This is an exciting time to be in medicine. The pace at which advances in the sciences basic to the study and practice of medicine is moving is absolutely incredible. These developments improve our understanding of disease as well as enhance potential treatment options. The School of Medicine at Oregon Health and Sciences 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 first two 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, academic health center or in a large inter-specialty practice setting.

OHSU School of Medicine - Where healing, teaching and discovery really do come together.

Office of Education & Student Affairs, L102
Oregon Health & Science University School of Medicine
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098
Ph 503-494-8228
Fax 503-494-3400

Tana A. Grady-Weliky, M.D.
Associate Dean for Medical Education

Please note that information contained herein may be, and probably will be, changed during the course of any academic year. The OHSU, SOM or program reserves the right to make changes including but not limited to changes in policies, fees, tuition, course offerings and requirements. This document should not be constructed in any way as forming the basis of a contract.
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Mission Statement

It is the mission of the School of Medicine to enhance human health through programs of excellence in education, research, health care and public service to the larger community including underserved populations. In achieving these goals, the Oregon Health & Science University (OHSU) School of Medicine seeks to establish an educational environment that challenges its students to strive for academic excellence and fosters the development of compassion, humanism, professionalism, and cultural competence in the care of patients from their first days in the classroom to their final rotation in the hospitals and clinics. A fundamental priority throughout OHSU is to enable each student to fulfill his or her potential as a human being and as a health care professional while effectively meeting the health-related needs of the multiple communities he or she will serve.

General Information

The University of Oregon Medical School was established by a charter from the Board of Regents of the University of Oregon in 1887. The name was changed in November 1974 when the School of Medicine and the Schools of Nursing and Dentistry reorganized as the University of Oregon Health Sciences Center, subsequently the Oregon Health Sciences University. In 2001, it was renamed Oregon Health & Science University (OHSU) with the addition of the School of Science and Engineering. OHSU occupies more than 100 acres and over 30 buildings in Sam Jackson Park overlooking the city of Portland but within one and a half miles of the business center. Campus physical facilities include basic science, research and laboratory buildings; two hospital units with a licensed capacity of 509 beds; an outpatient clinic; Child Development and Rehabilitation Center; hearing and speech center; library and auditorium and student activities building. The School of Medicine is affiliated with the 563-bed Veteran’s Affairs Medical Center and Shriners Hospital for Children located on the campus. The School of Medicine provides educational programs for medical students, graduate students in basic medical sciences, interns, residents and faculty as well as programs for physician assistants, radiological technologists, medical technologists and dietitians. An extensive postgraduate program exists.
ACADEMIC PROGRAMS FOR M.D. DEGREE

Required Coursework for Graduation

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

**First and Second Years**
Gross Anatomy, Imaging and Embryology (12 credits)
Cell Structure and Function (8 credits)
Systems Process and Homeostasis (9 credits)
Biological Basis of Disease (9 credits)
Year One Principles of Clinical Medicine including preceptorship (12 credits)
Year Two Principles of Clinical Medicine including preceptorship (12 credits)
Circulation (8 credits)
Metabolism (5 credits)
Neurosciences and Behavior (8 credits)
Blood (4 credits)
Human Growth and Development (6 credits)

**3rd & 4th YR Required Courses:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Third Yr Wks</th>
<th>Either 3rd or 4th Yr Wks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Surgery</td>
<td>5</td>
<td>4*</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>5</td>
<td>4*</td>
</tr>
<tr>
<td>OB-GYN</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Rural &amp; Community Health</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Neurology</td>
<td>0</td>
<td>4*</td>
</tr>
<tr>
<td>Sub-Internship</td>
<td>0</td>
<td>4*</td>
</tr>
<tr>
<td>ICU/MICU</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Required Electives &amp; Service</td>
<td>20*</td>
<td></td>
</tr>
</tbody>
</table>

*either 3rd or 4th yr

**Required Selectives:**

4 weeks/6credits  Ward Subinternship
Intensive inpatient experience where the student functions (with supervision) at an intern level in evaluating patients, coordinating for day to day patient management, coordinating consultations, treatment plans, writing orders and establish diagnosis and therapeutic plans

4 wks/6credits Surgical Subspecialties - Surgery (Urology, General Surgery, Plastics, Transplant, Vascular, Pediatrics Surgery, Cardiothoracic), and other
surgical departments including Orthopedics, Neurosurgery, Ophthalmology, Otolaryngology, Anesthesiology

4 wks/6credits  Intensive Care Unit (ICU) Experience
4 wks/6credits  Neurology
4 wks/6credits  Ambulatory Pediatrics
20 wks/30 credits  Total Required Selectives from above

**Required Electives 3rd & 4th Years:**

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

18 credits of clinical electives must be taken at the 3rd and 4th year level to include: consultant clerkships, international clerkship, clerkships away from the university, etc. No more than 12 credits of electives in one discipline. No more than 12 credits can be taken away from the university.

12 credits in this category can be clinical, non clinical or research. Four credits (4) in this category can be earned during years one and two.

**Flexible Time 3rd and 4th Year**

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

**USMLE I and 2:**
Students are required to sit for USMLE Step I at the end of the second year curriculum prior to starting clerkships. USMLE Step 2CK and 2CS should be completed by March prior to graduation in June.

**Effective with the entering class of 2009** all students are required to take and record a passing score for the USMLE Step I and Step 2 CK and CS exams in order to graduate from the MD program.

Students are required to take all comprehensive exams as scheduled.

**Scheduling Policies:**

1. Students are expected to complete all required third year clerkships during the third year of medical school. Students may not drop a required clerkship and replace it with an elective or fourth year required course. Students can request a delay of a clerkship with approval from the Associate Dean for Student Affairs.

2. Away rotations and international experiences are considered Elective and/or Flexible time.

3. Clinical credits are 1.5 per week with an expected 60 hours per week. Research/non clinical credits are 1 credit per week with an expected 40 hour work week.
4. Any selective requirement taken away from the OHSU must be approved by the clerkship director prior to the scheduled course. The student should review the guidelines for approval of an away selective requirement.

5. Students are expected to be available for clinical responsibilities on all OHSU holidays except Winter Break.

6. No more than 8 clinical elective weeks can be in one discipline.

7. Concurrent degree students are expected to complete the clerkship, selective and elective requirements. MD/PhD students can transfer 10 credits from their graduate students research to the electives requirement. However, these research credits may not be used towards the PhD degree.

8. Students requesting international travel must complete all clerkship and selectives requirements prior to the international experience.

Approvals
Clinical Sciences Subcommittee, January 12, 2004
Curriculum Committee, February 12, 2004

COMBINED DEGREE PROGRAMS

MD/PhD

The M.D./Ph.D. Combined Degree Program in the School of Medicine at the Oregon Health & Science University (OHSU) provides an opportunity for students to experience rewards of research and graduate study, while at the same time pursuing a medical education. The School of Medicine and its affiliated units have vigorous research and training programs funded by grants exceeding $160 million annually. Ph.D. degrees may be obtained through the following graduate programs, which encompass several departments within the School of Medicine, and institutes within OHSU: Behavioral Neurosciences, Integrative Biomedical Sciences, Neuroscience, and Molecular and Cellular Biosciences (including Biochemistry and Molecular Biology, Cell and Developmental Biology, Molecular and Medical Genetics, and Molecular Microbiology and Immunology).

The combined degree program is designed for superior students with a strong basic science background. Successful applicants must show evidence of potential for outstanding performance in both the M.D. and Ph.D. programs and of a firm commitment and potential for a career in academic medicine. Prior research experience is advantageous. Funding, including tuition waivers and stipend support, is provided for students participating in this program.

The curriculum for the combined degree program is designed to allow students to complete the requirements within a six to eight year period. However, the actual time needed depends upon the individual student's rate of progress in fulfilling the requirements for both the M.D. and Ph.D.
degrees. Ordinarily, students begin the first two years basic science courses in the medical curriculum, while selecting a major department or program for their doctoral graduate studies. During the second year of medical school, the student and a faculty advisor from the major department or program formulate a schedule for the remaining years that encompasses graduate and clinical courses, the Ph.D. qualifying examination and doctoral thesis research.

M.D./M.P.H.

The Oregon Health & Science University M.D./M.P.H. Combined Degree Program is a five-year program administered jointly by the School of Medicine and the Department of Public Health and Preventive Medicine. It is specifically designed for superior students who demonstrate (1) a potential for excellent performance in both the M.D. and the M.P.H. programs, and (2) a firm commitment to and potential for a career in which the population-based clinical practice model (a medicine-public health model) would be particularly useful, or in which the combined degree will prepare them for enhanced career productivity in health programs, policy or research.

The curriculum for the combined degree program is an integrated curriculum designed to allow selected students to complete the requirements for both the Doctor of Medicine (M.D.) degree and the Master of Public Health (M.P.H.) degree in Epidemiology and Biostatistics within a five-year period. Students entering the program begin their M.P.H. studies with an intensive three-week introductory Epidemiology course during the month prior to beginning medical school classes (usually meeting daily for the first three weeks in August) followed by a series of public health seminars during the fall term of the first academic year. Students take a limited number of elective public health courses during the first two years of medical school and will be encouraged to do a public health related internship during the summer between the first and second years. Combined degree students I have a year of concentrated M.P.H. study after either the second or third year during which they complete the core M.P.H. course requirements and the total number of required M.P.H. course credits. Additionally, during the MPH year students complete the bulk of research for the thesis, which is required for graduation from the MPH and MD programs.

M.D./Oral Maxillofacial (OMFS)

Requirements

The top seven candidates who have been screened and selected by the School of Dentistry, OMFS Admissions Committee for admissions will be submitted to the SOM Admissions Committee for approval. If a student is admitted as a non-resident, the SOM will grant a waiver and charge the student in state tuition and fees.

Requirements for the M.D. Degree:
Students are expected to adhere to all policies, procedures, and expectations required for the medical degree. The M.D. degree will be granted when the required courses, examinations, behaviors and electives are successfully completed.

Year One:
Oral and Maxillofacial Surgery resident
- Participate in medical student orientation to learn about the general requirements, receive appropriate identification badges and be part of the class photo. You are not required to participate in all aspects of orientation.
- Satisfactorily complete the course requirements for PCM I,2,3 with the exception of the clinical preceptorship.
- You will be registered but not paying tuition and fees during this time.
- You will be registered as an Audit for PCM and registered for 30 credits for OMAS 704A to meet the requirement for clinical electives. The program will be required to submit final grades for these credits.

Year Two:
- Satisfactorily complete all the requirements of the second year medical school curriculum
- Pay full resident tuition and fees
- Pass USMLE Step I prior to entering 3rd year

Year Three:
- Pay full resident tuition and fees. Students in the MD/OMFS program are required to pay resident tuition and fees for seven consecutive quarterly installments for years two and three of their curriculum. During their elective year (year 4) MD/DDS students are required to pay fees for 4 quarterly installments.
- Required participation in the Transition to Clerkship course
- Satisfactorily meet all requirements of the third year curriculum which include: General Internal Medicine, Pediatrics, OB-GYN, Psychiatry, Family Medicine, Internal Medicine, Continuity Curriculum Series and Comprehensive Testing. You are exempted from: Rural & Community Health and Surgery I.
- During the third year, you are expected to satisfactorily complete 4th year required courses in General Surgery, Neurology and Pediatrics II. You are exempted from the ICU, Sub-Internship, and Transition to Residency courses.
- Pass USMLE Step II CK and CS prior to graduation following same policy as the medical students
- The M.D. degree will be awarded in June of the 4th year and you are expected to participate in the Hooding and Graduation Ceremonies

Year Four:
- Return to the Oral & Maxillofacial Surgery residency program full time.

Effective for the Student Entering the Program starting in 2009
Students admitted to the dual program must meet all the requirements of both the M.D. degree and the Oral & Maxillofacial Surgery residency to remain in the program. Dismissal from either program for academic or non-academic reasons constitutes dismissal from all aspects of the combined six-year program. One student will be admitted per year.

July 10, 2000 - Deans’ Approval
December, 2000 revised February, 2001 update
Revised July 2009
M.D. CURRICULUM

Principles and Highlights of the Curriculum

The goal of the School of Medicine curriculum is to present a four year continuum that balances emphasis on the scientific basis of medicine with early clinical experience; offers progressive patient care responsibilities for students; and permit students to individualize their educational programs as well as to enhance their independent learning and problem solving skills. The sciences basic to medicine are presented in an interdisciplinary format focusing initially on the scientific principles of medicine and ultimately progressing to disease processes and the clinical management and care of patients. Highlights include:

- Centralized responsibility for curriculum in Dean’s Office
- Independent learning fostered
- Integrated and multi-disciplinary basic science courses with enhanced clinical relevance organized as a continuum
- Lecture and non-lecture learning in half day sessions
- Courses in a sequence to avoid competing with other courses
- Instructional objective-based education
- Early and longitudinal clinical preceptorship
- Core clerkships completed during third year
- Ambulatory and primary care strongly emphasized
- Required clinical experience in a rural or medically underserved community setting
- Continuity Curriculum in the third year
- Advanced clerkships in fourth year
- Transition courses bridge curriculum at strategic junctures
- Performance based assessment of students utilizing standardized patients
- Internet-based course and curriculum evaluation

The Guiding Principles and Policies of the M.D. Curriculum

- The purpose of the M.D. curriculum is the general education of the physician. Medical education should not only represent the transfer of information and skills but must provide for the transformation of the learner into a physician.

- The Associate Dean for Medical Education, under the supervision of the Dean, is responsible for all aspects of the medical education program including the undergraduate MD program curriculum, admissions, student affairs, and student support programs.

- The Faculty are responsible for defining the specific content of each course and clerkship.

- All Faculty are expected to participate in the educational programs.
Students are expected to participate fully in all aspects of the medical education program.

Revisions to the curriculum will involve all students rather than separate curricular tracts.

The evaluation of student performance must include the following core competencies: professionalism, fund of medical knowledge, clinical skills, communication skills, and evidence based practice.

The evaluation of student performance must include traditional approaches and, in addition, performance-based assessment of the acquisition of clinical skills, knowledge and attitudes when deemed appropriate.

Evaluation of student performance must be timely, include formative and summative feedback and be provided by faculty who are familiar with the performance of the student.

The educational process must foster independent and life learning skills by promoting synthesis of material, critical thinking, problem solving skills, and self reflection.

Transition courses must be provided at three strategic points to facilitate the progression from undergraduate to professional school, from the 1st and 2nd year curriculum to the core clerkship experiences and from medical student to resident physician.

The basic science curriculum is to be organized into integrated, multidisciplinary units relating structure to function and progressing from normal and abnormal cells and behavior to the pathophysiology of disease and psychopathology as a continuum.

A longitudinal clinical experience must occur early in the first year and continue through the second year of the MD curriculum.

Societal and behavioral issues in health care must be addressed early and throughout the MD education program.

The core clinical clerkship curriculum must be delineated and completed in the third year.

Electives and/or selectives must be provided to enhance the educational value of the fourth year and to permit individualization of the educational experience throughout the curriculum.

The content of the basic and clinical sciences curriculum must be continuously scrutinized for appropriate depth, breadth, and integration.
Medical Student Handbook

- The Curriculum Committee is responsible for implementation, coordination and evaluation of the curriculum to assure appropriate curricular evolution

- Criteria for the academic advancement (promotion and tenure) of faculty must assure equity and balance of teaching activities with scholarship, patient care and service.

Approved by the Faculty Council & Primary Faculty in December 1990
Revisions approved by the Subcommittees May 2003
Revisions approved by Curriculum Committee June 2003

OHSU School of Medicine Learning Objectives

**Knowledge, Reasoning and Problem Solving**

Before graduation, the student will have demonstrated:

(Structure): Knowledge of the normal structure

(Function): Knowledge of function of the body and its major organs

(CMB): Knowledge if the molecular, biomedical and cellular mechanisms that are important in maintaining the body’s homeostasis.

(Pathology): Knowledge of the various causes of disease and the ways in which they operate in the body.

(Pathophysiology): Knowledge of the altered structure and function of the body and its major organ systems in various diseases and conditions

(Therapeutics): Knowledge of the principles of pharmacology, therapeutics and therapeutic decision-making.

(GPI): Knowledge of the principles of genomics, proteomics and bioinformatics and their applications in Medicine.

(Clinical Lab): Knowledge of the scientific principles of laboratory diagnosis and the ability to critically evaluate their limitations.

(Epidemiology): Knowledge of the epidemiology of common diseases and systematic approached useful in reducing the incidence and prevalence of those diseases.

(Reasoning): The ability to reason deductively in solving clinical problems

(Informatics): The ability to retrieve, manage, and use biomedical information for problem solving and medical decision making.
(Scientific Method): Understanding the importance of the scientific method in establishing causation of disease and the efficacy of traditional and non-traditional therapies.

(Medical Ethics): Knowledge of the theories and principles that govern ethical decision making and of the major ethical dilemmas in medicine, particularly those that arise at the beginning and end of life, and those that arise from the rapid expansion of the knowledge of genetics.

(Evidence): Ability to critically evaluate the knowledge base supporting good patient care.

(Quality Gap): Ability to evaluate the quality of health care, and to identify prevailing gaps in best practices and the steps necessary to close the gap.

(Quality Improvement): An understanding of, by way of direct involvement in, implementation of quality improvement initiatives.

(Research Ethics): An understanding of the ethics involved in subscribing to the principles of good clinical practice in research with human participants.

(Research Critique): Ability to assess and critique, at a fundamental level, research as it is reported in medical journals, based on an understanding about how the data is derived.

(Research Importance): An appreciation of the role and importance of research and investigation in the care of patients.

Clinical Skills

Before graduation, the student will have demonstrated:

(History): The ability to obtain in accurate medical history that covers all essential aspects of the history including issues that relate to age, gender and socio-economic status.

(PE): The ability to perform a complete physical examination.

(Procedures): The ability to obtain consent, perform and document commonly provided procedures as required for appropriate patient care.

(Interpretation): The ability to interpret the results of commonly used diagnostic procedures.

(Lab Dx): knowledge of the most frequent clinical laboratory and pathologic manifestations of common diseases.

(Rad Dx): Knowledge of the most frequent radiologic manifestations of common diseases.

(Management): The ability to construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions (acute and chronic; short and long term).
(Emergencies): Ability to recognize patients with immediately life-threatening emergencies and to institute appropriate initial therapy.

(Critical Care): Ability to recognize and outline an initial course of management for patients with serious conditions requiring critical care.

(Pain/suffering): Knowledge about relieving pain and ameliorating suffering of patients.

(Communication): Ability to communicate effectively, both orally and in writing, with patients, patients’ families, colleagues and others with whom the physicians must exchange information in carrying out their responsibilities.

**Attitude and Behavior**

Before graduation, the student will have demonstrated:

(Humanism): Compassionate treatment of patients and respect for their privacy and dignity.

(Honesty): Honesty and integrity in all interactions with patients’ families, colleagues and others with whom physicians must interact in their professional lives.

