



MD PROGRAM HANDBOOK: POLICIES AND PROCEDURES

ACADEMIC YEAR 2012-2013



STANFORD
SCHOOL OF MEDICINE

Stanford University Medical Center



INTRODUCTION

This PDF document is a summary of the current policies, standards and procedures contained in the online MD Program Handbook and Policy Manual for AY2012-2013. Students participating in Stanford University's MD program are subject to the policies and standards established by both Stanford University and the School of Medicine.

Stanford University and the School of Medicine reserve the right to make changes in the applicable regulations, procedures, policies, requirements, and other information contained on the website at any time without notice. Please visit <http://med.stanford.edu/md/mdhandbook/> for changes that may occur throughout the academic year; it is the online version, and not this PDF summary, of the MD Program Handbook and Policy Manual that governs.

GENERAL STANDARDS

In this section:

- I. Competencies and Objectives for Medical Student Education
- II. Specification of Requirements for Graduation
- III. School of Medicine Technical, Non-Academic Standards
- IV. School of Medicine Statement on Professionalism

I. 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

II. SPECIFICATION OF REQUIREMENTS FOR GRADUATION

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.
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.
3. Satisfaction of Professionalism Requirements: To graduate, students must meet the standards of professionalism set forth in the *School of Medicine Statement on Professionalism*.
4. Satisfaction of Technical Standards: To graduate, students must meet the requirements set forth in the *School of Medicine Technical, Non-Academic Standards*.
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 Axxess. Students may graduate in any quarter by completing their degree requirements and filing the Application to Graduate by the deadline date for that quarter.
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.
7. Data Security and Privacy (HIPAA) Training: MD degree candidates must be in compliance with Stanford’s HIPAA training requirements.
8. Safety Training: MD degree candidates must be in compliance with Bloodborne Pathogens, Hospital-Acquired Infections training, and Safety and Emergency Preparedness training requirements.
9. Ethical Conduct of Biomedical Research: MD degree candidates must be in compliance with the CITI training requirement.

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.

III. 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 demonstrate the maturity and emotional stability required for full use of their intellectual abilities. They must accept responsibility for learning, exercising good judgment, and promptly completing all responsibilities attendant to the diagnosis and care of patients. They must understand the legal and ethical aspects of the practice of medicine and function within both the law and ethical standards of the medical profession. Candidates must be able to work effectively, respectfully and professionally as part of the healthcare team, and to interact with patients, their families, and health care personnel in a courteous, professional, and respectful manner. They must be able to tolerate physically taxing workloads and long work hours, to function effectively under stress, and to display flexibility and adaptability to changing environments. They must be capable of regular, reliable and punctual attendance at classes and in regard to their clinical responsibilities. Candidates must be able to contribute to collaborative, constructive learning environments; accept constructive feedback from others; and take personal responsibility for making appropriate positive changes. It is expected that minimum accommodation will be requested with regards to this set of standards.

Ethical and Legal Standards

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.

IV. 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.

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MD Policies, Requirements and Procedures

In alphabetical order:

- I. Absences During Clerkships
- II. Academic Records and Privacy of Student Record Information
- III. Add/Drop Deadline for Courses
- IV. Clerkships at Other Institutions
- V. Data Security and Privacy (HIPAA)
- VI. Dropping Clerkships Less Than Four Weeks Before Start of Period
- VII. Ethical Conduct of Biomedical Research
- VIII. Exam Policy for Required MD Pre-Clerkship Courses
- IX. Industry Interactions Policy
- X. Leaves of Absence and Reinstatement
- XI. Malpractice Liability for Medical Students
- XII. Medical Health Requirements and Immunizations
- XIII. Policies and Resources for Mobile Devices
- XIV. Requesting Disability Accommodations
- XV. Safety Training
- XVI. School of Medicine Standards of Conduct for Teacher-Learner Relationship and Respectful Educator Conduct Committee (RECC)
- XVII. Stanford University School of Medicine Education Research Initiative
- XVIII. Stepping Out of the MD Curriculum Sequence
- XIX. Student Duty Hours and Work Environment
- XX. Student Participation in Clinical Activities Involving Personal Risk
- XXI. Universal Precautions and Needlestick Protocol
- XXII. USMLE Requirements: Step 1, Step 2 CK and Step 2 CS

I. 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.

II. ACADEMIC RECORDS AND PRIVACY OF STUDENT RECORD INFORMATION

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.

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:

- Upon request, the University may release Directory Information (see Directory Information below).
- 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.

- 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.
- 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.
- 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.
- 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.
- 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.

III. ADD/DROP DEADLINE 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.

III. CLERKSHIPS AT OTHER INSTITUTIONS

Required Core Clerkships

Stanford does not permit students to complete required core clerkships at other institutions.

Selective Clerkships

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.

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:
3. Clerkship length is equal to clerkship length at Stanford.
4. 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.

1. 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.
2. The Director of Clerkship Education will then review and sign the petition to confirm that appropriate review and approval has taken place.
3. The Director of Clerkship Education then presents the petition for review at CCAP; CCAP will render the final decision.
4. 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.

