



MD PROGRAM HANDBOOK AND POLICY MANUAL

ACADEMIC YEAR 2011-2012



STANFORD
SCHOOL OF MEDICINE

Stanford University Medical Center



EMERGENCY NUMBERS

For Fire-Police-Medical Emergencies:

From School of Medicine phones	286
From Stanford Hospital, Clinics, and LPCH phones	211
From Stanford Campus phones	9-911
From pay phones, cell phones, and non-medical center campus phones	911

(Outdoor Blue Tower Phones will automatically reach the 911 operator)

Needlestick and Exposure Hotline	723-8222 (then dial 1-STIX)
Sexual Assault, Counseling for Students	725-9955
Medical Center Escort Service	723-7222

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Every effort is made to ensure the information contained in this handbook is accurate and current at the time it goes to press. Stanford University School of Medicine reserves the right to make changes in applicable regulations, procedures, policies, requirements, and other information contained in this handbook and policy manual at any time without notice. Please refer to the online posting for the currently applicable version.

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1. SCHOOL OF MEDICINE

1.1 School of Medicine Academic Calendar

1.2 School of Medicine Departments and Interdepartmental Programs

1.3 Directories

- Oversight of the MD Curriculum
- MD Student Support Services



STANFORD UNIVERSITY SCHOOL OF MEDICINE
ACADEMIC CALENDAR 2011-12: AUTUMN AND WINTER

AUTUMN QUARTER (TERM CODE 1122; MD PROGRAM Q1 AND Q4)

Aug 1	Mon	Acess opens for autumn quarter course enrollment
Aug 1	Mon	MD – Deadline to submit Scholarly Concentration Final Completion for graduation in June, 2012
Aug 18-19	Thu-Fri	MD – First-year University housing move-in date; SWEAT orientation
Aug 20-23	Sat-Tues	MD – SWEAT trip
Aug 24-26	Wed-Fri	MD – New student orientation
Aug 26	Fri	MD – Stethoscope Ceremony—Invitation only
Aug 29	Mon	MD – Instruction begins for first-year students
Sep 1	Thu	MD – Instruction begins for second-year students
Sep 5	Mon	Labor Day (holiday; no classes)
Sep 16	Fri	At status enrollment deadline in order to receive stipend or financial aid refund by first day of term (5 p.m.)
Sep 19	Mon	MD – First day of clerkships for Period 4
Sep 23-25	Fri–Sun	GRAD – Bioscience graduate student camping trip
Sep 26	Mon	GRAD – Bioscience graduate student orientation
Sep 26	Mon	First day of autumn quarter
Sep 26	Mon	Deadline (5 p.m.) to file for leave of absence in autumn quarter
Sep 26	Mon	Deadline (5 p.m.) to file preliminary study list with sufficient units for student to be “at status”
Sep 26	Mon	GRAD – Instruction begins
Oct 1	Sat	MD – Deadline for second-year students to declare Scholarly Concentration
Oct 7	Fri	MD – INDE 297 session for clinical students (Period 4)
Oct 14	Fri	Deadline (5 p.m.) to file final study list (add/drop, adjust units for variable-unit course)
Oct 17	Mon	MD – First day of clerkships for Period 5
Nov 14	Mon	Deadline (5 p.m.) to file for term withdrawal
Nov 14	Mon	MD – First day of clerkships for Period 6
Nov 18	Fri	Deadline (5 p.m.) to file change to grading basis or course withdrawal
Nov 18	Fri	GRAD – Deadline (5 p.m.) to apply for autumn quarter degree conferral
Nov 21–25	Mon–Fri	Thanksgiving recess (no classes)
Dec 2	Fri	MD – INDE 297 session for clinical students (Period 6)
Dec 5-11	Mon–Sun	End-Quarter Period (“Dead Week”)
Dec 9	Fri	Last day of instruction (unless class meets on Saturday); last day to arrange for an Incomplete in a course
Dec 9	Fri	GRAD – Deadline (12 p.m., noon) to submit thesis/dissertation for autumn quarter degree conferral
Dec 12-16	Mon–Fri	End-Quarter examinations
Dec 16	Fri	Last day of autumn quarter
Dec 19–Jan 8	Mon–Sun	Winter Break (no classes)
Dec 20	Tue	Grades due at 11:59 p.m.
Jan 12	Thu	Conferral of degrees for autumn quarter

WINTER QUARTER (TERM CODE 1124; MD PROGRAM Q2 AND Q5)

Oct 30	Sun	Acess opens for winter quarter course enrollment
Dec 30	Fri	At status enrollment deadline in order to receive stipend or financial aid refund by first day of term (5 p.m.)
Jan 9	Mon	First day of winter quarter
Jan 9	Mon	Deadline (5 p.m.) to file for leave of absence in winter quarter
Jan 9	Mon	Deadline (5 p.m.) to file preliminary study list with sufficient units for student to be “at status”
Jan 9	Mon	Instruction begins
Jan 9	Mon	MD – First day of clerkships for Period 7
Jan 16	Mon	Martin Luther King, Jr., Day (holiday; no classes)
Jan 27	Fri	Deadline (5 p.m.) to file final study list (add/drop, adjust units for variable-unit course)
Feb 6	Mon	MD – First day of clerkships for Period 8
Feb 20	Mon	Presidents Day (holiday; no classes)
Feb 22	Wed	Deadline (5 p.m.) to file for term withdrawal
Feb 24	Fri	MD – INDE 297 session for clinical students (Period 8)
Feb 29-Mar 4	Wed–Sun	GRAD – Bioscience Admissions Interview Session
Mar 2	Fri	Deadline (5 p.m.) to file change to grading basis or course withdrawal
Mar 2	Fri	GRAD – Deadline (5 p.m.) to apply for winter quarter degree conferral
Mar 5	Mon	MD – First day of clerkships for Period 9
Mar 12-18	Mon–Sun	End-Quarter Period (“Dead Week”)
Mar 15	Thu	MD – Match Day
Mar 16	Fri	Last day of instruction (unless class meets on Saturday); last day to arrange for an Incomplete in a course
Mar 16	Fri	GRAD – Deadline (12 p.m., noon) to submit thesis/dissertation for winter quarter degree conferral
Mar 19-23	Mon–Fri	End-Quarter examinations
Mar 23	Fri	Last day of winter quarter
Mar 26–Apr 1	Mon–Sun	Spring Break (no classes) for non-clinical students
Mar 27	Tue	Grades due at 11:59 p.m.
April 5	Thu	Conferral of degrees for winter quarter



STANFORD UNIVERSITY SCHOOL OF MEDICINE
ACADEMIC CALENDAR 2011-12: SPRING AND SUMMER

SPRING QUARTER (TERM CODE 1126; MD PROGRAM Q3 AND Q6)

Feb 12	Sun	Acess opens for spring quarter course enrollment
Mar 23	Fri	At status enrollment deadline in order to receive stipend or financial aid refund by first day of term (5 p.m.)
Apr 2	Mon	First day of spring quarter
Apr 2	Mon	Deadline (5 p.m.) to file for leave of absence in spring quarter
Apr 2	Mon	Deadline (5 p.m.) to file preliminary study list with sufficient units for student to be "at status"
Apr 2	Mon	Instruction begins
Apr 2	Mon	MD – First day of clerkships for Period 10
Apr 13	Fri	Deadline (5 p.m.) to apply for spring quarter degree conferral
Apr 20	Fri	MD – INDE 297 session for clinical students (Period 10)
Apr 20	Fri	Deadline (5 p.m.) to file final study list (add/drop, adjust units for variable-unit course)
Apr 30	Mon	MD – First day of clerkships for Period 11
May 15	Tue	Deadline (5 p.m.) to file for term withdrawal
May 25	Fri	Deadline (5 p.m.) to file change to grading basis or course withdrawal
May 28	Mon	MD – First day of clerkships for Period 12
May 28	Mon	Memorial Day (holiday; no classes)
May 29	Tue	MD – First day of instruction Q6 POM
Jun 1-7	Fri–Thu	GRAD – End-Quarter period ("Dead Week")
Jun 6	Wed	GRAD – Last day of instruction; last day to arrange for an Incomplete in a course
Jun 6	Wed	GRAD – Deadline (12 p.m., noon) to submit thesis/dissertation for spring quarter degree conferral
Jun 7	Thu	GRAD – Day before finals (no classes)
Jun 8-13	Fri–Wed	GRAD – End-Quarter examinations
Jun 13	Wed	Last day of spring quarter
Jun 14	Thu	Grades for graduating students due at 12 p.m., noon
Jun 15	Fri	MD – INDE 297 session for clinical students (Period 12)
Jun 16	Sat	School of Medicine Commencement (all degree programs)
Jun 17	Sun	Stanford University Commencement
Jun 19	Tue	Grades for non-graduating students due at 11:59 p.m.
Jun 22	Fri	MD – Last day of instruction Q6 POM
Jun 25–Jul 1	Mon–Sun	MD – Summer Break for clinical students

SUMMER QUARTER (TERM CODE 1128)

Apr 15	Sun	Acess opens for summer quarter course enrollment
Jun 15	Fri	At status enrollment deadline in order to receive stipend or financial aid refund by first day of term (5 p.m.)
Jun 25	Mon	First day of summer quarter
Jun 25	Mon	Deadline (5 p.m.) to file for leave of absence in summer quarter
Jun 25	Mon	Deadline (5 p.m.) to file preliminary study list with sufficient units for student to be "at status"
Jun 25	Mon	Instruction begins
Jul 2	Mon	MD – First day of clerkships for Period 1
Jul 4	Wed	Independence Day (holiday; no classes)
Jul 6	Fri	Deadline (5 p.m.) to file final study list (add/drop, adjust units for variable-unit course)
Jul 27	Fri	Deadline (5 p.m.) to file for term withdrawal
Jul 30	Mon	MD – First day of clerkships for Period 2
Aug 3	Fri	Deadline (5 p.m.) to file change to grading basis or course withdrawal
Aug 3	Fri	GRAD – Deadline (5 p.m.) to apply for summer quarter degree conferral
Aug 11-16	Sat–Thu	End-quarter period ("Dead Week")
Aug 16	Thu	Last day of instruction; last day to arrange for an Incomplete in a course
Aug 17	Fri	MD – INDE 297 session for clinical students (Period 2)
Aug 17-18	Fri–Sat	End-quarter examinations
Aug 18	Sat	Last day of summer quarter
Aug 21	Tue	Grades due at 11:59 p.m.
Aug 27	Mon	MD – First day of clerkships for Period 3
Aug 31	Fri	GRAD – Deadline (12 p.m., noon) to submit thesis/dissertation for summer quarter degree conferral
Sep 27	Thu	Conferral of degrees for summer quarter

1.2 SCHOOL OF MEDICINE ACADEMIC DEPARTMENTS AND PROGRAMS

BASIC SCIENCE DEPARTMENTS:

Biochemistry
 Bioengineering
 Chemical and Systems Biology
 Developmental Biology
 Genetics
 Health Research and Policy

- Epidemiology
- Health Services Research Program

 Microbiology and Immunology
 Molecular and Cellular Physiology
 Neurobiology
 Structural Biology

CLINICAL DEPARTMENTS:

Anesthesia
 Cardiothoracic Surgery
 Comparative Medicine
 Dermatology
 Medicine
 Neurology and Neurological Sciences
 Neurosurgery
 Obstetrics and Gynecology (OB/GYN)
 Ophthalmology
 Orthopedic Surgery
 Otolaryngology, Head and Neck Surgery
 Pathology
 Pediatrics
 Psychiatry and Behavioral Sciences
 Radiation Oncology
 Radiology
 Surgery
 Urology

INTERDEPARTMENTAL GRADUATE PROGRAMS:

Biomedical Informatics
 Biophysics
 Cancer Biology
 Immunology
 Neurosciences
 Stem Cell Biology and Regenerative Medicine

STANFORD INSTITUTES OF MEDICINE:

Cardiovascular Institute
 Cancer Institute
 Institute for Neuro-Innovation &
 Translational Neuroscience Institute for
 Immunity, Transplantation and
 Infection
 Institute for Stem Cell Biology
 and Regenerative Medicine

OTHER:

Center for Biomedical Ethics
 Center for Education in Family and
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2. OVERSIGHT OF MD CURRICULUM AND MEDICAL STUDENT SUPPORT SERVICES

- 2.1 Office of Medical Education
- 2.2 Division of Evaluation
- 2.3 Educators-4-CARE
- 2.4 The Center for Immersive and Simulation-based Learning
- 2.5 Office of Student Services
- 2.6 School of Medicine Registrar's Office
- 2.7 School of Medicine Financial Aid Office
- 2.8 School of Medicine Office of Student Life
- 2.9 Academic Advising
- 2.10 Learning Specialist
- 2.11 Student Life Advising
- 2.12 Center of Excellence in Diversity in Medical Education
- 2.13 Medical Scientist Training Program (MSTP)
- 2.14 Office of Community Health
- 2.15 School of Medicine Career Center
- 2.16 School of Medicine Liaison to the Office of Accessible Education
- 2.17 School of Medicine Ombuds
- 2.18 Medical Center Chaplain
- 2.19 Security Services

2.1 OFFICE OF MEDICAL EDUCATION

MEDICAL SCHOOL OFFICE BUILDING X333

The Office of Medical Education (OME) provides management and oversight of the medical school curriculum, including courses, clerkships, medical student scholarship, assessment, and evaluation. The Associate Dean for Medical Education directs OME and provides leadership for its programs, including:

- Educators-4-CARE
- Human Health and Disease (HHD) Course
- Practice of Medicine (POM) Course
- Clerkship Education
- Medical Student Research and Scholarship, including the Scholarly Concentrations and MedScholars programs
- Division of Evaluation

The Associate Dean for Medical Education also chairs the Committee on Curriculum and Academic Policy (CCAP), a standing committee of the Faculty Senate. CCAP develops or recommends policies concerning the curriculum for the MD degree program, including structure of the curriculum and requirements for graduation, design and evaluation of courses and clerkships, adherence to LCME guidelines, and evaluation of program effectiveness. In addition, CCAP oversees the assessment of medical student academic performance in required courses, clerkships, and scholarly concentrations. CCAP sets academic policies, and reviews and approves requests for new required courses and clerkships (core and selective). Requests for elective courses and clerkships are reviewed and approved by the Chair of CCAP.

The Assistant Dean for Medical Education provides administrative leadership for all of the programs as listed above. In addition, the Assistant Dean works collaboratively with the Associate Dean for Medical Education, CCAP, and other key faculty on ongoing curriculum development and implementation.

2.2 DIVISION OF EVALUATION

The Division of Evaluation is housed in the Office of Medical Education and is charged with evaluating the required medical school curriculum at the clerkship and pre-clerkship level. Data of many types is collected by the division and used in order to assess how effectively the curriculum is being delivered, to identify aspects of the curriculum that can be strengthened, and provide data to inform curricular planning and decision-making. Examples of the types of data collected and monitored include: course and clerkship evaluations, performance and exam data, qualitative comments from focus groups, alumni performance in residency programs, observations of classrooms, and uses of technology. In addition, School of Medicine faculty and staff may use evaluation data to conduct educational research for wider dissemination in medical education. **Permission to conduct ongoing research related to evaluation of the Medical School curriculum is provided by the Institutional Review Board (IRB) through the Stanford University Research Compliance Office. All students are provided with an informational document which details this approved research (see Section 11.1). Students must participate in all School of Medicine assessment activities, but may “opt out” of having their data used for research purposes.**

Division staff members ensure that monitoring and evaluation of the curriculum aligns with national accreditation standards set forth by the Liaison Committee For Medical Education (LCME). The Division also monitors, evaluates, and reports on new curricular initiatives and their impact on student learning and performance, including the Criterion Based Evaluation Initiative (CBEI) and Educators 4 Care (E4C). The Evaluation Director serves as the chair of the Clerkship Evaluation Committee (CEC), which is charged with reviewing appeals of student performance evaluations in clerkships. The Division also advises and supports faculty, staff and students who are engaged in medical education research.

2.3 EDUCATORS FOR C.A.R.E. (E4C)

The Educators for CARE (E4C) Program was established in 2008 to enhance the development of medical students as skilled and compassionate physicians. E4C provides a formal curriculum aimed to foster the development of some of our core values – **Compassion, Advocacy, Responsibility, and Empathy** – from the beginning and throughout medical school.

Each incoming medical student is matched with an E4C faculty, who will serve as a teacher, mentor, and colleague for the duration of the student’s time at the School of Medicine. Each E4C faculty teaches and guides five or six students per class year in the following ways:

- During the pre-clerkship years, precepts students once per week in the *Practice of Medicine (POM)* course, cultivating students’ acquisition and refinement of patient communication skills, physical examination skills, clinical reasoning, and professionalism
- During the clerkship years, continues to provide guidance for students’ professional growth, helping them maintain humanism and promote self-reflection in semi-monthly Doctoring with CARE sessions as part of the INDE 297 curriculum
- Provides mentoring and regular feedback throughout medical students’ tenure at Stanford University
- Works with other School of Medicine faculty, staff, and programs to ensure that all medical students’ graduate with mastery of core clinical skills
- Writes letters of recommendation as requested
- Collaborates with other E4C faculty, POM course directors, and Advising Deans to assist in students’ academic and professional development
- Available for student support and well-being
- Participates in student milestone events and celebratory gatherings

More information about E4C, including faculty biosketches and program contacts, is available on the E4C Web site at <http://med.stanford.edu/e4c/>.

2.4 THE CENTER FOR IMMERSIVE AND SIMULATION-BASED LEARNING

LI KA SHING CENTER 311

The Center for Immersive and Simulation-based Learning (CISL) is led by the Associate Dean for ISL, Dr. David Gaba. The CISL’s goal is to provide the coordination and integration of effort and link the activities of the diverse facilities and experts to the needs of the School of Medicine and the

Stanford University hospitals. The CISL is the home to world pioneers of techniques, technologies and applications for immersive and simulation-based learning (ISL).

CISL “the consortium” brings together four internationally recognized simulation centers, The Goodman Immersive Learning Center in the LKSC, the Palo Alto VA Simulation Center, The Center for Advanced Pediatric and Perinatal Education – CAPE, and The Goodman Surgical Simulation Center (GSC) of the Department of Surgery. These Centers all operate world-class simulation facilities to accommodate a wide variety of simulation modalities, standard patient exercises and part-task procedural training.

In addition to a key role in facilitating the learning of SUMC students and clinical trainees, CISL is a focal point for research: a) about the pedagogy of ISL; b) using ISL techniques to study elements of clinical performance; and c) on creating new and better simulator hardware or software. CISL is also be an important link between the Stanford Institutes of Medicine and the hospitals' strategic service lines. Through CISL, ISL techniques will provide innovative modalities for the Institutes' educational missions. <http://cisl.stanford.edu>

2.5 OFFICE OF STUDENT SERVICES

MEDICAL SCHOOL OFFICE BUILDING X309

The Assistant Dean for Student Services oversees the Office of Student Services (OSS). OSS includes the offices of:

- MD Admissions
- MD Academic Advising
- Student Life
- Registrar
- Learning Strategist

The Assistant Dean for Student Services is a resource for student services questions and special help, and is available to meet with students with a variety of concerns. As a School of Medicine liaison to the Office of Accessible Education, the Assistant Dean for Student Services also coordinates accommodations for students with documented disabilities.

Students with disabilities (including, but not limited to, physical, psychological, or learning disabilities) who may need academic accommodations (including services and auxiliary aids), should register with the Office of Accessible Education (see Section 9.6) for assessment and approval of such accommodations. The School of Medicine Assistant Dean for Student Services coordinates with the Office of Accessible Education to facilitate accommodations. Students with documented disabilities are responsible for notifying the Assistant Dean of Student Services of their accommodation needs. Students should not request accommodations directly from faculty members or clerkship directors.

2.6 SCHOOL OF MEDICINE REGISTRAR'S OFFICE

MEDICAL SCHOOL OFFICE BUILDING X325

The School of Medicine Registrar's Office serves the educational community of the Stanford University School of Medicine by maintaining the official records of each student and providing

appropriate data to further the educational processes of the school. The office also coordinates the Visiting Student program that allows students from other medical schools to participate in clinical electives. The School of Medicine Registrar's Office works closely with the University Registrar's Office.

Enrollment Services

- Monitor student study lists
- Assist students with dropping and adding courses
- Handle graduate authorization petitions to add a program
- Process and track leaves of absence
- Track satisfactory academic progress
- Monitor tuition status

Academic Records

- Create and maintain official student academic records
- Maintain student records with the American Association of Medical Colleges
- Respond to agency licensing requests
- Respond to medical education verification requests
- Respond to student verification of standing requests (e.g., student rates for conferences, student insurance rates, jury duty)

Clerkships

- Organize and run Clerkship Draw and weekly Shuffles
- Create informational materials on clerkship choices
- Conduct forums on clerkship and the clerkship process
- Assist students with entering clerkship choices
- Handle visiting clinical students
- Handle away clerkship paperwork

Residency Match

- Assist with producing the Medical Student Performance Evaluation (MSPE)
- Assist students with rank-order listing (strategizing and entering list online)
- Compile statistics for the Match
- Assist unmatched students with the Scramble for open programs

Examinations

- Process student applications for the United States Medical Licensing Exam (Step 1, Step 2 CK, Step 2 CS)

2.7 SCHOOL OF MEDICINE FINANCIAL AID OFFICE

MEDICAL SCHOOL OFFICE BUILDING X383, X385, X387

The School of Medicine Financial Aid Office (FAO) is the central point of contact for MD students in the School of Medicine for assistance and questions about financial aid. The FAO strives to ensure that financial support is processed in a timely manner and that students are informed about the various sources of aid, timing of the disbursements, and anticipated refunds outlined in their awards. The FAO coordinates financial planning seminars, open to all students whether or not they

are receiving need-based aid, and maintains Web-based information on financial resources and possible funding opportunities can be viewed at http://med.stanford.edu/md/financial_aid/external_funding.html.

2.8 OFFICE OF STUDENT LIFE

MEDICAL SCHOOL OFFICE BUILDING X323

The Office of Student Life provides services to all MD and Biosciences (PhD and MS) students in the School of Medicine. In general, the office is a clearinghouse for a variety of issues affecting both MD and PhD students, working with other university departments to help resolve issues ranging from housing to health insurance. The Office of Student Life serves as a liaison between the administration and students through its relationship with the student organizations – Stanford Medical Students’ Association (SMSA) and Stanford Biosciences Students Association (SBSA) – and through working with the student special interest organizations (approximately 40 in number). The support ranges from simple funding of meetings to helping plan major conferences. The office also serves as the conduit for information flow between sources internal and external to the university and students through the School of Medicine listserves, and through the daily electronic events calendar.

Events, large and small, for students in the School of Medicine are planned through the Office of Student Life, beginning with the Orientation program for entering students and culminating with the School of Medicine Commencement program when they graduate.

Medical Student compliance with Health and Safety Training Requirements (HIPAA, Bloodborne Pathogen, Hospital-acquired Infections and General Lab Safety) is coordinated and tracked through the Office of Student Life, as are all required immunizations.

Logistical Services Provided:

- White coats (for MD candidates) and lab coats (for PhD candidates)
- Hospital photo IDs
- Stethoscopes
- Lockers
- Mailboxes
- FIT testing
- SUNet IDs
- Assistance with housing issues
- Assistance with interpretation of the Entrance Medical Requirements
- Assistance with Health and Safety Training requirements
- Assigning computer access to Stanford and Packard Hospitals
- Coordinating Call Room policy

Programs:

- New MD Student Orientation
- Stethoscope Ceremony
- Match Day Breakfast
- Student Clinician Ceremony
- *Ad hoc* social events

- Commencement ceremony and luncheon

Publications:

- *Full Code* (student-to-student guide to the clinical years)
- *Students in the MD Program* (student facebook)
- *Medipedia* (in conjunction with MD student editors)
- *H & P*, the medical student clinical journal (in conjunction with MD student editors and faculty advisors)
- *Weekly SBSA electronic newsletter*
- *Periodic Office of Student Services (OSS) electronic newsletter*

2.9 ACADEMIC ADVISING

MEDICAL SCHOOL OFFICE BUILDING X3C09

Neil Gesundheit, MD, MPH
 Associate Dean, Medical Student Advising
 (650) 724-5454; neil7@stanford.edu

The advising system assigns each incoming student to an Academic Advising Dean in the School of Medicine. Incoming students are notified to whom they have been assigned and have the opportunity to meet with him/her as a group during orientation. Students may request from their advisor a consultation with any of the Advising Deans.

The Academic Advising Deans have primary responsibility for overall academic advising. They will get to know each student, assist in orienting new students, meet regularly with students individually, and help them throughout their MD training. The Advising Deans assist students in the following ways:

- Assist in orienting new students
- Meet regularly with students individually and track their progress throughout their MD training
 - Get to know each student
 - Provide advice regarding courses, clerkships and research activities
 - Provide assistance as needed for individual students
- Facilitate small group discussion sessions with advisees
- Provide career counseling
- Refer students to community and faculty mentors
- Organize meetings with program directors
- Prepare MSPE (Dean's Letter) for graduating students

Career advising is provided by the Advising Deans. In addition, one member of each clinical department serves as the consultant for questions about careers in that specialty. The Internet also provides a wealth of information about careers and residency programs. For example, the Fellowship and Residency Interactive Database (FREIDA) Online provides information on approximately 7,800 accredited graduate medical education programs as well as over 200 combined specialty programs.

Detailed information about Academic Advising and student resources is available on the MD Advising Web site at <http://med.stanford.edu/md/advising/>

2.10 LEARNING SPECIALIST

Sue Willows, M.Ed.
Learning Specialist
 1265 Welch Road, MSOB X236
 (650) 721-1025; willows@stanford.edu

The Learning Specialist provides support for medical students in the learning process, including cognitive assessments, diagnoses, and study strategies. Through individual assessments and/or workshops students become more aware of the learning process and are better able to use their own natural styles and preferences for learning. Referrals for individual meetings are through Advising Deans, professors, peers, or self-referrals. All meetings are confidential.

The Learning Specialist provides screening for possible learning disabilities and/or attention deficits. For students with disability documentation, the LS can provide and coordinate direct services and accommodations. Confidentiality is maintained.

Workshops and individual meetings may include but are not limited to:

- Metacognition-know how you learn
- Learning styles
- Establishing a study plan
- Organizing for a specific class
- Managing time at medical school
- Test-taking strategies and analyzing a test
- Memory strategies to decrease study time and enhance retention
- Changing a behavior via cognitive coaching
- Software and medical websites
- How to study in a pair or group
- When to use tutoring
- Active reading and better comprehension
- Prereading and visual organizers
- Creating a Step 1 study strategy calendar
- Information and community referrals pertaining to dyslexia, learning disabilities, attention deficits, and psychological disorders

2.11 STUDENT LIFE ADVISING

Rebecca Smith-Coggins, MD
Associate Dean, Medical Student Life Advising
 (650) 725-5066
 Pager: 1-3481
smithcog@stanford.edu
 Boswell Building A045

The Associate Dean for Medical Student Life Advising provides a resource for the medical student body that is confidential (within the limits provided by the law). This unique position is one of the

first of its kind among medical schools through the nation. Dr. Rebecca Smith-Coggins has held this position since 2006, and is a point of contact for students who wish to discuss sensitive or personal topics or to obtain advice of a non-academic nature without concern about affecting their academic “reputation.” Students are encouraged to bring issues that impact their life decisions, well-being, and academic performance. Issues appropriate for Dr. Smith-Coggins include the following: interpersonal conflicts or misunderstandings; struggles with the stresses of school, family or social life; uncertain career direction; questions regarding professionalism; and discussions about the possible need of REFERRAL for:

- Medical care
- Psychological therapy
- Drug/alcohol dependency treatment
- Tutoring
- Study skills improvement
- Harassment concerns
- Financial problems
- Legal advice

The Associate Dean for Medical Student Life Advising is available to represent and advocate for medical students, as appropriate, with regard to matters that affect student well-being.

The Associate Dean for Medical Student Life Advising works directly with the Academic Advising Deans in developing the Advising Program, is involved in programmatic development pertaining to student work-life balance, and has worked with student to develop the Transition to Clerkship Retreat, Peer to Peer Mentoring sessions, and other programs.

To book an appointment with Dr. Smith-Coggins, please send her an email at smithcog@stanford.edu.

If there is urgency to a student’s need, please call (650) 723-6661 and identify yourself as a medical student; the page operator will call Dr. Smith-Coggins’ cell phone.

For more information, please visit the Medical Student Life Advising Web site at <http://med.stanford.edu/md/student-development/>.

2.12 CENTER OF EXCELLENCE IN DIVERSITY IN MEDICAL EDUCATION

MEDICAL SCHOOL OFFICE BUILDING X361

The Center of Excellence in Diversity in Medical Education (COE) was established in 1993 with the assistance of a grant sponsored by the Health Resources and Services Administration. The goal of the COE is to prepare the next generation of medical leaders to address the issues of health disparities. The primary initiatives to address this goal include:

- Expanding the diversity of the health professional work force, especially in academic medicine
- Promoting cultural competence in medical education for trainees
- Supporting scholarly projects in the area of health disparities
- Developing leadership skills in students from diverse backgrounds
- Working with faculty from throughout Stanford University to eliminate health disparities

- Enhancing the participation of alumni in the diversity activities of the School of Medicine

For more information on the Center and its activities, please visit the COE Web site at <http://coe.stanford.edu>.

2.13 MEDICAL SCIENTIST TRAINING PROGRAM (MSTP)

MEDICAL SCHOOL OFFICE BUILDING X319

The Medical Science Training Program (MSTP) provides medical students with an opportunity to pursue an individualized program of research and course work leading to both the M.D. and Ph.D. degrees. It is designed to equip students for careers in academic investigative medicine, and emphasizes flexibility of curricular and research programs for each trainee. Training for a combined M.D./Ph.D. includes the same content encountered by students who pursue each degree separately, but the total training time is less than the sum of the time normally required for each degree. The flexible curriculum at Stanford's School of Medicine allows each student, in consultation with a preceptor and other advisers, to pursue a plan of study that satisfies the requirements for the M.D. degree and allows performance of doctoral-level research leading to the Ph.D. Students interested in joining the MSTP are considered for admission at the time of their application to the School of Medicine M.D. program and are asked to provide supplemental information relevant to their research background. Current Stanford M.D. students may apply for admission to the MSTP. Further information regarding admission may be obtained from the MSTP administrator; details about the MSTP may be found at <http://mstp.stanford.edu>.

2.14 OFFICE OF COMMUNITY HEALTH

MEDICAL SCHOOL OFFICE BUILDING X 379

The Office of Community Health is the home in the School of Medicine for informed, committed, and sustained community engagement in local health issues. We are developing an innovative national model to train future leaders in community health, disseminate community health scholarship, and enhance local health via community-academic partnerships.

Our commitments are to:

- Build opportunities for substantive community engagement among medical, graduate and undergraduate students;
- Support and develop faculty engagement in community health;
- Promote the translation and dissemination of scholarly work on health issues affecting local communities; and
- Respond to community-health related needs and inquiries from students, faculty, health professionals and members of the surrounding community.

2.15 SCHOOL OF MEDICINE CAREER CENTER

GRANT BUILDING S005

The SoMCC is a comprehensive medical and life science career center, delivering educational curricula, providing one-on-one consultations, coordinating recruitment activities, and supporting the professional development of School of Medicine trainees, alumni, and postdoctoral researchers in the biomedical sciences across the University. The SoMCC also serves as an on-campus portal for

external organizations seeking to develop relationships with our research and clinical training community, providing a variety of ways to engage with and access the talents and technologies developed here at Stanford.

For more information about the SoM Career Center and its services, please visit online: <http://med.stanford.edu/careercenter/>

2.16 SCHOOL OF MEDICINE LIAISON TO THE OFFICE OF ACCESSIBLE EDUCATION

Stanford University has a strong commitment to maintaining a diverse and stimulating academic community, representing a broad spectrum of talents and experiences. Students with disabilities, actively participating in the various aspects of life at Stanford, are an essential part of that diversity.

So that all students at Stanford have an equal opportunity for personally and academically rewarding experiences, the OAE provides a wide array of accommodations, support services, auxiliary aids and programs to remove barriers to full participation in the life of the University. The OAE offers a comprehensive program for students with disabilities at both the undergraduate and graduate levels. Please visit <http://studentaffairs.stanford.edu/oae> for additional information.

As a School of Medicine liaison to the Office of Accessible Education, the Assistant Dean for Student Services also coordinates accommodations for students with documented disabilities.

Students with disabilities (including, but not limited to, physical, psychological, or learning disabilities) who may need academic accommodations (including services and auxiliary aids), should register with the Office of Accessible Education (see Section 9.6) for assessment and approval of such accommodations. The School of Medicine Assistant Dean for Student Services coordinates with the Office of Accessible Education to facilitate accommodations. Students with documented disabilities are responsible for notifying the Assistant Dean of Student Services of their accommodation needs. Students should not request accommodations directly from faculty members or clerkship directors.

2.17 STANFORD UNIVERSITY OMBUDS

David Rasch
University Ombuds
650-723-3682
rasch@stanford.edu

Ombuds Office
Mariposa House, Rm 210
585 Capistrano Way
Stanford, CA 94305-8200

The services of the Ombuds Office are available to all faculty, students, and staff. The Ombuds seeks fair and just resolutions of disputes and complaints through confidential, neutral and informal processes. The Ombuds sits apart from the usual administrative and decision making structures of the university and is authorized to talk to all persons at the university in order to resolve problems. The Ombuds can gather information, research relevant policies, coach and advise, offer options, refer to useful resources within the community, make inquiries, mediate and facilitate conversations. The Web site describing the Ombuds Office's services for faculty, staff and students is: <http://www.stanford.edu/dept/ombuds>

The Ombuds is also available to speak to faculty, student and staff groups about the Ombuds Office's services or to speak on topics related to conflict resolution and communication.

2.18 MEDICAL CENTER CHAPLAIN

SUMC Ground/Basement Floor, HG004
(650) 723-5101

An on-call chaplain (pager 1-5683) is available 24 hours a day to provide personal counseling for medical students and spiritual support for patients and their families. Chaplains are responsible for Decedent Care at the time of any patient's death and will help with support for the family of a patient who has died. The Chaplain's office is located in the Stanford Hospital on the ground floor of the G wing. Office hours are Monday-Friday, 8:30 a.m. to 5:00 p.m.

For more information please visit

<http://stanfordhospital.org/forPatients/patientServices/chaplaincyServices.html>

2.19 SECURITY SERVICES

SUMC Ground/Basement Floor
(650) 723-7222

Stanford University Medical Center's Security Services Department provides both walking and mobile escorts, vehicle jump-starts, facility door unlocks, photo identification access badges and key control. In addition they investigate thefts and crimes against persons, perform patient restraints, de-escalate violent situations, and coordinate Medical Center interaction with local police departments. Security Services also presents seminars on personal safety and Medical Center parking.

Security Services is staffed 24 hours a day, seven days a week, and is located on the ground floor of Stanford Hospital, just below the Emergency Department. Security Services is identified as location 2 on the SUMC floor map of the ground/basement floor:

http://stanfordhospital.org/directions/SHC_g.html.

3. REQUIREMENTS FOR THE MD DEGREE

- 3.1 Specification of Requirements for Graduation
- 3.2 Competencies and Objectives for Medical Student Education
- 3.3 Medical Health Requirements and Immunizations
- 3.4 Data Security and Privacy (HIPAA) Training
- 3.5 iPad Policy
 - Preclerkship Policy
 - Clerkship Policy
- 3.6 Safety Training
- 3.7 Ethical Conduct of Biomedical Research
- 3.8 Academic Requirements
 - MD Program Curriculum Overview
 - Students Matriculating Academic Year 2009-10, 2010-11 or 2011-12
 - Students Matriculating Academic Year 2007-08 or 2008-09
 - Students Matriculating Academic Year 2006-07
 - Students Matriculating Academic Year 2003-04, 2004-05 or 2005-06
 - Students Matriculating Academic Year 2002-03 or prior
- 3.9 United States Medical Licensing Examination (USMLE)
- 3.10 School of Medicine Statement on Professionalism
- 3.11 School of Medicine Standards of Conduct for the Teacher-Learner Relationship
- 3.12 School of Medicine Technical, Non-Academic Standards
- 3.13 Note on Licensure

3.1 SPECIFICATION OF REQUIREMENTS FOR GRADUATION WITH THE MD DEGREE

The requirements for the MD degree are established by the Stanford University School of Medicine Faculty Senate and allow no exceptions. Those requirements are as follows:

1. Satisfaction of Academic Requirements: To graduate, students must satisfy all academic requirements, as delineated in Section 3.8 of this handbook.
2. United States Medical Licensing Examination: To graduate, students must achieve overall passes on the USMLE Step 1 and Step 2 CK (Clinical Knowledge) examinations, and must have taken the Step 2 CS (Clinical Skills) examination, as described in Section 3.9 of this handbook.
3. Satisfaction of Professionalism Requirements: To graduate, students must meet the standards of professionalism set forth in the *School of Medicine Statement on Professionalism* (see Section 3.10 of this handbook).
4. Satisfaction of Technical Standards: To graduate, students must meet the requirements set forth in the *School of Medicine Technical, Non-Academic Standards* (see Section 3.12 of this handbook).
5. Residency Requirement: To graduate, students must register for 13 quarters at full “Med-MD” tuition. MD degree candidates must be registered for the quarter during which the degree is conferred. Students must apply for conferral of a degree by filing an Application to Graduate on Axess. Students may graduate in any quarter by completing their degree requirements and filing the Application to Graduate by the deadline date for that quarter. Students enrolled in dual degree programs that involve duplicate registration of quarters will be exempt from the 13-quarter MD requirement if all requirements are met.
6. Medical Health Requirements and Immunizations: MD degree candidates must be in compliance with medical health requirements at all times. Entering medical students must complete certain health-related forms, immunizations, and tests before beginning studies at Stanford and, for some of these, annually thereafter (see Sections 3.3 and 9.4 of this handbook).
7. Data Security and Privacy (HIPAA) Training: MD degree candidates must be in compliance with Stanford’s HIPAA training requirements (see Section 3.4 of this handbook).
8. Safety Training: MD degree candidates must be in compliance with Bloodborne Pathogens training, Hospital-Acquired Infections training, and Safety and Emergency Preparedness training requirements (see Section 3.6 of this handbook).
9. Ethical Conduct of Biomedical Research: MD degree candidates must be in compliance with the CITI training requirement (see Section 3.7 of this handbook).

NOTE: *These requirements may be changed by the School of Medicine at any time.*

3.2 COMPETENCIES AND OBJECTIVES FOR MEDICAL STUDENT EDUCATION

The following competencies and their associated educational objectives **serve as a guide for curriculum development and evaluation of the success** of the training program and its graduates:

1. Knowledge of the Basic Medical Sciences and Organ Systems

A graduate is expected to:

- Know the normal structure and function of the body (as an intact organism) and of each of its major organ systems
- Know the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis
- Know the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of maladies and the ways which they operate on the body (pathogenesis)
- Know the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions
- Know the principles of pharmacology, therapeutics, and therapeutic decision-making

2. Ability to Apply Clinical Skills in the Care of Patients

A graduate is expected to:

- Obtain an accurate medical history that covers all essential aspects of the history, including issues related to age, gender, sexuality, and socio-economic status
- Communicate with patients and their families in culturally appropriate ways regarding: sexuality and sexual function, domestic violence, substance abuse, financial obstacles to health, end-of-life issues, and other topics that materially affect patient well-being
- Communicate clearly, both orally and in writing, with patients, patients' families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities
- Conduct a thorough and accurate physical exam, including psychiatric, neurologic, genital, and orthopedic examinations in adults and children
- Perform routine technical procedures used in medicine and surgery
- Interpret the most frequent clinical, laboratory, roentgenologic, and pathologic manifestations of common maladies
- Reason deductively in solving clinical problems
- Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, both acute and chronic, including medical, psychiatric, and surgical conditions, and those requiring short- and long-term rehabilitation
- Recognize and outline an initial course of management for patients with serious conditions requiring critical care
- Appropriately relieve pain and ameliorate the suffering of patients

3. Promotion of health care that appropriately responds to social, cultural, and health system contexts within which the care is delivered

A graduate is expected to:

- Demonstrate a commitment to advocate at all times for the interests of one's patients over one's own interests
- Demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments
- Demonstrate respect for the roles of other health care professionals and a willingness/commitment to collaborate with others in caring for individual patients and in promoting the health of defined populations
- Demonstrate a commitment to provide care to patients who are unable to pay and to advocate for access to health care for members of traditionally underserved populations
- Understand and work within existing healthcare systems, including the public health system, to provide optimal care for patients and communities
- Understand the various approaches to the organization, financing and delivery of health care

4. Knowledge of the Foundations of Population and Evidence-based Medicine

A graduate is expected to:

- Understand the important non-biological determinants of poor health and the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies
- Know the epidemiology of common maladies and the systematic approaches useful in reducing the incidence and prevalence of those maladies
- Understand the economic cost of health care and balance the obligation to fulfill the needs and wishes of individual patients with a societal obligation to practice efficient, evidence-based, and cost-effective medicine
- Understand the power of the scientific method in establishing the causation of disease and efficacy of traditional and non-traditional therapies

5. Commitment to Ethics and Professionalism

A graduate is expected to:

- Know the theories and principles that govern ethical decision making, and of the major ethical dilemmas in medicine, particularly those that rise at the beginning and end of life and those that arise from the rapid expansion of knowledge of genetics
- Demonstrate compassionate treatment of patients, and respect for their privacy and dignity
- Demonstrate honesty and integrity in all interactions with patients' families, colleagues, and others with whom physicians must interact in their professional lives
- Understand the positive and negative consequences resulting from the involvement of corporations in health care delivery, scientific research, and medical products

6. Commitment to Personal and Professional Development

A graduate is expected to:

- Demonstrate the capacity to recognize and accept limitations in one's knowledge and clinical skills and a commitment to continuously improve one's knowledge and ability
- Demonstrate a commitment to engage in lifelong learning to stay abreast of relevant scientific, health care, and public health advances

- Demonstrate the ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations
- Demonstrate a commitment to work collaboratively with colleagues in healthcare, research and leadership teams
- Demonstrate a commitment to optimize patient safety by thoughtful selection and timing of interventions and collaborations with all members of the health care team
- Demonstrate knowledge and proficiency in effective techniques for practice-based learning by individuals and system-wide improvements across the continuum of care
- Demonstrate leadership in the various branches of medicine and the health sciences

7. Commitment to an Area of Scientific and/or Clinical Inquiry

A graduate is expected to:

- Recognize unresolved clinical or scientific questions, formulate an hypothesis, and identify methods and resources to address this hypothesis
- Conduct investigation in an area of interest related to patient care or scientific endeavor
- Understand the scientific theory and methodology that form the basis of medical discoveries
- Understand the ethical requirements for laboratory, animal-based and patient-oriented scientific inquiry
- Communicate new knowledge obtained from scientific inquiry responsibly and clearly

3.3 MEDICAL HEALTH REQUIREMENTS AND IMMUNIZATIONS

Medical Requirements

All matriculated Stanford students must complete the Entrance Medical Requirements at their own expense. These requirements are established and monitored by Vaden Student Health Center.