(Collegiality): An understanding of, and respect for, the roles of other health care professionals, and of the need to collaborate with others in patient care.

(Conflict of Interest): An understanding of the threats to medical professionalism posed by conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine.

(Humility): The capacity to recognize and accept limitations of one’s knowledge and skills and a commitment to continuously improve them.

(Learner): The understanding of the need to engage in life-long learning to stay abreast of relevant scientific advances.

(Professionalism): The ability to conduct themselves with high ethical and professional standards at all times.

*Humanism: An understanding and respect for patients and colleagues with different cultural backgrounds.*

Approved by the Subcommittees May 2003; Approved by the Curriculum Committee June 2003
Curriculum Governance Structure

The curriculum is supported by centralized governance in the Dean’s Office through the Office of Education and Student Affairs. The Curriculum Committee and its subcommittees are responsible for implementation, evaluation, coordination and continuous evolution of the curriculum.

- Required courses/clerkships evaluated annually and reviewed by the Curriculum Committee.
- USMLE performance is analyzed
- Performance based assessment of students required during years one through three
- Performance of graduates assessed by surveying residency program directors
- AAMC Graduation Questionnaire monitored
- Review all requests for surveys and studies that involve distribution to medical students
# Curriculum Structure

## Year One Curriculum: Scientific Principles of Medicine

<table>
<thead>
<tr>
<th></th>
<th>Gross Anatomy, Imaging and Embryology</th>
<th>Cell Structure and Function</th>
<th>Systems Processes and Homeostasis</th>
<th>Biological Basis of Disease</th>
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</thead>
<tbody>
<tr>
<td>Time</td>
<td>11 weeks</td>
<td>7 weeks</td>
<td>9 weeks</td>
<td>9 weeks</td>
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</table>

Principles of Clinical Medicine (PCM)
- Didactic 4 hours/week
- Preceptorship 4 hours/week

## Year Two Curriculum: Systems and Disease Processes

<table>
<thead>
<tr>
<th></th>
<th>Circulation</th>
<th>Metabolism</th>
<th>Neuroscience &amp; Behavior</th>
<th>Human Growth &amp; Development</th>
<th>Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>9 weeks</td>
<td>6 weeks</td>
<td>8 weeks</td>
<td>6 weeks</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

Principles of Clinical Medicine (PCM)
- Didactic 4 hours/week
- Preceptorship 4 hours/week

## Year Three Curriculum: Core Clerkship Component

<table>
<thead>
<tr>
<th></th>
<th>Transition to Clerkship</th>
<th>Medicine</th>
<th>Primary Care</th>
<th>Obstetrics &amp; Gynecology</th>
<th>Pediatrics</th>
<th>Psychiatry</th>
<th>Family Medicine</th>
<th>Surgery</th>
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<td>10 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
<td>5 weeks</td>
</tr>
</tbody>
</table>

Two week Continuity Curriculum
Clinical Practice Exam in June

## 3rd and 4th Year Enrichment Component

<table>
<thead>
<tr>
<th>Required Selectives</th>
<th>Clinical Electives Non Clinical Electives</th>
<th>Transition to Residency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery Subsp – 4 weeks</td>
<td>30 credits hours Up to 12 credit hours can be non-clinical including a maximum of 4 credits earned prior to the start of the 3rd year of medical school Clinical Electives 4 weeks full time = 6 credits Non-Clinical Electives 4 weeks full time = 4 credits</td>
<td>1 week</td>
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<tr>
<td>Ambul Peds – 4 weeks</td>
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<td>Neurology – 4 weeks</td>
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<td>Subinternship – 4 weeks</td>
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<tr>
<td>ICU/MICU – 4 weeks</td>
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ADMINISTRATIVE POLICIES AND PROCEDURES

Registration and Tuition Policies

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

Tuition Policy

1. All medical students enrolled are required to pay annual tuition and fees as a full time student for 15 quarters. Tuition and fees are paid in quarterly installments each year of the four year curriculum.

Students that chose to extend their curriculum beyond four years are expected to pay all fees during each quarter of enrollment after the four year full tuition and fees requirement has been met. The School may require a student to pay tuition beyond 15 quarters if the extension is due to unsatisfactory academic progress.

2. Students who extend their curriculum beyond four years due to unsatisfactory academic performance must re-register for each required course and may be required to pay tuition and fees for the appropriate number of credit hours. Students who are required to register for nine or more credit hours in a quarter must pay full tuition and fees.

3. Students in the MD/OMFS program are required to pay resident tuition and fees for seven consecutive quarterly installments for years two and three of their curriculum. During their elective year (year 4) MD/OMFS students are required to pay fees for 4 quarterly installments.

4. Tuition and fees status is based on matriculation year. Students can expect an annual cost of living increase in tuition and fees. Tuition and fees status for students on an extended curriculum or in a combined degree program are based on matriculation year plus annual cost of living increases for quarters they are in medical school.

Tuition Payment Policy

1. Students are expected to pay tuition and fees at the beginning of each quarter.
2. The OHSU Business Office will provide the students with bills regarding delinquent payments.
3. Students will be notified of an outstanding balance for that academic year and will receive a request for payment in full before they may start the next academic year or quarter.
Malpractice Insurance

The Dean explicitly authorizes medical students, as a part of their academic responsibilities, to participate in clinical activities, including care and treatment of patients, taking histories and performing physical examinations at OHSU, OHSU facilities or non-OHSU sites. Such authorization is to be for academic activities (including clinical) under the direction of and where told to go by persons with faculty positions. Such sites include: inpatient (such as hospitals and extended care facilities, nursing homes and hospices), outpatient (such as clinics and physician offices), patient dwellings and any other location where education and training of medical students may occur. In order to be covered by the State Tort Claims Act, a medical student must be registered for an approved course including all electives on and off campus.

Disability Insurance

Accreditation standards for the School of Medicine requires that all students obtain disability insurance. At the beginning of each academic year the insurance provider will distribute an information brochure describing the medical student disability program coverage and costs. On an annual basis all medical students are required to purchase disability insurance.

OHSU Health Insurance

All medical students are required to have major medical health insurance. Contact the Student Health Service Center for specific information for student health insurance for spouses, registered domestic partners and dependents is also available and eligibility rules and restricted enrollment times are described in the section entitled Health Insurance Info and Waiver Applications. Also available on the OHSU ozone website.

OHSU Student Health Service Center

WHOM WE SERVE
We serve OHSU health sciences students at the Portland campus on Marquam Hill. Specifically, all currently registered students in degree and certificate training programs who are assessed the required health fees in addition to their tuition at OHSU are eligible for health and counseling services at the Student Health Service. Eligibility for new students begins on the first day that classes start. In addition to students, we also make available the services of the OHSU Student Health Service to the spouse or registered domestic partner of an eligible student. Enrollment times and registration rules and affidavits for domestic partnership apply and these are available upon request at the Student Health Service office.

Health insurance for spouses, registered domestic partners and dependents is also available and eligibility rules and restricted enrollment times are described in the section entitled Health Insurance Info and Waiver Applications. See OHSU ozone website for counseling and clinic hours.

Student Health Service Staff
Our staff includes primary care clinical staff (2 primary care physicians and a nurse practitioner), clinical psychologists, psychiatrist, a psychiatric nurse practitioner, registered nurses, and a certified medical assistant. There are four administrative support persons who are an integral
part of the team as well and are particularly knowledgeable about insurance problems, helping with referrals, securing lab results, etc. Although we have a variety of professional degrees, background and experience, we all work together as a team to serve you during your years of training at OHSU.

**SOM Policy Regarding Infectious Diseases**

Medical students exposed to an infectious disease (through needle stick, bodily fluids, etc.) should follow the protocols established by the Student Health Service. The SOM requires all medical students have Hepatitis B vaccination or show evidence of immunity. (See Student Health Service policy for the OHSU)

**Blood Borne Pathogen Instruction**

Medical students are provided specific presentation and demonstrations on Blood Borne Pathogens at the beginning of medical school and again during the Transition to Clerkship prior to entering the third year curriculum.

**Universal Precautions**

Medical students are provided with a “red card” which delineates the procedures to be followed when a student is exposed to blood/ body fluids. If a student has an exposure, they should follow the protocol of the hospital in which it occurred for the initial care. After the initial work up, the student must report the occurrence to the OHSU Student Health Center for follow up medical attention.

**Basic Life Support Instruction**

All students participate in a Basic Life Support Certification for Health Professionals course early in the first year and are recertified during the Transition to Clerkship course.

**Photo Usage Policy**

The School of Medicine prints and distributes a class photo and a picture directory of the students by class. These lists are distributed publicly to students, staff and faculty. If students do not want their picture in this public forum they are required to notify the Office of Education and Student Affairs in writing by the first day of Fall Term each year.

**Inclement Weather Policy**

OHSU, as a health care system, must always remain open during inclement weather. However, adverse weather conditions may present travel problems or other unsafe situations, causing classes to be delayed or canceled, as well as alterations in some office, clinic and lab schedules. Outlined below are guidelines for medical students concerning inclement weather.
First and Second Year Students
Announcements and decisions regarding OHSU class schedules will be made by the OHSU President's Office. Classes may be on a normal schedule, delayed or canceled. Please contact the Weather Hot Line at 494-9021 or listen to the local radio and television stations for the status of classes at OHSU. Decisions are to be made by 6:00AM.

If classes are to be held or delayed you are expected to make a reasonable effort to attend class. If conditions make it impossible for you to travel safely to the OHSU for a scheduled activity requiring attendance (e.g. examination), please contact TSO at 494-8428 or by email (lehmannd@ohsu.edu) and indicate your absence.

If you are scheduled for a preceptorship, follow the procedures above for classes. You are responsible for contacting your preceptor regarding your attendance for that day.

Third and Fourth year Students
If you are assigned to a ward/inpatient clerkship, then you are expected to meet your clinical responsibilities since OHSU Hospital remains open in inclement weather. Students should contact their attending physician or resident in the morning regarding your clinical responsibilities. If conditions make it impossible for you to travel safely, contact your attending or resident regarding your circumstance.

If you are assigned to an outpatient clerkship, then follow the OHSU announcements regarding the status of your clinic. Clinics may be on a normal schedule, delayed or canceled. Contact the Weather Hot Line at 494-9021 or listen to the local radio and television stations for the status report from the OHSU. The report should be given by 6:00AM.

If clinics are to be open or delayed in opening you are expected to make a reasonable effort to meet your clinic responsibilities. However, if conditions make it impossible for you to travel safely, contact your attending or resident regarding your absence.

If you are scheduled to participate in clerkship orientation and/or the Continuity Curriculum, then follow the OHSU announcements regarding the status for classes. See policy above for first and second year students.

c\clerkships\weather.incl

Medical Student Information Regarding Drug Testing

OHSU requires all faculty, staff, residents and students who are involved in patient care to have a drug screening test. The orientation website and orientation information packets will contain the latest information for how to complete the requirements for drug testing. The information will provide you with location and times for the approved sites. The information provided below is to assist you with complying with that policy.

Testing Deadlines:
Students are required to complete the drug screening test prior to September 30 of their first year.

If students do not comply with the deadline, you can be removed from clinical duties until testing has been completed.

You must take the drug test at one of the authorized sites in order for the results to be approved and the fee to be covered by OHSU and financial aid.

**Preparation for the Testing:**

1. Refrain from drinking liquids prior to collection as to not dilute the sample.
2. Bring your PHOTO ID with you (OHSU ID is fine)
3. Listen carefully to the instructions when you arrive and make sure you comply with the instructions for obtaining a good sample.

For those of you with medications that might affect the test you do not need to bring or list medications. If medical information is needed to make a final determination of your test results, you will be contacted by the Medical Review Officer, an MD who understands interactions of diet and prescription medications with the drug test. If you are on prescription medications, it may be helpful for you to list them on the back of your copy of the form the collector gives you.

**What Happens After the Testing**

A report will be forwarded to Assistant Dean for Medical Education in the SOM who will obtain a record that you have complied and have a negative result.

The report will not be part of your permanent record and are only maintained until you graduate.

This information can be shared with affiliated hospitals requesting this information to prevent you from having to comply with further drug testing at their facility and to assure them you have complied with the policy.

If you are requested to have a review with the Medical Review Officer and then receive a negative report, then only the negative report is provided to the SOM. Results of the inquiry will not be forwarded to the SOM.

If you receive a positive result it will be forwarded to the Assistant Dean for Medical Education in the SOM and will then be shared with the Associate Dean for Student Affairs and the Medical Student Progress Board (see section for Role of Board). The student will be asked to meet with the Medical Student Progress Board to further review the problem and to outline recommendations and/or accommodations to resolve the issue.

**M.D. Satisfactory Academic Progress Policy As It Pertains to Financial Aid**

**Maintaining Financial Aid Satisfactory Academic Progress**

Federal regulations require that all students receiving federal financial assistance maintain Satisfactory Academic Progress. Satisfactory Academic Progress will be
reviewed in August for all terms of attendance within the academic year, even those in which financial aid funding was not received. At OHSU, to maintain Satisfactory Academic Progress, students in the M.D. program must meet all of the following standards:

- Be eligible to register (not academically dismissed)

- Within 12 months of matriculation, a grade of satisfactory or better must have been earned in each required first year course. Unsuccessful grades include, but are not limited to: incomplete (I), no grade received/no basis for grade (X), failing or marginal marks (F, M, NP), withdrawals (W, WS, WU) and audited courses (AUD).

- At the completion of the second year, a grade of satisfactory or better must have been earned in each required second year course. Unsuccessful grades include, but are not limited to: incomplete (I), no grade received/no basis for grade (X), failing or marginal marks (F, M, NP), withdrawals (W, WS, WU) and audited courses (AUD).

- At the end of the third year, successful completion of all of the clinical courses attempted with an earned grade of satisfactory or better in those courses. Unsuccessful grades include, but are not limited to: incomplete (I), no grade received/no basis for grade (X), failing or marginal marks (F, M, NP), withdrawals (W, WS, WU) and audited courses (AUD).

- At the end of the fourth year, completion of the requirements for graduation, which include a grade of satisfactory or better in each required course. Unsuccessful grades include, but are not limited to: incomplete (I), no grade received/no basis for grade (X), failing or marginal marks (F, M, NP), withdrawals (W, WS, WU) and audited courses (AUD).

Financial Aid Probation
At the end of each summer term, M.D. students who fail to meet any of the Satisfactory Academic Progress standards will be placed on Financial Aid Probation for one term. Financial Aid Probation is a warning, and students still will be eligible to receive financial assistance during the probationary term. We encourage students to contact their advisor in their program to explore potential services that may assist the student in being academically successful.

When placed on Financial Aid Probation, a written notice will be sent to students informing them of the requirements for re-establishing Satisfactory Academic Progress. The specific requirements that an M.D. student on Financial Aid Probation must satisfy are:

- By the end of the probationary term, full time students must successfully complete at least 9 credits; three-quarter time students must successfully complete at least 7 credits; half-time students must successfully complete at least 5 credits. Your enrollment status is determined by the enrollment level your financial aid is based upon for that term. If no aid is awarded for that term, it will be based on your enrollment at the end of the add/drop period for the term. Unsuccessful grades include, but are not limited to: incomplete (I), no grade received/no basis for grade (X), failing or marginal marks (F, M, NP), withdrawals (W, WS, WU) and audited courses (AUD).
Financial Aid Suspension
Students on Financial Aid Probation who successfully complete all of the Satisfactory Academic Progress standards at the end of the probationary term will have the probationary status removed.

Students on Financial Aid Probation who do not successfully complete all of the Satisfactory Academic Progress standards at the end of the probationary term will be placed on Financial Aid Suspension. Students placed on Financial Aid Suspension will be notified of this status in writing. Students on Financial Aid Suspension will be denied future financial aid.

- Students placed on Financial Aid Suspension have the right to submit an appeal to the Director of Financial Aid to have their aid reinstated. In most cases, a student’s appeal would need to include an academic plan formulated by their academic advisor for successful completion of the program within the maximum time frame (as described below.) Additionally, students may submit appeals based on unusual circumstances such as an injury/illness of the student, the death of a relative of the student or other special situations. The decision to approve an appeal to reinstate aid eligibility is at the discretion of the Director of Financial Aid.

- If an appeal is denied or the student chooses not to appeal, the Financial Aid Suspension can be removed by successfully completing at least half time enrollment (5 credits) for one term with no federal/state financial aid. The credits must be through OHSU or pre-approved through an OHSU consortium agreement. Unsuccessful grades include, but are not limited to: incomplete (I), no grade received/no basis for grade (X), failing or marginal marks (F, M, NP), withdrawals (W, WS, WU) and audited courses (AUD). The student must notify the OHSU Financial Aid Office upon completion of the term and grades being posted. The Financial Aid Office will review the grades to determine if the student can be removed from Financial Aid Suspension.

Cumulative Attempted Credit Limit
An M.D. student is allowed to receive federal financial aid up to a maximum of 150% of the published credits required to complete the OHSU curriculum. All attempted credits at OHSU or through an OHSU approved consortium (even credits attempted during terms in which aid was not received) will be counted toward the maximum credits allowed. If a student reaches that maximum, they are no longer eligible to receive federal or state financial aid for that program. A student may file an appeal of the time frame maximum with the financial aid office. The appeal should include an academic plan formulated by their academic advisor for successful completion of the program. In addition, the appeal should include a written explanation of why the program was not completed within the allotted credits. The decision to approve an appeal to reinstate aid eligibility is at the discretion of the Director of Financial Aid.
Criteria for Global Health Experiences

There are two methods for students to seek an international educational experience as specified below:
A) Authorized by the School of Medicine to receive academic credit
B) Non sponsored by the School of Medicine and receive no academic credit.

A) Authorized International & Global Health Experiences for Earning Academic Credit

The following are the guidelines for medical students wishing to earn academic credit, receive financial aid or be granted an extension of their curriculum in order to pursue an international educational experience(s). Eligibility for an international educational experience requires that the following criteria must be met at least 12 weeks prior to departure.

