams or exam content will be subject to academic disciplinary action for failure to meet professional standards. The examinations given in the following courses are not authorized for distribution in the public domain:

- Fundamentals Block
- Blood and Host Defense Block
- Skin, Bones, and Musculature Block
- Cardiopulmonary & Renal Block
- Hormones & Digestion Block
- Nervous System & Function Block
- Developing Human Block
- Transition to Clinical Experiences course
- Family Medicine Clinical Experience
- Internal Medicine Clinical Experience
- Psychiatry Clinical Experience

Surgery Clinical Experience  
Pediatrics Clinical Experience  
Obstetrics & Gynecology Clinical Experience  
Neurology Clinical Experience  
Cancer Intersession  
Cognitive Impairment Intersession  
Infection Intersession  
Pain Intersession  
Transition to Residency course  
Clinical Performance Examination (CPX)

## Policy for Examination Schedule Change in Foundations of Medicine Phase

Students are responsible for completing all end-of-week (quizzes) and end-of-block (cumulative) assessments. Any student who anticipates an *unavoidable conflict* and cannot attend a required end-of-week or end-of-block (cumulative) assessment for any reason must fill out and submit a “Time-Off Request from Assessment for Foundations of Medicine” form to the Teaching Services Manager ahead of time. This form can be found on the Office of UME Sakai site in the “Student Information” tab. If the request for time off is approved, then an alternate assessment will be arranged. These requests will typically only be granted in rare instances on a case-by-case basis and will be tracked as part of the students’ record during the Foundations of Medicine curriculum (18 months). It is the student’s responsibility to complete all of the requirements of the block in order to progress as expected in the curriculum.

A student may postpone exams for health or other reasons no more than twice during the Foundations of Medicine phase of the Curriculum. Any student needing a third examination deferral for any reason will meet with one of the Assistant Deans for Student Affairs for support and discussion, and to ensure that extenuating circumstances are not interfering with the student’s ability to achieve academic success. In this instance the student’s coach will also be notified of the need for a third exam postponement so that the proper administrative and faculty supports can be offered.

Students approved to defer an exam **must take the examination within one week** of the original examination date, unless other arrangements have been approved by one of the Assistant Deans for Student Affairs. The only other exception to this is any student who is approved to defer a weekly Clinical or Science Skills Assessment will typically be required to make up this examination at the earliest scheduling convenience during the block. Failure to make up a required assessment as directed will prompt a meeting with one of the Assistant Deans for Student Affairs.

Students who defer examinations shall attest to the following affirmation when submitting the request to defer an examination form: “I affirm that I have not (or will not) receive or disclose any content of the



exam that is to be made up or discuss its contents with my classmates or others who may have knowledge of its contents.”

## **Pertinent To MS2, MS3 & MS4 Students in the Clinical Experience Phase**

### **Attendance Policy & Time-Off Requests from Clinical Experiences**

Students in the OHSU clinical curriculum are expected to attend and actively participate in all required clinical experiences and MD program activities. Students should schedule personal activities during University breaks in the academic calendar. There are no scheduled holidays during core/elective clinical experiences with the exception of Thanksgiving Day. (No student is ever enrolled in a rotation during winter break so all students have the holidays that fall during that time off as well.) Students wishing or needing to take additional days off are **REQUIRED** to submit the Request for Time Off form for approval and tracking. **All forms can be found on the Office of UME Sakai site (“Student Information”→“Forms”).**

It is the student’s professional responsibility to communicate and document ALL days that they will miss. **All days taken off during each academic year are tracked by the Dean’s Office.** In most circumstances, clinical experience students are **allowed eight sick days and two general leave days per academic year** that do not automatically need to be made up. MS4 students may be approved to take more than two days depending on the reasons. One exception to this includes missing a critical aspect of the rotation due to illness, and these are handled on a case-by-case basis. See exact wording below.

#### **Request for Time Off Due To Emergency Absence/Personal or Immediate Family Illness:**

In most circumstances, students with emergency absences due to personal or immediate family illness receive up to eight sick days leave per academic year. Within any one Clinical Experience, if students miss a single day of non-critical curriculum students will not be required to make up work. Students with emergency absences must contact the Clinical Experience Director or Coordinator immediately by phone or email once the request is needed. The form must be completed within 24 hours. Students **MUST** take sick leave when they are infectious and should contact Student Health and Wellness Center for questions or concerns about this. If a student misses a critical component of the curriculum or if the student requires more than one day off per rotation, the Clinical Experience Director will assist the student with creating a plan to make up missed work.

#### **Request to Take Time Off to Attend or Present at an Academic Conference:**

Students requesting time off to attend or present at an academic conference should know this well in advance, and submit the form to the Clinical Experience Director or Coordinator at least 6 weeks prior to the start of the clinical experience to seek approval. When approved, students may receive up to two

days during the academic year to pursue these kinds of events depending upon how many other days off the student has had prior to the request. Students will most often be required to make up missed work.

**Request to Take Time Off to Sit for USMLE Step 2 CK or Step 2 CS Examination:**

Students requesting time off to take a USMLE examination should know this well in advance, and submit the form to the Clinical Experience Director or Coordinator at least 6 weeks prior to the start of the clinical experience to seek approval. In most circumstances, students may receive approval of up to two days off per academic year to pursue this kind of event. Students will most often be required to make up missed work.

**Request to Take Time Off to Complete a Requirement of the Curriculum (e.g., CPX, Scholarly Project Capstone, BLS re-certification):**

Students requesting time off to complete a requirement of the YourMD Curriculum, such as CPX (half a day), Scholarly Project Capstone (2nd Friday of W3), and BLS (~2 hours) should know this well in advance. Students should submit the “Time Off Request for Clinical Rotations” form to the Clinical Experience Director or Coordinator at least 6 weeks prior to the start of the clinical experience to seek approval. As students have options to choose dates/time of when they take the CPX and recertify for BLS, the Clinical Experience Director or Coordinator may ask you to choose an alternate date/time. Once the time off is approved, students will not be required to make up missed work.

**Schedule adjustment request for Non-Emergency Personal Reason:**

Request for time off for non-emergency personal reasons such as weddings, reunions, etc. can be considered if you submit the form. Students should submit the form to the Clinical Experience Director or Coordinator at least 6 weeks prior to the start of the Clinical Experience. If approved, the student must document and submit a proposed plan to the Clinical Experiences Director to make up missed work.

**Fourth year only: Interview Days (2 days per clinical experience)**

**Request to Take Time Off to Interview for Residency Program:**

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

## **Steps for Requesting Time Off**

1. For emergency absences, the student will submit the Request for Time off form located on the 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.
6. 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.

## **Clinical Experiences Expectations for Students**

During the clinical experience curriculum, students are expected to integrate all that has been learned into the basic skills needed to be a successful physician. Physicians are lifelong learners who must always reach for the next level. In order to reach that goal, the clinical experiences directors provide the following list of expectations to assist you.

1. You are expected to be present and participate fully in all activities involved in the clinical experience, including orientation, seminars, and assessments.
2. You are expected to make decisions, defend them, and understand the consequences of a poor decision. You are an early clinical learner, and you do not have a medical degree and are not licensed independent practitioner. As such, you should seek appropriate approval from your supervising faculty and residents before performing procedures, giving advice to patients, ordering tests, diagnostics or therapy.

3. You are expected to give 100% effort while on a clinical experience and you should expect the same from your classmates.
4. You are expected to be respectful of your classmates, residents, faculty and other staff at all times. Do not undermine your colleagues.
5. You are expected to be current with all your patients and you are encouraged to do advanced reading on those patients. You should feel free to bring relevant articles to the team.
6. You should expect the residents and attendings to provide constructive criticism, so that you can improve throughout the clinical experience. Formal midterm feedback for every student is required midway throughout all required core clinical experiences.
7. You are expected to be present daily unless you are ill or have a family emergency. You must seek approval for this time off by contacting the clinical experience director for permission. There are no scheduled holidays during core or elective clinical experiences with the exception of Thanksgiving Day.
8. You will be assigned to specific sites and team by the Clinical Experiences Director and/or Coordinator. After you receive your clinical site placement, you may request an alternate site or team assignment **before the rotation begins** by contacting the Clinical Experience Coordinator via email. Your request should include a clear rationale and reasoning for an alternate assignment. The Coordinator will consider your request, and grant it if able to do so. When circumstances do not allow for the requested change to occur easily or if the change might cause unreasonable disruption, the Coordinator will discuss the case with the Clinical Experience Director. The student will be notified by either the Coordinator or Director with a decision. Students who are denied can appeal to the Associate Dean for UME via email who will consider the request on a case-by-case basis.
9. You should expect that you will receive your final clinical experience evaluation no later than 6 weeks of completing your clinical experience.
10. You are expected to submit your clinical experience logs electronically no later than the last day of the clinical experience.
11. You are expected to complete your course evaluation for the clinical experience within one week of the end of the clinical experience.
12. Remember that the patients are the focus of the patient care experience, and can be your greatest teachers.

## Medical Student Clinical Supervision

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

physician retains full responsibility for the supervision of the medical students assigned to the clinical experience.

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

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

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

## **Clinical Experience National (e.g., "Shelf") Examinations (see also "Testing Intersession" section of this Handbook)**

Students must arrive on time to take clinical experience examinations including the National Board of Medical Examiners (NBME) subject exams or other required summative examinations. No extra time will be provided a student who arrives late to an examination, A Professionalism Monitoring Form may be submitted for students who arrive late to an examination. See the "Testing Intersession" section in another part of this Handbook for further information about the national examinations.

## Clinical Experience Principles of Student Assessment

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

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

**Components that Contribute to the Final Tiered Grade of the Clinical Experience include:**

**Component 1:** Clinical performance as judged by attendings, residents, and other appropriate and designated evaluators in authentic patient care encounters

**Component 2:** Skills demonstrations, some of which may be during authentic patient care encounters, and objective knowledge for clinical practice assessments

**Component 3:** Self-directed learning activities

**Component 4:** Professionalism assessment

**Each clinical experience will also have a defined set of the 43 OHSU UME Competencies under the six larger domains of competence tied to the experience.** The Clinical Experience Director, as the “Qualified Assessor,” will determine the level of entrustability (i.e., milestone level) the student has achieved for each of the competencies tied to the experience. Competency assessments are tracked longitudinally for all students across the *YourMD* curriculum. Clinical experience final tiered grades may be, but are not absolutely required to be, directly correlated with the student’s competency assessments for a particular clinical experience. For instance, some students may not have met the “Entrustable” level (i.e., level 3) of a particular competency that is tied to the clinical experience but nonetheless have earned a tiered grade of Honors/A, Near Honors/B, or Satisfactory/C.

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

2. All clinical experience directors must submit a final grade and comments to the Dean's Office no later than 6 weeks after the completion of the core clinical experience.
3. Midterm feedback will be provided to all students in the seven required core clinical experiences, and a standard form will be used to document this feedback.
4. A common set of skills and attitudes pertaining to professionalism will be assessed by each clinical experience director for the seven required core clinical experiences, in addition to assessment of professionalism competencies specific to that clinical experience.
5. The overall yearly grade distribution for all core clinical experiences of a class cohort (e.g., Med20) will be a maximum of 25% Honors, and 75% of the grades distributed between Near Honors, Satisfactory, Marginal and Fail. The grade distribution will be reviewed annually by the core clinical experience directors.
6. The students will be assessed based on the clinical experience objectives that have been developed for each clinical experience.
7. Assessment of students must include direct observation by faculty and other appropriate and designated evaluators of the student's patient care skills, including history taking, physical examination, procedural skills, communication, professionalism, use of systems, and practice improvement appropriate for each clinical experience.

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

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

#### **Elective Clinical Experience Grading**

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

- **Final elective clinical experience grade** – either tiered (A/Honors, B/Near Honors, C/Satisfactory, D/Marginal, F/Fail) or Pass-No Pass (P/NP)
- **Competency assessment** – level of entrustability and student competency attainment for all of the competencies tied to that elective clinical experience
- **Professionalism assessment** for the student in the elective clinical experience
- **Narrative comments** – written comments from attending and other appropriate and designated evaluators of the student's performance during the elective clinical experience.

**Remediation of passed courses to replace a lower, albeit passing grade with a higher passing grade is not permitted.** Students are allowed to repeat a previously passed course again in full if desired (or

recommended by the Medical Student Progress Board). In this situation, the original course and passing grade will remain on the transcript in the term it was taken, and the repeated course and grade will also appear on the transcript in the term it was repeated.

## **Protocol to Avoid Portfolio Coaches Evaluating Their Own Students**

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

**Protocol:** At the beginning of a new class of students entering clinical rotations, the Colleges Program Manager will send the roster of coaches to each clinical department, along with the list of students assigned to each coach. Each department and coach will be responsible for ensuring no conflict of interest is posed, and ensuring that the coach never evaluates their own student. Since every clinical experience has a different structure, this can be done in one of several ways, for example:

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

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

## **Clinical Experience Phase Scheduling**

All students must successfully complete the Foundations of Medicine phase of the curriculum prior to entering the Clinical Experience phase of the curriculum. During the summer of the second year, students are provided information by the Office of UME about the MedHub lottery for scheduling coursework during the Clinical Experience phase of the curriculum. Once students receive their initial clinical experience schedules with core clinical experiences and four core intersessions, the following procedure can be used to modify the schedule if desired.



Students may swap a core clinical experience (CCE) with another medical student up to 12 weeks prior to the start of the CCE in the following manner. Note you will need to get prior approval (before following the instructions below) from the Family Medicine course coordinator or CCE Director prior to swapping FAMP 731 – Fam Medicine Continuity Core). For all other CCE rotation swap requests:

1. One student emails Curriculum and Student Affairs ([casa@ohsu.edu](mailto:casa@ohsu.edu)) AND the department coordinator, copying the student involved in the swap.
2. The subject of the email must be “SWAP”
3. Provide the information in the table below:

<b>Name and U number</b>	John Doe (U00055555)	Jane Doe (U00055556)
<b>Currently scheduled</b>	IMED 730 – Summer 3, 2019	IMED 730 – Fall 1, 2019
<b>Want to move to:</b>	IMED 730 – Fall 1, 2019	IMED 730 – Summer 3, 2019

Once this information is received by the above UME and department staff, the Office of UME will change your enrollment in Banner and you will receive a notification that the swap has been implemented.

In addition, if the lottery did not fill all core clinical experiences from Summer 2 to Winter 2 blocks to capacity, students who are entering the clinical experience phase may be asked to consider moving one or more core experiences to an earlier block.

Students requesting a change, cancellation or modification of scheduled elective clinical/non-clinical experiences, may do so up to eight weeks prior to the start date of the clinical experience. If an emergency occurs after the deadline has passed, the student must direct the request to drop or add a course to the course director AND the Associate Dean for Undergraduate Medical Education. If approval is obtained from both, the student must forward the email to Curriculum and Student Affairs ([casa@ohsu.edu](mailto:casa@ohsu.edu)) to officially adjust the schedule in Banner. Students are responsible for monitoring their courses and credits to assure they meet the graduation requirements.

## SoM Clerkship Duty Hours Policy for Medical Students

The goals of medical students and the faculty of the School of Medicine are the same: to provide instructional activities and facilitate participation in care for patients to create an overall educational experience that prepares students to enter residency training and become physicians, while maintaining wellness.

Duty hour rules from the ACGME for graduate medical programs were developed for residents with the goal of creating a safe working environment for residents who are often making critical decisions on patient care, and thus need to maintain an adequate level of mental alertness. Similar national standards have not been developed for medical students. There are obvious differences in terms of goals and responsibilities between residents and students due to differences in direct supervision requirements as learners progress through medical training. Regardless of this, faculty and students

need to work together to foster a healthy balance between work hours and personal time. This policy is intended to recognize the value of maintaining adequate rest throughout the learning experience to appropriately and actively participate in patient care safely, maintain attention to be able to adequately learn, and maintain an appropriate healthy balance between work and personal time. The SoM UME Curriculum Committee, through the Clinical Sciences Subcommittee, developed the following guidelines:

- The student should be assigned to be physically present no more than 80 hours per week, averaged over 4 weeks, on the clinical hospital services and/or in clinics, including required clerkship lectures, conferences and exams.
- Ideally a student should not be assigned to be in a clinical learning environment more than 24 hours in one shift. A clerkship may determine that a given learning experience is not able to be achieved within this timeframe, and they deem there will be adequate likely downtime for the student, they may extend the experience to 30 hours to enhance learning opportunities.
- The student should have at least one full day off per week, averaged over a month.
- No matter how many hours the student has been physically present, he or she should always check out with their supervising resident or attending before leaving for the day.
- If a student is on a rotation without overnight call responsibilities, the student should feel free to come in early or stay late for the benefit of patient care or the student's education. Students are expected to be at all required educational activities (e.g., lectures, conferences, exams, etc).
- Clerkship directors will be responsible for monitoring likely weekly schedules for students on their clerkship to assure that violations of this policy would not be anticipated for an average student who is completing all required activities. Clerkship directors will also be responsible for assigning reasonable amounts of required assignments. Completing assignments or studying for examinations at home does not count toward duty hour time.
- Students who have exceeded or are likely to exceed the duty hour policy over the course of clerkship may alert their supervising faculty member, the clerkship director, the Office of Student Affairs, or the University Ombudsman. Students will not be required to log hours while on clerkships, but will be asked through the end of clerkship evaluation if violations did occur, and if they did occur, students should be ready to report the hours they were on duty.

## Rural Clinical Experiences

All OHSU medical students (except MD-PhD and OMFS dual-degree candidates) are required to successfully complete at least one rural clinical experience to meet graduation requirements for the MD degree. Rural clinical experiences are offered in a wide variety of locations across the state of Oregon, and may be offered within the Rural Elective and Multidisciplinary Clinical Experiences course, or within a specific department's clinical experience offerings (e.g., Surgery Core Clinical Experience in Gold Beach, Oregon as part of the department of surgery's clinical experiences for students). **Assigned housing is provided** at no additional cost for all students completing their required rural experience. Travel and mileage reimbursement is not provided by the SoM Office of Undergraduate Medical Education. Students rotating at any non-OHSU location (e.g., non-OHSU Portland metro

area/regional/rural) have an extension of OHSU protections related to discrimination and harassment at these sites, and relevant complaints can and should be reported to the OHSU Title IX and AAEO office.

Students may contact Dr. Paul Gorman, Assistant Dean for Rural Medical Education ([gormanp@ohsu.edu](mailto:gormanp@ohsu.edu)) and/or Dr. Mark Baskerville, Rural Elective and Multidisciplinary Clinical Experiences Director ([baskervi@ohsu.edu](mailto:baskervi@ohsu.edu)) with additional questions regarding the rural clinical experiences.

### **Information for Students Completing Clinical Experiences at the Campus for Rural Health**

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

- Students must complete the eIRB “Responsible Conduct of Research” module
- Students who rotate for the first time at a Campus for Rural Health location will be enrolled in the **Rural Community-based Project** as an additional 1 credit course (IPE 712) during the 4 week experience.
  - This interprofessional course is graded pass/no pass and entails approximately 36 hours total of active participation.
  - During this course, students engage with community partners, OHSU faculty leaders and interprofessional students in the development, implementation, and evaluation of a project identified by the community that addresses one or more local health issues. All learning activities require two or more interprofessional students working together. Students will participate in a variety of aspects of the project, including, but not limited to:
    - Review of the literature and relevant documents
    - Qualitative and/or quantitative data collection
    - Data analyses
    - Data interpretation
    - Collaborative development and implementation of a system-level improvement or intervention.
  - This course is delivered throughout the year, with students in multiple disciplines and programs on/off boarding at various points in time. Depending on the length of the student’s rural clinical experience, some work may need to be completed through online participation or other remote activity.
  - Students who **return** to a Campus for Rural Health location for additional clinical experiences **are not required** to enroll in the course again, but can opt to take the 0.5 credit IPE community-based project elective course (IPE 722) if desired.
- The housing that is provided at the Campus for Rural Health is shared between students in the School of Medicine (medical students and physician assistant students), School of Dentistry, School of Nursing, and the College of Pharmacy.

## Clinical Experiences Taken Away from OHSU

### Domestic Away Rotations

In general, students will take all the required courses and clinical experiences as offered by OHSU School of Medicine. In certain circumstances, students may complete required experiences with away rotations with prior approval. Students completing away clinical experiences (outside of Oregon) are required to be supervised by licensed physicians affiliated with accredited residency programs and/or teaching hospitals.

Student must be in good academic standing to participate in any away rotations. Students who are on academic probation are restricted from rotating at regional clinical sites and from completing rotations away from OHSU. The only exception to this is that students are allowed to complete their rural clinical experience requirement while on academic probation.

Students may take away rotations only during academic terms aligned with the OHSU university academic calendar. Students will not receive academic credit nor be approved to take away rotations that occur during a university fall, winter, spring, or summer break, unless they seek and gain approval for this from the OHSU Vice-Provost, Cherie Honnell.