Elective Clerkships

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%202012.pdf> for more information. The website lists all schools that use VSAS for 2012-13 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 ACESS; 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.

V. DATA SECURITY AND PRIVACY (HIPAA)

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 the Practice of Medicine course until they have completed this training (both years). Clinical students will be unable 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/>

Students must adhere to Stanford University Hospital and Clinics HIPAA Security guidelines for computing devices and electronic storage media outlined at https://hipaa.stanford.edu/policy_security/H-21_Computing_Devices_v1.pdf.

VI. DROPPING CLERKSHIPS LESS THAN FOUR WEEKS BEFORE START OF 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).

VII. 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, 2012**.

To complete this training, students must:

- Visit the CITI website: <https://www.citiprogram.org/>
- Register for Group 1
- 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

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.

VIII. EXAM POLICY FOR REQUIRED MD PRE-CLERKSHIP COURSES

Per the Stanford University Honor Code, individual faculty members cannot be present to proctor exams; however, they can determine the best exam environment for their tests and make any requirements they see fit with regard to how students take the exam. The Honor Code states, “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.”

To uphold the spirit of the University’s Honor Code and to create consistency across courses in the pre-clerkship curriculum, the Office of Medical Education provides the following guidelines for closed-book examination environments in our required MD courses:

Students will complete exams in the rooms assigned by the course. Exams are non-collaborative and, unless otherwise noted by course faculty, closed-book. Unless otherwise stipulated by the course director, use of any electronic device to access other resources, including (but not limited to) the internet, your notes, and your colleagues, is expressly forbidden and constitutes a violation of the Stanford Honor Code. Additionally, the use of personal listening devices is expressly forbidden in the exam setting. Students with disabilities or other special needs for which they may need accommodations should notify the Assistant Dean for Student Services and the Office of Accessible Education to receive appropriate accommodation for exams.

IX. INDUSTRY INTERACTIONS POLICY

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”)

Date of implementation: October 1, 2006/Revised as of July 22, 2010

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.

V. 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.

VI. 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.

X. LEAVES OF ABSENCE AND REINSTATEMENT

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.

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

See *University Policies: VI. Childbirth Accommodation Policy for Woman Graduate Students* for detailed information.

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.

XI. 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:

- 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.
- taking a clinical experience in a foreign country while not paying tuition and not registered at Stanford.
- participating in any volunteer clinical work away from Stanford.
- working in a private physician's office.
- 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.

XII. MEDICAL HEALTH REQUIREMENTS AND IMMUNIZATIONS

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.

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).

- 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.

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
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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.

XIII. POLICIES AND RESOURCES FOR MOBILE DEVICES

All students using mobile and tablet device technology are expected to review and follow the policies outlined below:

- **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 laptops, tablets and mobile devices by following Stanford University mobile device security guidelines (especially by having a security passcode set and encrypting the backup) to protect any Stanford Confidential Information that may be accessible on their device. Students must not access or store Stanford Prohibited Information on their tablets or mobile devices as they 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.

- **HIPAA Security: Computing Devices and Electronic Storage Media Policy**

(https://hipaa.stanford.edu/policy_security/H-21_Computing_Devices_v1.pdf)

This policy applies to computing devices and electronic storage media that are used by Stanford University HIPAA Components (SUHC) workforce members and business associates to create, access, or store electronic protected health information (ePHI).

- **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. 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.

iPad Policy and Procedures

Students that were provided with iPads upon matriculation must abide by the following expectations and guidelines:

- 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 [Mark Alabanza](#).
- 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.
- 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.

XIV. REQUESTING DISABILITY ACCOMMODATIONS

Students with disabilities (including, but not limited to, temporary and permanent physical, psychological, or learning disabilities) who may need academic accommodations (including services and auxiliary aids), should register with the [Office of Accessible Education](#) for assessment and approval of such accommodations. The School of Medicine Assistant Dean for Student Services, Char Hamada, 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 request accommodations well in advance when needed,

and should not request accommodations directly from faculty members or clerkship directors.

XV. 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.

XVI. SCHOOL OF MEDICINE STANDARDS OF CONDUCT FOR TEACHER-LEARNING RELATONSHIP AND RESPECTFUL EDUCATOR CONDUCT COMMITTEE

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 3.9 (School of Medicine Statement of Professionalism), 3.11 (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.

At the time of the publication of the 2010-2011 MD Program Handbook and Policy Manual, this policy still remains to be reviewed and approved by the School of Medicine Faculty Senate. The reader is advised to check the web version (<http://med.stanford.edu/md/policies/>) for the most recent policy language.

XVII. STANFORD UNIVERSITY SCHOOL OF MEDICINE EDUCATION RESEARCH INITIATIVE

The Office of Medical Education (OME) is delighted to introduce the Stanford Center for Medical Education Research and Innovation (SCeMERI). Founded in 2011, SCeMERI is designed to support and encourage medical education research with the belief that such work is the engine to drive innovation and continuous improvement in the level of rigor of curricular development in the MD program. In addition, 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.