1. Successful completion of the required first, second and third year curriculum. Passed USMLE Step 1
2. Submission of a request in writing for approval to the SOM Dean’s Office with the following required information:
   a. Indicate the name and location of a person or agency that is supervising/responsible for your experience at each site.
   b. Indicate the length of stay (dates) for each experience.
   c. Describe the learning experience expected to be achieved during these experiences.
   d. If this experience extends your medical curriculum beyond four years, explain why this experience will enhance your education
      Meet with the SOM Scheduling staff to arrange academic credits for the period you are away.
   e. Meet with the University Financial Aid Office staff prior to departure regarding financial aid regulations.
3. Students approved for an international education experience, are required to register and pay University tuition (if due) and fees while away on an international experience. Students can earn up to a total of 9 clinical elective academic credits which apply to graduation. The remaining academic credits may be applied to qualify as a full time student for financial aid purposes and will be represented on the academic transcript.
4. Students are responsible for requesting a final grade from their sponsor, who submits it to Office of the Dean.
5. Prior to departure, students are required to obtain consultation from a travel clinic regarding appropriate immunization and prophylactic medications.
6. OHSU does not provide malpractice insurance for international experiences.
7. Students are required to secure medical insurance as well as emergency medical evacuation insurance prior to departure and this coverage should be in place for the duration of the international experience. It is suggested that students contact AEA-SOS International or a comparable organization to purchase insurance. AEA-SOS, Inc. can be reached at P.O. Box 11568, Philadelphia, PA 19116 or 1-800-767-1403.
B) Non-Sponsored International Education Experiences without Academic Credit

Medical students may also pursue international experience(s) during the summer term between years one and two. Successful completion of the year one curriculum is required. Students earn no academic credit toward graduation requirements and are considered not sponsored by the School of Medicine. Non-sponsored students pursuing education experiences are encouraged to obtain medical insurance as well as emergency medical evacuation insurance in this circumstance. In this regard, students should contact AEA-SOS International or a comparable organization. AEA-SOS, Inc. can be reached at P.O.Box 11568, Philadelphia, PA 19116 or 1-800-767-1403.
Advanced Standing /Transfer Policy

All advanced standing/transfer applicants will be reviewed by the Admissions Committee. Due to limited available clinical teaching slots the SOM MD program does not routinely admit transfer students. The only applicants that can be considered are students who are the legal partner of OHSU full time faculty or OHSU resident or medical student. Application procedures are available through Office of Education and Student Affairs. Due to the unique structure of our curriculum, most transfers are considered for entry into the third year, however, consideration can be made for other years.

If you meet the above criteria to receive consideration, then an applicant interested in advanced standing/transferring must be matriculated to an LCME accredited M.D. program, in excellent academic standing in their current medical school, eligible to enter the third year curriculum and have satisfactorily completed USMLE Step I prior to matriculation at OHSU.

- If the Dean determines a position is open for a specific year then all applicants that meet the eligibility requirements listed above may apply. Candidates for transfer should be prepared to provide the following information: Submit a formal application, a personal statement indicating the basis for requesting a transfer, recommendation letter from the Office of Student Affairs at your current school which indicates your performance in medical school, provide an official record of your USMLE Step I scores. In addition, each candidate must be available for an interview. Contact the Education and Student Affairs Office for the application process and selection criteria.

- Oral/Maxillofacial Surgery/M.D. Program - Each year, individual(s) will be selected for the Oral/Maxillofacial surgery /M.D. Program and will enter into the second year of medical school. This selection will be made by the Admissions Committee based on the recommendation of the Director of the Oral and Maxillofacial Surgery/M.D. Program in consultation with the SOM Assistant Dean for Admissions. The requirements for students in this program are available through the Office of Education and Student Affairs.

Readmission Policy

Consideration for readmission is provided only to students who withdrew from the OHSU School of Medicine M.D. Program in good standing and without impending academic progress action. Students who have been dismissed from the M.D. Program or who withdrew due to unsatisfactory academic progress or unsatisfactory professional development may not seek readmission through this process but must pursue the standard admissions process as specified in the School of Medicine Admissions Policy. The Associate Dean for Medical Education is responsible for reviewing applications for readmission to the M.D. 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 Medical Education.

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

Approved by the Ad hoc Review Committee 12/96
Approved by the Admissions Committee - January, 1997

Student Travel Funding Policy

SOM Student Senate Guidelines for Approval of Funding
Amended May 1, 2007

1. Applicant must be a student in the SOM, including joint degree programs, at the time of the event.

2. Applicant must be passing all classes.

3. One must apply when the Senate is in Session from October-May.
   • When the Senate is out of session, Kathleen Hollosy or Dr. Molly Osborne in the Dean’s Office will address funding request.

4. Maximum of $500 distributed per student per fiscal July 1-June 30).

5. Maximum of $750 per GROUP of students per research project.
   • If more than one group of SOM students is attending the same conference, but presenting different research, each group will be considered separately for the $750 group maximum.

6. Students presenting their original research at a conference or attending a conference for which they hold a national leadership position may receive up to $500 maximum for transport (airfare and gas/miles), lodging and registration fees. Food will NOT be considered for reimbursement.
   • If a student has received $500 in the fiscal year and needs additional funds to attend an event for which they hold a national leadership position, (s)he should contact Kathleen Hollosy in the Dean’s Office.

7. Students who wish to attend a conference but are not presenting original research may receive up to $50 for the registration fee only.

8. You cannot receive funds retroactively. You must always apply before the date of the event.
Senate meetings are held the first Wednesday of each month at 6 pm. Contact a Senator for the specific location (usually OL or BSc aka RJH). Your presence is not required, but it is recommended.

9. To receive reimbursement: After the Senate approves your application and after you have traveled, bring your original receipts, of the value you have been approved, to Kathleen Hollosy in the Dean’s Office. Senators do not disburse funds. A check will be mailed to your home.

10. Examples of other projects that have been approved and may be funded at the discretion and budget constraints of the current Senate:
   - Students doing professional work, not for required credit, domestically or abroad, are eligible for a once-per-year mini grant for travel expenses.
   - Student led outreach programs in the community.
   - Student led conferences, open and advertised to the community both on and off the hill at OHSU

Written by Ingrid Cherrytree May 2006

Meeting Attendance for OSR/Curriculum Representatives

AAMC OSR/Curriculum Committee Representatives are approved by the Associate Dean for Student Affairs

MS1 and MS3 student representatives attend the regional meetings
MS2 and MS4 student representatives attend the national meetings
Policies and Procedures for Non OHSU Medical Students Seeking Clinical Rotations at OHSU should consult our website and VSAS (Visiting Student Application Service – AAMC) for policies and procedures.

Visiting Student Policies and Procedures

To be eligible for a visiting student clinical elective clerkship at OHSU School of Medicine:

1. Visiting students must be candidates for the M.D. or D.O. degree in good standing in a school accredited by the Liaison Committee on Medical Education or the Education Department of the American Osteopathic Association.

2. All elective rotations require satisfactory completion of General Internal Medicine, Surgery, Pediatrics, Psychiatry, Family Medicine and OB-GYN. Core clinical rotations are not available to Visiting Students. We require that you have already completed the basic clinical courses at your medical school and that any elective for which you are applying is an advanced clinical elective.

3. Clinical electives are four weeks in length. Visiting students are limited to a **MAXIMUM** of three clinical electives over a two year period. A visiting student may petition, in writing, the Associate Dean for Medical Education if he/she has a reason for requesting more than three electives. Students requesting a fourth elective will be assessed an additional flat fee of $350.00 if petition is granted.

4. Malpractice insurance is provided for visiting applicants for approved electives. You will not be required to pay tuition at OHSU. OHSU is unable to provide free parking, financial aid, room or board for visiting students.

5. Students must complete the OHSU HIPAA and Respect in the University training and submit to a background check prior to starting their elective.

6. Major medical insurance is **REQUIRED** for all students while at OHSU. If you are unable to verify that you have such major medical insurance coverage, you must obtain major medical coverage from Student Health Services. It must be purchased within the first month of the quarter in which the rotation begins. Visiting students must contact Student Health Services directly at (503) 494-8665 to obtain major medical insurance.

6. The student must have completed the following immunizations which are required for participation in clerkships at OHSU and its affiliated hospitals (see IMMUNE STATUS form):

   - **RUBEOLA**: Two immunizations (must be at least one month apart) since 1967 or the disease for persons born after 1957.
   - **RUBELLA**: Positive titer or vaccine required
   - **MUMPS**: Positive titer or vaccine recommended
   - **DIPHTHERIA-TETANUS**: Series of three plus booster within past ten years
   - **POLIO**: Series of three and booster--oral (OPV) or injection (IPV) acceptable
   - **TUBERCULIN STATUS**: Test must be within twelve months unless known positive tuberculin--if positive, treated with INH for six months or a copy of chest x-ray report is available
   - **HEPATITIS B**: Series of three or proof of immunity required
   - **Chicken Pox**: Positive titer or vaccination required


7. OHSU does not grant credit to visiting students, but the individual instructors in the clinical elective(s) you are taking can complete an evaluation form to be sent to your school for credit. It is the responsibility of the visiting student to see that the evaluation form is completed and returned to his/her institution.

8. Please be aware that completing a visiting student rotation does not guarantee a residency interview.

9. Current Medical School Transcript and proof of successful completion of the USMLE Step 1 or NBOME Step 1 is required.

10. All AOA visiting students need to submit a non-refundable application fee of $75.00 per rotation with the completed and signed application form from your school. Students from LCME schools will be required to submit the non-refundable $75 fee at the time that they accept the rotation in VSAS. **Payment should be a check or money order drawn on a U.S. bank in U.S. currency and made payable to: Oregon Health & Science University.**

All information contained in this document is subject to change without notice.

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**M.D. Program Student Academic Record Retention Policy**

I. **Admissions**

**Permanent Admissions Records - University Registrar’s Office**

The following information is sent to the Registrar’s Office after matriculation:
- Original AMCAS Application
- Original AMCAS Biographical Summary Sheet
- Final official Transcript(s)
- Copy of Acceptance Letter
- Student’s form accepting the offer
- Signed Technical Standards form
- Documentation of WICHE or residency status (if applicable)
- Notification of receipt of scholarships (if applicable)

**Admissions Records within the Dean’s Office**

The following documents are destroyed 5 years after graduation:
- Copy of the Biographical Sheet
- Committee summary sheet and voting
- Interview writeups and scores
- Copy of the Acceptance letter
- Documentation of WICHE certification or residency information (if applicable)

The following documents are destroyed at the time of matriculation:
- Letters of recommendation
General correspondence  
Screening sheets  

Admissions Records transferred to the Student Record within the Dean’s Office  
These documents are moved to the student academic record upon matriculation:  
Original Secondary Application  
Copy of Technical Standards form  
Copy of the Biographical Sheet  

Applicant Pool Files  
For a given application cycle, all the application files are maintained for 2 years for all applicants that were not matriculated.  

II. Matriculated Student Files  

Student Academic Permanent Record - University Registrar’s Office  
Upon graduation the following is sent to Registrar to be added to Admissions file.  
Transcripts are not necessary since they are generated by the Registrar’s Office.  
Dean’s Letter  
Verification forms (if applicable)  
Documentation of significant behavioral or academic issues as determined by the Associate Dean for Medical Education  

Student Academic Records within Dean’s Office  
The following documents are maintained in the Dean’s Office and are destroyed 7 years after graduation:  
Verification forms (if applicable)  
Final Transcript  
Clerkship grades and narratives  
Significant Student Progress documents unless approved by Associate Dean for Medical Education to be put in permanent record  
Professional Development Evaluation forms  
Disability Insurance forms  
Letters of recommendation used for residency application  
NRMP forms  
Other significant documents as decided by the Associate Deans  

The Dean’s Office maintains a Dean’s Letter for every graduate since 1982. However, the permanent record of a Dean’s letter is held by the University Registrar’s Office.  

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

III. Student Exams  

1. All exams will be destroyed 1 year after the final grade has been issued on the transcript.  

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

Attendance

Attendance During the 1st and 2nd Year Curriculum
Satisfactory achievement of the educational goals and the objectives of each course requires regular class attendance and participation in all curricular activities. All educational experiences which involve patient contact, clinical demonstration and direct care are required. Students are excused from classes on approved OHSU holidays. Students are expected to adhere to the OHSU Inclement Weather policy as stated in the Administrative Policies section.

The SOM Curriculum Committee expects all students to fully participate in the small groups and laboratory learning experiences unless otherwise indicated by the course director. Attendance at these sessions is required and not optional. The small groups and laboratory experiences are an essential component of the preclinical curriculum in providing enrichment, reinforcement of lecture content and delivery of new information. Active participation by both students and faculty in small groups is an excellent method of learning but also strengthens group interactions and professional development skills.

1. Attendance in small groups and laboratories is required in all courses unless specified by the course director.
2. The small groups sessions will comprise at least 5% of the overall grade in a course.
3. Each course will assign exam questions from the small group content areas apportioned to the value of the small group time.
4. Students are expected to be present in their assigned group in order to receive credit for attending the session. Students are expected to come to the small group having read the assigned materials and prepared to participate in the small group discussions.
5. Faculty will be oriented to the small groups objectives as outlined by the course director. Faculty are encouraged to assess student performance in the small group sessions. The faculty are responsible for keeping attendance records for each small group as outlined by the course steering committee.

Professional Dress

When you encounter patients either in the classroom or in a medical setting you are expected to adhere to a professional dress status. Your patients come from very diverse backgrounds that need to be respected.

Professional dress consists of clean white coat and an official OHSU nametag identifying you as a medical student. Both male and female students are expected to be neat and well groomed at all times. Students should not wear shorts, jeans, tennis shoes, cargo pants, or Capri pants. Men should wear ties. Women should wear blouses or dresses that have appropriate necklines and do not expose the midriff. Stockings or leggings are expected if the dress is above the
knees. Student should minimize facial piercing and minimize wearing jewelry. Shoes with closed toes are considered safer in a clinical setting since contaminants and needles are often dropped.

First and Second year classroom setting are considered informal unless faculty notify you otherwise. However, you should continue to be well groomed and neat and use good judgment about what is too casual.

You should adhere to hospital policy regarding appropriate protocols for when to wear scrubs.

**Policy for Examination Schedule Change**

1. If a student defers an examination due to illness, the **student must contact** Teaching Services staff (494-8428) who will forward the deferral request to the course Director and Student Affairs Office. Subsequently, the **student is responsible for arranging to sit** for the deferred examination as outlined below (refer to item 4.)

Health care in the Student Health Service is available to all students who are ill.

2. A student may postpone exams for health reasons no more than once during the academic year. Need for a second examination deferral for health reasons requires meeting with the Associate Dean for Student Affairs and a signed release for health information from SHS.

3. Changing the scheduled time of an examination for non-health reasons is generally not permitted. Exceptions include emergencies and unique academic opportunities. In the case of academic opportunities, **students must submit an e-mail request (which includes the phone number of the course director)** to the Associate Dean for Student Affairs and the Course Director at least two weeks prior to the examination. Students must be in satisfactory academic standing to be considered for an examination schedule change for non-health reasons.

The Associate Dean for Student Affairs is responsible for reviewing non-health related examination schedule change requests from students, discussing the issues with the Course Director, and conveying the final written decision to the student, Course Director and Teaching Services office.

4. Students deferring **exams must take the examination within one week** of the original examination date. Failure to do so will be cause for assigning a grade of “incomplete.” Students who are approved for examination deferral must reschedule the examination through Teaching Services.

5. Students who defer examinations will be afforded the opportunity to sign the following affirmation prior to taking a deferred examination: “I affirm that I have not received any knowledge of the content of the exam that is to be made-up or discussed its contents with my classmates or others who may have knowledge of its contents.”

6. Students who receive permission to take an examination early, shall be afforded the
opportunity to sign the following affirmation prior to taking the exam: “I affirm that I will not disclose any knowledge of the content of the exam or discuss its contents with my classmates or others who may take this examination later.”

Revised and Approved
March 10, 1999
August 8, 1999
February 9, 2009

Policy on Examination Scoring

Class performance on each question following an examination will be reviewed by the course steering committee by reviewing the examination item analysis, reviewing student queries, and individual faculty review of examination content. If the course steering committee recommends a change in an answer, then the recommended change shall apply to all students in the course. Upon a review of performance, if the course steering committee decides to eliminate a question from an examination, then no credit is given to students for this question under any circumstances.

Finalized Basic Sciences Subcommittee
May 13, 1996
Curriculum Committee
June 13, 1996

Passing Grade Expectations for MS1 and MS2 Courses

Students in the MS-1 & MS-2 required curriculum must achieve an average of 70% (75% in Gross Anatomy, Imaging & Embryology), on the cumulative examination scores in order to receive a passing grade for any course.

The other components of the course (i.e. quizzes, labs, small groups, etc) may change the final grade as long as the minimum 70% (75% in Gross Anatomy, Imaging & Embryology) has been achieved on the exams.

Students receiving less than 70% average score (75% in Gross Anatomy, Imaging & Embryology), in any course will receive a marginal or failing grade for that course. Grades considered less than satisfactory will be reviewed by the School of Medicine Student Progress Board.

The Student Progress Board in conjunction with the Course Director will determine remediation of the course if warranted.

Basic Science Subcommittee, TBA
Curriculum Committee, TBA
Examination Administration Guideline

1. Student Personal Belongings
   - Backpacks, etc. are permitted in the classroom and are to remain closed and undisturbed during the exam administration.
   - Students may utilize only identified exam materials during an exam administration. Exam materials include exams, scan sheets, query forms, pencils and calculators when permitted.
   - Watches with alarms and cell phones are to be turned off. Cell phone use is not permitted in the exam room. Pagers should be turned off or alternatively placed on vibrate mode if necessary. Recording/filming devices and radios are not permitted in the exam room. Personal digital assistants (PDAs) should be stored out of sight.

2. Exam Time Period
   - The designated exam time begins on the hour and ends at 50 minutes past the hour unless otherwise noted. This time frame includes exam distribution, proctor announcements and scan sheet completion. Students must be seated and quiet for the exam distribution to begin.
   - Students who have received approved testing accommodations will contact the Course Director at least one week prior to each exam date to request extended examination time.

3. Exam Materials Distribution
   - Students shall collect an answer sheet, query forms, and pencils from a central location prior to the start of the exam.
   - The proctor(s) shall distribute the exam material to each row of seated students.

4. Admitting Late Examinees
   - A 15-minute grace period shall be observed after the start of an exam.
   - A student arriving later than 15 minutes after the start of an exam shall be documented as late. Additional testing time is not added to the testing session for a student who is late.
   - A student arriving late for a second time will be permitted to sit for the exam and will be required to meet with the Associate Dean for Student Affairs.
   - A student arriving late for a third time will be permitted to sit for the exam and will be referred to meet with the Student Progress Board.
   - Late arrival documentations are cumulative throughout the first and second year medical curriculum and will be recorded by Teaching Services Office.

5. Examinees Personal Breaks
   - A maximum of six students may leave the exam for a personal break at any given time.
   - Personal breaks are not to exceed five minutes duration and are restricted to use of the restroom.
A student taking a personal break must deposit their exam and answer sheet, face down, at a location at the front of the classroom visible to all taking the exam.

6. Exam Queries

- The proctor will not answer any questions regarding interpretation of exam content.
- If there is a concern about the intent of an exam item, students should complete a query form.
- Queries are only accepted during the examination period and must be completed within the allocated exam period.

7. Collecting Test Materials at the End of the Session

- The proctor will announce 30-minute, 10-minute and end-of-exam announcements.
- Each student shall individually return their exam, scan sheet, query forms and pencils to the central location in the classroom.
- Exams are not permitted to leave the classroom.

8. School of Medicine Public Domain Policy:

The following School of Medicine policy pertains to all required courses for the M.D. Degree.

The content of an examination is confidential and distribution of the content in the public domain is prohibited when the examination bears the School of Medicine Public Domain Advisory. 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 this examination outside of the classroom setting or of the supervision of the course director or his/her designee is prohibited. Individuals possessing or distributing exams or exam content that is not authorized to the public domain will be subject to academic disciplinary action for failure to meet professional standards.