Details can be found at http://vaden.stanford.edu/new_students/entrance_req.html

Please Note:

- Entrance immunization requirements are the student's expense, no matter where or when they are completed.
- Immunizations required by graduating student residencies are at the student's expense.

Annual Tests and Immunizations

The following immunizations are required of each MD student ANNUALLY (even if the student is also pursuing another degree such as an MPH, MS, or PhD). All immunizations can be performed at the following locations:

Vaden Student Health Center
866 Campus Drive
Stanford, CA 94305-8580
(650) 498-2336

Occupational Health Center (OHC)
480 Oak Road
Stanford, CA 94305-8007
(650) 725-5306

Tuberculosis (TB): Student may choose to have either a PPD test (requires a return visit to have the test result read) or Quantiferon.

Influenza: All MD students must be immunized against influenza.

Additional tests or immunizations required by specific clerkships require a note of explanation from the requiring Clerkship Director. The note should be presented to either Vaden or OHC before the test or immunization is received.

Annual immunizations required by the School of Medicine and its clerkships are performed at the School of Medicine's expense. The School of Medicine does not provide funding for immunizations required by residency programs.

3.4 DATA SECURITY AND PRIVACY (HIPAA) TRAINING

In compliance with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA), the Stanford University School of Medicine requires all new medical students to complete Patient Privacy Regulation HIPAA Training before starting classes and ANNUALLY thereafter. Stanford's HIPAA Training is a Web-based training that takes approximately one-and-a-half hours. The Office of Student Life sends e-mail instructions to all MD students annually.

Pre-clerkship students will not receive credit for POM until they have completed this training (both years). Clinical students are not able to enter the Clerkship Draw until they have completed this training.

To complete most Web-based training from outside the School of Medicine requires setting up a Virtual Private Network using the link: <http://med.stanford.edu/irt/security/vpn/>

3.5 IPAD POLICY

Pre-Clerkship iPad Policy

Stanford University School of Medicine will provide iPads to all incoming first year medical students and Master of Medicine students.

Prior to receiving an iPad, all students are expected to review and sign the "Pre-Clerkship Student Agreement", which outlines responsibilities and expectations for students who are using iPads as a learning tool for medical education. This agreement establishes the following expectations and guidelines for iPad use:

- The iPad is Stanford property and will only be available to students while they are enrolled at Stanford School of Medicine (SOM).
- Students must use this device in a responsible manner and in accordance with University policies.
- Students should have no expectation of privacy regarding the device or its contents.
- Students must return the iPad to SOM when requested. iPad privileges may be rescinded prior to graduation in cases where students are found not to have followed policies and guidelines for appropriate use of the device.
- Students must take appropriate steps to protect the iPad and data against loss or theft, e.g. not leaving iPads in public places, not checking iPads in luggage, and not leaving iPads in

vehicles unless the vehicle is locked and the iPad is hidden from view.

- Students must immediately report the loss, damage or theft of an iPad to Jared Hoffman(jaredh1@stanford.edu)
- Students must protect the data on the iPad with a password and follow all other security requirements.
- Students must accept financial responsibility for the loss or theft of the device and the disclosure of information resulting from failure to take appropriate steps to protect the iPad. Students may not jailbreak or otherwise tamper with the iPad operating system.
- Students must frequently make encrypted backup copies of iPad content in the case of loss or data corruption.

In addition, students will also be expected to review and follow all additional policies relevant to the use of mobile devices and curriculum materials, including:

- Stanford School of Medicine Course Content Access and Appropriate Use Policy.
- Restricted Data and HIPAA Compliance
- Stanford University Computer and Network Usage Policy
- Stanford Hospital Q&A on iPad use and Access to Patient Records

(Web links and further details regarding these policies and resources are provided below.)

Clerkship iPad Policy:

During the 2011-2012 academic year, some students may have an opportunity to participate in a pilot study using Stanford-issued iPads in clerkships. Participation is voluntary. All students who use Stanford-issued iPads in clerkships must review and sign the “Clerkship Student Agreement,” which outlines responsibilities and expectations for students who are using iPads as a device for learning and bedside care. This agreement establishes the following expectations and guidelines for iPad use:

- The Pad is Stanford property and for student use while on a clinical rotation at Stanford School of Medicine (SOM). The device must be used in a responsible manner and in accordance with University policies.
- Students should have no expectation of privacy regarding the device or its contents.
- Students must return iPads to SOM when requested. iPads must be returned on the last day of the clerkship rotation.
- All data that students have stored on the iPad will be deleted or removed when the iPad is returned. Stanford will not be responsible for lost data or information left on the iPad.
- Students must take appropriate steps to protect the iPad and data against loss or theft, e.g. not leaving iPads in public places, not checking iPads in luggage, and not leaving iPads in vehicles unless the vehicle is locked and the iPad is hidden from view.
- Students must immediately report the loss, damage or theft of an iPad to Jared Hoffman(jaredh1@stanford.edu)
- Students must protect the data on the iPad with a password and follow all other security requirements.
- Students must accept financial responsibility for the loss or theft of the device and the disclosure of information resulting from failure to take appropriate steps to protect the iPad.

- If the iPad lent to a student by Stanford is lost, damaged, or stolen, or if for any other reason the student is unable to return the iPad by the last day of the clerkship rotation, the student may be charged a \$200 replacement fee. Clerkship grades and transcripts may be put on hold until payment is received.
- Students may not jailbreak or otherwise tamper with the iPad operating system.
- Students must frequently make encrypted backup copies of iPad content in the case of loss or data corruption.
- Students may not store personal health information (PHI) on the iPad. If students choose to access EPIC or other patient record databases, they must do so in alignment with HIPAA compliance guidelines and hospital policies regarding iPad and other mobile device use. If use of the iPad should compromise the security of patient records in any way, students must be prepared to accept full responsibility for the breach, including responsibility for any financial penalties incurred.
- Policies and guidelines around appropriate use of iPads may vary among clerkships and hospital sites. Therefore, students must review and follow the policies and guidelines set by each clerkship director and by each hospital site. The privilege of using the iPad may be rescinded at any time. Students who do not follow policies and guidelines for appropriate iPad use may be asked to return the device prior to completing the clerkship rotation.

In addition, students will also be expected to review and follow all additional policies relevant to the use of mobile devices and curriculum materials, including:

- Stanford School of Medicine Course Content Access and Appropriate Use Policy.
- Restricted Data and HIPAA Compliance
- Stanford University Computer and Network Usage Policy
- Stanford Hospital Q&A on iPad use and Access to Patient Records
-

(Web links and further details regarding these policies and resources are provided below.)

Policies and Resources for Mobile Devices and the Appropriate Use of Curriculum Content and Restricted Data:

Stanford School of Medicine Course Content Access and Appropriate Use Policy:

http://med.stanford.edu/irt/edtech/policies/course_content_access.html

Stanford students may only use Stanford University School of Medicine course materials as intended for curriculum and course-related purposes. These materials are copyrighted by the University or others. Access to this content is for personal academic study and review purposes only. Unless otherwise stated in writing, students may not share, distribute, modify, transmit, reuse, sell, or disseminate any of this content.

Restricted Data and HIPAA Compliance:

http://www.stanford.edu/group/security/securecomputing/dataclass_chart.html

Students must protect their iPads by following Stanford University mobile device security

guidelines (especially by having a security passcode set and encrypting the iPad backup) to protect any Stanford Confidential Information that may be accessible by this device. Students must not access or store Stanford Prohibited Information on the iPad. iPads are not intended for the storage of Restricted Information, specifically including Protected Health Information (PHI). Definitions of terms are provided on the website linked above.

Stanford University Computer and Network Usage Policy:

<http://adminguide.stanford.edu/62.pdf>

Students must respect copyrights and licenses, respect the integrity of computer-based information resources and refrain from seeking to gain unauthorized access, and respect the rights of other information resource users.

Stanford Hospital Q&A on iPad use and Access to Patient Records:

<http://stanfordhospital.org/epic/support/ipad.html>

Students must review Stanford Hospital's position on iPad use and access to patient records, and must follow the recommendations outlined on the Q&A web link above.

Students must agree to be bound to the terms of this Agreement. A student can be held financially responsible for the loss or theft of the device and the disclosure of information should he or she fail to take appropriate steps to protect the device and its contents.

3.6 SAFETY TRAINING

Bloodborne Pathogens Training

The California OSHA Bloodborne Pathogens Standard requires that all individuals with occupational exposure to blood, blood products, or other potentially infectious materials complete a Bloodborne Pathogens training course ANNUALLY. This requirement applies to all medical students. Stanford University Bloodborne Pathogens Training is a Web-based training that takes approximately one-half hour. The Office of Student Life sends e-mail instructions to all MD students annually.

Pre-clerkship students will not receive credit for POM until they have completed this training (both years). Clinical students are not able to enter the Clerkship Draw until they have completed this training.

To complete most Web-based training from outside the School of Medicine requires setting up a Virtual Private Network using the link: <http://med.stanford.edu/irt/security/vpn/>

Hospital-Acquired Infections Training

All students must complete training on the prevention of hospital-acquired infections. The Office of Student Life sends e-mail instructions to all MD students on an annual basis.

Pre-clerkship students will not receive credit for POM until they have completed this training (both years). Clinical students are not able to enter the Clerkship Draw until they have completed this training.

Safety and Emergency Preparedness Training

All medical students are required to complete the following three online courses:

- General Safety and Emergency Preparedness (EHS-4200)
- Biosafety (EHS-1500)
- Chemical Safety for Labs (EHS-1900)—required of all MD students in laboratories. Compliance is monitored by the lab administrators.

These courses are accessed through STARS in AXESS. Pre-clerkship students will not receive credit for POM until they have completed this training.

3.7 ETHICAL CONDUCT OF BIOMEDICAL RESEARCH

As part of medical student training in the ethical conduct of biomedical research, all medical students matriculating starting in 2009 are required to complete a series of CITI online course modules.

The deadline for completion of this requirement for incoming first-year students is **December 1, 2011**.

To complete this training, students must:

1. Visit the CITI website: <https://www.citiprogram.org/>
2. Register for Group 1
3. Complete the following required modules:
 - *The Integrity Assurance Statement*
 - *History & Ethical Principles*
 - *Basic Institutional Review Board (IRB) Regulations and Review Process*
 - *Informed Consent*
 - *Research with Protected Populations-Vulnerable Subjects: An Overview*
 - *FDA-Regulated Research*
 - *Social & Behavioral Research for Biomedical Researchers*
 - *Records Based Research*
 - *Genetic Research in Human Populations*
 - *Group Harms*
 - *HIPAA & Human Subjects*
 - *Hot Topics*
 - *Conflicts of Interest*
4. After completing all of the required modules, return to the CITI Main Menu, sub-bullet titled, "Previous Coursework Completed." Save the screenshot (make sure your name is visible) and submit to Mara Violanti (marav@stanford.edu). Hard copies are also accepted in MSOB 345.

Students will not receive credit for completion of CITI until the Office of Medical Student Research and Scholarship has received their certificate of completion.

Note: Students who matriculated prior to 2009-2010 who have successfully completed MED 255 *Responsible Conduct of Research* are exempt from this requirement. Students who have not previously completed MED 255 must complete the online CITI training in order to graduate.

3.8 ACADEMIC REQUIREMENTS

MD Program Curriculum-Overview

	Autumn	Winter	Spring						
Year 1	FOUNDATIONS OF MEDICINE I <ul style="list-style-type: none"> • Cells to Tissues • Molecular Foundations of Medicine • Applied Biochemistry • Genetics • Development & Disease Mechanisms • Basic Cardiac Life Support 		HUMAN HEALTH & DISEASE I <ul style="list-style-type: none"> • Intro to Infectious Diseases • Intro to Pharmacology • Intro to Respiratory Diseases 	HUMAN HEALTH & DISEASE II <ul style="list-style-type: none"> • Pulmonary • Cardiovascular 					
	Gross Anatomy		FOUNDATIONS OF MEDICINE II <ul style="list-style-type: none"> • The Nervous System • Immunology • Gross Anatomy of Head & Neck 						
	PRACTICE OF MEDICINE I		PRACTICE OF MEDICINE II	PRACTICE OF MEDICINE III					
	SCHOLARLY CONCENTRATIONS								
Year 2	HUMAN HEALTH & DISEASE III <ul style="list-style-type: none"> • Renal/Genitourinary • Gastrointestinal • Skin / Endocrine • Reproduction / Women's Health 	HUMAN HEALTH & DISEASE IV <ul style="list-style-type: none"> • Brain and Behavior • Hematology • Systemic Diseases 	PRACTICE OF MEDICINE VI TRANSITION TO CLINICAL CLERKSHIPS April – Mid-May: Study for USMLE Mid-May – Mid-June: One-month intensive preparation for clerkships						
	PRACTICE OF MEDICINE IV	PRACTICE OF MEDICINE V	SCHOLARLY CONCENTRATIONS						
Year 3, 4, [5]	CLINICAL CLERKSHIPS <table border="0"> <tr> <td>8 Weeks Internal Medicine Pediatrics Surgery</td> <td>6 Weeks Obstetrics & Gynecology</td> <td>4 Weeks Family Medicine Psychiatry Neurology Critical Care</td> <td>Selectives Ambulatory Practice (8 weeks) Subinternship</td> <td>Electives</td> </tr> </table>				8 Weeks Internal Medicine Pediatrics Surgery	6 Weeks Obstetrics & Gynecology	4 Weeks Family Medicine Psychiatry Neurology Critical Care	Selectives Ambulatory Practice (8 weeks) Subinternship	Electives
	8 Weeks Internal Medicine Pediatrics Surgery	6 Weeks Obstetrics & Gynecology	4 Weeks Family Medicine Psychiatry Neurology Critical Care	Selectives Ambulatory Practice (8 weeks) Subinternship	Electives				
	RESEARCH & REFLECTIONS IN THE ADVANCEMENT OF PATIENT-CARE (RRAP) Advanced Cardiac Life Support								
SCHOLARLY CONCENTRATIONS									
Block 1 FOUNDATIONS OF MEDICINE		Block 2 HUMAN HEALTH & DISEASE		Block 3 PRACTICE OF MEDICINE		Block 4 CLINICAL CLERKSHIPS		Block 5 Research & Reflections in the Advancement of Patient-Care	

http://med.stanford.edu/md/Documents/2011-12/CurriculumSchematic_2011-12.pdf

Students Matriculating Academic Year 2009-10, 2010-11 or 2011-12

In addition to satisfying the requirements for the MD degree set forth in Section 3.1 of this Handbook, students entering in Academic Year 2009-10, 2010-2011 or 2011-12 must also complete the following requirements.

Academic Units

Satisfactory completion of a minimum total of 249 required academic units as specified in the table *Courses and Units for Students Matriculating Academic Year 2009-10, 2010-11 or 2011-12*.

Students cannot graduate with any uncorrected failing grade in a pre-clerkship course or any uncorrected failing or marginal pass grade in clinical clerkships. Students can graduate with one uncorrected marginal pass in a pre-clerkship course having fewer than eight units.

Pre-clerkship Curriculum

Students must successfully complete all required courses on the pre-clerkship grid (138 units).

Clinical Curriculum

A minimum of fifteen and one-half months (93 units) in clinical clerkships.

Additional requirements

- MED 295 *Certification in Advanced Cardiac Life Support (ACLS)* – 2 units
- INDE 297 *Reflections, Research, and Advances in Patient Care* – 4 units
- Scholarly Concentration – Completion of 12 units of coursework and other requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (CPX)
- United States Medical Licensing Examination (USMLE) requirements

Courses and Units for Students Matriculating Academic Year 2009-10, 2010-11 or 2011-12

Autumn Year 1 (Q1)

INDE 201	11
Practice of Medicine I	
SURG 203A	11
Human Anatomy I	
BIOC 205	3
Molecular Foundations of Medicine	
INDE 216	3
Cells to Tissues	
BIOC 200 *	1
Applied Biochemistry	
DBIO 201	4
Development and Disease Mechanisms	
GENE 202 (or GENE 203)	4
Human Genetics	
SURG 201	1
Basic Cardiac Life Support	
Total	38

Winter Year 1 (Q2)

INDE 202	8
Practice of Medicine II	
INDE 220: HHD I	3
Human Health and Disease: Basic Principles	
IMMUNOL 205	4
Immunology in Health and Disease	
NBIO 206	8
The Nervous System	
SURG 203B	4
Human Anatomy II	
Total	27

Spring Year 1 (Q3)

INDE 203	8
Practice of Medicine III	
INDE 221: HHD II	12
Cardiovascular System	
Respiratory System	
Total	20

Autumn Year 2 (Q4)

INDE 204	10
Practice of Medicine IV	
INDE 222: HHD III	15
Renal/Genitourinary System	
Gastrointestinal System	
Endocrine/Male Reproductive System	
Women's Health	
Total	25

Winter Year 2 (Q5)

INDE 205	8
Practice of Medicine V	
INDE 223: HHD IV	11
Brain and Behavior	
Hematologic System	
Multi-Systemic Infections	
Total	19

Spring Year 2 (Q6)

INDE 206	9
Practice of Medicine VI	
Total	9

Total pre-clerkship units:	138
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Clinical clerkships:

ANES 306A,N,P	6
FAMMED 301A	6
MED 300A	12
MED 313A	6
NENS 301A	6
OBGYN 300A	9
PEDS 300A	12
PSYC 300A	6
SURG 300A	12
Selectives	12
Elective	6

Total clerkship units:	93
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Other requirements:

MED 295 (ACLS)	2
INDE 297	4
Scholarly Concentration coursework	12

Total for graduation	249
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updated August 6, 2010

Students Matriculating Academic Year 2007-08 or 2008-09

In addition to satisfying the requirements for the MD degree set forth in Section 3.1 of this Handbook, students entering in Academic Year 2007-08 or 2008-09 must also complete the following requirements.

Academic Units

Satisfactory completion of a minimum total of 251 required academic units as specified in the table *Courses and Units for Students Matriculating Academic Year 2007-08 or 2008-09*.

Pre-clerkship Curriculum

Students must successfully complete all required courses on the pre-clerkship grid (140 units).

Clinical Curriculum

A minimum of fifteen and one-half months (93 units) in clinical clerkships

Additional requirements

- MED 295 *Certification in Advanced Cardiac Life Support (ACLS)* – 2 units
- INDE 297 *Reflections, Research, and Advances in Patient Care* – 4 units
- Scholarly Concentration – Completion of 12 units of coursework and other requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (CPX)
- United States Medical Licensing Examination (USMLE) requirements

Courses and Units for Students Matriculating Academic Year 2007-08 or 2008-09

Autumn Year 1 (Q1)		Autumn Year 2 (Q4)		
	INDE 224 (unless exempt)	3	INDE 204	10
	Human Biochemistry		Practice of Medicine IV	
	INDE 201	11	INDE 222: HHD III	15
	Practice of Medicine I		Renal/Genitourinary System	
	SURG 203A	11	Gastrointestinal System	
	Human Anatomy I		Endocrine/Male Reproductive System	
Weeks 1-4	BIOC 205	3	Women's Health	
	Molecular Foundations of Medicine		Total	25
	INDE 216	3		
	Cells to Tissues		Winter Year 2 (Q5)	
	SURG 201	1	INDE 205	8
	Basic Cardiac Life Support		Practice of Medicine V	
Weeks 5-13	DBIO 201	4	INDE 223: HHD IV	11
	Development and Disease Mechanisms		Brain and Behavior	
	GENE 202 (or GENE 203)	4	Hematologic System	
	Human Genetics		Multi-Systemic Infections	
	Total	40	Total	19
Winter Year 1 (Q2)		Spring Year 2 (Q6)		
	INDE 202	8	INDE 206	9
	Practice of Medicine II		Practice of Medicine VI	
	INDE 220: HHD I	3	Total	9
	Human Health and Disease: Basic Principles			
	IMMUNOL 205	4	Total pre-clerkship units:	140
	Immunology in Health and Disease			
	NBIO 206	8		
	The Nervous System		Clinical clerkships:	
	SURG 203B	4	ANES 306A,N,P	6
	Human Anatomy II		INDE 301A	6
	Total	27	MED 300A	12
			MED 313A	6
	Spring Year 1 (Q3)		NENS 301A	6
	INDE 203	8	OBGYN 300A	9
	Practice of Medicine III		PEDS 300A	12
	INDE 221: HHD II	12	PSYC 300A	6
	Cardiovascular System		SURG 300A	12
	Respiratory System		Selectives	12
	Total	20	Elective	6
			Total clerkship units:	93
			Other requirements:	
			MED 295 (ACLS)	2
			INDE 297	4
			Scholarly Concentration coursework	12
			Total for graduation	251

Students Matriculating Academic Year 2006-07

In addition to satisfying the requirements for the MD degree set forth in Section 3.1 of this Handbook, students entering in Academic Year 2006-07 must also complete the following requirements.

Academic Units

Satisfactory completion of a minimum total of 239 required academic units as specified in the table *Courses and Units for Students Matriculating Academic Year 2006-07*.

Pre-clerkship Curriculum

Students must successfully complete all required courses on the pre-clerkship grid (140 units).

Clinical Curriculum

A minimum of fifteen and one-half months (93 units) in clinical clerkships

Additional requirements

- MED 295 *Certification in Advanced Cardiac Life Support (ACLS)* – 2 units
- INDE 297 *Reflections, Research, and Advances in Patient Care* – 4 units
- Scholarly Concentration - Completion of the requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (CPX)
- United States Medical Licensing Examination (USMLE) requirements

Courses and Units for Students Matriculating Academic Year 2006-07

Autumn Year 1 (Q1)		Autumn Year 2 (Q4)	
	11	10	
	11	15	
Weeks 1-4	3		
	3		
	1		
Weeks 5-13	3		
	4		
	4		
Total	40	Total	25
Winter Year 1 (Q2)		Winter Year 2 (Q5)	
	8	8	
	3	11	
	4		
	8		
	4		
Total	27	Total	19
Spring Year 1 (Q3)		Spring Year 2 (Q6)	
	8	9	
	12		
Total	20	Total	9
		Total pre-clerkship units: 140	
		Clinical clerkships:	
		6	
		6	
		12	
		6	
		6	
		9	
		12	
		6	
		12	
		12	
		6	
		6	
		Total clerkship units: 93	
		Other Clinical requirements:	
		2	
		4	
		Total for graduation 239	

Students Matriculating Academic Year 2003-04, 2004-05 or 2005-06

In addition to satisfying the requirements for the MD degree set forth Section 3.1 of this Handbook, students entering in Academic Year 2003-04, 2004-05, or 2005-06 must also complete the following requirements.

Academic Units

Satisfactory completion of a minimum total of 239 required academic units as specified in the table *Courses and Units Required for Graduation (Students Matriculating 2003-04 and Later)* online or consult with the School of Medicine Registrar's Office:

<http://med.stanford.edu/md/curriculum/requirements.html>

Students cannot graduate with any uncorrected failing grade in a pre-clerkship course or any uncorrected failing or marginal pass grade in clinical clerkships. Students can graduate with one uncorrected marginal pass in a pre-clerkship course having fewer than eight units.

Pre-clerkship Curriculum

Students must successfully complete all required courses on the pre-clerkship grid (140 units).

Clinical Curriculum

A minimum of fifteen and one-half months (93 units) in clinical clerkships

Additional requirements

- MED 295 *Certification in Advanced Cardiac Life Support (ACLS)* – 2 units
- INDE 297 *Reflections, Research, and Advances in Patient Care* – 4 units
- Scholarly Concentration - Completion of the requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (CPX)
- United States Medical Licensing Examination (USMLE) requirements

Students Matriculating Academic Year 2002-03 or Prior

In addition to satisfying the requirements for the MD degree set forth Section 3.1 of this Handbook, students entering in Academic Year 2002-03 must also complete the following requirements.

Academic Units

Satisfactory completion of a minimum total of 236 required academic units. See table *Units and Courses Required for Graduation – Academic Year 2002-03 and Earlier* online or consult with the School of Medicine Registrar's Office: <http://med.stanford.edu/md/curriculum/requirements.html>

Students cannot graduate with any uncorrected failing grade in a pre-clerkship course or any uncorrected failing or marginal pass grade in clinical clerkships. Students can graduate with one uncorrected marginal pass in a pre-clerkship course having fewer than eight units.

Pre-clerkship Curriculum

Students must successfully complete all required courses on the pre-clerkship grid (140 units).

Clinical Curriculum

A minimum of fifteen and one-half months (93 units) in clinical clerkships

Additional requirements

- PEDS 209 *Clinical Nutrition*-1 unit, via internet
- MED 295 *Certification in Advanced Cardiac Life Support (ACLS)* – 2 units
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (CPX)
- United States Medical Licensing Examination (USMLE) requirements
- Students beginning clerkships in Period 11 of the 2004-05 academic year or later are also required to complete MED 313A and INDE 297.

3.9 UNITED STATES MEDICAL LICENSING EXAMINATIONS (USMLE): STEP 1, STEP 2 CK AND STEP 2 CS

To graduate, students must pass USMLE Step 1 and Step 2 CK (Clinical Knowledge), and must have taken the Step 2 CS (Clinical Skills). The National Board of Medical Examiners (NBME) sets the level for passing the steps of the USMLE.

Students must receive an overall pass on Step 1 of the USMLE by February 1 of the first clinical year. Students appearing on the agenda of the Committee on Performance, Professionalism and Promotion (CP³) as a result of academic deficiencies in pre-clerkship courses must sit for the USMLE Step 1 prior to beginning clerkships.

Students must receive an overall pass on Step 2 CK (Clinical Knowledge). Students should apply for Step 2 by November 1 of their last year and must sit for the examination no later than March 30 in order to ensure that test scores are received by the School of Medicine Registrar in time to clear students for graduation.

Failure to meet these requirements will result in review by the CP³. Passing an institutionally administered USMLE equivalency exam may, under certain circumstances, serve to meet Step 2 CK requirements for the MD degree. Such institutionally administered USMLE equivalency exams do not, however, meet requirements for licensure to practice medicine.

Students must take the USMLE Step 2 CS (Clinical Skills) examination prior to graduation. A passing score is not required for graduation but is required to sit for Step 3; passing Step 3 is required for licensure in California and virtually every other state. Note: Students not intending to enter the residency match may qualify for an exemption. A letter co-signed by the student and advisor must be submitted to the CP³ for approval. The student must have passed the school's CPX exam before requesting the Step 2 CS exemption.

The USMLE Step 1 and Step 2 CK are administered by computer at Prometric Test Centers. Testing occurs throughout the year, except for the first two weeks in January.

Up-to-date information on the availability of testing times at Prometric is posted at:

<http://www.prometric.com>

Scheduling permits for a practice test session may be obtained at: <http://www.usmle.org>

Information on NBME Self-Assessment Services can be found at:

<http://www.nbme.org/Students/sas/sas.html>

Testing for Step 2 CS is currently offered at five centers in different areas of the country.

Information on the location of the testing centers is available in the *USMLE Bulletin of Information* or at: <http://www.usmle.org/examinations/step2/cs/CSECAAddresses.html>

3.10 SCHOOL OF MEDICINE STATEMENT ON PROFESSIONALISM

The following statement on professionalism is adapted from statements of the American Boards of Internal Medicine and of Pediatrics. These standards of professionalism must be met in order for a student to qualify for conferral of the MD degree from the Stanford University School of Medicine.

Professionalism comprises those attributes and behaviors that serve to maintain patient interests above physician self-interest. Professionalism extends beyond interactions with patients and their families, however. Professionalism also involves relationships and interactions between all those involved in medical education and the delivery of patient care including physicians, students, administrators, and allied health professionals. It has implications for research activities and interactions with for-profit companies, governmental agencies, and other outside entities.

Professionalism should pervade all of our activities in medicine and should include:

- A commitment to the highest standards of excellence in the practice of medicine and in the generation and dissemination of knowledge.
- A commitment to sustain the interests and welfare of patients.
- A commitment to be responsive to the health needs of society.

The elements of professionalism include altruism, accountability, responsibility, excellence, duty, honesty, integrity, and respect for others. Physicians, students of medicine, and all staff participating in medical student education and patient care at Stanford University School of Medicine are expected to aspire to these ideals, further defined as:

- **Altruism** is the unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of one's patients and their families.
- **Accountability and responsibility** are required at many levels – individual patients, society and the profession. First, there must be accountability to one's patients and to their families. There must also be accountability to society for addressing the health needs of the public and to ensure that the public's needs are addressed. One must also be accountable to the profession to ensure that the ethical precepts of practice are upheld. Inherent in responsibility is reliability in completing assigned duties or fulfilling commitments. There must also be a willingness to accept responsibility for errors.
- **Excellence** entails a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning. Commitment to excellence is an acknowledged goal for all physicians and students of medicine. A key to excellence is the pursuit of and commitment to providing the highest quality of health care through lifelong learning, education, and reflection. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.
- **Duty** is the free acceptance of a commitment to service. This commitment entails being available and responsive when "on call," accepting inconvenience to meet the need of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, advocating the best possible care regardless of ability to pay, seeking active roles in professional organizations, and volunteering one's skills and expertise for the welfare of the community.
- **Honesty and integrity** are the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply

being fair, being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction. They require awareness of situations that may result in conflict of interest or that result in personal gain at the expense of the best interest of the patient.

- **Respect for others** is the essence of humanism, and humanism is central to professionalism. This respect extends to all spheres of contact, including but not limited to patients, families, other physicians, and professional colleagues, including nurses, residents, fellows, and medical students. One must treat all persons with respect and regard for their individual worth and dignity. One must listen attentively and respond humanely to the concerns of patients and family members. Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine. One must be fair and nondiscriminatory and be aware of emotional, personal, family, and cultural influences on patient well-being and patients' rights and choices of medical care. It is also a professional obligation to respect appropriate patient confidentiality.

3.11 SCHOOL OF MEDICINE STANDARDS OF CONDUCT FOR THE TEACHER-LEARNER RELATIONSHIP

The School of Medicine Standards of Conduct for the Teacher-Learner Relationship policy reads as follows:

- I. Standards
 - A. Stanford School of Medicine (SoM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the SoM community to respect each person's worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel. *Given their roles in the educational process and their inherently unequal positions vis a vis students, all instructional personnel (including faculty, residents, and other members of the healthcare team) are to treat students with courtesy, civility and respect and with an awareness of the potential impact of their behavior on such students' professional futures.*
 - B. Conduct inconsistent with this policy can occur in a variety of forms and may seriously impair learning. In particular, instructional personnel are expected to create an environment in which feedback regarding their performance can be given openly by students without concern for reprisal, and which is free of exploitation, harassment, impermissible discriminatory treatment, humiliation, or other mistreatment or abuse of medical students. Examples of conduct inconsistent with these standards might include:
 - Sexual harassment
 - Physical or verbal abuse
 - Assigning duties as punishment rather than education
 - Requiring a student to perform personal services (such as shopping or babysitting)
 - Unwarranted exclusion from reasonable learning or professional opportunities
 - Evaluation or grading on inappropriate criteria (or threatening to do so)

- Harassment or discrimination on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity, national or ethnic origin, or any other characteristic protected by applicable law
- C. Note: The expectations stated in this policy primarily relate to the standards of conduct for instructional personnel. For their part, medical students are expected to adhere to similar standards of respectful and professional behavior, including (but not limited to) the standards of conduct for students set forth in the MD Program Handbook and Policy Manual: Procedures, Policies and Essential Information such as sections 3.10 (School of Medicine Statement of Professionalism), 3.12 (School of Medicine Technical Non-Academic Standards) and 7.2 (Evaluation of Performance in Clinical Clerkships).

II. Guidelines For Application

- A. These standards of conduct are applicable to all SoM instructional personnel (including faculty, residents and other members of the healthcare team) in their interactions with Stanford medical students—whether on or off campus and whether in formal educational (such as clinical or classroom) or in social settings.
- B. In general, a determination of whether specific conduct is inconsistent with this policy will depend on a case-by-case analysis of the particular facts and circumstances, and the use of a “reasonable medical student” standard.
- C. Students subjected to abuse, discrimination, mistreatment or harassment have a right to seek timely and effective remediation with the full support of the SoM and Stanford University. In addition, retaliation and/or reprisals against an individual who in good faith reports or provides information in an investigation about conduct that may violate this policy is prohibited.
- D. Conduct inconsistent with this policy may consist in repeated actions or may even arise from a single incident if sufficiently egregious.
- E. In the review of conduct under this policy, other Stanford University and SoM policies and procedures (such as Stanford’s Sexual Harassment and Consensual Sexual or Romantic Relationships Policy) may become relevant.

III. The Respectful Educator Conduct Committee (RECC)

The Respectful Educator Conduct Committee (RECC) is a standing committee to carry out the purposes and procedures set forth in this policy.

- A. The committee meets quarterly, and on an ad hoc basis if it is deemed necessary by the Chair.
- B. The committee is chaired by the Associate Dean for Medical Student Life Advising, who is hereafter referred to as the Chair.
- C. The composition of the committee includes the following as members:
 - The Chair
 - One or more clinical students
 - An Academic Advising Dean
 - The Director of Graduate Medical Education (or designee)
 - The Director of Clerkships
 - The Director of Educators for CARE
 - A Residency Training Program Director
 - A Resident
 - The Chair of the Physician Wellbeing Committee

- D. The RECC will keep such confidential records of its proceedings as are appropriate to support its purposes of education and concern resolution.

IV. Procedures

The following procedures for handling incidents of potential violations of the Standards of Conduct for the Teacher-Learner Relationship place a strong emphasis on resolving complaints informally. The procedures include advising and mediation. It is important to note that the procedures do not preempt other formal or informal channels available within the University. **It is recommended that students should -- as a first step-- contact the Chair of the RECC to review the various options that are available (on a confidential basis as that status is granted to the Associate Dean for Medical Student Life Advising – <http://med.stanford.edu/md/student-development/confidentiality.html>). The Chair of the RECC is empowered to explore with the student a plan of action that may include some or all of the steps described below.**

- A. **Informal:** Concern about potential violations may be handled by communication with various individuals, including but not limited to the following:
1. Direct discussions (by the student or others) with the alleged offender.
 2. Conversation (by the student or others) with individuals such as the chief resident, attending physician, clerkship director, and/or Educator For Care (E4C) faculty.
 3. The Chair of the RECC may present the concern to all or a portion of the RECC, and to such third parties that the Chair of the RECC deems appropriate for seeking an informal resolution.
 4. The Chair of the RECC also may in his/her discretion refer the matter to an alternate available University process or office, such as an existing grievance process or the Sexual Harassment Policy Office or the Director of the Diversity and Access Office.
 5. Direct conversation by the student with confidential resources including but not limited to the Ombuds, Counseling and Psychological Services, and the Deans of Religious Life.

Informal solutions to address the problem may be recommended and/or pursued such as (but not limited to) systems changes or educational interventions. The Chair of the RECC will be available throughout the process to discuss with the student the status of the matter, including any potential resolution.

- B. **Formal:** If no resolution is reached and the student wishes to proceed with a more formal grievance or complaint process, the Chair of the RECC may refer the student to other existing processes or may (in an appropriate case) accept from the student a written grievance or complaint to use the procedure described below.
1. The student should set forth in writing the substance of the grievance or complaint, the grounds for it and the evidence on which it is based, and the efforts taken to date to resolve the matter. It is at this stage that the matter becomes a formal grievance or complaint.
 2. The grievance or complaint document should be submitted to the Chair of the RECC. A grievance should be filed in a timely fashion, i.e., normally within thirty days of the end of the academic quarter in which the action that is the subject of

the grievance or complaint occurred. A delay in filing may be grounds for rejection of that grievance or complaint.

3. The Chair of the RECC will review the grievance or complaint and (if it reflects an appropriate use of the process) will then promptly (within 7 days) transmit the grievance or complaint to the Senior Associate Dean for Medical Education (SADME) for handling.
4. The SADME shall promptly initiate a review, which should normally be completed within sixty days. The SADME may attempt to resolve the matter informally, and may refer the matter (or any part of it) to a grievance officer or other designee, who will evaluate and/or address the matter as the SADME directs. The SADME may also, in appropriate cases, remand the matter to the appropriate administrator (including to the administrative level at which the grievance or complaint arose) for further consideration.
5. In undertaking this review, the SADME (or his or her designee) may request a response to the issues raised in the grievance or complaint from any individuals believed to have information the reviewer considers relevant, including faculty, staff and students.
6. The SADME (or his or her designee) shall issue his or her decision in writing, and take steps to initiate such corrective action as is called for (if any). Conduct meriting discipline shall be brought to the attention of the appropriate disciplinary process.
7. Appeal
 - a. If the student is dissatisfied with the disposition by the SADME (or his or her designee), he or she may appeal to the Dean of the School of Medicine. The appeal should be filed in writing with the Dean within ten days of the issuance of the decision by the SADME (or his or her designee); a delay in filing the appeal may be ground for rejection of that appeal.
 - b. The Dean may attempt to resolve the matter informally, and may refer the matter (or any part of it) to a grievance appeal officer or other designee, who will review the matter at the Dean's direction. The Dean also may remand the matter to the appropriate administrator (including to the administrative level at which the grievance arose) for further consideration.
 - c. The Dean should normally complete his or her review of the appeal and issue his or her decision in writing within forty-five days. That decision is final. It is not subject to further review by any other University process.

V. General Provisions

- A. *Time Guidelines:* The time frames set forth herein are guidelines. They may be extended by the Chair of the RECC, the SADME or the Dean, as applicable, in his or her discretion for good cause (including for reasons relating to breaks in the academic calendar).
- B. *Advisers:* A student initiating or participating in a grievance or complaint under this procedure may be accompanied by an adviser in any discussion with the Chair of the RECC, the SADME, the Dean, or their designees (such as a grievance or grievance appeal officer); such adviser must be a current Stanford faculty, staff member or student.
- C. *Ombuds:* Students should be aware that the University Ombuds (<http://www.stanford.edu/dept/ocr/ombuds>) is available to discuss and advise on any matters of University concern and frequently helps expedite resolution of such matters.

Although it has no decision making authority, the Ombuds' Office has wide powers of inquiry.

- D. *Sexual Harassment and Disability related issues*: For further information and resources concerning sexual harassment, students should refer to the web page of the Sexual harassment Policy Office at <http://harass.stanford.edu>. For further information and resources concerning disabilities and accessible education, students should refer to the web page of the Office of Accessible Education at <http://www.stanford.edu/group/DRC/>
- E. *No retaliation*: Stanford University prohibits retaliation or reprisals against individuals based on their pursuit in good faith of a grievance or complaint under this procedure, or their participation in good faith in the grievance or complaint process.
- F. *Standards for Review*: If the grievance or complaint involves a decision that is being challenged, the review by the SADME, as well as the review by the Dean on appeal, usually will be limited to the following considerations:
 1. Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear that substantially affected the decision to the detriment of the grievant?
 2. Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the grievant?
 3. Given the proper facts, criteria, and procedures, was the decision one which a person in the position of the decision maker might reasonably have made?

VI. Education

The Stanford School of Medicine will provide ongoing education to promote a positive learning environment and discourage violations of the standards of conduct for the teacher-learner relationship. Such education serves several purposes. First, it promotes an environment of respect for each person's worth and dignity. Second, it informs students that there are procedures available for them to register concerns of educator conduct violations, which can be investigated and addressed without fear of retaliation. Third, it informs instructional personnel of the SoM's standards of conduct and procedures for responding to allegations of violations of these standards. This policy will be included in the MD Program, Resident and Faculty handbooks and posted on the medical school website. Educational sessions on this topic will be introduced during the pre-clerkship curriculum and readdressed early in the clinical curriculum. Educational sessions on this topic will also be presented to educational personnel including but not limited to at forums such as resident orientation, department meetings, and staff meetings. The materials and methods for providing this education will be the responsibility of the Respectful Educator Conduct Committee.

3.12 SCHOOL OF MEDICINE, TECHNICAL, NON-ACADEMIC STANDARDS

Essential Abilities and Characteristics Required for Admission to and Completion of the MD Degree

The MD degree is a broad undifferentiated degree attesting to general knowledge in medicine and the basic skills required for the practice of medicine. Essential abilities and characteristics required for completion of the MD degree consist of certain minimum physical and cognitive abilities and sufficient mental and emotional stability to assure that candidates for admission, promotion, and graduation are able to complete the entire course of study and participate fully in all aspects of medical training, with or without reasonable accommodation. Stanford University School of Medicine intends for its graduates to become competent and compassionate physicians who are

capable of entering residency training (graduate medical education) and meeting all requirements for medical licensure. The School of Medicine is committed to educating and training future leaders in medicine, many of whom will pursue careers in academic medicine. For purposes of this document and unless otherwise defined, the term “candidate” means candidates for admission to the MD program as well as enrolled medical students who are candidates for promotion and graduation.

The following abilities and characteristics are defined as technical standards, which, in conjunction with academic standards established by the faculty, are requirements for admission, promotion, and graduation. Delineation of technical standards is required for the accreditation of U.S. medical schools by the Liaison Committee on Medical Education. Although these standards serve to delineate the necessary physical and mental abilities of all candidates, they are not intended to deter any candidate for whom reasonable accommodation will allow the fulfillment of the complete curriculum. Candidates with questions regarding technical standards are encouraged to contact the School of Medicine Student Life Advisor immediately to begin to address what types of accommodation may be considered for development to achieve these standards. Admission to Stanford University School of Medicine is conditional on the candidate’s having the ability to satisfy these technical standards, with or without reasonable accommodation, and results from a process that examines and values all of the skills, attitudes and attributes of each candidate on a case-by-case basis.

The School of Medicine has an ethical responsibility for the safety of patients with whom students and graduates will come in contact. Although students learn and work under the supervision of the faculty students interact with patients throughout their medical education. Patient safety and well-being are therefore major factors in establishing requirements involving the physical, cognitive, and emotional abilities of candidates for admission, promotion, and graduation. Candidates must have the physical and emotional stamina and capacity to function in a competent manner in the hospital, classroom and laboratory settings, including settings that may involve heavy workloads, long hours and stressful situations. Individuals whose performance is impaired by abuse of alcohol or other substances are not suitable candidates for admission, promotion, or graduation.

Technical (Non-Academic) Standards

Observation:

Candidates must be able to observe demonstrations and participate in experiments of science, including but not limited to such things as dissection of cadavers; examination of specimens in anatomy, pathology, and neuroanatomy laboratories; and microscopic study of microorganisms and tissues in normal and pathologic states. Candidates must be able to accurately observe patients and assess findings. They must be able to obtain a medical history and perform a complete physical examination in order to integrate findings based on these observations and to develop an appropriate diagnostic and treatment plan.