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

1. Student completes the [Domestic Away Attestation Form](#)
2. Student checks the Affiliation Agreement List (found on the Office of UME Sakai site, “student information” tab → Clinical Curriculum Phase Information → Affiliation Agreement list) to see the sites which already have current affiliation agreements in place with OHSU. In general, students are strongly encouraged to seek away rotations at a site on this list.
3. The Office of Curriculum and Student Affairs provides the student with a VSAS token after receiving the student’s attestation form.
4. Student applies for rotation at an away institution.
5. Student receives confirmation of acceptance by the away site. **Note: Acceptance by the away site does NOT guarantee approval from OHSU to complete the away rotation for credit or to be covered by malpractice insurance. Keep reading below.**
6. Student completes the Domestic Away Elective Form (can be found in Office of UME Sakai site in the “Student Information” tab) at least six months ahead of the anticipated away elective. While submitting the form does not guarantee approval of the away rotation, students should be aware that no student will be approved to complete a domestic away rotation without first submitting this form to the Office of UME. Without approval, this means you will not receive

academic credit, nor be covered by malpractice insurance while you are away. Note that the approval from the Office of UME is conditional until Off-Campus Authorization (OCA) approval as well as a current signed affiliation agreement is obtained.

7. The Office of Curriculum & Student Affairs will work with the OHSU Contracts and Provost's Office along with the away site to execute training affiliation agreement, if a current one is not already on file. **A signed affiliation agreement with the hosting site is required for approval for all domestic away rotations PRIOR to the student doing the rotation.**
8. Student will submit the approved Off Campus Authorization sent to them via email to the Office of Curriculum & Student Affairs at [casa@ohsu.edu](mailto:casa@ohsu.edu).

The Domestic Away Elective form must be submitted to the Office of Curriculum & Student Affairs as early as possible (at least six months) prior to anticipated travel, as some approvals may take several months. **It is important to note that not all away rotations will be approved given legal and regulatory issues.** Due to liability issues, the OHSU Office of Risk Management requires all students requesting away rotations outside of Oregon to obtain prior approval. **Students who have not been approved prior to the start date to rotate at an away site but go anyway, will (1) not be registered nor receive academic credit for the rotation, and (2) will be personally liable for any malpractice claim against the student while at the site.** Following approval to rotate at an away site:

9. Students are expected to provide the away site with the standard clinical experience evaluation form and are responsible for its return to the Office of Curriculum & Student Affairs ([casa@ohsu.edu](mailto:casa@ohsu.edu)) in a timely manner (within four weeks from the ending of the experience).
10. Students who complete away rotations are also expected to complete an evaluation of the away course for the OHSU Office of UME to assist in educational quality monitoring.

For additional details about the required procedures for domestic away rotations, visit the Office of UME Sakai site → Student Information tab → Clinical Curriculum Phase Information.

## International & Global Health Experiences

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

### Authorized International & Global Health Experiences for Earning Academic Credit

The following guidelines delineate the steps for medical students wishing to earn academic credit and receive financial aid while pursuing a global health experience. Eligibility for an international educational experience requires the following criteria to be met at least 12 weeks prior to departure:

1. Successful completion of the Foundations of Medicine curriculum and pass USMLE Step 1.

2. All international away rotations require 3 sets of approvals – the School of Medicine Associate Dean for UME, the School of Medicine Senior Associate Dean for Education, and the University Executive Vice-Provost. No student will be approved for international experiences for academic credit without detailed learning objectives, assessment strategy and an OHSU faculty sponsor. In addition, no student will be approved for an international rotation in a country or location of the world that has an existing United States travel advisories for US citizen travel from the US State Department. Travel advisories can be found [here](#).
3. Students should access the [Off Campus Authorization system](#) “Terra Dotta” for all aspects of the approval process for an international away rotation. Once you log into the Terra Dotta system, please follow the instructions pasted below carefully:

As a student you are not listed in the OHSU HR Database and you will need to set up an account in the OCA system. This will be different than your current OHSU login credentials.

### 1. Initial login:

After you click on the **Student International Travel** application you will see the following:

**Please indicate how you will be logging in:**

I have an OHSU network ID and password.

I have login credentials to this site that I received by email.

**I do not have login credentials to this site.**

To set up your account you will choose “**I do not have login credentials to this site**”. This will prompt you to set up your account.

### 2. Accessing your account after the initial login:

**Please indicate how you will be logging in:**

I have an OHSU network ID and password.

**I have login credentials to this site that I received by email.**

I do not have login credentials to this site.

If you do not recall your password please click on the blue “forgot your password?” below the login boxes and you will be prompted to change your password.

**Please log in:**

**Username:**

**Password:**

[Forgot your password?](#)

Please email [oca@ohsu.edu](mailto:oca@ohsu.edu) if you are still not able to log into the system.

4. You are required to upload an *International Away Elective Form (signed) & Medical Student International Travel Waiver of Liability*, which can be found on the Office of UME Sakai site in the "Student Information" tab". These forms MUST be uploaded into the "Documents" section of the Terra Dotta system. In addition, all travelers must also complete the Export Controls online travel form for travel to be approved. Please [click here](#) to log into the Export Controls Portal and choose "Travel" when asked: What form would you like to submit?
5. All students are required to meet with the University Financial Aid Office staff prior to departure regarding financial aid regulations.
6. Students approved for an international education experience are required to register and pay University tuition (if due) and fees while away on an international experience. Students can earn up to a total of 9 clinical elective academic credits which apply to graduation. Any additional credit earned may be applied to qualify as a full-time student for financial aid purposes and will be represented on the academic transcript, but not counted toward fulfilling graduation requirements.
7. Students are responsible for requesting a final grade, which can be either pass/fail or a tiered letter grade (e.g., A/B/C, etc), from the attending whom they worked with, who submits it to the UME Curriculum & Student Affairs Program Manager for Student Records.
8. Prior to departure, students are required to obtain consultation from OHSU Student Health and Wellness Center, and review [travel preparation guidelines](#) on the OHSU Global Health Center website regarding appropriate immunization, prophylactic medications, security recommendations, and other preparatory steps.
9. OHSU does not provide malpractice insurance for international experiences, and students are required to purchase this on their own. Students can contact UME Curriculum & Student Affairs Program Manager for Student Records for assistance.
10. Students are required to secure medical insurance as well as emergency medical evacuation insurance prior to departure. This coverage must be in place for the duration of the international experience. Students who possess health insurance through OHSU Student Health and Wellness Center should notify their insurance carrier of their travel plans. If other insurance is preferred, we suggest students contact [International SOS Assistance Inc.](#); 3600 Horizon Blvd.; Suite 300; Philadelphia, PA 19053. Tel: 215 942 8000; FAX 215 942 8299; or a comparable organization to purchase health and evacuation insurance.
11. Students must be cognizant of federal HIPAA standards (American Health Information Portability and Accountability Act, 1996), to which OHSU adheres. HIPAA helps to ensure that all medical information meets certain, consistent standards with regard to documentation and patient

privacy. Whether at home or abroad, use of a patient's health information, including name and diagnoses, or identifiable photographs, requires explicit, written permission from the individual. Further information can be found [here](#).

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

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

## **Intersessions**

### **General Information about Core Intersessions**

Core Intersessions are distinctive two-week courses offered several times each academic year in the Clinical Experience phase of the *YourMD* curriculum that deliberately integrate basic, clinical, and health systems sciences around a specific content area. All intersessions have the same structure and course framework, and are unique from clinical experiences, classroom-based electives, or other courses in the *YourMD* curriculum. Intersession Directors include **Philippe Thuillier, PhD** (Cancer, Infection, & Pain) and **Suzanne Mitchell, PhD** (Cognitive Impairment). All intersessions include the following elements:

- Patient cases, often spiraled from the Foundations of Medicine blocks.
- Experiential activities in the authentic clinical and/or scientific enterprise at OHSU, or local community. Students may also have the opportunity in certain intersessions to participate in simulation activities in the OHSU Simulation Center.
- Narrative medicine and reflective writing.
- Group projects ensure students pursue a deep exploration of relevant questions using a basic, clinical, and health systems science framework.
- Didactic learning sessions that build upon the foundational and thread content from the Foundations of Medicine phase of *YourMD*.

#### **The four required Core Intersessions include:**

- Cancer Intersession
- Cognitive Impairment Intersession
- Infection Intersession
- Pain Intersession

**Elective intersessions** that are available can be found in the Course Catalog. Development of new elective intersessions is encouraged to support the individualization of *YourMD* for students. Philippe Thuillier, PhD ([thuillie@ohsu.edu](mailto:thuillie@ohsu.edu)) can assist interested developers, including students.



## Core Intercession Principles of Student Assessment

Students in an intercession will be assessed by the Intercession Director(s) and/or other appropriate and designated evaluators on their knowledge, skills and attitudes using a multi-modal component framework. All of the four graded assessment components are treated separately, and each component must be passed individually in order to pass the intercession. The core intercessions all are graded Pass/No Pass, and the final student grade will be determined by the Intercession Director after all of the student performance and assessment data is compiled. Failure in any one of the four components will require remediation, or result in a Non-Pass final grade for the intercession irrespective of the student performance in other components (see “Remediation of Non-Passing Intercession Grades” below). The final grade for the intercession will appear on the student’s official University transcript. Students will also be assessed on a specified number of UME competencies as outlined in the Intercession syllabus.

The multi-modal assessment framework includes the following components:

### Components that Contribute to the Final Grade of the Intercession:

**Component 1: Attendance at All Didactic and Experiential Sessions and Assessments, Active Participation, and Submission of All Session Requirements.** Attendance is mandatory and will be tracked. Students who have an unavoidable conflict can submit a Request for Time-Off Intercession form, found on the Office of UME Sakai site in the “Student Information” tab, to the Intercession Course Coordinator, Megan Spickerman ([helmme@ohsu.edu](mailto:helmme@ohsu.edu)) for consideration. During residency interviewing season only (Oct-Jan of your MS4 year), time-off requests will be handled on a case-by-case basis, with the maximum of two days allowed off during any 2 week Core intercession. **However students are never permitted to take off the final Thursday or Friday of the 2 week Intercession course.** Students who will be interviewing for residency programs should plan to take their Core Intercessions at a different time.

**Component 2: Written Reflection(s).** Narrative medicine and reflective practice writing activities as directed by Dr. Elizabeth Lahti. Evaluation for the reflections will be based on the reflection rubric.

**Component 3: End-of-Intercession Quiz.** Approximately 50 multiple-choice or short-answer questions administered in ExamSoft covering knowledge objectives in the course, including experiential and/or simulation activities. Students must score at least 70% on this quiz in order to meet the passing threshold for this component.

**Component 4: Presentations and Projects.** Presentations and group projects will be graded using a rubric, and will assess basic, clinical, and health systems science knowledge and performance.

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

students will be assessed based on the intersession objectives that have been developed for each intersession.

The Intersession Director must submit a final grade to the Dean's Office for all students no later than 4 weeks after the completion of the intersession.

Feedback will be provided to all students in the Core Intersessions.

**Each intersession will also have a defined set of the 43 OHSU UME Competencies under the six larger domains of competence tied to the experience.** The Intersession Director, as the "Qualified Assessor," will determine the level of entrustability (i.e., milestone level) the student has achieved for each of the competencies tied to the intersession. Competency assessments are tracked longitudinally for all students across the *YourMD* curriculum. Intersession final Pass/No Pass grades may be, but are not absolutely required to be, directly correlated with the student's competency assessments for a particular intersession. For instance, some students may not have met the "Entrustable" level of a particular competency that is tied to the intersession but nonetheless have earned a final grade of Pass.

#### **Remediation of Non-Passing Core Intersession Grades**

Students are required to pass each of the 4 assessment components of the Core Intersessions to pass the course.

Students who do not pass one or more components in a core intersession will post a No Pass grade on the student's University transcript and will be required to successfully remediate in order to fulfill graduation requirements. The student's coach and the Medical Student Progress Board will be notified, and the course director will propose an individualized remediation plan to the Board for consideration.

## **Testing Intersessions**

Testing intersessions are typically one-week courses in the Clinical Experience phase of the *YourMD* curriculum that allow students study for and take a national exam from the Clinical Experiences phase of *YourMD* (e.g., NBME subject "shelf" exam in the core content areas of Family Medicine, Internal Medicine, Neurology, Obstetrics/Gynecology, Pediatrics, Psychiatry, and Surgery.) The following grading applies to all testing intersessions and will appear on the student's University transcript (please see the [University-wide Grading Policy](#) for further details):

- **Pass (P)** – student passes the national exam.
- **No Pass (NP)** – student fails the national exam. If a national exam is failed, the student will post an NP grade on the student's University transcript. Additionally, the student must remediate the failed national exam to a passing score. See Medical Student Progress Board section elsewhere in this Handbook regarding academic status changes following a NP in a required testing intersession.

- **Withdraw (W)** – student asks to drop/withdraw from the testing intersession after the drop deadline of Friday 2 weeks prior to the exam date without good cause (e.g., *“I’m not ready for the exam”* or *“I’m going to delay taking the exam because I’ve decided to do something else that day”*). Requests for withdrawal must be in writing via email to the Assessment Coordinator ([haedinge@ohsu.edu](mailto:haedinge@ohsu.edu)).
- **Withdraw Pass (WP)** – student has started the intersession but has an emergency or other extremely compelling unavoidable reason for not taking the national exam (e.g., serious personal illness, death in the family). Requests for withdrawal must be in writing via email to the Assessment Coordinator ([haedinge@ohsu.edu](mailto:haedinge@ohsu.edu)).
- **Withdraw No Pass (WNP)** – student “no shows” for the national exam. See Medical Student Progress Board section elsewhere in this Handbook regarding academic status changes following a WNP in a required testing intersession.

## Scheduling Testing Intersessions

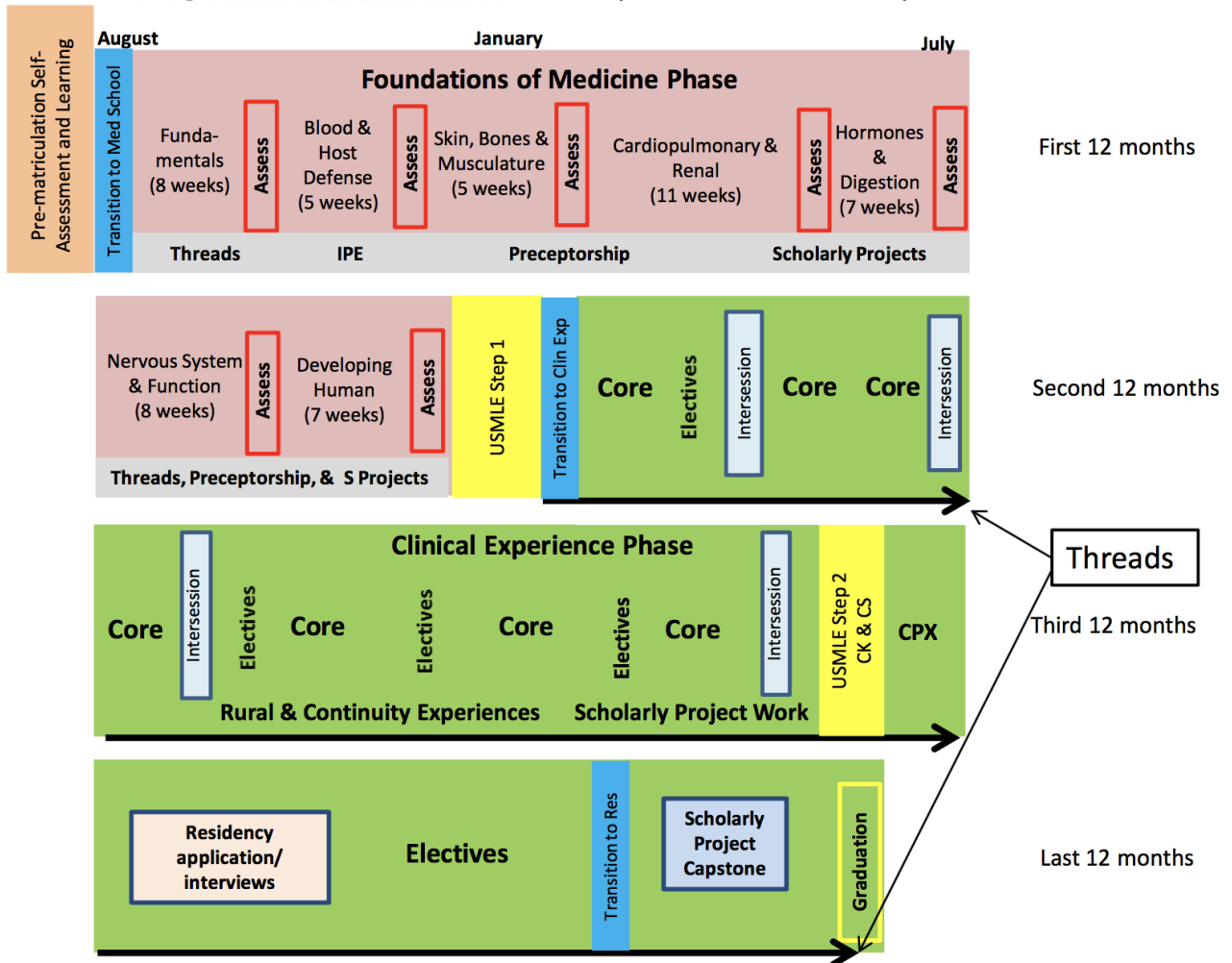
**Adding:** Students may add an available testing intersession to their schedule up to **eight** weeks prior to the start of the session. A student wishing to add a testing intersession to their schedule with less than eight weeks’ notice will require the approval of the Assessment Program Manager ([haedinge@ohsu.edu](mailto:haedinge@ohsu.edu)).

**Dropping:** Students may drop a testing intersession **no later than the Friday 2 weeks prior to the exam date**, after which they will not be allowed to drop without resulting in a “W” (withdraw) on their transcript for the testing intersession as described in the testing intersession information above. This is due to the logistics of registering as well as the cost of test administration for students to take the national examinations.