The following examinations are not authorized for distribution in the public domain.

- Gross Anatomy, Imaging and Embryology
- PCM 1,2,3,4,5,6
- Cell Structure and Function
- Systems Process & Homeostasis
- Biological Basis of Disease
- Circulation
- Metabolism
- Neurosciences & Behavior
- Pathophysiology of Blood
- Human Growth and Development
- Medicine I and II
- Psychiatry
- Surgery I and II
- Child Health I and II
- Obstetrics & Gynecology
- Family Medicine
- Neurology
Confidentiality Policy for Duplicating Course Content Materials – All Four Years

All course content materials provided to OHSU medical students are for the educational use of our students only. None of these materials is to be shared with anyone outside of this medical school.

All course materials provided by our faculty through written or electronic format are considered intellectual property of the author and OHSU and are considered to be private and legally protected.

Consequently, there will be no duplication or sharing of course materials outside of OHSU medical school in any form. 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 from our Sakai or School of Medicine websites.

If a student is granted permission to duplicate any course materials, these reproductions may only be used for internal educational purposes and only by that student or by other OHSU medical students.

There will be no duplicating in any form of examinations or quizzes for any reason. Any breach of this policy will result in disciplinary action.

Adopted by Basic Science Subcommittee, June 25, 2010

Electronic Information

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

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

Other activities that are considered inappropriate use include but not limited to:
- Accessing, viewing or downloading pornographic materials
- Copy or downloading materials in a way that violates another’s licensure/copyright protection
- Use of OHSU computing resources to harass others

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

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

Medical Curriculum While in a Combined Degree Programs

Medical students in the combined degree programs must take all required M.D. program courses while enrolled as a first or second year student. This includes the passing of USMLE Step I prior to beginning any graduate studies and/or clinical clerkships. If a student feels extenuating circumstances exists then the student may petition the Student Progress Board to defer specific MS 1, MS 2 courses or USMLE Step I. Combined degree students may register/participate in an elective clinical preceptorship while taking graduate program courses.

Policy for Providing Tutors

Tutors are provided when a student is identified by a course director as having difficulty making satisfactory progress in a course. The Dean's Office will coordinate selecting a tutor and provide for the tutor by issuing no degree earning credits or a gift certificate to the bookstore.

USMLE Requirements

Effective with the Class Entering in 2009

This policy is a change and is effective starting with all students in the first year curriculum in 2009-2010. All students will be required to take and record a passing score for the USMLE Step I and Step 2 CK and CS exams in order to graduate from the MD program.

Approved by Curriculum Committee April 2009
Approved by Faculty Council May 2009

Procedures:

Students are required to take and record a passing score for USMLE Step I prior to entering the third year clerkship year. All Students must take the exam prior to starting the Transition to Clerkship course. MD/PHD and MDMPH students are required to take and pass the USMLE Step I prior to being eligible to enter graduate studies or clinical curriculum.
Students who receive a non passing score may complete their current clerkship rotation or take an incomplete. They will be given an automatic one year leave of absence to achieve a passing score on Step I and must pass the exam before they can reenter the clinical curriculum. During this leave year, students can decide to be registered for the Clinical Review Course for a maximum of two terms to remediate USMLE Step I or Step II CK/CS. Students must seek approval from the Associate Dean for Student Affairs prior to registration. If they do not pass USMLE Step I within that year, they will be subject to a dismissal hearing by the Student Progress Board. If a student wishes to reenter the curriculum before the one year leave of absence is completed, the student must request this in writing 6 weeks prior to the start of the next clerkship.

The only exception will be for students selected by the Associate Deans to be at significant risk for not passing. They will be identified based on overall academic performance and MOCK board scores. See Administrative Deferrals Policy for detail. Any student that does not sit for the exam by July 30 will be required to take an automatic one year Leave of Absence from the 3rd year. Students who delay the USMLE Step I beyond the August rotation would no longer be able to meet the graduation requirements with their class and therefore automatically extend their curriculum by one year. During this leave year, students can decide to be registered for the Clinical Review Course for a maximum of two terms to remediate USMLE Step I or Step II CK/CS. Students must seek approval from the Associate Dean for Student Affairs prior to registration.

Students are required to take and record a passing score on both USMLE Step 2 clinical knowledge (CK) and clinical skills (CS) prior to graduation. They must complete both exams with a passing score received by the Dean's Office by no later than May 15 of their graduation year in order to be able to participate in Hooding and Commencement. They will be given a one year automatic leave of absence to achieve a passing score on Step 2 CK and CS and must pass the exam before they can reenter the clinical curriculum. If they do not pass USMLE Step 2 CK and CS within that year, they will be subject to a dismissal hearing by the Student Progress Board.

Approved by the Clinical Sciences Subcommittee March 9, 2009
Approved by the Basic Science Subcommittee March 16, 2009
Approved by the Curriculum Committee April 9, 2009

Deferral of USMLE Examinations
School of Medicine policy requires students to take USMLE Step I prior to beginning the Transition to Clerkship and/or a clerkship.

A deferral of USMLE Step I is only granted for documented illness or injury.

Failure to Comply with the USMLE Step I Policy
If a student does not take the USMLE Step I exam prior to the Transition to Clerkship and clinical curriculum:
A student will not be permitted to begin clerkships until the USMLE Step I has been taken and passed. Student is subject to policies and procedures regarding the USMLE Policy (refer to the policy for specifics).

A student must contact the clerkship director for the July rotation at least 1 week in advance to arrange for dropping the course. Likewise, the student must contact the Dean’s Office.

A student will not have priority as a 4th year student to reschedule this third year rotation.

A Professional Development Evaluation may be submitted for non compliance with the USMLE Step I policy.

**Administrative Deferrals Policy**

Administrative deferrals can be granted by the Associate Dean for Medical Education. The following criteria will be used but not limited to:

A group of students can be identified by the Associate Deans to have demonstrated academic performances in years one and two which may put them at risk for not passing Step I. These identified students must meet the following criteria.

The performance criteria for at risk students could be:
- Mock Board score of 40 or less
- OR
- Mock Board score of 50 or less and a course class average of 77% or less

If a student falls into one of these categories, they might be identified as needing additional time to prepare for Step I and may be required to participate in preparation programs. The following are some of the components that might be outlined for participation in this program.

- Required participation in any identified preparation program
- Attendance at all sessions is required
- The course will be held prior to Transition to Clerkship so students will have an additional 4 weeks of study time for the exam.
- Permitted to drop the July clerkship
- Required to take the Transition to Clerkship course
- Requested to take Step I exam at least 1 week prior to the start of the second rotation period. Must be completed by July 30.
- Can’t begin clerkships until Step I exam has been taken. (Please refer to the USMLE policies and procedures for details)

**USMLE Policy for Students Prior to Entering Class of 2009**

Students are required to sit for USMLE Step I at the end of the second year curriculum prior to starting the Transition to Clerkship course and the clerkships. If a student is unable to meet this requirement or fails Step I, they are required to take or repeat the exam in the November/December elective block. USMLE Step 2CK and 2CS should be completed by March prior to graduation in June.
Clinical Clerkships Scheduling

All students must complete the curriculum of the first two years and meet requirements for promotion prior to entering clinical clerkships. Under rare justifiable circumstances students may request to take a required course at another institution. This request must be directed to the Associate Dean for Medical Education for consideration.

All changes in the clinical rotations must be directed to the Office of Education and Student Affairs and not the specific departments. Students requesting a change, cancellation or modification of clerkship schedules must do so at least four to six weeks prior to the start date of the clerkship to be modified. If an emergency occurs after the deadline has passed, the student must direct the request to the Assistant Dean for Medical Education. All clinical rotations begin and end on a specific date which students are expected to adhere to unless prior approval has been granted by the clerkship director. Students are responsible for monitoring their courses and credits to assure they meet the graduation requirements.

Delaying a Clerkship

Students are expected to complete all required third year clerkships during the third year of medical school. Students may not drop a required clerkship and replace it with an elective or fourth year required course. Students can request a delay of a clerkship if: 1) enrollment is full which is determined by the Dean’s Office, 2) military obligation, or 3) personal or academic issues approved by the Associate Dean for Student Affairs. These requests must be approved 6 weeks in advance of requested change.

Students in the MD/MPH program may request to delay a clerkship. In order to receive consideration for such a request students must: 1) outline in writing a justification for the request at least 4 months prior to the clerkship; 2) realize that we must consider the feasibility and logistics of being able to reschedule this clerkship and 3) written approval from the Associate Dean for Student Affairs and the Program Director of MD/MPH program must be granted before the clerkship can be dropped or not scheduled.

Clerkship and Elective Grading

The faculty evaluate a student’s academic performance to determine if he or she is displaying adequate knowledge, skills, and attitudes and is meeting the standards of the clerkship/course. The clerkship director is responsible for reviewing all faculty and resident comments, examination scores, and any other evaluation instruments requested and to arrive at a final grade. The clerkship directors must submit the final grade and a written summary evaluation within 6 weeks of the conclusion of a clerkship. Timely evaluation is essential so that students with academic or professional difficulties can be reviewed and adequately counseled. In addition, faculty are also expected to provide each student in a course with mid course feedback in written format. Mid clerkship feedback must be provided by the 3rd week of a five-week rotation so the student has adequate time to respond.
Clerkship Expectations

The overall objective of the third year is to integrate all that you have learned into the basic skills needed to be a successful physician. Physicians are lifelong learners who must always reach for the next level. In order to reach that goal, the clerkship directors are providing you with a list of expectations to assist you during the core clerkship year.

1. You are expected to be present and participate fully in all activities involved in the clerkship, including orientation, seminars, and the final exam.

2. You are expected to make decisions, defend them, and understand the consequences of a poor decision.

3. You are expected to give 100% effort while on a clerkship and you should expect the same from your classmates.

4. You are expected to be respectful of your classmates, residents, faculty and other staff at all times. Do not undermine your colleagues.

5. You are expected to be current with all your patients and you are encouraged to do advanced reading on those patients. You should feel free to bring relevant articles to the team.

6. You should expect the residents and attendings to provide constructive criticism, so that you can improve throughout the clerkship. A formal midterm feedback session is required at week 3 of the rotation and week 5 of the Medicine rotation.

7. You are expected to be present daily unless you are ill or have a family emergency. You must seek approval for this time off by contacting the clerkship director for permission. There are no scheduled holidays during required third year clerkships.

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

9. You should expect that you will receive your final evaluation within 6 weeks of completing your rotation.

10. You are expected to submit your procedural logs electronically on the last day of the clerkship.

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

12. Remember that patient is the focus of the patient care experience, not you.
Clerkship Principles of Evaluation

1. The process must include evaluation of students, faculty, curricular content, and curricular methodology.
2. All required rotations must submit a final grade and comments to the Dean’s Office no later than 6 weeks after the completion of a clerkship.
3. Accountability to the standards for distribution of feedback must be monitored.
4. Midterm formative feedback of students must be completed in week 3 of a 5 week rotation and week 5 of a 10 week rotation.
5. The midterm formative feedback form will be common for all 3rd year required clerkships and be in a checklist format.
6. A common set of skills and attitudes pertaining to professionalism will be assessed by each clerkship director for 3rd and 4th year required clerkships. If a student receives an overall evaluation of below expectation, they will be required to remediate. The clerkship director will recommend a remediation plan that is submitted to the Student Progress Board for implementation. A clerkship director can also determine use professionalism as part of overall final assessment.
7. The class grade distribution expectation will be 20-25% Honors, 40-45% Near Honors, 30-35% Satisfactory. The grade distribution will be reviewed annually by the clerkship directors.
8. The students must be evaluated based on the instructional objectives that have been developed by each clerkship director.
9. Evaluation of students must include direct monitoring by faculty of patient care skills, including history taking, physical examination, and procedural skills, appropriate for each clerkship.
10. Summative feedback must be obtained regarding student performance, faculty teaching effectiveness, and effectiveness of educational methodology at the end of each rotation.
11. The ACGME Core Competencies should serve as a guide to general areas of evaluation of students.
   a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
   b. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
   c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
   d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
   e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
   f. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
Attendance Policy Regarding Clinical Clerkships

Students are expected to attend all activities involved in a required clinical clerkship. If a student is granted an approved absence that exceeds two days, then the student is expected to make up the time as outlined by the clerkship director. For absences that can be anticipated, approval must be obtained at least 6 weeks prior to the start of the clerkship. A student requesting time off must notify the clerkship director and attending physician by using the Request for Time Off Form. Finalized Request for Time Off forms will be submitted to the Dean’s Office for tracking.

There are three categories regarding absences from a clerkship:

1. Student or immediate family illness or emergency. Student should contact the clerkship director or designee immediately and request time off. Student should submit the Request for Time Off form to the clerkship director within 24 hours. Clerkship director can require this time to be made up if it exceeds two days.

2. Request to attend/or present at a professional conference. This category also includes interviewing or taking the USMLE exams. These events are known well in advance and the student should submit a Request for Time Off form to the clerkship director at least 6 weeks prior to the start of the clerkship to seek approval. Students are permitted to have a total of 2 days during the third year and 2 days off during the 4th year to pursue these kinds of events. If the request conflicts with required activities in the clerkship (e.g. exams, etc) the request can be denied. Clerkship director can require this time to be made up if it exceeds two days.

3. Request for Time Off for non urgent personal reasons such as weddings, reunions, etc. are usually not approved by the clerkship director but can be reviewed if you submit a Request for Time Off form. The clerkship director requires all this time to be made up.

Steps for Requesting Time Off

1. A student submits to the Clerkship Director the Request for Time Off form at least 6 weeks prior to the start of that clerkship.
2. Clerkship Director will review the request to determine if this time off will compromise the clinical service or the academic experience for this student.
3. Clerkship Director reviews the request and will approve with conditions or deny.
4. Clerkship Director forwards the final decision and the Request for Time Off form to the Dean’s Office where the attendance records will be maintained for all clerkships.

If a student has a sudden illness and must be out for a day then the student will seek approval per telephone with the clerkship director and submit the Request for Time Off form upon their return.

Approved by Clerkship Directors
May 9, 2005
OHSU Clerkship Duty Hours Policy

The goals of medical students and the faculty of the School of Medicine are the same: to participate in an educational experience that prepares students to enter residency training and become physicians, while maintaining wellness. During their medical training, students contribute in meaningful ways to patient care. It also is important for students and physicians to develop a healthy balance between work hours and personal time. The student’s family and personal obligations are important and need to be balanced with their education.

Duty hour rules for graduate medical programs, often referred to as the “80-hour work week”, were developed for residents. Similar rules were not developed at the national level for medical students. There are obvious differences in terms of goals and responsibilities between residents and students. Nonetheless, the School’s Curriculum Committee, through the Clinical Sciences Subcommittee, developed the following guidelines.

- The student should work no more than 80 hours per week on the clinical hospital services and/or in clinics, including required clerkship lectures, conferences and exams.
- The student should have at least one full day off per week, averaged over a month.
- No matter how many hours the student has worked, he or she should always check out with their supervising resident or attending before leaving for the day.
- If a student is on a rotation without overnight call responsibilities, the student should feel free to come in early or stay late for the benefit of patient care or the student’s education.

Students are expected to be at all required educational activities (including lectures, conferences, exams, etc).

Approved by the Clinical Sciences Subcommittee May 10, 2010
Edited by the Curriculum Committee, May 14th
Edits approved by Clerkship Committee May 17th.

EPIC Reference Guide for Medical Students
July 1, 2010

**Goal:** Students are expected to be integrated and engaged in the health care team therefore expected to fully engaged in the EPIC system in both the inpatient and outpatient settings.

*Students are able to do the following in both the ambulatory and inpatient setting:*

- Write progress notes
- Pend orders
- Enter information into all components of the patient database, including past medical, family, social history (PFSH) and the review of systems (ROS)
- Access and view data from the medical record
- Access the problem list, medication list, history and allergies which are co-signed
- Develop a student in basket for purposes of sending feedback to them about their documentation
The medical student can/should initiate the discharge summary. Faculty and residents have the ability to edit the student’s note. The faculty who’s responsible for the discharge summary can use the “Make me Author or Addend” button to take over the note as a single note with his/her name associated with the note. All previous authors of the different pieces of the note are in previous versions of the note.

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

- Supervising physician is expected to review the student notes and orders; provide the student with feedback (if developed, faculty and supervising residents could use the in basket for this)
- Supervising physician must approve and sign the orders that are pended by a medical student
- Supervising physician (whether this is an intern, resident or attending) will write their own primary note in every situation, but may refer to a medical student’s previously documented PFSH and ROS for the purposes of billing, documenting additions or addendums when necessary
- Students are not to be used as scribes. If a faculty member wishes to use a student as a scribe it must be approved by the Clerkship Directors Subcommittee.

**Students do not have the ability to do the following in EPIC:**

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

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

- Third and Fourth year medical students have the same training as faculty and residents.
- Fundamental Online course – 1 hr
- 4 hrs of class time for both inpatient and outpatient training
- Online refresher course and IP104 online prior to starting clerkships
- Students in 1st and 2nd year receive Fundamental Online course – 1 hr and 4 hrs of class time for both inpatient and outpatient training. Prior to clerkships they do the refresher course and IP104 online.

**VAMC VS OHSU**

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

**EPIC Technology Support**
Elective Courses Taken Away from OHSU

In general students are required to take all the required courses and clerkships as provided by OHSU School of Medicine. In some instances, students may petition to seek required experiences at other major medical teaching hospitals.

Student must be in good academic standing to participate in away rotations.

The procedures for obtaining approval for an elective course not sited at OHSU or at an affiliated site:
1. Complete the “away clerkship” form or the Educational Agreement form
2. Name of person(s) or institution offering the elective
3. Subject matter or course title of the elective; course content description may be requested
4. Duration
5. Immediate supervisor who will provide a final grade
6. Justification for the elective may be requested

The “away clerkship” form must be submitted in writing to the Education and Student Affairs office with prior approval by appropriate OHSU department chair or designee sponsoring the student. The signed form is required at least 1 week prior to departure.

Due to liability issues, the OHSU Office of Risk Management does not allow students to seek electives outside of Oregon unless they are participating in 4th year required coursework. Students requesting clinical experiences outside of Oregon are required to be supervised by licensed physicians affiliated with accredited residency programs and/or teaching hospitals.
Course Evaluation Process

- Each year, the elected student curriculum committee (CC hereafter) representative gives TSO a list of 10-15 students they feel would be strong mini-report authors. TSO randomly assigns one student from this list to be the author for each course reviewed during the year.

- At the end of the course*, the Report Authoring Team (student report author and curriculum committee student rep) are given all course evaluation materials by TSO. The team has **6 weeks** to complete and submit the final student report.

- Student report author reviews content and then fills in **pre-formatted, online form** that serves as the report.