Communication:

Candidates must be able to communicate effectively and efficiently with patients, their families, and members of the health care team. They must be able to obtain a medical history in a timely fashion, interpret non-verbal aspects of communication, and establish therapeutic relationships with patients. Candidates must be able to record information

accurately and clearly, and communicate effectively in English with other health care professionals in a variety of patient settings.

Motor Function:

Candidates must possess the capacity to perform physical examinations and diagnostic maneuvers. They must be able to respond to emergency situations in a timely manner and provide general and emergency care. They must adhere to universal precaution measures and meet safety standards applicable to inpatient and outpatient settings and other clinical activities.

Intellectual-Conceptual, Integrative, and Quantitative Abilities:

Candidates must have sufficient cognitive (mental) abilities and effective learning techniques to assimilate the detailed and complex information presented in the medical student curriculum. They must be able to learn through a variety of modalities including, but not limited to, classroom instruction; small group, team and collaborative activities; individual study; preparation and presentation of reports; and use of computer technology. Candidates must be able to memorize, measure, calculate, reason, analyze, synthesize, and transmit information across modalities. They must recognize and draw conclusions about three-dimensional spatial relationships and logical sequential relationships among events. They must be able to formulate and test hypotheses that enable effective and timely problem solving in diagnosis and treatment of patients in a variety of clinical modalities.

Behavioral and Social Attributes:

Candidates must meet the legal standards to be licensed to practice medicine in the State of California. As such, candidates for admission must acknowledge and provide written explanation of any felony offense or disciplinary action taken against them prior to matriculation in the School of Medicine. In addition, should the student be convicted of any felony offense while in medical school, they agree to immediately notify the Student Life Advisor as to the nature of the conviction. Failure to disclose prior or new offenses can lead to disciplinary action by the School of Medicine that may include dismissal.

Equal Access to the School of Medicine's Educational Program

The Stanford University School of Medicine intends for its students and graduates to become competent and compassionate physicians who are capable of entering residency training (graduate medical education) and meeting all requirements for medical licensure.

The School of Medicine has an institutional commitment to provide equal educational opportunities for qualified students with disabilities who apply for admission to the MD degree program or who are enrolled as medical students. The School of Medicine is a leader in student diversity and individual rights, with a strong commitment to full compliance with state and federal laws and regulations (including the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (as amended), and California law (Civil Code 51 and 54). A "qualified person with a disability" is an individual with a disability who meets the academic and technical standards requisite to admission or participation in the School of Medicine's educational programs, with or without accommodations. As previously noted, admitted candidates with disabilities are reviewed individually, on a case-by-case basis, with a complete and careful consideration of all the skills, attitudes and attributes of each candidate to determine whether there are any reasonable accommodations or available options that would permit the candidate to satisfy the standards. An

accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards, or if it poses an undue administrative or financial burden. Except in rare circumstances, the use by the candidate of a third party (e.g., an intermediary) to perform any of the functions described in the Technical Standards set forth above would constitute an unacceptable substantial modification.

Process

As stated above, admission and promotion at the School of Medicine is conditional on the candidate's having the willingness and ability to satisfy the technical standards, with or without reasonable accommodation.

Admitted candidates who have a disability and need accommodations should initiate discussions with the Associate Dean for Medical Student Life Advising or the Assistant Dean for Student Affairs as soon as the offer of admission is received and accepted. They are liaisons with the University's Office of Accessible Education (OAE). It is the responsibility of a candidate with a disability to provide sufficiently current information documenting the general nature and extent of his/her disability, and the functional limitations proposed to be accommodated. Evaluating and facilitating accommodation requests is a collaborative effort between the candidate, the School of Medicine and the OAE. The School of Medicine reserves the right to request new or additional information.

Should a candidate have or develop a condition that would place patients, the candidate or others at risk or that may affect his/her need for accommodation, an evaluation with the School of Medicine and the OAE may be necessary. As in initial assessments, a complete and careful reconsideration of all the skills, attitudes and attributes of each candidate will be performed. This includes an assessment of his/her willingness, desire and ability to complete the medical curriculum and fulfill all requirements for medical licensure, and will be informed by the knowledge that students with varied types of disabilities have the ability to become successful medical professionals.

3.13 NOTE ON LICENSURE

Meeting the graduation requirements for the MD degree at Stanford University School of Medicine does not guarantee eligibility for state licensure. Some states have specialized curricular requirements for licensure, and students are advised to check with the Medical Board in states of possible residency for licensure requirements.

4. REQUIRED PRECLERKSHIP CURRICULUM

- 4.1 Quarter 1 (Q1) through Quarter 6 (Q6) Week-by-Week Grids
- 4.2 Required Course Descriptions
- 4.3 Student Pathways Through Human Health and Disease (HHD) and Practice of Medicine (POM)
- 4.4 Scholarly Concentration Requirement

4.1 QUARTER 1 (Q1) THROUGH QUARTER 6 (Q6) WEEK-BY-WEEK GRID

06/03/11 Q1 Autumn Quarter Year One 2011-12

	Week 0					Week 1					Week 2									
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F					
	8/22	8/23	8/24	8/25	8/26	8/29	8/30	8/31	9/1	9/2	9/5	9/6	9/7	9/8	9/9					
9:00	SWEAT (Depart Sat 8/20)		MD Orientation			Molecular Foundations [Bioe205]	Molecular Foundations		Molecular Fndns	Molecular Foundations	HOLIDAY	Molecular Fndns		Molecular Fndns	Molecular Fndns					
10:00						Cells to Tissues [Inde216]				Cells to Tissues					Cells to Tissues			Cells to Tissues		
11:00												SC Lunch	SC Lunch					SC Lunch		
12:00																				
1:15																				
2:15																				
3:15					Stethoscope Ceremony (Time TBD)															
4:15						Histology Lab 1	Anatomy [Surg203A]		Anatomy	Histology Lab 2			Anatomy	Histology Lab 3						
	Week 3					Week 4					Week 5									
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	T	W	Th	F					
	9/12	9/13	9/14	9/15	9/16	9/19	9/20	9/21	9/22	9/23	9/26	9/27	9/28	9/29	9/30					
9:00	Molecular Fndns	Molecular Fndns	POM Baseline Standardized Patient Encounter (1hr/ student)	Molecular Fndns	Molecular Fndns	Molecular Foundations	Molecular Foundations					Advanced Genetics		Advanced Genetics	EAC Retreat: Doctors' Roundtable					
10:00	Cells to Tissues Cells			Cells to Tissues		Cells to Tissues	Cells to Tissues			Molecular Foundations						EAC Lunch				
11:00		SC Lunch			SC Lunch			SC Lunch	SC Lunch											
12:00																				
1:15	Cells to Tissues	Anatomy			Anatomy	Molecular Foundations	Cells to Tissues	Anatomy		Anatomy	Cells to Tissues	Inde216 Practical Exam (30min/ student)	Inde216 Final Exam		Molec Fndns Final Exam	Practice of Medicine [Inde201]				
2:15																				
3:15	Histology Lab 4			Anatomy	Histology Lab 5	Histology Lab 6	Anatomy		Anatomy											
4:15																				
	*9/26 - First day of University quarter, instruction begins; Scholarly Concentration electives begin																			
	Weeks 6 – 12 & Week 14					Thanksgiving Break	Week 15					Week 16								
	M	Tu	W	Th	F		M	T	W	Th	F	M	Tu	W	Th	F				
	10/3 – 11/18 and 11/28 – 12/2						12/5	12/6	12/7	12/8	12/9	12/12	12/13	12/14	12/15	12/16				
8:00																				
9:00												Exam Week**								
10:00	Biochemistry* [10/3 – 11/14]	Genetics [Gene202]		Genetics	Biochemistry [10/7-11/11]							Dev Bio Final Exam	POM Final Exam (9a-12p)	Genetics Final Exam	Anatomy Final Exam (8:30a-12:30p)					
11:00	Dev Biology [DBio201]			Developmental Biology																
12:00																				
1:15			BCLS 10c		POM					POM SP Exam										
2:15	Practice of Medicine	Anatomy		Anatomy	[10/7 & 12/2 - SC Breakout Sessions]															
3:15																				
4:15																				

***Bioe200 Final Exam Friday, December 2, 9:00am – 11am**
****BCLS Wednesday, October 5, 1:15 – 2:05; Saturday, October 8 and Sunday, October 9**
***** Exam Week: Final Exams are scheduled from 8:30 to 11:30am, unless otherwise noted.**

<http://med.stanford.edu/md/Documents/2011-12/Q1 YearOne 2011-12 06-21-11.pdf>

06-20-2011

Q2 Winter Quarter Year One

2011-12

Week 1						Week 2					Weeks 3 - 5					
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	
	1/9	1/10	1/11	1/12	1/13	1/16	1/17	1/18	1/19	1/20	1/23 - 2/10*					
9:00	Nervous System [NBio 206]	Intro to HHB [Inde 220]		Intro to HHB [Inde 220]	Nervous System [NBio 206]	HOLIDAY	Nervous System [NBio 206]		Intro to HHB [Inde 220]	Nervous System [NBio 206]	Nervous System [NBio 206]	Intro to HHB [Inde 220]		Intro to HHB [Inde 220]	Nervous System [NBio 206]	
10:00																
11:00	Immunology [Imm 205]			Immunology [Imm 205]				Imm 205		Immunology [Imm 205]		Immunology [Imm 205]			Immunology [Imm 205]	
12:00																
1:15	Practice of Medicine [Inde 202]	Anatomy [Surg 203B]		Nervous System [NBio 206] Practice	Practice of Medicine [Inde 202]			Anatomy [Surg 203B]		Nervous System [NBio 206]	Practice of Medicine [Inde 202]	Practice of Medicine [Inde 202]	Anatomy [Surg 203B]		Nervous System [NBio 206]	Practice of Medicine [Inde 202]
2:15																
3:15																
4:15																
*Inde 220 Midterm Exam on Thursday, February 9																
Week 6						Week 7					Week 8					
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	
	2/13	2/14	2/15	2/16	2/17	2/20	2/21	2/22	2/23	2/24	2/27	2/28	2/29	3/1	3/2	
9:00	Nervous System [NBio 206]	Intro to HHB [Inde 220]		NBio 206	Nervous System [NBio 206]	HOLIDAY	Intro to HHB [Inde 220]		Intro to HHB [Inde 220]	Nervous System [NBio 206]	Nervous System [NBio 206]	Intro to HHB [Inde 220]		Intro to HHB [Inde 220]	Nervous System [NBio 206]	
10:00				Imm 205	Imm 205											
11:00	Immunology [Imm 205]			Lab	Imm 205			Imm 205		Immunology [Imm 205]		Imm 205	Imm 205		Immunology [Imm 205]	
12:00																
1:15	Practice of Medicine [Inde 202]	Anatomy [Surg 203B]		Nervous System [NBio 206]	Practice of Medicine [Inde 202]			Anatomy [Surg 203B]		Nervous System [NBio 206]	Inde 202	Practice of Medicine [Inde 202]	Anatomy [Surg 203B]		Nervous System [NBio 206]	Practice of Medicine [Inde 202]
2:15											SC Breakout Sessions					
3:15																
4:15																
Week 9						Week 10					Week 11					
	M	Tu	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	
	3/5	3/6	3/7	3/8	3/9	3/12	3/13	3/14	3/15	3/16	3/19	3/20	3/21	3/22	3/23	
9:00	Nervous System [NBio 206]	Intro to HHB [Inde 220]		Intro to HHB [Inde 220]	Nervous System [NBio 206]					Inde 220 Final Exam 9am-12pm	NBio206 Final Exam 8:30-11:30am	Inde 202 Final Exam 9am-12pm	Imm205 Final Exam 8:30-11:30am	Surg203 Final Exam 8:30-11:30am		
10:00																
11:00	Immunology [Imm 205]			Immunology [Imm 205]		Imm 205										
12:00																
1:15	Practice of Medicine [Inde 202]	Anatomy [Surg 203B]		Nervous System [NBio 206]	Practice of Medicine [Inde 202]	Inde 202 SP Exam	Inde 202 SP Exam	Inde 202 SP Exam								
2:15																
3:15																
4:15																

*See calendars online for current exam schedule

<http://med.stanford.edu/md/Documents/2011-12/Q2 YearOne 2011-12 06-20-2011.pdf>

06-28-12

Q3 Spring Quarter Year One

2011-12

	Week 1					Week 2 and Week 3					Week 4				
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F
	4/2	4/3	4/4	4/5	4/6	4/9 - 4/20					4/23	4/24	4/25	4/26	4/27
9:00	Human Health & Disease [Inde 221]			Human Health & Disease		Human Health & Disease			Human Health & Disease		Human Health & Disease			Human Health & Disease	
10:00															
11:00															
12:00															
1:15	Practice of Medicine [Inde 203]			Practice of Medicine		Practice of Medicine			POM		Practice of Medicine			Practice of Medicine	
2:15															
3:15									SC Breakout Sessions (4/20)						
4:15															
	Week 5					Week 6 and Week 7					Week 8				
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F
	4/30	5/1	5/2	5/3	5/4	5/7 - 5/18					5/21	5/22	5/23	5/24	5/25
9:00	Human Health & Disease			Human Health & Disease		Human Health & Disease			Human Health & Disease		Human Health & Disease			Human Health & Disease	
10:00															
11:00															
12:00															
1:15	Practice of Medicine			Practice of Medicine		Practice of Medicine			Practice of Medicine		Practice of Medicine			Practice of Medicine	
2:15															
3:15															
4:15															
	Week 9					Week 10					Week 11				
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F
	5/28	5/29	5/30	5/31	6/1	6/4	6/5	6/6	6/7	6/8	6/11	6/12	6/13	6/14	
9:00	HOLIDAY	HHD		Human Health & Disease		Human Health & Disease			Human Health & Disease		POM Final Exam			HHD Final Exam	
10:00															
11:00															
12:00															
1:15															
2:15															
3:15															
4:15													SC Breakout Sessions		

*See calendars online for current exam schedule

06-20-2011

Q4 Autumn Quarter Year Two

2011-12

	Week 1					Week 2					Week 3					
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	
	8/29	8/30	8/31	9/1	9/2	9/5	9/6	9/7	9/8	9/9	9/12	9/13	9/14	9/15	9/16	
8:00																
9:00																
10:00				Human Health & Disease [Inde 222]		HOLIDAY			Human Health & Disease		Human Health & Disease			Human Health & Disease		
11:00																
12:00																
1:15				Practice Of Medicine [Inde204] M-104												
2:15																
3:15																
4:15																
TA Training: 8I25 and 8I26, 9:00am - 5:00pm																
	Week 4					Week 5 and Week 6					Week 7					
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	
	9/19	9/20	9/21	9/22	9/23	9I26 - 10I7					10/10	10/11	10/12	10/13	10/14	
8:00																
9:00																
10:00	Human Health & Disease			Human Health & Disease		Human Health & Disease			Human Health & Disease		Human Health & Disease			Human Health & Disease		
11:00																
12:00																
1:15																
2:15		Practice Of Medicine		Practice Of Medicine			Practice Of Medicine		Practice Of Medicine			Practice Of Medicine		Practice Of Medicine		
3:15																
4:15									SC Breakout Sessions							
	Weeks 8 - 12					Wk 13	Week 14 - 15					Week 16				
	M	Tu	W	Th	F		M	Tu	W	Th	F	M	Tu	W	Th	F
	10I17 - 11I18						Thanksgiving Break 11I21 - 11I25	11I28 - 12I9					12I12	12I13	12I14	12I15
8:00												Exam Week				
9:00																
10:00	Human Health & Disease			Human Health & Disease		Human Health & Disease				HHD						HHD Final Exam
11:00																
12:00																
1:15																
2:15		Practice Of Medicine		Practice Of Medicine			POM		POM						POM Final Exam	
3:15																
4:15									[SC Breakout Sessions 12I2]							

*See online calendar for current exam schedule

<http://med.stanford.edu/md/Documents/2011-12/Q4 YearTwo 2011-12 06-20-11.pdf>

06-28-11

Q5 Winter Quarter Year Two

2011-12

	Week 1					Week 2					Weeks 3 - 4						
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F		
	1/9	1/10	1/11	1/12	1/13	1/16	1/17	1/18	1/19	1/20	1/23 - 2/3						
9:00	Human Health & Disease [Inde 223]			Human Health & Disease [Inde 223]		HOLIDAY	HHD		Human Health & Disease [Inde 223]		Human Health & Disease [Inde 223]			Human Health & Disease [Inde 223]			
10:00																	
11:00																	
12:00																	
1:15																	
2:15		Practice of Medicine [Inde 205]		Practice of Medicine			Practice of Medicine		Practice of Medicine			Practice of Medicine		Practice of Medicine			
3:15																	
4:15																	
	Weeks 5 - 6					Week 7					Week 8						
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F		
	2/6 - 2/17					2/20	2/21	2/22	2/23	2/24	2/27	2/28	2/29	3/1	3/2		
9:00	Human Health & Disease [Inde 223]			Human Health & Disease [Inde 223]		HOLIDAY	Human Health & Disease [Inde 223]		Human Health & Disease [Inde 223]		Human Health & Disease [Inde 223]			Human Health & Disease [Inde 223]			
10:00																	
11:00																	
12:00																	
1:15																	
2:15	Practice of Medicine	Practice of Medicine		Practice of Medicine			Practice of Medicine		Practice of Medicine			Practice of Medicine		Practice of Medicine			
3:15															SC Breakout Sessions		
4:15																	
	Week 9					Week 10					Week 11						
	M	Tu	W	Th	F	M	T	W	Th	F	M	T	W	Th	F		
	3/5	3/6	3/7	3/8	3/9	3/12	3/13	3/14	3/15	3/16	3/19	3/20	3/21	3/22	3/23		
9:00	Human Health & Disease [Inde 223]			Human Health & Disease [Inde 223]		Human Health & Disease [Inde 223]			Human Health & Disease		Practice of Medicine [Inde 205] Mini-CPX Assessment	Practice of Medicine [Inde 205] Mini-CPX Assessment	Practice of Medicine [Inde 205] Mini-CPX Assessment		HHD [Inde 223] Final Exam		
10:00																	
11:00																	
12:00																	
1:15																	
2:15		Practice of Medicine		Practice of Medicine			Practice of Medicine		Practice of Medicine					POM [Inde 205] Final Exam			
3:15																	
4:15																	

*Check online calendars for current exam schedule

<http://med.stanford.edu/md/Documents/2011-12/Q5 YearTwo 2011-121 06-20-2011.pdf>

06-20-2011

Q6 Spring Quarter Year Two

2011-12

	Week 1					Week 2				
	M	Tu	W	Th	F	M	Tu	W	Th	F
	5/28	5/29	5/30	5/31	6/1	6/4	6/5	6/6	6/7	6/8
9:00	HOLIDAY	Practice of Medicine [Inde 206]	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine
10:00										
11:00										
12:00										
1:15		Practice of Medicine [Inde 206]	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine
2:15										
3:15										
4:15										
	Week 3					Weeks 4				
	M	Tu	W	Th	F	M	Tu	W	Th	F
	6/11	6/12	6/13	6/14	6/15	6/18	6/19	6/20	6/21	6/22
9:00	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine
10:00										
11:00										
12:00										Transition to Clerkships Retreat
1:15	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	Practice of Medicine	
2:15										
3:15										
4:15										

4.2 REQUIRED COURSE DESCRIPTIONS

YEAR ONE, Q1: Autumn (13 weeks)

INDE 201—Practice of Medicine I

11 units, Aut; Preetha Basaviah

The Practice of Medicine is a six-quarter series extending throughout the first two years of the MD program, interweaving core skills training in medical interviewing and the physical examination with other major threads addressing the context of medical practice: information literacy, , nutrition principles, clinical epidemiology and biostatistics, evidence-based practice, psychiatry, biomedical ethics, health policy, population health. Throughout the curriculum, clinical correlations map directly back to the basic science content.

A major goal of this quarter is to develop basic patient-physician communication and medical interviewing skills, as well as understand basic concepts in ethics, epidemiology and biostatistics, nutrition, computer applications in health care, and population health. At the end of this quarter, students participate in a performance-based assessment of their medical interview skills.

- **History-taking and physical examination** training begins in the first quarter, using small groups with physician preceptors to teach, serve as role models, and reinforce principles and techniques. The core clinical skills are acquired through hand-on practice, and evaluated through an extensive program of simulated medical encounters, in which students interview, examine, and “manage” patients in a mock clinic. Large group sessions cover a range of topics from cross-cultural issues to domestic violence and death and dying. Small group meetings provide an environment for interactive learning. Standardized patients with videotaping coupled with feedback are used to improve student skills.
- **Information Literacy (IL)** is taught throughout the two years of the POM curriculum. IL is defined at Stanford as the ability to recognize when information is needed and to locate, evaluate, and use effectively the needed information. IL skills are integrated into Evidence-Based Practice, Population Health, Scholarly Concentrations, and Clinical Reasoning sessions.
- **Nutrition principles** are acquired through interactive, Web-based instruction, reinforced through problem-based learning cases, and runs in parallel to the basic science components over the first year.
- **Epidemiology and Biostatistics** covers the taxonomy of epidemiological studies, how to critically read a journal article, and how to recognize and understand the concepts behind different clinical study designs. Topics include bias, confounding, diagnostic testing and screening, and “how statistics can lie.”
- **Psychiatry** introduces students to the unique role of medical students in talking with patients, the difference between process and content in patient communication, how to respond to breaks in the patient-physician relationship, and the relationship between the quality of the patient-physician interaction and health outcomes.
- **Bioethics** includes important ethical issues in medical practice, such as confidentiality, informed consent, rationing of care, research ethics.
- **Population Health** exposes students to concepts of public health, community action, and advocacy. In addition to classroom instruction, this component includes a yearlong,

community-based project, in which students work with community partners in actions to promote health.

SURG 201—Basic Cardiac Life Support

1 units, Aut; Rebecca Smith-Coggins

All medical students must be certified in Basic Cardiac Life Support before the end of the first (autumn) quarter. Students who provide documentation of certification received within six months prior to the date of matriculation will be exempted from the requirement. The course teaches one- and two-rescuer CPR, management of an obstructed airway, and CPR for infants and children. Upon completion of the course, students receive an American Heart Association certificate in BLS.

SURG 203A—Human Anatomy

11 units, Aut; John Gosling, Ian Whitmore

Introduction to human structure and function presented from a medical perspective. Introduction to the physical examination and frequently-used medical imaging techniques. Students are required to attend lectures, actively participate in seminar groups, and engage in dissection of the human body in the anatomy laboratory. Surgery 203A presents structure of the thorax, abdomen, pelvis and limbs.

YEAR ONE, Q1: Autumn (Weeks 1-5)

BIOC 205—Molecular Foundations of Medicine

3 units, Aut; Gilbert Chu, Mark Krasnow, Patrick Brown

Topics include DNA structure, replication, repair, and recombination; gene expression, including mechanisms for regulating transcription and translation; chromosome structure and function; and methods for manipulating DNA, RNA, and proteins. Patient presentations and journal clubs illustrate how molecular biology affects the practice of medicine.

INDE 216—Cells to Tissue

3 units, Aut; Julie Theriot, Andrew Connolly

Focuses on the cell biology and structural organization of human tissues as self-renewing systems. Topics include identification and differentiation of stem cells, regulation of the cell cycle and apoptosis in normal and cancerous cells, cell adhesion and polarity in epithelial tissues, intracellular transport, and cell migration. Histology laboratory sessions examine normal and abnormal samples of blood, epithelia, skin, connective tissue, muscle, bone and cartilage. Patient presentations and small group discussions of current medical literature illustrate how cell biology influences medical practice.

YEAR ONE, Q1: Autumn (Weeks 6-13)

BIOC 200—Applied Biochemistry

1 unit, Aut; Pehr Harbury, Julie Theriot, Tina Cowan

Fundamental concepts of biochemistry as applied to clinical medicine. Topics include thermodynamics, enzyme kinetics, vitamins and cofactors, metabolism of carbohydrates, lipids, amino acids and nucleotides, and the integration of metabolic pathways. Clinical case studies discussed in small-group, problem-based learning sessions.

DBIO 201—Development and Disease Mechanisms

4 units, Aut; Ellen Porzig, David Kingsley, Seung Kim

Mechanisms that direct human development from conception to birth. Conserved molecular and cellular pathways regulate tissue and organ development; errors in these pathways result in congenital anomalies and human diseases. Topics: molecules regulating development, cell induction, developmental gene regulation, cell migration, programmed cell death, pattern formation, stem cells, cell lineage, and development of major organ systems. Emphasis on links between development and clinically significant topics including infertility, assisted reproductive technologies, contraception, prenatal diagnosis, multiparity, teratogenesis, inherited birth defects, fetal therapy, adolescence, cancer, and aging.

GENE 202—Human Genetics

4 units, Aut; Jon Bernstein

Theoretical and experimental basis for the genetics of human health and disease. Molecular, chromosomal, biochemical, developmental, cancer, and medical genetics, emphasizing the last. Clinical case discussions. Prerequisites: biochemistry; basic genetics.

YEAR ONE, Q2: Winter (9 weeks)

INDE 202—Practice of Medicine II

8 units, Win; Preetha Basaviah

Medical interview and physical examination skills, information literacy, nutrition principles, evidenced-based practice, health policy, and population health are covered. At the end of this quarter, students participate in a performance-based assessment of their medical interview and physical examination skills. See INDE 201 for a complete description of the Practice of Medicine course series.

INDE 220—Human Health and Disease I

3 units, Win; Don Regula, Robert Siegel

This course establishes the foundation for the Human Health and Disease block which spans Q3 (Spring quarter Year One) through Q5 (Winter quarter Year Two). The Human Health and Disease block presents organ system-based histology, pathology, physiology, pharmacology, and infectious disease in a sequence of interdisciplinary courses. Each organ-specific integrated course includes a review of the anatomy and related histology, normal function of that organ system, how the organ system is affected by and responds to disease including infection, and how diseases of that organ system are treated (therapeutics). Clinical correlates and clinical skills related to that organ system are presented in special afternoon sessions in the Practice of Medicine block.

IMMUNOL 205—Immunology in Health and Disease*4 units, Win; David Lewis*

Concepts and application of adaptive and innate immunology and the role of the immune system in human diseases. Case presentations of diseases including autoimmune diseases, infectious disease and vaccination, hematopoietic and solid organ transplantation, genetic and acquired immunodeficiencies, hypersensitivity reactions, and allergic diseases. Problem sets based on lectures and current clinical literature. Laboratory in acute and chronic inflammation.

NBIO 206—The Nervous System*8 units, Win; Tirin Moore*

Introduction to the structure and function of the nervous system, including neuroanatomy, neurophysiology, and systems neurobiology. Topics include the properties of neurons and the mechanisms and organization underlying higher functions. Framework for general work in neurology, neuropathology, clinical medicine, and for more advanced work in neurobiology. Lecture and lab components must be taken together.

SURG 203B—Human Anatomy*4 units, Win; John Gosling, Ian Whitmore*

Structure and function from a medical perspective, the physical examination, and frequently-used medical imaging techniques. Students are required to attend lectures, actively participate in seminar groups, and engage in dissection of the human body in the anatomy laboratory. Surgery 203B presents structure of the head, neck and back.

YEAR ONE, Q3: Spring (9 weeks)INDE 203—Practice of Medicine III*8 units, Spr; Preetha Basaviah*

Medical interview and physical examination skills, biomedical literature retrieval and appraisal, nutrition principles, , evidence-based practice, biomedical ethics, and population health are covered. Students begin clinical problem-solving sessions to learn the approach to common and important clinical problems. Cases integrate other course themes of population health, evidence-based practice, clinical ethics, nutrition, health policy, and behavioral medicine. Students begin to transition from comprehensive to problem-focused patient encounters. Students also gain exposure to geriatrics, initial exposure to pediatrics, and practice mental health interview skills. At the end of this quarter, students participate in a performance-based assessment of their medical interview and physical examination skills. See INDE 201 for a complete description of the Practice of Medicine course series.

INDE 221—Human Health and Disease II*12 units, Spr; Don Regula, Brian Kobilka, Peter Kao, James Whitlock, Andrew Connolly*

Structure, function, disease, and therapeutics of the respiratory system and the cardiovascular system. See INDE 220 for a description of the Human Health and Disease block.

YEAR TWO, Q4: Autumn (13 weeks)

INDE 204—Practice of Medicine IV

10 units, Aut; Preetha Basaviah

In second-year POM, there are two major educational categories: clinical reasoning and clinical exam skills. These two components are taught within five curricular components that include clinical reasoning teaching rounds and small group, clinical practicum, clinical procedures / Introduction to the Management of the Ill Patient simulation (IMIP), advanced clinical skills, and psychiatry. Within Clinical Reasoning Sessions, students work in a problem-based learning format, analyzing cases that integrate course themes described above with clinical medicine scenarios. Within Practicum, students spend alternate one-half day(s) per week in a clinical setting with a supervising faculty member, practicing medical interview and physical examination skills. Advanced Clinical Skills sessions provide hands-on practice working with faculty and patients on particular clinical themes that correlate with the basic science curriculum as well as the clinical curriculum. Specialists often co-teach these sessions, providing a focused didactic followed by small group practice with patients, cases, and simulation exercises. Students also gain experience with oral presentations, writing clinical notes, and other practical aspects of patient care.

INDE 222—Human Health and Disease III

15 units, Aut; Don Regula, Vivek Bhalla, Andrew Connolly, Neil Gesundheit, Paula Hillard, Anson Lowe, Alan Pao, Robert Siegel

Structure, function, disease, and therapeutics of the renal/genito-urinary system, the gastrointestinal system, the endocrine system, male and female reproductive systems, and women's health. See INDE 220 for a description of the Human Health and Disease block.

YEAR TWO, Q5: Winter (9 weeks)

INDE 205—Practice of Medicine V

8 units, Win; Preetha Basaviah

In second-year POM, there are two major educational categories: clinical reasoning and clinical exam skills. These two components are taught within five curricular components that include clinical reasoning teaching rounds and small group, clinical practicum, clinical procedures / Introduction to the Management of the Ill Patient simulation (IMIP), advanced clinical skills, and psychiatry. Within Clinical Reasoning Sessions, students work in a problem-based learning format, analyzing cases that integrate course themes described above with clinical medicine scenarios. Within Practicum, students spend alternate one-half day(s) per week in a clinical setting with a supervising faculty member, practicing medical interview and physical examination skills. Advanced Clinical Skills sessions provide hands-on practice working with faculty and patients on particular clinical themes that correlate with the basic science curriculum as well as the clinical curriculum. Specialists often co-teach these sessions, providing a focused didactic followed by small group practice with patients, cases, and simulation exercises. Throughout, students gain experience with oral presentations, writing clinical notes, and other practical aspects of patient care. Students

also participate in the psychiatric and behavioral medicine curriculum as part of a combined Brain and Behavior block with the Human Health and Disease (HHD) course. At the end of this quarter, students participate in a comprehensive four-station objective structured clinical examination (OSCE) performance-based assessment of their medical interview, physical examination, and clinical problem-solving skills (called the Mini-CPX).

INDE 223—Human Health and Disease IV

11 units, Win; Don Regula, Robert Siegel, Bertil Glader, Hannes Vogel, Neil Schwartz

Structure, function, disease, and therapeutics of the central nervous system, hematologic system and multi-systemic infectious disease. See INDE 220 for a description of the Human Health and Disease block.

YEAR TWO, Q6: Spring (4 weeks)

INDE 206—Practice of Medicine VI

9 units, Spr; Preetha Basaviah

Prep for the Clerkships is a month-long curriculum focused on preparing students with skills, knowledge, and approaches directly applicable to their upcoming clinical rotations. The experience provides hands-on workshops, simulated sessions, patient encounters, small group sessions, and a few large group sessions comprising a capstone for the two-year longitudinal curriculum in POM. In general, the individual sessions are tied to clinically relevant themes, including: procedural skills (cadaver lab, EMED, IMIP); clinical skills (Mini-CPX, bedside rounds, advanced presentations, SOAP notes, patient safety); clinical specialty sessions (dermatology, palliative medicine, ophthalmology); clinical essentials (EKG, general radiology, interventional radiology, fluid and electrolytes, order writing); and professionalism.

4.3 STUDENT PATHWAYS THROUGH HUMAN HEALTH AND DISEASE (HHD) AND PRACTICE OF MEDICINE (POM)

1. All quarters of HHD and POM **must be done in the established curricular sequence:**

<u>HHD</u>	<u>POM</u>
Q2: INDE 220	Q1: INDE 201
Q3: INDE 221	Q2: INDE 202
Q4: INDE 222	Q3: INDE 203
Q5 INDE 223	Q4: INDE 204
	Q5: INDE 205
	Q6: INDE 206

- Students wishing to take a quarter (or more) off will be expected to reenter the curriculum sequence one year later from where he/she left off.
- Students wishing to split the two-year curriculum over three years must do so by splitting the morning HHD and the afternoon POM curriculum in one of two ways:

Option 1: Split curriculum begins following Q2:

HHD (mornings) only: Q3 (Spr) → Q4 (Aut) → Q5 (Win)

Followed by

POM (afternoons) only: Q3 (Spr) → Q4 (Aut) → Q5 (Win) → Q6 (Spr)

Option 2: Split curriculum begins following completion of Q3:

HHD (mornings) only: Q4 (Aut) → Q5 (Win) → [Q3 Spring quarter no classes]

Followed by

POM (afternoons) only: Q4 (Aut) → Q5 (Win) → Q6 (Spr)

- Students with compelling reasons for taking courses out of order may submit a petition to the Committee on Curriculum and Academic Policy.
- Students should understand that such approval will be rare and granted only under very unusual circumstances.

2. Taking a year (or more) out for full-time research or joint degree programs.

Students can step out of the curriculum following any quarter to do full-time research, picking up the curriculum at the point they left off except after Q6, as stipulated below.

Students wishing to take a year out after completing the basic science curriculum and before beginning clerkships are strongly encouraged to do so by completing Q1-Q5, and then re-entering to complete Q6 after their year out. Alternatively, they may complete the entire Q1-Q6 curriculum and re-enter directly into clinical clerkships.

All students taking a year (or more) for full-time research or joint degree programs are required to develop and document an individualized Clinical Skills Maintenance Plan before they step out from the MD curriculum, in order to maintain and refresh clinical skills. This plan will be developed in consultation with a faculty mentor, Advising Dean, and E4C mentor. The plan will include a) activities drawn from a menu of existing options, as well as options to be developed over time; b) specific competencies to be maintained; and c) specific metrics to demonstrate those competencies prior to re-entry into clinical clerkships.

3. Splitting the two-year curriculum over three years

Students wishing to split the two-year pre-clerkship curriculum over three or more years should consult with their Advising Dean to develop a personalized proposed plan. This plan will then be reviewed by all affected course directors, and then be referred to CCAP for final review and approval.

4.4 SCHOLARLY CONCENTRATION REQUIREMENT

The Scholarly Concentration (SC) program provides medical students with faculty-mentored scholarly experiences in areas of individual interest combined with structured coursework to

support this scholarship. This required component of the MD curriculum develops critical thinking, skills in evaluating new data, and hands-on experience with the methods by which new scholarly information is generated.

Building these essential skills for leadership in medicine and research supports the institutional goals of innovation and scholarship, and fosters lifelong enthusiasm for the field of medicine.

The SC program offers 13 areas of study, including Foundation areas and Application areas. The typical SC program of study consists of work in one Foundation area and one Application area, though students may also elect to work more intensively in a Foundation area only. There are eight Foundation areas, designed to develop skills and tools that can be applied to important problems in health care:

- Bioengineering
- Biomedical Ethics and Medical Humanities
- Biomedical Informatics
- Clinical Research
- Community Health
- Health Services and Policy Research
- Medical Education
- Molecular Basis of Medicine

In many cases students may find it advantageous to apply the skills developed in their Foundation area to a particular area of medicine. These students may choose to pursue an SC Application area in addition to their Foundation area. The six available Application areas are:

- Cancer Biology
- Cardiovascular and Pulmonary
- Global Health
- Immunology
- Neuroscience, Behavior, and Cognition
- Women's Health

Students with interests in areas that are not well served by the available Foundation and Application areas may develop an independently designed SC. Students interested in this option should consult with the Director or Assistant Director of the program.

First Steps in Declaring a Scholarly Concentration

During the first year of the MD program, students are encouraged to explore and compare the different Scholarly Concentrations and their course and research opportunities by undertaking activities including:

- Talking with SC Directors and others, such as research mentors
- Taking introductory courses
- Attending seminars
- Examining the SC and MedScholars websites
- Reviewing course requirements
- Looking at type of scholarship carried out by the faculty advisors in different SC areas

Mapping a Route to a Scholarly Concentration

As plans for an SC become clearer, it is important to begin developing a more detailed plan for completing the SC requirements. This should be done in consultation with the Director of the SC Foundation and Application areas of interest, and is normally completed toward the end of the first year of the MD program.

In preparing this plan, it can be useful to consult the course requirements of the intended SC area(s) of study and create a course plan for incorporating the required SC elements into the more general core course and clerkship schedule. Note that not all SC courses are offered every quarter; in fact, many of them are offered one quarter per year. Some SC courses are available as early as winter or even autumn of the first year.

Planning should also include consideration of when the required research can be completed. Summer after the first year of the MD program can be used for independent scholarship, and there are other opportunities to pursue research at other times as well.

Each student situation is unique and SC Directors are willing to consider paths tailored by their students.

In developing their plans, students should consult with SC Directors and Advising Deans to craft a plan to allow successful completion of course, clerkship, and research/scholarship requirements. Students have the opportunity to adjust core class or clerkship schedules to accommodate more SC pursuits.

Students deciding to do one year of full-time research may take up to four units of courses per quarter concurrently with the research. Courses must be approved by the research mentor and the SC Director.

Declaring a Scholarly Concentration

Each student must declare a Scholarly Concentration by submitting a completed Declaration Form along with a course plan, learning objectives, and general project description. Turn in the signed form, course plan, learning objectives, and scholarship description to the Assistant Director of the Program, Mara Violanti.

It is recommended that four-year students declare by April 1 of the first year. *ALL students MUST declare by October 1 of their second year.*

Foundations

Bioengineering

This Foundation's required course work is designed to expose students to the intersection between engineering and medicine – from molecular to systems bioengineering – and includes technologies such as computer methods, medical imaging, biosensors, and minimally invasive therapeutic devices. Mirroring the intent of the Department of Bioengineering, this Scholarly Area looks to attract students who are enthusiastic about combining biology-based research with engineering technology and clinical applications.

Biomedical Ethics & Medical Humanities

This Foundation's required course work is designed to explore the moral, social, and humanistic dimensions of medicine and biomedical science. Using cross-disciplinary methods such as those from philosophy, social science, film, literature, art, and law, students examine the meaning and implications of medicine and medical research.

Biomedical Informatics

This Foundation's required course work is designed to explore information management and analysis along the biomedical research pipeline, from the analysis and interpretation of new biological datasets to the integration and management of this information in the context of clinical care.

Clinical Research

This Foundation's required course work is designed to introduce students to the critical concepts that underpin clinical research. In addition to didactic instruction, students participate in the conduct of faculty-mentored, hypothesis-driven, clinical research projects. The projects may be descriptive (observational) or interventional in design.

Community Health

This Foundation's curriculum empowers future physicians to improve the health of diverse communities and reduce health inequities through innovative scholarship and direct community engagement. Students learn the means to effect change through reflective service-learning, rigorous community-responsive scholarship, advocacy, and civic leadership.

Health Services and Policy Research

This Foundation's required course work is designed to explore the ways that health care systems, governments, doctors, and patients interact to deliver health care. From regulatory policy and market forces to financial incentives and the costs and benefits of new technologies, students study ways to improve the efficiency and effectiveness of health care systems at delivering high quality care in the U.S. and abroad.

Medical Education

The purpose of the Foundation in Medical Education is to prepare students for engagement and leadership in the field of medical education. This concentration aims to promote excellence in the following areas: curriculum development and delivery, evaluation and assessment, and educational technology and simulation.

Molecular Basis of Medicine

This Foundation's required course work is designed to serve future practicing physicians by training them in how scientific data are generated and evaluated in the research laboratory, with a focus on the molecular mechanisms that underlie fundamental biological processes. Medical students participate in coursework and laboratory research side-by-side with graduate students and MSTP students pursuing the PhD and are exposed to the rigor and structure that support first-rate scientific investigation.

Applications

Cancer Biology

This Application aims to educate medical students in the complex nature of cancer from the molecular mechanism of cancer etiology, to evaluation of the efficacies of various cancer treatments. Through this extension of the Stanford Comprehensive Cancer Center students will have access to faculty, fellows, and residents who represent molecular, cellular, genetic and

pathological approaches used to develop effective medical tools for cancer diagnosis, treatment, and prevention.

Cardiovascular Pulmonary

This Application provides an opportunity to understand the heart and the lungs as an integrated system, and utilize this system to develop a multidisciplinary approach to design more effective diagnostic tools and more selective treatments. Through the Stanford Cardiovascular Institute medical students have access to an educational structure provided by key faculty in this area. Its mission is to train a new generation of basic and clinician investigators who will have a broad understanding of cardiovascular and pulmonary medicine and biology and who will be able to apply cutting-edge technology to clinically relevant questions.

Immunology

This Application introduces students to immunology research and scholarship. Working with internationally recognized experts, students can become involved in projects in any of the major areas of immunology, from basic cellular and molecular immunology, to translational areas, including allergy, autoimmunity, microbial immunity, tumor immunology, transplantation immunology, and vaccine development.

Global Health

This Application give students an understanding of the spectrum of challenges—from political to sociological to biomedical—that limit provision of health care to the world's poorest people, provides insights into problem-solving for complex global health issues and fosters mentored hands-on experience in the field that applies knowledge attained to real world problems of the world's poorest people.

Neuroscience, Behavior, and Cognition

This Application promotes investigation in all areas of neuroscience: systems and behavioral, molecular and cellular, developmental, clinical, and computational. This field seeks to understand both neurological disease and the normal functioning of the central nervous system, from individual molecules to the circuits and computational aspects involved in generating behavior. In conjunction with the Neuroscience Institute at Stanford, a broad range of faculty interests support students in research in any of these areas of neuroscience. The ultimate purpose of this work is to improve care of the patient with neurological disease.

Women's Health

This Application addresses the wide scope of women's health issues and sex-based medicine and biology. This Concentration trains students in basic, translational, epidemiologic, health policy, and clinical research in women's health and comparative biology and medicine. It integrates diverse disciplines, such as molecular biology, genetics, autoimmunity, epidemiology, environmental science, with abnormal development and diseases that are unique to or more prevalent in females.