Continuing a policy that has been in place for the last few years, all medical education research projects (for definitions and examples, please see page 2) will require approval by Associate Dean for Medical Education and Director of SCeMERI. All proposals for research involving medical students or the MD program should be submitted to SCeMERI for review and approval.

Submissions for review and approval should include the following information:

- Specific aims and research questions
- Hypotheses
- Background and literature review
- Target population
- Research activity setting
- Experimental or intervention methods
- Intended statistical analysis plan
- Statement of protection of research subjects, include Stanford IRB review and approval, if already obtained, and exemption statement if not considered human subjects research
- Study personnel
- Funding source (if applicable)

In addition, the requester should include a statement of support and concurrence from the faculty course or clerkship/residency director of the study setting, if applicable. Ideally, every effort should be made to collaborate with those individuals.

SCeMERI is designed as a research resource for OME, and SCeMERI research scholars are available to assist in questions of the design, implementation and analysis of medical education research projects, including the development of research proposals. For additional questions or to submit your study protocol, please contact:

Jackie Ramos
 SCeMERI Program Coordinator
jackier@stanford.edu

Distinguishing Program Evaluation from Research

In general, any data gathering and analysis with the intent to disseminate findings to a broader scientific community would be considered research and should be reviewed by SCeMERI. Simple, straightforward program evaluation of curriculum for the sole purpose of program improvement is usually not considered research, and hence would not require review. Such efforts may use similar methodologies to research (e.g. surveys, observations, interviews) but are not broadly disseminated and/or do not control groups and experimental groups. The following are examples of projects that are of merit, but would **not** be considered research projects:

- Course modification or curricular change (no control/experimental group and/or no dissemination included)
- Surveys examining student attitudes towards course/curricular changes
- Investigations for the purpose of accreditation/program evaluation

If such evaluation were considered for broader dissemination, however, then it would be considered research and should be submitted for review. In addition, while the use of experimental methods in evaluation, such as implementing an intervention to one experimental group as well as a control group, does not of itself constitute research, we strongly recommend consultation and review for any evaluation that plans to use experimental or quasi-experimental methods.

The following table is intended to illustrate the contrast between program evaluation and research:

Traditional Program Evaluation – No review required	Program evaluation with experimental methods – Review recommended	Research – Review required
Use of post-session evaluation form given to learners after a new teaching session, solely for purpose of making changes for the next year.		Use of post-session evaluation form given to learners after a new teaching session, and planning to submit findings for poster at a regional meeting.
	Implementation of new instructional method with half the class, and evaluating exam performance compared to a control group.	
		Analysis of the association between background preparation/demographic variables on clinical performance of medical students, with intent of

		publication.
	Comparing performance outcomes (e.g. standardized patient) before and after a directed workshop/intervention; compared to control group.	Comparing performance outcomes (e.g. standardized patient) before and after a directed workshop/intervention; compared to control group, with intent of publication.

We realize ascertaining whether a project can be considered a research project or not can be unclear. In such cases, please check with SCoMERI for guidance.

XVII. STEPPING OUT OF THE MD CURRICULUM SEQUENCE

Students planning to step out of the MD curriculum sequence are required to notify key MD stakeholders by completing the "Intention to Step Out of MD Curriculum" online form (http://www.stanford.edu/dept/som_ome/stepoutform.fb) in order to track academic progress. The form requires that students discuss their plans with their assigned Advising Dean and Educators-4-CARE faculty and the information will be shared with 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.

Clinical Skills and Acquisition Maintenance Plan for Non-MSTP Students

The Committee on Curriculum and Academic Policy (CCAP) adopted in the fall of 2009 a policy that "each student [**leaving the curriculum for one year or more**] be 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.

Please complete the form at http://www.stanford.edu/dept/som_ome/csam.fb once a plan has been developed in coordination with your E4C Faculty.

MSTP Clinical Skills Acquisition, Maintenance and Reentry Plan

Students enrolled in the MSTP program require a more detailed Clinical Skills Maintenance Plan due to their extended time out of the MD curricular sequence. The detailed plan can be found [here](#). Please contact Dr. Gary Schoolnik, gks007@stanford.edu, to begin the process of creating your plan.

XIX. STUDENT DUTY HOURS AND 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.

Supervision of students

1. All patient care must be supervised by qualified residents or faculty.
2. 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.

Duty hours

1. 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.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. 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.

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.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.
3. 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.

XX. STUDENT PARTICIPATION IN CLINICAL ACTIVITIES INVOLVING PERSONAL RISK

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.

XXI. 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 The Exposure and Needle Stick 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.