- Report contains:
  - Strengths (no more than 10, no less than 5),
  - Weaknesses (no more than 10, no less than 5),
  - Recommendations (no more than 6, no less than 3),
  - Strengths and weaknesses have quantitative (how many comments out of the group mentioned this?) and qualitative (why do you think the students felt this way?) components.
  - Though only report authoring team have access to the evaluation data, it is recommended that they organize a "focus group" of fellow students during the authoring process to assist in fleshing out the **qualitative** components of the evaluation (e.g. Why the students didn’t like the textbook, why they students liked a particular lab, etc.) Raw course evaluation data **is not** to be shared with the focus group.
  - Focus groups are organized and run by the report authoring team.

- Final report must be approved by curriculum committee student rep prior to being officially submitted to TSO.

  Course director and curriculum committee faculty liaison receive final report. **At this point, no further action is needed.** However, a meeting between course director, report authoring team and curriculum committee faculty liaison can be requested by any combination of the parties to discuss final report. Additionally:

  - When TSO distributes the raw course evaluation data and asks all parties if they would like to meet. If not, no meeting happens but, if so, TSO will set up a room and a time:
    - The meetings are to include the student report authors, course director and CC liaison. If the course director would like to invite other faculty members or steering committee, they may do so.
    - Such meetings will be scheduled within 2 weeks of the submission of the Student Consensus report, so all parties have time to review prior to the meeting.

- After final report is submitted, previous mini-reports may be reviewed by curriculum committee student representative.
PCM

- For PCM, only one mini-report will be completed at the end of the year. However, abbreviated versions of these reports will be completed by the elected PCM student representatives after each term. These abbreviated reports will be shared with the PCM Leadership Team and curriculum committee student rep. only. Only the end of year mini-report will be shared with the curriculum committee faculty liaison. The elected student representatives for PCM will use their abbreviated reports to compile the final mini-report at the end of the year.

GIE

- As the first MS1 course (GIE) ends prior to CC student rep election, the process for this course will be the following:
  - MS2 CC rep will facilitate the GIE course review.
  - MS2 CC rep will always designate the newly elected MS1 class president as the report author for GIE.
  - All other timelines and processes remain the same as above.

Student Recognition

Students that participate as a course report author will receive a formal letter of recognition from the SOM Dean’s Office acknowledging their contribution to the course evaluation process. This letter will be given to the student and added to his/her academic file.

Curriculum Committee Evals

- Curriculum Committee faculty liaison is privy to yearly student reports and general course evaluations. He/she may choose to follow up with the student and course director with any questions after reviewing.

- For three year eval, CC rep reviews all student mini-reports, putting most emphasis on the most current. From this he/she is able to identify themes and trends over the past three years.

- CC rep completes a pre-formatted, online form for official submission to the Curriculum Committee.

- Report uses student mini-reports and raw data to determine:
  - Top 5 strengths of the course.
  - Top 5 weaknesses of the course
  - Top 5 formal recommendations to the Curriculum Committee regarding the course.

- Finalized report is presented to Curriculum Committee by faculty liaison.

Developed by the Curriculum Committee and Implemented in Fall 2009-10
**Required Clinical Clerkship Evaluation Process**

Each required clerkship is evaluated annually by the students, faculty and Clerkship Directors. Clerkship Directors review student clerkships evaluation and log information every 6 months and annually a comparative review.

Each required clerkship undergoes a complete evaluation review every 3 years by the members of the Curriculum Committee. During the Transition to Residency course the clerkship requiring to be evaluated are reviewed by students, faculty and Curriculum Committee. A final presentation of the information is then presented to the Curriculum Committee by the Liaison and the Clerkship Director. Students representatives are present.

The Dean’s Office randomly selects 4-5 students from each of the 7 rotations from that year to assure that all periods of time during the year are represented. However, any interested student may participate. The Curriculum Committee student chairs the student committee and will review the clerkship evaluation data for the past 3 years and develop a report. Upon completion of their review and report, then the Curriculum Committee faculty liaison assigned to that course will convene a meeting of the Clerkship Director and student committee. The meeting is also open to other students and faculty.

The course evaluation meeting will be chaired by the Curriculum Committee liaison. There should be about 5-10 fourth year medical students present to provide the student perspective on the clerkship. The clerkship director can bring other members of the faculty to the review if they desire. The Curriculum Committee liaison will prepare a final report which will include the strengths, areas of concern and final recommendations which will be presented to the Curriculum Committee. The clerkship director will have the opportunity to review the report prior to the meeting and be present for the Curriculum Committee meeting.

The following materials are used for review

1. List of questions you might consider in the evaluation
2. Summary of the clerkship evaluation data from past 3 years
3. Previous clerkship evaluation reports submitted to the Curriculum Committee
4. Graduation Questionnaire information regarding this clerkship
5. Grade distribution sheet
6. Pertinent information regarding the clerkship.
Evaluation Questions for Clinical Clerkships

The following questions need to be addressed as part of the evaluation of a clinical clerkship.

1. Review the clerkship study guide presented to the students for:
   - Measurable objectives
   - Expectations of the student during the course
   - Criteria for Grading is outlined
   - Schedules of Conferences

2. Is there adequate orientation session between the course director and students prior to the start of the course?

3. Review the distribution of grades for this past year. How many H, NH, etc

4. Review the midterm student assessment process. How does the process guarantee the student was presented with feedback at mid session. How is the information documented? How does the clerkship director use this information in formulating a final grade.

5. How does the clerkship director guarantee faculty directly observe a student during the clerkship? Do the objectives indicate the expectations regarding this observation?

6. What faculty and resident development information or programs does the clerkship director sponsor or the department? How are the faculty and residents informed of the criteria and grading methods of the grade?

7. If a clerkship uses multiple sites, how does the clerkship director assure continuity between all sites?

8. Review how the clerkship faculty and director assess student professionalism?

9. Review the pages from the Graduation Questionnaire regarding this clerkship.

10. Review the appropriateness for the lecture series? Does someone monitor the attendance of the faculty presenters and the student attendance?

11. Review the overall summary of the patient log and compare to the objectives
Thank you for agreeing to serve as an attending/preceptor for the ______________________ clerkship. ______________________ (Student Name) is currently a medical student in good standing at Oregon Health & Sciences University. This student has permission to participate in this clinical clerkship as a part of their required curriculum at OHSU. This letter is to outline the expectations for the student and the preceptor, as well as, provide you with assurances regarding the student’s liability and health care coverage.

Date of the experience:

Name of the Clinic and Address:

Name of the OHSU Clerkship Director responsible including email and phone:

OHSU Expectations for the Student at your Facility:
The Student is expected to adhere to all academic standards established by the preceptor and only perform duties within the goals and objectives outlined by the course leadership at OHSU.

The Student is expected to review your facility requirements and abide by all policies, regulations, and procedures as requested by the Preceptor/Supervisor and/or the applicable medical center.

The Student is expected to perform to the best of their ability all course objectives and requirements as outlined by the OHSU course director and the supervision at the facility.

The Student is expected to demonstrate professional demeanor with all students, faculty and staff of your facility.

OHSU Expectations for the Supervising Preceptor and Facility named above:
The preceptor named above (Preceptor) is responsible for the Student’s overall educational experience including scheduling, supervision and evaluation. The Student shall at all times while they are at your facility be subject to the direct oversight, supervision, and direction of the Preceptor.

The Preceptor is exclusively responsible the care of all patients, including all determinations of appropriate treatment and care of all patients. The preceptor is an independent contractor and shall not be considered an officer, employee or agent of OHSU for any purpose. And the Preceptor shall not be entitled to any of the benefits that OHSU provides for its employees.

Preceptor is required to submit to the Director of Medical Education at your site a final grade and narrative related to the Student’s performance at the end of each OHSU academic quarter.

OHSU Training and Screening of Students:
The Student will have completed an OHSU HIPAA training program.

Prior to placement, OHSU will conduct a criminal background check on Student and provide to the Hospital upon request.
Prior to placement, OHSU will require that the Student has demonstrated immunity from mumps, measles, rubella, varicella (Chickenpox), and Hepatitis B (completion of Hepatitis B series or signed statement declining series); and OHSU will have proof of a negative Purified Protein Derivative (PPD) skin test or chest x-ray within six (6) months prior to placement.

The Student has major medical insurance, and all personal health care related matters involving the students should be directed to the Student Health Service at OHSU.

If the Student has an occupational blood borne pathogen exposure while at your facility, then OHSU expects the Student to contact OHSU Student Health Services immediately for emergency services and follow up. Medical expenses incurred will be the responsibility of the student and/or OHSU.

Insurance/Liability:
OHSU shall be responsible to provide Professional Liability Insurance coverage for OHSU’s students, with minimum limits of $1,000,000 per incident and $3,000,000 aggregate while students are participating in this preceptorship.

OHSU does not assume any Professional Liability coverage for the Preceptor or any other facility staff members. The Preceptor shall maintain their own professional liability Insurance coverage in amounts of not less than $1,000,000 per incident and $3,000,000 aggregate. The Preceptor is responsible for the care of its patients and under this agreement is providing training for the Student.

If this Student is involved in an incident or claim involving patient care or other related activities, the Preceptor shall notify immediately the School of Medicine, Office of Education and Student Affairs in writing of this incident.

Signatures:
Your signature acknowledges that you have reviewed this document. If you have any additional questions or concerns, please do not hesitate to contact us. Please return the signed original to the Director of Medical Education at your site.

Community Attending/Preceptor:

(Name)

_________________________  ______________
Signature                 Date

OHSU Clerkship Director:
STUDENT POLICIES

M.D. Technical Standards

Because the M.D. 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. Therefore, the following abilities and expectations must be met by all students admitted to the School of Medicine. Students/applicants who may have questions regarding these technical standards are encouraged to contact the Education & Student Affairs Office.

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

2. Candidates must have sufficient use of the sensory, vision, hearing, motor and 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; and 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 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 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 Technical Standards

Approved: October 30, 2009

Health Sciences programs have a societal responsibility to train competent healthcare providers and scientists that demonstrate critical judgment, extensive knowledge and well-honed technical skills. All candidates for an OHSU degree or certificate must possess essential skills and abilities necessary to complete the curriculum successfully. These include academic (e.g., examination scores, grade point average) as well as technical standards. These technical standards are nonacademic criteria, basic to all of OHSU’s educational programs. Each OHSU program may develop more specific technical standards.

OHSU’s Technical Standards include:
Acquire information from experiences and demonstrations conveyed through online coursework, lecture, group seminar, small group activities, and other.

Ability to recognize, understand and interpret required instruction materials including written documents, computer-information systems, and non-book resources.

Ability to manipulate the equipment, instruments, apparatus, or tools required to collect and interpret data appropriate to the domain of study, practice or research.

Ability to follow universal precautions against contamination and cross contamination with infectious pathogens, toxins and other hazardous chemicals.

Solve problems and think critically to develop appropriate products and services (e.g., treatment plan, a scientific experiment.)

Synthesize information to develop and defend conclusions regarding observations and outcomes

Use intellectual ability, exercise proper judgment, and complete all responsibilities within a timeframe that is appropriate to a given setting.

Maintain effective, mature, and sensitive relationships under all circumstances (e.g., clients, patients, students, faculty, staff and other professionals.)

Communicate effectively and efficiently with faculty, colleagues, and all other persons encountered in any OHSU setting.

Work in a safe manner and respond appropriately to emergencies and urgencies.

Demonstrate emotional stability to function effectively under stress and adapt to changing environments inherent in clinical practice, health care and biomedical sciences and engineering.

Disabilities:
It is our experience that a number of individuals with disabilities, as defined by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, are qualified to study and work as health care professionals and scientists with the use of reasonable accommodations. To be qualified for health sciences programs at OHSU those individuals must be able to meet both our academic standards and the technical standards, with or without reasonable accommodations.

For further information regarding services and resources for students with disabilities and/or to request accommodations, please contact the Office for Student Access.
Equal Opportunity

If you think you have been discriminated against and you want to file a complaint, the Office of Education and Student Affairs recommends that you first consult with the OHSU Office of Affirmative Action/Equal Opportunity. The AA/EO Office will confidentially review the complaint and will contact the Associate Dean for Medical Education if the student and the AA/EO agree the complaint is justified that a grievance should be filed. See Grievance Policy for procedures.

Students with Disabilities

Our program is committed to all students achieving their potential. If you have a disability or think you may have a disability (physical, learning disability, hearing, vision, psychological) which may need a reasonable accommodation please contact Sue Orchard, Coordinator for Student Access, at (503) 494-0082 or email at orchards@ohsu.edu to discuss your needs. You can also find more information at http://www.ohsu.edu/academic/acad/osahome.html. Because accommodations can take time to implement, it is important to have this discussion as soon as possible. All information regarding a student’s disability is kept in accordance with relevant state and federal laws.

Q: What does the Student Access office do?

A: Student Access ensures that qualified students with documented disabilities receive equal access to OHSU programs and services. OHSU is legally required to comply with Section 504 of the Rehabilitation Act and the Americans with Disabilities (ADA).

Q: Who is considered a “qualified student with a disability?”

A: The Americans with Disability Act (ADA) and Section 504 of the Rehabilitation Act define a person with a disability as someone who has a physical and/or mental impairment that substantially limits a major life activity. Major life activities include, but are not limited to: breathing, hearing, walking, seeing, lifting, speaking, working, reading, concentration, learning, and sleeping. A person may have a visible disability (e.g. a person who is blind, Deaf, or uses a wheelchair) or a hidden disability (e.g. a learning disorder, psychological disorder, or some type of chronic health condition, such as epilepsy, diabetes, or cancer.). A qualified student with a disability is a student with a documented disability who, with or without reasonable accommodations, meets the academic and technical standards requisite to admission and to participate in a particular program or activity.

Q: What is considered a “reasonable accommodation,” particularly in health and science programs?

A: Accommodations for students with disabilities typically fall into two general categories: 1) Program modifications or academic adjustments, and 2) Auxiliary Aids. Examples of program modifications include extra time to take a test; extended time to complete a program of study; allowing a student time away to check blood sugar levels. Examples of Auxiliary aids includes use of an amplified or digital stethoscope; audio recording a lecture; use of a notetaker; using assistive technology, such as text to speech software.

Q: What would be considered an unreasonable accommodation?
A: An accommodation would not be considered reasonable if 1) it caused a fundamental alteration to the program or course of study, 2) jeopardized the health and safety of others, or 3) caused an undue burden to the program. Undue burdens typically related to administrative burdens rather than financial burdens, such as changing the start time of a class or creating a special clerkship for a student.

Q: How are accommodations decided?

A: Student Access determines appropriate accommodations based on student interviews, evaluating the student’s disability documentation provided by a qualified healthcare provider, and consulting with the Program Accommodation Liaison and appropriate faculty within the school.

If an accommodation request is considered not reasonable, Student Access and the academic program are required to engage in an “interactive process” to ensure that alternative reasonable accommodations are considered.

Q: Am I required to honor a student’s request for accommodations if she or he presents official paperwork to me from the Student Access office?

A: Yes, if you receive a letter from Student Access that outlines disability accommodations, you must provide those accommodations. If a student asks for an accommodation but does not provide documentation from Student Access, you are not required to provide the requested accommodation.

Q: Should I evaluate students with disabilities any differently that I do the rest of the class?

A: All students, including those with disabilities, should be evaluated at the same level as all students. The requested accommodations are not in place to give the student an extra advantage or to raise or lower academic expectations, but are designed to “level the playing field.” Some students with disabilities may exhibit their knowledge, production, and other course expectations differently than their peers. For example, a student with a learning disability may read at a much slower rate than his/her peers, thus extra time to take an exam helps ensure that the test is assessing the student’s knowledge level and not his/her reading speed.

Q: If I suspect a student may have a disability, what can I do to support the student?

A: Talk privately to the student to discuss your observations. The student may reveal his/her disability, but he or she may also never have been diagnosed with a disability, thus not aware that accommodations may be available. Offer resources relevant to the student’s performance issues (e.g. academic support, mentoring, additional readings), including a referral to Student Access. Student Access, in addition to providing disability accommodation, also works with students to improve academic study skills.

Q: What if I disagree with an accommodation or do not understand why a particular accommodation is required?

A: You are encouraged to speak to Dr. Sue Orchard at 503-494-0082 or orchards@ohsu.edu any time. You can also contact the Program Accommodation Liaison within the School of
Medical Student Handbook

Medicine, Dr. Molly Osborne at 503-494-0751 or osbornem@ohsu.edu. The Student Access website provides additional information for student and faculty at www.ohsu.edu/student-access

Criminal Background Checks

All students are expected to comply with OHSU and Veteran’s Administration Medical Center policy for a criminal background checks and fingerprinting. If criminal activity is reported to the SOM, the Associate Dean for Medical Education and the Medical Student Progress Board are responsible for reviewing the issue and determining the outcome.

HIPAA & Respect Compliance

All students are required to complete the OHSU Respect at the University and HIPAA Compliance computerized training programs. Students must be in compliance at all times.

Surveys Distributed to Medical Students

Any survey that is to be administered to medical students must be reviewed and approved by the SOM Curriculum Committee prior to distribution.

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.

Standards of Conduct in the Teacher/Learner Relationship/Misconduct

Physicians are held to the highest standards of professionalism. It is expected that the learning environment for student physicians will facilitate and reinforce behaviors and attitudes of mutual respect between medical school teachers (faculty, residents, and staff) and medical student learners. It is the policy in the Oregon Health & Science University School of Medicine that all student-resident and student-faculty relationships be held to the highest professional standards, and in specific, be free of abuse, discrimination, mistreatment and harassment. Students subjected to abuse, discrimination and harassment have a right to file a grievance with the School of Medicine.

Definitions:
Verbal abuse may include, but is not limited to shouting, hostility, belittlement, intimidation, humiliation or profanity directed at the student.
Physical abuse or threats of physical abuse may include, but is not limited to hitting, slapping, kicking or intentionally placing a student at risk of physical harm.

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

Harassment may include, but not limited to verbal or physical conduct that creates an intimidating, hostile or offensive work or learning environment or verbal or physical abuse or mistreatment when submission to such a conduct is a term or condition of one’s professional training.

Sexual harassment is defined by the Oregon Health & Science University as:
Sexual harassment involves unwelcome and unwanted talk, pictures, posters, touching, or other actions that have to do with sexual activity. It is a violation of OHSU policy when:

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

Mistreatment - other forms of mistreatment may include such things as requiring a student to perform personal services such as shopping or babysitting or requiring a student to perform tasks which would likely cause a reasonable student to be humiliated.

M.D. Student Grievance Policy

For Non Discrimination Issues

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 process. A grievance involving discrimination, is referred to the Office of Affirmative Action/Equal Opportunity.