# YourMD Program Curriculum Structure



Curriculum Template  
(without acceleration)

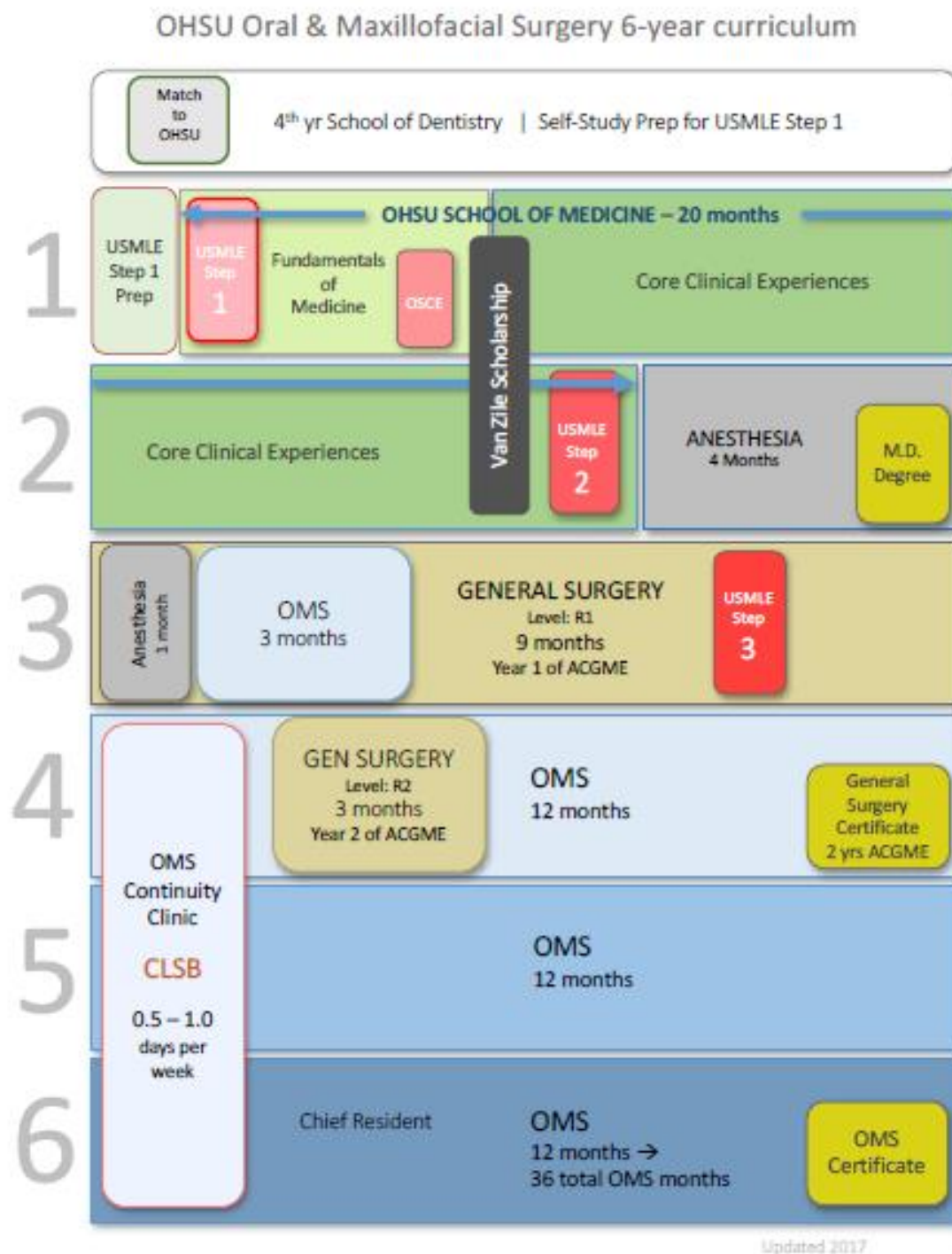


## MD-PhD Program Curriculum Structure

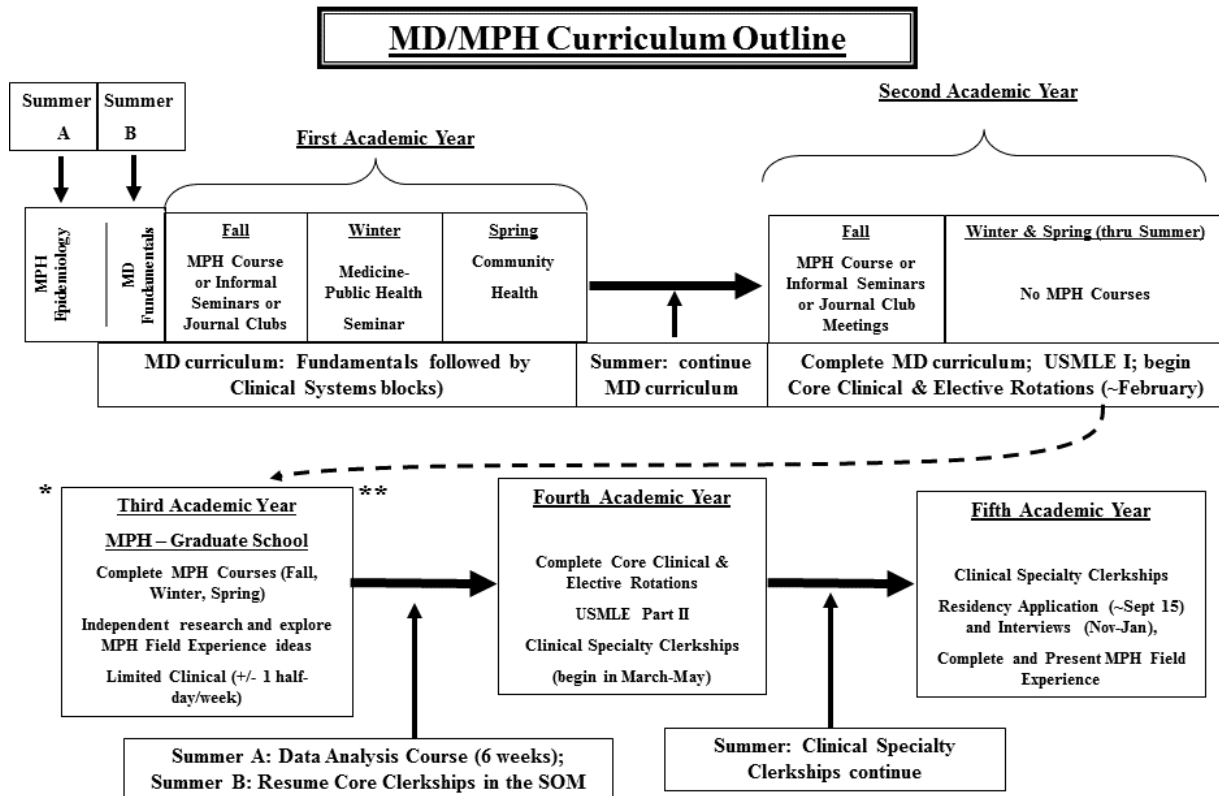
MD/PhD Yearly Progression				
Pre-matriculation	Incoming	Spring	MD/PhD MD/PhD	Form Scientific Oversight Committee (SOC) Complete Matriculation Requirements
Year 1	MS1	Summer A Summer B-Spring	PhD	Optional Rotation (CONJ 601)
			MD	Transition to Medical School (TTMS)
			MD	Foundations of Medicine, Colleges
			PhD	Meet Graduate Program Directors
Year 2	MS2	Summer-Winter	MD	Foundations of Medicine, Colleges
	Grad 0	Winter-Spring	MD	Step 1 USMLE, Transition to Clinical Experiences (TTCE)
			PhD	Rotations (CONJ 601), Choose Graduate Program
			MD/PhD	JCON 715, PPH 640
			MD/PhD	Plan Summer Beer Series
Year 3	Grad 1	Summer-Spring	PhD	Qualifying Exams, Form Dissertation Advisory Committee (DAC)
			MD/PhD	Peer Mentor to Incoming cohort
			MD/PhD	JCON 715, Optional Vollum Writing Program
Year 4	Grad 2	Summer-Spring	PhD	Dissertation & Grad Program Coursework
			MD/PhD	JCON 715, Submit NRSA
			MD/PhD	Plan Annual MD/PhD Retreat
Year 5	Grad 3	Summer-Spring	PhD	Dissertation & Grad Program Coursework
			MD/PhD	JCON 715
			PhD	Defend & Submit Dissertation to Library
			MD	MD Re-credentialing (VA badging, BLS recertification)
Year 6	MS3	Summer-Spring	MD MD/PhD	Core Clinical Experiences, Colleges JCON 725
Year 7	MS4	Summer-Spring	MD	Elective Clinical Experiences, Colleges
			MD	Step 2 USMLE, Apply/Interview for Residency
			MD/PhD	Graduation
Notes	<ul style="list-style-type: none"><li>- CONJ 606MD: Journal Club to be taken throughout the entirety of MD/PhD program; attendance required.</li><li>- SOC formed by MD/PhD Program; must meet every 6 months until DAC formed.</li><li>- Matriculation requirements deadlines may vary depending on Incoming start date.</li><li>- All students expected to hold annual meeting with Program Director.</li><li>- MS2s must pass Step 1 exams before completing TTCE and moving on to lab rotations.</li><li>- June of Year 2 is latest date to join a lab and begin dissertation research.</li><li>- DAC is formed with one member from SOC for continuity.</li><li>- Dissertation must be submitted to library and all grad program requirements met before student can progress to MS3.</li><li>- MD re-credentialing must be done during final Grad year before student can start clinical experiences.</li><li>- The above is the fastest timeline to graduate for an MD/PhD student. Students may take additional time to complete their dissertation and may defend in other terms or years depending on defense readiness.</li><li>- JCON 725 to be completed after core clinical experiences in MS3 or MS4 years.</li></ul>			

Information above subject to change.

# Oral Maxillofacial Surgery Program Curriculum Structure



# MD-MPH Program Curriculum Structure



\* Start MPH year with 5-10 MPH credits completed

\*\* All MPH courses, except Field Experience, completed by August.

NOTE: Core Clinical Clerkships are basic clinical rotations; Clinical Specialty Clerkships are sub-internships and rotations for residency applications; elective clinical and research elective rotations are also possible.

- (1) **Six weeks prior to Medical School new MD/MPH students take Introductory Epidemiology:** This is a 6-week section for the first of the three epidemiology courses in the Epidemiology MPH that is offered during Summer A term (late June to early August). It introduces students to basic epidemiology concepts, definitions, measures, and methods, as follows:
  - a) **First 3 weeks** – Independent Study: Students read a set of assigned articles about epidemiology thinking and history each week and submit answers to a set of response questions.
  - b) **Second 3 weeks** – Daily (Monday-Friday) in-class sessions (8:30-12:00) over three weeks, designed to present the MPH Epidemiology I curriculum content. This not only introduces MD/MPH students to OHSU through an intense exposure to Epidemiology, it also offers students a chance to meet one another as well as other MPH students.

- (2) **First 18 months of Medical School:** The focus here is primarily on the MD curriculum – integrated studies in basic and clinical medicine. During this time MD/MPH students will engage in public health study both formally and informally as is allowed by their interests and schedules:
- a) **Fall Quarter 1<sup>st</sup> Academic Year:** The primary focus of Fall quarter will be adjusting to and engaging the MD curriculum. Opportunities to apply public health and epidemiology to those studies will be managed through courses as allowed by the MD schedule and by informal Program meetings and journal clubs as time allows.
  - b) **Winter quarter 1<sup>st</sup> Academic Year:** Medicine and Public Health Seminar – engage in journal clubs and in readings and presentation-discussions on topics at the intersection of medicine and public health.
  - c) **Spring Quarter 1<sup>st</sup> Academic Year:** Community Health, a medical school elective designed to highlight: (i) public/community health aspects of clinical care, and (ii) identifying and accessing community services clinicians need for the care of their patients.
  - d) Students will take advantage of activities in the OHSU-PSU School of Public Health and in research or other projects of interest as allowed by schedules and opportunity
- (3) **Summer between 1<sup>st</sup> and 2<sup>nd</sup> Academic Years:** Students will continue their integrated course work in basic and clinical medicine throughout this summer, with no sustained break. Informal public health, project, or journal club engagement may continue.
- (4) **January-February of the 2<sup>nd</sup> Academic Year:** Having completed the MD curriculum MD/MPH students, along with their MD student colleagues, will study for and take Part I of the USMLE (“Boards”)
- (5) **February-September (2<sup>nd</sup> Academic Year and summer between 2<sup>nd</sup> & 3<sup>rd</sup> Academic Years):** Core Clinical Clerkship and elective rotations begin mid-February of the 2<sup>nd</sup> academic year, right after students take Part I of the USMLE (“Boards”), and continue through the summer between the 2<sup>nd</sup> & 3<sup>rd</sup> academic years.
- (6) **3<sup>rd</sup> Academic Year:** MD/MPH students start the concentrated year of MPH study beginning in the fall quarter (late September) through spring quarter (mid-June), during which they:
- a) Complete all of the required MPH courses (core required courses and a total # required credits) except for the final Data Analysis course (see below)
  - b) Do some independent research and initial exploration of potential Field Experience ideas as interest and time allow. These activities are done either credit-free or as “Reading & Conference” credits.
  - c) Engage in limited clinical activities as time permits, in their area of clinical interest (e.g. ½ day per week in clinic or on ward rounds).
- (7) **Summer between 3<sup>rd</sup> & 4<sup>th</sup> Academic Years (Summer A; late June – early August):** Complete the 6-week intensive Data Analysis course (final core MPH course requirement)



**(8) Beginning August (Summer B) through the end of the 4<sup>th</sup> Academic Year:**

- a) Students re-enter clinical training, taking up the Core Clinical rotations and electives where they left off the prior September. These continue until completed (usually sometime between January and May of the 4<sup>th</sup> academic year).
- b) January-May: Upon completion of Core & elective clinical rotations, students prepare for and take Part II of the USMLE (“Boards”)
- c) After completing Part II of the USMLE: Elective/Selective Clinical Rotations (traditional ‘4<sup>th</sup> year rotations) begin, including sub-internships and other important clinical rotations needed for the Residency applications.

**(9) Summer between 4<sup>th</sup> & 5<sup>th</sup> Academic Years through the end of the 5<sup>th</sup> Academic Year:**

**a) *July-September:***

- i. Complete sub-internships and critical rotations for Residency applications.
- ii. Prepare and submit Residency applications (due mid-September)

**b) *October-January:*** This time period is generally filled with a mix of clinical rotations and time for travel to complete Residency interviews.

**c) *January-May:*** Student finish requirements for their MD & MPH degrees:

- i. Required or elective clinical rotations
- ii. 1-2 months to complete and present their required MPH Field Experience (capstone project).
- iii. NOTE: All MD-MPH students **are required** to take and pass the Scholarly Project Capstone course by early spring of their graduating year (typically March, prior to June graduation). MD-MPH dual degree students **are not required** to take the “Introduction to Scholarly Projects: Developing Your Proposal” course or complete Scholarly Project work during the clinical experiences since your MPH project and degree fulfill these requirements.

## **Other Curricular Opportunities Available for *YourMD* Medical Students**

### **Oregon FIRST (Family Medicine Integrated rural Student Training)**

The OHSU Cascades East Family Medicine Residency program is dedicated to training family physicians for rural Oregon and other areas with geographic barriers to access. Significant disparities between urban and rural counties in healthcare resources and health outcomes exist, and rural areas of Oregon are critically underserved. The Oregon FIRST experience aims to address the primary care workforce needs of Oregon by tailoring the fourth year of medical school to begin learning the comprehensive skillset required to be a family physician in under-resourced areas. Oregon FIRST offers OHSU medical students high-quality rural rotations in their final year in medical school. Located in Klamath Falls,

Oregon, Cascades East Family Medicine Center is a certified Patient Centered Primary Care Medical Home. Learners in this environment are trained in a setting of interprofessional team-based care.

Oregon FIRST entails a full year of curriculum and elective rotations, with a full scope experience in a rural setting. Students gain exposure to a rural Family Medicine Residency program, including longitudinal experience with faculty, residents, and patients in the Klamath Falls and surrounding community. Oregon FIRST also aims to ease the transition from medical student to intern by establishing familiarity with expectations of resident physicians. Continuity of both professional role models and peer relationships helps foster a supportive social environment.

Oregon FIRST (34 Weeks):

OFKF 741U Oregon First Rural Continuity 1(U3: 4 weeks)

OFKF 741F Oregon First Rural Continuity 2 (F1-F3: 12 weeks)

OFKF 741W Oregon First Rural Continuity 3 (W1-W3: 10 weeks)

OFKF 741S Oregon First Rural Continuity 4 (S1-S2: 8 weeks)

Students in the Rural College or AHEC Scholars may be particularly suited for this experience, but all interested students are encouraged to consider this opportunity. The call for applications typically is in August of the MS3 year with interviews and applications due by October. Selection of Oregon FIRST students occurs in December of the MS3 year, with an anticipated start of the summer 3 block (~late August) in the summer term of the MS4 year.

For more information, interested students can contact:

Jessica Weyler ([weyler@ohsu.edu](mailto:weyler@ohsu.edu)) Administrative contact

Dr. Dwight Smith ([smithdw@ohsu.edu](mailto:smithdw@ohsu.edu)) Physician contact

## Physician-Scientist Experience

The physician-scientist (P-S) experience was developed for the first cohort of students in *YourMD*, and launched in spring 2015. The P-S experience provides research training for medical students who are interested in research careers in multi-disciplinary clinical and translational science. Students accepted into this experience demonstrate interest and have opportunities to participate in extended research activities while in medical school. Students who successfully complete the physician-scientist experience will fulfill the requirements of a scholarly project.

### Objectives

- Introduce medical students to the physician-scientist career path.
- Train students in scientific inquiry and connect basic sciences with clinical medicine.
- Provide mentored research experience to explore translational medicine as a career choice.

### Time options

- **5-month research option** allows completion of the experience within the standard time frame of the 4 year medical curriculum. Students earn 18 medical school credits, 6 of which will be applied to satisfy scholarly project course work and 12 of which can be applied as non-clinical credits towards graduation.
- **1-year research option** for students interested in more extensive and robust research experience and training. This requires taking a year Leave of Absence (LOA) from the MD program, and enrolling in the Masters in Clinical Research (MCR) program with the opportunity to obtain a Master of Clinical Research degree.

### Physician-Scientist Experience Benefits

- Presents research opportunities in a wide variety of research areas, including molecular medicine, medical genetics, cancer biology, epidemiology, health services research, clinical research, clinical trials, as well as in other disciplines.
- Offers research experience under the mentorship of a physician-scientist, in the laboratory or in clinical research.
- Opportunity to obtain a Master of Clinical Research degree. This is required for students taking an NIH year-out experience.
- Includes coursework in research design, biostatistics, research ethics, translational research and academic leadership in the framework of the Human Investigations Program.
- Participation in the clinical and translational research clerkship.
- Participation in the physician-scientist seminar
  - Twice-monthly credit course (HIP507b; 0.5 credit hours/quarter).
  - Schedule alternating between journal clubs and physician-scientist faculty presentations.

### Physician Scientist Experience [Website](#)

- [List of funding resources](#)

### Steering committee

- David Ellison; Alison Fryer; David Jacoby; Cynthia Morris; Peter Mayinger.

### For more information

- For additional information, please contact Peter Mayinger, PhD, Director of the Physician-Scientist Experience at [mayinger@ohsu.edu](mailto:mayinger@ohsu.edu).

## Pathology Year Experience

The Department of Pathology offers select students the opportunity to spend a year working in their Department under supervision, while gaining more experience in all areas of Pathology. Students who pursue this opportunity take a year Leave of Absence (LOA) from the MD program to complete these activities, typically starting in spring term of either the second or third year of medical school.

Objectives for the Pathology Year Experience include:

- **Learn a whole lot more about pathology and its clinical importance than you could ever get in the standard coursework in pathophysiology:** gain detailed knowledge about all of the important/common patterns of tissue injury and disease progression. This occurs mainly by detailed, systematic examination and description of real-time surgical pathology and autopsy cases, together with the pathologist. Didactic conferences and unknown case reviews are also provided every week.
- **Play an essential role:** you will assume key responsibilities as part of a team in this important medical specialty at OHSU. During the year the student gains the technical skills and assumes the same growth of clinical roles as the first year resident in Pathology.
- **Learn a lot more about the clinical specialties:** become familiar with the clinical problems and the corresponding pathology particular to each of the clinical specialties. Participate in specialty-related interdisciplinary patient care conferences. Learn the vocabularies of the individual medical specialties. Inform your own career choice.
- **Learn the roles of pathology in the clinical management of your future patients:** understand what it takes to develop a productive relationship between the clinician and the pathologist. What are the factors that limit the clinical value of pathology? What are the growing roles of molecular, immunological, cytogenetic and other emerging technologies in establishing diagnosis, determining prognosis and tailoring treatment?
- **Pursue special interests:** participate in research projects that are of interest to you; use elective time to investigate subspecialty interests in Pathology and/or to collaborate in programs outside of the department.
- **Develop friends and colleagues for life:** the interdependence of residents, fellows, faculty, and students to accomplish the goals of a clinical service helps to establish mutual trust, respect and friendships.
- **Learn the clinical rules of the road:** gain experience with the requirements of the physician and other care givers imposed by demands of professionalism, patient confidentiality and privacy. Become proficient with the communications and information systems of the medical center.
- **Develop presentation, communication and literature research skills:** become more confident in medical conference preparation and presentation. Students, like all other trainees and faculty learn to write concise pathology reports, to communicate effectively and collegially with clinical services and to present cases and/or clinical case reviews periodically through the year. These processes will encourage the student to become more familiar with the primary literature and online print sources. The faculty and senior residents are available to help.

Students interested in the Pathology Year Experience should contact Alexis Jagers, Pathology Administrative Manager and Pathology Year Coordinator ([jagersa@ohsu.edu](mailto:jagersa@ohsu.edu)) for more information.

# STUDENT STANDARDS AND OTHER POLICIES

## 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](#). This policy ensures that these candidates possess the essential skills and abilities necessary to complete the curriculum successfully. To be qualified for health science programs at OHSU those individuals must be able to meet both OHSU's academic standards and the technical standards, with or without reasonable accommodations. Health Sciences programs have a societal responsibility to train competent healthcare providers and scientists that demonstrate critical judgment, extensive knowledge and well-honed technical skills. A number of individuals with disabilities, as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, are qualified to study and work as healthcare professionals and scientists with the use of reasonable accommodations. These technical standards are nonacademic criteria, basic to all of OHSU's educational programs.

OHSU's Technical Standards include:

- Ability to acquire information from experiences and demonstrations conveyed through online coursework, lecture, group seminar, small group activities, and other formats.
- Ability to recognize, understand and interpret required instruction materials including written documents, computer-information systems, and non-book resources.
- Ability to manipulate the equipment, instruments, apparatus, or tools required to collect and interpret data appropriate to the domain of study, practice or research.
- Ability to follow universal precautions against contamination and cross contamination with infectious pathogens, toxins and other hazardous chemicals.
- Ability to solve problems and think critically to develop appropriate products and services (e.g., treatment plan, a scientific experiment).
- Ability to synthesize information to develop and defend conclusions regarding observations and outcomes.
- Ability to use intellectual ability, exercise proper judgment and complete all responsibilities within a timeframe that is appropriate to a given setting.
- Ability to maintain effective, mature and sensitive relationships under all circumstances (e.g., clients, patients, students, faculty, staff and other professionals).
- Ability to communicate effectively and efficiently with faculty, colleagues, and all other persons encountered in any OHSU setting.
- Ability to work in a safe manner and respond appropriately to emergencies and urgencies.
- Ability to demonstrate emotional stability to function effectively under stress and adapt to changing environments inherent in clinical practice, health care 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](mailto:studentaccess@ohsu.edu)).