XXII. USMLE REQUIREMENTS: 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 can be found on the [website](#).

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CURRICULUM OVERVIEW

In this section:

- I. Curriculum Schematic
- II. Academic Calendar
- III. Academic Requirements for Graduation
- IV. Scholarly Concentration Requirement
- V. Required Pre-Clerkship Courses
- VI. Calendar of Clerkship Periods
- VII. Clerkship Requirements
- VIII. Clinical Performance Examination (CPX)

I. CURRICULUM SCHEMATIC

	Autumn	Winter	Spring						
Year 1	FOUNDATIONS OF MEDICINE I <ul style="list-style-type: none"> • Cells to Tissues • Molecular Foundations of Medicine 	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 						
	<ul style="list-style-type: none"> • Applied Biochemistry • Genetics • Development & Disease Mechanisms • Basic Cardiac Life Support 	FOUNDATIONS OF MEDICINE II <ul style="list-style-type: none"> • The Nervous System • Immunology • Gross Anatomy of Head & Neck 							
	Gross Anatomy								
	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								
	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	

AUTUMN QUARTER (TERM CODE 1132; MD PROGRAM Q1 AND Q4)

Aug 1	Wed	Acess opens for autumn quarter course enrollment
Aug 17	Fri	SWEAT orientation
Aug 18-21	Sat-Tues	MD – SWEAT trip
Aug 23	Thu	MD – First-year University housing move-in date
Aug 22-24	Wed-Fri	MD – New student orientation
Aug 24	Fri	MD – Stethoscope Ceremony—Invitation only
Aug 27	Mon	MD – Instruction begins for first-year students
Aug 30	Thu	MD – Instruction begins for second-year students
Sep 3	Mon	Labor Day (holiday; no classes)
Sep 14	Fri	At status enrollment deadline in order to receive stipend or financial aid refund by first day of term (5 p.m.)
Sep 21-23	Fri–Sun	GRAD – Bioscience graduate student camping trip
Sep 24	Mon	GRAD – Bioscience graduate student orientation
Sep 24	Mon	First day of autumn quarter; GRAD instruction begins
Sep 24	Mon	Deadline (5 p.m.) to file for leave of absence in autumn quarter with full refund
Sep 24	Mon	Deadline (5 p.m.) to file preliminary study list with sufficient units for student to be “at status”
Sep 24	Mon	MD – First day of clerkships for Period 4
Oct 1	Mon	MD – Deadline for second-year students to declare Scholarly Concentration
Oct 12	Fri	MD – INDE 297 session for clinical students (Period 4)
Oct 12	Fri	Deadline (5 p.m.) to file final study list (add/drop, adjust units for variable-unit course)
Oct 22	Mon	MD – First day of clerkships for Period 5
Nov 6	Tue	Deadline (5 p.m.) to file for term withdrawal with partial refund
Nov 16	Fri	Deadline (5 p.m.) to file change to grading basis
Nov 16	Fri	Course withdrawal deadline except GSB, LAW, MD
Nov 16	Fri	GRAD – Deadline (5 p.m.) to apply for autumn quarter degree conferral
Nov 19	Mon	MD – First day of clerkships for Period 6
Nov 19–23	Mon–Fri	Thanksgiving recess (no classes)
Dec 7	Fri	MD – INDE 297 session for clinical students (Period 6)
Dec 3-9	Mon–Sun	End-Quarter Period (“Dead Week”)
Dec 7	Fri	Last day of instruction (unless class meets on Saturday); last day to arrange for an Incomplete in a course
Dec 7	Fri	GRAD – Deadline (12 p.m., noon) to submit thesis/dissertation for autumn quarter degree conferral
Dec 10-14	Mon–Fri	End-Quarter examinations
Dec 17–Jan 6	Mon–Sun	Winter Break (no classes)
Dec 18	Tue	Grades due at 11:59 p.m.
Jan 10	Thu	Conferral of degrees for autumn quarter

WINTER QUARTER (TERM CODE 1134; MD PROGRAM Q2 AND Q5)

Oct 28	Sun	Acess opens for winter quarter course enrollment
Dec 28	Fri	At status enrollment deadline in order to receive stipend or financial aid refund by first day of term (5 p.m.)
Jan 7	Mon	First day of winter quarter; instruction begins for all students
Jan 7	Mon	Deadline (5 p.m.) to file for leave of absence in winter quarter with full refund
Jan 7	Mon	Deadline (5 p.m.) to file preliminary study list with sufficient units for student to be “at status”
Jan 7	Mon	MD – First day of clerkships for Period 7
Jan 21	Mon	Martin Luther King, Jr., Day (holiday; no classes)
Jan 25	Fri	Deadline (5 p.m.) to file final study list (add/drop, adjust units for variable-unit course)
Feb 4	Mon	MD – First day of clerkships for Period 8
Feb 18	Mon	Presidents Day (holiday; no classes)
Feb 20	Wed	Deadline (5 p.m.) to file for term withdrawal with partial refund
Feb 22	Fri	MD – INDE 297 session for clinical students (Period 8)
Feb 27-Mar 3	Wed–Sun	GRAD – Bioscience Admissions Interview Session
Mar 1	Fri	Deadline (5 p.m.) to file change to grading basis
Mar 1	Fri	Course withdrawal deadline except GSB, LAW, MD
Mar 1	Fri	GRAD – Deadline (5 p.m.) to apply for winter quarter degree conferral
Mar 4	Mon	MD – First day of clerkships for Period 9
Mar 11-17	Mon–Sun	End-Quarter Period (“Dead Week”)
Mar 15	Fri	MD – Match Day
Mar 15	Fri	Last day of instruction (unless class meets on Saturday); last day to arrange for an Incomplete in a course
Mar 15	Fri	GRAD – Deadline (12 p.m., noon) to submit thesis/dissertation for winter quarter degree conferral
Mar 18-22	Mon–Fri	End-Quarter examinations
Mar 25–31	Mon–Sun	Spring Break (no classes) for non-clinical students
Mar 26	Tue	Grades due at 11:59 p.m.
April 4	Thu	Conferral of degrees for winter quarter