Informal Procedure
Students who wish to grieve a matter are encouraged to initially discuss the problem with an Ombudsperson or either the Associate Dean for Student Affairs or Associate Dean for Medical Education. These individuals may be able to provide you guidance regarding a potential grievance. Students who do not feel comfortable doing so, or otherwise choose not to, can also choose to discuss the potential grievance with the Department Chair, Course Director, Faculty Member, etc. If the student feels that the situation is such that the Department Chair, Program Director, faculty member, Associate Dean of Student Affairs, Associate Dean for Medical Education, Ombudsperson, etc. cannot be approached, the student should communicate with the Chairperson of the School of Medicine Grievance Committee. The individual who is initially
approached will meet with the grievant and/or the person or persons complained against 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 Associate Dean for Student Affairs or the Associate Dean for Medical Education within 20 days after the termination of the informal grievance procedure. The document should describe the nature of the grievance, the circumstances under which the grievance took place, previous efforts to resolve the problem and the nature of the redress the grievant is seeking. The Associate Dean for Student Affairs or the Associate Dean for Medical Education will ask the chair of the Grievance Committee to convene within 20 weekdays. The Committee consists of three elected fourth year medical students. These students would be: one student from the Dean's Advisory, one Curriculum Committee elected member, and the senior Class President, two basic science faculty members, two clinical faculty members, and a non voting faculty committee chair. The faculty chair and faculty committee members are appointed by the Committee on Committees and serve 3 year terms which can be renewed. The Committee will meet within 10 workdays after receipt of a grievance, if feasible. The Committee subsequently sets a time and place for the grievance hearing and sends written notification to the parties involved. The hearing may consist of a series of meetings between the Committee and individuals involved in the grievance or a single meeting with all parties present. At any stage of the proceeding, each party to the grievance may be accompanied by an advisor of that party's choice. The advisor will not be permitted to speak on behalf of the party or participate in any other manner not approved of by the Committee. The Committee members may, at any time, request additional information or documentation from the grievant and/or others, and may request that individuals appear before it during the hearing process to provide information. All Committee sessions, except for the Committee's deliberations, will be tape recorded.

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

Approved Curriculum Committee 2/10/2000
University Policy - Student’s Right of Appeal

A student may appeal a final disciplinary decision by their school or applicable program to the Provost as provided in OHSU Policy 02-30-050. Appeals to the Provost may be filed in the OHSU Office of Student Affairs and may only be made upon the following grounds:

a) 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;

b) New material information is available that would not have been presented at the time of the proceedings at the school; or

c) 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 decision.

The decision of the Provost is final.

(University - 02-30-010)

Students as Investigative Subjects

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

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

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

1. Students function as healthy volunteers who, in contrast to the usual patient-subject, derive no direct personal benefit from serving as subjects. The absence of such benefit diminishes the ethical justiciability 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.

A. 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.

B. 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.

C. 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.

D. 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.

E. 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.

F. 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.

G. Guidelines for the Participation of Students as Subjects in Teaching Exercises.
   The guidelines apply to the participation of students as subjects in class experiments, instructional procedures, demonstrations, and other activities that are being conducted for didactic purposes within the context of the School of Medicine's obligation to train future physicians.
   1. Statement of Policy: The Faculty Council of the School of Medicine considers the participation of students as subjects in class experiments and other instructional exercises as an essential part of the training of physicians.
   2. No experiment should expose student subjects to risks to their health and well-being that could not be justified by the didactical importance of the activity and its contribution to the students' medical education.
   3. Psychotomimetic drugs, narcotics, and other drugs with the potential of abuse or addiction represent a class of drugs with particular hazards. Such drugs are not to be used in student experiments without prior review of the Committee on Human Research.

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

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

The purpose of this data collection is to give prospective and current students information to help them make decisions about their potential or continued enrollment at OHSU. The Department of Public Safety is also required to review these data and submit a report to the Federal Department of Higher Education.

Incidents to be reported will include criminal offenses, hate offenses, arrests and disciplinary actions/judicial referrals involving students or staff. Please contact the OHSU Department of Public Safety for more information regarding this policy.

Emergency and Disaster Plan for MD Students

1. Medical student education is the primary focus of the School of Medicine at OHSU
2. Every attempt will be made to maintain the educational component of our medical school curriculum.
3. MS3 and MS4 students: In an acute disaster, if students are assigned to a clinical area, they should respond to physician leader of the team.
4. MS 1 and MS2: In a disaster that overwhelms the resources of OHSU, those in the lecture-based years may be permitted to volunteer only by declaration from the Dean of the SOM. They should continue to attend classes until notified that this is an option.
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 atrium in Richard Jones Hall/CROET Building. In the event the building is compromised, the EAA is the area outside of this building.
6. The national Association of American Medical Colleges (AAMC) will be notified and they will also activate a response system per our instructions. They have all the enrollment data for our students so we can access their data to pursue student addresses, etc. If necessary, an alternative medical school will be identified to establish communication for the students and faculty.
PROFESSIONAL CONDUCT STANDARDS

OHSU Professional Standards

OHSU students are expected to conduct themselves in accord with the high ethical standards expected of health professionals. Because 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:

Misconduct

In addition to conduct proscribed by a school, prohibited conduct includes but is not limited to:

A. 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;
B. Submitting material in assignments, examinations and other academic work which is not the work of the student in question and where there is no indicating in writing that the work is not that of the student;
C. 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;
D. Falsification or misuse of university records, permits or documents;
E. Violating existing school or university policies and regulations;
F. Exhibiting behavior which is disruptive to the learning process or to the academic or community environment;
G. 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;
H. 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;
I. Obstruction or disruption interfering with freedom of movement, either pedestrian or vehicular, on institutionally owned or controlled property;
J. Possession or use of firearms, explosives, dangerous chemicals or other controlled property, in contravention of law or institutional rules;
K. 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;
L. Malicious damage, misuse, or theft of institutional property, or the institutionally owned or controlled property or, regardless of location, is in the care, custody or control of an institution
M. Refusal by any person while on institutional property to comply with an order of the President or appropriate authorized official to leave such premises because of conduct proscribed by this policy when such conduct constitutes a danger to personal safety, property or educational or other appropriate institutional activities on such premises;
N. Unauthorized entry or use of institutional facilities, including building and grounds;
O. Illegal use, possession, or distribution of drugs on institutional owned or controlled property; and
P. Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein, “Inciting means that advocacy of proscribed conduct which calls upon the person or persons addressed for imminent action and is coupled with a measurable apprehension of imminent danger to the functions and purposes of the institution, including the safety of persons and the protection of its property.

Procedures for Alleged Misconduct

- Reviewed by Medical Student Progress Board
- Recommendations sent to Associate Dean for Medical Education and Dean of the School of Medicine
- Dean is responsible for making final decision
- Student may Appeal or Grieve to the University (see Student Policies section for procedures)

Possible Actions
The following comprises examples of types of official School of Medicine actions which may be taken. Anyone or more of the following actions may be imposed only after a hearing at which the student has had the opportunity to be present and present his or her side of the complaint.
Loss of privileges: Denial of the use of specific OHSU facilities. Financial Aid Termination: Cancellation of any or all financial aid including, but not limited to, tuition and fee waivers, scholarships, grants-in-aid and employment. Restitution: Reimbursement by transfer of property or services of the same or equivalent value to the OHSU or to a member of the OHSU community. Warning: Official notice to a student that his or her performance is in violation of the Medical School’s Exceptions for Academic or Professional Conduct. The continuation of violations may result in further action.

Professional Conduct Expectations for MD Program

Expectations for Professional Conduct
Conduct expected by the School of Medicine.
The faculty and students of the School of Medicine at the Oregon Health Sciences 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.

a. 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.

b. It is expected that faculty and students will discharge their professional obligations in a timely and responsible manner.

c. 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.

d. Faculty and students will not allow personal concerns and biases to interfere with the welfare of their patients.

e. Faculty and students should show respect for each other and for those who support the care of patients and the academic programs.

f. Faculty and students should assist each other to identify and maintain professional standards of conduct in a dignified and helpful manner.

g. Conflicts among students and faculty should be addressed and resolved in an equitable and professional manner.

h. Professional responsibilities require mental and physical abilities that are unimpaired by the use of drugs or alcohol.

i. Electronic information – see Student Disciplinary policies section
EVALUATION OF STUDENT PERFORMANCE

Grading System

The faculty evaluates a student’s academic performance to determine if he or she is displaying adequate knowledge, skills values and attitudes and is meeting the institutional standards for satisfactory academic progress. A grading system is used to indicate how well the student has met the schools expectations for academic performance. The official transcript will indicate all grades issued including incomplete, marginal, and failures that have been remediated.

A. The levels of performance for students are indicated by the following designations

Honors (H) indicates extraordinary intellectual and creative performance and mastery of the course of study.

Near Honors (NH) indicates performance that is superior to that which is required of satisfactory performance.

Satisfactory (S) indicates achievement of appropriate knowledge and skills.

Marginal (M) indicates unsatisfactory performance at the interface between satisfactory and failure which requires remediation. Remediation is determined by the Medical Student Progress Board upon the advice of the course director. The original marginal grade remains on the transcript and the remediated grade is listed below the original grade. The remediated grade is determined by the course committee and any grade can be attained following remediation. A second marginal grade obtained following remediation in a course results in assignment of a Failure grade for that course.

Failure (F) indicates clearly unsatisfactory performance. In addition to satisfying any conditions set by the Medical Student Progress Board, the student must satisfactorily repeat the course.

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

Incomplete (I) indicates that the student has not completed all the requirements of a course for a bonafide reason.

Withdrawal (W) indicates that a student dropped a course after the first week and receives a W on the transcript. If the student drops the course by the end of the first week of the course, a W will not appear on the transcript.

B. Grading Procedures

A comparison of student performances with that of their classmates will be accomplished by the course director posting the mean class performance on a given examination. Individual grades will be posted by confidential identification number.
At the beginning of the course, the faculty will communicate criteria for levels of performance and all students meeting these criteria will receive the corresponding grade. It is possible, for example, that 50 percent of the students may receive an honors grade in a given course. Therefore, it is advantageous for students to help each other and to study with classmates.

C. Academic Transcript
   The academic record (transcript) should reflect the total, unabridged academic history of the student at the institution. The transcript should reflect the initial grade followed by documentation of a change in the grade. The original grade issued is never removed from the transcript.

   All courses should be recorded in the academic period in which the course was taken and graded.

D. Professional Conduct.
   1. Basic science and clinical faculty, students and staff will observe and evaluate the professional conduct of students.
   2. A grade given to a student will include some aspects of professional conduct (e.g., professional responsibility, respect for patients and their families, etc.). Some violations of professional conduct may result in a failing grade. (e.g., cheating on an examination.) A student receiving a marginal or failing grade due in part or wholly to deficiencies in professional conduct, will need to satisfy conditions set by the Medical Student Progress Board and the course director.
   3. Professional Development Evaluation report can be submitted by a course director, student or staff to the Associate Dean for Student Affairs. This report can be used by a course director to signal initial, moderate, or significant concern regarding a student's professional development in their course. Professional development may be evaluated independently of the academic performance. If there is moderate or significant concern the issue will be reviewed by the Medical Student Progress Board.
   4. The required clerkships must provide a professionalism assessment for each student.

E. Notifying Students About Their Professional Development and Its Implications.
   Academic Performance
   Students are evaluated by written and oral examinations and assessment of clinical proficiency. Students are informed of their performance by the following mechanisms:
   a. Students receive grades that reflect the level of their performance.
   b. In most instances, the answers for written test questions are posted shortly after the examination and students receive their own examinations with correct and incorrect answers designated.
   c. The results of oral examinations are documented in writing by the examiner and copies given to the student.
   d. The evaluation of a student’s performance on clinical rotations is documented on an evaluation form by the faculty. A copy of this evaluation is given to the student.
   e. Students who perform poorly are strongly urged to discuss their performance with the course director.
f. The course director or designee meets with all students receiving less than satisfactory grades to make sure that the student understand the nature of their deficiencies and what needs to be done to correct them.

g. The Associate Dean of Student Affairs will also meet with any medical student receiving a marginal or failing grade.

h. Performance of a medical student receiving a less than satisfactory grade or receiving a Professional Development Evaluation report is reviewed by the Medical Student Progress Board.

**Clerkship and Elective Grading**
The faculty evaluates a student's academic performance to determine if he or she is displaying adequate knowledge, skills, and attitudes and is meeting the standards of the clerkship/course. The clerkship director is responsible for reviewing all faculty and resident comments, examination scores, and any other evaluation instruments requested and to arrive at a final grade. The clerkship directors submits the final grade and a written summary evaluation within 6 weeks of the conclusion of a clerkship. Timely evaluation is essential so that students with difficulties can be reviewed and adequately counseled. In addition, faculty are also expected to provide each student in a course with mid course feedback in either verbal or written format. Mid course feedback must be provided by the 3rd week of a five week rotation so the student has adequate time to improve.

**Grade Disputes**
The Associate Dean for Medical Education will hear complaints of alleged unfair grading or evaluation that have not been successfully adjudicated by the course director.

An original copy of each student's exam is retained for 1 year after the final grade has been issued. The examination master, official exam key, student answer sheets and class roster of final scores will be maintained for 5 years after the course ends.

**Professionalism**

a. Deviations from expected professional conduct should be discussed with the student and reported to the Associate Dean for Student Affairs.

b. Some of the reported violations will be inconsequential and require no action by the Associate Dean. Some of the issues, such as a student troubled with substance abuse, will require confidentiality and will be managed by the Associate Dean and the Medical Student Progress Board in consultation with whomever he or she feels is appropriate. Some of the issues may be serious and may involve the need for a sanction by the School of Medicine. When the Associate Dean believes a violation is serious, the matter is presented to the Medical Student Progress Board which determines if the evidence for the alleged violation of professional conduct is sufficient to warrant a hearing.
c. The Medical Student Progress Board is responsible for conducting hearings that may result in a sanction for violations of the School of Medicine expectations for professional conduct. The hearing must be conducted in such a way as to provide due process for the student.

Policy for Remediation of Unsatisfactory Course Performance

An unsatisfactory level of performance by a student in a course/clerkship is defined as the assignment of a “marginal” or “fail” final grade for a course. When a student receives an unsatisfactory evaluation the process outlined below is followed.

- The Course Director notifies the Associate Dean for Student Affairs and the student of the unsatisfactory performance. The Course Director also signs and dates the course grade roster and submits this form to the Assistant Dean for Medical Education.

- The Associate Dean for Student Affairs meets with the student and refers the unsatisfactory performance to the Student Progress Board for review.

- The Course Director presents the record of the unsatisfactory student performance to the Student Progress Board making a recommendation for remediation.

- The Medical Student Progress Board reviews the student’s academic performance and all other relevant records, considers the Course Director’s recommendation, and makes a final recommendation and deadline for student remediation to the Associate Dean for Medical Education.

- The Associate Dean for Medical Education determines, based on recommendations from the Student Progress Board, the remediation and notifies the student in a letter outlining the requirements and deadline for completion. A copy of the letter is sent to the Course Director.

- The Course Director is responsible for scheduling the date and time for remediation and the Teaching Services Office or appropriate clinical department will coordinate the administrative requirements.

- If a student is unable to meet the scheduled remediation date, the student must notify the Associate Dean for Student Affairs in addition to the Course Director. In general, deferment of remediation is granted only in cases of emergency.

- Due to the longitudinal structure and grading requirements of the Principles of Clinical Medicine (PCM) course, the plan for remediation must be completed as specified by the PCM Course Director to permit the student to progress to the next level of PCM. The student must meet with the PCM Course Director to arrange the requirements for and the timing of the specified remediation.

Revised January 2001
Curriculum Committee
Preparation of the Medical Student Performance Evaluation (MSPE)/Dean’s Letter & Class Ranking

The purpose of the Medical Student Performance Evaluation (MSPE), formerly called the Dean's Letter, is to serve as an evaluation of medical school performance, not a letter of recommendation. The MSPE is prepared in accordance with the standards outlined by the AAMC guidelines for the MSPE. The MSPE is generated directly from student course performance evaluations and is not authored by an individual. The MSPE is required to include an assessment of student professionalism. In cases where evaluations are not adequate, the Associate Dean for Student Affairs may edit. The generated MSPE will be reviewed by the Associate Dean for Student Affairs and then forwarded to the student for review. The MSPE should be of high quality, leading to professional appearance. The MSPE should contain a curriculum overview statement and a nomogram of class performance. The graduating class is ranked into four groups including outstanding, excellent, very good and good. Thirty three percent (33%) of the final ranking is based on evaluations from the required preclinical curriculum and 67% of the ranking is based on performance in the core third year clinical clerkships.

Students are ranked within the class when they did the majority of their required third year clerkships. Electives are not be used in establishing class ranking.

The Unique Characteristics section consists of student awards received or activities performed such as:
- Honors and Awards (e.g. AOA)
- Committee memberships
- Activities which were sponsored by the medical school (i.e., Wallace Clinic, HAP, Club Med, Interest Group projects, Alumni functions)

The student assists in preparation of the unique characteristics section. The preparation process of Dean’s Letter is administered by the Associate Dean for Student Affairs. The Educational Operations and/or Residency Advisory Committee serves to assure that each letter is prepared in a consistent format and serves all students fairly. These faculty groups are responsible for assigning group ranking and reviewing student questions regarding their letters serving as an appeal body through its chairperson. The letter should include recurrent academic or behavioral difficulties and leaves of absences. The descriptive performance from each clerkship should be a statement describing the student's performance, including strengths and areas for improvement. It is expected that the narrative in these statements will be unique but their form standardized to the fullest extent available. All letters carry the signature of the Associate Dean for Student Affairs and the Associate Dean for Medical Education.

The School of Medicine participates in the Electronic Residency Application Service (ERAS).
STUDENT PROGRESS BOARD DISCIPLINARY POLICIES AND ACTIONS

Role of the Board

A. Responsibilities of the Board.
The Medical Student Progress Board is responsible for reviewing the professional development of all students enrolled in the medical student curriculum. Professional development includes an assessment of the student’s academic progress as well as their ethical, prudent and humanitarian behavior as described in the section on Professional Development. The Board advises the Associate Dean for Medical Education and the Dean of the School of Medicine by recommending the promotion, dismissal, repetition of coursework, or other special action for each medical student before that student may progress from one year to the next in the medical curriculum or be considered for graduation. The Board refers students who are having difficulty with professional development to the Associate Dean for Student Affairs, who will arrange for appropriate academic or personal counseling which may involve the Student Health Service. The Board chairperson may appoint a special ad hoc committee of faculty to do an in-depth evaluation of a student’s professional development. This committee reports its findings to the Medical Student Progress Board. The Board advises the Associate Dean for 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 professional development of students. The Board hears all cases of alleged violations of professional conduct referred to it by course and clerkship directors and the Associate Dean for Student Affairs and make recommendations to the Associate Dean for Medical Education regarding sanctions that should be imposed. The Associate Dean for Medical Education may accept, deny, or revise the recommendations of the Board. Such action by the Associate Dean for Medical Education constitutes official action of the School of Medicine. The Associate Dean for Medical Education seeks final approval from the Dean of the School of Medicine for actions that may result in dismissal.