# School of Medicine MD Program-Specific Technical Standards

Each OHSU program may also develop more specific and additional technical standards. Because the MD degree signifies that the holder is a physician prepared for entry into the practice of medicine within postgraduate training programs, it follows that candidates for graduation must have the knowledge, skills, attitudes, and judgment to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Candidates must demonstrate the capacity to develop academic and emotional maturity and leadership skills to function effectively in a medical team. Therefore, all students admitted to the School of Medicine must be able to meet, with or without reasonable accommodation, the following abilities and expectations. Students/Applicants who may have questions regarding the technical standards or who believe they may need to request reasonable accommodation in order to meet the standards are encouraged to contact the Office for Student Access ([studentaccess@ohsu.edu](mailto:studentaccess@ohsu.edu)).

1. Candidates must be able to observe demonstrations and experiments in the curriculum.
2. Candidates must have sufficient use of the sensory, vision, hearing, motor, and the somatic sensation necessary to perform a physical examination. Candidates must be able to perform activities such as palpation, auscultation, percussion, the administration of intravenous medication, the application of pressure to stop bleeding, the opening of obstructed airways, the movements, equilibrium and functional use of the sense of touch and vision.
3. Candidates must be able to learn to respond with precise, quick and appropriate action in emergency situations.
4. Candidates must be able to communicate with accuracy, clarity, efficiency, and sensitivity.
5. Candidates must have the skills to be able to analyze and synthesize information, solve problems, and reach diagnostic and therapeutic judgments.
6. Candidates must be able to acknowledge evaluation and respond appropriately.
7. Candidates must possess the interpersonal skills to develop rapport and positive relationships with patients.
8. Candidates are expected to possess the perseverance, diligence, and consistency to complete the medical school curriculum. Candidates, therefore, must be able to tolerate physically and emotionally taxing workloads, to function effectively under stress, to adapt to changing environments, to display flexibility, and to function in the face of uncertainties inherent in the clinical problems of many patients.

## OHSU Code of Conduct

At the beginning of medical school, each student will be provided with an OHSU Code of Conduct. This Code is a core component of the OHSU Compliance Program and expresses OHSU's commitment to excellence and the highest ethical standards. Each student will be asked to sign a statement indicating they have received the Code of Conduct and are responsible for reading this document and seeking clarification if they do not understand the contents. The OHSU Code of Conduct can be found [here](#).

## **Professional Conduct Expectations for all OHSU Health Professions Students**

OHSU students are expected to conduct themselves in accord with the high ethical standards expected of health professionals. Since students, after graduation, may be licensed to practice as health professionals and may be required to assume responsibility for the life and welfare of other human beings, every student is expected to demonstrate a level of competence and patterns of behavior which are consistent with these professional responsibilities and which are deserving of the public's trust. The University and School has the right to sever, at any time, the connection with any student considered unfit for a career in the health-related professions. If not otherwise provided by a school or applicable program, allegations of prohibited conduct shall follow procedures described below:

## **Professional Conduct Expectations for Students in the MD Program**

The faculty and students of the School of Medicine at the Oregon Health & Science University are expected to conduct themselves in an ethical, prudent and humanitarian manner while engaging in all phases of their professional and academic life. The following behaviors and attitudes are thought to embody some of the key requirements for professional conduct expected of faculty and students in the medical, graduate and allied health programs. A deviation from expected conduct may result in official School of Medicine disciplinary action.

- Honesty is a necessary professional virtue. Students and faculty are expected to be honest in their academic and professional interactions with each other and in their dealings with peers, patients, the Oregon Health & Science University and the professional community. Academic honesty includes the responsibility for producing original academic work, as well as properly citing sources and not plagiarizing.
- It is expected that faculty and students will discharge their professional obligations in a timely and responsible manner.
- Society sanctions health professionals to help people endure physical and emotional distress, entrusts them to examine intimate areas of the body and grants them the privilege of listening empathetically to closely guarded secrets and fears. Consequently, it is expected that health professionals will treat patients and their families with dignity and respect and will hold the information that they acquire in strictest confidence.
- Faculty and students will demonstrate the following attributes of trustworthiness: truthfulness (truth telling and absence of deception), conscientiousness (thoroughness in data gathering and dependability in follow through), and discernment (awareness of one's limits in knowledge and skill and the application of knowledge and skill appropriate for one's level of training)

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

## Professionalism and Professionalism Monitoring Form

### Background:

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

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

### Process:

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



MSPB. See related “Disciplinary Procedures” section in this Handbook for other conditions in which a student must appear at the MSPB if a significant PMF is received. Finally, persons who submit this form will be informed by the Assistant Dean for Student Affairs (or other authorized personnel) of the actions taken (e.g., direct communication with the student and/or referral to the MSPB) within 30 days of receipt of the form. Students should feel free to seek assistance from the University Ombudsman if they have concerns.

## Professional Appearance and Dress

Students are expected to adhere to professional dress and attire when encountering patients either in the classroom or in a clinical setting. Patients come from very diverse backgrounds that need to be respected.

Classroom settings are considered informal unless there are patients present. Students participating in classroom activities should be well-groomed and neat and use good judgment about what is too casual.

Students are responsible for reading and adhering to the [OHSU Professional Appearance policy](#). This policy can also be found on the Office of UME Sakai site.

## OHSU Surgical Scrub Attire Policy

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

Please note the following practice requirements within this policy:

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

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

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

Medical students are required to wear scrubs for certain courses and clinical experiences, and will be given access to OHSU scrub dispensing machines for those instances by the course coordinator. It is important to note that to maintain compliance with the Surgical Scrub Attire Policy, **you are not permitted to walk outside the building with the light blue scrubs as above, and must change into and out of the scrubs at the clinical or simulation setting you will be working in.** Students may also

purchase their own uniforms (but not light blue) for use outside of operating rooms, interventional procedural areas, and labor & delivery operating rooms, and these personal scrubs must be freshly laundered on your own prior to each use.

## Conscientious Objection

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

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

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

In accordance with OHSU's policy, students with a conscientious objection to any of the above clinical experience activities expected of OHSU medical students must contact the course/block or clerkship/clinical experience director overseeing the required activity to describe and explain the basis of their objection. Alternatives to the required activity may be provided by the director, as long as the student is able to fulfill the course/block or clerkship/clinical experience objectives with the alternative educational activity. A student who participates in an alternative educational activity offered by the director will not be penalized in any way because of their decision to conscientiously object with respect to grading or evaluation for the clinical experience. The decision to offer an alternative educational activity is at the discretion of the director, and is considered final.

## Standards of Electronic Information Conduct

Electronic information and communication technology are provided specifically for meeting educational and professional responsibilities. The School of Medicine and OHSU computers are tools to enhance and provide learning, communication and information management. Using these computers is a privilege and all users have responsibilities regarding their use.

- Changing or rearranging the setup of any computer without authorization is prohibited.
- Compliance with copyright laws regarding software and information is required.
- The privacy of others must be respected.
- Use of appropriate language is essential.

Other activities that are considered inappropriate use include, but not limited to:

- Accessing, viewing or downloading pornographic materials.
- Copy or downloading materials in a way that violates another's licensure/copyright protection.

- Use of OHSU computing resources to harass others.

The Internet provides access to valuable information and interactions. Use of the Internet should support the educational mission and provide individuals with access to databases and other similar resources. In using the Internet, violating the rights of others including privacy as well as using or posting profanity, obscenities or language that may be offensive to another use is prohibited. Likewise accessing inappropriate graphic or factual information or responding to messages that are obscene or threatening is unacceptable conduct.

All students are expected to maintain utmost respect and confidentiality of patients, faculty and colleagues in accessing privileged information. Improper use of computer technology is considered professional misconduct and accordingly students will be referred to the Medical Student Progress Board for action which could include dismissal from the School of Medicine.

## **Social Media Guidelines for Medical Students**

Many students use social media such as Facebook, Twitter, YouTube, Instagram, among others. The societal framework of “online professionalism” is evolving and as such, it does not have uniformly accepted standards for what is acceptable for individuals training to become physicians. However, just as in most areas of medicine, as new knowledge and tools are developed, standards can be defined and then later re-evaluated and adjusted as necessary. The OHSU SoM Undergraduate Medical Education program wishes to assist students by offering several considerations regarding online professionalism for medical students.

- Patients and society trust physicians with their health and lives. Anything you post online in a public forum should honor this trust and uphold the professional standards expected of you. You will be judged by your professional reputation throughout your career, and your words, writings, and actions as a medical student should engender confidence by society at large. Whenever you are posting something online, ask yourself, “would I want any current or future patient of mine seeing this?” If the answer is “no” than you should not proceed. Your digital footprint will be long-lasting, and your responsibility as a member of the medical profession is to uphold the trust of your current and future patients.
- Be mindful of patient privacy and confidentiality that must be maintained in all environments, including online, and do not post anything that could compromise patient confidentiality or reveal patient identity.
- When in doubt, ask for help. If you are unclear whether or not a post will be contrary to maintaining your online professionalism, ask for input from your colleagues, mentors, a trusted personal or academic advisor, or one of the Assistant Deans for Student Affairs.

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

# Standards of Conduct in the Learner-Teacher Relationship

Physicians are held to the highest standards of professionalism. It is expected that the learning environment for student physicians will facilitate and reinforce behaviors and attitudes of mutual respect between medical school teachers (faculty, residents, and staff) and medical student learners. It is the policy in the Oregon Health & Science University School of Medicine that all student-resident and student-faculty relationships be held to the highest professional standards, and in specific, be free of abuse, discrimination, mistreatment and harassment. Students are provided education and information about the standards, mistreatment reporting, and data sharing during the Introduction to Preceptorship course in the MS1 year, and again during the Transition to Clinical Experiences course in the MS2 year.

Any student experiencing or witnessing mistreatment in any phase of the MD program curriculum is strongly encouraged to report this so that awareness and intervention can occur to prevent ongoing inappropriate behavior. OHSU has a zero-tolerance policy for retaliation against anyone who reports violations of the [OHSU Code of Conduct](#). There are **multiple ways for medical students to report mistreatment**, including:

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

Reporting is important so that support can be provided to the student and awareness and intervention can occur to prevent future inappropriate behavior. Students subjected to abuse, discrimination and/or harassment also have a right to file a grievance with the School of Medicine or, where legally prohibited discrimination is involved, have their concerns reviewed by the OHSU Affirmative Action & Equal Opportunity Office. Please also see “Affirmative Action & Equal Opportunity Office” section elsewhere in this Handbook.

## Mistreatment Definitions:

**Verbal abuse** may include, but is not limited to shouting, hostility, belittlement, intimidation, humiliation or profanity directed at the student.

**Physical abuse or threats of physical abuse** may include, but is not limited to hitting, slapping, kicking or intentionally placing a student at risk of physical harm.

**Discrimination** may include, but is not limited to those behaviors, actions, interactions, and policies that adversely affect one's work because of a disparate treatment, disparate impact, or the creation of a hostile, intimidating or offensive work or learning environment. Common forms of discrimination include those based on gender, age, religion, ethnicity, race, disability, and sexual orientation.

**Harassment** may include, but not limited to verbal or physical conduct that is severe or pervasive enough to objectively and subjectively create an intimidating, hostile or offensive work or learning environment or verbal or physical abuse or mistreatment when submission to such a conduct is a term or condition of one's professional training.

**Sexual harassment** involves unwelcome and unwanted talk, pictures, posters, touching, or other actions that have to do with sexual activity. It is a violation of OHSU policy when:

- Accepting or rejecting these behaviors affects someone's assignment, job, pay, hours, grades, rotation, treatment, or any other terms and conditions of employment, education, training, or receiving services; or
- The harassment is severe or pervasive enough to objectively and subjectively create a hostile, threatening, intimidating, or offensive environment.

**Other Forms of Mistreatment** – In addition to the above definitions, other forms of mistreatment may include such things as requiring a student to perform personal services such as shopping or babysitting or requiring a student to perform tasks which would likely cause a reasonable student to be humiliated.

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

In addition, students will be encouraged to report (see above "ways to report") the details about mistreatment on their clinical experiences and/or any negative experiences they may have had regarding the clinical learning environment. Reports related to discrimination will be shared with OHSU AAEO Office and students are encouraged to report directly to AAEO using the link provided in the clerkship evaluation for any discrimination concerns. See also the "Affirmative Action & Equal Opportunity Office" section elsewhere in this Handbook.

**What to do if you encounter sexual harassment, sexual misconduct, sexual assault, or discrimination at a regional, or off campus, site:**

OHSU's commitment to creating and fostering a learning and working environment based on open communication and mutual respect extends to all students, whether they are located on- or off campus. If you are located off campus or off-site and experience or witness an incident that you want to

report, please contact AAEO. If you wish to report it confidentially, please contact the Student Health and Wellness Center and set up an appointment by phone, 503-494-8665.

## **Misconduct**

In addition to conduct proscribed by the School and the OHSU Code of Conduct, prohibited student conduct includes but is not limited to:

- Submitting material in assignments, examinations or other academic work, which is based upon sources prohibited by the instructor, or the furnishing of materials to another person for purposes of aiding another person to cheat;
- Submitting material in assignments, examinations and other academic work which is not the work of the student in question and where there is no indication in writing that the work is not that of the student (e.g., plagiarism);
- Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one's own behavior related to educational or professional matters;
- Falsification or misuse of university records, permits or documents;
- Violating existing school or university policies and regulations;
- Exhibiting behavior which is disruptive to the learning process or to the academic or community environment;
- Conviction of a crime, before becoming a student under circumstances bearing on the suitability of a student to practice a health or related profession, conviction of a crime while a student, disregard for the ethical standards appropriate to the practice of a health related professional while a student or before becoming a student, or current habitual or excessive use of intoxicants or illegal drugs;
- Obstructing or disruption of teaching, research, administration, disciplinary procedures or other institutional activities including the university's public service functions or other authorized activities on institutionally owned or controlled property;
- Obstruction or disruption interfering with freedom of movement, either pedestrian or vehicular, on institutionally owned or controlled property;
- Possession or use of firearms, explosives, dangerous chemicals or other controlled property, in contravention of law or institutional rules;
- Detention or physical abuse of any person or conduct intended to threaten imminent bodily harm or endanger the health of any person on any institutionally owned or controlled property.

## **Procedures for Alleged Misconduct**

1. The alleged misconduct is reviewed by the Medical Student Progress Board
2. Recommendations are sent to Associate Dean for Undergraduate Medical Education and Dean of the School of Medicine.
3. The Dean is responsible for making a final decision for the School of Medicine.

4. Student may Appeal or Grieve the Dean's decision to the University.

**Possible Actions:**

The following comprises examples of types of official School of Medicine actions which may be taken. Any one or more of the following actions may be imposed only after a hearing at which the student has had the opportunity to be present and present his or her side of the complaint:

- Loss of privileges (Denial of the use of specific OHSU facilities).
- Financial Aid termination (cancellation of any or all financial aid including, but not limited to, tuition and fee waivers, scholarships, grants-in-aid and employment).
- Restitution (Reimbursement by transfer of property or services of the same or equivalent value to the OHSU or to a member of the OHSU community).
- Warning (Official notice to a student that his or her performance is in violation of the Medical School's Expectations for Academic or Professional Conduct. The continuation of violations may result in further action).
- Dismissal from the MD program.

## MD Student Grievance Policy for Non-Discrimination Issues

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

**Introduction:**

Students have the right to grieve matters related but not restricted to the following areas: student-mentor or student-faculty conflicts, discrimination, grading policies, curriculum issues, school policies, rights of authorship of scientific publications, laboratory safety concerns. Students may not grieve assigned grades or disciplinary actions. These issues are addressed through the School of Medicine grade dispute and OHSU appeal process, respectively. A grievance involving discrimination is referred to the OHSU Office of Affirmative Action & Equal Opportunity (AAEO). Students are also referred to the [University Student Grievance and Appeal Policy Number 02-30-055](#).

**Informal Procedure:**

While a formal process has been developed to address student grievances, OHSU encourages conflict resolution at the lowest level possible and supports the use of informal mechanisms and resources available to students when possible. Students are encouraged to initially discuss the problem with one of the Assistant Deans for Student Affairs, or Associate Dean for Undergraduate Medical Education or the University Ombudsman. These individuals may be able to provide you guidance regarding a potential grievance. Students who do not feel comfortable doing so, or otherwise choose not to, can also choose to discuss the potential grievance with a Department Chair, Course or Block Director, or other faculty

member. The individual who is initially approached may meet with the grievant and/or the person or persons complained against, all in an attempt to reach an informal resolution of the matter.

**Formal Procedure:**

If the parties are unable to resolve the issue to their mutual satisfaction through the informal process, the grievant may file a written formal grievance with the Senior Associate Dean for Education. The document should describe the nature of the grievance, the circumstances under which the grievance took place, previous efforts to resolve the problem, and the nature of the redress the grievant is seeking. The Senior Associate Dean for Education will convene a Grievance Committee and ask the Chair to arrange a meeting of the Committee within 20 weekdays. The Committee consists of three elected fourth-year medical students (consisting of one fourth-year Dean's Advisor, the fourth-year UME Curriculum Committee/OCR representative, and the senior class President), two basic science faculty members, two clinical faculty members, and a non-voting faculty committee chair. The faculty chair and faculty committee members are appointed by the School of Medicine. The Committee subsequently sets a time and place for the grievance hearing and sends written notification to the parties involved. The hearing may consist of a series of meetings between the Committee and individuals involved in the grievance or a single meeting with all parties present. At any stage of the proceeding, each party to the grievance may be accompanied by an advisor of that party's choice. The advisor will not be permitted to speak on behalf of the party or participate in any other manner not approved of by the Committee. The Committee members may, at any time, request additional information or documentation from the grievant and/or others, and may request that individuals appear before it during the hearing process to provide information. All Committee sessions, except for the Committee's deliberations, will be tape recorded.

At any stage of the proceeding, the Committee may attempt to resolve the grievance. If an acceptable resolution is reached, the Committee will prepare a Statement of Understanding for all parties to sign. A copy of the statement will be provided to the parties and the Senior Associate Dean for Education.

If a resolution is not reached before the conclusion of the hearings process, the Committee will deliberate privately and reach a decision with respect to the grievance. A decision should be reached within 20 workdays of the conclusion of the hearings process. The Committee will prepare a report summarizing the Committee's factual findings, the Committee's conclusions based on the evidence presented at the hearing, and the Committee's recommended solution or determination of the grievance. The Committee should also record the vote for and against the recommendation. Member(s) of the Committee may file a minority report with the Dean. A copy of the report will be forwarded to the Senior Associate Dean for Education and the Dean of the School of Medicine and to the parties to the grievance. The Dean shall reach a final decision on the grievance within 10 days of receipt of the report. A copy of the decision will be sent to the parties and to members of the Grievance Committee. The Dean's decision may be appealed to the Provost in accordance with OHSU policy on appeals.



# Medical Students as Investigative Subjects

As investigative subjects, students and (in a wider sense) hospital, laboratory, and other school personnel constitute a special population group. Their relationship to the institution demands increased responsibility for safeguarding their rights and welfare when they are used as investigative subjects. The responsibility rests with investigators, project directors, and instructors who use students and similar persons as subjects. Also, the OHSU, as an institution, has the overall responsibility to see that the rights and welfare of its students and personnel are not impaired when they participate as subjects in activities conducted under the auspices of or in affiliation with the school.

Rights and welfare mean a person's right to physical and spiritual integrity variously described as his or her civil, personal, human or natural rights. The risk of violation of these rights exists whenever a person is exposed as a subject to activities and procedures that, by their nature or intent, go beyond the application of those established and accepted methods necessary to meet his or her needs. Besides research activities and formal scientific investigations, such situations also exist when students are being used as subjects in teaching laboratory exercises, instructional procedures, demonstrations, and any other activity that is not designed to provide care to the subject.

## **The principal reasons for the need of special consideration for student subjects are:**

1. Students function as healthy volunteers who, in contrast to the usual patient subject, derive no direct personal benefit from serving as subjects. The absence of such benefit diminishes the ethical justifiability of the risks to which subjects may be exposed.
2. The student-teacher relationship implies a dependence of students on their teachers. It creates the possibility of coercion, which detracts from the validity of a student's consent as being truly free. Coercion may be subtle and not realized; it may be indirect, in the form of unique influence on grades or academic standing; or it may be merely imagined by the student. Also, for this reason, using students as investigative subjects carries the risk that investigators and the institution may be vulnerable to outside criticism and public reprimands.
3. Students, because of their age, belong to a population group that is generally believed to be particularly susceptible to drug misuse. Taking into account the special position of student subjects, the following guidelines are formulated for the use of students as subjects in research projects and scientific investigations. They also may be applied to the use as subjects of other persons employed by or associated with the OHSU. Slightly modified guidelines are issued separately for the participation of students in class laboratory exercises and other non-research activities conducted for teaching purposes.

**Institutional Review:** Before a research project is enacted, it should be reviewed by the Committee on Human Research. Two copies of the protocol, with a sample of the consent form, should be submitted to the Office of Research Services several weeks before the activity is to begin. The committee will review the proposed investigation by the standards applied to other proposals involving human

subjects. Particular scrutiny will be given to the validity of the consent form for assuring truly free and informed consent, the importance of the knowledge to be gained from the investigation, and its promise to yield clearly interpretable and scientifically sound results as judged by the investigational design, procedures, and methods.