For More Information

http://med.stanford.edu/md/curriculum/scholarly_concentrations/

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5. REQUIRED CLERKSHIP CURRICULUM

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5.1 CLERKSHIP PERIODS

CLERKSHIP YEAR 2011-12

<u>PERIOD</u>	<u>PERIOD START DATE</u>	<u>PERIOD END DATE</u>
Period 1	6/27/2011	7/24/2011
Period 1A	6/27/2011	7/10/2011
Period 1B	7/11/2011	7/24/2011
Period 2	7/25/2011	8/21/2011
Period 2A	7/25/2011	8/7/2011
Period 2B	8/8/2011	8/21/2011
Period 3	8/22/2011	9/18/2011
Period 3A	8/22/2011	9/4/2011
Period 3B	9/5/2011	9/18/2011
Period 4	9/19/2011	10/16/2011
Period 4A	9/19/2011	10/2/2011
Period 4B	10/3/2011	10/16/2011
Period 5	10/17/2011	11/13/2011
Period 5A	10/17/2011	10/30/2011
Period 5B	10/31/2011	11/13/2011
Period 6	11/14/2011	12/11/2011
Period 6A	11/14/2011	11/27/2011
Period 6B	11/28/2011	12/11/2011
Period 7	1/9/2012	2/5/2012
Period 7A	1/9/2012	1/22/2012
Period 7B	1/23/2012	2/5/2012
Period 8	2/6/2012	3/4/2012
Period 8A	2/6/2012	2/19/2012
Period 8B	2/20/2012	3/4/2012
Period 9	3/5/2012	4/1/2012
Period 9A	3/5/2012	3/18/2012
Period 9B	3/19/2012	4/1/2012
Period 10	4/2/2012	4/29/2012
Period 10A	4/2/2012	4/15/2012
Period 10B	4/16/2012	4/29/2012
Period 11	4/30/2012	5/27/2012
Period 11A	4/30/2012	5/13/2012
Period 11B	5/14/2012	5/27/2012
Period 12	5/28/2012	6/24/2012
Period 12A	5/28/2012	6/10/2012
Period 12B	6/11/2012	6/24/2012

CLERKSHIP YEAR 2012-13

<u>PERIOD</u>	<u>PERIOD START DATE</u>	<u>PERIOD END DATE</u>
Period 1	7/2/2012	7/29/2012
Period 1A	7/2/2012	7/15/2012
Period 1B	7/16/2012	7/29/2012
Period 2	7/30/2012	8/26/2012
Period 2A	7/30/2012	8/12/2012
Period 2B	8/13/2012	8/26/2012
Period 3	8/27/2012	9/23/2012
Period 3A	8/27/2012	9/9/2012
Period 3B	9/10/2012	9/23/2012
Period 4	9/24/2012	10/21/2012
Period 4A	9/24/2012	10/7/2012
Period 4B	10/8/2012	10/21/2012
Period 5	10/22/2012	11/18/2012
Period 5A	10/22/2012	11/4/2012
Period 5B	11/5/2012	11/18/2012
Period 6	11/19/2012	12/16/2012
Period 6A	11/19/2012	12/2/2012
Period 6B	12/3/2012	12/16/2012
Period 7	1/7/2013	2/3/2013
Period 7A	1/7/2013	1/20/2013
Period 7B	1/21/2013	2/3/2013
Period 8	2/4/2013	3/3/2013
Period 8A	2/4/2013	2/17/2013
Period 8B	2/18/2013	3/3/2013
Period 9	3/4/2013	3/31/2013
Period 9A	3/4/2013	3/17/2013
Period 9B	3/18/2013	3/31/2013
Period 10	4/1/2013	4/28/2013
Period 10A	4/1/2013	4/14/2013
Period 10B	4/15/2013	4/28/2013
Period 11	4/29/2013	5/26/2013
Period 11A	4/29/2013	5/12/2013
Period 11B	5/13/2013	5/26/2013
Period 12	5/27/2013	6/23/2013
Period 12A	5/27/2013	6/9/2013
Period 12B	6/10/2013	6/23/2013

Any questions regarding clerkship policies may be directed to the Director of Clerkship Education, Elizabeth Stuart, MD, MEd, at aestuart@stanford.edu, the Assistant Director of Clerkship

Education and Evaluation, Sara Clemons, M.Ed., sclemons@stanford.edu, or the to the Assistant Director of Clerkship Administration, Caroline Cheang, at cheang@stanford.edu or (650) 498-7619.

5.2 CLERKSHIP REQUIREMENTS (TABLE)

Students must have successfully completed all pre-clerkship courses prior to beginning clerkships. A total of 93 clinical units (15.5 months) are required for graduation.

NOTE: *Graduation requirements for clinical training are subject to change.*

These clerkships must be completed within the student's first 12 months of clinical rotations:

CLERKSHIP #	DEPARTMENT	TITLE	UNITS
MED 300A	Medicine	General Medicine Core	12 (2 months)
SURG 300A	Surgery	General Surgery	12 (2 months)

Two of the clerkships below (assigned by draw process) must also be completed within the student's first 12 months of clinical rotations:

CLERKSHIP #	DEPARTMENT	TITLE	UNITS
ANES 306A or P	Anesthesia	Critical Care Clerkship	6 (1 month)
FAMMED 301A	Family & Community Medicine	Family Medicine Core	6 (1 month)
MED 313A	Medicine	Ambulatory Internal Medicine	6 (1 month)
NENS 301A	Neurology	Neurology Core	6 (1 month)
OBGYN 300A	Obstetrics & Gynecology	Basic Gynecology & Obstetrics	9 (1.5 months)
PEDS 300A	Pediatrics	Child Health	12 (2 months)
PSYC 300A	Psychiatry	Basic Core Psychiatry	6 (1 month)

These clerkships may be completed any time prior to graduation:

CLERKSHIP	UNITS
Selective I: Fundamentals of Clinical Care (chosen from approved list)	6 (1 month)
Selective II: Subinternship (chosen from approved list)	6 (1 month)
Elective	6 (1 month)

5.3 CLERKSHIP SCHEDULING

Clerkship scheduling occurs through the online FishBowl system at <http://medfishbowl.stanford.edu>

Students must adhere to the following requirements for scheduling clerkships:

- Medicine and Surgery must be completed in first 12 months of starting clerkships
- Pediatrics, OBGYN Must be started by period 7 of the graduating year
- Neurology and Psychiatry must be started by period 9 of the graduating year
- Family Medicine, Ambulatory Medicine, Critical Care must be started no later than Period 10 of the graduating year

Additional information regarding the clerkship scheduling process, including the Clerkship Scheduling Draw Handout, may be found on the FishBowl website

5.4 REQUIRED CLERKSHIP DESCRIPTIONS

Clerkships to be completed within the student's first 12 months of clinical rotations (must be completed at Stanford)

MED 300A – General Medicine Core Clerkship (SUMC, PAVAMC, SCVMC, KPMC)

Teaches the natural history, pathophysiology, diagnosis, and treatment of medical illness. Emphasis is placed on acquiring the understanding, skills, and attitudes desirable in a scientific and compassionate physician. Students record histories, physical examinations, and laboratory data for patients for whom they are responsible and present their findings, together with their diagnoses and treatment plans, at rounds and conferences. Developing sound clinical reasoning skills is continuously emphasized. An essential aspect of the clerkship is the students' gradual assumption of direct responsibility for, and full-time involvement in, patient care with the house staff and faculty team. To take advantage of the differences in patient populations and teaching staffs of the four hospitals, students spend four weeks at either SUMC or PAVAMC, and four weeks at either SCVMC in San Jose or KPMC in Santa Clara. The resulting eight-week experience is an integrated curriculum designed to cover the essentials of internal medicine. The Department of Medicine supervises a random draw-based assignment to two of the four locations shortly before the beginning of each odd-numbered clerkship period. A passing grade will require both a satisfactory performance at both clinical sites and passing the NBME Subject Exam at the end of 8 weeks. Director: Abraham Verghese

SURG 300A – General Surgery Core Clerkship (SUMC, PAVAMC, SCVMC, KPMC)

Provides students with clinical experience in the evaluation and treatment of a wide variety of surgical diseases. Emphasis is placed on teaching students to recognize and manage basic clinical problems. Students function as active members of the surgical team, and follow patients throughout their in-patient course. Outpatient clinics provide the student with the ability to participate in the initial work-up and care plan of pre-op patients. Didactic lectures are given by faculty during the clerkship, which cover pathophysiology of various diseases and principles of surgical management. Basic surgical skills are taught in the operating room and in the emergency department setting. The clerkship offers an opportunity for students to integrate their knowledge of anatomy, physiology and physical diagnosis into a treatment plan for patients with surgical diseases. Each student spends one four-week rotation at SHS or the PAVAMC and one four-week period at SCVMC or KPMC. Santa Clara. Rotation assignments are made on the first day of the clerkship. A one-day orientation is held at the beginning of the eight-week period. The NBME Subject Exam is a required component of the clerkship. Director: Fritz Bech

Two of the following clerkships must be completed within the student's first 12 months of clinical rotations (must be completed at Stanford; to be assigned by lottery)

ANES 306A or P

306A - Critical Care Core Clerkship (SUMC, PAVAMC)

Provides experience managing adult patients in a critical care unit. Students learn how to optimize care for the acutely ill patient and the multidisciplinary approach to complex patients. Teaching emphasizes the review of basic organ physiology, the ability to determine the pathophysiologic mechanisms involved in critical illness, and the formulation of a physiologic based treatment plan. Students gain experience with the implementation of monitoring and therapeutic devices used in the intensive care units and begin to become adept at the evaluation, stabilization and management of the most critically ill patients expected to be encountered in today's acute care hospitals. Ward rounds, bedside evaluation and treatment, and individual interactions with attending, fellows and residents are part of the educational process. Assignments will be made either to the Stanford Medical-Surgical ICU Service, Stanford Surgical ICU Service, or the Palo Alto Veterans Administration Hospital Medical-Surgical ICU Service.

Student preferences for a particular adult ICU site will be given consideration but cannot be guaranteed. Absences during the 306A clerkship: Students must contact the 306A Clerkship Director to obtain explicit advance approval for any planned absence from the clerkship. Unanticipated absences for illness or emergency must be communicated to the Clerkship Director as promptly as possible. Students with more than 2 days of unexcused absences (i.e., 3-5 days) will be required to make up one week at a later date. If the absence is longer than this, the time would be proportionately increased. Taking extra night or weekend call will not be considered a suitable substitute for missing weekdays during the clerkship. Arrangements to make up missed time must be made by the student with the 306A Clerkship Director. Students who anticipate missing a week (i.e., 5 weekdays) or more of the 306A Clerkship are encouraged to reschedule this clerkship during a different period. Students who miss either of the day-long ICU Medical Student Simulator courses will need to make these experiences up at a later date in order to receive a passing grade for this clerkship. Director: Juliana Barr

306P – Neonatal and Pediatric ICU Core Clerkship (LPCH)

During this rotation, students provide care for critically ill children at Packard Children's Hospital. The rotation is organized into 2-week blocks as follows: • 2-weeks: Pediatric ICU • 2-weeks: Neonatal ICU or Cardiovascular ICU Or • 4-weeks: Pediatric ICU or Neonatal ICU should the student have a special interest to spend all their time in one unit.

The Pediatric Intensive Care Unit (PICU) is a busy 20-bed academic unit that teaches students to recognize and care for critically ill children. The patients are comprised of medical, surgical, and trauma patients both from within LPCH and referred from other hospitals throughout Northern California. The medical admissions cover a broad range of disease processes including respiratory failure, shock and multi-system organ dysfunction. Surgical patients present with diverse pathologies varying from solid organ transplants to various types of neurosurgical procedures. The cardio-vascular ICU manages pre and post-operative patients with complex congenital heart disease. Students will learn the pathophysiology of critical illness in children, understand the many monitoring devices used in the ICU, and become familiar with the various treatment modalities available for organ failure. The differences in pathophysiology and management of critically ill children as compared to adults should also become apparent. The

Neonatal Intensive Care Unit (NICU) offers an intensive experience in the management of premature and sick term neonates admitted from the delivery room, community physicians' offices, and an active referral service that draws from throughout Northern and mid-coastal California. The rotation emphasizes delivery room experience and newborn resuscitation skills, daily management of common newborn problems, and the special follow-up needs of NICU graduates. Exposure to advanced therapies including mechanical ventilation, extracorporeal membrane oxygenation, nitric oxide therapy, and hypothermia occur routinely. An active maternal-fetal medicine service, pediatric surgery, and various pediatric subspecialty services support the NICU. Education in all 3 units will occur via daily morning rounds, caring for patients, scheduled didactic sessions, and interactions with ICU attendings, fellows, and residents. Absences during the 306P clerkship: Students must contact the 306P Clerkship Director to obtain explicit advance approval for any planned absence from the clerkship. Unanticipated absences for illness or emergency must be communicated to the Clerkship Director as promptly as possible. Students with more than 2 days of unexcused absences (i.e., 3-5 days) will be required to make up one week at a later date. If the absence is longer than this, the time will proportionately increase. Taking extra night or weekend call will not be considered a suitable substitute for missing weekdays during the clerkship. Arrangements to make up missed time must be made by the student with the 306P Clerkship Director. Students who anticipate missing a week (i.e., 5 weekdays) or more of the 306P Clerkship are encouraged to reschedule this clerkship during a different period. Students who miss either of the day-long ICU Medical Student Simulator courses will need to make these experiences up at a later date in order to receive a passing grade for this clerkship. Directors: Alexis Davis, Saraswati Kache

FAMMED 301A – Family Medicine Core Clerkship (SUMC, Community sites)

Teaches the management of diseases commonly encountered in the ambulatory care setting. Emphasis is placed on patient-centered, efficient, cost-effective medical care of men, women and children of all ages in a variety of settings. Prevention, managed care, and cultural competence are stressed. Didactic workshops are conducted at SUMC and clinic sessions are spent attending patients at ambulatory sites. Director: Tracy Rydel

MED 313A – Ambulatory Medicine Core Clerkship (SUMC, PAVAMC, SCVMC)

The Ambulatory Medicine clerkship (AMC) combines clinic sessions in both general internal medicine and subspecialty medicine. It includes assigned readings, small group discussions, computer-assisted drills, posing and answering clinical questions with critical appraisal of the literature, and problem-based cases to reinforce principles and complexities of diagnosis and management. The didactics emphasize preventive medicine, cardiovascular, respiratory, and endocrinological disorders, and common clinical presentations in outpatient practice. Directors: Jacqueline Tai-Edmonds, Mitchell Wong

NENS 301A – General Neurology Core Clerkship (SUMC, PAVAMC, SCVMC)

The Neurology Core Clerkship trains students in the execution of the neurology history and physical, and in the evaluation and management of neurological diseases. Students are assigned to one of the following locations for Neurology training: Stanford Hospital inpatient wards; Stanford Hospital outpatient clinic; Stanford Hospital Neurology Intensive Care Unit; Stanford Neurosurgery Service; Santa Clara Valley Medical Center consultation and clinic service; the Palo Alto Veterans Administration Ward/Consultation/Clinics service; Lucile Packard Children's Hospital Consultation and Clinics. All these venues satisfy the core graduation requirement for Neurology. Responsibilities will differ among the different clerkship

venues, but a common core of teaching will be presented to all students. All participating students are expected to attend the common core of teaching, except for Santa Clara Valley students, where teaching is performed locally. By the end of the clerkship, the students will know how to perform a neurological exam and will have increased practical knowledge of clinical conditions affecting the nervous system. The NBME Subject Exam in Neurology is a required component of the clerkship. Director: Jeffrey Dunn

OBGYN 300A – Basic Gynecology and Obstetrics Clerkship (SUMC, SCVMC, KPMC)

Provides the student with skills and knowledge needed to care for patients with common gynecological problems, the well-woman examination, and pregnancy from prenatal care through delivery and postpartum. The clerkship is a full-time, 6-week rotation at one of the 3 sites: Stanford University Medical Center & satellite clinics, Santa Clara Valley Medical Center, and Kaiser Santa Clara. Emphasis is placed on history and physical examination skills in the evaluation and management of pregnancy, vaginal delivery, and both office gynecology and gynecologic surgical procedures through exposure to patients in the outpatient clinics, Labor and Delivery, and the operating room. The student participates in all the academic functions of the department including conferences, grand rounds, lectures, and weekly case studies. A one day orientation is held at the beginning of the clerkship, and students attend a simulation session for OB and Surgical skills during the first week. All students on the clerkship meet for once weekly didactic session at Stanford. The NBME Subject Exam in Obstetrics and Gynecology is a required component of the clerkship. Directors: Cynthia DeTata, Kimberly Harney, Wilma Lee, Melanie DeGuzman

PEDS 300A – Child Health Core Clerkship – Rotating (SUMC)

An eight-week experience divided into four weeks on an inpatient service and four weeks in an ambulatory pediatric setting. Students spend four weeks at Lucile Packard Children's Hospital, Packard El Camino or Kaiser Santa Clara and four weeks at Santa Clara Valley Medical Center. The clerkship is designed to offer students an introduction to a wide range of clinical problems in pediatrics and a handful of basic skills needed to work with children and families. The NBME Subject Exam in Pediatrics is a required component of the clerkship. Directors: Elizabeth Stuart, Noelle Johnstone

PSYC 300A – Psychiatry Core Clerkship (SUMC, PAVAMC)

The clerkship is designed to solidify the knowledge of psychiatry students have acquired in the Practice of Medicine courses, as students gain practical skills in the application of this knowledge to clinical situations. The focus is on interviewing skills, psychiatric evaluations, on refining diagnostic skills, and offers an overview of psychosocial and biological treatment modalities for the major psychiatric disorders. The clerkship consists of clinical work on inpatient units under the supervision of academic and clinical faculty, a weekly lecture series by academic faculty, interviewing seminars taught by voluntary clinical faculty, and attendance at Grand Rounds. Students are assigned to patient care settings at one of the six affiliated sites: a comprehensive medical psychiatry unit (G2), an inpatient general psychiatry ward (H2), a geriatric psychiatry unit, the consult-liaison service at Stanford Hospital, an inpatient research psychiatric ward specializing in the study of schizophrenia or an acute locked psychiatric ward at the PAVA. In addition, students participate in the specialty outpatient clinics at Stanford including OCD, Child, bipolar, geriatric and general psychopharmacology clinics. Students are given the opportunity to express their preferences regarding assignment. The final rotation assignment is determined by the department based on availability of sites. Students are

informed about the specific clerkship requirements at the orientation offered at the start of each clerkship period. They receive a course syllabus, several study guide books and a psychopharmacology textbook. Students are encouraged to visit the Psychiatry clerkship site on Coursework which lists all information, the syllabus and teaching materials. Students are expected to complete five cases on the CaseTool site and to record cases seen by diagnostic category. Requirements include mandatory attendance at seminars, weekly inpatient case history presentations and Emergency room experiences with residents/attending psychiatrists. The NBME Subject Exam in Psychiatry is a required component of the clerkship. Director: Charles DeBattista

5.5 SELECTIVE CLERKSHIP REQUIREMENT

Students will complete one month of clerkships in two categories chosen from a designated list. Qualifying clerkships are approved by the Committee on Curriculum and Academic Policy (CCAP) and may be removed from the list of approved clerkships at any time. Additions to the approved lists of clerkships take effect immediately for all students; deletions from the lists take effect for the students who begin clerkships in the next clerkship year.

Students wishing to substitute another clerkship not on the list may petition the CCAP for approval prior to enrolling in (i.e. beginning) the clerkship. Students should know that approval of substitutions for selective clerkships is rarely given. Retroactive approval of selective clerkship substitutions will not be granted. See Section 4.10 for the process of requesting to substitute an away clerkship for a selective.

Selective I: Fundamentals of Clinical Care

Students complete one month of clerkship(s) from the Selective I List.

Students will broaden their professional education by participating in clinical experiences *in areas not covered in a core clerkship*. This requirement may be met through completion of either a general clerkship that meets the selective requirement **OR** completion of a clerkship in an intensive ambulatory setting.

Students will:

- Achieve excellence in command of the fundamentals of clinical medicine, with an emphasis on acquiring the skills required of all physicians.
- Gain a solid foundation in general medicine as a basis for understanding and treating disease.

Selective clerkship should:

- Emphasize common problems in an area essential for a generalist practice.
- Provide knowledge, skills, and attitudes that will enhance development as a well-rounded physician.

OR

Through an intensive ambulatory experience, students will:

- Become competent at managing problems in an ambulatory setting.
- Strengthen ability to perform a directed history and physical examination.
- Build an understanding of longitudinal management of chronic disease.
- Apply time management skills to patient encounters.
- Develop a commitment to public health and well being.

Selective clerkship should:

- Provide at least 75% of student experience in an ambulatory/outpatient setting.
- Accept direct responsibility for patients including serving as the first to encounter the patient, perform procedures, counsel patients, and write notes and orders.
- Provide opportunities for patient follow-up.

Selective II: Subinternship

Students complete one clerkship from the Selective II List.

Students will broaden their professional education by participating in clinical experiences *in areas not covered in a core clerkship*. This requirement may be met through completion of a clerkship in an intensive inpatient setting.

Through an intensive inpatient experience, students will:

- Assume a high level of patient care responsibility in preparation for residency.
- Strengthen their clinical and procedural skills.
- Improve their ability to manage and provide care to complex, acutely ill patients.
- Become a productive member of the larger healthcare team.

Selective Clerkship should:

- Allow student to be responsible for direct management and care of patients, with a significantly higher level of responsibility than during core clerkships.
- Support students in building upon knowledge and skills learned during the core clerkships.
- Provide students Internship-like responsibilities: primary workup of new patients, write orders, perform procedures, participate in daily care, take night call, write notes, and dictate discharge summary.

SELECTIVE I LIST: FUNDAMENTALS OF CLINICAL CARE

Approved Clerkships

<u>Department</u>	<u>Clerkship #</u>	<u>Clerkship Name</u>	<u>Location</u>
Anesthesia	304A	Chronic Pain Management	SUMC
Dermatology	300A	Dermatology	SUMC
Interdisciplinary	309A	Surgical Specialties	Various
Interdisciplinary	310A	Continuity of Care	Various
Interdisciplinary	337A	Women's Health	SUMC
Interdisciplinary	344E	Family Medicine Elective	SJMC
Interdisciplinary	345E*	Family Medicine Elective	Office sites
Medicine	303A,B,C	Cardiology	SUMC, PAVAMC, SCVMC
Medicine	306A	Endocrinology	SUMC, PAVAMC, SCVMC
Medicine	322A	Medical Oncology	SUMC
Medicine	338A	HIV Outpatient Elective (HOPE)	SUMC, PAVAMC, other
Medicine	342A	Geriatric Medicine	SUMC
Medicine	343B	Hospice	PAVAMC
Ophthalmology	300E	Ophthalmology	VAPAHCS-Livermore
Orthopedic	303C	Rehabilitation Medicine	SCVMC; PAMC
Orthopedic	304A*	Physical Medicine and	SUMC
Orthopedic	306A	Orthopedics	SUMC; PAVAMC; SCVMC
Otolaryngology	307A*	Otolaryngology	SUMC
Pediatrics	311E	Preceptor at Palo Alto Medical	PAMC
Pediatrics	315A	Adolescent Medicine	SUMC
Pediatrics	340D	Child Health Clerkship	KPMC
Psychiatry	327E	Alcohol and Chemical Dependency	Sequoia
Psychiatry	328E*	Addiction Treatment Services	MPVAMC
Radiation	300A	Radiation Oncology	SUMC
Radiology	301A	Diagnostic Radiology	SUMC
Surgery	313A,C,D	Emergency Medicine	SUMC; SCVMC; KPMC
Urology	308A,B,C	Urology Clerkship	SUMC; PAVAMC; SCVMC

* Two-week rotation; student must complete an additional two-week rotation to receive credit as a selective.

SELECTIVE II LIST: SUBINTERNSHIP

Approved Clerkships

<u>Department</u>	<u>Clerkship #</u>	<u>Clerkship Name</u>	<u>Location</u>
Cardiothoracic Surgery	300A	Cardiothoracic Surgery	SUMC
Cardiothoracic Surgery	301B	Adult Cardiothoracic Surgery	PAVAMC
Interdisciplinary	364E	Subinternship in Family Medicine	O'Connor Hospital
Medicine	304A	Cardiovascular Medicine	SUMC
Medicine	311D	Advanced Medicine	KPMC
Medicine	312C	Advanced Medicine	SCVMC
Medicine	314A	Advanced Medicine	SUMC
Medicine	321A	Advanced Medical Oncology	SUMC
Medicine	339B	Advanced Medicine	PAVAMC
Neurology	307A	Pediatric Neurology Subinternship	SUMC
Neurology	308A	Adult Neurology Subinternship	SUMC
Neurosurgery	318A	Subinternship in Neurosurgery	SUMC
Obstetrics/Gynecology	304A*	Inpatient Gynecology	SUMC
Obstetrics/Gynecology	308A*	Gynecologic Oncology	SUMC
Obstetrics/Gynecology	307A*	Maternal-Fetal Medicine	SUMC
Orthopedic Surgery	318A	Subinternship in Orthopedic Surgery	SUMC
Otolaryngology	336A	Subinternship in Otolaryngology	SUMC
Pediatrics	313A	Neonatal Intensive Care	SUMC
Pediatrics	314A	Pediatric Intensive Care	SUMC
Pediatrics	335A	Pediatric Hematology and Oncology	LPCH
Pediatrics	338A	Inpatient Subspecialty Pediatrics	LPCH
Pediatrics	338C	Subinternship in Pediatrics	SCVMC
Surgery	311C	Burn Center at Santa Clara Valley	SCVMC
Surgery	316A	Pediatric Surgery	SUMC
Surgery	333A	Multi-Organ Transplantation	SUMC
Surgery	334A	Advanced Vascular Surgery	SUMC
Surgery	338A	Advanced Surgery	SUMC, PAVAMC
Surgery	338C	Advanced Surgery	SCVMC
Urology	310B	Advanced Surgery/Urology	PAVAMC
Urology	338A	Advanced Urology	SUMC

** Two-week rotation; student must complete an additional two-week rotation to receive credit as a selective.*

5.6 REFLECTIONS, RESEARCH, AND ADVANCES IN PATIENT CARE-INDE 297

4 units – Course Directors: Laurence Baker, Lars Osterberg, Charles Prober, Audrey Shafer, Cindy Irvine

The required curriculum for *Reflections, Research and Advances in Patient Care* is designed to provide structured time to “step back” from clerkships, in order to promote both reflection on and reinforcement for learning in the clinical environment. Reflections, Research and Advances is structured as a two-year curriculum to span the clinical years. Sessions occur every 8 weeks, on the third Friday of even-numbered clerkship periods (see dates below), and incorporate the curricular components outlined below.

Goals:

1. To discuss and reflect upon critical experiences in clerkships.
2. To provide continuity of instruction in translational science topics across the curriculum.
3. To reinforce and extend the study of behavioral, cultural, ethical, social and socioeconomic topics introduced in the Practice of Medicine course sequence.
4. To expose students to recent advances in medical discoveries, emphasizing their application in clinical practice (translational medicine), with focus on the perspective of patients.
5. To develop research and critical thinking skills, acquire new topical information in areas related to Scholarly Concentrations, and receive advice and counseling on Scholarly Concentration curricular issues and research projects.

Part One: Doctoring with CARE Sessions

The required Doctoring with CARE sessions each consist of a small group debriefing/discussion, in which students enrolled clerkship rotations at one of the Stanford affiliated sites have the opportunity to discuss and reflect on critical experiences in a non-threatening setting. Key objectives include the development of lifelong reflective practice skills and coping strategies essential to maintaining humanism and professionalism. Facilitated by Educators for CARE faculty, these sessions are a continuing avenue to guide students’ development of four core values of the medical profession: **Compassion, Advocacy, Responsibility, and Empathy.**

Sessions occur from 10:30 am – 12:00 pm on designated Fridays. Students will receive email notification of their group number, facilitator, and session location. Please see the course requirements and attendance policy next page.

Part Two: Translating Discoveries Lecture/Seminar Series

The overarching goal of these required sessions is to underscore the value of understanding basic science principles, translating them into evidence-based, patient-centered practice of medicine, and gaining cognizance of their broader social and ethical implications. The perspective of patients is emphasized, through their frequent participation with session lecturers.

Sessions occur from 1:00 – 3:00 pm on designated Fridays. Students will receive email notification of lecture/seminar topic and location. Please see the course requirements and attendance policy next page.

Part Three: Scholarly Concentration Breakout Sessions

These breakout sessions develop themes related to Scholarly Concentrations. Topics may include student research projects, issues of interest to students in a given SC area, or other matters related to Scholarly Concentrations.

Sessions occur from 3:15 pm – 5:00 pm on designated Fridays. Students will receive email notification of breakout group location.

Course Completion Requirements:

To receive the 4 units of credit for INDE 297, students must:

1. Attend all Doctoring with CARE sessions that occur when a student is enrolled in clerkships at a Stanford affiliated site. Those students participating in away rotations are not required to attend these sessions.
2. Attend at least six Translating Discoveries sessions over the two clinical years, including all Translating Discoveries sessions that occur when a student is enrolled in one of the nine core (required) clerkships. Thus, if a student is not enrolled in one of the nine core clerkships during an even-numbered period at least six times during the clinical years, the student must attend additional Translating Discoveries lecture sessions for a minimum of six sessions. Students are encouraged to attend more than the required six sessions.
3. Sign into E*Value and submit an evaluation for each Translating Discoveries lecture session attended (minimum of six). Any student who attends fewer than six sessions will be required to submit ten online evaluations in E*Value after viewing the missed session videos online.

Once a student has attended all Doctoring with CARE sessions and has attended and evaluated at least six Translating Discoveries lecture sessions; the School of Medicine Registrar's Office will enroll the student in INDE 297 for four units for the quarter in which the student's attendance and evaluations are completed. A student who has not attended six Translating Discoveries lecture sessions will not receive credit for the course until ten online evaluations are completed.

Dates for INDE 297

August 12, 2011 (Period 2)
 October 7, 2011 (Period 4)
 December 2, 2011 (Period 6)
 February 17, 2012 (Period 8)
 April 13, 2012 (Period 10)
 June 8, 2012 (Period 12)

5.7 ADVANCED CARDIAC LIFE SUPPORT (ACLS) – MED 295

Certification in ACLS (Advanced Cardiac Life Support) is a requirement for graduation. Students may register for ACLS in the first or second clinical year. Training courses are offered at the Palo Alto VA Medical Center under the direction of Dr. John Giacomini. All training sessions (up to four) will be held on Friday/Saturday. Each session can accommodate a maximum of 25 students. Registration is on a first-come, first-served basis. Because advance planning is necessary to arrange instructors, registration is closed two weeks before each session. When the training is completed, students receive a certification card valid for two years.

To enroll, first sign up with Gay Wittenberg at the VA, then register for MED 295 on Axess. An information packet with training materials will be mailed to your home address two weeks before the course begins. Be prepared to do some reading before the first session.

Contact person: Gay Wittenberg, VA Medical Center, gayw@stanford.edu, (650) 493-5000, ext. 65153

NOTE: *Occasionally a student who is preparing to graduate is unable to attend one of the ACLS training sessions offered at the Palo Alto VA Medical Center because he or she is out of town interviewing for residency, or for other legitimate reasons. If this is the case, the student may make arrangements to complete ACLS training at another facility. The student would then need to bring his/her certificate of completion to the School of Medicine Registrar's Office to verify completion of the course. For ACLS training outside Stanford, call (650) 725-9938, <http://www.cecenter.stanfordhospital.com>, or the American Heart Association. There will be a charge to take this training outside the School of Medicine.*

5.8 SUBJECT EXAMINATIONS IN REQUIRED CLERKSHIPS

Standards for performance on final written examinations apply in the following required clerkships:

- | | |
|-----------------------------|--------------|
| ▪ Ambulatory Medicine | ▪ Pediatrics |
| ▪ Critical Care | ▪ Psychiatry |
| ▪ Family Medicine | ▪ Neurology |
| ▪ Internal Medicine | ▪ Surgery |
| ▪ Obstetrics and Gynecology | |

1. Written exam requirements are set by the clerkship director.
2. Clerkships may use either the NBME Subject Exam or an alternative departmental exam. Clerkships using the NBME Subject Exam are marked with an asterisk above.
3. Written examinations must be passed with a minimum score as established by the clerkship.
4. Students who do not pass the written exam receive an "N" (continuing) grade for the clerkship and must retake either the NBME Subject Exam or the departmental exam.
5. Students who do not pass the written exam on the second attempt must take an oral exam or a suitable alternative, to be determined by the clerkship director.
6. After the third attempt at satisfying the exam requirement, the "N" grade converts to either "pass" or "fail."
7. "N" grades must be corrected within 12 months of the end of the clerkship. Uncorrected "N" grades will convert to "fail" after 12 months.

Students needing to retake two or more NBME subject exams may contact their Advising Deans or the Assistant Dean of Student Affairs to request exam accommodations outside the regular exam schedule.

Professional standards require that students attend all scheduled educational activities, including examinations. In the case of unavoidable schedule conflicts, students must obtain advance permission from the clerkship director to miss and reschedule the final exam. Except in case of emergency, failure to attend the final exam session without prior permission from the clerkship director will result in referral to the Committee on Performance, Professionalism and Promotion (CP³) for unprofessional behavior.

Students with documented disabilities may require special examination accommodations. The Office of Accessible Education determines what, if any, accommodations to recommend. The MD Advising Office receives the recommendation and conveys the request to the Clerkship Director prior to the

examination. It is the responsibility of the student to notify the Advising Office at least one week in advance of his/her scheduled examination.

5.9 CLINICAL PERFORMANCE EXAMINATION (CPX)

The Clinical Performance Examination (CPX) is a standardized patient-based clinical skills assessment that must be taken no later than the summer of the student's last clinical year prior to graduation. It is designed by a consortium of clinicians and medical educators from all eight California medical schools to assess clinical skills essential to the practice of medicine regardless of specialty. Over 1,000 students throughout the state take this exam each year. Demonstration of at least minimum competency on the CPX is a requirement for graduation.

The purposes of the exam are:

1. To evaluate students' level of competency in clinical and interpersonal skills;
2. To provide individual feedback on these skills;
3. To prepare for the USMLE Step 2 Clinical Skills Examination (CS – the standardized patient portion of the boards).

The CPX may be taken at the end of the first year of clerkships, but must be taken NO LATER THAN one year prior to graduation. The CPX is only administered at Stanford once per year, typically in June or July. Students planning away rotations should make sure their plans do not conflict with test administration dates, since failure to participate in and pass the CPX would prevent the student from graduating.

The exam involves a five-hour block of time. Each student's exercise is videotaped and made available for review. Following the exam, students receive detailed feedback from the patient encounters and a set of scores with comparison standards.

During the CPX, students see at least eight patients with a broad range of problems, which may encompass subject material from any core clerkship. Students are expected to perform a focused history and usually a physical examination as well. Students are also expected to communicate their thinking and preliminary plans to the patients. Students must demonstrate at least minimum competency in each of four skill areas:

- History taking
- Physical examination
- Communication skills
- Clinical reasoning
- Overall total score

Passing the CPX is a requirement for graduation. Students who do not attain an overall passing score on the exam, or who fail individual skill domains, will be required to successfully complete a remediation program, including individualized feedback, self-reflection, and working with a faculty mentor in the School of Medicine to develop the skills necessary for improvement. Following this remediation, students will undergo reassessment to ensure minimum proficiency with all categories of clinical skills. Successful completion of this reassessment will be required for graduation. The CPX examination requirement is meant to ensure that all students receiving the MD degree from Stanford have demonstrated competency in fundamental clinical skills.

For more information, see the Standardized Patient Program website at <http://med.stanford.edu/ome/spp>

5.10 ELECTIVE CLERKSHIPS AT OTHER INSTITUTIONS

Students wishing to take elective clerkships in the United States or Canada should apply about six months in advance. Students who wish to take clinical clerkships abroad should apply to the international hospital or medical school one year in advance. Catalogs of elective clerkships available at U.S. medical schools and information about electives in International Health are located in the Lane Library. Additional information is available from individual departments at Stanford. Virtually every US medical school makes their visiting student program requirements and application process available on the Web. Students should visit their websites for more information and follow their instructions to apply.

If the away institution requires a letter of good standing, with proof of malpractice coverage, the student should see the Registrar or the Assistant Director of Clerkship Administration in the School of Medicine Registrar's Office. The Assistant Director of Clerkship Administration provides the letter, has the application signed, and returns these documents to the student for mailing to the away institution along with any application fees, transcripts, or proof of immunization.

If you wish to apply to any medical schools or teaching hospitals that use AAMC's Visiting Student Application Service (VSAS), you need to request authorizations to apply in VSAS from the Assistant Director of Clerkship Administration. Please visit <http://medfishbowl.stanford.edu/documents/VSAS%20Student%20Handout%202011.pdf> for more information. The website lists all schools that use VSAS for 2011-2012 academic year.

It is strongly recommended that away clerkships be taken for credit. When the elective with the away institution is confirmed, credits can be requested by filling out a *Faculty Authorization Form*, which can be obtained from the Assistant Director of Clerkship Administration. When the Assistant Director of Clerkship Administration receives both the approved *Faculty Authorization Form* from the student's Advising Dean and an acceptance notification from the other institution, the away clerkship will be added to the student's Fishbowl schedule. The student should register for the away clerkship on Axxess; course numbers for away clerkships are identified with the suffix "W." An evaluation of clerkship work done at the away institution is required. The student should take to the away institution a *Clerkship Evaluation Form* to be filled out by the attending at the end of the clerkship and mailed back to the School of Medicine Registrar's Office.

Students who choose to take the away clerkship for no credit should check with the School of Medicine Registrar's Office to determine if malpractice insurance will apply.

5.11 COMPLETING CORE OR SELECTIVE CLERKSHIPS AT OTHER INSTITUTIONS

Students wishing to substitute an away clerkship for a core or selective clerkship and use it to satisfy the core or selective clerkship graduation requirement must petition the Committee on Curriculum and Academic Policy (CCAP) for approval prior to enrolling in the clerkship. Retroactive approval of required clerkship substitutions will not be granted.

A written petition must be submitted using the *Faculty Authorization Form*, which can be obtained from the Assistant Director of Clerkship Administration. The petition will be reviewed according to the following process:

1. Review by the student's Advising Dean; after review and discussion with the student, the Advising Dean's approval and signature is required on the petition prior to its moving forward.
2. Review by the Assistant Director of Clerkship Administration to determine if:
 - a. Clerkship length is equal to clerkship length at Stanford.
 - b. NBME subject exam is included as a requirement for passing (if NBME exam is used in the corresponding Stanford clerkship).
 Upon review and approval, the Assistant Director of Clerkship Administration will sign and forward the petition to the relevant Stanford clerkship director.
3. The Stanford clerkship director will then review the outside clerkship content and confirm that the off-site clerkship can provide a reasonably comparable experience to that at Stanford. The Stanford clerkship director will sign the petition to indicate approval of the request.
4. The Director of Clerkship Education will then review and sign the petition to confirm that appropriate review and approval has taken place.
5. The Director of Clerkship Education then presents the petition for review at CCAP; CCAP will render the final decision.
6. If so approved, the student then enrolls in the clerkship with the Stanford number and the letter "W" following to indicate it was done at another location.

5.12 ABSENCES DURING CLERKSHIPS

Students must contact the clerkship director to obtain explicit advance approval for any planned absence from the clerkship. Unanticipated absences for illness or emergency must be communicated to the clerkship director as promptly as possible.

Students who are absent more than two days during a four- or six-week rotation or more than three days during an eight-week rotation will be required to make up missed time.

Students who will miss more than 20% of the total duration of a clerkship – for any reason – will be asked to reschedule the clerkship.

Excessive or unexcused absences or failure to communicate with the clerkship director about unavoidable absences are considered reasons for failing the clerkship.

5.13 POLICY ON DROPPING CLERKSHIPS LESS THAN FOUR WEEKS BEFORE THE START OF THE PERIOD

There have been occasions when a Stanford medical student enrolled in a clerkship fails to report for the first day of that clerkship or provides late notification to the clerkship director that he or she plans to drop the clerkship. Students are required to make clerkship scheduling changes a minimum of four weeks prior to the beginning of the clerkship period. This ensures that students on the

waitlist for that period can be accommodated and that clerkship directors can plan patient care and educational activities. Failure to adhere to this policy raises concerns about the professional conduct of a student.

Students who have a valid reason for wishing to drop a clerkship within four weeks of the beginning of the clerkship period may do so only by contacting their academic advisor. The advisor will review the reason, consult with the clerkship director, and, if permission to drop is granted, will contact the Assistant Director of Clerkship Administration in the School of Medicine Registrar's Office to finalize the request. If the advisor and clerkship director disagree as to whether permission should be granted, the request to drop will be referred to the Senior Associate Dean for Medical Education for a final decision.

Students who fail to report for the first day of a clerkship, or drop a clerkship within four weeks prior to the start date without permission, will be asked to appear before the Committee on Performance, Professionalism and Promotion. Among other potential consequences, if there is a second occurrence of a late drop or other evidence of unprofessional conduct, a notation to that effect will be included in the student's Medical School Performance Evaluation (MSPE, or Dean's Letter).

5.14 DEFINITION OF MEDICAL STUDENT PRACTICE ROLE

The Medical Board of California requests that medical students be carefully instructed about what they may and may not do in terms of writing orders or prescriptions for patients. Thus, Educational Programs and Services, in collaboration with the clinical department chairs, Stanford-affiliated hospitals, and nursing offices, has prepared the following description of the appropriate role of the Stanford medical student on a patient care team.

California state law allows specific exceptions for medical students to the general code, which requires that all medical acts must be performed by licensed physicians. The exception specifies that a student may do all things that a physician may do with the following two provisos:

1. That any medically-related activity performed by students be part of the course of study of an approved medical school; and
2. That any medically-related activity performed by students be under the proper direction and supervision of the faculty of an approved medical school.

Medical students may therefore write orders for drugs, treatments, etc., provided that:

- the provisions of number 2 above are observed;
- the students are assigned to or are consultants to the service on which the order pertains; and
- a licensed physician countersigns all orders before the orders are executed. Telephone orders of counter-signatures will be accepted from licensed physicians (including licensed housestaff). Medical students may locate and solicit the licensed physician's verification by telephone, but the licensed physician must speak directly to the registered nurse and must actually sign the order before going off duty. The counter-signature is recorded as a telephone order. Routine admission orders are not exempted from the above provisions.

Medical students acting as subinterns, are still subject to the above provisions.

Medical students will identify their signatures with CC (Clinical Clerk) or MS (Medical Student), just as licensed physicians identify their signatures with MD. Medical students will also wear badges identifying them as medical students.

Medical students are not to be involved in any portion of the medical care of other medical students.

5.15 STUDENT DUTY HOURS AND THE WORK ENVIRONMENT

Providing students with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and student well-being.

1. Supervision of students
 - a. All patient care must be supervised by qualified residents or faculty.
 - b. Faculty, residents and students must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty hours
 - a. Duty hours are defined as all clinical and academic activities related to the students, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
 - b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
 - c. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

3. In-house call activities

The objective of all call activities is to provide students with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when students are required to be immediately available in the assigned institution.