SPRING QUARTER (TERM CODE 1136; MD PROGRAM Q3 AND Q6)

Feb 10	Sun	Acess opens for spring quarter course enrollment
Mar 22	Fri	At status enrollment deadline in order to receive stipend or financial aid refund by first day of term (5 p.m.)
Apr 1	Mon	First day of spring quarter; instruction begins for all students
Apr 1	Mon	Deadline (5 p.m.) to file for leave of absence in spring quarter with full refund
Apr 1	Mon	Deadline (5 p.m.) to file preliminary study list with sufficient units for student to be "at status"
Apr 1	Mon	MD – First day of clerkships for Period 10
Apr 12	Fri	Deadline (5 p.m.) to apply for spring quarter degree conferral
Apr 19	Fri	MD – INDE 297 session for clinical students (Period 10)
Apr 19	Fri	Deadline (5 p.m.) to file final study list (add/drop, adjust units for variable-unit course)
Apr 29	Mon	MD – First day of clerkships for Period 11
May 14	Tue	Deadline (5 p.m.) to file for term withdrawal with partial refund
May 24	Fri	Deadline (5 p.m.) to file change to grading basis
May 24	Fri	Course withdrawal deadline except GSB, LAW, MD
May 27	Mon	MD – First day of clerkships for Period 12
May 27	Mon	Memorial Day (holiday; no classes)
May 28	Tue	MD – First day of instruction Q6 POM
May 31-Jun 6	Fri–Thu	GRAD – End-Quarter period ("Dead Week")
Jun 5	Wed	GRAD – Last day of instruction; last day to arrange for an Incomplete in a course
Jun 5	Wed	GRAD – Deadline (12 p.m., noon) to submit thesis/dissertation for spring quarter degree conferral
Jun 6	Thu	GRAD – Day before finals (no classes)
Jun 7-12	Fri–Wed	GRAD – End-Quarter examinations
Jun 12	Wed	Last day of spring quarter
Jun 13	Thu	Grades for graduating students due at 12 p.m., noon
Jun 14	Fri	MD – INDE 297 session for clinical students (Period 12)
Jun 15	Sat	School of Medicine Commencement (all degree programs)
Jun 16	Sun	Stanford University Commencement
Jun 18	Tue	Grades for non-graduating students due at 11:59 p.m.
Jun 21	Fri	MD – Last day of instruction Q6 POM
Jun 24–30	Mon–Sun	MD – Summer Break for clinical students

SUMMER QUARTER (TERM CODE 1138)

Apr 14	Sun	Acess opens for summer quarter course enrollment
Jun 14	Fri	At status enrollment deadline in order to receive stipend or financial aid refund by first day of term (5 p.m.)
Jun 24	Mon	First day of summer quarter; instruction begins for all students
Jun 24	Mon	Deadline (5 p.m.) to file for leave of absence in summer quarter with full refund
Jun 24	Mon	Deadline (5 p.m.) to file preliminary study list with sufficient units for student to be "at status"
Jul 1	Mon	MD – First day of clerkships for Period 1
Jul 4	Wed	Independence Day (holiday; no classes)
Jul 5	Fri	Deadline (5 p.m.) to file final study list (add/drop, adjust units for variable-unit course)
Jul 26	Fri	Deadline (5 p.m.) to file for term withdrawal with partial refund
Jul 29	Mon	MD – First day of clerkships for Period 2
Aug 2	Fri	Deadline (5 p.m.) to file change to grading basis
Aug 2	Fri	Course withdrawal deadline except GSB, LAW, MD
Aug 2	Fri	GRAD – Deadline (5 p.m.) to apply for summer quarter degree conferral
Aug 10-15	Sat–Thu	End-quarter period ("Dead Week")
Aug 15	Thu	Last day of instruction; last day to arrange for an Incomplete in a course
Aug 16	Fri	MD – INDE 297 session for clinical students (Period 2)
Aug 16-17	Fri–Sat	End-quarter examinations
Aug 17	Sat	Last day of summer quarter
Aug 20	Tue	Grades due at 11:59 p.m.
Aug 26	Mon	MD – First day of clerkships for Period 3
Aug 30	Fri	GRAD – Deadline (12 p.m., noon) to submit thesis/dissertation for summer quarter degree conferral
Sep 26	Thu	Conferral of degrees for summer quarter

Applies to all programs, unless otherwise noted: "MD" for MD program, "GRAD" for MS/PhD programs. Dates are subject to change.