**Informed Consent:** It must be obtained in writing from every subject. The information provided the subject in the consent form must be specific and directly related to the particular circumstances of the research project or other activity. Therefore, no single standard consent form is applicable to every research or other activity. But, in any case, the subject must be given "a full and frank disclosure of all the facts, probabilities, and opinions which a reasonable person might be expected to consider before giving consent." The consent form must give a fair and, to the subject, comprehensible explanation of the project or activity, of its possible benefits, and of its attendant hazards, discomforts and other impositions on the subject.

Students must be assured that their decision to serve or not to serve as subjects will not influence, in any way, their grades and academic standing. They must be instructed that they are free to withdraw consent at any time without fear of negative consequences. It should be kept in mind that violation of a subject's rights includes not only physical harm, discomfort, pain, and mental strain, but also invasion of privacy, breach of confidentiality, encroachment of personal dignity and disregard of individual identity.

**Addicting (Dependence Producing) Drugs:** The human use of addictive drugs for purposes other than those of treatment must be handled with particular care and circumspection. For research purposes, such drugs, except psychotogenic drugs, may be used on student subjects, but only in particular circumstances and with adequate precautions. The urgent need for new knowledge about addicting drugs, and its importance for alleviating a pressing public health problem, may justify such use in research.

Research proposals involving the administration of addicting drugs to student subjects will be reviewed by the Committee on Human Research, with particular attention to the factors known to affect the likelihood of inducing addiction, such as the kind of drug and its addiction potential, dose, route, frequency of administration and dosing interval. When the committee feels that the verdict on a particular proposal should be based on a broader judgment than the committee can provide, such a proposal may be referred to the Faculty Council.

Students should not be used as subjects in activities where the risk exists that a subject will be incapacitated for periods of time that may interfere with scheduled studies and responsibilities as a student. When indicated, the protocol must provide for adequate care and observation of the subjects after an experiment until they return to the pre experimental state.

Scrupulous efforts must be made to forestall a lingering belief of coercion. For this reason, instructors should be particularly cognizant of the danger of coercion when they use their students in their own investigation.

The amount of money promised a student subject should not be so large that unbiased persons might interpret it as constituting an unreasonable incentive or unduly influencing a student's decision; that is, persuading him or her to accept risks as a subject that he/she otherwise would not accept. In other words, the impression must be avoided that the investigator is buying the student subjects.

**Guidelines for the Participation of Students as Subjects in Teaching Exercises:**

The guidelines apply to the participation of students as subjects in class experiments, instructional procedures, demonstrations, and other activities that are being conducted for didactic purposes within the context of the School of Medicine's obligation to train future physicians.

1. *Statement of Policy:* The Faculty Council of the School of Medicine considers the participation of students as subjects in class experiments and other instructional exercises as an essential part of the training of physicians.
2. No experiment should expose student subjects to risks to their health and well-being that could not be justified by the didactical importance of the activity and its contribution to the students' medical education.
3. Psychoactive drugs, narcotics, and other drugs with the potential of abuse or addiction represent a class of drugs with particular hazards. Such drugs are not to be used in student experiments without prior review.

**Procedure:**

1. If students are assigned to serve as subjects in an experiment, they should be informed of their right to withdraw at any time.
2. The students should be informed in advance about the nature of an experiment and of any medical contraindication for their participation as subjects.
3. Department heads should be familiar with the student exercises conducted on behalf of their departments.
4. Before a teaching exercise is implemented, it must be reviewed by the Student Health Service. A protocol of the planned activity should be submitted to the director of the Student Health Service.
5. The instructor or person in charge of the activity should retain copies of the protocol and written instructions that were distributed to the student.
6. The instructor or person in charge should report to the Student Health Service any significant adverse event experienced by a student subject.

## Student Surveys

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

- **OHSU medical students wishing to survey other OHSU medical students** may use the class list-servs (to contact members of their individual class), or the MedAll list-serv (to contact all OHSU medical students) to solicit participation as deemed appropriate. Students from one class wishing to survey students in a different class (but not the whole student body) should contact one of the class leaders of the target class to send out the request for the survey on their behalf.
- **OHSU medical students may occasionally receive requests from medical (or other) students outside of OHSU** to send a survey to members of their class, and may do so using the class list-servs if so desired and if deemed appropriate.
- **OHSU School of Medicine Dean's Office Administration.** The Office of Undergraduate Medical Education will infrequently (approximately two to three times per academic year) send survey requests to OHSU medical students in order to collect important information from students necessary for accreditation and quality assurance purposes regarding the curriculum and MD program as a whole. These survey requests will be sent via the Office of UME Sakai site and/or the class or MedAll listservs when appropriate to ensure all students are aware of the request. The Dean's Office strongly encourages students to complete surveys in this category as programmatic and procedural decisions are often made using this information.
- **OHSU faculty wishing to survey OHSU medical students.** OHSU Faculty wishing to survey OHSU medical students may send their request to the SoM communications team - SOM Office of the Dean ([somdeansoffice@ohsu.edu](mailto:somdeansoffice@ohsu.edu)) for consideration of the request. These requests are only approved on a case-by-case basis. OHSU medical students who are contacted by or working with an OHSU faculty member who wishes to send a survey to their fellow classmates may do so using the process described in the first point above.
- **Non-OHSU faculty, medical students, or other researchers wishing to survey OHSU medical students.** OHSU Office of Undergraduate Medical Education will never release names and contact information for medical students to outside parties who do not have a need to know this information. The Office of Undergraduate Medical Education frequently receives requests to forward surveys to OHSU medical students for a variety of research purposes and these requests are routinely denied.
- **Association of American Medical Colleges (AAMC)** surveys all medical students at various points in their education for quality assurance and program evaluation purposes. These survey requests come directly from the AAMC and results are typically de-identified and shared only in aggregate with the OHSU SoM Office of Undergraduate Medical Education. The Dean's Office strongly encourages students to complete surveys in this category as programmatic and procedural decisions are often made using this information.

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

OHSU leadership understands that students may desire to participate in political activity in and around OHSU facilities. Political activity is defined as activity in support or opposition to ballot measures or candidates for elected office. OHSU is a public entity, and as such, state law prohibits OHSU and its employees from using work time or work resources to support or oppose ballot measures and candidates for elected office. OHSU also cannot take a position in support of or opposition on any ballot measure or any candidate in an election. OHSU employees, however, can participate in their personal time in their personal capacity (not associated with OHSU.)

Since the state law prohibition on certain political activity only applies to OHSU employees, OHSU students are not subject to these same restrictions. OHSU leadership recognizes and embraces students' right to engage in political activity at OHSU. While not an exhaustive list, students choosing to participate in political activity on OHSU-owned or controlled property are permitted to do the following:

- Encourage their classmates to vote in an election
- Engage in activities related to a specific candidate or ballot measure:
  - Organize, collect signatures, distribute materials or otherwise engage in activities in support of or opposition to a ballot measure or candidate if the activity is held at the outdoor open space at the fountain in front of Mackenzie Hall, the sidewalks on the Southwest Campus Drive, or the parking area in front of Mackenzie and Baird Halls. See OHSU public activities policy [01-10-010](#).
- Engage in political activities on public sidewalks adjacent to public streets, subject to the City of Portland rules and regulations.

When engaging in political activities as a student, please adhere to the following:

- Materials, opinions and activities must reflect the opinion of the students and not be presented as representing OHSU or committing OHSU to a position in support or opposition to ballot measures and candidates for elected office.
- Keep in mind that OHSU employees, while on the job during work hours, are prohibited under Oregon law from engaging in activities to promote or oppose any ballot measure or candidate in an election.
- OHSU funds cannot be used to purchase, develop, or distribute materials supporting or opposing ballot measures and candidates.
- Other OHSU policies may have certain other limitations, such as (1) where posters or fliers can be posted on bulletin boards; and (2) the number of individuals to whom unsolicited emails can be sent.

Civic engagement is vital to our democracy, and we encourage students to be respectful of each other. OHSU is committed to an environment that is inclusive, safe, and healthy for all. One of OHSU's core values is diversity. This includes diversity of thoughts and perspectives.

Students are also encouraged to review the relevant OHSU policies [03-30-003](#) and [03-30-005](#), and to reach out to Abigail Tibbs, vice president of public affairs, or call Government Relations at 503-494-6629 with questions.

## Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act

The purpose of this data collection is to give prospective and current students information to help them make decisions about their potential or continued enrollment at OHSU. The Department of Public Safety is also required to review these data and submit a report to the Federal Department of Higher Education. Incidents to be reported will include criminal offenses, hate offenses, sexual assaults, arrests and disciplinary actions/judicial referrals involving students or staff. Please contact the OHSU Department of Public Safety for more information regarding this policy.

## Emergency and Disaster Plan for MD Students

1. Medical student education is the primary focus of the School of Medicine at OHSU. 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.

## **Student Employment While Enrolled in Medical School**

Attendance and active engagement in all aspects of medical school is expected of all students and this is a full-time endeavor. As such, medical students are highly discouraged from accepting or maintaining outside employment opportunities that may distract from their success in the program.

Current OHSU students intending to accept an employment offer (excluding positions identified as “Student Employment or Student Work Study”) from an OHSU Department must notify the Associate Dean for UME prior to accepting the position. In addition, any student who is an OHSU employee prior to medical school matriculation, and who wishes to remain an employee once enrolled in the medical school program, must notify the Associate Dean for UME prior to registering or accepting an admissions offer to gain approval for this, and to minimize potential conflicts of interest.

## **DISCIPLINARY POLICIES AND ACTIONS OF THE MEDICAL STUDENT PROGRESS BOARD**

### **Role of the Board**

The Medical Student Progress Board (MSPB) is responsible for reviewing the professional development of all students enrolled in the undergraduate medical education program. Professional development includes an assessment of the student’s academic progress as well as their ethical, prudent, and humanitarian behavior as described in the section on Professional Development. The Board advises the Associate Dean for Undergraduate Medical Education by recommending for each medical student, the promotion, dismissal, repetition of course work, or other special action that impacts the student’s progression in the program. Typically, the Board refers students who are having difficulty with professional development to the Assistant Deans for Student Affairs, who will arrange for appropriate academic or personal counseling which may involve the Student Health and Wellness Center. The Board considers a student’s difficulty with professional development on an individual basis. The Board Chair may appoint a special ad hoc committee of faculty to do an in-depth evaluation of a student’s professional development. This ad hoc committee reports its findings to the Medical Student Progress Board.

The Medical Student Progress Board advises the Associate Dean for Undergraduate Medical Education on matters related to grading and other types of evaluations of students, on procedures and requirements for promotion, and on other matters that relate to the professional development of students. The Board hears all cases of alleged violations of professional conduct referred to it by block, course and clinical experience/clerkship directors, the Assistant Dean for Student Affairs, or any educational leader with concerns about a student, and makes recommendations to the Associate Dean for Undergraduate Medical Education regarding sanctions that should be imposed. The Associate Dean for Undergraduate Medical Education may accept, deny, or revise the recommendations of the Board. Such action by the Associate Dean for Undergraduate Medical Education constitutes official action of

the School of Medicine. The Associate Dean for Undergraduate Medical Education seeks final approval from the Senior Associate Dean for Education and the Dean of the School of Medicine for actions that may result in suspension or dismissal from the program.

## Membership of the Medical Student Progress Board

1. All members of the Medical Student Progress Board will be nominated by the SoM Membership Committee using the standard official School of Medicine Committee nominating process. All members will be appointed by the Dean to serve a three-year term. Board members can be appointed for a second three-year term. Appointments of the Board members will be monitored on an annual basis to assure continuity of membership. All of the School of Medicine standing committees membership rosters can be found [HERE](#).
2. The Chair of the Board will be appointed for a three-year term by the Dean of the School of Medicine and may be reappointed as Chair for one additional three-year term.
3. Ex-officio members of the Board include the Senior Associate Dean for Education, the Associate Dean for Undergraduate Medical Education, and the Assistant Dean for Student Affairs. Ex-officio members have full voting rights on the Board.
4. A designated staff member in UME Curriculum & Student Affairs maintains the official lists of all members of the Board and notifies these individuals, and any other appropriate invited guests (e.g., OHSU legal representative, OHSU Director of Student Access) about the time and place of each meeting. The Associate Dean for Undergraduate Medical Education will communicate in writing the results of decisions made to the student, the student's portfolio coach, and the Chair of the MSPB, in addition to other appropriate University officials on a need-to-know basis. Examples include course/clinical experience directors and coordinators responsible for implementing approved remediation plans, UME staff members responsible for Assessments, Student Records, Teaching Services, the University Registrar, or staff in the Financial Aid Department.
5. A quorum during Board meetings is defined by the SoM Constitution: *"Quorum – simple majority of the number attending. There has been established a common parliamentary law principle that if a bare majority of the membership is present at a meeting properly called or provided for, a majority vote (which means a majority of those who vote) shall be sufficient to make the act the act of the body."* A recommendation can be provided to the Associate Dean for UME, or an action taken by the MSPB can proceed, if a majority of voting members present at a given meeting approve of that recommendation or action.

## Duties of the Chair of the Board

1. Call and conduct all meetings of the Board
2. Communicate the Board's recommendations to the Associate Dean for Undergraduate Medical Education



3. Report the results of the Associate Dean for Undergraduate Medical Education's decisions regarding each student to the Board, or request the Associate Dean for Undergraduate Medical Education provide updates to this effect
4. Ensure that the rules and regulations and Bylaws of the Board are followed
5. Represent and act on behalf of the Board between meetings

## Advisors to the Medical Student Progress Board

1. The **Advisors to the Medical Student Progress Board** may include the block/course and clinical experience/clerkship directors, the Director of Student Access, and OHSU legal counsel for advice on legal matters. The Board can also request a specific faculty member to be present and provide information at any MSPB meeting.
2. **Duties of the Advisors.** Whenever appropriate and invited, advisors are expected to attend meetings of the Board. When the review considers student performance, advisors will be expected to provide the Board with information about any student and to make recommendations regarding the disposition of students with academic or conduct deficiencies. After receiving the needed information and recommendations the Chairperson of the Medical Student Progress Board may excuse the Advisers and continue the meeting in executive session.
3. **Role of Portfolio Coach.** A student's portfolio coach may attend a MSPB meeting if requested by the student for support. If the coach attends a MSPB meeting, he/she will not be asked to provide information to the Board. If a student's coach is a Board member, the member will recuse him/herself from the discussion and decision-making.

## Regular and Special Meetings of the Board

Regular meetings of the Medical Student Progress Board will be held monthly, typically on the first Tuesday evening of every month. Special meetings of the Board may be called at any time by the Chair or, in his/her absence, by an appointed member, provided that notice of the meeting time and the agenda topics are given in advance to all of the regular voting members. The Chair is required to call a special meeting of the Board whenever two or more members of the board make a written request for such a meeting. Special meetings of the Board are most often held for the purpose of hearings and decisions on recommendations for dismissal of students from the School of Medicine due to deficiencies in academic and professional development. A student (or their advisor) who appears at any MSPB meeting may not electronically record the meeting in any way. This includes using any audio or visual recording device, but a student and/or their advisor may take notes during the meeting.

## Events that Prompt Discussion about a Student at a Medical Student Progress Board Regular Meeting

1. One “No Pass” (students entering 2014 or later) or Marginal or Failure grade in any block, course, clerkship, or clinical experience over entire MD program length
2. Two “No Pass” grades during a required testing intersession for the NBME/national exams related to the core clinical experiences over the entire clinical experience phase of the program
3. One Professionalism Monitoring Form with significant concern as defined by the Associate Deans, or Assistant Deans for Student Affairs
4. Three Professionalism Monitoring Forms with concern of any kind over entire MD program length
5. Two Professionalism Monitoring Forms with concern of any kind PLUS one Marginal or “No Pass” over entire MD program length
6. One Portfolio Coach Concern Form over entire MD program length (students entering 2014 or later)
7. One USMLE failure in any Step
8. Student requires remediation in two or more components or preceptorships over entire length of Foundations of Medicine phase of the MD curriculum (students entering 2014 or later)
9. Student, who previously was on normal academic status, fails (“no pass” or “withdraw no pass”) two exams (the same or different subjects) taken in a required testing intersession.
10. Progress Review Meeting – scheduled event to follow up on previous Medical Student Progress Board action or recommendation in order to formally monitor student progress since status was specified. Typical interval between initial Medical Student Progress Board action and Progress Review Meeting is six – twelve months
11. Course of Action Meeting – scheduled event to determine a specific course of action, typically either continuing in the MD curriculum or proceeding to a Dismissal Hearing (see below for more information, #2 in *A Medical Student Will Appear at a Medical Student Progress Board Meeting*)
12. Student submits request for Curriculum Extension
13. Student submits request for Curriculum Slowdown
14. Inadequate progression in the program as determined by one or more educational leaders (students entering 2014 or later)
15. Other events as determined by the Chair of the Medical Student Progress Board, or as articulated in a prior documentation letter to the student regarding expectations or conditions of a disciplinary action.

## A Student Will Appear at a Medical Student Progress Board Meeting:

1. For any Progress Review Meeting. Some events in section above “Events that prompt discussion about a student at Medical Student Progress Board” will include a need for follow up at a Progress Review Meeting, and this will be outlined in the original documentation letter the student receives from the Associate Dean for UME.

- Student who fails (“no pass” or “withdraw no pass”) a specified number of exams taken during required testing intersessions, will appear before the MSPB for a Progress Review Meeting as outlined below according to the student’s academic status at the time of exam failure:
    - i. Failure of 1 exam with current academic status of 2<sup>nd</sup> academic warning or academic probation
    - ii. Failure of 2 exams (same or different subjects) with current academic status of 1<sup>st</sup> or 2<sup>nd</sup> academic warning
    - iii. Failure of 3 or more exams (same or different subjects) with current academic status of 1<sup>st</sup> academic warning
2. For a Course of Action Meeting. A Course of Action Meeting allows students the opportunity to present his/her perspective directly to the MSPB whenever the MSPB is considering holding a Dismissal Hearing as one possible outcome of a student’s academic or professionalism performance in the MD program. For the typical student in this situation, the letter of invite to appear at the MSPB will specifically state that the meeting is a Course of Action Meeting. However, the outcome of any MSPB meeting in which a student appears (even though it was not labeled a Course of Action Meeting) may lead to a recommendation to the Associate Dean for UME to proceed to a Dismissal Hearing. *(NOTE: “Course of Action Meeting” was previously termed “Pre-D dismissal Meeting” but was changed due to widespread confusion with “Dismissal Hearing”)*
    - Student who fails (“no pass” or “withdraw no pass”) a specified number of exams taken during required testing intersessions, will appear before the MSPB for a Course of Action Meeting as outlined below according to the student’s academic status at the time of exam failure:
      - i. Failure of 2 exams (same or different subjects) with current academic status of academic probation
      - ii. Failure of 3 or more exams (same or different subjects) with current academic status of 2<sup>nd</sup> academic warning or academic probation
  3. When requested by the Medical Student Progress Board to provide additional information for any reason, or when the Medical Student Progress Board determines that an in-person meeting would provide a more effective environment for sharing of concerns and context
  4. When a student receives a Professionalism Monitoring Form with significant concern as defined by the Associate Deans, or Assistant Deans for Student Affairs
  5. When a student receives a less than passing grade or a professionalism concern in a subsequent year of the curriculum, after repeating a partial or full year of medical school
  6. When a student who is on Academic Probation receives less than a passing grade in any course or score on a USMLE Step examination
  7. For a Dismissal Hearing (during a special meeting of the MSPB)
  8. For a specific student request to address the MSPB
  9. For other events as determined by the Chair of the MSPB, or as articulated in a prior documentation letter to the student regarding expectations of conditions of a disciplinary action

# Range of Possible Medical Student Progress Board

## **Actions** (may include more than one of the following)

1. No action taken
2. Student is placed on First Academic Warning
3. Student is placed on Second Academic Warning
4. Student is placed on Academic Probation
5. Approve, deny, or modify remediation plan submitted by a course or other UME educational leader for non-passing grade(s) or score(s)
6. Recommend to Associate Dean for Undergraduate Medical Education that the student repeat all or some of the Foundations of Medicine phase or Clinical Experience phase of the MD curriculum
7. Recommend to Associate Dean for Undergraduate Medical Education that the student be invited to appear before the MSPB for a Progress Review Meeting, a Course of Action Meeting, or a Dismissal Hearing
8. Recommend that the student get additional assessment – psychiatric, psychological, and/or medical – before further action is taken
9. Propose other action as determined to be appropriate by the MSPB

## **Documentation to Student**

**Letter from the Associate Dean for Undergraduate Medical Education to the student after a Medical Student Progress Board discussion or appearance at a regular or special meeting will include:**

1. Any MSPB action, term/duration of the action, and right to appeal, if any
2. Any MSPB and/or Associate Dean for Undergraduate Medical Education requirements for student
3. Any MSPB and/or Associate Dean for Undergraduate Medical Education recommendations for student
4. Any follow-up plans, e.g., six month Progress Review Meeting
5. Invitation to the student to discuss the matter with the Assistant Dean for Student Affairs, as appropriate
6. A copy of the letter to the student's portfolio coach, Chairperson of the MSPB, and appropriate educational leaders/advisors and/or UME staff

**Documentation letters will be sent to the student's OHSU email account regarding any of the above typically within 30 days following the MSPB discussion or student appearance for a regular meeting, and within 20 business days following a Dismissal Hearing. Medical students are required to monitor their OHSU email account in order to receive official programmatic communication in a timely manner. Failure to do so by the student will not constitute a reason to delay, modify, or otherwise**

negate decisions outlined in the documentation letter. All documentation letters sent to the student will also be loaded into the student's electronic (REDEI) portfolio in the "Official Student Letters" tab.