 - a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
 - b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.
 - c. Students must have a minimum of 8-hours free of duty between scheduled duty periods. Students must have a minimum of 14-hours free of duty after 24-hours of in-house duty.

5.16 MALPRACTICE LIABILITY FOR MEDICAL STUDENTS

Stanford assumes the financial responsibility for medical malpractice liability incurred by registered medical students when participating in any clinical activities as part of their formal educational program at the Stanford University Medical Center, or at other Stanford-approved medical facilities. However, it is very important that Stanford medical students be certain they are protected when

participating in clinical work in special situations. Therefore, students should consult the School of Medicine Registrar's Office if they will be:

1. taking a clinical clerkship at another hospital or medical school in the United States while not paying tuition and not registered as a medical student at Stanford.
2. taking a clinical experience in a foreign country while not paying tuition and not registered at Stanford.
3. participating in any volunteer clinical work away from Stanford.
4. working in a private physician's office.
5. participating in any clinical activities not at Stanford that are not covered in (1) through (4) above.

Stanford reserves the right without prior notice to modify its practices with regard to financial responsibility for medical malpractice liability.

5.17 STUDENT PARTICIPATION IN CLINICAL ACTIVITIES INVOLVING PERSONAL RISK

(Endorsed by the School of Medicine Faculty Senate on May 17, 2000)

The Stanford University School of Medicine has long had the policy that medical students learn to be physicians by participating in the care of patients under faculty supervision. Some of these patients may have an infectious or other disease that provides some risk to caretakers, including students. While every effort will be made to provide appropriate training and safeguards for students so that these risks are minimized, they cannot be totally eliminated.

Students are required to participate in patient care as one of their fundamental responsibilities during a clinical clerkship. Students are expected at all times to follow universal safety precautions in order to safeguard their own health. Under certain rare and extenuating circumstances where the risk to the student significantly outweighs either the educational benefit to the student or the health-care benefit to the patient, a supervising physician may suggest that a student be exempted from, or a student may ask permission from the supervising physician to be excused from, participation in certain aspects of patient care.

The clerkship director is responsible for providing clarification of this statement and resolving any disputes. In the event a dispute is unsatisfactorily resolved from the standpoint of either the student or the supervising physician, the matter may be referred to an Advising Dean for final review.

5.18 UNIVERSAL PRECAUTIONS AND NEEDLESTICK PROTOCOL

Universal Precautions apply to the handling of all blood, body fluids, and human tissue. Body fluids, also known as other potentially infectious materials (OPIM), include: semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, feces, urine, sputum, nasal secretions, saliva, tears, vomitus or any other body fluid or tissue that is visibly contaminated with blood. Appropriate protection including gloves, mask and gown should be worn to protect oneself from exposure.

If you believe you have had a significant exposure to blood or OPIM, IMMEDIATELY wash wound or exposed tissue thoroughly with soap and water. Rinse copiously. Then call the Needlestick Hotline 650-723-8222 then pager 1-STIX (222 then 1-STIX from hospital or medical school phone) to talk to a staff person 24/7 who is trained and on call specifically for this purpose. This hotline has been set up for medical students and Stanford employees. Records are confidential in accordance with applicable laws. There is no charge for blood tests, medications, or follow-up care following a blood or OPIM exposure. If you have any problem using this hotline, please call Dr. Smith-Coggins immediately - regardless of time of day or night. Dr. Smith-Coggins can be reached through hospital page system 650-723-6661 on pager 1-3481.

6. REGISTRATION AND STUDENT RECORDS

- 6.1 Registration Instructions
- 6.2 Add and Drop Deadlines for Courses
- 6.3 Leaves of Absence
 - Childbirth Academic Accommodation
- 6.4 Stepping out of the MD Curriculum
 - Clinical Skills Maintenance Plan
- 6.5 Reinstatement
- 6.6 Academic Records
- 6.7 Privacy of Student Records
- 6.8 Student Identity and Identification at Stanford
 - Stanford University ID Number
 - SUNet ID
 - Identification Cards

6.1 REGISTRATION INSTRUCTIONS

Medical students must register for all terms of each academic year (Autumn, Winter, and Spring quarters) from the admission term until conferral of the degree. The only exception to this requirement occurs when the student is granted an official Leave of Absence. Failure to enroll in courses for a term during the academic year without taking a Leave of Absence results in denial of further enrollment privileges unless and until reinstatement to the degree program is granted and the reinstatement fee paid. Registration in the Summer Quarter is not required for pre-clerkship students and does not substitute for registration during the academic year.

Please note that first-year medical students may take up to 45 units during Autumn Quarter and subsequently take no more than 35 units per quarter. All other students may take no more than 35 units per quarter. Students who exceed these limits will accrue additional tuition charges.

The preliminary study list deadline is the first day of classes of each quarter during the academic year. As early as possible, but no later than this deadline, students (including those with TMR status) must submit to the Office of the University Registrar via Axess (see URL below), a study list to enroll officially in classes for the quarter. Students are expected to be enrolled "at status" by the preliminary study list deadline: <http://axess.stanford.edu>.

Students must enter their study lists by the first day of each quarter in order to avoid late fees. Students will be charged a \$200 late study list fee for submitting their study lists after the quarterly deadline. Students registering for pre-clerkship courses should include the appropriate information from the time schedule on their study lists. Students cannot receive credit for any pre-clerkship coursework done in unregistered quarters. Clinical students are responsible for checking the clerkship schedule prior to completing their study lists. Students may not attend clerkships without having completed their registration.

Students with problems caused by holds on their registration may seek special consideration with approval of the School of Medicine Registrar.

The University reserves the right to withhold registration from, and to cancel the advance registration or registration of, any student having unmet obligations to the University.

Full registration procedures are described at:
<http://studentaffairs.stanford.edu/registrar/help/enrolling5.2>

6.2 ADD AND DROP DEADLINES FOR COURSES

Students may add courses or units to their study lists through the end of the third week of classes. Courses may be dropped through the end of the third week of classes, without any record of the course remaining on the student's transcript.

After the add and drop deadline, appropriate course instructor approval must be obtained. The penalty for dropping a course after the deadline without permission of the course instructor is a failure in the course.

Add/drop requests approved after the deadline must be submitted to the School of Medicine Registrar's Office; they may not be submitted to the University Registrar.

6.3 LEAVES OF ABSENCE

A Leave of Absence is required for any term of the academic year (Autumn, Winter, Spring) for which a student does not wish to enroll in classes. Students wishing to take a Leave of Absence should first obtain the proper paperwork from the School of Medicine Registrar's Office or online at <http://www.stanford.edu/dept/registrar/pdf/leaveofabsence.pdf>

Leave of Absence Request forms with required signatures must be submitted in advance of the requested quarter to the School of Medicine Registrar's Office.

Leaves of Absence are granted at the discretion of the School of Medicine, and are granted for a maximum of one calendar year. Leaves requested for a longer period are approved only in exceptional circumstances. Extension requests must be made to the Committee on Performance, Professionalism and Promotion before the expiration of the original Leave of Absence.

Leaves of Absence may not exceed a cumulative total of two years. New students may not take a Leave of Absence during their first quarter. However, new students may request a deferment; whether to grant or deny the requested deferment is at the discretion of the School of Medicine.

Students on Leave of Absence are not registered at Stanford, and therefore do not have the rights and privileges of registered students.

NOTE: Students taking an approved Leave of Absence have not ended their relationship with the University. If students have not entered a waiver through Axess by 9/15 of each academic year, they will be enrolled in Cardinal Care for entire year 9/1-8/31. Should they take a leave of absence during that year, students will still be insured and cannot opt out of this coverage. Students accessing services at Vaden Health Center will still be charged the Campus Health Fee of \$173. Students with questions about this process can contact the Insurance Referral Office at Vaden Health Center at 723-2135. Under some circumstances, students on Leave of Absence may be able to make special arrangements to continue their university housing; students will need to deal directly with the relevant university offices involved to do so.

Childbirth Academic Accommodation Period

Women graduate students anticipating or experiencing the birth of a child may formally request a one-quarter extension of University and departmental academic requirements and a Childbirth Academic Accommodation Period. The Childbirth Policy (see Section 11.8) is administered by the Office of the Vice Provost for Graduate Education (VPGE) through a petition process. In that petition, the woman student specifies the dates on which the Academic Accommodation Period begins and ends, with the requirement that it must fall within at most two consecutive quarters. A letter from the student's health-care provider stating the anticipated delivery date must accompany the petition. If the childbirth occurs prior to filing the petition, the accommodation period begins on the birth date.

The petition is available online at http://www.stanford.edu/dept/DoR/GSH/childbirth_form.pdf

For complete information on the Childbirth Accommodation Policy for Women Graduate Students visit <http://www.stanford.edu/dept/DoR/GSH/childbirth.html>

6.4 STEPPING OUT OF THE MD CURRICULUM SEQUENCE

Students planning to step of the MD curriculum sequence are required to complete an “Intention to Step Out of the MD Curriculum Sequence” form and return it to the Registrar’s Office in order to track academic progress. The form requires that students discuss their plans with their Advising Dean, assigned Educator-4-CARE faculty and the Assistant Director for Medical Student Research and Scholarship to ensure that academic requirements have been met and a plan for re-entry into the MD Curriculum is established. The final signature will be obtained from the Associate Dean for Medical Education.

Forms to indicate intent to step out of the MD curriculum sequence are available through the Registrar’s Office.

Clinical Skills Maintenance Plan

Each student leaving the MD curriculum sequence for one year or more is required to develop and document a *Clinical Skills Acquisition and Maintenance Plan* (with the assistance of a faculty advisor and E4C faculty mentor) to maintain and refresh their clinical skills before they step out from the curriculum, even though each such plan might not be the same for every student. The plan should include (a) activities drawn from a menu of existing options and options to be developed over time, (b) specified competencies to be maintained, and (c) specific metrics to demonstrate those competencies prior to re-entry into clinical clerkships.”

Forms and instructions for the Clinical Skills Maintenance Plan will be provided to students when they indicate that they are stepping out of the curriculum for a year or more, via the intent form as described in the above section. More information on the Clinical Skills Maintenance Plan please contact Bahij Austin at bahij@stanford.edu.

6.5 REINSTATEMENT

Students who fail to be either registered or approved for a Leave of Absence by the start of a term are required to apply for reinstatement through the School of Medicine Registrar’s Office before they can return to the same degree program. The decision to approve or deny reinstatement is a discretionary one made by the Committee on Performance, Professionalism and Promotion, which is not obliged to approve reinstatements of students.

Reinstatement decisions may be based on the applicant’s academic status when last enrolled, activities while away from campus, the length of the absence, and the perceived potential for successful completion of the program, as well as any other factors or considerations regarded as relevant by the school. Reinstatement information is available from the School of Medicine Registrar’s Office.

Reinstatement applications must be submitted 60 days prior to the first day of the term for which reenrollment is requested. A fee is required.

6.6 ACADEMIC RECORDS

Transcripts

The notations used on official University transcripts are pass (+), incomplete (I), continuing (N), exempt (EX) and grade not reported (GNR). Note: Beginning in Clerkship Period 1, 2010, *all* students taking required clerkships will be evaluated using the CBEI model and will be eligible for a Pass With Distinction (PWD) notation on the MSPE (the PWD notation applies *only* to required clerkships; it does not apply to elective clerkships or pre-clerkship courses). PWD will be noted in the MSPE for students who entered clerkships Period 1, 2010 or later. For students who entered clerkships prior to Period 1, 2010, the PWD notation will be assigned for formative evaluation purposes only and will not appear in their MSPE's. Also noted is the passage of Steps 1 and 2 CK of the United States Medical Licensing Examinations (USMLE). Students may order transcripts through Axess.

Education Records

The School of Medicine Registrar's Office establishes a file for each student to collect data and to provide assistance to Advising Deans in counseling and in preparing the Medical Student Performance Evaluation (MSPE). The file contains confidential information, which is available to the following parties with legitimate educational interests without prior permission from the student:

1. Dean of the School of Medicine, Senior Associate Dean for Medical Student Education, Associate and Assistant Deans for Medical Education, Associate and Assistant Deans for Advising;
2. Committee on Performance, Professionalism and Promotion, whenever the Committee is reviewing a student's performance;
3. Chair of the Clerkship Evaluation Committee
4. Chair of the Committee on Admissions;
5. Executive Committee of the Faculty Senate when asked by the Dean of the School of Medicine or the Committee on Performance, Professionalism and Promotion to review a case;
6. A duly appointed grievance or grievance appeal officer, or a duly appointed *ad hoc* committee on the Suitability for the Practice of Medicine;
7. Other university officials on a need-to-know basis;
8. Staff of the Office of Student Services; and
9. Others as permitted or required by law or by University policy (see section 6.7 below).

6.7 PRIVACY OF STUDENT RECORDS

Notification of Rights Under FERPA

The following is quoted from the Stanford Bulletin.

The Family Educational Rights and Privacy Act of 1974 (FERPA) affords students certain rights with respect to their education records. They are:

1. The right to inspect and review the student's education records within 45 days of the date the University receives a request for access.

The student should submit to the Registrar, Dean, chair of the department, or other appropriate University official, a written request that identifies the record(s) the student wishes to inspect. The University official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

2. The right to request the amendment of the student's education records that the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

A student may ask the University to amend the record that he or she believes is inaccurate or misleading. The student should write the University official responsible for the record (with a copy to the University Registrar), clearly identify the part of the records he or she wants changed, and specify why it should be changed.

If the University decides not to amend the record as requested by the student, the University will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment.

Additional information regarding the hearing procedures is provided to the student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

FERPA contains various exceptions to the general rule that the University should not disclose education records without seeking the prior written consent of the student. The following circumstances are representative of those in which education records (and information drawn from education records) may be disclosed without the student's prior written consent:

- a. Upon request, the University may release Directory Information (see Directory Information below).
- b. School officials who have a legitimate educational interest in a student's education record may be permitted to review it. A school official is: a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student or volunteer serving on an official committee or representing a recognized student group, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her responsibility to Stanford or to the student.
- c. The University may disclose education records without consent to officials of another school, in which a student seeks or intends to enroll, upon request of officials at that other school.

- d. The University may choose to disclose education records (and information drawn from education records) to either supporting parent(s) or guardian(s) where the student is claimed as a dependent under the Internal Revenue Code.
 - e. The University may inform persons including either parent(s) or guardian(s) when disclosure of the information is necessary to protect the health or safety of the student or other persons.
 - f. For students under the age of 21, the University may notify either parent(s) or guardian(s) of a violation of any law or policy relating to the use of alcohol or controlled substances.
 - g. The University must provide records in response to lawfully issued subpoenas, or as otherwise compelled by legal process.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA.

The name and address of the office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-4605.

Procedures for Inspecting Records and Correcting Inaccuracies or Misleading Information

Students wishing to inspect and review their transcripts and academic files should consult with any of the Advising Deans. If a student believes any information in the file is inaccurate or misleading (other than the evaluation of performance in clerkships), he or she should consult with the person who provided the information. If the matter remains unresolved, the student should contact any of the Advising Deans. If the matter still cannot be resolved, the student may consult the Associate Dean for Medical Student Life Advising or the University Ombudsperson, or may pursue paths as set forth in the Privacy of Student Records section of the *Stanford Bulletin*.

Directory Information

The University regards the following items of information as "directory information," that is, information that the University may make available to any person upon specific request (and without student consent):

- Name*
- Date of birth
- Place of birth
- Directory addresses and telephone numbers
- E-mail addresses
- SUNet ID (as opposed to Stanford Student ID Number)*
- Mailing addresses
- Campus office address (for graduate students)
- Secondary or permanent mailing addresses
- Residence assignment and room or apartment number
- Specific quarters or semesters of registration at Stanford
- Stanford degree(s) awarded and date(s)
- Major(s), minor(s), and field(s)

- University degree honors
- Student theses and dissertations*
- Participation in officially recognized sports or activities*
- Weight and height of members of athletic teams*
- Institution attended immediately prior to Stanford
- ID card photographs

For more information, see Stanford's FERPA website at http://registrar.stanford.edu/students/pers_info/student_record_privacy.htm

Students may prohibit the release of many of the items listed above (except those with an “*”) by designating which items should not be released on the Privacy function of Axxess. Students may prohibit the release all directory information listed above after an appointment with the Office of the University Registrar to discuss the ramifications of this action. Student theses and dissertations can be restricted through the publishing options and embargo settings students select during submission.

Students, faculty, and others with questions regarding student records should contact the Office of the University Registrar.

Consent to Use of Photographic Images

Registration as a student and attendance at or participation in classes and other campus and University activities constitutes an agreement by the student to the University's use and distribution (both now and in the future) of the student's image or voice in photographs, video or audio capture, or electronic reproductions of such classes and other campus and University activities.

If any student in a class where such photographing or recording is to take place does not wish to have his or her image or voice so used, the student should raise the matter in advance with the instructor.

6.8 STUDENT IDENTITY AND IDENTIFICATION AT STANFORD

Stanford University ID Number

The Stanford University ID Number is assigned to each student's academic record for unique identification. It is printed on the Stanford University ID card and on documents distributed by the Office of the University Registrar and other administrative offices. It is a violation of University policy to use another's Stanford University ID Number to misrepresent yourself in any way; such use can result in loss of student privileges or other disciplinary action.

SUNet ID

The SUNet ID provides access to the Stanford University Network (SUNet) and its services, and identifies authorized users of these services. Each member of the Stanford electronic community creates a unique SUNet ID and SUNet ID password for him/herself. SUNet IDs provide:

- Axxess services
- E-mail service
- Storage space within Stanford's distributed file system
- Usenet newsgroups

- World Wide Web services, including serving of personal Web pages on the Leland system and access to Stanford Web Resources

The SUNet ID together with SUNet ID password may serve in place of a signature on electronic forms. The SUNet ID password must remain confidential. It is a violation of University policy to use another's SUNet ID or SUNet ID password to misrepresent yourself in any way; such use can result in loss of student privileges or other disciplinary action.

Stanford University Identification Cards

ID cards are available to registered students, faculty, and regular staff through the Stanford ID Card Office. The ID card serves as an identification card, an electronic key, and a debit card, allowing cardholders to use services for which they have privileges, to enter certain facilities, and to make purchases.

Married students or students with a domestic partner (same or opposite sex) may obtain a courtesy identification card for their spouse/ partner through the Stanford Card ID Office. The spouse/partner card enables use of some campus services during terms for which the student is registered.

Similar courtesy cards are also available to the spouses and same-sex partners of faculty and regular staff.

ID cards bear a photograph of the cardholder. This photograph is maintained in an online database and, as stated above in Directory Information, is available for classroom use and for certain other uses upon specific request and without student consent unless the student has designated that the photograph not be released. Photographs can be designated as private using the Privacy function of Axxess.

The Stanford ID Card Offices (<http://www.stanford.edu/services/campuscard/>) are located:

Tressider Union
459 Lagunita Drive, 2nd Floor
Open Monday – Friday, 9:00a.m. - 5:00p.m.
(650) 498 – CARD
on campus dial: 8-2273

Stanford Hospital Photo ID

To obtain a Hospital Photo ID, students must present a signed form from the Office of Student Life to the Security Office located in the basement of the Hospital. This ID grants students access into secured areas of the Hospital based on enrollment in clerkships, etc. It also provides access to many of the secured teaching and study spaces within the School including small group study rooms, the Li Ka Shing Center for Learning and Knowledge (including the student-only fourth floor), Fleischmann Laboratories, and the 24-hour computing spaces.

7. ASSESSMENT OF STUDENT ACADEMIC PERFORMANCE

- 7.1 Evaluation of Performance in Courses
 - Grading System
 - End-Quarter Policy Statement
 - Final Examinations
 - Correction of Deficiencies in Pre-clerkship Courses
 - Evaluation of Performance in Human Health and Disease (Q3-5)
 - Evaluation of Performance in Practice of Medicine (Q1-6)

- 7.2 Evaluation of Performance in Clinical Clerkships
 - Expectations of Student Performance in Clinical Clerkships
 - Clerkship Performance Evaluation Form
 - Correction of Deficiencies in Clinical Clerkships

- 7.3 Standardized Patient Teaching and Assessment Activities

- 7.4 Medical Student Performance Evaluation (MSPE)

7.1 EVALUATION OF PERFORMANCE IN COURSES

All pre-clerkship MD program courses are graded on a pass/fail basis. It is the prerogative of each course director to determine the best method for assessing student performance for his or her course. Learning activities such as quizzes, short papers, laboratory exercises, problem sets, presentations, and group discussions, may be offered on a graded or ungraded basis at the discretion of the course director. Attendance and participation may be required where small group interaction is essential to mastery of material in the course. Course directors are expected to announce criteria for passing a course by the end of the second week of the quarter, with any subsequent modification only upon approval of a majority of students in the class.

Grading System

The following grading system is used to report on the official transcript the performance of students in all courses and clerkships taken while an MD degree candidate:

- **Pass (+)** indicates that a student has demonstrated to the satisfaction of the responsible department or teaching group that he/she has mastered the material taught in the course. A marginal passing grade in pre-clerkship courses is internally reported by the faculty to the student and the School of Medicine Registrar's Office, but does not appear in the official transcript.
- **Incomplete (I)** indicates that extenuating medical or personal circumstances beyond the student's control have prevented completion of course requirements. Following approval by an Advising Dean (in his or her discretion in light of the circumstances presented) of the taking of the incomplete, the course director is notified prior to the final examination. An incomplete can be corrected in a manner specified by the department or teaching group and must be corrected within one year (unless the Committee on Performance, Professionalism and Promotion specifies an earlier date). When a student takes a final or makeup examination following an incomplete, it becomes a pass, marginal pass or fail. If the student does not attempt to correct the incomplete within the agreed-upon time, it becomes a fail.
- **Continuing (N)** indicates that the course has not concluded and that the student is continuing the course, that a minor component of a course, as defined by the course director, is pending.
- **Exempt (EX)** indicates that a course has been exempted by the course director.. No units are granted. The student should register for "0" units so that the course appears on the transcript.
- **Grade Not Reported (GNR)** indicates that a grade has not been reported by the instructor.

A student may not receive credit for repeating a course unless the content has changed significantly, as determined by the course director. In addition to these transcript-related grades, additional designations are used internal to the School of Medicine to report on academic progress:

- **Marginal Pass (MP)** indicates that a student has fallen short of meeting minimal performance standards for a pass but has done better than a fail at the end of the academic quarter, and that additional work or remediation is necessary to achieve a pass.
- **Fail (-)** indicates that a student has not met the minimum performance standards for the course, despite attempts at remediation, as described below. A course in which a student has received a fail grade does not show up on the official transcript. A course in which a student has received a fail grade must be repeated, and the student must achieve a passing grade within one year of the failure or prior to beginning clerkships, whichever is sooner.

End-Quarter Policy Statement

The End-Quarter Period is a time of reduced social and extracurricular activity preceding final examinations. Its purpose is to permit students to concentrate on academic work and to prepare for final examinations. In Autumn, Winter, and Spring quarters, End-Quarter starts seven full days (to begin at 12:01 a.m.) prior to the first day of final exams. In Spring Quarter, final examinations begin on Friday; no classes are held on Thursday, the day before. In Summer Quarter, this period consists of the weekend and the four class days preceding the final examinations, which take place on Friday and Saturday of the eighth week. (See the *Time Schedule* for dates.)

During the End-Quarter Period, classes are regularly scheduled and assignments made; this regular class time is used by instructors in whatever way seems best suited to the completion and summation of course material. Instructors should neither make extraordinary assignments nor announce additional course meetings in order to “catch up” in course presentations that have fallen behind. They are free, however, and even encouraged to conduct optional review sessions and to suggest other activities that might seem appropriate for students preparing for final examinations.

No graded homework assignments, mandatory quizzes, or examinations should be given during the End-Quarter Period except:

1. In classes where graded homework assignments or quizzes are routine parts of the instruction process.
2. In classes with laboratories where the final examination will not test the laboratory component. In such a case, the laboratory session(s) during the End-Quarter Period may be used to examine students on that aspect of the course.

Major papers or projects about which the student has had reasonable notice may be called due in the End-Quarter Period. Take-home final examinations, given in place of the officially scheduled in-class examination, may be distributed in the End-Quarter Period. Although the instructor may ask students to return take-home examinations early in the final examination period, the instructor may not call them due until the end of the regularly scheduled examination time for that course. Such a policy respects the principle that students’ final examinations are to be scheduled over a period of several days. End-quarter examinations may not be held during this period. This policy preserves the instruction time for courses and protects the students’ opportunities for extensive review and synthesis of their courses.

Final Examinations

Final examinations are scheduled by the Office of Medical Education, which posts tentative dates and times by the end of the previous quarter and final schedules by the end of the second week of the quarter. Students anticipating conflicts in examination schedules should seek to resolve them with course instructors.

Final examinations are governed by the regulations below:

1. Students are expected to take the final examination unless at least 24 hours prior to the examination they have received formal written approval for either dropping the course from

the course director or for obtaining an incomplete from an Advising Dean. Incompletes are given for significant personal or medical reasons beyond the student's control. If a student does not appear for the examination and has not been granted a drop or an incomplete, the student will receive a fail.

2. Students are expected to report for their examinations at the time and place designated by the Office of Medical Education or the course director, unless the course director has made alternative arrangements. While examinations are not "proctored" as such, students must take the examination in the designated location within the prescribed examination time. Students are expected to adhere to the Honor Code at all times during examinations.
3. When the final examination or its appropriate substitute is not an in-class examination (e.g., when an instructor assigns a take-home examination, paper, or project in lieu of an in-class examination), the schedule and format of the final examination, or its substitute, will be determined no later than the end of the second week of the quarter and, if changed subsequently, may be only a modification approved by a majority of the students in the class.
4. Students with documented disabilities who have been determined by the Office of Accessible Education to require special examination accommodations (see Section 9.6) are responsible for notifying the Assistant Dean of Student Affairs prior to the examination. Such notification by the student should be made at least one week in advance of his/her scheduled exam. The Assistant Dean for Student Affairs coordinates with the Course Director for the accommodation to be made. Students do not request (and should not seek to arrange) accommodations directly from faculty members or course directors.
5. Feedback on written examinations is to be as complete as practicable; correct answers should be distributed or posted promptly after the examination at a previously announced place, and students should receive their numerical score and its relationship to the class distribution curve in a manner that ensures student privacy. Students have the right to see their final examination and discuss it with a faculty member.

Correction of Deficiencies in Pre-Clerkship Courses

The faculty of every course must identify those students whose performance is marginal or failing. **A Deficiency Report Form for Marginal or Failing Performance in Pre-clerkship Courses is sent to the School of Medicine Registrar's Office and to each student so identified.**

Students receiving notification of a marginal pass should meet with the appropriate faculty and discuss the requirements for achieving an unqualified passing grade. Once a student achieves a "pass," the performance will no longer be recorded as "marginal" in the student's record. Students who receive a marginal pass in a course of eight or more units (i.e. HHD or POM) must correct the marginal pass within 12 months of receipt of the marginal pass and prior to beginning any clinical clerkship, and will be required to take USMLE Step 1 examination prior to beginning any clinical clerkship. No student having more than one marginal pass in courses of fewer than eight units may begin any clerkship. If two uncorrected marginal performance grades accumulate in pre-clerkship courses of fewer than eight units, the student is required to correct at least one of the within 12 months of receipt of the second marginal pass and prior to beginning clinical clerkships. Students with one or more marginal passes will be counseled by an Advising Dean and reviewed by the Committee on Performance, Professionalism and Promotion (CP3).

Students who fail a pre-clerkship course must achieve a passing grade within one year of the failure or prior to beginning clerkships, whichever is sooner. If this cannot be achieved through remediation (as determined by the Course Director) then the student must retake and pass the course when it is

next offered. Only the CP3 has the power to change this requirement. The requirements for achieving a passing grade are determined by the responsible faculty. Students with a failing grade will be counseled by an Advising Dean and reviewed by the Committee on Performance, Professionalism and Promotion.

Academic deficiencies in pre-clerkship courses must be rectified prior to the beginning of clerkships or by a date specified by the CP3 (which has the power in an appropriate case to modify any of the requirements in this paragraph). Please see Section 7.5 for further detail on marginal pass and failure policies.

Departments are encouraged to provide educational assistance to students failing required courses on the first-year grid, preferably during the first summer quarter following receipt of a failing grade, and to reexamine such students prior to autumn quarter registration. Students failing courses on the autumn and winter quarter grids for the second year should, as a general proposition, be given the opportunity to correct these deficiencies prior to July 1 of that academic year. Students who receive an incomplete grade because of extenuating medical or personal circumstances should, once again as a general rule, be given the opportunity to correct the incomplete grade within one (1) year or prior entering clerkships, whichever comes first, in a manner specified by the department or responsible teaching group. Courses such as those in the Practice of Medicine sequence, where hands-on activities and small group interactions constitute a significant portion of the course, may require retaking of the course the following year.

Evaluation of Performance in Human Health and Diseases (Q3-5): Statement on Feedback, Grading and Examinations

Grading

Students receive a Pass or Fail assessment (reported in Axxess) after each quarter. The grade is based on the individual scores in the scheduled end-block examinations and the integrated final exam. Students must achieve an overall equally-weighted-average passing score of at least 70% on all exams (all block exams plus the integrated final exam). In addition, students must achieve a passing score of at least 65% on the integrated final exam in order to pass the course.

A student with an average block and final exam combined score less than 70% or an integrated final exam score less than 65% must take the scheduled course remedial examination. A failing score on this remedial examination will earn a grade of “fail” for the course. The “marginal pass” grade is not used in the HHD course.

Policy for Missed Exams

Every student is expected to sit for each end-block examination and each end-quarter integrated examination in the Human Health and Disease course.

A formal Advising Dean's excuse is required to make-up any missed course examination.

An Advising Dean's excuse may be issued before a regularly scheduled exam to accommodate some essential extracurricular event or after an examination for illness.

A score of zero will be credited towards a student's final score if an examination is missed without an Advising Dean's excuse.

If an Advising Dean's excuse is issued before a regularly scheduled block exam to accommodate some essential extracurricular event, the student will be expected to take the scheduled makeup exam at Stanford, which is offered once two to three days after the regularly scheduled exam. If the Advising Dean's excuse extends beyond the second date because of some essential activity away from Stanford, then the examination will be faxed to the student and must be completed and returned within 24 hours. No other block exam will be arranged for students with excuses granted before a scheduled exam. Failure to make such an arrangement will result in a score of zero on that exam. A student who misses an exam with an Advising Dean's excuse for illness should contact the HHD course coordinator and appropriate arrangements will be made.

Policy for Remediation of a Fail Grade in an HHD Course

A student who receives a Fail in any quarter of the HHD series (INDE 220, INDE 221, INDE 222 or INDE 223) will be required to take a special remedial examination after the inter-quarter break, on the day before classes start in the next academic quarter. This examination will be offered ONCE. Vacation plans do not dictate when the exam will be taken. The course directors agree that a non-passing grade in HHD indicates a need for in-depth review of the entire quarter and have scheduled the remedial exam to allow such additional study. Correction of a Fail grade in HHD requires a full passing score ($\geq 70\%$).

A student who fails a quarter of HHD (and who then fails the special remedial examination) will be required to re-take that quarter the following year, including all required exercises and examinations. A student must petition the Committee on Curriculum and Academic Policy to be allowed to continue in the HHD sequence.

Evaluation of Performance in Practice of Medicine (Q1-6): Statement of Feedback, Grading and Examinations

Grading

Students receive a Pass (+), Continuing (N), Marginal Pass (MP), Fail (-), or Incomplete (I) grade after each quarter. The grade is based on completion of quarter course requirements, satisfactory performance on end-of-quarter assessments, and professional behavior. Following are the guidelines for each grade option in the course:

- **Pass (+):** Students have completed all course requirements, performed satisfactorily on the final Standardized Patient assessment and each section of the written final examination, and exhibited professional behavior in the course.
- **Continuing (N):** Students have not completed all course requirements and/or did not perform satisfactorily on any individual section of the written final examination.
- **Marginal Pass (MP):** Students have not performed satisfactorily on the final Standardized Patient assessment and/or the overall written final examination; there may be some concern about the student's professional behavior in the course; and/or the student's performance in in-class activities has raised some concerns about knowledge and competence.
- **Fail (-):** Students have performed poorly on the final Standardized Patient assessment and/or the overall written final examination (using the criteria above for N Grade or Marginal Pass); there may be serious concerns about the student's professional behavior in the course; and/or

the student's performance in in-class activities has raised serious concerns about knowledge and competence.

- **Incomplete (I):** Student has satisfactorily completed a substantial part (but not all) of the course work. Students must request an incomplete grade by the last class meeting. Incomplete grades must be made up within one (1) year, or prior to entering clerkships, whichever comes first.

A grade of Continuing (N), Marginal Pass (MP), or Fail (-) will require notification to the Committee for Professionalism, Performance, and Promotion (please see Section 7 for more information about this committee).

Students who do not perform satisfactorily on either the final Standardized Patient assessment and/or the written final examination (less than 65%) must complete a plan of remediation tailored to student needs and course resources. Students who do not satisfactorily complete this plan of remediation will earn a "Fail" grade for the course.

Policy for Missed Assessments

Every student is expected to be present for each final Standardized Patient assessment and each end-quarter integrated examination in the Practice of Medicine course.

A formal Course Director's excuse is required to make-up any missed course examination. It is recommended that students meet with their Advising Deans prior to submitting a formal request for any missed course examination.

A Course Director's excuse may be issued before a regularly scheduled assessment or examination to accommodate some essential extracurricular event or after an examination for illness.

A score of zero will be credited towards a student's final score if an assessment or examination is missed without an Advising Dean's excuse.

If a Course Director's excuse is issued before a regularly scheduled assessment or examination to accommodate some essential extracurricular event, the student will be expected to take the scheduled makeup examination or assessment at Stanford. If the Course Director's excuse extends beyond the second date because of some essential activity away from Stanford, then appropriate arrangements will be made within the resources of the course. Failure to make such an arrangement will result in a score of zero on that exam. A student who misses an assessment or examination with a Course Director's excuse for illness should contact the POM course coordinator and appropriate arrangements will be made.

Policy for Remediation of a Continuing, Marginal Pass, Fail Grade in POM

A student who receives a Continuing (N) in any quarter of the POM series (INDE 201-206) must complete outstanding course requirements to correct the grade to a Pass (+). The student will be allowed to continue through the POM sequence. The Committee on Professionalism, Performance, and Promotion will be notified. Students who do not satisfactorily complete this plan of remediation will earn a Marginal Pass (MP) grade for the course.

A student who receives a Marginal Pass (MP) in any quarter of the POM series (INDE 201-206) must successfully complete a course of remediation tailored to student needs and course resources to

correct the grade to a Pass (+). The student will not be allowed to continue through the POM sequence, unless provided special permission from the course director. The Committee on Professionalism, Performance, and Promotion will be notified. Students who do not satisfactorily complete this plan of remediation will not be allowed to continue to clerkships.

A student who receives a Fail in any quarter of the POM series (INDE 201-206) will be required to re-take that quarter the following year, including all required exercises and examinations. The student will not be allowed to continue through the POM sequence, unless provided special permission from the course director (please see various five-year “split” schedules from the Office of Medical Education). The Committee on Professionalism, Performance, and Promotion will be notified.

7.2 EVALUATION OF PERFORMANCE IN CLINICAL CLERKSHIPS

Evaluation of performance in required clinical clerkships is accomplished through a combination of direct observation of clinical performance, written examinations, and/or standardized patient examinations. The clerkship director is responsible for providing a written evaluation of the student’s performance based on data provided by faculty, housestaff, and others who have observed the student’s work. Written evaluations of clerkship performance must be completed no later than four to six weeks after the end of the clerkship.

Mid-rotation Feedback

All required clerkships must provide students a formal mid-clerkship assessment of performance. Mid-clerkship feedback must be provided early enough to allow a student the opportunity to improve his or her performance before the end of the clerkship. Clerkships must maintain written documentation that mid-rotation feedback has been provided to each student.

Final Grades

Required Clerkships

Students enrolled in required clerkships may earn a final grade of Fail, Marginal Pass, Pass or Pass with Distinction. For students who started clerkships before Period 1, 2010, the final grade of Pass with Distinction will not be reported in the Medical Student Performance Evaluation (MSPE).

Electives, Selectives

Students on elective and selective clerkships may earn a final grade of Pass, Marginal Pass, or Fail.

Criteria for Pass and Pass with Distinction in Required Clerkships

Criteria for Pass

- Patient Care:
 - Student has met requirements for direct observation of clinical skills (2 documented observations per clerkship)
 - Student functions at the RIME Interpreter stage*
- Professionalism/Interpersonal Communication:
 - No significant or consistent concerns
 - Patient logs, other assignments are complete
- Exam score falls above clerkship passing threshold.

Criteria for Pass with Distinction

All 'Pass' criteria must be met AND

- Patient Care
 - Student functions at the RIME Manager stage
- Professionalism/Interpersonal Communication:
 - Student has gathered multisource feedback (forms requested from 1 non-MD staff member, 1 patient, 1 peer).
 - Student has demonstrated evidence of exceptional Professionalism/Interpersonal Communication.
- Exam score falls above clerkships-specific threshold for Pass with Distinction

See the Criterion-Based Evaluation Initiative website, <http://med.stanford.edu/md/curriculum/CBEI/index.html>, for details.

Clerkship Performance Evaluation Appeals

Students who have questions or concerns about a performance evaluation in a clinical clerkship should contact the Clerkship Director or an Advising Dean to request a review. If a student's disagreement remains unresolved, the student or his or her Advising Dean may request a review by the Clerkship Evaluation Committee (CEC) by contacting the CEC chair. A written request for a review must be received *within eight weeks* of the date that the final student performance evaluation was submitted in E*Value in order to be considered.

The CEC consists of the following members (or their designees) who will participate in each appeal or review:

- Director of Evaluation (CEC chair)
- Director of Clerkship Education
- An Advising Dean other than the appealing student's advisor
- A Required Clerkship Director other than the director involved in the appeal
- One additional faculty member (not involved in clerkships or CP³)
- Associate Dean for Medical Education, as necessary

Upon receiving a request for review, the CEC will notify the clerkship team responsible for the performance evaluation and will gather data from the student and the clerkship team. The CEC will review the final evaluation and all submitted data, gather additional information as needed, and will generally reach a decision by consensus. The student and clerkship team will be notified in writing of the final decision. The CEC will attempt to complete each appeal within 45 days of the request. The CEC decision is considered final. Students with further concerns may choose to pursue the Stanford University student academic grievance procedure:

<http://www.stanford.edu/dept/registrar/bulletin/4988.htm>, though they should recognize the limited scope of review inherent in that procedure.

Correction of Deficiencies in Clinical Clerkships

During the course of a clerkship, when a clerkship director becomes aware that a student's performance may warrant a marginal pass or failing grade, the clerkship director must notify the student promptly that, in the absence of improvement, a non-passing grade is being considered. Once the director confirms the decision to assign a non-passing grade, the clerkship director must

immediately notify the student about the final grade to be assigned. The clerkship director should also notify the student's Advising Dean, who will arrange a meeting with the student.

Requirements for correcting a marginal pass or failure will be determined by the clerkship director. Students who receive a marginal pass or failing grade are required to meet with the clerkship director to set timely requirements for achieving an unqualified passing grade. Non-passing grades in clerkships, including N or "continuing" grades for failed NBME subject exams, must be corrected within one year of completing the clerkship. Students failing to correct a non-passing grade within one year will be reviewed and discussed by the Committee on Performance, Professionalism and Promotion.

Students cannot receive a Stanford MD degree with an uncorrected marginal pass or failure in a clerkship.

7.3 STANDARDIZED PATIENT TEACHING AND ASSESSMENT ACTIVITIES

The Standardized Patient (SP) Program offers clinical skills training for medical students throughout the four-year curriculum. Its activities are designed to provide a simulated setting for the instruction and assessment of the clinical, cross-cultural and interpersonal skills of medical students. Real patients or actors are trained to consistently recreate the same clinical situation, findings, or problem with each student encounter. Practice of Medicine (POM) and several clerkships, including but not limited to Family Medicine, Ambulatory Medicine, Pediatrics, and Obstetrics/Gynecology, currently utilize the Standardized Patient Program in their curricula.

The SP Program also coordinates a series of Clinical Performance Exams (CPX) administered throughout the medical school curriculum:

1. The **CPX** (see section 5.9) is a standardized patient-based examination to assess the clinical skills of students towards the completion of medical school. It is administered at all eight medical schools in California on behalf of the California Consortium for the Assessment of Clinical Competency (CCACC). The exam is a half-day exercise, involving eight patient-based encounters. Successful completion of the CPX is a School of Medicine graduation requirement.
2. The **Mini-CPX**, a four-station examination, is offered in the spring of the second year of the medical school curriculum. This examination is similar in format to the CPX and serves both as a "final exam" for the pre-clerkship clinical skills curriculum and as a means for students to identify skill areas on which to focus prior to entering clinical clerkships. Students who do not attain an overall passing score on the exam will be identified for remediation.
3. The **Micro-CPX** is a two-station examination offered at the end of the first year of the medical school curriculum. Like the Mini-CPX, the Micro-CPX is similar in format to the CPX and serves as a means to assess student skills at the conclusion of the first year of medical training. Both the Mini-CPX and Micro-CPX are administered as part of the Practice of Medicine course.

In general, SP assessments may consist of two to eight stations or cases and are typically administered over approximately two to five hours. The encounters are digitally videotaped to allow faculty and students to review student performance. Following the encounters, feedback is provided in one of three parts, depending on the nature of the SP activity: didactic debriefings with the students, faculty and SP; numerical scores in the area of clinical and interpersonal skills; and

narratives representing faculty and the standardized patient's overall assessment of the student's performance. For more information, see the Standardized Patient Program website at <http://med.stanford.edu/ome/spp/>.

7.4 MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)

The Medical Student Performance Evaluation (MSPE), also known as the Dean's Letter, will be compiled by the Advising Deans and sent to residency program directors as part of the application to obtain positions for postgraduate training. The letter is submitted to residency programs in the autumn of the student's final year in the MD program. This letter is a narrative evaluation of the student's accomplishments in the MD program. Achievements during clinical clerkships and attributes as potential house officers and physicians are major points of emphasis. Recognition is included in the letter for accomplishments in research, teaching, and community service. The MSPE will also include in the last sentence of the required clerkship narrative the student's performance in each of three domains of the Criterion-Based Evaluation Initiative (CBEI). There will also be an appendix that describes CBEI, including the criteria used and the process used to collect data and formulate the summary evaluation.