Updated March 27, 2012

III. ACADEMIC REQUIREMENTS FOR GRADUATION

Students Entering Academic Year 2009-10, 2010-11, 2011-12, 2012-13

In addition to satisfying the requirements for the MD degree, students entering in Academic Year 2009-10, 2010-2011, 2011-12, 2012-13 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 Entering Academic Year 2009-10 thru 2012-13

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 Entering Academic Year 2007-08 or 2008-09

In addition to satisfying the requirements for the MD degree, 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 Entering Academic Year 2007-08 or 2008-09

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

updated August 5, 2008

Students Entering Academic Year 2006-07

In addition to satisfying the requirements for the MD, 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 Entering Academic Year 2006-07

		Autumn Year 1 (Q1)			Autumn Year 2 (Q4)	
		INDE 201	11		INDE 204	10
		Practice of Medicine I			Practice of Medicine IV	
		SURG 203A	11		INDE 222: HHD III	15
		Human Anatomy I			Renal/Genitourinary System	
Weeks 1-4		BIOC 205	3		Gastrointestinal/Hepatic System	
		Molecular Foundations of Medicine			Endocrine/Reproductive System	
		INDE 216 (SBIO 204 in 03-04)	3		Women's Health	
		Cells to Tissues			Total	25
		SURG 201	1			
		Basic Cardiac Life Support				
Weeks 5-13		BIOC 202	3		Winter Year 2 (Q5)	
		Biochemistry Review Course			INDE 205	8
		DBIO 201	4		Practice of Medicine V	
		Development and Disease Mechanisms			INDE 223: HHD IV	11
		GENE 202 (or GENE 203)	4		Brain and Behavior	
		Human Genetics		Hematologic System		
		Total	40		Systemic Infections	
					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			
		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 I				
		Total	20			
					Total pre-clerkship units:	140
					Clinical clerkships:	
					ANES 306A,N,P	6
					INDE 301A	6
					MED 300A	12
					MED 313A	6
					NENS 301A	6
					OB/GYN 300A	9
					PEDS 300A	12
					PSYC 300A	6
					SURG 300A	12
					Selectives	12
					Electives	6
					Total clerkship units:	93
					Other Clinical requirements:	
					MED 295 (ACLS)	2
					INDE 297	4
					Total for graduation	239

updated August 7, 2008

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

In addition to satisfying the requirements for the MD degree, 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 Entering Academic Year 2002-03 or Prior

In addition to satisfying the requirements for the MD degree, 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.

IV. 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.*

For More Information

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

V. REQUIRED PRE-CLERKSHIP COURSES

Year 1, Q1: Autumn (13 weeks)

INDE 201-Practice of Medicine I	SURG 201-Basic Cardiac Life Support
SURG 203A-Human Anatomy	

INDE 201: Practice of Medicine I

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. Core clinical skills are acquired through hands-on practice, and evaluated through an extensive program of simulated medical encounters, in which students interview, examine, and manage patients in a mock clinic. The information literacy thread introduces students to informatics and knowledge management, biomedical informatics, and evidence-based medicine searching. Nutrition principles are acquired through interactive, web-based instruction, and reinforced through problem-based learning cases, which run in parallel to the basic science components over the first year. In epidemiology students learn 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. Health care policy covers such topics as health insurance, physician payment, health care costs, access, measurement and improvement of quality, regulation and health care reform. Biomedical ethics includes important ethical issues in medical practice, such as confidentiality, privacy, and ethical issues relating to medical students. The population health curriculum exposes students to concepts of public health, community action, and advocacy, and includes a year-long, community-based project. At the end of this quarter students participate in a performance-based assessment of the medical interview skills.

SURG 203A: Clinical Anatomy

Introduction to human structure and function presented from a clinical perspective. Includes clinical scenarios, frequently used medical imaging techniques, and interventional procedures to illustrate the underlying anatomy. Students are required to attend lectures and engage in dissection of the human body in the anatomy laboratory. Surgery 203A presents structures of the thorax, abdomen, pelvis, back, upper and lower limbs.

SURG 201: Basic Cardiac Life Support

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.

Year 1, Q1: Autumn (Weeks 1-5)

BIOC 205-Molecular Foundations of Medicine	INDE 216-Cells to Tissue
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BIOC 205: Molecular Foundations of Medicine

For medical students. Topics include DNA structure, replication, repair, and recombination; gene expression, including mechanisms for regulating transcription and translation; chromosome structure and function; gene cloning, protein engineering, and genomics. Patient presentations and journal clubs illustrate how molecular biology affects the practice of medicine.

INDE 216: Cells to Tissues

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, connective tissue, muscle, bone and cartilage. Patient presentations and small group discussions of current medical literature illustrate how cell biology influences medical practice.