## Academic Status Definitions

**ACADEMIC WARNINGS:** The Medical Student Progress Board is responsible for placing students on an academic warning. Academic warning serves as an early warning to students that they are not meeting academic expectations and lasts a minimum of one calendar year while the student is actively enrolled in the MD program from the time it is given. Students will be notified in writing of their academic status by the Associate Dean for Undergraduate Medical Education when they are given an academic warning along with the reasons for the warning and any requirements associated with the academic warning, including remediation plans. The academic warnings will allow the Medical Student Progress Board, Associate Deans, Assistant Deans for Student Affairs, and the Portfolio Coaches to intervene early and provide structure and assistance for these potentially at-risk students. Students given a first or second academic warning are in good academic standing in the MD program. Because individual circumstances leading to an academic warning vary, students may or may not be considered to be making satisfactory academic progress for purposes of financial aid. Therefore, students on warning status are encouraged to discuss their eligibility for financial aid with the University Office of Financial Aid. The two types of academic warnings are:

### First Academic Warning

Students with a First Academic Warning will have no absolute restrictions on their ability to rotate at regional clinical sites or complete rotations away from OHSU. They also have no absolute restrictions on their extracurricular activities including serving as elected representatives or holding leadership positions, but they are strongly encouraged to limit these activities while the warning is in place. A First Academic Warning is typical under the following circumstances:

1. One Marginal/D grade in a course, clerkship, or clinical experience
2. Two required remediations of any assessment components during the Foundations of Medicine phase of the curriculum, each with successful remediation re-testing
3. Failure ("no pass" or "withdraw no pass") of two exams (same or different subjects) taken during required testing intersessions if previously the student had a normal academic status
4. Professionalism concern deemed significant by the MSPB
5. Portfolio Coach concern deemed significant by the MSPB
6. Students who have successfully repeated a year will move from academic probation to academic warning for a minimum of one calendar year
7. Other circumstances as determined to be appropriate by the MSPB

### Second Academic Warning

Students who have previously been given a First Academic Warning may receive a Second Academic Warning for additional academic or professionalism problems that occur while on Warning status but that do not meet the threshold of Academic Probation. A student issued a second Academic Warning

may be asked to appear before the MSPB, and will be restricted from holding elected office at OHSU, and are encouraged to limit or discontinue participating in any extracurricular activities. Second Academic Warnings is typical under the following circumstances:

- Three or more required remediations of any assessment components during the Foundations of Medicine phase of the curriculum, each with successful remediation re-testing. In rare circumstances, a student will be placed on Second Academic Warning without previously having been placed on First Academic Warning. One example of this would be a student who fails three or more components (with successful remediation) in the same block in the Foundations of Medicine phase without having had two previous failed components.
- Two required remediations of any assessment components PLUS one Professionalism Monitoring Form during Foundations of Medicine phase of the curriculum
- Failure (“no pass” or “withdraw no pass”) of two exams (same or different subjects) taken during required testing intersessions if previously the student was on 1<sup>st</sup> academic warning status
- One Marginal/D grade in a course/clerkship or clinical experience PLUS one Professionalism Monitoring Form deemed significant during the clinical experience phase of the curriculum
- Other circumstances as determined to be appropriate by the MSPB

Students will be notified in writing by the Associate Dean for Undergraduate Medical Education when their Academic Warning status has been lifted. Regardless of whether a student is on First or Second Academic Warning, after demonstrating sufficient academic progress without further problems during the time period the Warning is in place, the student will be lifted to Good Academic Standing and will receive a documentation letter from the Associate Dean for UME reflecting this following the next regular meeting of the MSPB.

## **ACADEMIC PROBATION**

The Medical Student Progress Board is responsible for placing a student on Academic Probation and determining the duration of the Probation. Academic Probation typically lasts a minimum of one calendar year while the student is actively enrolled in the MD program, and may last as long as the remaining duration of the student’s enrollment in the MD program depending upon the circumstances. Students will be notified in writing of their academic status by the Associate Dean for Undergraduate Medical Education when they are placed on Academic Probation along with the reasons for the Probation and any requirements associated with the Academic Probation, including remediation plans. A student may be placed on Probation for poor academic performance, unprofessional behavior, or other misconduct reported to the MSPB, among others. Students on Academic Probation are restricted from rotating at regional clinical sites and from completing rotations away from OHSU or the Veteran’s Administration hospital. The only exception to this is that students are allowed to complete their one rural clinical experience rotation requirement. They are also restricted from holding elected office at OHSU and are encouraged to limit or discontinue participating in any extracurricular activities. Students in their final year of training who are on Academic Probation may request in writing to the MSPB approval to complete an away rotation to support their residency application. If the request for an away rotation is approved, the student will move from Academic Probation to First Academic Warning and

receive a letter from the Associate Dean for Undergraduate Medical Education outlining the conditions of the approval. Students on Academic Probation may be required to attend a Progress Review Meeting to determine if sufficient progress has been made since the Probation status began. Students who are required to attend a Progress Review Meeting will be notified in writing by the Associate Dean for Undergraduate Medical Education. Students on Academic Probation are not in good academic standing in the MD program. Because individual circumstances leading to an Academic Probation vary, students may or may not be considered to be making satisfactory academic progress for purposes of financial aid. Therefore, students on Probation are encouraged to discuss their eligibility for financial aid with the University Office of Financial Aid.

**Note: Beginning with students in the entering class of 2018 (i.e., Med22),** all Academic Probation status, duration(s), and reason(s) will be noted on the student's Medical Student Performance Evaluation (MSPE, aka "Dean's Letter") in the Academic History section and table.

**Academic Probation is typical under the following circumstances:**

1. Fail or "No Pass" in a block, course, clerkship, or clinical experience
2. Marginal/D in two or more courses, clerkships, or clinical experiences in one calendar year
3. Failure ("no pass" or "withdraw no pass") of two exams (same or different subjects) taken during required testing intersessions if previously the student was on 2<sup>nd</sup> academic warning status
4. Failure ("no pass" or "withdraw no pass") of three or more exams (same or different subjects) taken during required testing intersessions if previously the student was on 1<sup>st</sup> or 2<sup>nd</sup> academic warning status
5. Failure of any USMLE Step Examination (Step 1, Step 2 CK, or Step 2 CS)
6. Failing to progress in the curriculum or follow requirements as established by previous action of the Medical Student Progress Board
7. Professionalism concern deemed highly significant by the Medical Student Progress Board
8. Portfolio Coach concern deemed highly significant by the Medical Student Progress Board
9. Marginal/D in one course, clerkship, or clinical experience PLUS two professionalism concerns of any kind over the entire length of the MD program
10. Required repeat of all or some of the Foundations of Medicine phase of the curriculum
11. Other circumstances as determined to be appropriate by the MSPB

Students who are on Academic Probation who have continued performance problems (e.g., non-passing grades, scores, or Professionalism Monitoring Forms with concerning behavior) in the MD program will typically be invited to a Course of Action Meeting for consideration of a Dismissal Hearing, and/or have their Academic Probation status extended. These steps will be communicated to the student in the documentation letter. Students who have successfully progressed in the curriculum following their Academic Probation typically will have their status moved from Academic Probation to First Academic Warning for a minimum of one calendar year, and will be notified by the Associate Dean for Undergraduate Medical Education in writing of this change.

## **Repeating Part or All of the Foundations of Medicine Phase**

The Medical Student Progress Board may recommend that a student in the Foundations of Medicine phase repeat part or all of a year of the curriculum if the student receives less than a passing grade in one or more blocks or preceptorships during the Foundations of Medicine (FoM) phase, or demonstrates significant professionalism problems as described on submitted Professionalism Monitoring Form(s). In addition, the MSPB may also recommend that a student repeat part or all of a year in the FoM phase given evidence of significant academic or professionalism difficulty that did not result in a non-passing grade in a course/block (e.g., multiple component remediations.)

If the MSPB recommends that a student repeat part or all of a year, typically the student will be required to take an academic leave of absence until starting the repeat year, and is placed on Academic Probation which will last a minimum of one year from the time of re-entry to the curriculum. During the probationary period, the student will be expected to fully participate in and successfully complete all aspects of the curriculum, including all courses, small groups, laboratory sessions, Colleges, etc. If the student on Probation receives a less than a passing grade in any course during a repeat year, then a Course of Action Meeting will be required for consideration of a Dismissal Hearing.

If the student receives a less than passing grade in a subsequent year of the curriculum, after completing a full or partial 'repeat year', then the MSPB will meet with the student for a Course of Action Meeting for consideration of a Dismissal Hearing. The MSPB will not grant an additional 'repeat year' for academic or professional reasons unless there are mitigating circumstances.

## **Repeating Part or All of the Clinical Experience Phase**

The MSPB will generally not recommend an additional "repeat year" for academic or professionalism reasons for students in the clinical experience phase of the curriculum, unless there are known extraordinary circumstances.

## **Dismissal and Suspension Procedures**

The School of Medicine reserves the privilege of retaining only those students who, in the judgment of the faculty and dean's office, satisfy the requirements of honesty, scholarship and clinical performance necessary for the safe practice of medicine. Disciplinary actions for students that fall short of this standard can include but are not limited to dismissal or suspension. The Medical Student Progress Board may, at any meeting, accept by a majority vote, a proposal to consider a recommendation for dismissal or other action against a student due to deficiencies in academic progress and/or concerns about professional behavior or other misconduct. The School of Medicine Medical Student Progress Board follows the [University policy](#) and [procedure](#) regarding student suspension and dismissal (# 02-30-050).



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

1. Failure to pass a block, course, clerkship, or clinical experience, or any element required for graduation in the MD curriculum
2. Failure to pass USMLE Step 1 or Step 2 CS/CK after three attempts
3. Failure to pass USMLE Step 1 or Step 2 CS/CK within one year after initial failure of that Step
4. Unacceptable behavior as described in the Professional Conduct Standards section found earlier in this document, or described in submitted Professionalism Monitoring Forms about the student
5. Specific proscribed conduct under OHSU Policy 02-30-010, the OHSU Code of Conduct
6. Other events as determined by the Chair of the MSPB, or as articulated in a prior documentation letter to the student regarding expectations or conditions of a disciplinary action.

If the Associate Dean for Undergraduate Medical Education accepts a MSPB recommendation to proceed to a Dismissal Hearing or other actions as above, the Chair will convene a special meeting of the Board for the purpose of hearings and recommendations. The student for whom dismissal or other action is being considered will be notified in writing by the Associate Dean for Undergraduate Medical Education of the charges against him/her and notice of the time and place of the Dismissal Hearing at least ten business days prior to the meeting. In addition, prior to the Dismissal Hearing, the student and all members of the MSPB will be provided a packet of relevant documentation to review. The student will have the ability to withdraw from medical school prior to the scheduled Dismissal Hearing. A student wishing to withdraw from medical school is required to submit a statement in writing to the Assistant Dean for Student Affairs prior to the start of the Dismissal Hearing, who will assist the student in completing the appropriate forms. If a student who is scheduled for a Dismissal Hearing does not notify an Assistant Dean for Student Affairs or the Associate Dean for Undergraduate Medical Education of their intent to withdraw prior to the hearing, the Dismissal Hearing will proceed as scheduled. A student will not have the ability to withdraw from medical school after the Dismissal Hearing has begun. See “Withdrawal Procedures” elsewhere in this section of the Handbook for further details. Additionally, in the circumstance where a student has been given appropriate notice of their Dismissal Hearing but who does not appear at the scheduled time and place, the MSPB will proceed with the Dismissal Hearing considering the evidence in the packet of relevant documentation.

During a Dismissal Hearing, the Chair will supervise the Board’s conduct of an informational hearing on matters relevant to the dismissal recommendation. In addition to members of the Board, the special meeting is attended by the student and may be attended by one advisor of the student’s choice. If the student wishes to have their attorney attend the special meeting as their advisor, they must notify the Office of Undergraduate Medical Education at least five business days prior to the special meeting. The Chair will invite the student to present his or her information and opinions concerning the dismissal recommendation, to ask questions of the Board, and to respond to questions from the Board. The Chair can invite other persons identified by the student and identified by the MSPB to present their information, evidence, and opinions on behalf of the student and the medical school, and to respond to questions from the Board.

The student's advisor may counsel the student concerning the responses or questions he or she may wish to put to the Board. The advisor may address the Board only upon invitation of the Chair. If the advisor is a member of the Board, the advisor will abstain from voting or participating in the executive session of the Board when the decision on the dismissal recommendation is made. In addition, for any student who has been granted a reasonable accommodation for a disability through the OHSU Office of Student Access, the Director of Student Access or his or her delegate will be present at the Dismissal Hearing.

The Chair may recess the special meeting of the Board to a later identified time, whenever he/she considers this proper. At the completion of the special meeting, the Chair will adjourn the special meeting and convene the Board in an executive session for consideration and decision on the proposed recommendation of dismissal or other actions.

The findings and recommendation of the Board will be communicated in writing to the Associate Dean for Undergraduate Medical Education by the Chair for such actions as he or she deems appropriate within 10 business days of the conclusion of the hearing. If the Associate Dean for Undergraduate Medical Education approves a recommendation for dismissal, he or she will discuss this approval with the Senior Associate Dean for Education and the Dean of the School of Medicine. The decision of the Dean will be the final action of the School of Medicine. The Associate Dean for Undergraduate Medical Education will notify the student in writing of the dismissal decision no later than 10 business days from the receipt of the Board's recommendation (up to 20 business days from the conclusion of the hearing). A recommendation for dismissal made by the Board and approved by the Associate Dean for Undergraduate Medical Education and the Dean can be appealed to the Provost of OHSU. The OHSU appeal procedures are described in this handbook. A dismissed or suspended student may not register or attend class while such an appeal is pending.

A student who is not dismissed from the MD program following a dismissal hearing will receive written notification of this decision by the Associate Dean for Undergraduate Medical Education no later than 20 business days from the time of the dismissal hearing, along with any requirements, expectations and recommendations for the student.

## **Activities Not Within the Jurisdiction of the Board**

Any student may be suspended or expelled from the School of Medicine by the Dean of the School of Medicine for sufficient cause. Although this will generally be the result of a recommendation of the Medical Student Progress Board, an emergency or other special circumstance may arise where this action must be taken at the administrative level of the School.

Students can be placed on a leave of absence by the Associate Dean for Undergraduate Medical Education or the Dean of the School of Medicine, or a student can choose to withdraw from school. In neither case will review and action by the Board be required unless requested by the Dean.

## Withdrawal Procedures

Generally, withdrawal requires action by the student. A medical student may withdraw from the medical school when he or she no longer wishes to be a student in the program. Such an action officially severs his or her connection with the school. Students usually choose to withdraw from the School of Medicine because they have decided that they no longer desire to pursue a career in medicine, or because they need to be away from the school for a prolonged period more than one year. Students will be **administratively withdrawn** from medical school if they do not return from a leave of absence, or if they fail to register for classes without prior discussion with an Assistant Dean for Student Affairs.

**Process for Withdrawal:** A student initiating a withdrawal should begin the process by contacting the Assistant Deans for Student Affairs. It becomes official only when the appropriate forms are completed and submitted to the Associate Dean for Undergraduate Medical Education, who will then submit the required documentation to the University Registrar.

**Re-Admission:** Students who initiate withdrawal from the School themselves, or who are administratively withdrawn from the School of Medicine, must formally apply for admission to be considered for re-admission. Students will not be re-admitted if they were not in good academic standing when they withdrew or were administratively withdrawn from the MD program.

**Withdrawal Options for Students Prior to and After a Dismissal Hearing:** Students scheduled for a Dismissal Hearing will have the opportunity to withdraw from medical school prior to the hearing. A student who chooses not to withdraw prior to their dismissal hearing, and is subsequently dismissed, will not have the opportunity to withdraw from medical school after the hearing. Students who are dismissed are not eligible for re-admission to the MD program.

## Health Professional Evaluation

When the Medical Student Progress Board receives a report of possible physical or mental-health problems that may impact personal or patient safety, and/or be contributing to unsatisfactory performance or conduct of a student, the Board chairperson will consult with the Assistant Dean for Student Affairs to identify an appropriate health professional to evaluate the student. The health professional will perform the evaluation and record any appropriate recommendations for the Board's consideration. The evaluation requested shall be made only after the student has been apprised of its purpose and has given permission to the health professional involved for the release of privileged information to the Medical Student Progress Board.

## Substance Abuse Policy

Students who are impaired due to substance abuse are strongly encouraged to voluntarily seek professional health care. Students may seek assistance through the Student Health and Wellness

Center, the Assistant Dean for Students Affairs and/or private counseling. The School of Medicine advises students to voluntarily seek assistance before their academic performance and/or professional development is adversely affected and is brought to the attention of the Medical Student Progress Board. Students who voluntarily seek and comply with treatment prior to unsatisfactory academic performance and/or professional development, will not be subject to formal academic disciplinary action for substance abuse. Students who voluntarily identify a substance abuse concern may be required to obtain the most effective treatment for substance abuse including some or all of the following: care in a residential treatment facility, outpatient management programs and random testing for substance of abuse. The financial responsibility for required substance abuse treatment and subsequent follow up is borne by the student. If the abuse is brought to the attention of the MSPB, failure to pursue a requirement for substance abuse treatment may be the basis for academic disciplinary action including dismissal. The Medical Student Progress Board does have the authority to require students to seek professional health care for substance abuse and to prevent students from participating in the curriculum. Once unsatisfactory academic performance and/or professional development is present and substance abuse and/or student impairment is found to be a contributing factor, the matter will become a part of the permanent record of the student.

Students are encouraged to review the [OHSU Alcohol and Drug Guide for employees and students](#).

## **Student's Right of Appeal for Final Disciplinary Decisions**

Per OHSU Policy a student may appeal a final disciplinary decision by their school or applicable program to the Provost. Final disciplinary decisions are defined by the MD Program as a dismissal or suspension from the MD Program. Appeals to the Provost may only be made upon the following grounds:

1. The school or program failed to follow established procedures with respect to the decision appealed from; and the error resulted in prejudice to the student;
2. New material information is now available, that was not available and would not have been presented at the time of the proceedings at the school; or
3. The decision is in conflict with applicable laws, rules or OHSU policies.

Appeals to the Provost must be in writing and the appeal must be submitted within thirty days of the student's notification of the initial decision by the MD program. The decision of the Provost is final.

## **OHSU-Wide Student Affairs Policies**

All OHSU (university-wide) policies related to student affairs can be found [HERE](#), and apply to all students enrolled in degree-granting programs at the university.

# SCHOOL OF MEDICINE SUPPORT SERVICES

## MD Colleges Program

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

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

The seven Colleges include:

- College for Global Health and Urban Underserved
- College for Urban Medical Subspecialties
- College for Surgical Specialties
- College for Metropolitan Primary Care
- College for Rural Medicine
- College for Acute Care
- College for Hospital-Based Diagnostics and Therapeutics

## Academic Advising

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

1. Informal advising can be obtained by asking questions in class, talking with a classmate or more senior student, studying with other students, or talking with the lecturer, attending physician or resident physician.
2. Consulting with the block, course or clerkship director.
3. Consulting with the student's portfolio coach.
4. Seeking help from a department chair or his/her designee.

5. Formal tutoring and advising is also available (see below section): Students with non-pass, marginal and failing grades are automatically referred to the Assistant Deans for Student Affairs.
6. Students are invited to talk with one of the Assistant Deans for Student Affairs regarding any academic difficulty. Students who have less than satisfactory performance in any block, course or clinical experience are encouraged to seek help from the Assistant Dean of Student Affairs for advice as well as a review of institutional requirements for advancement.
7. Tutoring for all students experiencing academic difficulty will be arranged by the UME Academic and Learning Support Specialist, **Stephen Mills, MA** (503-346-4753, [millstep@ohsu.edu](mailto:millstep@ohsu.edu)). These meetings will be used to provide advice and strategies for study habits, time management and academic skills building. Meetings are by appointment and can be arranged by either the student or the Academic and Learning Support Specialist.
8. Students will be meeting regularly with their assigned Portfolio Coach who will serve as their ongoing academic advisor for the duration of their medical school education.