B. Membership of the Medical Student Progress Board
The regular voting members of Board are:

1. Three faculty from basic science departments and four faculty from clinical departments.
2. The chairperson of the board will be appointed for a three-year term by the Dean of the School of Medicine and may be reappointed for additional three-year terms.
3. All members will be nominated by the Committee on Committees of the School of Medicine and appointed by the dean to serve three-year terms. Board members can be appointed for a second term. Appointments of the Board members will be staggered on an annual basis to assure continuity membership.
4. Annually, or if the incumbent is unable to serve, the Board will select a vice chairperson who will serve in the absence of the chairperson.
5. Ex-officio, non-voting members of the Board will include the Associate Dean for Student Affairs, the Associate Dean for Medical Education, Assistant Dean for Admissions and the Assistant Dean for Medical Education.

6. The Office of Education and Student Affairs maintains the official lists of regular voting members of the Board and notifies all Board members and appropriate course directors of the time and place of each meeting. The Associate Dean for Student Affairs will communicate the results of the Dean’s decisions regarding each student to the appropriate course directors, and the chairperson of the Medical Student Progress Board. The Assistant Dean for Medical Education will be designated as the recorder of the Board and keep minutes of all meetings of the Board.

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

C. Duties of the Chairperson of the Board
   1. Call and conduct all meetings of the Board;
   2. Communicate the Board’s recommendation to the Associate Dean for Medical Education;
   3. Report the results of the Associate Dean’s decisions regarding each student to the Board.
   4. Insure that the rules and regulations of the Board are followed.
   5. Represent and act on behalf of the Board between meetings.

D. Advisors
   1. The Advisors to the Medical Student Progress Board are the course and clerkship directors. Any faculty member who gives a grade or otherwise evaluates a medical student may request to attend.
   2. Duties of the Advisors
      Whenever appropriate advisors are expected to attend meetings of the Board. When the review considers student performance they 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

E. Regular and special meetings of the Board
   Regular meetings of the Medical Student Progress Board will be held monthly. Special meetings of the Board may be called at any time by the Chairperson or, in his/her absence, by an appointed member, provided that notice of the meeting time and the agenda topics are given in advance to all of the regular voting members. The Chairperson is required to call a special meeting of the board whenever two or more members of the board make a written request for such a meeting. Special meetings of the Board are held for the purpose of hearings and decisions on recommendations for dismissal of students from the School of Medicine due to deficiencies in academic and professional development.

F. Minutes of the Meeting and Records of the Board
   Minutes of each meeting of the Medical Student Progress Board will be prepared by the Chairperson of the Board. The minutes will be subject to review and correction by the Board. The Board records, copies of correspondence and minutes, are maintained in the
Office of the Education and Student Affairs by the Associate Dean for Medical Education. Working copies may be kept and used by the Chairperson of the Board. Access to minutes is provided for all members of the Medical Student Progress Board, the Associate Dean for Students Affairs, Associate Dean for Medical Education and the Dean of the School of Medicine, or the Dean’s designated representative. A student may review any part of the minutes or records that pertain specifically to that student, but does not have the right to inspect any other part of the records without authorization by the Associate Dean for Medical Education. The Associate Dean for Medical Education determines which sections of the Board’s minutes and records pertain to a specific student and is accorded sufficient time to provide copies of these records for review by the student.

POSSIBLE ACTIONS BY THE STUDENT PROGRESS BOARD
Suspension, Dismissal and Expulsion but are not limited to just these actions.

Suspension: for a prescribed period of time, generally from two academic terms to one year, after which application may be made for re-admission.

Dismissal: Indefinite exclusion from the School of Medicine after which application may be made for re-admission. The Readmissions policy is in Administrative Policies and Procedures section.

Expulsion: Permanent exclusion from the School of Medicine.

Academic Probation: See Student Disciplinary Section

Leave of Absence Policy

A leave of absence, usually not to exceed 12 months, may be granted by the Associate Dean for Student Affairs to a student who finds it impossible to continue his or her education because of health or personal reasons. A leave of absence involves a complete withdrawal from course work for a designated period of time. In contrast, a curriculum extension involves enrollment in some courses during the academic year. The reason for the leave of absence must be resolved within the period of the leave. The following procedures are required for a leave:

a. All requests for leave of absence should be made in writing to the Associate Dean for Student Affairs with final approval from the Medical Student Progress Board and Associate Dean for Medical Education which constitutes the official action of the School of Medicine.

b. The Associate Dean for Student Affairs informs the student in writing of the decision and any conditions that need to be satisfied in order to be reinstated on or before the leave
of absence terminates. The Assistant Dean for Medical Education will also notify the registrar.

c. Permission to re-enter the School of Medicine after the leave of absence will be contingent upon satisfactory resolution of the issue which necessitated the leave. A written request for permission to reenter the School of Medicine should be submitted to the Associate Dean for Student Affairs.

d. A student granted a leave of absence remains an officially enrolled student in the School of Medicine while on leave. A student who does not make application for reinstatement before the last day of the leave of absence will be considered to have withdrawn from medical school.

e. Students may not seek a leave of absence until they have completed at least the first two years of the medical school curriculum with the exception of students with military obligations or personal illness.

f. The Associate Dean for Student Affairs will provide the Medical Student Progress Board with follow-up information concerning the status of each student granted a leave of absence.

g. In rare circumstances, where confidentiality is of paramount importance, the Associate Dean for Student Affairs may grant a leave of absence without the participation of the Medical Student Progress Board.

Curriculum Extensions

Ordinarily, students are expected to graduate within three years and nine months from the date of matriculation. Occasionally, a student may be confronted with special problems that may be solved if the curriculum is extended. It should be noted that curriculum extension requires compelling reasons (e.g. illness, pregnancy, academic difficulties) and involves enrollment in some courses during each academic year.

Requests for extensions will be sent to the Associate Dean for Student Affairs. The request will be reviewed by, and require final approval from the Medical Student Progress Board and Associate Dean for Medical Education. The Board and Associate Deans will require extremely compelling reasons to allow a student to extend beyond 7 years to complete the MD curriculum.

Previously approved programs that require extended curricula like the M.D./PhD and M.D./M.P.H. programs and the five year program in pathology will not be reviewed by the Medical Student Progress Board.

Revised by the Student Progress Board June 14, 2010

Professional Development Evaluations

When the Student Progress Board requires a report of possible physical or emotional problems that may be contributing to unsatisfactory performance or conduct, the Board chairperson will
consult with the Associate Dean for Student Affairs to identify an appropriate health professional to evaluate the student. The health professional will perform the evaluation and record any appropriate recommendations for the board’s consideration. The evaluation requested shall be made only after the student has been appraised of its purpose and has given permission to the health professional involved for the release of privileged information to the Medical Student Progress Board.

**Remediation**

The Student Progress Board may make recommendations to the Associate Dean for Medical Education on matters related to grading, other evaluations or student performance, requirements for promotion, and rules and regulations for the operation of the Board. Final approval or other action based on these recommendations rests with the Associate Dean for Medical Education, who will generally seek the advice of the Dean or Faculty Council on these matters.

**Repeating Part or All of MS1 and MS2 Academic Year of the Curriculum**

The Medical Student Progress Board may recommend that a student in the MS 1 and/or MS2 academic year repeat part or all of a year of the curriculum if the student receives less than satisfactory grade in one or more courses within one academic year.

If the Medical Student Progress Board (MSPB) recommends that a student repeat part or all of a year, the student is placed on academic probation. The Medical Student Progress Board will outline specific curricular requirements during the period that the student is on academic probation. During the probationary period, the student will be expected to fully participate in and successfully complete all aspects of the curriculum, including all courses, small groups, laboratory sessions, etc. The Medical Student Progress Board will review the student’s performance at the end of the year to approve removal of probation and advancement to the next year. If the student on probation receives a less than a satisfactory grade in a course during a repeat year, then a dismissal hearing will be required.

If the student receives a less than satisfactory grade in a subsequent year of the curriculum, after completing a 'repeat year', then the Medical Student Progress Board will meet with the student to consider whether or not to hold a dismissal hearing. The Medical Student Progress Board will not grant an additional 'repeat year' for academic or professional reasons unless there are mitigating circumstances.

Revised by the Student Progress Board May 4, 2010
Approved by Curriculum Committee June 21, 2010

**Substance Abuse Policy**

Students who are impaired due to substance abuse are strongly encouraged to voluntarily seek the most effective professional health care. Students may seek assistance through the Student Health Service, the Associate Dean for Students Affairs and/or private counseling.
The School of Medicine advises students to voluntarily seek assistance before their academic performance and/or professional development is adversely affected and is brought to the attention of the Medical Student Progress Board. Students who voluntarily seek treatment will not be subject to formal academic disciplinary action for substance abuse. Students who voluntarily identify a substance abuse concern may be required to obtain the most effective treatment for substance abuse including some or all of the following: care in a residential treatment facility, outpatient management programs and random testing for substance of abuse. The financial responsibility for required substance abuse treatment and subsequent follow up is borne by the student. Failure to pursue a requirement for substance abuse treatment may be the basis for academic disciplinary action including dismissal. The Medical Student Progress Board does have the authority to require students to seek professional health care for substance abuse and to prevent students from participating in the curriculum. Once student impairment due to substance abuse is reported to the Medical Student Progress Board as a result of unsatisfactory academic performance and/or professional development the matter will become a part of the permanent record of the student.

Placement on Academic Warning Status

**Purpose:** To serve as an early warning to students that academically they are not performing up to expectations. The policy will allow the Student Progress Board and Associate Deans to intervene early and provide structure and assistance for these potentially at risk students.

Academic warning is the step prior to academic probation. Students are considered still making satisfactory academic progress while placed on academic warning status and therefore their financial aid is not restricted.

Automatic academic warning status would be:

- 1 marginal grade
- A Professional Development concern that is deemed major (or repeated behavior)
- Students returning from a repeated year
- Students just coming off academic probation

Placement on academic warning would be the responsibility of the Student Progress Board and/or the Associate Deans.

Type of Conditions that might be required:

- Restricted from outside activities which could include international experiences, summer projects, etc.
- Must seek personal or academic counseling
- Outline specific expectations for courses, etc.

Approved by Student Progress Board January 5, 2010
Academic Probation

The Medical Student Progress Board is responsible for placing a student on academic probation and to determine the length of time of the probation. A medical student may be placed on probation for academic performance, lack of professionalism, behavioral issues, or for other misconduct reported to the Medical Student Progress Board. In addition, the Medical Student Progress Board may place a student on probation for failing to progress in the curriculum as established by previous action of the Medical Student Progress Board. Removal from academic probation status will be determined by the Medical Student Progress Board. The Associate Dean for Medical Education is responsible for officially notifying the University Registrar of a student being placed on or removed from probation.

Dismissal Procedures

Disciplinary Actions can include but are not limited to dismissal, expelled and/or suspension.

The board may, at any meeting, accept by a majority vote, a proposal to consider a recommendation for dismissal or other action against a student because of deficiencies in academic and professional development.

Deficiencies that may result in dismissal or other actions include:

1. failure to pass a required course in the medical curriculum; or
2. unacceptable behavior as described in the Professional Conduct Standards section found earlier in this document.

Upon acceptance by the Board of a proposal to consider a recommendation for dismissal or other actions listed above, the chairperson will convene a special meeting of the Board for the purpose of hearings and decisions. The student for whom dismissal or other action is being considered will be given a written statement of the charges against him/her and notice of the time and place of the hearing at least ten days prior to the meeting. At such special meetings, the chairperson will supervise the board’s conduct of an informational hearing on matters relevant to the proposed recommendation. In addition to members of the board, the special meeting may be attended by the student and an adviser of his or her choice. The Chairperson will request members of the board to present the information upon which the proposal to recommend dismissal or other action is based. The Chairperson will invite the student to present his or her information and opinions concerning the proposed recommendation, to address questions to the Board, and to respond to questions from the Board. The Chairperson will invite other persons identified by the student to present their information and opinions on behalf of the student, and to respond to questions from the Board.

The student’s adviser may be an attorney or any other person whom the student wishes to choose. The adviser may counsel the student concerning his or her responses or questions he or she may wish to put to the Board. The adviser may address the board only upon invitation of the Chairperson. If the adviser is a member of the Board, the adviser will not vote or participate
in the executive session of the Board when the decision on the proposed recommendation is made.

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

The findings, decision and recommendation of the Board will be communicated in writing to the Associate Dean for Medical Education and the Dean of the School of Medicine for such actions as he or she deems appropriate. In such cases, the decision of the Dean will be the final action of the School of Medicine. If the Associate Dean for Medical Education approves a recommendation for dismissal or a requirement to repeat part or all of a year of study or other action, he or she will notify the student of his or her decision in writing. Any recommendation made by the Board and approved by the Associate Dean for Medical Education and the Dean can be appealed to the Provost of OHSU. The OHSU appeal procedures are described earlier in this handbook. A dismissed, suspended or expelled student may not register or attend class while such an appeal is pending. A student who is required to repeat a year may, pending appeal, register for and attend classes only for the year which he or she is required to repeat.

**Activities not within the jurisdiction of the Board**

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

Students can be granted a leave of absence by the Associate Dean for Medical Education or the Dean of the School of Medicine or they can withdraw from school. In neither case will review and action by the Board be required unless requested by the Dean.

**Withdrawal Function**

Generally, withdrawal requires action by the student. A medical student may withdraw from 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. Students will be administratively withdrawn from medical school if they do not return from a leave of absence or if they fail to register for classes.

A student initiating a withdrawal should begin the process by contacting the Associate Dean for Student Affairs. It becomes official only when the appropriate forms are completed and submitted to the Associate Dean for Medical Education who will submit to the University Registrar. Students who withdraw from the School of Medicine either by their own volition or by
administrative process must apply for admission and be re-admitted in order to resume medical studies.

**Annual Academic Promotion**

Promotion of each student from year to year requires specific action by a majority of the members present and voting at a meeting of the Medical Student Progress Board. All grades of marginal, fail, or professional development evaluations should be remediated before promotion can occur.

To be promoted from the first to the second year, a student must receive grades of satisfactory or above in all required subjects and demonstrate satisfactory professional conduct.

Students are required to Pass (effective with entering class of 2009) for the United States Medical Licensing Examination USMLE Step I at the end of the second year curriculum prior to starting clerkships.

Promotion from third to fourth year, or to be recommended for graduation, a student must receive grades of satisfactory or above in all subjects and demonstrate satisfactory professional conduct. In addition, he or she must pass (effective with entering class of 2009) United States Medical Licensing Examination Step II CK and CS exams during the fourth year and prior to graduation.

Promotion of students from the third to the fourth year and recommendation for graduation requires specific action by a majority of the members present and voting at a meeting of the Medical Student Progress Board.

The minimum level of academic performance for promotion may only be changed by action of the Faculty Council and the Dean of the School of Medicine, usually upon recommendation of the Associate Dean for Medical Education and the Medical Student Progress Board.

The Board can recommend conditional promotion for a student pending satisfactory completion of as yet unfulfilled requirements. These may include a mark of incomplete or a grade of marginal or fail.
SUPPORT SERVICES

Role of EDSA and Teaching Services

The Office of Education and Student Affairs (EDSA) is a centralized organizational structure responsible for managing all aspects of medical student education, including the admissions process, curriculum, student services and activities, academic scheduling, grades and course support. The office is headed by the Associate Dean for Medical Education and includes the Assistant Dean for Admissions, the Associate Dean for Student Affairs, and the Assistant Dean for Medical Education. The main office is located on the fourth floor of Mackenzie Hall and the Teaching Services Office is located in the Basic Sciences Building, 4th floor.

Career Advising

The Associate Dean for Student Affairs is responsible for coordinating the programs involving career advising. The office sponsors Med Careers seminars annually and Strolling through the Match. Graduating students are encouraged to meet with the Associate Dean to review residency career plans and options.

Tutoring

Course directors may request a tutor for a student experiencing academic difficulty. EDSA arranges a tutor at no cost to the student.

Academic Counseling and Tutoring

A. Academic Counseling and Tutoring

Students are urged to seek academic assistance as early as possible. The School of Medicine believes that there are multiple ways that one can obtain counseling:

Academic counseling can be obtained by utilizing the following informal and formal mechanisms:

1. Informal counseling can be obtained by asking questions in class, talking with a classmate or more senior student, studying with other students, or talking with the lecturer, attending physician or resident.
2. Consulting with the course or clerkship director.
3. Seeking help from the department chair or his/her designee.
4. Formal: Students with marginal and failing grades are automatically referred to the Associate Dean for Student Affairs.
5. Students are invited to talk with the Associate Dean for Student Affairs regarding any academic difficulty. However, students who have less than satisfactory performance in any course or clerkship must see the Associate Dean for counsel and advice as well as a review of institutional requirements for advancement.

6. Tutoring for all students in academic difficulty can be arranged by contacting the director of each course or the Associate Dean for Student Affairs.

B. Personal Counseling

The demands of medical school and difficult personal problems can cause considerable stress. Students are urged to seek help as early as possible if the stress they are experiencing is bothersome or dysfunctional. Information discussed in personal counseling sessions is held in strict confidence by the counselor. There are multiple ways that one can obtain assistance. However, if you are uncertain about where to start contact the Director of the Student Health Service, the Associate Dean for Student Affairs or the Ombudspersons. Personal counseling can be obtained by the following informal or formal mechanisms:

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

2. Formal
   a. OHSU Student Health Service
   b. Associate Dean for Student Affairs
   c. Access to substance abuse programs can be obtained by counseling the Student Health Service or the Associate Dean for Students Affairs

Role of the Ombudsperson

These faculty have a specific role. They serve as liaison between medical students, faculty and administration. Students might wish to contact these faculty to discuss issues anonymously from the faculty and administration. They can be contacted at any time of the year.

The position is to provide an accessible and impartial service in the School of Medicine that can hear complaints, serve as an information center, or act as a facilitator for individuals or groups in solving problems related to their medical education.

Any communication between the student and Ombudsperson remains confidential (unless specifically determined otherwise by the student), and the Ombudsperson has no input on any student evaluations, including the Dean’s Letter. The communication between student and Ombudsperson is treated as confidential and is not communicated to by the Dean’s Office, Student Progress Board, Student Health Service, etc., unless specifically agreed upon by the student.
Currently, Drs. Joseph Matarazzo and Fran Storrs are serving as the School of Medicine Ombudspersons. Dr. Matarazzo can be contacted by calling his office at 503-494-8464. Additionally, he may be reached at home by calling the campus operator at 503-494-9000. Dr. Fran Storrs may be contacted by calling her office at 503-494-6442. Additionally, she may be reached by calling the campus operator at 503-494-6442.

**MedNet Advising Program**

MedNet is a program which integrates students from all four medical school classes into groups consisting of 12-16 students which are facilitated by 1 or 2 faculty. This approach encourages communication between students throughout the four year curriculum and provides the students with continuity and consistency regarding the process of medical education.

The purpose of MedNet is to definitively establish times for students to discuss issues that are pertinent to each class and have students advise one another through their shared experiences. As an example: the third year students can assist second years on tips for studying for USMLE, the fourth year students can help the third year students understand their role as a clerkship student, choosing electives, how to write a curriculum vitae, research opportunities, how to deal with difficult patient situations, communicating with difficult colleagues, etc.
STUDENT GOVERNMENT

All registered professional students are members of the Affiliated Students of the Oregon Health Sciences University. The School of Medicine elects representatives to the All-Hill Council. The selection of representatives is described in the ASOHSU Constitution.