Year 1, Q1: Autumn (Weeks 6-13)

BIOC 200-Applied Biochemistry	DBIO 201-Development and Disease Mechanisms
GENE 202-Human Genetics	

BIOC 200: Applied Biochemistry

Enrollment limited to MD candidates. 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.

GENE 202: Human Genetics

Utilizes lectures and small group discussions to develop a working knowledge of human genetics as applicable to clinical medicine and research. Basic principles of inheritance, risk assessment, and population genetics, illustrated by using clinical examples drawn from diverse areas of medical genetics practice including prenatal, pediatric, adult and cancer genetics. Practical aspects of molecular and cytogenetic diagnostic methods emphasized. Existing and emerging treatment strategies for single gene disorders also covered. Prerequisites: biochemistry; basic genetics.

DBIO 201: Development and Disease Mechanisms

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.

Year 1, Q2: Winter (9 weeks)

INDE 202-Practice of Medicine II	INDE 220-Human Health and Disease
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	<u>I</u>
<u>IMMUNOL 205-Immunology in Health and Disease</u>	<u>NBIO 206-The Nervous System</u>
<u>SURG 203B-Clinical Anatomy</u>	

INDE 202: Practice of Medicine II

Medical interview and physical examination skills, information literacy, nutrition principles, evidence-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.

IMMUNOL 205: Immunology in Health and Disease

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.

SURG 203B: Clinical Anatomy

Continues the introduction to human structure and function from a clinical perspective. Includes clinical scenarios, frequently used medical imaging techniques, and interventional procedures to illustrate the underlying anatomy. Students are required to attend lectures and engage in dissection of the human body in the anatomy laboratory. Surgery 203B presents structures of the head and neck.

INDE 220: Human Health and Disease I

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).

NBIO 206: The Nervous System

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.

Year 1, Q3: Spring (9 weeks)

<u>INDE 203-Practice of Medicine III</u>	<u>INDE 221-Human Health and Disease II</u>
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INDE 203: Practice of Medicine III

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 transition from comprehensive to problem-focused patient encounters. Students also gain exposure to geriatrics, pediatrics, and interprofessional healthcare teams, 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

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 2, Q4: Autumn (13 weeks)

INDE 204-Practice of Medicine IV	INDE 222-Human Health and Disease III
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INDE 204: Practice of Medicine IV

The second year of the Practice of Medicine series (INDE 204 and 205) emphasizes clinical reasoning, clinical practicum, and clinical procedures. Students continue 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 spend one-half day per week in a clinical setting, practicing medical interview, physical examination skills, oral presentations, and clinical note-writing under the mentorship of a clinical tutor. In the practicum, students also gain experience with other practical aspects of patient care. The Clinical Procedures segment introduces common and important procedures in clinical practice, including phlebotomy, intravenous line insertion, and electrocardiography.

INDE 222: Human Health and Disease III

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 2, Q5: Winter (9 weeks)

INDE 205-Practice of Medicine V	INDE 233-Human Health and Disease IV
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INDE 205: Practice of Medicine V

Continued emphasis on clinical reasoning, clinical practicum, and clinical procedures. Students continue 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 spend one-half day per week in a clinical setting, practicing medical interview, physical examination skills, oral presentations, and clinical note-writing under the mentorship of a clinical tutor. In the practicum, students also gain experience with other practical aspects of patient care. For the Clinical Procedures segment, students will have an opportunity in the Emergency Department to practice performing procedures learned in the previous quarter. 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.

INDE 223: Human Health and Disease IV

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

Year 2, Q6: Spring (4 weeks)

INDE 206-Practice of Medicine VI	
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INDE 206: Practice of Medicine VI

This last segment of the Practice of Medicine series is an intensive, four-week learning experience to consolidate clinical skills from prior quarters, and a final preparation for transition to clerkships. An extensive series of workshops covers topics such as dermatology, ophthalmology, advanced clinical reasoning, advanced presentations, bedside skills, ethics, palliative medicine, advanced sexual history, electronic medical record, ekg interpretation, intravenous fluid and electrolyte management. Students practice clinical procedures with task trainers and on a cadaver. This quarter also includes a professionalism series to prepare students for entry into clinical practice. Special clinical practice sessions are held as a capstone to clinical skills preparation.

Please visit <http://med.stanford.edu/md/curriculum/schedules.html> for a schedule of classes.