## Tutoring and Learning Support

The OHSU School of Medicine seeks to support the academic success of all students. The UME program offers proactive education and academic support programming regarding optimizing academic success that is generalizable to all students in the program. This programming includes:

- Workshops on study and time-management skills
- Managing and organizing large volume instructional materials
- Integrating course content to optimize deep learning and comprehension rather than rote memorization/surface learning
- General test-taking skills
- USMLE board preparation
- Stress management and coping strategies that support academic success

Formal Peer tutoring is available to all students in the Foundations of Medicine phase as well as the Clinical Experience Phase of the curriculum. For Foundations of Medicine (FoM) phase tutoring, students are able to view and sign up for sessions through the Student Academic Support Services Sakai site. For Clinical Experience phase tutoring, students can contact the UME Academic and Learning Support Specialist, **Stephen Mills, MA** (503-346-4753, [millstep@ohsu.edu](mailto:millstep@ohsu.edu)) to request a formal peer tutor.

### The Goals of the Formal Peer Tutoring are:

- Promote independence and student engagement in learning.
- Acknowledge student insights into the learning process.
- Acknowledge diverse ways of knowing and learning.
- Respect individual differences.
- Personalize each tutoring session.

**Objectives of Formal Peer Tutoring:**

The Formal Peer Tutoring Program will train and provide tutors throughout the YourMD curriculum. A successful peer tutor will be able to:

- Collaborate in the learning process of their peers (e.g. assessing the tutor group's productivity and adapting as needed to meet the needs of the group, holding each individual accountable, promoting the success of each individual, etc.).
- Nurture the development of academic knowledge.
- Apply their knowledge and skills in a collaborative learning environment.
- Are respectful of diverse student identities at OHSU.
- Develop differentiated tutoring sessions to meet the specialized needs of the students.

**Students seek formal peer tutoring from other students for many reasons:**

- to discuss new information and concepts they are learning
- to review material they already know but need help integrating into a 'whole picture'
- to learn better study strategies for understanding the bigger concepts
- to gain perspective and strategies on how to handle the amount of new information
- to prepare for an exam or assessment, including updating their study habits to handle the pace and volume of information in the YourMD Program

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

- The UME Academic Learning and Support Specialist manages the Formal Tutoring program.
- Tutor development will be provided; completion of a tutor-training session will be required for all tutors prior to serving in this role. The TLC will also work with tutors to document session attendance, address student issues as they arise, and connect tutors with additional educational resources to enhance their tutoring sessions.
- Tutors in the Formal tutoring program may include MS-2, MS-3, MS-4, MD-MPH and MD-PhD students, who averaged 80% or higher in the Foundations of Medicine curriculum. Tutors will be compensated through the UME Teaching Services Office (TSO.)
- FoM tutoring sessions of up to 10 students will likely meet weekly for 2 hours with one tutor. Larger sessions will be facilitated by 2 tutors. Tutoring sessions to be offered include:
  - Weekly preview sessions
  - Weekly review sessions for Friday's assessments
  - NBME review sessions
  - ExamSoft final review sessions
  - Anatomy sessions
- FoM anatomy tutoring will be offered throughout the block and will be limited to 6 students. These sessions will range from 1 hour to 2 hours and take place in the anatomy lab.
- Students may also be assigned an individual tutor.
- In the Clinical Experience phase, students can request and may be assigned an individual tutor for content assistance related to NBME subject "shelf" and USMLE Step exams, among others.

**Individual Meeting with the UME Academic and Learning Support Specialist:** The UME Academic and Learning Support Specialist is able to meet with any student for individual discussion on ways to optimize academic success, and students are encouraged to contact **Stephen Mills, MA** directly at (503-346-4753, [millstep@ohsu.edu](mailto:millstep@ohsu.edu)) to set up an appointment either at the RLSB or on Marquam Hill campus.

**Outcome Measures:**

The UME Academic and Learning Support Specialist will track attendance and usage of the general programming offered as well as the tutoring sessions. Additional outcomes will be monitored by periodically surveying tutors and tutees about the perceived effectiveness of the Formal and Peer Tutoring program in order to continually improve the experience for students.

## **Medical Student Wellness and Leadership Development**

All students have the opportunity to participate in wellbeing and leadership programs collaboratively created by Dr. Megan Furnari, the Director of Medical Student Wellness & Leadership, and medical students. OHSU believes it is fundamental for students to have high quality programming focused on specific areas unique to becoming a doctor. Our philosophy is that all medical students are leaders, thus it is critical to provide leadership opportunities and training as an integral part of maintaining student happiness. We have healthcare-focused relational leadership classes at every enrichment session for students in the Foundations of Medicine phase, with the option to complete a certificate program if all sessions are attended. Our leadership course work is part of the Relational Leadership Institute, a program run by the non-profit Primary Care Progress. The purpose of the leadership training is to affirm and support purpose and vision in our medical student leaders, to further their enjoyment and engagement in their own learning process.

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



## Personal Counseling and Suicide Prevention

The demands of medical school and difficult personal problems can cause considerable stress. Students are urged to seek help as early as possible if the stress they are experiencing is impacting their daily lives or their ability to succeed in school. Information discussed in personal counseling sessions through the Student Health and Wellness Center is held in strict confidence by the counselor. There are multiple ways that a student can obtain assistance. However, if you are uncertain about where to start, contact the Director of the Student Health Service, the Assistant Dean for Student Affairs, or the University Ombudsman. Personal counseling can be obtained by the following informal or formal mechanisms:

1. Informal counseling can be obtained by seeking the advice of classmates, significant others or faculty.
2. Formal:

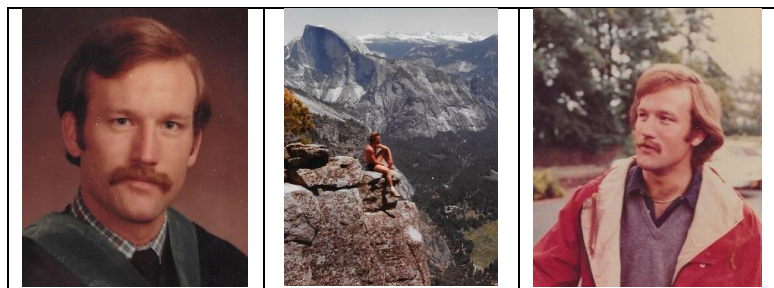
**Student Health and Wellness Center**, Phone: 503-494-8665

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

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

## Douglas Allen Hieronimus Student Assistance Fund

In memory of Doug Hieronimus, MD (June 8, 1955 – July 11, 1985)



The Douglas Allen Hieronimus Student Assistance Fund was established by the OHSU Foundation as a result of a donation by his parents to honor the legacy and memory of Doug Hieronimus, MD, a graduate from the OHSU School of Medicine Class of 1981. The Fund is intended to provide financial assistance to medical students when sudden or unexpected situations arise, especially in cases when conventional resources are not readily available.

Students wishing to inquire about the use of the Fund should contact one of the Assistant Deans for Student Affairs, Dr. Amy Garcia ([garciaam@ohsu.edu](mailto:garciaam@ohsu.edu)) or Dr. Benjamin Schneider ([schneibe@ohsu.edu](mailto:schneibe@ohsu.edu)).

## Service Learning Opportunities

Both within the School of Medicine and through OHSU ongoing programs, many opportunities exist for medical students to participate in voluntary service-learning activities. OHSU medical students are required to participate in a service-learning experience through the UME College Program, and we also encourage students to participate in service learning activities above and beyond that.

Student Interest Groups provide extracurricular activities for students to participate in educational, intellectual, interdisciplinary as well as cultural and social events, and community service. More than 40 groups on campus are available to medical students. Many groups are student-run and faculty-mentored organizations. The University website for Student Interest Groups, as well as a complete list of Student Interest Groups can be found [here](#).

## Student Status Verification Letters

Students who are applying for certain scholarships, research opportunities, grants, memberships to professional societies, and/or attendance at academic conferences (and other examples) may be asked to provide a letter verifying good academic standing and/or current enrollment status. The Office of UME is happy to supply this letter on School of Medicine official university letterhead, signed by the Associate Dean for UME. Please direct all such requests to Lisa Allen, ([allenli@ohsu.edu](mailto:allenli@ohsu.edu)), UME Project Coordinator for Curriculum and Student Affairs, who will create the letter, obtain the appropriate signature and return it to you. Please allow *at least* one week for this process.

## OHSU STUDENT SERVICES

### Access and Accommodation Office

Phone: 503 494-0082

Email: [studentaccess@ohsu.edu](mailto:studentaccess@ohsu.edu)

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

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

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

OHSU is committed to providing equal access to qualified students who experience a disability in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act (ADA-AA) of 2008. If you have a disability or think you may have a disability (physical, sensory, chronic health, psychological, learning, or other) please contact the Office for Student Access at (503) 494-0082 or [studentaccess@ohsu.edu](mailto:studentaccess@ohsu.edu) to discuss eligibility for academic accommodations. Information is also available at <https://www.ohsu.edu/education/academic-accommodations-disabilities>. 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.

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

## Religious Accommodations

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

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

Examples of religious accommodations may include, but is not limited to wearing religious clothing or taking time off for a holy day or to engage in a religious observance or practice. Student seeking accommodations for religious beliefs should complete the Religious Reasonable Accommodation form, located on the AAEO website below, or by contacting the AAEO office at:

Phone: 503-494-5148

Email: [aaeo@ohsu.edu](mailto:aaeo@ohsu.edu)

Website: <https://www.ohsu.edu/affirmative-action-and-equal-opportunity>

Office location:

Marquam Plaza, Suite 240

2525 SW Third Avenue

Portland, OR 97201-4901

## Affirmative Action & Equal Opportunity (AAEO) Office

Phone: 503-494-5148

E-mail: [aaeo@ohsu.edu](mailto:aaeo@ohsu.edu)

Website: <https://www.ohsu.edu/affirmative-action-and-equal-opportunity>

Location: Marquam Plaza Building, Suite 240

Affirmative Action & Equal Opportunity Office (AAEO) leads the development and awareness of diversity, accessibility, and respect within OHSU and the wider community. AAEO is proactive, solving problems university-wide through collaboration. **Any issue of discrimination, harassment (including sexual harassment), and/or sexual misconduct or abuse should be reported to the Office of Administrative Action & Equal Opportunity as soon as possible. You may call AAEO and/or submit a [complaint form](#).**

**What to do if you encounter sexual harassment, sexual misconduct, sexual assault, or discrimination at a regional, or off-campus, site:**

OHSU’s commitment to creating and fostering a learning and working environment based on open communication and mutual respect extends to all students, whether they are located on- or off-campus. If you are located off-campus or off-site and experience or witness an incident that you want

to report, please contact AAEO. If you wish to report it confidentially, please contact the Student Health and Wellness Center and set up an appointment by phone, 503-494-8665.

## **Breastfeeding/Lactation Rooms and Resources for Pregnant and Parenting Students at OHSU**

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

An OHSU YourMD graduate, Elena Griffin, MD (class of 2019) helped created a website on the OHSU Title IX pages to share resources available for all OHSU members who are pregnant and/or parenting. This website can be found [HERE](#).

## **Bridges Collaborative Care Clinic (BCCC)**

The mission of the BCCC is to “engage vulnerable populations by providing low-barrier, participant-centered care and services in the Portland Metro area through an interprofessional, student-led clinic. Opening on October 7, 2017, the BCCC is located in the Clark Center Annex in Portland, Oregon. The BCCC is student-run, and utilizes and develops the talents, skills, and knowledge of students to assist the underserved in meeting and managing their health and social needs. Students work in interprofessional teams to coordinate health and related services to this population. More information can be found at: <https://bridgescare.wordpress.com/>

## **Business Cards for OHSU Medical Students**

OHSU medical students may order and purchase business cards for their use in their roles as OHSU student leaders and/or members of recognized student interest or affinity groups. Students wishing to purchase business cards may contact Mr. Brian Secrest, Executive Specialist in the School of Medicine Dean’s Office ([secrestb@ohsu.edu](mailto:secrestb@ohsu.edu)) to accomplish this using a personal credit card. The business cards will follow a standard format and template with the OHSU logo, and will be customized to include the student’s name, title, email address, and/or phone contact information.

## **Center for Diversity & Inclusion (CDI)**

Phone: 503-494-5657

Fax: 503-494-4916

E-mail: [cdi@ohsu.edu](mailto:cdi@ohsu.edu)

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

Location: Richard Jones Hall 4365

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

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

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

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

**Diversity and Inclusion Links of Interest:**

- [Diversity Events](#)
- [Diversity Action Plan](#)
- [Diversity Resource Guide](#) (comprehensive list of multicultural resources)
- [Cultural Awareness Guide: Religious and Spiritual Accommodations](#)
- [Religious and Spiritual Observances Calendar – Instructions on Outlook Calendar Overlay](#)
- [OHSU Resources for LGBTQ Patients, Employees and Students](#)
- [Student Interest Groups](#)
- [Employee Resource Groups](#) (membership and activities open to OHSU students)

## Financial Aid Office

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

E-mail: [finaid@ohsu.edu](mailto:finaid@ohsu.edu)

[Website](#)

Location: Mackenzie Hall, Room 1120

The student financial aid program at OHSU is designed to assist eligible students in meeting their educational costs. The Financial Aid Office thoroughly reviews student applications for aid, and the best possible assistance is offered to help cover the costs of attending medical school. The goal is to make the financial aid process as smooth as possible for students. Please feel free to contact the Financial Aid office with questions regarding financial aid or for additional information.

## Financial Wellness and Student Debt Counseling

Managing your finances during medical school is both challenging and important to a student's future. The Student Debt Counseling and Financial Management Program at OHSU is designed to be an educational and counseling resource for the students of OHSU to better understand the fiscal challenges while participating in an OHSU health professional program of study. These resources include online resources, educational personal financial planning focused seminars, brown-bag lunchtime sessions, and the ability to schedule a 1 on 1 counseling session with OHSU's full time financial counselor. Students can contact the OHSU financial counselor, directly at 503-494-7800 or 800-775-5460.

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

## Food Services in OHSU Hospital

Students who are on clinical experiences at OHSU Hospital may find it convenient to purchase food and beverages in the hospital using a pre-paid account using a barcode that can be attached to the back of your identification tag. The barcode is applied to the ID and can be scanned at the OHSU cafeterias and coffee stands instead of paying with cash or credit each time. To set up a barcode account, walk into the Food Services office on the 3rd floor of the OHSU Hospital next to the main cafeteria and request a barcode. To replenish the amount on the account, you can call in to 503-494-3768 to pay by credit card. Direct inquiries to the number listed, or email [foodcard@ohsu.edu](mailto:foodcard@ohsu.edu).

## Global Health Center

Phone: 503-494-0387

E-mail: [ghc@ohsu.edu](mailto:ghc@ohsu.edu)

Website: <http://www.ohsu.edu/xd/research/centers-institutes/ohsu-global/index.cfm>

Location: Mackenzie Hall, Room 1166

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

## ITG/Computer Help Desk

Phone: 503-494-2222

E-mail: [helpdesk@ohsu.edu](mailto:helpdesk@ohsu.edu)

Website: <https://www.ohsu.edu/information-technology>

The office assists students with questions or issues related to their OHSU network and email accounts, Institutional Student Information System (ISIS) access, and Big Brain web-based training system. The

Help Desk also supports OHSU-owned networked computers and printers, which students may use in the course of their research or studies.

## Student Health & Wellness Center

**Phone:** 503-494-8665

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

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

**E-mail:** [SHW@ohsu.edu](mailto:SHW@ohsu.edu)

**Website:** <http://www.ohsu.edu/studenthealth>

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

**We Serve:** Student Health & Wellness Center serves OHSU health sciences students at the Portland campus on Marquam Hill. Specifically, all currently registered students in degree and certificate training programs that are assessed the required health fees in addition to their tuition at OHSU are eligible for primary care and counseling services at the Student Health & Wellness Center. Eligibility for new students begins on the first day that classes start. Additionally, Student Health and Wellness Center's primary care services are also available to OHSU students' adult dependents (spouse/registered domestic partner or child over the age of 18) as long as they have health insurance. Behavioral health providers are able to provide couple counseling to OHSU students and their spouse/domestic partner as long as the spouse/partner has health insurance.

### **Staff:**

Student Health and Wellness staff includes primary care clinical staff, clinical psychologists, a psychiatrist, and certified medical assistants. There are three administrative support personnel and a Practice Manager who are an integral part of the team. With their variety of professional degrees, background and experience, they work together as a team to serve students during their years of training at OHSU.

### **Wellness Information:**

Counseling/Behavioral Health Support: Student Health and Wellness Center has a psychiatrist and four psychologists to provide behavioral health care for issues such as stress/time management, depression and anxiety, couples counseling and other topics. Like all other visits to Student Health and Wellness Center, behavioral health visits are completely confidential and no one outside Student Health and Wellness Center has access to chart notes or visit history.

Substance Abuse: Students are urged to seek assistance from Student Health and Wellness Center and/or one of the Assistant Deans for Students Affairs for substance abuse concerns. Seeking help voluntarily will not result in dismissal from school.

Eating Disorders: Students are urged to seek assistance from Student Health and Wellness Center and/or one of the Assistant Deans for Student Affairs for concerns regarding eating disorders.

Sleep Disturbances: Sleep disturbances can be evaluated at Student Health and Wellness Center or in the Sleep Disorders Clinic on campus. Call 503-494-6066 to make appointment.

Wellness Calendar: A student wellness calendar can be found on the Student Health and Wellness Center website. This calendar lists all the wellness offerings on campus.

## Library

Phone: 503-494-3460

E-mail: [library@ohsu.edu](mailto:library@ohsu.edu)

Website: <https://www.ohsu.edu/library>

Location: OHSU Library, BICC Building

The Library is the place to go for information and for study. The 4th floor of the library is open 24/7 and includes group study space. Much of the journal content is now available electronically, as well as many electronic books; however, there is still a sizable book collection in the library. The Instruction, Research & Outreach Department offers training for individuals or groups on using the library's many resources, including databases (e.g., PubMed, Ovid) and bibliographic managers (e.g., RefWorks, EndNote). To check out materials and to use library resources from off campus, you will need a library barcode. You can get your barcode at the Circulation Desk on the main floor of the library, or you can get the number sent to you by filling out the form at <http://www.ohsu.edu/xd/education/library/services/forms/barcode.cfm>.

## March Wellness and Fitness Center

Phone: 503-418-6272

Website: <https://www.ohsu.edu/march-wellness>

Location: Center for Health and Healing, 2<sup>nd</sup> floor

OHSU March wellness and fitness center offers programs that are designed to strengthen and nurture its members. We support members in achieving goals whether they are improving flexibility, managing a chronic illness, training for a marathon or recovering from surgery.

A wide variety of group exercise classes are offered throughout the week and are included in membership. We have a full array of cardio and strength training equipment, saline pools, demo kitchen and steam/sauna. Members also have access to personal trainers, massage therapists and acupuncturists. For more information visit [marchwellness.com](http://marchwellness.com)



Hours of operation are 5:00am to 10:00pm, Monday – Friday. Saturday and Sunday hours are 7:00am to 7:00pm.

## OHSU Ombudsman

The OHSU Ombudsman provides a confidential, impartial and informal resource to which all faculty, employees and students can bring any concern relating to their experience and wellbeing at OHSU.

Visitors are assisted through such means as:

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

Students may contact the OHSU Ombudsman at

Phone: 503-494-5397

OHSU location: 117 Gaines Hall

The University Ombudsman serves as a confidential advisor who does not evaluate students in any manner, or have impact on their progression through medical school or future career as a physician. Students with conflicts are also encouraged to contact the Student Wellness and Professionalism or PASS program student leaders, or the Student Health and Wellness Center, all of which can be found in this MD Student Handbook.

## Parking and Transportation Office

Phone: 503-494-8283

E-mail: [parking@ohsu.edu](mailto:parking@ohsu.edu)

Website: [www.ohsu.edu/parking](http://www.ohsu.edu/parking)

Location: Physical Plant Building

Please contact this officer regarding information about parking as well as information about purchasing transit passes for discounted price (TriMet and C-Tran). For bicycling and bike incentive program information, visit [www.ohsu.edu/bike](http://www.ohsu.edu/bike) or email [bike@ohsu.edu](mailto:bike@ohsu.edu). The Student Center has a bike repair center with tools and supplies available. Please inquire at the Student Center.

Hours of operation are 7:00am to 5:00pm, Monday – Friday. The Office is closed from 2:30-3:30 on Fridays.

Students who wish to purchase a limited duration parking pass should fill out the [parking permit request form](#), or can also be found on the Parking and Transportation office website above. Students should complete the request form, and send it to the Office of Curriculum and Student Affairs ([casa@ohsu.edu](mailto:casa@ohsu.edu)) for approval by Associate Dean for UME, Dr. Tracy Bumsted, and signature. An Office of UME staff member will return your approved form to you so that you may take it to the Parking and Transportation office.

## Lyft Off Program

Medical students are also able to benefit from the [OHSU LyftOff program](#), which assists employees and students traveling at off-peak hours between 7 p.m. and 5 a.m. to or from Marquam Hill or South Waterfront locations. Program members hail an eligible Lyft ride through the Lyft app for up to \$15 a day, up to 15 days per month. The subsidy only covers the member's arrival OR departure, not both. The intent is for the OHSU member to use public transit or another alternative to parking during normal business hours. Of note, this benefit is only for transportation to or from OHSU when engaging in official school activities during off hours such as during clinical rotations with early morning arrival expectations when public transportation is less available or runs less frequently. Audits are periodically conducted to ensure that all members are utilizing the program appropriately.