8. COMMITTEE ON PERFORMANCE, PROFESSIONALISM AND PROMOTION (CP³)

- 8.1 Introduction
- 8.2 Standards for Performance and Satisfactory Progress
- 8.3 Promotion
- 8.4 Procedures for Addressing Performance, Professional and Technical Concerns
- 8.5 Appendix: Chart of CP³ Responses to Student Issues

8.1 INTRODUCTION

The Committee on Performance, Professionalism and Promotion (CP³) is a standing committee of the Stanford University School of Medicine Faculty Senate. The purpose of the CP³ is to provide all medical students with periodic and systematic reviews of their overall progress towards completion of the MD degree, as well as reviews on an as-needed basis. The committee will monitor student development and will provide guidance, recommendations, and remediation as appropriate.

Stanford University School of Medicine has an obligation to evaluate the performance of each student on an ongoing basis from matriculation until graduation with an MD degree, and to endorse each student as being suitable in terms of meeting the academic, professional, and technical standards for the practice of medicine. It is therefore the responsibility of the faculty – through this committee – to review any concerns regarding the ongoing satisfactory fulfillment of these standards.

A. Membership:

The CP³ is composed of 12 voting members, including its chair. A total of seven voting members is required for a quorum. Voting members are basic science or clinical faculty who have been appointed by the Stanford University School of Medicine Faculty Senate for three-year terms. A quorum of voting members of the CP³ is required to be in attendance (either physically or via speaker phone) for decision-making activities. Ex officio non-voting committee members may include (but are not limited to) the Advising Deans, the Assistant Dean for Student Affairs, and the Associate Dean of Minority Advising and Programs.

B. General Operating Procedures:

1. The primary responsibility of the committee is to review the development and performance of each student on an ongoing basis in the areas of the fulfillment of academic, technical, and professional standards. This includes:
 - a. Evaluation of achievement of all requirements for promotion.
 - b. Identification of students having difficulty meeting requirements and/or expectations for academic, professionalism, or technical performance, and recommendation of individualized learning plans that support academic and professional development, which may include academic support and required remediation, as necessary.
 - c. Evaluation of achievement of required remediation.
 - d. Taking such action (including dismissal from the Stanford University School of Medicine MD program) as the CP³ deems appropriate under the facts and circumstances.
2. The CP³ generally will meet once quarterly. The chair may call additional meetings if necessary.
3. Except for the CP³ chair, the Advising Deans, the Associate Dean of Minority Advising and Programs, and the Assistant Dean for Student Affairs, members of the committee will not discuss decisions or pending actions with students and should not be approached by students with inquiries.
4. The CP³ also considers student petitions on various matters, including for:
 - a. An extension of medical education beyond six years as a registered student to complete the MD degree, and beyond eight years to complete MD/PhD degrees.
 - b. Leaves of absence that either individually or cumulatively exceed a total of one year.
 - c. Reinstatement.

5. The CP³ is staffed by a representative from MD Registrar's Office/Student Services.

8.2 STANDARDS FOR PERFORMANCE AND SATISFACTORY PROGRESS

In order to make satisfactory progress towards the MD degree, each student must satisfy academic, professional, and technical standards on an ongoing basis.

- A. Academic: Students are required to make satisfactory academic progress in terms of units taken and passed, courses and clerkships successfully completed, timely completion of other requirements, and correction of deficiencies.

1. Units

- a. Students must take and successfully complete a per-quarter number of general School of Medicine units (any units listed in the School of Medicine Course and Clerkship Catalog or included for Scholarly Concentration) as follows:
 - (i) During Autumn, Winter and Spring quarters (except for the graduation quarter), at least 9 units.
 - (ii) Summer quarter (if registered), at least 3 units.
 - (iii) Students in Master's or PhD programs that have required courses outside of the School of Medicine (either programs in another Stanford school or interdepartmental medical school programs) will be monitored for a per quarter unit requirement to be set by the appropriate program director.
- b. Students must take, and successfully complete, a cumulative number of required MD units by the end of August of each year as follows:
 - (i) MD students: At least 35 required units by the end of the first year, 70 by the end of the second, 105 by the end of the third, 140 by the end of the fourth, and 252 by the end of the sixth.
 - (ii) MD/PhD students: At least 23 required units by the end of the first year, 46 by the end of the second, 69 by the end of the third, 92 by the end of the fourth, 115 by the end of the fifth, 140 by the end of sixth, and 240 by the end of the eighth year.
 - (iii) The cumulative required number of units will be adjusted for those students who have been exempted by the course director from one or more required courses, or who are on an approved Leave of Absence

NOTE: *Unit requirements for financial aid eligibility are not necessarily the same as for satisfactory academic progress for graduation. Students should also refer to financial aid policy, and consult with the School of Medicine Financial Aid Office.*

2. Number of Years

- a. If a student plans to take more than six years (MD) or eight years (MD/PhD), exclusive of time spent during an approved Leave of Absence, the student must petition for and receive approval by the CP³, preferably at the end of the fourth (MD) or sixth (MD/PhD) year, but no later than the fifth (MD) or seventh (MD/PhD) year, in order to facilitate academic and financial planning. The student's petition must provide reasons for the requested extension and submit specific plans for completing the degree, which plans are subject to the review and approval by the student's academic advisor.

- b. The maximum time allowed does not include periods of approved Leave of Absence, but no combination of program extensions and approved Leaves of Absence shall exceed eight years (MD) or ten years (MD/PhD) without CP³ review and approval.
- c. For transfer students, quarters completed prior to enrolling in Stanford University School of Medicine are subtracted from the maximum time frame.

3. Scholarly concentrations

Students must make satisfactory progress in meeting Scholarly Concentrations requirements, as those requirements are outlined in Section 4.4 of this handbook.

4. Examinations

Students must make satisfactory progress in meeting examinations requirements, such as the USMLE Step 1, Step 2 CK and Step 2 CS (see Section 3.8), and CPX (see Section 5.9).

5. Academic Deficiencies

- a. All academic deficiencies must be corrected within one year (or otherwise within a time limit specifically set by the CP³ in the individual case).
- b. Note that some deficiencies may be considered to be unable to be remediated and may result in immediate dismissal. Such circumstances may include (but are not limited to) when one or more of the following conditions apply:
 - (i) two failures in clinical clerkships.
 - (ii) three marginal passes in clinical clerkships.
 - (iii) failures in more than 20% of units of pre-clerkship required coursework in a given academic year or over the course of the pre-clerkship curriculum (whether or not remediated).
 - (iv) failures in more than 20% of units of combined pre-clerkship or clinical coursework (whether or not remediated or USMLE Step 1 three times).
 - (v) failure of USMLE Step 2 CK (Clinical Knowledge) twice and failing the internal examination.
 - (vi) failure of USMLE Step 2 CK (Clinical Knowledge) three times.
- c. A student's failure to attend required meetings, comply with CP³ directives for remediation, or meet CP³ deadlines may preclude remediation and result in immediate dismissal from the Stanford University School of Medicine MD program.

- B. Professionalism: Students are required on an ongoing basis to satisfy professionalism standards, as those standards are outlined in Section 3.10 of this handbook. A serious breach of professionalism may result in immediate dismissal from the Stanford University School of Medicine MD program.
- C. Technical Standards: Students are required on an ongoing basis to satisfy technical standards, as those standards are outlined in Section 3.12 of this handbook. Continued fulfillment of such standards is a requirement for ongoing registration in the Stanford University School of Medicine.

8.3 PROMOTION

The CP³ will conduct a systematic review at three intervals of all students' progress towards completion of the MD degree. Those reviews will encompass all areas of academic performance,

professionalism, and technical standards. Students whom CP³ determines have met these standards will be eligible for formal promotion as follows:

- B. Promotion to Clinical Medical Student: upon completion of pre-clerkship courses and other requirements, students will be reviewed for formal promotion. Criteria for promotion are:
1. Satisfactory completion of all required pre-clerkship courses with a passing grade by May 15 of the academic year. (*NOTE: A maximum of one grade of "marginal pass" in a pre-clerkship course will be permitted, but only in a course of fewer than 8 units.*) MD/PhD students may be required to take an additional preparatory clinical course prior to entering clerkships.
 2. Satisfactory fulfillment of the standards for professionalism of the Stanford University School of Medicine MD program.
 3. Satisfactory fulfillment of the technical standards of the Stanford University School of Medicine MD program.
 4. Satisfactory progress in a Scholarly Concentration, as certified by a student's Scholarly Concentration Director.
 5. Completion of USMLE Step 1 with a passing grade by February 1 of the first clinical year. Students receiving an overall failing grade on their first attempt at the Step 1 examination will have their provisional promotion rescinded and will be withdrawn from clerkships at the end of the current clerkship period, and may not begin any further clerkship (except Pathology) until the Step 1 examination is retaken and satisfactorily passed. The CP³ may determine, in its discretion, the circumstances under which Step 1 may be retaken.

Students who are determined by the CP³ as not fulfilling the standards for Promotion to Clinical Medical Student, or who do not satisfy the remediation measures required by the CP³, may be dismissed by the CP³ from the MD or MD/PhD program. Students who do not achieve successful promotion to Clinical Medical Student cannot continue as MD candidates in the Stanford University School of Medicine.

- C. Promotion to Candidate for Residency: In January of the anticipated year of graduation, the CP³ will review students' progress to certify formally those students who are eligible for the residency match. Criteria for promotion include:
1. Satisfactory completion of all required clinical clerkships, or acceptable documentation to the committee that the remaining required clerkships will be successfully completed by June of the graduation year.
 2. Continued satisfactory fulfillment of the standards for professionalism of the Stanford University School of Medicine MD program.
 3. Continued satisfactory fulfillment of the technical standards of the Stanford University School of Medicine MD program.
 4. Completion of (or documented satisfactory progress in) a Scholarly Concentration, as certified by a student's Scholarly Concentration Director.
 5. Documentation that USMLE Step 2 CK will be taken by April 1 of the graduation year.
- D. Promotion to Eligible for MD Degree: In May of the anticipated year of graduation, the CP³ will review students' progress to determine their eligibility for promotion to "eligible for MD degree." If promoted, a student will be included on the list to be transmitted to the Dean and Registrar of the University for Conferral of the MD degree. Criteria for promotion are:

1. Satisfactory completion of all degree requirements, including passing scores on the CPX exam and the USMLE Step 2 CK exam (or an institutionally-administered equivalency exam), and documentation of having taken the USMLE Step 2 CS (or be scheduled to take it) prior to June 1 of the graduation year.
2. Continued satisfactory fulfillment of the standards for professionalism of the Stanford University School of Medicine MD program.
3. Continued satisfactory fulfillment of the technical standards of the Stanford University School of Medicine MD program.
4. Completion of a Scholarly Concentration as certified by the Director of the student's Scholarly Concentration.
5. No unresolved concerns regarding academic performance, professionalism or fulfillment of the technical standards.

8.4 PROCEDURES FOR ADDRESSING PERFORMANCE, PROFESSIONAL AND TECHNICAL STANDARDS CONCERNS

A. In general:

1. The CP³ will periodically review the record of all students; in addition it can place any student on its agenda for discussion and action if there is a concern about his or her performance or progress in fulfilling academic, professionalism or technical standards.
2. The CP³ can take any action it deems appropriate in its discretion under the facts and circumstances presented to address any concerns about academic, professional or technical standards issues, including (but not limited to):
 - a. Requiring a student to correct a marginal pass or a failing grade in a specified manner and/or by a specified date.
 - b. Placing a student on academic probation with a prescribed and restricted curriculum (including the discontinuation of activities such as extracurricular activities, RA-ships and TA-ships, laboratory research, community service, etc.) for a time period specified by the CP³.
 - c. Requiring a student to take USMLE Step 1 or Step 2 CK at a specified time, requiring a passing score on such an exam, and/or restricting access to any clerkship until he or she has either taken or received an overall passing score.
 - d. Placing the student's enrollment on administrative hold for one or more quarters.
 - e. Requiring a remedial curriculum, or that the student be referred for an assessment.
 - f. Dismissing the student from Stanford University School of Medicine MD program under circumstances deemed by the CP³ to warrant such action.

NOTE: *See "8.5 Appendix: Chart of CP³ Responses to Student Actions" of this chapter for examples of some of the actions that may be taken by the CP³ to address certain academic deficiencies.*

B. Procedures regarding academic deficiencies:

1. As a general proposition, students will be notified in advance if they are to appear on the agenda of the CP³.

2. Students who appear on the CP³ agenda in regard to an academic deficiency will be accorded the following rights:
 - a. To ask for and receive from an Advising Dean a written explanation as to why they are receiving attention by the CP³.
 - b. To have an opportunity to discuss their academic progress and/or deficiencies with an Advising Dean and to participate in formulating for presentation to the CP³ a proposal for a remedial program (where appropriate).
 - c. To have an opportunity to submit a written statement to the CP³.
 - d. In any case involving dismissal from Stanford University School of Medicine MD program, to be invited to appear in person at the scheduled CP³ meeting during the presentation of their case prior to the closed deliberation of the committee.

NOTE: *Students appearing before the CP³ may have a qualified advocate of their choice accompany them to the meeting; advocates may be either the student's academic advisor or another faculty member of Stanford University School of Medicine. An attorney is not a qualified advocate.*

- e. Under ordinary circumstances, to receive a written report within 10 working days after the CP³ meeting detailing the committee action taken. The time frame may be extended for good cause at the discretion of the CP³ chair.
- f. To have an opportunity to discuss the CP³ action and report with an Advising Dean and to submit a written request to the CP³ chair that the action be reconsidered. The request must be based on compelling new information not available at the time the action was taken, not on a complaint expressing dissatisfaction with the outcome or with an underlying University or Stanford University School of Medicine policy of general application. Such a request should be submitted within 14 working days of receipt of the report, but the time frame may be extended for good cause at the discretion of the CP³ chair.
- g. To have the opportunity to file a formal grievance, as outlined in the Stanford University Bulletin (Student Academic Grievance Procedure). Grievances appealing a CP³ action are filed with the Dean of the School of Medicine.

C. Procedures regarding professionalism concerns:

1. In general:
 - a. The faculty of Stanford University School of Medicine endorses students as suitable to practice medicine based on maintenance of continuous satisfactory performance in the areas of meeting academic, professional, and technical standards.
 - b. The CP³ may address minor professionalism concerns at its discretion and as it sees fit, such as by referral to a student's academic advisor or completion of a program of remediation.
 - c. As to serious professionalism concerns, such concerns will be addressed under a three step process as presented below.

NOTE: *Alleged violations of Stanford's student conduct codes (including the Honor Code and the Fundamental Standard) are adjudicated by a different University process. That conduct, however, may also raise concerns regarding professionalism requiring review under this process.*

2. The Three-Step Process

a. Step 1: Personal Communication

- (i) A faculty member (including any of the Advising Deans) or any other individual should communicate a possible substantive deficiency in professionalism of a medical student to the Senior Associate Dean for Medical Education. The Senior Associate Dean will then inform the CP³. This should be done as soon as practicable after the professionalism deficiency is identified.
- (ii) The Senior Associate Dean (or his or her delegate) should give the student a copy of these guidelines and arrange a meeting with the student and, as appropriate, the individual identifying the deficiency and/or any of the Advising Deans. If the alleged deficiency can be explained or corrected in a mutually satisfactory manner, the matter need go no further. The Senior Associate Dean should then communicate his or her conclusions or actions to the CP³.
- (iii) To facilitate identification of students who may have professionalism deficiencies, student services personnel will maintain impermanent files separately from students' permanent files as a repository for such concerns. If a serious professionalism concern is communicated to a student, a memorandum regarding the conversation should be sent to the student and a copy placed in the student's impermanent file. By having a central repository for such information, students whose performance repeatedly provokes professionalism concerns can be identified. The impermanent file should also contain records on formal or informal hearings, and/or CP³ considerations of students regarding professionalism. Except as disclosure is necessary under this process, access to impermanent files will in general be restricted to those Stanford administrative personnel with a need to know (such as the Advising Deans and the CP³) and the student. As a general proposition, the contents of any such impermanent file are to be destroyed within one year after the student graduates.

b. Step 2: CP³ Informal Hearing

- (i) If the student, the identifier of the deficiency, the CP³, or the Senior Associate Dean is not satisfied with the result of the personal communication described above, the CP³ will hold an informal private hearing upon being notified of that dissatisfaction. The informal CP³ hearing will involve the student, a quorum of the CP³, the student's Advising Dean, a student-chosen advocate (who must be a faculty member of Stanford University School of Medicine), and any other individual (e.g., the faculty member identifying the deficiency) whom the chair of the CP³ thinks pertinent to discuss the matter. The purpose of the informal private hearing will be to permit the student and any other involved individuals to present their versions of the alleged deficiency and work out, if possible, a mutually satisfactory remedy.
- (ii) The chair of the CP³ will communicate in writing the results of the hearing to the student and the Senior Associate Dean within ten working days of the meeting. At the discretion of the Senior Associate Dean, the written communication or other summary of any mutually satisfactory remedy may also be placed in the student's permanent file. If there is no mutually satisfactory remedy, the written communication and any other records of the informal hearing will be placed in the student's impermanent file.

c. Step 3: Formal Hearing

- (i) If the matter cannot be satisfactorily resolved at the CP³ informal hearing, or if the student or the Senior Associate Dean is not satisfied with the outcome of the hearing,

or if there is a breakdown of (or failure to timely complete or adhere to) the mutually agreed-upon remedy, the CP³ chair will call a formal hearing.

- (ii) A formal hearing is intended to provide an opportunity for the parties to present their positions in a process with the authority to decide on a remedy and/or an outcome, including dismissal from the Stanford University School of Medicine MD program. The Executive Committee of the School of Medicine Faculty Senate shall appoint, to hear the matter, an ad hoc Committee on Suitability for the Practice of Medicine. The Committee on Suitability will be composed of four members of the full-time faculty and one member of the adjunct clinical faculty. Each member of the Committee on Suitability must attend the formal hearing. The Committee on Suitability will hear the matter and make findings and recommendations to the Senate Executive Committee. Decisions of both committees will be made by majority vote.
- (iii) The chair of the Committee on Suitability for the Practice of Medicine will conduct the formal hearing using the general procedural guidelines outlined below:
 - (a) The student will be informed in writing of the alleged deficiency to be considered, of the situation upon which the concern is based, and of the scheduled date of formal hearing (which shall be at least 10 days after the date of this written statement). The written statement will also include a copy of this process and any special rules and procedures to be followed in the hearing. The student may request a reasonable extension of the hearing if necessary to prepare his or her position.
 - (b) The student will be allowed to inspect his or her medical school education record to which he or she would be entitled under Stanford's policy on the Privacy of Student Records, including material in such files concerning the alleged deficiency.
 - (c) No person who has first-hand information concerning this matter, who presents evidence at the hearing, or who otherwise is involved in this process may serve on the Committee on Suitability. A replacement, when necessary, will be appointed by the Senate Executive Committee.
 - (d) The student will be permitted to have a qualified advocate accompany him or her at the hearing, but that advocate may not participate directly in the hearing. The advocate must be a member of the Stanford University School of Medicine faculty; an attorney is not a qualified advocate. The student shall notify the chair of the Committee on Suitability at least five days prior to the hearing of the identity of any advocate.
 - (e) The student has a right to be present during the presentation of evidence supporting the alleged deficiency, to question any witness who presents evidence at the hearing, and to offer evidence or argument at the hearing to rebut that evidence. The student will be given a reasonable opportunity to present his or her version of the situation, and may present relevant evidence and witnesses on his or her behalf.
 - (f) The presentation of evidence and arguments will be recorded by a court reporter.
 - (g) Unless the student asks for an open hearing, the data and discussions of the hearing will be kept confidential, and no record will be placed in the student's permanent file unless the charge of deficiency is substantiated.
 - (h) The findings and recommendations resulting from the formal hearing should be based upon the evidence presented at the hearing and on the contents of any pertinent Stanford University School of Medicine student records and files.

- (iv) After the hearing, the Committee on Suitability for the Practice of Medicine will convey its findings and recommendations in writing to the Senate Executive Committee in a timely manner. The Senate Executive Committee will consider the findings and recommendations and issue a final decision in writing to the student in a timely manner. The Senate Executive Committee will also inform the CP³ chair and the Senior Associate Dean of Medical Education of the final decision.
- (v) The student may appeal the decision of the Senate Executive Committee to the Dean of Stanford University School of Medicine as a formal written grievance under (and within the time limits of) the Stanford University Student Academic Grievance Procedure.

D. Procedures regarding technical standards concerns: If concerns arise as to a medical student's continuing ability to fulfill the technical standards of Stanford University School of Medicine, the CP³ will appoint an ad hoc committee to review the matter and advise the CP³.

8.5 APPENDIX: CHART OF CP³ RESPONSES TO STUDENT ISSUES

Based on Stanford University School of Medicine academic policies, the following actions will or may be taken by the CP³ in the stated situations. The committee may, however, prescribe another course of action in its discretion, and depending upon the individual student circumstances.

Pre-Clerkship: Marginal Pass

Issue	Policy and/or Steps to Address Issue
One marginal pass in a course of eight or more units (e.g., HHD or POM)	<ul style="list-style-type: none"> • Students must correct the marginal pass within 12 months of receipt of the marginal pass and prior to beginning any clinical clerkship. • Students who receive a marginal pass in a course of eight or more units will be required to take the USMLE Step 1 examination prior to beginning any clinical clerkship. • NOTE: <i>An unqualified pass is required to correct a marginal pass.</i>
Two uncorrected marginal passes in courses fewer than eight units each	<ul style="list-style-type: none"> • No student having more than one marginal pass in courses of fewer than eight units may begin (defined as attend, enroll, or participate in) any clerkship. • If two uncorrected marginal performances accumulate, the student is required to correct at least one of them within 12 months of receipt of the second marginal pass and prior to beginning clinical clerkships. • NOTE: <i>An unqualified pass is required to correct a marginal pass.</i>

Pre-Clerkship: Failure

Issue	Policy and/or Steps to Address Issue
One failure in a pre-clerkship course	<ul style="list-style-type: none"> • An unqualified pass is required to correct a failure in a pre-clerkship course. • This unqualified pass may be attained through remediation (as determined by the course director), or by retaking and passing the course when it is next offered. • If no remediation occurs prior to the next offering of the course, the student will be required to retake the course.
Failure of one required pre-clerkship course of eight units or more	<ul style="list-style-type: none"> • In addition to remediating a failure as noted above, students who fail a pre-clerkship course of eight units or more will be required to take and receive a passing score on the USMLE Step 1 examination before beginning any clerkship.
Failure of greater than 10% of pre-clerkship required units in any given academic year or over the course of the pre-clerkship curriculum	<ul style="list-style-type: none"> • Students will appear on the CP3 agenda for discussion and possible setting of a remedial curriculum.
Failure of greater than 20% of pre-clerkship required units in any given academic year or over the course of the pre-clerkship curriculum	<ul style="list-style-type: none"> • These students will be considered for dismissal from Stanford University School of Medicine MD program.

Pre-Clerkship: Uncorrected Deficiency

Issue	Policy and/or Steps to Address Issue
Uncorrected deficiency beyond the prescribed period of remediation time	<ul style="list-style-type: none"> • If a deficiency remains uncorrected for more than the prescribed period of time following its receipt, the student must appear before the CP³ and could be considered for dismissal. • An administrative hold will be placed until the deficiency has been corrected. • Students appearing on the agenda of the CP³ as a result of academic deficiency in one or more pre-clerkship courses will be required to take the USMLE Step 1 examination prior to beginning any clinical clerkship.

Clerkships: Clerkship Scheduling

Issue	Policy and/or Steps to Address Issue
Failure to get written approval from his/her advisor to drop a clerkship during the four-week period prior to the commencement date of the clerkship	<ul style="list-style-type: none"> • This student's professionalism issue will be reviewed and discussed by the CP³.

Clerkships: N (Continuing) Grade

Issue	Policy and/or Steps to Address Issue
N (continuing) grade in any clerkship	<ul style="list-style-type: none"> • Students with an N grade in any clerkship are required to contact the clerkship director to set a timeline (within the parameters above) for retaking the final exam and achieving an unqualified passing grade. • Students will appear on the CP³ agenda for discussion and possible setting of a remedial curriculum. • Students with an N (continuing) grade in any clerkship must correct the N grade within 12 months of completing the clerkship. Students who receive an N grade within 12 months of graduation must correct the N grade by May 1st of the graduation year. • Students cannot receive a Stanford MD degree with an uncorrected N (continuing) grade in any clerkship.

Clerkships: Marginal Pass

Issue	Policy and/or Steps to Address Issue
One marginal pass in any clerkship	<ul style="list-style-type: none"> • Students with a marginal pass in any clerkship are required to meet with the clerkship director to set timely requirements for achieving an unqualified passing grade. • Students will appear on the CP³ agenda for discussion and possible setting of a remedial curriculum. • Students cannot receive a Stanford MD degree with an uncorrected marginal pass in a clerkship.
Two marginal passes in any clerkship.	<ul style="list-style-type: none"> • If a student receives marginal passes in any two clerkships, students will appear on the CP³ agenda for discussion and possible setting of a remedial curriculum. • Students cannot receive a Stanford MD degree with an uncorrected marginal pass in a clerkship.
Three marginal passes in any clerkship.	<ul style="list-style-type: none"> • Three marginal passes in any combination of clerkships may be considered grounds for dismissal.

Clerkships: Failure

Issue	Policy and/or Steps to Address Issue
One failure in any clerkship	<ul style="list-style-type: none"> • If a student fails a required clerkship, remediation requirements will be set by the clerkship director. • Students will appear on the CP³ agenda for discussion and possible setting of a remedial curriculum. • Students cannot receive a Stanford MD degree with an uncorrected failure in a clerkship.
Two failures in any clerkships	<ul style="list-style-type: none"> • Two failures in any clerkships – either failing one clerkship twice or failing two different clerkships – ordinarily will be considered grounds for dismissal from Stanford University School of Medicine MD program.

Clerkships: Uncorrected N, M+ or F

Issue	Policy and/or Steps to Address Issue
Failure to correct a non-passing grade within one year of completing the clerkship	<ul style="list-style-type: none"> • A student who fails to correct a non-passing grade (e.g., continuing “N” grade, marginal pass, or failure) in a clerkship will be placed on the CP³ agenda and could be considered for dismissal. • An administrative hold will be placed until the deficiency has been corrected.

Examinations: CPX

Issue	Policy and/or Steps to Address Issue
Failure to participate in or demonstrate minimum competency in the Clinical Performance Examination (CPX)	<ul style="list-style-type: none"> • Students will meet with the Medical Director of the Standardized Patient program for debriefing, development of a remediation plan, and scheduling of a reassessment of clinical skills, to be completed prior to being certified for graduation, and appear on the CP³ agenda for discussion and possible setting of a remedial curriculum.

Examinations: USMLE Step 1

Issue	Policy and/or Steps to Address Issue
An overall failure on Step 1 of the United States Medical Licensing Examinations (USMLE)	<ul style="list-style-type: none"> • Students receiving an overall failing grade on their first attempt at the Step 1 examination ordinarily will be withdrawn from clerkships at the end of the current clerkship period, and may not begin any further clerkship (except Pathology) until the Step 1 examination is retaken and satisfactorily passed. • Students who receive an overall failure on their first attempt on the Step 1 examination but subsequently receive a satisfactory pass must take and satisfactorily pass the Step 2 CK examination no later than the first week of January prior to June of the expected graduation year. • Failing the Step 1 examination twice may be considered grounds for dismissal from Stanford University School of Medicine MD program. • Students who fail the Step 1 examination three times will be dismissed from Stanford University School of Medicine MD program.

Examinations: USMLE Step 2

Issue	Policy and/or Steps to Address Issue
An overall failure on Step 2 CK (Clinical Knowledge) of the United States Medical Licensing Examinations (USMLE)	<ul style="list-style-type: none"> • Students who receive an overall failing grade on their first attempt at Step 2 CK (Clinical Knowledge) must retake and receive an overall pass no later than the first week of May of the expected graduation year. • If a student fails Step 2 CK in the quarter prior to expected graduation, he or she may have the option of taking, but must pass, an internal equivalency examination in order to graduate.
An overall failure on Step 2 CK (Clinical Knowledge) of the United States Medical Licensing Examinations (USMLE) (cont)	<ul style="list-style-type: none"> • Students will not graduate and will be placed on administrative hold for a set period of time, after which they will be dismissed from Stanford University School of Medicine MD program if they: <ul style="list-style-type: none"> ○ fail Step 2 CK (Clinical Knowledge) twice and fail the internal examination; or ○ fail Step 2 CK (Clinical Knowledge) three times.

Scholarly Concentrations

Issue	Policy and/or Steps to Address Issue
Failure to declare a Scholarly Concentration by the stated deadline	<ul style="list-style-type: none"> • Student will be reviewed and discussed by the CP³.
Failure to make annual satisfactory progress as determined by the SC director	<ul style="list-style-type: none"> • Student will be reviewed and discussed by the CP³.
Failure to satisfactorily complete the Scholarly Concentration commitment	<ul style="list-style-type: none"> • Students who do not receive preliminary approval of completion from their Scholarly Concentration director at least six months prior to expected graduation will appear on the agenda of the CP³. • The Concentration director will define a plan, tailored to the student's deficiencies, which must be completed in the six months between the CP³ review and expected graduation. • The MD degree will not be conferred without satisfactory completion of the Scholarly Concentration as certified by the Concentration director. • An administrative hold may be placed until the deficiency has been corrected.

9. OTHER UNIVERSITY SERVICES

- 9.1 Department of Public Safety
- 9.2 Parking and Transportation
- 9.3 Housing
- 9.4 Student Health Services
 - Vaden Health Center
 - Health Insurance Information for Incoming Students
 - Entrance Medical Requirements
 - Annual Medical Requirements
- 9.5 Personal Support Services
 - Counseling and Psychological Services (CAPS)
 - Wellness and Health Promotion Services (HPS)
 - University Ombudsperson
 - The Bridge Peer Counseling Center
- 9.6 Disabilities: Office of Accessible Education

9.1 DEPARTMENT OF PUBLIC SAFETY

711 Serra Street
(650) 723-9633
<http://police.stanford.edu>

The Stanford University Department of Public Safety provides law enforcement, security, safety, crime prevention, and emergency services on the Stanford campus 24 hours a day. Stanford University complies with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act. Crime statistics and crime prevention information for the university are available on the Department of Public Safety website.

Report suspicious activity or person immediately: call 9-911 from a campus phone, or call 911 or (650) 329-2413 from a cell phone.

9.2 PARKING AND TRANSPORTATION

340 Bonair Siding
(650) 723-9362
transportation@stanford.edu
<http://transportation.stanford.edu>

Parking and Transportation Services is the one-stop shop for transportation in and around Stanford. If you drive onto campus, we help you find the best place to park, and sell you a parking permit that meets your needs and budget. If you use alternative transportation to commute to campus, we can assist you in planning your commute by public transportation, finding rideshare partners, taking advantage of incentive programs, using the real-time Marguerite bus schedule, or by getting you information on the best bike routes in the area.

The main office is located at 340 Bonair Siding on the main Stanford campus; hours are Monday-Friday, 7:30 a.m. to 5:00 p.m.

9.3 HOUSING

On-Campus Housing
<http://studenthousing.stanford.edu>

Over half of Stanford's graduate students enrolled at the home campus live in on- and off-campus University housing. The residence program is based on the conviction that living and learning, social and intellectual life should be integrated, not separate. Graduate residences serve as focal points of intellectual, recreational, and social interchange.

Single graduate student accommodations consist mostly of shared one-to-four bedroom apartments. We also offer single occupancy studio apartments. All on-campus, single student housing is furnished.

The costs vary greatly and are shown on the Student Housing website:
<http://studenthousing.stanford.edu> .

Rates include all utilities and coin-less laundry services. There are separate charges for the telecommunications fee and house dues.

Couples without children: housing is available to students who are married and to students who have a same-sex or opposite-sex domestic partner who will be occupying the apartment with them at least 50% of each week. At Stanford University, a domestic partnership is defined as an established, long-term partnership with an exclusive mutual commitment in which the partners share the necessities of life and ongoing responsibility for their common welfare. Couples are offered one-bedroom apartments in Escondido Village, either furnished or unfurnished, or studios or one-bedroom units in the Munger Graduate Residence, all of which are furnished. Couples who are both enrolled, matriculated, Stanford students may also apply for a limited number of one-bedroom units with dens or two-bedroom apartments in Escondido Village.

Students with children are housed in two or three-bedroom apartments in Escondido Village, depending on the number of children in occupancy. The child(ren) must live with the parent for a minimum of 50% time each week. Students with one or two children are eligible for a two-bedroom apartment. Eligibility for a three-bedroom apartment requires two or three children. Single parents with one child may choose to live in a one-bedroom apartment. These apartments are available either furnished or unfurnished.

Rents for these units are also shown on the above Web page.

First-year Housing: Housing assignments for new students are made through a quarterly, computerized lottery process. New, matriculated, graduate students (those enrolled in Stanford degree programs, including the MD program) are guaranteed housing if they apply by the first-round application deadline for autumn term and are willing to live in any residence for which they are eligible.

After the first year: Continuing, matriculated, graduate students are given priority for housing (but not guaranteed housing) for six years. The number of assignment priority years does not automatically increase cumulatively per degree. Students who live in residences that are open year-round and who remain in continuous occupancy in their rooms or apartments may renew their contracts annually if they meet certain eligibility requirements. Students who live in residences that are open only during the academic year or who desire to change residences re-enter the lottery each year. Since new students have priority in the Lottery, not all continuing student applicants are assigned housing each year. Students who have limited housing choices may not be assigned housing because space in each individual residence is limited.

Web pages describing housing on campus in more detail and explaining application procedures and housing policies are updated on the Student Housing website by April for the following academic year.

Students indicate housing preferences by submitting an application in AxBESS, Stanford's online information system: <https://axess.stanford.edu>.

A SUNet ID is required to login to Axess—for more information, please see <http://sunetid.stanford.edu>

Housing applications for the following academic year are accepted beginning in mid-April each year—additional information on deadlines and procedures is available on the Student Housing website. After taking occupancy of an assigned space, students are responsible for the room rent for the entire academic year. For additional information, visit the Student Housing website.

Off-Campus Housing

<http://offcampus.stanford.edu>

Many students live off campus. Complete and up-to-date information on obtaining suitable housing can be found at the Community Housing office. Community Housing maintains a rental listings database for the Stanford area, available to current Stanford affiliates.

The School of Medicine Office of Student Life will provide additional assistance as appropriate to students having difficulties finding housing.

9.4 STUDENT HEALTH SERVICES

Vaden Health Center

<http://vaden.stanford.edu>

The Allene G. Vaden Health Center, commonly referred to as ‘Vaden’, serves the student community and is located in the southwestern part of the campus at 866 Campus Drive. Vaden Health Center provides comprehensive, on-site health care on an appointment basis to Stanford students currently enrolled in the university. A wide variety of services are available, including medical care, confidential personal counseling, general health and nutrition education, HIV prevention, and alcohol and other drug abuse prevention. Specific service areas include medical appointments, women’s health appointments, Pharmacy, Physical Therapy, Travel Clinic (fees apply), specialty care—sports medicine, dermatology, eating disorders (by referral), Counseling and Psychological Services (CAPS), Sexual Health Peer Resource Center and Health Promotion Services.

Information	(650) 498-2336
Medical Services	(650) 498-2336, extension 1
Counseling and Psychological Services (CAPS)	(650) 498-2336, extension 2
After 5 p.m. and weekends (for urgent problems)	(650) 498-2336, extension 1
Health Promotion Services	(650) 498-2336, extension 5
Pharmacy	(650) 498-2336, extension 3
Physical Therapy	(650) 723-3195
HIV/AIDS Testing	(650) 498-2336, extension 1
Anonymous HIV testing	(650) 498-2336 extension 5
Insurance Office	(650) 723-2135 YWCA Sexual Assault Center
at Stanford	(650) 725-9955 (24 hours a day)

Life-threatening situation 911

(from University phones dial 9-911)

Regular Hours (see the Vaden Web site for hours during summer quarter, holidays, and breaks):

Monday through Thursday

Telephone hours: 8:00 am to 5:00 pm

Appointment hours available: 8:15 am to 7:30 pm

Friday

Telephone hours: 8:00 am to 5:00 pm

Appointment hours available: 9:15 am to 4:30 pm

Saturday and Sunday (urgent problems only)

Appointment hours available: 11:15 am to 2:40 pm

After Hours

Services are available to help in urgent situations when Vaden is closed.

- Medical Services
Medical advice is available for urgent conditions that cannot wait until the clinic opens. Call (650) 498-2336, extension 1, and our answering service will page the on-call physician.
- Counseling and Psychological Services
For crisis counseling for urgent situations, call (650) 723-3785.
- YWCA Sexual Assault Center at Stanford Hospitals and Clinics
The center assists students, staff, faculty, and other campus affiliates who are victims of sexual assault. The center can be reached via a dedicated 24-hour telephone line (650) 725-9955.

Online Services

VadenPatient is the secure online service that allows users to:

- make medical appointments
- make appointments for allergy shots (excluding first appointment)
- make Travel Clinic appointments
- make women's health exam health appointments
- cancel medical appointments
- communicate with your clinician
- complete entrance medical requirements for new students

To access VadenPatient you will need your SUNet ID.

Please use our online services (<http://vaden.stanford.edu/online/index.html>) or call ahead to make an appointment with either a physician, nurse practitioner, or physician assistant. If you are in need of urgent care during the day and if immediate attention is needed, call 650-498-2336 and ask to speak to an advice nurse, or come to Vaden and ask to see the triage nurse, who will refer you to the appropriate provider.

Medical Emergencies

If there is a medical or psychiatric emergency that does not require hospital emergency room facilities and staff, students should go to Vaden. If a medical emergency requires treatment in a hospital emergency department, students should go to the Stanford Hospital and Clinics Emergency Department.

Services Covered

Health services covered by the Vaden Health Center include routine visits to physicians, nurse practitioners, and physician assistants; necessary examinations, treatments and dressings; most laboratory and X-ray tests and noninvasive procedures.

In order to avoid unnecessary expenses, students are urged to consult first with the Vaden Health Center before consulting with other faculty and clinics for medical care (except for emergencies).

Services Not Covered

Please also refer to the insurance section, for many services not covered by Vaden may be covered by one's own health insurance policy.

Health Services not covered by the Vaden Health Center include in-hospital care (hospitalization, hospital emergency, or operating room care for an accident or injury); transportation by ambulance; outpatient surgical and fracture care; specialty consultation and related ancillary services; dental care, examination or X-rays; eyeglasses, contact lenses or examinations (eye disease and injury are covered); speech therapy; maternity care or complications of pregnancy; cosmetic surgery; special nursing service; extended psychiatric care; physical examination, chest x-rays and immunizations that are required for entrance to the University; radiation and laser therapy; surgery for sterilization or fertility studies; and conditions for which the student may desire treatment but that in the opinion of Vaden Health Center is not essential for the student's welfare.

Other Fee-for-Services Available

Vaden, at a charge, can provide physical examinations for employment and scholarships, etc.; spouse/domestic partner care; physical therapy; allergy injections; travel immunizations; and immunizations required for the Entrance Medical Record (EMR).

Pharmacy

Vaden's pharmacy provides prescription and over-the-counter medications. The costs are competitive with or lower than charges at neighboring pharmacies. You may also order pharmacy refills using online services.

Pregnancy Care

The following pregnancy care is available:

- pregnancy tests: no charge at Vaden for students; a fee for spouses,
- termination of pregnancy: by referral, and covered by the Stanford-sponsored health insurance (Cardinal Care) policy; or check for the benefit under one's own insurance plan, and
- prenatal care and normal delivery by referral.

Health Insurance Information for Incoming Students

Campus Health Service Fee

Stanford University charges a mandatory Campus Health Service Fee for all students studying on the main campus. For the 2011-12 academic year the fee is \$173 per quarter, and it covers most services provided by Vaden Health Center, including primary care medical visits, psychological evaluation and short-term therapy, and health and wellness programs. More information and answers to questions about the fee can be found at <http://vaden.stanford.edu/fees/index.html>.

Health Insurance for Students

To cover the cost of an unforeseen emergency room visit, hospitalization, or specialist consultation, all students are required to have adequate health insurance.

One way to meet this requirement is through enrollment in our student health insurance plan, Cardinal Care. This comprehensive plan costs \$3,384 for the 2011-12 academic year and includes coverage for 12 full months. The annual fee for this coverage is charged at a rate of \$1,128 in each of the three quarters of the academic year - Autumn, Winter, and Spring - on the university bill. Since the plan is an annual one, the decision to enroll in Cardinal Care for students entering in the fall is binding for the entire academic year.

Initially, all students are automatically enrolled in Cardinal Care. However, for those who have alternative coverage, such as through a parent's or spouse's insurance, Cardinal Care may not be needed. The process to opt out of Cardinal Care differs for domestic students and international students.

Domestic students who have comparable health insurance coverage may waive Cardinal Care by providing information about the alternative plan in Axess. The waiver screens are located at <https://axess.stanford.edu/> and the deadline to waive is **September 15, 2011** for students beginning their studies this Autumn.

International students who have health insurance that meets or exceeds minimum standards set by the university may request an exception to Cardinal Care enrollment by having the alternative insurance company complete the Insurance Coverage Certification Form. More details about applying for an exception, and the form, can be found at <http://vaden.stanford.edu/insurance/index.html>.

Additional information on Cardinal Care, including access to the 2011-2012 benefits overview brochure and to an insurance comparison worksheet for use in the decision process, can be found online at

<http://vaden.stanford.edu/insurance/cardinalcare.html#cc>

Health Insurance for Dependents

Stanford sponsors an insurance plan for dependents (spouse/domestic partner and/or children). The plan is available to dependents of students who are enrolled in Cardinal Care. It is a cost-effective preferred provider organization (PPO) plan offered by Health Net, the same entity that administers the student plan. A new student has only one opportunity to enroll dependents; at the time of admission as a student. This open enrollment period occurs between August 1 – September 30 for students who begin their studies in Autumn and the coverage effective date for enrollees is September 1. Coverage for a dependent may be terminated at any time, however the dependent may not re-enroll in the dependent plan again. A qualifying life event (such as marriage, divorce, birth of a baby, or adoption) may make a dependent eligible for coverage outside of these established parameters. Additional information about the dependent plan, and an enrollment form, can be found at <http://vaden.stanford.edu/insurance/dependent.html>

For more information about health insurance, please contact Vaden's Insurance and Referral Office at 650-723-2135 or at healthinsurance@stanford.edu.

Entrance Medical Requirements

Before you can begin your studies at Stanford you must complete certain health-related forms, immunizations, and tests. Failure to complete these requirements will result in a hold being placed on your Winter Quarter registration. For complete information, forms, and instructions see the Vaden Health Center Web site at: <http://vaden.stanford.edu>.