VII. CALENDAR OF CLERKSHIP PERIODS

2012-2013 CALENDAR OF CLERKSHIP PERIODS

SUMMER QUARTER

PERIOD 1	July 2 - July 29, 2012
PERIOD 2	July 30 - August 26, 2012
PERIOD 3	August 27 - September 23, 2012

AUTUMN QUARTER

PERIOD 4	September 24 - October 21, 2012
PERIOD 5	October 22 - November 18, 2012
PERIOD 6	November 19 - December 16, 2012

HOLIDAY BREAK	December 17, 2012 – January 6, 2013
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WINTER QUARTER

PERIOD 7	January 7 – February 3, 2013
PERIOD 8	February 4 – March 3, 2013
PERIOD 9	March 4 – March 31, 2013

SPRING QUARTER

PERIOD 10	April 1 - April 28, 2013
PERIOD 11	April 29 - May 26, 2013
PERIOD 12	May 27 - June 23, 2013

SUMMER BREAK	June 24 – June 30, 2013
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DATES FOR SCHEDULING VISITING STUDENTS

Visiting students will be scheduled as follows:

SUMMER QUARTER (Periods 1, 2, 3)	May 11, 2012
AUTUMN QUARTER (Periods 4, 5, 6)	August 10, 2012
WINTER QUARTER (Periods 7, 8, 9)	November 9, 2012
SPRING QUARTER (Periods 10, 11, 12)	February 8, 2013

VII. CLERKSHIP REQUIREMENTS

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	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)

- *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*

These clerkships may be completed any time prior to graduation:

Clerkship #	Units
Selective I: Fundamentals of Clinical Care	6 (1 month)
Selective II: Subinternship	6 (1 month)
Elective	6 (1 month)

VIII. CLINICAL PERFORMANCE EXAM (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>

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ASSESSMENT OF STUDENT ACADEMIC PERFORMANCE

In this section:

- I. Evaluation of Performance in Courses
- II. Evaluation of Performance in Clinical Clerkships
- III. Standardized Patient Teaching and Assessment Activities
- IV. Medical Student Performance Evaluation (MSPE)

I. 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 are responsible for notifying the Assistant Dean of Student Affairs prior to the examination. The Assistant Dean for Student Affairs coordinates with the Course Director for the accommodation to be made. Students should not seek to arrange accommodations directly from course directors, coordinators or any other teaching faculty.
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

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).

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 Disease

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

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 CP3.

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 CP3 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 CP3 will be notified.

II. EVALUATION OF PERFORMANCE IN CLINICAL CLERKSHIPS

Criterion-Based Evaluation Initiative (CBEI)

CBEI refers to the evaluation system used in required clerkships at Stanford. Student performance is assessed in three domains: Patient Care, Professionalism and Interpersonal Communication, and knowledge - as measured by a final written exam. Students whose performance meets established criteria in each domain receive a mark of Pass with Distinction. All students are eligible to earn Pass with Distinction, independently of how other students perform. Performance in each domain is reported separately in the Medical Student Performance Evaluation (MSPE), without reference to an overall grade.

Summary of Criteria:

Patient Care

Pass

- Direct observations of clinical skills completed (2 per clerkship)
- RIME Interpreter

Pass with Distinction

- Direct observations of clinical skills completed (2 per clerkship)
- RIME Manager

Professionalism and Interpersonal Communication

Pass

- No concerns
- Patient logs, other assignments complete

Pass with Distinction

- No concerns
- Patient logs, other assignments complete
- Multisource feedback requested from one patient, one non-MD staff member, one peer
- Evidence of Exceptional Professionalism and Interpersonal Communication (with both patients and members of the medical team)

Final Exam

	Pass	Pass with Distinction
Ambulatory Medicine	65%	82%
Critical Care	50%	80%
Family Medicine	65%	85%
Internal Medicine*	65	80
Neurology*	61	76
OBGYN*	62	77
Pediatrics*	62	80
Psychiatry*	63	84
Surgery*	60	77

* Clerkship uses NBME Subject Exam. Passing score reflects 5-10th percentile nationally; Pass with Distinction reflects 75th-80th percentile nationally.

Electives/Selective Clerkship Grading

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

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.

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 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.

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.

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.

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COMMITTEE ON PERFORMANCE, PROFESSIONALISM AND PROMOTION (CP³)

In this section:

- I. Introduction
- II. Standards for Performance and Satisfactory Progress
- III. Promotion
- IV. Procedures for Addressing Performance, Professional and Technical
Concerns
- V. Appendix: Chart of CP³ Responses to Student Issues

I. 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.

II. 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.

III. 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.

IV. 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.

V. 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.

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UNIVERSITY POLICIES

In this section:

- I. Stanford University Policies
- II. Nondiscrimination Policy
- III. Judicial Affairs and Student Conduct
- IV. Policy on Sexual Harassment and Consensual Sexual or Romantic Relationships
- V. Student Academic Grievance Procedure
- VI. Childbirth Accommodation Policy for Woman Graduate Students
- VII. Ownership and Use of Stanford Name and Trademarks
- VIII. Computer and Network Usage Policy
- IX. Copyright
- X. Smoke-Free Environment
- XI. Campus Safety and Criminal Statistics

I. 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.

II. 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 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; Stanford also prohibits unlawful harassment including sexual harassment and sexual violence. The following person has been designated to handle inquiries regarding this nondiscrimination policy including under Title IX: Rosa Gonzalez, Director of the Diversity and Access Office and Title IX Coordinator. 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).

III. 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.

IV. 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.

V. STUDENT ACADEMIC GRIEVANCE PROCEDURE

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.

VI. 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.

VII. 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.

VIII. 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.

IX. 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

X. 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.

XI. 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.