Class Officers

Each medical class elects officers to work with the Dean, Associate Deans, and other faculty members throughout the school year as liaison between their class and the school. Second, third and fourth year officers are elected before May 1 each year. Elections for each class are organized by the incumbent officers and the Associate Dean for Student Affairs. Elections for first year student should be held near the end of the first academic term. The Associate Dean for Student Affairs will assist the class in scheduling and conducting an organizational meeting for election of officers.

Class Officers selected annually by each class:
Class President, Vice President, Treasurer, Secretary, 2 Senators, 2 All Hill Council representatives, and Dean’s Advisor. The Curriculum Committee Representative and PCM representatives are elected to 4 year terms by the first year class.

Organizations of Student Representatives to the Association of American Medical Colleges include one representative and an alternate representative for medical student body and are elected to terms ending upon graduation, usually either 2 or 4 year terms.

Medical Student Senate

The Student Senate is comprised of the two elected representatives and the class president from 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 bring forth 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.
Student Statement of Principles

We, as medical students of Oregon Health & Science University, recognize the privilege of studying medicine. We believe it is fundamental to support and cultivate the principles that uphold the integrity of the medical profession. Our Statement of Principles is the standard to which we, as a community, hold our colleagues and ourselves accountable, thus entrusting ourselves with the responsibility to self-govern. The objective of our Statement of Principles is to foster trust, responsibility and professionalism in all student interactions, including those with fellow students, faculty, staff and patients. Our goal is to promote the professional advancement of all students, to ensure the highest integrity in the academic enterprise, and to endorse our commitment to ethical behavior in the profession of medicine.

As students, we will maintain the highest academic standards and advance the science and quality of clinical care by:

- Always submitting original work, examinations, and assignments, or properly crediting contributions from other sources;
- Never giving aid in examinations or assignments unless such cooperation is expressly permitted;
- Fostering an environment in which students can be fully trusted to be academically honest;
- Working with faculty and staff to create classroom and clinic environments that are conducive to learning and that reward characteristics such as inquisitiveness and perseverance;
- Promoting a culture of learning that is free from abuse and humiliation;
- Striving to produce the most complete and accurate medical histories, physical examinations, and patient assessments possible;
- Understanding the importance of recognizing, admitting, and learning from our mistakes;
- Recognizing the limitations of our knowledge and clinical skills;
- Seeking assistance when necessary to provide outstanding patient care and to advance our knowledge and skills;
- Ensuring that the confidentiality and privacy of each patient is respected;
- Recognizing patient modesty as essential in providing the best patient care;
- Demonstrating professional conduct in demeanor, language, and appearance in the health care setting and when representing the university;
- Reporting situations in which we believe an individual's safety or well being was compromised;
- Promoting diversity by creating a community of inclusion, and respecting the unique contributions of all;
Committing ourselves to the growth of a culture at OHSU that is free from harassment or discrimination of any kind.

Student Resource Committee Charter

The Student Resource Committee (SRC) is a group of twelve elected individuals from the four classes of OHSU School of Medicine.

Its overarching mission is to serve as a resource to students through their tenure at OHSU, as a group of students committed to advising and assisting others through the sometimes turbulent years of medical education, and as a committee of peers with the goal of facilitating the maturation of ourselves and of all students into competent, responsible, and effective physicians.

The SRC exists to advise on and address student issues - be they individual or between students, housestaff, and faculty. It serves as an accessible, approachable, voluntary alternative to the Dean’s office that makes confidentiality a priority, upholds the broad intentions of the ratified OHSU statement of principles, and draws anonymous council from trusted, elected advisory faculty and other university resources.

Appendix A: Prime Directive for the OHSU SRC: A resource and advisory body for all OHSU SOM students

The members of the SRC commit to making themselves available whenever possible in person or by telephone, email, or other means of confidential communication.

A student may call upon the full SRC or a single member for advice on any issue of concern. These issues can be as diverse as we are a student body, but greatly fall into four major categories: 1) Personal issues affecting our capacity as students and as human beings. 2) Difficulties or concerns regarding other students. 3) Concerns or questions about behavior not conforming to the ratified OHSU SOM statement of principles. 4) Issues and concerns complicated by the power differential which exists within the medical hierarchy.

1 – Personal Problems
A primary focus of the SRC is serving as a resource for medical students to be utilized during times of personal crisis. We recognize the profound influence that our personal lives has on our abilities to perform as medical students and professionals and we are committed to both the self-realization and success of all medical students at OHSU. Whether students find themselves feeling overwhelmed, struggling academically, grieving from separation or loss of a loved one, or dealing with unstable home environments - the SRC exists to support students during difficult times. Specifically, we offer confidential and non-judgmental listening, as well as connection to other OHSU and community resources that may be beneficial.

Medical school is an incredibly challenging time. We will all have our coping mechanisms tried, tested, and occasionally overwhelmed. Every one of us are confident, competent, successful people – we wouldn’t have gotten here otherwise. There will be a time, however, when most of us will find that we need each other – if only
to vent or to hear that others have at times experienced similar emotions. When this
time comes to pass, students are encouraged to call on the SRC for support and advice.

2 – Concerns regarding other students
Relationships and communication between our peers and colleagues can sometimes be
challenging or disruptive to learning. We encourage every student to address any issues
with their classmates directly, but if this is not possible the SRC commits itself to guiding
effective communication in the form of supportive listening (which assumes the good
intent of both parties) and/or mediation if desired. Learning how to deal with
uncomfortable issues involving our peers while in medical school will carry over to our
professional careers as physicians, where we will undoubtedly come up against similar
challenges.

3 – Questions concerning potential violations of the OHSU SOM Statement of Principles.
As a student body we came together and overwhelmingly passed a code to which we
now hold ourselves and future members of our institution responsible. This code is only
as good as we are committed to it. The SRC stands ready to assist, advise upon, and
interpret the OHSU statement of principles as required. If you have questions regarding
your behavior, the behavior of your peers, or issues that you find perhaps not in
accordance with the broader themes of the SOP please do not hesitate to call upon a
single individual or a confidential review of the SRC to assist us all in the maturation into
responsible and effective future physicians.

4 – Issues and concerns existing within the sometimes unavoidable power differential of
the medical hierarchy.
The hierarchy which exists in the current medical training paradigm facilitates the
dissemination of important knowledge and the essential goal of patient protection
balanced with the expected mistakes of the learner. Imbedded in this paradigm,
however, is the potential for uncomfortable interaction and undue influence. Comments
and behaviors by housestaff and attendings are almost always professional, respectful,
and worthy of role-modeling. This is one aspect of why those individuals have chosen to
be part of the academic medical community. There are rare situations, however, which
can make medical students feel unwelcome, uncomfortable, and in extreme
circumstances even demeaned. When that happens students can find themselves
cought between their basic rights as a human being and their expected behavior as a
learner. The SRC can serve as a valuable, confidential resource for which to bring
concerns, questions, or simply as a sounding board for frustrations. We make it a
priority to see that these rare behaviors do not continue unrecognized.

Additionally, a student may request a member of the SRC to be present at any proceeding
related to their medical education to act in the role of a student advocate. This may be in
meetings with the Dean’s office, meetings w/ both basic science and clinical faculty, or in
curriculum committee or progress board meetings. Specific requests will be honored whenever
possible, but when scheduling does not allow, another member of the SRC will be suggested as
an alternative.

These circumstances and categories are by no means encompassing, but they serve to give an
idea of the kinds of things that can be brought to any member of the SRC for reflection or
consideration.
The issue may rest with that single SRC individual. However, if appropriate or desired, any member of the SRC can call upon the full committee or anonymously upon the elected legal, ethical, and professional advisors in an effort to aid the presenting individual with a plan or simple advice as to how to proceed.

Actions taken by the SRC may include, but are not limited to: referral to student resources, peer education, facilitation, mediation, investigations, raising concerns w/ clinical or educational faculty directly, and advocacy for students and concerned parties.

It is a guiding precept that confidentiality will be respected whenever possible, with exceptions relating only to those circumstances which supersede the physician-patient relationship – namely the real risk of harm to individuals or other effected parties.

Appendix B: Student Resource Committee – details of function and transparency

Election of Members and Terms
- Three from each class, each with one vote in full SRC:
  - All elections will be held in January.
  - First-year members will also be elected to the committee in January.
  - Members will serve for one year unless they choose to resign or are removed from the committee. No term limits will apply.

Advisory Members
Legal Advisor: Volunteer from the OHSU Legal Department
  - Two year terms. No term limits apply
Faculty Advisors (no less than 4).
  To be composed of a minimum of:
  - Two basic science faculty
  - Two clinical faculty
  - Nominated and appointed by the SRC
  - Faculty advisors can be consulted by the SRC anonymously for advice on appropriate referral, issue legality, professionalism, and available support entities.
  - Faculty members have no voting rights.

Other Advisors
- May be selected as deemed necessary by the SRC from OHSU faculty or from community resources. Again, every effort will be made to keep information confidential as previously stated.

Committee Chair
The SRC Chair will be elected by committee members in the first meeting following January elections. The Chair will serve one year. No term limit will apply.

- The Chair will be responsible for arranging and leading SRC meetings.
- The Chair may call additional meetings at his or her discretion.

Meetings
The SRC communicates on a monthly basis and on an “as-needed” basis as determined by the Chair. All members are expected to attend meetings. Failure to attend a reasonable number of meetings without approval by the Chair may result in removal from the SRC. SRC meetings are closed to the public. Any student whose issue is being discussed by full council has the right to
be present if he/she desires for that portion of the SRC meeting, students will be notified one week prior to meeting if their issue is being discussed. Requests for exceptions may be addressed to the Chair and may be approved by 2/3 majority of the Committee.

**Quorum**

Quorum of the SRC shall consist of 2/3 members.

**Special Election**

Special election by the appropriate class will be held in the event of the resignation or removal of one of the SRC members representing that class. The Chair will be responsible for arranging the election.

**Process for Suspected Violations of the OHSU SOP**

Any student who observes or strongly suspects a violation of the Statement of Principles or Student Code of Conduct shall report it as promptly as possible. Reports should be made to any individual of the SRC, the Dean’s office, or to the OHSU ombudspeople. Students are encouraged to approach involved parties to discuss the situation before making a report, unless the student feels that doing so would not be prudent or would result in harm to the student or another. Concerns addressed to the SRC can be made via the confidential SRC email account or the locked SRC mailbox in the student mailrooms. Anonymous reporting is discouraged but will be considered if received. Reports will be reviewed by the Chair and Legal as soon as possible and categorized as:

1) Issue to be handled by a single SRC student mediator;
2) Issue requiring review by the full SRC;
3) Issue not appropriate for SRC review (e.g. discrimination matter to be referred to Affirmative Action/Equal Opportunity Office);
4) Issue appropriate to be handled in another specified manner

**Issues deemed necessary for full SRC Review (typically involving suspected OHSU SOP Violations):**

The Chair will assign two or more members to review the reported concern. If appropriate, a faculty advisor will also be assigned to assist in the review. Whenever possible, reviews should be completed and the results brought before the SRC within two weeks. Involved parties may be asked to submit written materials and/or asked to attend the SRC meeting. Based on its review of the matter, the SRC will make a determination as to whether it finds that a violation of the SOP or Student Code of Conduct has occurred. Two-thirds of the quorum is required to reach a determination that a violation has occurred. If a violation is found, the SRC will determine and recommend an appropriate intervention. Possible interventions include, but are not limited to: referral to academic support services, referral to wellness services, specific reparation deemed appropriate, or recommendation to the Dean’s Office.

Participation in SRC proceedings by individuals whom complaints are brought against is on a voluntary basis. However, refusal to participate may result in referral of the matter to the Dean’s Office or other appropriate action.

**Issues for Student Mediators:**

The Chair will assign a member of the SRC to handle the concern. Whenever possible, mediations should be completed within two weeks of the concern being filed and a summary of the results sent to the SRC within three weeks. Participation in mediation by the concerned parties is on a voluntary basis. However, declining to participate in the mediation process will
result in the issue being referred to the Dean’s office for traditional formal review without SRC input

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

Reporting of SRC Activities:
To ensure transparency, the SRC will generate a quarterly report to the student body and the Deans’ Office showing the general number and type of concerns handled by the SRC and the type of recommended resolutions. In accordance with the Committee’s confidentiality policy, no specific details will be provided nor will the identity of the individuals involved be revealed.

Amendments to the Statement of Principles and SRC:
Amendments to either the Statement of Principles or this document can be amended with 2/3 majority of the quorum. Amendments can be proposed by any member of the student body at any time through a written request submitted to the Chair.

Student Organizations and Activities

1. American Medical Student Association (AMSA)
   A national medical student organization, AMSA represents medical student interests on a national scale. Membership is voluntary and on an individual basis. Locally, AMSA plans student activities, sponsors scientific programs, and keeps a part-time employment file for medical students and their spouses. It also makes available life and hospital insurance programs for students. Annual dues include a subscription to the AMSA publication, the New Physician. Student members serve on a number of Oregon Medical Association Committees.

2. Alpha Omega Alpha
   The Oregon Chapter of Alpha Omega Alpha, a medical college honor society for both men and women, was installed at the School of Medicine in 1923. The society’s aims are the promotion of scholarship among medical students and the encouragement of high standards of character and conduct. Selection to AOA is made each spring by the active faculty and resident members and from the junior and senior classes members.

3. Department Interest Groups
   The Departments of Family Medicine, Internal Medicine, Emergency Medicine, Pediatrics, Surgery, Rural Health, Anesthesiology, Psychiatry, etc. each have interest groups for students interested in these areas. Each year additional groups may form.

4. American Medical Women’s Association
   A national women’s medical organization closely tied to the AMA and AAMC which promotes women health care issues, provides leadership for, recruitment and career development for women in medicine.

Please refer to the OHSU website for the latest update on the Student Groups

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AWARDS FOR ACADEMIC ACHIEVEMENT

Graduation with honors is designated as with Honor, With Great Honor and With Highest Honor. The Student Honors and Awards Committee selects students based on academic achievement to graduate with Honors. See policy below. The Student Honors and Awards Committee also recommends to the Associate Dean for Medical Education and the Dean the recipients of the following awards based on outstanding achievement.

Awards Available:
The following chart lists the Honors and Awards available to medical students.

<table>
<thead>
<tr>
<th>AWARD/DONOR</th>
<th>GIFT</th>
<th>TO WHOM</th>
<th>CRITERIA</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alma Sneeden Pathology Award</td>
<td></td>
<td>2 MSIV's or MSIII's</td>
<td>Dept. of Pathology</td>
<td></td>
</tr>
<tr>
<td>Alpha Kappa Kappa Award</td>
<td>Scholarship</td>
<td>2 MSII's</td>
<td>Exemplify desired characteristics of a true physician</td>
<td>Selected by class</td>
</tr>
<tr>
<td>Deans Recognition Award</td>
<td>$500</td>
<td>1 or 2 MSIV’s</td>
<td>Exemplary Contributions to the School of Medicine</td>
<td>Dean’s Office nominates, committee recommends</td>
</tr>
<tr>
<td>Family Medicine Clerkship Award</td>
<td></td>
<td>1 MSIV</td>
<td>Excellence in study of family medicine</td>
<td>Dept. of Family Medicine</td>
</tr>
<tr>
<td>Gold-Headed Cane Award</td>
<td>Engraved plaque, monetary award, Name on permanent plaque in Dean's Office</td>
<td>1 MSIV</td>
<td>Best exemplifies the qualities of a true physician</td>
<td>Nominated by MSIV class, voted by class and faculty</td>
</tr>
<tr>
<td>Tow Humanism in Medicine (Healthcare Foundation of New Jersey)</td>
<td>$1,000</td>
<td>MSIV</td>
<td>Recognizes compassion and sensitivity in the delivery of care to patients and their families</td>
<td>Nominated and voted by MSIV class</td>
</tr>
<tr>
<td>Merck Awards for Academic Excellence</td>
<td>Merck Manual w/name engraved</td>
<td>3 MSIV’s</td>
<td>Outstanding scholastic achievement in medical studies (top three students)</td>
<td>Faculty nominates; Committee selects</td>
</tr>
<tr>
<td>Oregon Academy of Family Physicians Outstanding Senior</td>
<td></td>
<td>1 MSIV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Society for Academic Emergency Medicine</td>
<td></td>
<td>1 MSIV</td>
<td>Excellence in study of emergency medicine</td>
<td>Department selects</td>
</tr>
<tr>
<td>Multicultural Recognition and Service Award</td>
<td></td>
<td>2 MSIV’s (ethnic student of color)</td>
<td>Commitment to promoting transcultural understanding; wellness in communities of color</td>
<td>Office of Multicultural Affairs Selects</td>
</tr>
<tr>
<td>William Krippaehe, MD Surgery Award</td>
<td></td>
<td>1 MSIV</td>
<td></td>
<td>Department of Surgery Selects</td>
</tr>
<tr>
<td>Deans Research Award</td>
<td>$250</td>
<td>2 MSIV</td>
<td>Outstanding research</td>
<td>Student nominates; Committee selects</td>
</tr>
<tr>
<td>Harry G. G. Kingston Anesthesiology &amp; Peri-Operative Outstanding Senior Medicine</td>
<td></td>
<td>1 MSIV</td>
<td>Excellence in study of Anesthesiology &amp; Peri-Operative Medicine</td>
<td>Department selects</td>
</tr>
<tr>
<td>Robert B. Taylor, M.D. Family Medicine Award</td>
<td></td>
<td>1 MSIV</td>
<td>Excellence in study of family medicine</td>
<td>Department selects</td>
</tr>
<tr>
<td>School of Medicine Award for Academic Excellence</td>
<td>Gift certificate to OHSU Bookstore</td>
<td>2 MSI’s</td>
<td>Academic excellence</td>
<td>Committee selects</td>
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<td>Doernbecher Children’s Hospital Foundation Pediatric Clerkship</td>
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<td>AWARD/DONOR</td>
<td>GIFT</td>
<td>TO WHOM</td>
<td>CRITERIA</td>
<td>DECISION</td>
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<td>Excellence in Pediatrics</td>
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<td>Department of Psychiatry</td>
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<td>Outstanding Master’s Thesis</td>
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<td>Faculty nominates; faculty selects</td>
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Awarding of Graduation with Honors at OHSU
Implemented for Graduates 2011

**Professional Degree Honors**
Professional degree honors are awarded upon graduation by the respective school based on earned grade point average while enrolled in that academic program. The grade point average for honors must be 2.5/3.5 or above. Determination of levels of honors above 2.5/3.5 shall be at the discretion of the academic unit.

Professional Degree Honors are awarded with the English terms: With Honor, With Great Honor and With Highest Honor. Usually graduates earning a professional degree are given a gold honor cord. The distinction of honors is recorded on the academic transcript.

Approved by the ASAC March 2010