- Immunizations: All entering medical students must have had the following immunizations or provide proof of immunity: measles, mumps, rubella (MMR), or individual measles, mumps, and rubella; tetanus, diphtheria, pertussis (Tdap); hepatitis B; varicella (chicken pox); and polio. The hepatitis B vaccination series may be completed after arrival at Stanford within the first academic year.
- Health History: A health history is required of all students, regardless of their insurance or their intentions to utilize the services at Vaden Health Center. The information in your file is electronically secure and completely confidential. It cannot be released without your consent, except as required by law.
- Tuberculosis Screening: Tuberculosis testing (PPD or Quantiferon blood test) is required of all incoming medical students and annually thereafter. Tuberculosis screening is available at Vaden Health Center for a fee.

All entrance medical requirements are at the student's expense. The one exception is that the Medical School will pay for completion of the hepatitis B and/or varicella series for students who started the series before matriculation.

Annual Medical Requirements

The following are required for continuing medical students annually (see Section 2.3 of this Handbook):

- Tuberculosis testing (PPD or Quantiferon). Tuberculosis testing is available at Vaden Health Center. The expense is covered by the Medical School.
- Influenza immunization (given annually in the Stanford Hospital and at Vaden Health Center at no cost to medical students).

9.5 PERSONAL SUPPORT SERVICES

The School of Medicine Director of Student Life, Student Life staff, and the Student Life Advisor are always available to discuss personal concerns of students, and to recommend further counseling with the Advising Deans and/or one of the organizations or services below.

Counseling and Psychological Services (CAPS)

<http://vaden.stanford.edu/caps/index.html>

CAPS, located on the second floor of Vaden Health Center, offers, without charge, evaluations and brief counseling to any registered Stanford student who has paid the health fee, regardless of what insurance they have. Short-term counseling is defined as evaluation and treatment up to 10 visits a year. For couples counseling, only one person needs to be a registered student. Only students requesting or requiring longer, ongoing, psychotherapy incur fees. An initial assessment to determine whether medication is appropriate is free of charge; medication management is charged on a co-pay or fee for service basis.

Assistance is available for students experiencing personal problems or difficult situations while at Stanford, including stress, anxiety, depression, relationship distress, low self esteem, procrastination, sexual concerns, sexual assault/harassment, or family problems. Emergency response is available 24/7. Workshops and groups to support student adjustment at Stanford and to help with personal and social difficulties that interfere with academic and social functioning are also offered. African American, Asian American, Chicano/Latino, and gay counselors are available upon request. Services are confidential. The School of Medicine is not informed about students using CAPS without the student's explicit permission.

If longer-term treatment is indicated it may be available through CAPS under certain circumstances or through community providers. The School of Medicine Financial Aid Office can assist students by helping to arrange for a special loan to meet the financial need for such treatment.

Students can be seen on an urgent basis the same day. A clinician is on-call 24 hours a day for emergencies and can be reached by calling (650) 723-3785; or, for sexual harassment and sexual assault counseling, (650) 725-9955.

Wellness and Health Promotion Services (HPS)

<http://vaden.stanford.edu/wellness/index.html>

HPS helps students to make informed, healthy decisions about their lifestyle and behavior through education and support. Areas of expertise include alcohol, tobacco, and other drug use; nutrition, weight management, body image and eating disorders, sexual assault and harassment; sexual health, relationships, intimacy, and gender issues.

Services include individual preventive counseling and resource referral, speakers, programs, events and workshops at student residences, community centers, student organizations, and for new students. HPS also trains student volunteers and sponsors a variety of health outreach projects and events. Most services are free. Please call (650) 723-0821 for further information.

University Ombuds

David Rasch, Stanford University Ombuds
Mariposa House, 585 Capistrano Way, Room 210
(650) 723-3682

rasch@stanford.edu

<http://www.stanford.edu/dept/ombuds/>

The charge to the Ombuds office at Stanford is:

“The Ombudsperson’s task is to protect the interests and rights of members of the Stanford community from injustices or abuses of discretion, from gross inefficiency, from unnecessary delay and complication in the administration of University rules and regulations, and from inconsistency, unfairness, unresponsiveness, and prejudice in the individual’s experience with University activities. The Ombudsperson’s office exists to receive, examine, and channel the complaints and grievances of members of the Stanford community, and to secure expeditious and impartial redress.”

Any troublesome matter in the University community may be discussed in confidence with the University Ombuds. Services of the office are available to students, staff, and faculty. Although possessing no decision making authority, the Ombuds has wide powers of inquiry. The Ombuds can refer matters to the proper person or office expeditiously and also provides conflict resolution services. See the website above for more detailed information.

The Bridge Peer Counseling Center

581 Capistrano Way

(650) 723-3392 (24-hours a day)

<http://www.stanford.edu/group/bridge>

The Bridge is a group of trained student counselors providing free, confidential, 24-hour peer counseling services to Stanford and the neighboring community. As peer counselors, they are there to listen, to explore feelings or just to talk. Their goal is to help you to develop your own solutions to problems or uncertainties that you may be dealing with. All services are free and confidential.

During the academic year, The Bridge takes calls 24 hours a day by phone, and is open for drop-in visitors from 9 a.m. to 12 a.m. midnight. The schedule may vary when classes are not in session.

9.6 DISABILITIES: OFFICE OF ACCESSIBLE EDUCATION (OAE)

The Office of Accessible Education (OAE) is the campus office designated to work with Stanford students with disabilities, at both the undergraduate and graduate levels (including the professional schools).

The OAE provides a wide array of support services, accommodations, and programs to remove barriers to full participation in the life of the university.

Working collaboratively, the student and OAE staff members develop and implement an accommodation plan tailored to the student's disability-related needs. Disabilities may include (but are not limited to) physical, psychological or learning disabilities.

Accommodations include, but are not limited to:

- Notetaking
- Oral or sign language interpretation
- Stenocaptioning
- Examination accommodations
- Modifications in course load
- Braille embossing
- Electronic text (e-text)
- Housing accommodations

For more information, visit our website: <http://studentaffairs.stanford.edu/oae>.

Students with disabilities for which they may need accommodations should call and register with the OAE as soon as possible by phoning the main office at (650) 723-1066. Medical students should also contact the School of Medicine Assistant Dean for Student Services, with whom the OAE will work

with to facilitate accommodations. The School of Medicine Assistant Dean for Student Services is located at MSOB X313, telephone (650) 723-4462.

Each student bears the responsibility of initiating a disability-related request for accommodations with the OAE prior to the time such an accommodation is needed. In addition, it is the responsibility of the student to: as early as possible register with the OAE and submit documentation of disability as a prerequisite to receiving accommodation, and to notify the OAE immediately if an accommodation is not being provided correctly or in a timely fashion.

To reiterate, students with documented disabilities are responsible for notifying the Assistant Dean for Student Services or the OAE of their accommodation needs; students should not request accommodations directly from faculty members or clerkship directors.

DisGo

The OAE operates a free Disability Golf Cart service, DisGo, for all members of the Stanford community. It is open to anyone with a disability or medical condition that makes it difficult to travel around campus.

For more information on hours of operation and how to arrange for on-campus rides, please visit our website: <http://studentaffairs.stanford.edu/oe/disgo>

Schwab Learning Center

<http://studentaffairs.stanford.edu/oe/schwab>

Through a generous endowment from Charles and Helen Schwab, the Schwab Learning Center (SLC) was established to provide Stanford students with Learning Disabilities and Attention Deficit Hyperactivity Disorder (ADHD) a supportive academic environment through enhanced programs and services.

SLC programs and services are offered on both the main campus and at the Stanford School of Medicine. Among the services offered are:

- Consultation and referral for students with suspected learning differences
- One-on-one learning strategies
- Academic tutoring

Workshops at the Medical School

In addition to individual services, the SLC offers group workshops to groups medical students related specifically to their educational and training needs. These include such topics as:

- Enhancing Your Study Style the Metacognitive Way – Know How You Study
- Test taking and Stress Management
- Memory Strategies to Decrease Study time
- Managing Your Time at Medical School
- Taking the United States Medical School Licensing Examination (Step 1)
- Making it through the clinical years

Assistive Technology

The OAE provides trainings and screenings on a variety of assistive computer technologies and software applications. Screenings create an opportunity for students and the OAE staff to review and

discuss various assistive technologies and software applications that may prove useful. Services include:

- One-on-one training for assistive technology and adaptive software
- Software for speech recognition, text-to-speech applications, screen readers and screen magnification.
- Alternative input devices such as specialized keyboards and mouse substitutes
- Whiteboards capture devices to enhance studying
- Ergonomic computer workstations
- Refreshable Braille display
- CCTV video magnifiers

The Alternate Format Production Facility has the capacity to convert print text to electronic text (e-text), large print, or Braille using high-speed scanners, specialized software applications, and Braille embossers.

For more information, visit our website:

<http://studentaffairs.stanford.edu/oe/at>.

Voice: (650) 723-1066

FAX: (650) 723-5301

Email: oe-getinfo@lists.stanford.edu

URL: <http://studentaffairs.stanford.edu/oe>

Address: 563 Salvatierra Walk, Stanford, CA 94305

10. TUITION AND FINANCIAL AID

- 10.1 Tuition and Fees
- 10.2 Financial Aid Policies
- 10.3 Quarterly Teaching Assistant and Research Assistant Salary and Tuition Allowances for 2011-12

10.1 TUITION AND FEES

Per Quarter Tuition Rates for 2011-12

- Entering Class and classes matriculating 2011-12 and after
\$15,248 full-time 9-35 units
Full-time for first year students, Autumn Quarter only, 9-45 units
- Research Rate. for class matriculating 2011-12 and after
\$3,050 is assessed in quarters in which full-time research that is paid in full is done
- Continuing Students, matriculating prior to 2011-12
\$16,074 full-time 9-35 units
- Terminal Medical Registration (TMR) rate
\$2,411 is assessed for students who matriculated prior to 2010-11 and have paid for 13 full quarters of tuition (16 for joint MD/PhD candidates) pay the TMR tuition rate beginning the 14th quarter. The TMR tuition rate is approximately 15% of the full tuition rate. The TMR tuition rate is not available to student matriculating 2010-11 and after.

Units exceeding the full-time limit will be assessed an additional per unit fee. For the entering class of 2011-12 and beyond, the per unit fee is \$1,017; for students matriculated prior to 2011-12, the per unit fee is \$1,072. The cost of units exceeding the full-time limit is not included in the budgets for students on financial aid.

Students who must repeat courses are required to pay tuition for the repeated courses.

Students enrolled in the dual degree MD/MBA program at Stanford University are required to pay 12 quarters of full MD tuition and 5 quarters of the MBA tuition. MD/MBA students are admitted to the GSB after completing three years at the Medical School. Students are expected to complete 5 quarters in this program, one full year at the GSB and 2 quarters (winter and spring) in the following academic year. GSB tuition will be billed accordingly.

Fees

In addition to tuition, students are required to pay other fees related to their enrollment in the School of Medicine:

- Health Insurance Fee: All students registered at Stanford University must have health insurance, either with the Stanford-sponsored insurance, Cardinal Care, or with an external carrier. The fee for Cardinal Care will appear on the student's University bill. Students choosing external insurance must notify the University and provide proof of health insurance coverage. If you choose **not** to enroll in Cardinal Care and decide to use your own health insurance, you must provide proof of health insurance coverage. To do this, complete the health insurance waiver on Axess at <http://axess.stanford.edu>.

You must request waiver on a quarterly basis and no later than September 15, December 15, March 15, and June 15. If you miss these deadlines, you will be required

to pay the health insurance fee. For additional information, see Health Insurance Information for Incoming Students (Section 9.4 of this handbook).

- **Campus Health Service Fee:** All students enrolled on the main Stanford campus are required to pay the Campus Health Service Fee of \$173 per quarter. The Campus Health Service Fee covers most of the services provided by Vaden Health Center, including primary care medical visits, psychological evaluation and short-term counseling at Counseling and Psychological Services (CAPS), and health and wellness programs. The services provided by the Vaden Health Center are not covered by Cardinal Care or a student's private health insurance. Please note that this is a separate fee from the Health Insurance fee outlined above.
- **Medical Student Disability insurance** is required of all students; the fee is currently \$60 per year. This fee is assessed in the winter quarter term.
- **Associated Students of Stanford University (ASSU) student activities fees** are \$85 per year; \$28 autumn, \$28 winter, and \$29 in spring. No fees are paid for summer quarter enrollment.
- **A Document Fee of \$200** is billed one time upon admission to Stanford University.
- **Parking fees:** University personnel, including staff and students, who wish to park a car or motorcycle on campus, either adjacent to on-campus housing or at the Medical Center, must pay a parking fee. The 2011-12 fees are available online at http://transportation.stanford.edu/parking_info/permit-prices.shtml. Parking fees are part of the transportation allowance which is included in the student budget.
- **With the exception of ASSU and Document fees, all fees are included in the student budget and eligible for financial aid.**

University Billing

Graduate Students				
	Autumn	Winter	Spring	Summer
Bill Sent to Students	August 20	November 20	February 20	May 20
Payment Due Date	October 15	January 15	April 15	July 15

Tuition and fees charged in between the bill dates above are billed on the 20th of each month and due on the 15th of the following month. Tuition and fees not paid by the due date are subject to a late payment fee of 1%.

Bill notification is sent to each student's @stanford.edu email address as recorded in Axess. All students with balances will receive a bill notification via Stanford ePay. For more information, please reference the following links:

- [Bill Delivery and Payment Services](#)
- [Student Record Privacy](#)
- [The Billing Cycle](#)
- [Payment Due Dates](#)

- [How to Read the University Bill](#)
 - [Charges](#)
 - [Payments, Disbursed Aid and Other](#)
 - [Supporting Information](#) (e.g. Anticipated Aid)

10.2 FINANCIAL AID POLICIES

Citizenship

U.S. citizenship or U.S registered permanent residency status is a prerequisite for financial aid. Upon admission, those who are not U.S. citizens or U.S. registered permanent residents must be able to demonstrate, with appropriate financial statements, that they have sufficient funds available to meet all educational costs for the length of the program. Although assistantship earnings may become available to help such students meet their educational costs, they cannot be included as a resource in the documentation required prior to matriculation.

Enrollment

To be eligible for financial aid, MD students must be enrolled at least half time; a minimum of nine School of Medicine units during the fall, winter, and spring quarters. During summer quarters, only three of the nine units must be School of Medicine units. Only students working on the MD degree are eligible for financial aid through the School of Medicine Financial Aid Office. Students working on other advanced degrees should apply for aid from their individual degree-granting departments. Questions concerning eligibility should be directed to the Financial Aid Director.

Satisfactory Academic Progress for Financial Aid

Federal law and regulations require that students receiving financial assistance from Title IV federal aid funds, Federal Work-Study, Perkins Loans, Direct Subsidized and Unsubsidized Student Loans and Grad PLUS loans, maintain Satisfactory Academic Progress (SAP). Federal regulatory changes which take affect 7/1/2011 will further regulate receipt of all Title IV aid and SAP. The following policy presents the standards adopted by the Stanford University School of Medicine for students receiving financial aid.

1. Each student must maintain the following unit requirements:
 - a. Per quarter (autumn, winter, spring): nine School of Medicine units each quarter; summer (if enrolled): a minimum of nine units that must include at least three School of Medicine units (any units listed in the School of Medicine Course and Clerkship Catalog or included for Scholarly Concentration). A student's financial aid may be subject to cancellation for any quarter if the student's enrollment falls below the minimum.
 - b. Per academic year: minimum of 35 School of Medicine units each academic year. Students planning not to register for a quarter, or to register for summer and take only three School of Medicine units, must be careful that during each academic year they complete a minimum of 35 School of Medicine units. No financial aid will be disbursed to a student who completes fewer than the minimum. Units for a course dropped will not be included.
 - c. For students enrolled in the dual degree MD/MBA program at Stanford University, the GSB will fund financial aid for the full academic year that the student is in attendance at the GSB and award financial aid for the two quarters the student is registered at the GSB in the second year.
 - d. For students enrolled in the dual degree MD/JD program at Stanford University, each School will calculate financial aid based on period /terms of enrollment in each career.

2. Academic deficiencies must be corrected within the time frame established by the Committee on Performance, Professionalism and Promotion.
3. Maximum Financial Aid Eligibility:
 - a. For students in the MD program: five years (i.e., 20 quarters)
 - b. For MD students working on a Master's degree at the School of Medicine: six years (i.e., 23 quarters)

Funding beyond the maximum of six years will be provided with institutional funds only. These requests must be requested and approved by an Advising Dean (using his or her discretion) because of *significant mitigating circumstances*.

The maximum time allowed does not include periods of approved Leaves of Absence. For transfer students, quarters completed prior to entering are subtracted from maximum financial aid eligibility.

4. A student who has completed degree requirements, with the exception of the ACLS, will not be eligible for need-based financial aid funding.
5. The School of Medicine Registrar's Office monitors student progress and notifies the School of Medicine's Financial Aid Office and the Committee on Performance, Professionalism and Promotion (CP3) of those students whose academic progress may be in question.
6. Upon notification of insufficient SAP, the Financial Aid Office will place students on a "Financial Aid Warning" which will allow students to continue to receive aid for one additional term without taking further action. If the student has not met the requirements by the end of the warning period, they then become ineligible for further assistance (financial aid suspension).
7. The student may appeal the financial aid suspension decision and be placed on "Financial Aid Probation" and continue to receive assistance. The student then has one academic year (*CP3 will determine length of remediation period*) to meet the minimum standards, or meet the requirements of an "academic plan" as developed by the CP3.

Financial Need

The financial aid offered by the School of Medicine Financial Aid Office (FAO) is based on demonstrated financial need, not academic achievement. The premise of need-based financial aid is that the student and family have the *primary responsibility* for financing their medical education. Grant eligibility is determined after family resources are assessed.

The financial aid program requires that students, their parents (*if the student is under 30 years of age and is applying for Stanford-based financial aid*), and their spouse provide all financial information fully and accurately. Students who are 30 years of age or older as of the first day of the autumn term August 29, 2011 (based on start date for 1st year students) are considered independent and are not required to provide parental data. ***All students, regardless of age, must notify the FAO promptly, in writing, of any change in their financial circumstances during the year. Failure to report changes such as marital status, parental income, assets, scholarship aid, work income, etc., could result in a total loss of assistance, a revision of past awards, serious disciplinary action, or all three.***

The Application Process

The School of Medicine FAO uses the Free Application for Federal Student Assistance (FAFSA), the Need Access Need Analysis Application, and a Supplemental Financial Aid Application, to collect the data used in preparing the financial aid award. The data is used to establish the student's budget (cost of attendance) and determine eligibility for sources of aid awarded (federal grant and loan, institutional grant and loan). The FAO will take action on applications for loans and grants only when all required documentation and materials are received and processed. Priority is given to students whose applications are complete and ready for review by July 1. We recommend that students start the application process six to eight weeks before this date. Applications are accepted and processed on a rolling basis throughout the year.

Students must reapply and submit all required documents each year. The application process becomes available in January for incoming newly admitted students; early May for continuing students.

Financial Aid Award Letter

Financial aid award letters are prepared after the FAO staff has completed a need-analysis of the student's completed application/file. The initial award letters are sent electronically via Axess and are also available to be viewed through the Student Services portal in Axess. Students should review their award letters carefully and request clarification and/or modification as needed.

As enrollment changes or new sources of financial support are reported or become available, the financial aid award will change. Students are notified of these changes in "revised" award letters.

Note that changes in enrollment and subsequently, the cost of attendance, may reduce eligibility for certain types of aid and in some instances, may require repayment of funds.

Thank-You Letter and Annual Dinner

Most of our institutional grant, loan, and medical scholars' funds exist because of generous gifts from alumni or friends of Stanford. If you are awarded such funds, you may be required to write the donor(s) a thank-you letter and attend the annual dinner, tentatively scheduled to be held in May 2012. Your cooperation is needed and expected, since maintaining the good will of Stanford's donors helps assure the availability of funds for the future. Aid recipients who fail to comply with these requirements by the specified date will lose eligibility for Stanford grants or loans — or both — the following year.

Disbursement of Financial Aid

Based on your financial aid application and other supporting documents, your financial aid package will appear on your university bill each quarter as "anticipated aid." Anticipated aid is defined as any grants, scholarships, stipends, fellowships, or student loans and other aid which has not yet been applied to charges on the University bill. Anticipated aid allows students and authorized payers to calculate what they need to pay to satisfy their bill. Anticipated aid is not always the amount of aid a student will receive; it is an estimate of what they MAY receive.

The following rules apply to release of anticipated aid:

- The student must be enrolled on at least a half-time basis (minimum of nine medical school units).
- For Federal Direct Student Loans (Subsidized, Unsubsidized and Grad PLUS loans), first-time student borrowers must complete a Master Promissory Note and an Entrance Interview at StudentLoans.gov.
- For Stanford Institutional Loans (SU Loans), students must complete and submit a Self-Certification Form.
- For both the SU and Perkins Loans, a promissory note must also be completed. Students will receive email notification from signmyloans.com to review and accept these loans.

When you have satisfied all requirements for aid eligibility and funds have been received, the “anticipated aid” will be applied to your account after the published quarterly disbursement date.

Appeals Process

A student who feels that exceptional personal or familial circumstances have not been fully considered in the review of his/her application may discuss those concerns with the Financial Aid Director. The request must be submitted in writing (email, etc.) and the Director will use the professional judgment provision under the Federal financial aid guidelines in review of these exceptions. If a satisfactory resolution cannot be achieved through this meeting, the student may petition for a formal hearing of his/her appeal by the Financial Aid Committee. The committee consists of the Financial Aid Director, the Assistant Dean for Student Services, and the Student’s Academic Advisor. Changes in circumstances and income must be fully documented. Students may also be required to submit a detailed personal expense budget.

Increases to the standard student budget are rarely granted. When this is the reason for the appeal, the student expenses above the standard budget must be well-documented; receipts are required. Students planning to file appeals should present their petitions in writing to a Financial Aid Director. The Financial Aid Director will present the petition to the Assistant Dean for Student Services and the Senior Associate Dean for Medical Education who will render a decision on the appeal. The action will remain confidential and final.

10.3 QUARTERLY TEACHING ASSISTANT AND RESEARCH ASSISTANT SALARY AND TUITION ALLOWANCE TABLES FOR 2011-12

Students employed as Research or Teaching Assistants must be enrolled in 8-10 units to be eligible for the tuition allowance (TAL) portion of the assistantship. To be eligible for financial aid, a student must enroll in at least nine units. The unit basis registration privilege is not available to students appointed as pre-doctoral fellows on training grants.

The units of work attempted must be in agreement with the tuition paid by the student. Regulations and guidelines applicable to graduate student assistantships can be found in the Stanford University Administrative Guide http://adminguide.stanford.edu/24_2.pdf.

STANFORD UNIVERSITY SCHOOL OF MEDICINE
 QUARTERLY SALARY AND TUITION ALLOWANCE FOR 2011-12
 RATES (MD ONLY) New Tuition - (for students starting in 2010-11 and later)

Teaching Assistants Elective Courses

Percent Appointment	Tuition Allowance	Departments Tuition Cost 81%	Schools Tuition Cost 19%	Quarterly Salary	TA Salary Semi-monthly
10%	\$1,982.00	\$1,605.00	\$377.00	\$1,633.00	\$272.17
15%	\$2,973.00	\$2,408.00	\$565.00	\$2,449.00	\$408.17
20%	\$3,964.00	\$3,211.00	\$753.00	\$3,266.00	\$544.33
25%	\$4,955.00	\$4,014.00	\$941.00	\$4,082.00	\$680.33
30%	\$5,946.00	\$4,816.00	\$1,130.00	\$4,898.00	\$816.33
35%	\$6,937.00	\$5,619.00	\$1,318.00	\$5,715.00	\$952.50
40%	\$7,928.00	\$6,422.00	\$1,506.00	\$6,531.00	\$1,088.50
50%	\$9,910.00	\$8,027.00	\$1,883.00	\$8,164.00	\$1,360.67

Teaching Assistants Required Courses*

Percent Appointment	Tuition Allowance	Departments Tuition Cost 19%	Schools Tuition Cost 81%	Quarterly Salary	TA Salary Semi-monthly
10%	\$1,982.00	\$377.00	\$1,605.00	\$1,633.00	\$272.17
15%	\$2,973.00	\$565.00	\$2,408.00	\$2,449.00	\$408.17
20%	\$3,964.00	\$753.00	\$3,211.00	\$3,266.00	\$544.33
25%	\$4,955.00	\$941.00	\$4,014.00	\$4,082.00	\$680.33
30%	\$5,946.00	\$1,130.00	\$4,816.00	\$4,898.00	\$816.33
35%	\$6,937.00	\$1,318.00	\$5,619.00	\$5,715.00	\$952.50
40%	\$7,928.00	\$1,506.00	\$6,422.00	\$6,531.00	\$1,088.50
50%	\$9,910.00	\$1,883.00	\$8,027.00	\$8,164.00	\$1,360.67

All appointments should be on a quarterly basis and appointed in 5% increments. The minimum appointment at the Med School has been set at 10%.

Tuition rates are based on full MD Tuition of \$15,248 per qtr.

There is a 4.4% fringe benefit rate applied on student RA/TA salaries.

Department's cost equals the Dept's tuition cost plus student salary for percentage appointed.

Student's with TA salary funded with Federal Work Study, tuition split is 50/50; adjustments done upon entry into GFS.

***Schedule for required courses approved by the Dean's Office for 81% tuition supplementation.**

Prepared by: Martha C. Trujillo
 Director of Financial Aid

STANFORD UNIVERSITY SCHOOL OF MEDICINE
 QUARTERLY SALARY AND TUITION ALLOWANCE FOR 2011-12
 RATES (MD ONLY) New Tuition - (for students starting in 2010-11 and later)

Research Assistants

Percent Appointment	Tuition Allowance	Departments Tuition Cost 81%	Schools Tuition Cost 19%	Quarterly Salary	TA Salary Semi-monthly
10%	\$1,982.00	\$1,605.00	\$377.00	\$1,552.00	\$258.67
15%	\$2,973.00	\$2,408.00	\$565.00	\$2,328.00	\$388.00
20%	\$3,964.00	\$3,211.00	\$753.00	\$3,104.00	\$517.33
25%	\$4,955.00	\$4,014.00	\$941.00	\$3,880.00	\$646.67
30%	\$5,946.00	\$4,816.00	\$1,130.00	\$4,656.00	\$776.00
35%	\$6,937.00	\$5,619.00	\$1,318.00	\$5,432.00	\$905.33
40%	\$7,928.00	\$6,422.00	\$1,506.00	\$6,208.00	\$1,034.67
50%	\$9,910.00	\$8,027.00	\$1,883.00	\$7,760.00	\$1,293.33

STANFORD UNIVERSITY SCHOOL OF MEDICINE
 QUARTERLY SALARY AND TUITION ALLOWANCE FOR 2011-12
 RATES (MD ONLY) New Tuition - (for students starting in 2010-11 and later)

Teaching Assistants Elective Courses

Percent Appointment	Tuition Allowance	Departments Tuition Cost 81%	Schools Tuition Cost 19%	Quarterly Salary	TA Salary Semi-monthly
10%	\$2,090.00	\$1,693	\$397	\$1,633.00	\$272.17
15%	\$3,135.00	\$2,539	\$596	\$2,449.00	\$408.17
20%	\$4,180.00	\$3,386	\$794	\$3,266.00	\$544.33
25%	\$5,225.00	\$4,232	\$993	\$4,082.00	\$680.33
30%	\$6,270.00	\$5,079	\$1,191	\$4,898.00	\$816.33
35%	\$7,315.00	\$5,925	\$1,390	\$5,715.00	\$952.50
40%	\$8,360.00	\$6,772	\$1,588	\$6,531.00	\$1,088.50
50%	\$10,450.00	\$8,465	\$1,986	\$8,164.00	\$1,360.67

Teaching Assistants Required Courses*

Percent Appointment	Tuition Allowance	Departments Tuition Cost 19%	Schools Tuition Cost 81%	Quarterly Salary	TA Salary Semi-monthly
10%	\$2,090.00	\$397	\$1,693	\$1,633.00	\$272.17
15%	\$3,135.00	\$596	\$2,539	\$2,449.00	\$408.17
20%	\$4,180.00	\$794	\$3,386	\$3,266.00	\$544.33
25%	\$5,225.00	\$993	\$4,232	\$4,082.00	\$680.33
30%	\$6,270.00	\$1,191	\$5,079	\$4,898.00	\$816.33
35%	\$7,315.00	\$1,390	\$5,925	\$5,715.00	\$952.50
40%	\$8,360.00	\$1,588	\$6,772	\$6,531.00	\$1,088.50
50%	\$10,450.00	\$1,986	\$8,465	\$8,164.00	\$1,360.67

All appointments should be on a quarterly basis and appointed in 5% increments. The minimum appointment at the Med School has been set at 10%.

Tuition rates are based on full MD Tuition of \$16,074 per qtr.

There is a 4.4% fringe benefit rate applied on student RA/TA salaries.

Department's cost equals the Dept's tuition cost plus student salary for percentage appointed.

Student's with TA salary funded with Federal Work Study, tuition split is 50/50; adjustments done upon entry into GFS.

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STANFORD UNIVERSITY SCHOOL OF MEDICINE
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Research Assistants

Percent Appointment	Tuition Allowance	Departments Tuition Cost 81%	Schools Tuition Cost 19%	Quarterly Salary	TA Salary Semi-monthly
10%	\$2,090.00	\$1,605.00	\$377.00	\$1,552.00	\$258.67
15%	\$3,135.00	\$2,408.00	\$565.00	\$2,328.00	\$388.00
20%	\$4,180.00	\$3,211.00	\$753.00	\$3,104.00	\$517.33
25%	\$5,225.00	\$4,014.00	\$941.00	\$3,880.00	\$646.67
30%	\$6,270.00	\$4,816.00	\$1,130.00	\$4,656.00	\$776.00
35%	\$7,315.00	\$5,619.00	\$1,318.00	\$5,432.00	\$905.33
40%	\$8,360.00	\$6,422.00	\$1,506.00	\$6,208.00	\$1,034.67
50%	\$10,450.00	\$8,027.00	\$1,883.00	\$7,760.00	\$1,293.33

11. NONACADEMIC POLICIES AND REGULATIONS

- 11.1 Stanford University School of Medicine Medical Education Research Initiative
- 11.2 Industry Interactions Policy
- 11.3 Stanford University Policies
- 11.4 Nondiscrimination Policy
- 11.5 Judicial Affairs and Student Conduct
 - The Fundamental Standard
 - The Honor Code
- 11.6 Policy on Sexual Harassment and Consensual Sexual or Romantic Relationships
- 11.7 Student Academic Grievance Procedure
- 11.8 Childbirth Accommodation Policy for Women Graduate Students at Stanford University
- 11.9 Ownership and Use of Stanford Name and Trademarks
- 11.10 Computer and Network Usage Policy
- 11.11 Copyright
 - Peer-to-Peer File Sharing
 - School of Medicine Course Content Access and Appropriate Use Policy
- 11.12 Smoke-Free Environment
- 11.13 Campus Safety and Criminal Statistics

11.1 STANFORD UNIVERSITY SCHOOL OF MEDICINE MEDICAL EDUCATION RESEARCH INITIATIVE

The Office of Medical Education continues to strongly support and encourage medical education research, as we believe that such work can be the engine to drive continuous improvement in the MD program. At the same time, OME has an important obligation to serve as responsible stewards of the curriculum, to ensure that research conducted does not impede or conflict with other curricular components or existing education research projects, and to give due diligence to ensuring that any research done has been vetted for scientific rigor and human subjects protections. Therefore, the policy regarding research in the MD curriculum has been revised. Effective this academic year, all medical education research projects (e.g. medical student surveys, comparisons of teaching methods) will require approval by the Associate Dean for Medical Education. Any research proposals should be submitted to the Office of Medical Education for review and approval.

Researchers should anticipate 3-4 weeks for the review process. Each proposal will have two reviewers, and then will be discussed by the review team in their monthly meeting. Following the review team meeting, proposals will be returned with a rating of “Approved,” “Approved with Revisions,” or “Revise/Resubmit.” Proposals that are resubmitted with revisions will undergo a follow-up review within two weeks of receipt. Medical education research projects may not be launched until the project receives a rating of “Approved.”

Submissions for review and approval should include the following information:

- Specific aims
- Hypotheses
- Background/literature review
- Study personnel
- Target population
- Methods
- Statistical analysis
- Protection of research subjects (include Stanford IRB review and approval, if already obtained)
- Funding source (if applicable)

In addition, the requester should include a statement of support and concurrence from the faculty course director, clerkship director, or residency/fellowship director of the activity in which the project will take place. Ideally, every effort should be made to collaborate with those individuals.

For questions, or to submit your study protocol, please contact:

Clarence H. Braddock III, MD, MPH, FACP Professor of Medicine Associate Dean, Medical Education cbrad@stanford.edu	Jennifer Deitz, MA Managing Director, Division of Evaluation jdeitz@stanford.edu
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Cynthia Irvine, MEd
Assistant Dean, Medical Education
cirvine@stanford.edu

11.2 INDUSTRY INTERACTIONS POLICY

Industry Interactions Policy

Students are expected to be aware of and abide by the policy and guidelines for Interactions between the Stanford University School of Medicine, the Stanford Hospital and Clinics, and Lucile Packard Children's Hospital with the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries ("Industry")

The policy reads as follows:

Purpose of Policy

The purpose of this policy is to establish guidelines for interactions with Industry representatives throughout the Stanford University Medical Center (SUMC), which is composed of the Stanford School of Medicine, Stanford Hospital and Clinics and the Lucile Packard Children's Hospital. Interactions with Industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and hospital and research equipment and supplies on-site, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education. Faculty and trainees also participate in interactions with Industry off campus and in scholarly publications in a variety of circumstances including consulting activities of various sorts. Many aspects of these interactions are very positive and important for promoting the educational, clinical and research missions of the Medical Center and for translating knowledge and expertise from the faculty to society. However, these interactions must be ethical and cannot create conflicts of interest (COI) that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the faculty member or the institution. Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

Statement of Policy

It is the policy of the Stanford School of Medicine, Stanford Hospital and Clinics and the Lucile Packard Children's Hospital that interactions with Industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately, as described herein.

Scope of Policy

This policy incorporates the following types of interactions with Industry.

- I. Gifts and compensation
- II. Site access by sales and marketing representatives
- III. Provision of scholarships and other educational funds to students and trainees
- IV. Support for education and other professional activities
- V. Disclosure of relationships with industry
- VI. Training of students, trainees, and staff regarding potential conflict of interest in industry interactions

For purposes of this policy, "faculty" is defined as all members of the Academic Council [University Tenure Line, Non-tenure Line (Research), Non-tenure Line (Teaching) and Non-tenure Line (Clinical)] with appointments in the School of Medicine, the Medical Center Line, the Clinician

Educator Line and Adjunct Clinical Faculty. All faculty are required to comply with this policy at all times whether they are full time or part-time.

In addition, Academic Council and Medical Center Line faculty must all comply with the Stanford University Faculty Policy on Conflict of Commitment and Interest (www.stanford.edu/dept/DoR/rph/4-1.html). Clinician Educator Line faculty must comply with the Stanford University Staff Policy on Conflict of Interest and Commitment (http://adminguide.stanford.edu/15_2.pdf). Additional information specifically related to industry interactions involving ACCME – accredited educational activities (also called CME) can be found at http://cme.stanford.edu/commercial_support.html. This policy also does not address relationships with other entities that are not encompassed by “Industry.”

I. Gifts and Compensation

- A. Medical staff, faculty, staff, students, trainees and employees may not accept gifts from Industry anywhere at the Stanford School of Medicine, Stanford Hospital and Clinics, the Lucile Packard Children’s Hospital, the Menlo Clinic or at any other clinical facility operated by either hospital, such as the LPCH Pediatric Unit at El Camino Hospital. Philanthropic gifts from Industry may only be accepted through the Office of Medical Development or the Office of Hospital Development.
 1. It is strongly advised that no form of personal gift from Industry be accepted under any circumstances. Individuals should be aware of other applicable policies, such as the AMA Statement on Gifts to Physicians from Industry (<http://www.ama-assn.org/ama/pub/category/4001/html>) and the Accreditation Council for Continuing Medical Education Standards for Commercial Support (www.accme.org).
 2. Free drug samples are considered gifts under this policy and may not be accepted anywhere at the Stanford School of Medicine, Stanford Hospital and Clinics, the Lucile Packard Children’s Hospital, the Menlo Clinic or at any other clinical facility operated by either hospital, such as the LPCH Pediatric Unit at El Camino Hospital.

- B. The following provisions apply to School of Medicine faculty, staff, students and trainees without limitation as to location. Gifts or compensation may not be accepted:
 1. At any non-Stanford-operated clinical facility such as other hospitals and outreach clinics. However, no provision of this section shall apply to members of the ACF when engaged in patient-centered clinical activities unrelated to Stanford School of Medicine. Members of the ACF should be aware of other applicable policies, such as the 2010 AMA statement on physician use of drug samples (Opinion 8.061 - [Gifts to Physicians from Industry](#) and the [2009 Institute of Medicine of the National Academies statement on Conflict of Interest in Medical Research, Education, and Clinical Practice](#) and are strongly discouraged from accepting any gifts or free samples since these are closely linked with marketing rather than professional activities.
 2. For listening to a sales talk by any industry representative.
 3. For prescribing or changing a patient’s prescription.
 4. For simply attending a CME or other activity or conference, including the defraying of costs (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).

- II. Site Access by sales and Marketing Representatives
- A. Sales and marketing representatives are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment.
 - B. Sales and marketing representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as:
 1. In-service training of Stanford Hospital and Clinic or Lucile Packard Children's Hospital personnel for research or clinical equipment or devices already purchased.
 2. Evaluation of new purchases of equipment, devices, or related items.
 3. Appointments for these purposes may be made on a per visit basis or as a standing appointment for a specified period of time, at the discretion of the faculty member, his or her division or department, or designated hospital personnel issuing the invitation and with the approval of appropriate hospital management.
- III. Provision of Scholarships and Other Education Funds to Participants in School of Medicine Educational Programs
- A. Industry support of students and trainees in the School of Medicine educational programs should be free of any actual or perceived conflict of interest, must be specifically for the purpose of education and must comply with all of the following provisions:
 1. The School of Medicine department, program, division or institute selects the student or trainee.
 2. The funds are provided to the School, department, program, division or institute and not directly to the student or trainee or to an individual faculty member.
 3. The department, program, division or institute has determined that the funded conference or program has educational merit.
 4. The recipient is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a "quid pro quo."
 5. Notification of receipt of Industry support should be submitted at the time of receipt by the Office of the Associate Dean for Postgraduate Medical Education to the Office of the Senior Associate Dean for Medical Education, who will provide the Dean and the Conflict of Interest Review Program with an annual summary of this information for review.
 - B. This provision does not apply to national or regional merit-based awards.
- IV. Support for Education and Other Professional Activities
- A. All ACCME--accredited Continuing Medical Education (CME) activities (further described simply as CME) must be compliant not only with the ACCME Standards for Commercial support (www.accme.org) but also with the School of Medicine CME Commercial Support Policy (http://cme.stanford.edu/commercial_support.html). Effective September 1, 2008, new direct commercial funding for specific CME courses or programs is not allowed. However, support from industry for CME may be accepted by the Stanford Center for CME office in the following general areas of interest:
 1. Medical, pediatric and surgical specialties
 2. Diagnostic and imaging technologies and disciplines
 3. Health policy and disease prevention
 4. Other broadly defined topic areas

Such support cannot be designated for a specific course or program, but every effort is made to direct support, as appropriate, to the general area specified by the industry

supporter. Further information may be found at http://cme.stanford.edu/commercial_support.html and inquiries should be directed to the Stanford Center for Continuing Medical Education.

- B. All other School of Medicine educational events (non-CME) that are partially or fully supported by Industry must follow these guidelines:
 1. Support from Industry may be accepted and managed by the department, program, division or institute but not by an individual faculty member.
 2. Industry supporters must sign Stanford's letter of agreement for educational activities.
 3. Support must be designated for a broadly defined topic (e.g., cardiology, psychiatry, neurosurgery) or recurring educational activity (e.g., grand rounds). Support may not be designated for a specific topic, speaker or activity.
 - a. "In kind" Industry support such as equipment and supplies may be designated to an activity.
 4. Industry support for education must be spent exclusively on education.
 5. Industry support may not influence curriculum in any way.
 6. Industry exhibits are not permitted either on or off campus. Rare exceptions may be granted when a convincing argument is put forward that an industrial display is the only means of realizing important educational goals. Such displays must be non-promotional in nature and exemptions to this policy require advance approval by the associate dean of postdoctoral medical education.
 7. Industry promotion or marketing (e.g., corporate logos, slogans, signs, brochures, or other marketing materials) are not allowed.
 8. Industry employees will normally not serve as educators at such activities.
 9. When a faculty member has a financial interest that poses a content relevant conflict of interest, this should be disclosed to the learners.
 10. Receipt of industry support for educational activities for Stanford medical and graduate students and postdoctoral fellows and trainees must be reported at the time of receipt to the Senior Associate Dean of Medical Education.
- C. Meals or other types of food directly funded by Industry may not be provided at Stanford School of Medicine, Stanford Hospital and Clinics, the Lucile Packard Children's Hospital, or the Menlo Clinic or at Stanford-sponsored events off site.
- D. Meetings and conferences supported in part or in whole by Industry as they involve School of Medicine faculty, students, staff and trainees:
 1. School of Medicine faculty, students, staff and trainees should evaluate carefully their attendance at meetings and conferences that are fully or partially sponsored or run by Industry because of the potential for perceived or real conflict of interest. They should be especially cognizant of this potential when considering whether to play a leadership role in such meetings and conferences by giving a lecture, organizing the meeting and the like. Except as noted below, these activities are allowed if the guidelines listed below are followed:
 - a. The activity is designed to promote evidence-based clinical care and/or advance scientific research;
 - b. Financial support by Industry is fully disclosed to the learners by the meeting sponsor.
 - c. The lecturer and not the Industry sponsor determines and prepares the meeting or lecture content.

- d. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and education activities and discourse.
 - e. The Stanford participant is not required by an Industry sponsor to accept advice or services concerning speakers, content, etc., as a condition of the sponsor's contribution of funds or services.
 - f. When the lecturer is speaking as part of consulting activities, he or she makes clear that content reflects individual views and not the views of Stanford School of Medicine.
 - g. The use of the Stanford name in a non-Stanford event is limited to the identification of the individual by his or her title and affiliation.
 - h. Attendees do not receive gifts or other compensation for attendance.
2. Participation in the following activities is not permitted:
- a. Industry-sponsored "speakers bureaus" (i.e., contractual relationships to give talks in which the topic(s) and/or content are provided by the company).
 - b. Dedicated marketing and training programs designed solely or predominantly for sales or marketing purposes.