## Public Safety

Phone: 503-494-7744

E-mail: [pubsafe@ohsu.edu](mailto:pubsafe@ohsu.edu)

Website: <https://www.ohsu.edu/public-safety>

Location: Physical Plant Building 228G

The Department of Public Safety is part of the OHSU Facilities & Logistics group and consists of more than 40 dedicated professionals who are responsible for ensuring the safety of our campus 24 hours a day, seven days a week. Our safety team includes police officers, community service officers and dispatchers who handle emergency and non-emergency services, and a group of administrative support employees. In addition to performing their regular duties, many officers specialize in one or more areas, such as background investigations, evidence processing, security assessments and training. DPS also performs fingerprinting services for job applications. OHSU policy requires that students wear their ID badge at all times at OHSU. Please see the Safety Guides and other resources available on their website.

## Student Center

Phone: 503-494-8295

E-mail: [studentcenter@ohsu.edu](mailto:studentcenter@ohsu.edu)

Website: <https://www.ohsu.edu/education/student-center>

Location: Next to Mark Hatfield Building and across the street from Doernbecher Children's Hospital

The Student Center provides social, cultural and recreational opportunities to students and members of the OHSU Community. Amenities available at the Student Center include: basketball court; swimming pool and hot tub; intramural program; game room with pool table, ping-pong, foosball and darts; TV lounge and multi-media room; lounge spaces for group gatherings; locker rooms and towel service; café; and computer kiosk. Spaces at the Student Center can be reserved for use by student groups.

## University-Wide Student Affairs Policies

The Provost's Office at the university maintains an updated list of academic policies that are relevant and apply to all students at OHSU. The major categories of these policies includes:

- Student Admissions Requirements
- Equal Access
- Student Drug and Alcohol Testing
- Student Residency
- Student Records and Identity Verification
- Conduct Relating to Students
- Academic Programs and Assessment
- Exams, Credit, Grading and Completion
- Miscellaneous Student Affairs Policies

These university-wide student affairs policies can be found [HERE](#).

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

All registered professional students are members of the Affiliated Students of the Oregon Health & Science University. The School of Medicine elects representatives to the All-Hill Council. The selection of representatives is described in the ASOHSU Constitution. Please see the [Student Government section](#) of the SAKAI, Office of UME site.

## Class Officers

Each medical class elects officers to work with the Dean, Associate Deans, and other faculty members throughout the school year as liaisons between their class and the school. Second-, third- and fourth-year officers are elected before May 1 each year. Elections for each class are organized by the incumbent officers. An election for the first-year student is held before Winter Break. Organizational meetings for election of officers are coordinated via the Student Council.

**Class Officers selected annually by each class:**

Class President, Vice President, Treasurer, Secretary, 2 Senators, 2 All-Hill Council representatives and 3 Dean's Advisors, among others as specified by the Medical Student Council Constitution, located in other sections of this Handbook. The Curriculum Committee Representative is selected by the Assistant Dean for Student Affairs and the other CCR members. Of note, the College Advisory Board members are selected by the Assistant Dean for Student Affairs and the Manager for the Colleges Program.

**Organizations of Student Representatives (OCR) to the Association of American Medical Colleges**

include one representative and an alternate representative for the medical student body and are elected to terms ending upon graduation, usually either 2- or 4-year terms. The students chosen for this organization are the same students as the SoM UME Curriculum Committee Representatives. OCR students should attend each monthly SoM UME Curriculum Committee to offer robust student voice and input to the Committee process. If an OCR student is unable to attend a meeting, they will be responsible for finding an alternate student from their class to attend in their absence.

## Medical Student Senate

The Student Senate is comprised of the two elected representatives and the class president for each of the medical student classes. The Student Senate represents the medical student body and usually meets at least monthly. A chairperson and a secretary are elected by the Student Senate from within the membership.

Objectives of the Student Senate are:

- a. to serve as a means by which student opinion can be sampled and expressed as a unified voice
- b. to promote the exchange of ideas on both the intra-class and inter-class levels, and thus to identify issues of greatest student concern
- c. to establish and maintain formal communication between the Student Senate and the student body, administration and faculty
- d. to implement changes relevant to student concerns. A constitution and more information on the Student Senate are available through the Student Senate secretary.

## Medical Student Honor Code

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

## Medical Student Statement of Principles

We, as medical students of Oregon Health & Science University, recognize the privilege of studying medicine. We believe it is fundamental to support and cultivate the principles that uphold the integrity of the medical profession. Our Statement of Principles is the standard to which we, as a community, hold our colleagues and ourselves accountable, thus entrusting ourselves with the responsibility to self-

govern. The objective of our Statement of Principles is to foster trust, responsibility and professionalism in all student interactions, including those with fellow students, faculty, staff and patients. Our goal is to promote the professional advancement of all students, to ensure the highest integrity in the academic enterprise, and to endorse our commitment to ethical behavior in the profession of medicine.

As students, we will maintain the highest academic standards and advance the science and quality of clinical care by:

- Always submitting original work, examinations, and assignments, or properly crediting contributions from other sources;
- Never giving aid in examinations or assignments unless such cooperation is expressly permitted;
- Fostering an environment in which students can be fully trusted to be academically honest;
- Working with faculty and staff to create classroom and clinic environments that are conducive to learning and that reward characteristics such as inquisitiveness and perseverance;
- Promoting a culture of learning that is free from abuse and humiliation;
- Striving to produce the most complete and accurate medical histories, physical examinations, and patient assessments possible;
- Understanding the importance of recognizing, admitting, and learning from our mistakes;
- Recognizing the limitations of our knowledge and clinical skills;
- Seeking assistance when necessary to provide outstanding patient care and to advance our knowledge and skills;
- Ensuring that the confidentiality and privacy of each patient is respected;
- Recognizing patient modesty as essential in providing the best patient care;
- Demonstrating professional conduct in demeanor, language, and appearance in the health care setting and when representing the university;
- Reporting situations in which we believe an individual's safety or well-being was compromised;
- Promoting diversity by creating a community of inclusion, and respecting the unique contributions of all;
- Committing ourselves to the growth of a culture at OHSU that is free from harassment or discrimination of any kind.

## **Medical Student Council Constitution**

### **PREAMBLE**

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

## **ARTICLE ONE: NAME AND PURPOSE**

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

**SECTION TWO:** The student council shall serve as the primary executive agency of the student body. The purpose of the Student Council shall be:

1. To serve as the official representative of the OHSU School of Medicine student body to the administration and faculty and students in other OHSU schools.
2. To promote interaction between students, faculty, the administration, and the community.
3. To promote student awareness of issues and policies pertinent to succeeding within their respective program.
4. To consider and potentially act upon matters of concern brought to its attention by individual students, one or more classes, or the student body at large.
5. To serve as a means by which effective communication is achieved between classes, the student body, and other organizations.
6. To raise and maintain funds it deems necessary and useful to carry out its purposes.
7. To manage and distribute funds in a manner that contributes to mission of the SOM Student Council.
8. To aid student organizations in applying for recognition/funding according to the Funding Policy bylaws.
9. To make the student body aware of teaching awards, and to determine nominations and/or recipients as outlined by the specific awards.
10. To make the student body aware of awards, recognitions, and achievements of students within the SOM UME Program.
11. To empower ourselves and each other to excel in patient care, medical knowledge, professionalism, practice based learning and improvement, interpersonal and communication skills, and systems based practice in the work place, and collaboration among health care professionals.
12. To support students' emotional, relational, and mental health needs.

## **ARTICLE TWO: MEMBERSHIP**

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

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

- President (1) 1 year term
- Vice President (1) 1 year term
- Secretary (1) 1 year term

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

**SECTION THREE:** All members must be students in the SOM, including joint degree programs, at the time of the election. They must also be in good academic standing ("passing" as verified by the Dean's Office).

**SECTION FOUR:** Terms of office shall commence after the close of the last Student Council meeting of the academic year and will continue through the following academic year until the last Student Council meeting of that academic year (defined as August through August).

## **ARTICLE THREE: RESPONSIBILITIES OF MEMBERS**

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

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

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

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

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

## **ARTICLE FOUR: POWERS**

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

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

**SECTION THREE:** At minimum, the following Student Council members, or designees, must be present for any voting to be performed by Student Council: (a) Class President or Vice-President, (b) Senator, (c) Secretary, and (d) two additional elected members of Student Council. Voting matters that involve the disbursement of Student Council funds must also require the presence of the Class Treasurer, or designee.

**SECTION FOUR:** The Student Council reserves the right to veto, by a majority vote of 50%, any decision made by the standing Committees. A quorum of 3 council members must call a veto into action for a vote to take place.

## **ARTICLE FIVE: IMPEACHMENT, RECALL AND DISMISSAL**

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

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

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

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

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



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

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

## **ARTICLE SIX: VACANCIES**

**SECTION ONE:** Vacancy of the term of office of President shall be filled by the Vice President.

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

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

## **ARTICLE SEVEN: AMENDMENTS**

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

**SECTION TWO:** All proposed amendments to this Constitution, in order to take effect, must be passed by a  $\frac{2}{3}$  majority vote of the voting members of the Student Council.

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

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

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

## **ARTICLE EIGHT: RATIFICATION:**

This Constitution, in order to take effect, must be ratified by a  $\frac{2}{3}$  majority vote of the All- Classes Student Council. This Constitution shall also be approved by the Dean of the School of Medicine.

## **APPENDICES**

### **APPENDIX A: Committee Roles & Appointment Process**

#### **SECTION ONE: Making Appointments**

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

#### **SECTION TWO: Appointed Roles**

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

#### **SECTION THREE: Sustaining Appointments**

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

#### **SECTION FOUR: Membership**

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

### **APPENDIX B: Elections & Recalls**

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

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

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

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

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

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

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

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

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

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

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

## **APPENDIX C: Meetings**

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

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

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

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

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

## **APPENDIX D: Designees**

**SECTION ONE:** In the event that an elected Student Council member is not able to attend a meeting that they are (a) not responsible for leading, and (b) is a meeting of the council of their particular position,

then they should first find a substitute and then notify the Class Secretary, at least 3 days before the meeting.

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

## **APPENDIX E: Funding Guidelines**

**SECTION ONE:** A requestor must be a member of the SOM and can only request funds from his/her Class year Student Council account. Requestors may also be enrolled in joint degree programs and will be considered part of the class with which they will graduate.

**SECTION TWO:** In order to be reimbursable, funding requests must be submitted in writing (or via email) to the Class Treasurer prior to any funds being spent by the requestor. Requests for reimbursement of funds already expended will not be approved. Funding requests should be dated, and submitted with sufficient details of the proposed activity, project, or event to permit the Funding Subcommittee (discussed below) to evaluate the request. Each request must include a reasonable estimate regarding budgetary needs. Any funds expended in excess of an approved estimate will not be reimbursed without the requestor submitting a supplemental request.

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

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

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

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

**SECTION SEVEN:** In order for the Funding Subcommittee to approve a funding request, all three members of the Funding Subcommittee (whether permanent or ad hoc) must vote, in their sole discretion, in favor of the request. In order for the Class Student Council to approve a funding request, a quorum of the Class Student Council must be present. A quorum of the Student Council is defined as 50% of the total number of Student Council members, rounded up to the next whole number. To approve a funding request, a simple majority of those present must vote, in their sole discretion, in favor of the request.

**SECTION EIGHT:** Once a funding request has been approved, whether by the Funding Subcommittee or the Student Council, the requestor will be informed that he/she has the authority to spend his/her own funds on the activity, project, or event, up to the approved amount. The requestor must then submit receipts, evidencing the actual costs associated with the activity, project, or event, to the Class Treasurer. The Class Treasurer shall then reimburse the requestor based upon the approved amounts and the amounts evidenced by the receipts.

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

## Alpha Omega Alpha Honor Society

The Oregon Chapter of Alpha Omega Alpha, a medical college honor society for both men and women, was installed at the School of Medicine in 1923. The society's aims are the promotion of scholarship among medical students and the encouragement of high standards of character and conduct. Selection to AOA is made each spring by the active faculty and resident members and from the junior and senior medical student classes' members.

## SCHOLARSHIPS AND AWARDS

### Scholarships

#### UME SCHOLARSHIPS

[Website](#)

The School of Medicine recognizes that medical education is becoming more costly each year, both for the school and the student. To that end, the School of Medicine has made it a priority to raise

scholarship funds for medical students in our Undergraduate Medical Education (UME) program. In partnership with the OHSU Foundation, we intend to increase that list as we continue to find solutions to student indebtedness. Students who receive scholarships from OHSU or UME are responsible for reading and understanding the criteria for continued eligibility of the scholarship. UME scholarships, their respective eligibility criteria, and award amount are subject to change on a yearly basis.

- For questions about UME scholarships, contact the Office of UME at (503) 494-8228
- For inquiries about financial aid packages, tuition and fees, and student loan disbursements, contact the [Financial Aid Office](#) at [finaid@ohsu.edu](mailto:finaid@ohsu.edu) or (503) 494-7800.
- If you would like more information about the [Educational Debt Counseling and Financial Management Program](#) available to MD students, or are interested in scheduling a one-on-one meeting, contact Mike Matheny at [mathenym@ohsu.edu](mailto:mathenym@ohsu.edu) or (503) 494-7872.

## **UME SCHOLARSHIPS - AWARDED TO APPLICANTS DURING ADMISSIONS PROCESS**

For applicants who have recently been offered acceptance into the MD Program, UME will notify you if you've been selected to receive a scholarship. Therefore, there is no separate application process in order to be considered for one of the UME scholarships. Because admission to the MD program is offered on a rolling basis, the timeline will vary for notifying scholarship recipients. More information regarding each scholarship is found on the [scholarship website](#).

- OHSU President's Fund
- Scholars for a Healthy Oregon Initiative (SHOI)
- School of Medicine President's Scholarship
- Future Physician Achievement Award
- Pilar A. Bradshaw, MD Scholarship for Academic Excellence in Medicine
- Swindells Family Leadership Scholarship
- Nelson R. (Sam) Niles, MD and Esther D. (Susie) Niles Scholarship
- Myungja Mia Lee, MD Scholarship
- Dr. & Mrs. Byong Uk Chung Fund

## **UME SCHOLARSHIPS - AWARDED TO CURRENT STUDENTS**

Current M.D. students will be notified through the Office of UME Sakai site when each UME scholarship is accepting applications along with further criteria, details, and instructions for submission. Because these scholarships have different timelines, students should expect to be notified throughout the year. More information regarding each scholarship is found on the [scholarship website](#).

- School of Medicine General Fund scholarships
- Swindells Family Leadership Scholarship
- Annual Awards for Excellence
- Dean's Fund for Excellence
- Earl DuBois, MD Scholarship

- Outstanding Medical Student Scholarship
- Edwin C. Cadman, MD Scholarship
- J. R. Walsh Memorial Scholarship
- Wendell Memorial Scholarship
- Robert L. Bacon Fund
- Overseas Financial Aid Grants

**ADDITIONAL SCHOLARSHIPS OR LOAN REPAYMENT OPPORTUNITIES** The following scholarships and loan repayment opportunities are not affiliated with OHSU, but are available to OHSU medical students. If you would like more information, it is suggested to contact the organization directly. More information regarding each scholarship or loan repayment opportunity is found on the [scholarship website](#).

- Oregon Student Assistance Commission (OSAC)
- American Medical Association (AMA) scholarships
- Women in Medicine (WIM) scholarships
- Visiting Elective Scholarship Programs for Underrepresented Minorities
- National Health Service Corps (NHSC)
- Air Force Health Professionals Scholarship Program
- Army Health Professionals Scholarship Program
- Navy Health Professionals Scholarship Program
- Rural Community Loan Repayment Program
- National Medical Fellowships (NMF)
- Hispanic Health Professional Student Scholarship
- Native Hawaiian Health Scholarship Program
- Scholarships through FastWeb!

Additionally, outside organizations or associations sporadically notify UME regarding scholarships or loan repayment opportunities applicable to medical students. These are shared with the student body throughout the year via the Office of UME Sakai Site.

## Awards

The following chart outlines several awards which are available to medical students, many of which are presented during the annual School of Medicine Honors & Awards Ceremony for Graduate Studies and Undergraduate Medical Education. Some of the awards listed below are also accompanied by a monetary gift to the student.

AWARD	TO	CRITERIA	DECISION
Alpha Omega Alpha (AOA) National Medical Honor Society (Junior and Senior)	Percentage of MS3 and MS4 classes	Commitment to scholarship, leadership, professionalism, and service	Invited to apply; Members vote



Alma Sneed Pathology Award	1-2 MS3s or MS4s	Excellence in pathology scholarship	Dept. of Pathology
OSAC - Alpha Kappa Kappa Award	2 MS3s	Exemplify desired characteristics of a true physician	Selected by class
Community and Wellness Award	1 MS4	Commitment to community and wellness during medical school	Deans in the UME Office
Dean's Award for Exemplary Contributions to the MD Program	2 MS4s	Exemplary Contributions to the School of Medicine	Deans in the UME Office
Department of Psychiatry Outstanding Senior Award	1 MS4	Demonstrated excellence in the Psychiatry Department	Dept. of Psychiatry
Diversity and Inclusion Leadership Award	1 MS4	Commitment to promoting cultural understanding and wellness in communities of diversity	Representatives from the Dean's Office
Doernbecher Children's Hospital Foundation Award for Excellence in Pediatrics	1 MS4	Outstanding performance in academics and humanism	Dept. of Pediatrics
Doernbecher Children's Hospital Foundation Pediatric Clerkship Award	1 MS4	Outstanding performance in the Pediatric Clerkship	Dept. of Pediatrics
Edward S. Hayes Gold-Headed Cane Award	1 MS4	Best exemplifies the qualities of a true physician	Nominated by MS4 class, voted by class and faculty
Family Medicine Outstanding Clerkship Award	1 MS4	Outstanding academic and professional performance in the Family Medicine Clerkship	Dept. of Family Medicine
Glasgow-Rubin Certificates of Commendation from the American Medical Women's Association	Percentage of MS4	Women graduating in top 10%	Automatically awarded if one meets criteria
Gregory Magarian Award for Excellence in Internal Medicine	1 MS4	Senior medical student who has demonstrated excellence in the specialty of Internal Medicine	Dept. of Internal Medicine
Gold Humanism Honor Society	Percentage of MS3 class	Students who demonstrate humanistic traits and are exemplars of compassionate patient care	Nominated by MS3 class; Members Vote
Harry G. G. Kingston Anesthesiology and Perioperative Medicine Outstanding Senior Award	1 MS4	Senior medical student who has demonstrated excellence in the specialty of Anesthesiology	Dept. of Anesthesiology and Perioperative Medicine
James B. Reuler Service Award	1 MS4	Recognizing outstanding service by a medical student	Nominated and voted by MS4 class
Leonard Tow Humanism in Medicine Award	1 MS4	Senior medical student who exemplifies the humanistic qualities of a physician	Nominated and voted by MS4 class
Mark Nichols, MD Obstetrics and Gynecology Award	1 or 2 MS4s	Outstanding performance in the specialty of Obstetrics and Gynecology	Dept. of OB/Gyn.

Mary Gonzales Lundy Family Medicine Award	1 or 2 MS4s	Senior medical student who has demonstrated excellence in the specialty of family medicine	Dept. of Family Medicine
Outstanding Medical Student in Radiation Medicine	1 or 2 MS4s	Senior medical student who has demonstrated excellence in the specialty of radiation medicine	Dept. of Radiation
Robert B. Taylor, MD Family Medicine Award	1 MS4	Senior medical student who best exemplifies the qualities of a Family Medicine physician	Dept. of Family Medicine
School of Medicine Medical Student Award for Research	2 to 4 MS4s	Outstanding research while enrolled in medical school	Students self-nominates; Committee selects
Society for Academic Emergency Medicine Award	1 MS4	Demonstrated excellence in the specialty of emergency medicine	Dept. of Emergency Medicine
United States Public Health Service Excellence in Public Health Award	1 MS4	Recognizing contribution to public health by a medical student	US Public Health Service
William W. Krippaehne Award	1 MS4	Outstanding performance in the Surgery Clerkship	Dept. of Surgery

## Awarding of Honors at OHSU Graduation

Professional degree honors may be awarded upon graduation to individuals who have demonstrated outstanding achievement in the MD curriculum as deemed by the Student and Faculty Honors and Awards Committee in the School of Medicine. Because the Foundations of Medicine curriculum has a pass/no pass grading system, the MD program uses a grade point average criteria based upon student performance only in the core clinical experiences. Professional Degree Honors are awarded with the English terms: With Honor, With Great Honor, and With Highest Honor. Graduates earning professional degree honors are notified in advance of the graduation and hooding ceremony and given a gold honor cord to wear at the ceremony. The distinction of Honors is also recorded on the permanent academic transcript.