IV. Disclosure of Relationships with Industry

- A. All faculty except Adjunct Clinical Faculty must complete on an annual basis the online Outside Professional Activities Certification System (OPACS) for posting in the School's publicly accessible Community Academic Profiles (CAP) system.
- B. In addition, all faculty except Adjunct Clinical Faculty engaged in clinical care activities must disclose on an annual basis through the online Outside Professional Activities Certification System (OPACS) any financial relationship with a company, entity, or third party that produces, manufactures, or distributes a medical device, implant, pharmaceutical or other medical care-related product that they recommend or prescribe to their patients.
- C. Adjunct Clinical Faculty must sign an attestation on an annual basis that they understand and comply with this policy.
- D. The following provisions about scholarly and educational activities apply to School of Medicine faculty, students, staff and trainees.
 - 1. Individuals are prohibited from engaging in ghostwriting; in other words, individuals may not publish articles under their own names that are written in whole or material part by industry employees.
 - 2. In scholarly publications, individuals must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (www.icmje.org). In scholarly and public presentations faculty should disclose all relevant personal financial interests when appropriate.
 - 3. If a faculty member is listed as an author on any publication resulting from performance of their consulting services, the following disclosure must be made in the publication: Dr. [NAME]'s contribution to this publication was as a paid consultant to [COMPANY NAME]. Dr. [NAME] is not providing this material as part of his/her Stanford University duties or responsibilities." The same disclosure policy applies to speaking activities resulting from performance of consulting services.

4. Faculty with teaching or supervisory responsibilities for students, residents, trainees or staff should ensure that the faculty's conflict or potential conflict of interest does not affect or appear to affect his or her teaching or the supervision of the student, resident, trainee, or staff member.
- E. Individuals having a direct role making institutional decisions on equipment or drug procurement must disclose to the purchasing unit or selection committee, prior to making any such decision, any financial interest they or their immediate family have in companies that might substantially benefit from the decision. Additional policy concerning procurement activities at the hospitals can be found in hospital and medical staff policy documents. The purchasing unit, following the applicable guidelines, will decide whether the individual must recuse him/herself from the purchasing decision.
- V. **Training of Students, Trainees and Staff Regarding Potential Conflict of Interest in Interactions with Industry**
All School of Medicine students, residents, and trainees will receive this policy document as well as training regarding potential conflict of interest in interactions with industry. School of Medicine staff will receive a copy of this policy document in their initial employment materials.

This policy will be modified as necessary in the future to be in compliance with requirements of external agencies.

11.3 STANFORD UNIVERSITY POLICIES

As students at Stanford University, medical students are governed by the applicable rules, regulations and policies of the University. Many of these are set forth in the Stanford Bulletin, available online at: <http://www.stanford.edu/dept/registrar/bulletin/>, and in the Administrative Guide, available at: <http://adminguide.stanford.edu>

A number of important policies are discussed below.

11.4 NONDISCRIMINATION POLICY

Stanford University admits qualified students of any race, color, national or ethnic origin, sex, age, disability, religion, sexual orientation, and gender identity to all the rights, privileges, programs, and activities generally accorded or made available to students at the University. Consistent with its obligations under the law, Stanford prohibits unlawful discrimination, including harassment, on the basis of race, color, national or ethnic origin, sex, age, disability, religion, sexual orientation, gender identity, or any other characteristic protected by applicable law in the administration of the University's programs and activities. The following person has been designated to handle inquiries regarding this nondiscrimination policy: the Director of the Diversity and Access Office, Mariposa House, 585 Capistrano Way, Stanford University, Stanford, CA 94305-8230; (650) 723-0755 (voice), (650) 723-1216 (TTY), (650) 723-1791 (fax), equal.opportunity@stanford.edu (email).

11.5 JUDICIAL AFFAIRS AND STUDENT CONDUCT

The primary codes of conduct for students are the Fundamental Standard and Honor Code. The Student Judicial Charter of 1997 was approved by the Associated Students of Stanford University, the

Senate of the Academic Council, and the President of the University during Spring Quarter 1996-97 and Autumn Quarter 1997-98, replacing the earlier charter and becoming effective in January 1998. Cases of alleged violations of the University's Honor Code, Fundamental Standard, and other student conduct policies now proceed through an established student judicial process based upon the Student Judicial Charter of 1997, which can be found in its entirety at the University's Office of Judicial Affairs Web site at <http://judicialaffairs.stanford.edu>. The Web site also contains the policies, rules, and interpretations, as well as the University's Student Conduct Penalty Code, applicable to those students found responsible for violating the Honor Code, the Fundamental Standard, or other University policy or rule.

When a violation of the Fundamental Standard, Honor Code, or other University policy or rule governing student conduct is alleged, or whenever a member of the University community believes such a violation has occurred, he or she should contact the Office of Judicial Affairs, at Tresidder Memorial Union, 2nd floor, (650) 725-2485 (phone), (650) 736-0247 (fax), or judicial.affairs@stanford.edu (e-mail).

The Fundamental Standard

The Fundamental Standard has set the standard of conduct for students at Stanford since 1896. It states:

"Students at Stanford are expected to show both within and without the University such respect for order, morality, personal honor and the rights of others as is demanded of good citizens. Failure to do this will be sufficient cause for removal from the University."

Over the years, the Fundamental Standard has been applied to a great variety of situations. Actions that have been found to be in violation of it include:

- Physical Assault
- Property damage; attempts to damage University property
- Theft, including theft of University property such as street signs, furniture, and library books
- Forgery, such as signing an instructor's signature to a grade change card
- Charging computer time or long distance telephone calls to unauthorized accounts
- Misrepresentation in seeking financial aid, University housing, discount computer purchases, or other University benefits
- Misuse of University computer equipment or e-mail
- Driving on campus while under the influence of alcohol or drugs
- Sending threatening and obscene messages to another student via e-mail, phone or voice-mail.

There is no standard penalty which applies to violations of the Fundamental Standard. Infractions have led to penalties ranging from formal warning and community service to expulsion. In each case, the nature and seriousness of the offense, the motivation underlying the offense and precedent in similar cases are considered.

With regard to allegations of sexual assault, sexual harassment, dating violence or stalking, through at least December 2011, the matter will be handled through the Dean's Alternate Misconduct Review

Process. More information about this process is available at :
<http://www.stanford.edu/dept/vpsa/judicialaffairs/judicialprocess/arp.htm>

The Honor Code

The Honor Code is the University's statement on academic integrity written by students in 1921. It articulates University expectations of students and faculty in establishing and maintaining the highest standards in academic work:

- a. *"The Honor code is an undertaking of the student, individually and collectively:*
 1. *that they will not give or receive aid in examinations; that they will not give or receive unpermitted aid in class work, in the preparation of reports, or in any other work that is to be used by the instructors as the basis of grading.*
 2. *that they will do their share and take an active part in seeing to it that others as well as themselves uphold the spirit and the letter of the Honor Code.*
- b. *The faculty on its part manifests its confidence in the honor of its students by refraining from proctoring examinations and from taking unusual and unreasonable precautions to prevent the forms of dishonesty mentioned above. The faculty will also avoid, as far as practicable, academic procedures that create temptations to violate the Honor Code.*
- c. *While the faculty alone has the right and obligation to set academic requirements, the students and faculty will work together to establish optimal conditions for honorable academic work. "*

Examples of conduct that have been found to be in violation of the Honor Code include:

- Copying from another's examination paper or allowing another to copy from one's own paper
- Unpermitted collaboration
- Plagiarism
- Revising and resubmitting a quiz or exam for regarding without the instructor's knowledge and consent
- Representing as one's own work the work of another
- Giving or receiving aid on an academic assignment under circumstances in which a reasonable person should have known that such aid was not permitted

For more information, see the Interpretations and Applications of the Honor Code at:
<http://stanford.edu/dept/vpsa/judicialaffairs/guiding/honorcode>.

In recent years, most student disciplinary cases have involved Honor Code violations; of these, the most frequent arise when a student submits another's work as his or her own, or gives or receives unpermitted aid. The standard penalty for a first offense includes a one-quarter suspension from the University and 40 hours of community service. In addition, most faculty members issue a "No Pass" or "No Credit" for the course in which the violation occurred. The standard penalty for multiple violations (e.g., cheating more than once in the same course) is a three-quarter suspension and 40 or more hours of community service.

11.6 POLICY ON SEXUAL HARASSMENT AND CONSENSUAL SEXUAL OR ROMANTIC RELATIONSHIPS

Following are excerpts that are most applicable to School of Medicine MD students. For the complete text of the currently applicable version of this policy, see Administrative Guide Memo 23.2, Policy on Sexual Harassment and Consensual Sexual or Romantic Relationships at:

http://adminguide.stanford.edu/23_2.pdf

It is also available from the Sexual Harassment Policy Office home page: <http://harass.stanford.edu>

Summary

Stanford University strives to provide a place of work and study free of sexual harassment, intimidation or exploitation. Where sexual harassment is found to have occurred, the University will act to stop the harassment, prevent its recurrence, and discipline and/or take other appropriate action against those responsible.

POLICY

The following is quoted from the policy:

“1. In General

- a. *Applicability and Sanctions for Policy Violations*—This policy applies to all students, faculty and staff of Stanford University, as well as to others who participate in Stanford programs and activities. Its application includes Stanford programs and activities both on and off-campus, including overseas programs. Individuals who violate this policy are subject to discipline up to and including discharge, expulsion, and/or other appropriate sanction or action.
- b. *Respect for Each Other*—Stanford University strives to provide a place of work and study free of sexual harassment, intimidation or exploitation. It is expected that students, faculty, staff and other individuals covered by this policy will treat one another with respect.
- c. *Prompt Attention*—Reports of sexual harassment are taken seriously and will be dealt with promptly. The specific action taken in any particular case depends on the nature and gravity of the conduct reported, and may include intervention, mediation, investigation and the initiation of grievance and disciplinary processes as discussed more fully below. Where sexual harassment is found to have occurred, the University will act to stop the harassment, prevent its recurrence, and discipline and/or take other appropriate action against those responsible.
- d. *Confidentiality*—The University recognizes that confidentiality is important. Sexual harassment advisers and others responsible to implement this policy will respect the confidentiality and privacy of individuals reporting or accused of sexual harassment to the extent reasonably possible. Examples of situations where confidentiality cannot be maintained include circumstances when the University is required by law to disclose information (such as in response to legal process) and when disclosure is required by the University’s outweighing interest in protecting the rights of others.

- e. *Protection Against Retaliation*—Retaliation and/or reprisals against an individual who in good faith reports or provides information in an investigation about behavior that may violate this policy are against the law and will not be tolerated. Intentionally making a false report or providing false information, however, is grounds for discipline.
- f. *Relationship to Freedom of Expression*—Stanford is committed to the principles of free inquiry and free expression. Vigorous discussion and debate are fundamental to the University, and this policy is not intended to stifle teaching methods or freedom of expression generally, nor will it be permitted to do so. Sexual harassment, however, is neither legally protected expression nor the proper exercise of academic freedom; it compromises the integrity of the University, its tradition of intellectual freedom and the trust placed in its members.

“2. What Is Sexual Harassment?

Unwelcome sexual advances, requests for sexual favors, and other visual, verbal or physical conduct of a sexual nature constitute sexual harassment when:

- a. It is implicitly or explicitly suggested that submission to or rejection of the conduct will be a factor in academic or employment decisions or evaluations, or permission to participate in a University activity;

or

- b. The conduct has the purpose or effect of unreasonably interfering with an individual’s academic or work performance or creating an intimidating or hostile academic, work or student living environment.

Determining what constitutes sexual harassment depends upon the specific facts and the context in which the conduct occurs. Sexual harassment may take many forms—subtle and indirect, or blatant and overt. For example,

- It may be conduct toward an individual of the opposite sex or the same sex.
- It may occur between peers or between individuals in a hierarchical relationship.
- It may be aimed at coercing an individual to participate in an unwanted sexual relationship or it may have the effect of causing an individual to change behavior or work performance.
- It may consist of repeated actions or may even arise from a single incident if sufficiently egregious.

The University’s Policy on Sexual Assault (see Guide Memo 23.3, Sexual Assault, (http://adminguide.stanford.edu/23_3.pdf) may also apply when sexual harassment involves physical contact.

3. What To Do About Sexual Harassment

Individuals seeking further information are directed to the following resources:

- The Sexual Harassment Policy Office at Mariposa House, 585 Capistrano Way, Room 209; (650) 723-1583 or 327-8259; e-mail: harass@stanford.edu -- for information, consultation, advice, or to lodge a complaint. Note that anonymous inquiries can be made to the SHPO by phone during business hours.
- The Sexual Harassment Policy Office Web page at <http://harass.stanford.edu>.
- Any designated Sexual Harassment Adviser or resource person listed in 3.a. or 5.a.

The following are the primary methods for dealing with sexual harassment at Stanford. They are not required to be followed in any specific order. However, early informal methods are often effective in correcting questionable behavior.

- a. *Consultation*—Consultation about sexual harassment is available from the Sexual Harassment Policy Office, Sexual Harassment Advisers (including residence deans), human resources officers, employee relations specialists, counselors at Counseling and Psychological Services (CAPS) or the Help Center, chaplains at Memorial Church, ombudspersons and others. A current list of Sexual Harassment Advisers is available from the Sexual Harassment Policy Office and at <http://harass.stanford.edu/SHadvisers.html>. Consultation is available for anyone who wants to discuss issues related to sexual harassment, whether or not “harassment” actually has occurred, and whether the person seeking information is a complainant, a person who believes his or her own actions may be the subject of criticism (even if unwarranted), or a third party.

Often there is a desire that a consultation be confidential or “off the record.” This can usually be achieved when individuals discuss concerns about sexual harassment without identifying the other persons involved, and sometimes even without identifying themselves. Confidential consultations about sexual harassment also may be available from persons who, by law, have special professional status, such as:

- Counselors at Counseling and Psychological Services (CAPS), <http://caps.stanford.edu>
- Chaplains at Memorial Church
- The University Ombudsperson, <http://www.stanford.edu/dept/ombuds/>
- The Medical Center Ombudsperson, <http://med.stanford.edu/ombuds/>

In these latter cases, the level of confidentiality depends on what legal protections are held by the specific persons receiving the information and should be addressed with them before specific facts are disclosed. For more information see

<http://harrass.stanford.edu/resources.html>

For further information on confidentiality, see Section 1.d above.

- b. *Direct Communication*—An individual may act on concerns about sexual harassment directly, by addressing the other party in person or writing a letter describing the unwelcome behavior and its effect and stating that the behavior must stop. A Sexual Harassment Adviser can help the individual plan what to say or write, and likewise can counsel persons who receive such communications. Reprisals against an individual who in good faith initiates such a communication violate this policy.

- c. *Third Party Intervention*—Depending on the circumstances, third party intervention in the workplace, student residence or academic setting may be attempted. Third party intervenors may be the Sexual Harassment Advisers, human resources professionals, the ombudspersons, other faculty or staff, or sometimes mediators unrelated to the University.

When third party intervention is used, typically the third party (or third parties) will meet privately with each of the persons involved, try to clarify their perceptions and attempt to develop a mutually acceptable understanding that can insure that the parties are comfortable with their future interactions. Other processes, such as a mediated discussion among the parties or with a supervisor, may also be explored in appropriate cases.

Possible outcomes of third party intervention include explicit agreements about future conduct, changes in workplace assignments, substitution of one class for another, or other relief, where appropriate.

- d. *Formal Grievance, Appeal, and Disciplinary Processes*—Grievance, appeal, or disciplinary processes may be pursued as applicable.

- 1) *Grievances and Appeals*—The applicable procedure depends on the circumstances and the status of the person bringing the charge and the person against whom the charge is brought. Generally, the process consists of the individual's submission of a written statement, a process of fact-finding or investigation by a University representative, followed by a decision and, in some cases, the possibility of one or more appeals, usually to Stanford administrative officers at higher levels. The relevant procedure (see below) should be read carefully, since the procedures vary considerably.

If the identified University fact-finder or grievance officer has a conflict of interest, an alternate will be arranged, and the Director of the Sexual Harassment Policy Office or the Director of Employee and Labor Relations can help assure that this occurs.

In most cases, grievances and appeals must be brought within a specified time after the action complained of. While informal resolution efforts will not automatically extend the time limits for filing a grievance or appeal, in appropriate circumstances the complainant and the other relevant parties may mutually agree in writing to extend the time for filing a grievance or appeal.

A list of the established grievance and appeal procedures is located at <http://elr.stanford.edu/greivance.html>. Copies may also be obtained from the Sexual Harassment Policy Office, <http://www.stanford.edu/group/SexHarass>."

- "2) *Disciplinary Procedures*—In appropriate cases, disciplinary procedures may be initiated. The applicable disciplinary procedure depends on the status of the individual whose conduct is in question. For example, faculty are subject to the Statement on Faculty Discipline <http://www.stanford.edu/dept/provost/faculty/policies/handbook/ch4.html#statementonfacultydiscipline> and students to the Fundamental Standard. For additional information related to student judicial affairs, see <http://www.stanford.edu/dept/vpsa/judicialaffairs>.

The individuals referenced in this section are available to discuss these options and differing methods for dealing with sexual harassment.”

“6. Consensual Sexual or Romantic Relationships

- a. *In General*—There are special risks in any sexual or romantic relationship between individuals in inherently unequal positions, and parties in such a relationship assume those risks. In the University context, such positions include (but are not limited to) teacher and student, supervisor and employee, senior faculty and junior faculty, mentor and trainee, adviser and advisee, teaching assistant and student, coach and athlete, and the individuals who supervise the day-to-day student living environment and student residents. Because of the potential for conflict of interest, exploitation, favoritism, and bias, such relationships may undermine the real or perceived integrity of the supervision and evaluation provided, and the trust inherent particularly in the teacher-student context. They may, moreover, be less consensual than the individual whose position confers power or authority believes. The relationship is likely to be perceived in different ways by each of the parties to it, especially in retrospect.

Moreover, such relationships may harm or injure others in the academic or work environment. Relationships in which one party is in a position to review the work or influence the career of the other may provide grounds for complaint by third parties when that relationship gives undue access or advantage, restricts opportunities, or creates a perception of these problems. Furthermore, circumstances may change, and conduct that was previously welcome may become unwelcome. Even when both parties have consented at the outset to a romantic involvement, this past consent does not remove grounds for a charge based upon subsequent unwelcome conduct.

Where such a relationship exists, the person in the position of greater authority or power will bear the primary burden of accountability, and must ensure that he or she—and this is particularly important for teachers—does not exercise any supervisory or evaluative function over the other person in the relationship. Where such recusal is required, the recusing party must also notify his or her supervisor, department chair or dean, so that such chair, dean or supervisor can exercise his or her responsibility to evaluate the adequacy of the alternative supervisory or evaluative arrangements to be put in place. Staff members may notify their local human resources officers. To reiterate, the responsibility for recusal and notification rests with the person in the position of greater authority or power. Failure to comply with these recusal and notification requirements is a violation of this policy, and therefore grounds for discipline. The University has the option to take any action necessary to insure compliance with the spirit of this recusal policy, including transferring either or both employees in order to minimize disruption of the work group. In those extraordinarily rare situations where it is programmatically infeasible to provide alternative supervision or evaluation, the cognizant Dean or Director must approve all evaluative and compensation actions.

- b. *With Students*—At a university, the role of the teacher is multifaceted, including serving as intellectual guide, counselor, mentor and advisor; the teacher’s influence and authority extend far beyond the classroom. Consequently and as a general proposition, the University believes that a sexual or romantic relationship between a teacher and a student, even where consensual and whether or not the student would otherwise be subject to supervision or

evaluation by the teacher, is inconsistent with the proper role of the teacher, and should be avoided. The University therefore very strongly discourages such relationships.”

11.7 STUDENT ACADEMIC GRIEVANCE PROCEDURES

The following policy is subject to periodic review (check the online Stanford Bulletin for the currently applicable version).

1. Coverage
 - a. Any Stanford undergraduate or graduate student who believes that he or she has been subjected to an improper decision on an academic matter is entitled to file a grievance to obtain an independent review of the allegedly improper decision, followed by corrective action if appropriate. A grievance is a complaint in writing made to an administrative officer of the University concerning an academic decision, made by a person or group of persons acting in an official University capacity, that directly and adversely affects the student as an individual in his or her academic capacity.
 - b. Grievance procedures apply only in those cases involving a perceived academic impropriety arising from a decision taken by: (1) an individual instructor or researcher; (2) a school, department, or program; (3) a committee charged to administer academic policies of a particular school, department, or program; (4) the University Registrar, the Vice Provost for Undergraduate Education, the C-USP Subcommittee on Academic Standing, or a Senate committee or subcommittee charged to administer academic policies of the Senate of the Academic Council. They do not pertain to complaints expressing dissatisfaction with a University policy of general application challenged on the grounds that the policy is unfair or inadvisable, nor do they pertain to individual school, department, or program academic policies, as long as those policies are not inconsistent with general University policy.
 - c. Individuals should be aware that the University Ombuds Office is available to all Stanford students, faculty, and staff to discuss and advise on any matter of University concern and frequently helps expedite resolution of such matters. Although it has no decision-making authority, the University Ombuds Office has wide powers of inquiry, including into student complaints against instructors.
2. Grievance and Appeal Procedures
 - a. *Informal Attempts at Resolution:* the student first should discuss the matter, orally or in writing, with the individual(s) most directly responsible. If no resolution results, the student should then consult with the individual at the next administrative level, for example, the chair or director of the relevant department or program, or, for those cases in which there is none, with the school dean. At this stage, the department chair or program director, if any, may inform the dean that the consultation is taking place and may solicit his or her advice on how to ensure that adequate steps are taken to achieve a fair result. Efforts should be made to resolve the issues at an informal level without the complaint escalating to the status of a formal grievance.
 - b. *The Filing of the Grievance:*
 - 1) If informal means of resolution prove unsatisfactory, the student should set forth in writing a statement of the decision that constitutes the subject matter of the dispute, the grounds on which it is being challenged, and the reasons why the grievant believes that the decision was improperly taken. The statement should also include a description of the remedy sought and the informal efforts taken to date to resolve the matter. It is at this point that the complaint becomes a formal

grievance. The written grievance should specifically address the matters set forth in the Standards for Review, as stated in Section 4 below. The grievance should include an allegation of any adverse effects on the grievant, known to the grievant at the time of filing.

- 2) The grievance document should be submitted to the dean of the school in which the grievance arose; for a grievance concerning a decision of the University Registrar, the Vice Provost for Undergraduate Education, or of a Senate committee or subcommittee, the procedures set forth herein for grievances and appeals shall be modified as stated in Section 3 below. A grievance must be filed in a timely fashion, that is, normally within 30 days of the end of the academic quarter in which the adverse decision occurred or should reasonably have been discovered. A delay in filing a grievance may, taking all circumstances into account, constitute grounds for rejection of the grievance.

c. *The Response to the Grievance:*

- 1) The relevant dean shall consider the grievance. The dean may attempt to resolve the matter informally or make whatever disposition of the grievance that he or she deems appropriate. The dean may, in appropriate cases, remand the grievance to a lower administrative level (including to the level at which the grievance arose) for further consideration.
- 2) The dean may also refer the grievance, or any issue therein, to any person (the "grievance officer") who shall consider the matter and report to the dean as the latter directs. The dean shall inform the grievant (and the party against whose decision the grievance has been filed) in writing of any referral of the matter and shall specify the matters referred, the directions to the person or persons to whom the referral is made (including the time frame within which the person is to report back to the dean), and the name of that person.
- 3) In undertaking the review, the dean or the grievance officer may request a response to the issues raised in the grievance from any individuals believed to have information considered relevant, including faculty, staff, and students.
- 4) Should attempts to resolve the matter informally not be successful, the dean shall decide the grievance, and shall notify the grievant (and the party against whose decision the grievance has been filed) in writing of the disposition made of the grievance and the grounds for the disposition at the earliest practicable date after his or her receipt of the grievance.
- 5) Normally, no more than 60 days should elapse between the filing of a grievance and the disposition by the dean. If, because of absence of key persons from the campus or other circumstances or exigencies (including those due to breaks in the academic calendar), the dean decides that disposition on that schedule is not possible, he or she shall inform the grievant (and the party against whose decision the grievance has been filed) of that in writing, giving the grounds therefore and an estimate of when a disposition can be expected.

d. *The Filing of an Appeal:*

- 1) If the grievant is dissatisfied with the disposition of the grievance at the decanal level, either on substantive or on procedural grounds, he or she may appeal in writing to the Provost.

- 2) The appeal must specify the particular substantive or procedural bases of the appeal (that is, the appeal must be made on grounds other than general dissatisfaction with the disposition) and must be directed only to issues raised in the grievance as filed or to procedural errors in the grievance process itself, and not to new issues. The appeal shall contain the following:
 - a) A copy of the original grievance and any other documents submitted by the grievant in connection therewith.
 - b) A copy of the determination made by the dean on that grievance.
 - c) A statement of why the reasons for the determination of the dean are not satisfactory to the grievant. This statement should specifically address the matters set forth in the Standards for Review in Section 4 below.
 - 3) The grievant shall file his or her appeal at the earliest practicable date after the grievant's receipt of the determination by the dean. Normally, no more than 30 days should elapse between the transmittal of the dean's decision on the grievance and the filing of the appeal. A delay in filing an appeal may, taking all circumstances into account, constitute grounds for rejection of the appeal.
- e. *The Response to the Appeal:*
- 1) The Provost may attempt to resolve the matter informally, or refer the appeal, or any issue thereof, to any person (the "grievance appeal officer") who shall consider the matter and report to the Provost as the latter directs. The Provost may also, in appropriate cases, remand the matter to a lower administrative level (including to the level at which the grievance arose) for further consideration.
 - 2) The Provost shall inform the grievant (and the party against whose decision the grievance has been filed) in writing of any referral of the matter and shall specify the matters referred, the directions to the person to whom the referral is made (including the time frame within which the person is to report back to the Provost), and the name of that person.
 - 3) Should attempts be made to resolve the matter informally not be successful, the Provost shall decide the appeal, and shall notify the grievant (and the party against whose decision the grievance has been filed) in writing of the disposition made of the grievance and the grounds for the disposition at the earliest practicable date after his or her receipt of the appeal. The decision of the Provost shall be final, unless the grievant requests a further appeal to the President pursuant to Section 2f below, and the President agrees to entertain this further appeal.
 - 4) Normally no more than 45 days should elapse between the filing of the appeal and the disposition by the Provost. If, because of absence of key persons from the campus or other circumstances or exigencies (including those due to breaks in the academic calendar), the Provost judges that disposition on that schedule is not possible, he or she shall inform the grievant (and the party against whose decision the grievance has been filed) of the fact in writing, giving the grounds therefore and an estimate of when a disposition can be expected.
- f. *The Request to the President:* if the student is dissatisfied with the disposition of the appeal by the Provost, he or she may write to the President of the University giving reasons why he

or she believes the grievance result to be wrong (following the general format set forth in Section 2d.2 above). No more than 30 days should elapse between the transmittal of the Provost's disposition and the written statement to the President urging further appeal. In any case, the President may agree or decline to entertain this further appeal. If the President declines to entertain the further appeal, the decision of the Provost shall be final. If the President decides to entertain the further appeal, he or she shall follow the general procedures set forth in Section 2e above, and the decision of the President shall be final.

3. Grievances Concerning Decisions of the University Registrar, the Vice Provost for Undergraduate Education, or of a Senate Committee or Subcommittee
 - a. For a grievance concerning a decision of the University Registrar, the Vice Provost for Undergraduate Education, the C-USP Subcommittee on Academic Standing, or of a Senate committee or subcommittee, the grievant shall file his or her grievance with the Provost, rather than with the dean, and the Provost shall handle that grievance in accordance with the procedures set forth in Section 2c above.
 - b. There shall be no appeal of the Provost's disposition of that grievance, except as may be available under Section 2f above.
4. Standards for Review and Procedural Matters
 - a. The review of grievances or appeals shall usually be limited to the following considerations:
 - 1) Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear that substantially affected the decision to the detriment of the grievant?
 - 2) Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the grievant?
 - 3) Given the proper facts, criteria, and procedures, was the decision one which a person in the position of the decision maker might reasonably have made?
 - b. The time frames set forth herein are guidelines. They may be extended by the relevant administrative officer in his or her discretion for good cause.
 - c. Questions concerning the filing and appeal of grievances should be directed to the Office of the Provost.

11.8 CHILDBIRTH ACCOMODATION POLICY FOR WOMEN GRADUATE STUDENTS AT STANFORD UNIVERSITY

The following may be found in Section 5.9 of the Graduate Academic Policies and Procedures Handbook (the GAP handbook), available online at <http://gap.stanford.edu/5-9.html>.

Summary

Provides an academic accommodation period for registered and matriculated women graduate students (including students in professional schools) anticipating or experiencing a birth.

Rationale

To increase the number of women pursuing advanced degrees, it is important to acknowledge that a woman's prime childbearing years are the same years she is likely to be in graduate school, doing

postdoctoral training, and establishing herself in a career. This childbirth accommodation policy is designed to partially ameliorate the intrinsic conflict between the "biological" and the "research" and "training" clocks for women graduate students.

Nothing in this policy replaces the communication and cooperation between student and adviser, and the good-faith efforts of both to accommodate the birth of a child. It is the intention of this policy to reinforce the importance of that cooperation, and to provide support where needed to make that accommodation possible.

This policy is intended to provide an accommodation for the demands placed on a woman by late-stage pregnancy, childbirth, and the care of a newborn. It is designed to make it possible to maintain the mother's full-time, registered student status, and to facilitate her return to full participation in classwork, and, where applicable, research, teaching, and clinical training in a seamless manner.

Policy

All women graduate students (including students in professional schools) anticipating or experiencing a birth who are registered, matriculated students:

- are eligible for an academic accommodation period of up to two consecutive academic quarters around the time of the birth, during which the student may postpone course assignments, examinations, and other academic requirements;
- are eligible for full-time enrollment during this period and will retain access to Stanford facilities, Cardinal Care, and Stanford housing;
- will be granted an automatic one-quarter extension of university and departmental requirements and academic milestones, with the possibility of up to three quarters by petition under unusual circumstances; and
- if supported by teaching and/or research assistantships, will be excused from their regular TA or RA duties for a period of six weeks during which they will continue to receive support. Students will not receive a stipend or salary if none was received previously, but are eligible for the academic accommodation period and the one-quarter extension of academic milestones.

Eligibility

The childbirth accommodation policy applies to matriculated and enrolled women graduate students anticipating or experiencing a birth. Adoption, foster-care placement, and paternity leave are covered under existing policies governing leaves of absence (see GAP 5.3, Leaves of Absence and Reinstatements).

Birth mothers may opt to use a leave of absence instead of the benefits provided by the childbirth accommodation policy. Depending on the stage in her academic career, the timing of the birth, her funding source, and the level of assistance she will receive from others in caring for the newborn, a woman may find it more advantageous or feasible to take one or more quarters of leave of absence rather than remaining enrolled and utilizing a childbirth accommodation. This may especially be the case for medical students because of the highly structured and sequential M.D. curriculum, particularly in the first two years.

Requesting a Childbirth Academic Accommodation Period

Women graduate students anticipating or experiencing the birth of a child may formally request a one-quarter extension of university and departmental academic requirements and a childbirth academic

accommodation period. This academic accommodation period is not a leave of absence from university responsibilities. The expectation is that the woman will be in residence, and, assuming good health of the pregnant woman or new mother and the infant, will remain engaged in classwork and research, and, if applicable and feasible, clinical activities, even if at a reduced level.

The childbirth accommodation policy is administered by the Office of the Vice Provost for Graduate Education (VPGE) through [a petition process](#). In that petition, the woman student specifies the dates on which the academic accommodation period begins and ends, with the requirement that it must fall within at most two consecutive quarters. A letter from the student's health-care provider stating the anticipated delivery date must accompany the petition. If the childbirth occurs prior to filing the petition, the accommodation period begins on the birth date.

VPGE will notify the student, the student's department, and the relevant Stanford administrative offices that the one-quarter extension of university and departmental academic requirements and the academic accommodation period have been approved, along with the dates for the accommodation period.

Coursework, Research and Clinical Activities

Approval of an academic accommodation period will stop the academic and research clocks with regard to assignments due, reports anticipated, or other class- and research-related requirements. It does not, however, waive class attendance requirements for students in the Law School or clinical training or other requirements in the Medical School. Students in other schools are expected to attend class and participate in seminars to the extent that the health of mother and newborn, and the demands of caring for an infant, allow. Faculty or relevant staff are expected to work with the student to make arrangements for submitting work for completion of requirements when the student returns, and to grade it promptly so as to remove any "Incomplete" notations as rapidly as possible. Faculty members are encouraged to assign "N" and "L" grades, where appropriate.

Part-Time Enrollment

This policy makes it possible for women to maintain their full-time student status, so that they continue accumulating units toward their residency requirement, and to avoid triggering any interruptions in on-campus housing, insurance coverage, eligibility for student loans, and deferment of student loan repayment. By remaining full-time students, the visa status of international students is not affected.

While it is usually better for the woman student to remain enrolled full-time, in some cases, depending on the coursework appropriate to the stage of her academic program, part-time enrollment would be appropriate. This will require careful consultation, in advance, to ensure that the implications for academic progress, visa status, loan eligibility and deferment, etc., have been thoroughly investigated. In completing the petition for the academic accommodation period, the student may request up to two quarters of part-time enrollment by means of a [Request for Graduate Tuition Adjustment](#). If part-time enrollment status is approved, the student will retain all privileges of the childbirth accommodation policy.

Funding

In addition to being eligible for up to two quarters of academic accommodation, those women graduate students supported by fellowships, teaching assistantships, and/or research assistantships will be excused from their regular TA or RA duties for a period of six weeks during which they will continue to receive support.

Students who do not have an ongoing commitment of financial support in the form of fellowships, teaching assistantships, or research assistantships may petition for an academic accommodation period and an automatic one-quarter extension of academic requirements, but are not entitled to tuition or other funding from the childbirth accommodation fund.

11.9 OWNERSHIP AND USE OF STANFORD NAMES AND TRADEMARKS

Stanford registered marks, as well as other names, seals, logos, and other symbols and marks that are representative of Stanford, may be used solely with permission of Stanford. Merchandise bearing Stanford's names and marks, such as t-shirts, glassware, and notebooks, must be licensed. For complete text of the currently applicable policy, including the University officers authorized to grant permission to use the Stanford name and marks, see Administrative Guide Memo 15.5, Ownership and Use of Stanford Name and Trademarks at http://adminguide.stanford.edu/15_5.pdf.

11.10 COMPUTER AND NETWORK USAGE POLICY

For a complete text of the currently applicable version of this policy, see Administrative Guide Memo 62, Computer and Network Usage Policy, available at <http://adminguide.stanford.edu/62.pdf>.

Users of Stanford network and computer resources have a responsibility not to abuse the network and resources. This policy provides guidelines for the appropriate and inappropriate use of information technologies.

Summary

The following summarizes the policy on Computer and Network Usage:

In particular, the policy provides that users of University information resources must respect software copyrights and licenses, respect the integrity of computer-based information resources, refrain from seeking to gain or permitting others to gain unauthorized access, including by sharing passwords, and respect the rights of other computer users.

This policy covers appropriate use of computers, networks, and information contained therein. As to political, personal and commercial use, the University is a non-profit, tax-exempt organization and, as such, is subject to specific federal, state, and local laws regarding sources of income, political activities, use of property, and similar matters. It also is a contractor with government and other entities, and thus must assure proper use of property under its control and allocation of overhead and similar costs. For these reasons, University information resources must not be used for partisan political activities where prohibited by federal, state, or other applicable laws, and may be used for other political activities only when in compliance with federal, state, and other laws, and in compliance with applicable University policies. Similarly, University information resources should not be used for personal activities not related to appropriate University functions, except in a purely incidental manner. In addition, University information resources should not be used for commercial purposes, except in a purely incidental manner or except as permitted under other written policies of the University or with the written approval of a University officer having the authority to give such approval. Any such commercial use should be properly related to University activities, take into account proper cost allocations for government and other overhead determinations, and provide for appropriate reimbursement to the University for taxes and other costs the University may incur by

reason of the commercial use. Users also are reminded that the .edu domain on the Internet has rules restricting or prohibiting commercial use, and thus activities not appropriately within the .edu domain and which otherwise are permissible within the University computing resources should use one or more other domains, as appropriate.

The University's Information Security Officer is authorized in appropriate circumstances to inspect or monitor private data (including e-mail), such as when there is a reasonable cause to suspect improper use of computer or network resources.

11.11 COPYRIGHT

Copyright laws protect original works of authorship and give the owners of copyrights the exclusive right to do and to authorize others to do certain things in regard to a copyrighted work, including: make copies, distribute the work, display or perform the work publicly, and create derivative works. Copyright laws apply to nearly all forms of captured content, including traditional works like books, photographs, music, drama and sculpture. The laws also adapt to changes in technologies, and include in their scope modern forms of works like motion pictures, Web sites, electronic media, software, multimedia works and some databases. Registration is not required to obtain a copyright, so if in doubt, assume a copyright applies.

Unless an exception to the copyright owner's exclusive rights applies, you must obtain permission from the copyright owner to copy, distribute, display or perform a copyrighted work in any medium for any purpose. Be especially mindful of copyright principles when using the Internet. Just because a work is posted on the Internet does not mean that the owner of the copyright has given you permission to use it. And, you should not be posting material onto the Internet without copyright clearance.

Stanford University Libraries have licenses with many publishers, which permit copying of materials in accordance with the educational, research or administrative functions of the University. In addition, there are four major exceptions to the copyright owner's exclusive rights, which (if applicable) permit limited use without permission. These are: the fair use exception, the library exception, the face-to-face teaching exception, and the distance-learning exception. For a more detailed explanation of these exceptions, the copyright laws and Stanford's copyright policies, please review the University's Copyright Reminder at http://www-sul.stanford.edu/libraries_collections/copyright_reminders/.

It is each person's responsibility to be aware of and abide by copyright law; violation may result in civil or criminal liability, and constitutes grounds for University discipline, up to and including discharge, dismissal and expulsion.

Peer-to-Peer File Sharing

The use of file-sharing networks and software to download and share copyrighted works like software, music, movies, television programs, and books can violate copyright laws. Both the person who makes an illegal copy of a copyrighted work available and the person who receives or downloads an illegal copy have violated the law and Stanford policies. Many file-sharing programs have default settings that share copyrighted files, such as music and movies, through the Internet. Before enabling any of these programs students, faculty, or staff must read the fine print, make sure to understand the program itself, and only use such programs lawfully. Under the Digital Millennium Copyright Act (DMCA), the copyright owners are entitled to notify Internet service providers, such as Stanford, that IP addresses

linked to the Stanford network are sharing copies of music, movies, or other content without authorization. The law requires the University to respond to such complaints by eliminating access to the infringing materials. Stanford will disconnect students who fail to respond to a DMCA complaint promptly, and Stanford will charge reconnection fees starting at \$100 and going up as high as \$1,000 for successive DMCA complaints. Furthermore, the University will suspend or terminate computer access to the Stanford network, including termination of the SUNet ID, to members of the community who continue to violate copyright laws. Finally, the University will take action through the student, employee, or faculty disciplinary processes if necessary. Beyond University consequences, copyright holders may file civil lawsuits against copyright infringers seeking extensive monetary damages. If compelled by a lawful subpoena, Stanford may be required to identify students, faculty, staff, or others who have violated copyright law. For more information about file-sharing, refer to Residential Computing's online resource, File-Sharing and Copyright Law at <http://rescomp.stanford.edu/info/dmca/>.

School of Medicine Course Content Access and Appropriate Use Policy

Stanford University School of Medicine course materials are intended for curriculum and course-related purposes and are copyrighted by the University. Appropriate access to this content is given for personal academic study and review purposes only. Unless otherwise stated in writing, this content may not be shared, distributed, modified, transmitted, reused, sold or otherwise disseminated. These materials may also be protected by additional copyright; any further use of this material may be in violation of federal copyright law. Violators of this policy will be referred to the Committee on Professionalism, Performance, and Promotion (CP³).

For examples and frequently asked questions see http://med.stanford.edu/irt/edtech/policies/course_content_access.html

11.12 SMOKE-FREE ENVIRONMENT

School of Medicine Smoke-free Environment

The following is quoted from the School of Medicine policy, effective September 1, 2007:

It is the policy of the Stanford University School of Medicine that smoking is prohibited anywhere on the School of Medicine campus. This prohibition includes all enclosed buildings and facilities and all outdoor areas on the footprint of the School of Medicine and at the James H. Clark Center. A map indicating the area subject to this policy may be found at <http://med.stanford.edu/tobaccofree/map/>

Specifically, smoking is prohibited in classrooms and offices, all enclosed buildings and facilities, in covered walkways, in School vehicles, and in all outdoor areas within the boundaries of the School and the James H. Clark Center.

This policy relies on the consideration and cooperation of smokers and non-smokers. It is the responsibility of all members of the School community to observe and follow this policy and its guidelines. Faculty, staff and students repeatedly violating this policy may be subject to appropriate action to correct any violation(s) and prevent future occurrences.

Smoking cessation programs are available for faculty and staff through the Center for Research in Disease Prevention, Health Improvement Program (HIP): <http://hip.stanford.edu>.

Students may contact the Health Promotion Program (HPP) through the Vaden Student Health Center for smoking cessation information or programs:

<http://vaden.stanford.edu/wellness/substanceAbuse.html>

In addition, the School of Medicine Web site includes lists of resources and links to other smoking cessation programs: <http://med.stanford.edu/tobaccofree/>

Stanford Hospitals and Clinics (SHC) Non-smoking Policy

The following is quoted from the Stanford Hospitals and Clinics (SHC) and Lucile Packard Children's Hospital (LPCH) policy, approved March 2007:

It is SHC/LPCH policy to provide a smoke-free environment for patients, staff and visitors within the Hospital and Clinics and to comply with applicable no-smoking regulations.

No smoking is allowed by patients, employees, medical staff, volunteers, and visitors within any hospital and clinic buildings, interior patios, within the Stanford University Medical Center Loading Dock yard, or near all building entrances or windows.

There are no exceptions for any smoking inside the hospital or clinic buildings. Exterior smoking guidelines for psychiatric inpatients are established within the Psychiatric Inpatient Policy and Procedures.

All employees, medical staff, and volunteers are responsible for compliance and to help enforce this policy. Staff should remind anyone smoking inside buildings about the no-smoking policy and direct them to smoke outside.

Outdoor smoking areas at Stanford Hospital and LPCH are located away from building entrances. Outside smoking locations include Stanford Hospital on the west side benches alongside the Parking Garage at the end of the G-1 Wing Building, and in the H-2 outside psychiatric patients' patio (this area is not open to the general public). At LPCH, the smoking area is along the west side of the hospital.

11.13 CAMPUS SAFETY AND CRIMINAL STATISTICS

Stanford University complies with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act. A copy of Stanford's policies and statistics under this act are posted on the Department of Public Safety web site at <http://stanford.edu/group/SUDPS/safety-report.shtml>. A paper copy can be obtained by calling the Stanford Department of Public Safety at (650) 723-9633.