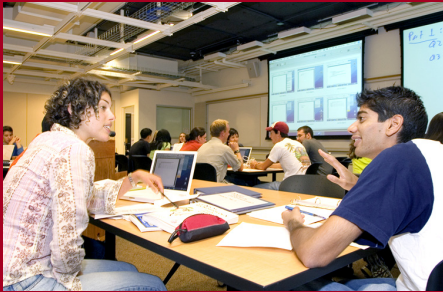




MD PROGRAM HANDBOOK:



PROCEDURES, POLICIES AND
ESSENTIAL INFORMATION



ACADEMIC YEAR 2007-2008



STANFORD
SCHOOL OF MEDICINE

Stanford University Medical Center



EMERGENCY NUMBERS

For Fire-Police-Medical Emergencies from medical center phones	286
From pay phones, cell phones, and non-medical center campus phones (Outdoor Blue Tower Phones will automatically reach the 911 operator)	911
Needlestick and Exposure Hotline	498-4000
Sexual Assault, Counseling for Students	725-9955
Medical Center Escort Service	723-7222
Main Campus Escort Service	725-7873

Compiled and published by Educational Programs and Services at the Stanford University School of Medicine, January 2008.
This document and updates to its contents are posted online at <http://med.stanford.edu/md/policies/>.

Every effort is made to ensure the information contained in this handbook is accurate and current at the time the handbook goes to press. Stanford University School of Medicine reserves the right to make changes in applicable regulations, procedures, policies, requirements, and other information contained in this document at any time without notice.

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1. SCHOOL OF MEDICINE

1.1 School of Medicine Academic Calendar

1.2 School of Medicine Departments and Interdepartmental Programs

1.3 Directories

- Oversight of the MD Curriculum
- MD Student Support Services

1.1 SCHOOL OF MEDICINE ACADEMIC CALENDAR 2007-08: AUTUMN AND WINTER**AUTUMN QUARTER (TERM CODE 1082; MD PROGRAM Q1 AND Q4)**

August 20	Mon	Axess opens for autumn quarter course enrollment
August 22	Wed	MD – University housing move-in date; SWEAT orientation
August 23-26	Thu-Sun	MD – SWEAT trip
August 27-29	Mon-Wed	MD – New student orientation
August 29	Wed	MD – Instruction begins for first-year Practice of Medicine
August 29	Wed	MD – Dean’s Reception and Stethoscope Ceremony (invitation only)
August 30	Thu	MD – Instruction begins for MD courses other than first-year Practice of Medicine
September 3	Mon	Labor Day (holiday; no classes)
September 21-23	Fri-Sun	GRAD – Bioscience graduate student camping trip
September 24	Mon	First day of autumn quarter
September 24	Mon	MD – First day of clerkships for Period 4
September 24	Mon	GRAD – Instruction begins
September 24	Mon	GRAD – Bioscience graduate student orientation
September 27	Thu	GRAD – Conferral of degrees for summer quarter
October 1	Mon	MD – Scholarly Concentration declaration deadline for first-year students
October 7	Sun	Last day to file study list
October 14	Sun	Last day for adding courses
October 19	Fri	MD – Translating Discoveries session for clinical students (Period 4)
October 21	Sun	Last day for dropping courses
October 22	Mon	MD – First day of clerkships for Period 5
November 18	Sun	GRAD – Deadline to apply for autumn quarter degree conferral
November 19	Mon	MD – First day of clerkships for Period 6
November 19-23	Mon-Fri	Thanksgiving recess (no classes)
December 3-9	Mon-Sun	End-Quarter Period (“Dead Week”)
December 7	Fri	Last day of instruction
December 7	Fri	MD – Translating Discoveries session for clinical students (Period 6)
December 10-14	Mon-Fri	End-Quarter examinations
December 14	Fri	GRAD – Last day to submit dissertation for autumn degree conferral
December 17-January 6	Mon-Sun	MD – Winter Break for first-year Practice of Medicine and clinical students (no classes)
December 17-January 7	Mon-Mon	Winter Break for GRAD and second-year Practice of Medicine MD students (no classes)
December 18	Tue	Grades due at 11:59 p.m.

WINTER QUARTER (TERM CODE 1084; MD PROGRAM Q2 AND Q5)

November 19	Mon	Axess opens for winter quarter course enrollment
January 7	Mon	MD – First day of clerkships for Period 7
January 7	Mon	MD – Instruction begins for first-year Practice of Medicine
January 8	Tue	First day of winter quarter
January 8	Tue	Instruction begins for courses other than first-year Practice of Medicine
January 10	Thu	GRAD – Conferral of degrees for autumn quarter
January 21	Mon	Martin Luther King, Jr., Day (holiday, no classes)
January 21	Mon	Last day to file study list
January 27	Sun	Last day for adding courses
February 3	Sun	Last day for dropping courses
February 4	Mon	MD – First day of clerkships for Period 8
February 18	Mon	President’s Day (holiday, no classes)
February 22	Fri	MD – Translating Discoveries session for clinical students (Period 8)
February 27-March 2	Wed-Sun	GRAD – Bioscience admissions interview weekend
March 2	Sun	GRAD – Deadline to apply for winter quarter degree conferral
March 3	Mon	MD – First day of clerkships for Period 9
March 10-16	Mon-Sun	End-Quarter Period (“Dead Week”)
March 14	Fri	Last day of instruction
March 17-21	Mon-Fri	End-Quarter examinations
March 20	Thu	MD – Match Day
March 21	Fri	GRAD – Last day to submit dissertation for winter degree conferral
March 24-30	Mon-Sun	MD – Spring Break for preclinical students (no classes)
March 24-31	Mon-Mon	GRAD – Spring Break (no classes)
March 25	Tue	Grades due at 11:59 p.m.

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

SCHOOL OF MEDICINE ACADEMIC CALENDAR 2007-08: SPRING AND SUMMER**SPRING QUARTER (TERM CODE 1086; MD PROGRAM Q3 AND Q6)**

March 10	Mon	Acess opens for spring quarter course enrollment
March 31	Mon	MD – First day of clerkships for Period 10
March 31	Mon	MD – Instruction begins for first- and second-year Practice of Medicine
April 1	Tue	First day of spring quarter
April 1	Tue	Instruction begins for courses other than Practice of Medicine
April 3	Thu	GRAD – Conferral of degrees for winter quarter
April 13	Sun	Last day to file study list
April 13	Sun	Deadline to apply for spring quarter degree conferral
April 18	Fri	MD – Translating Discoveries session for clinical students (Period 10)
April 18	Fri	MD – 25 th Annual Stanford Medical Student Research Symposium
April 20	Sun	Last day for adding courses
April 25	Fri	MD – Last day of instruction for second-year students
April 27	Sun	Last day for dropping courses
April 28	Mon	MD – First day of clerkships for Period 11
May 26	Mon	Memorial Day (holiday, no classes)
May 26	Mon	MD – First day of clerkships for Period 12
May 30-June 5	Fri-Thu	End-Quarter period (“Dead Week”)
June 4	Wed	Last day of instruction for GRAD and first-year MD students
June 5	Thu	Day before finals (no classes)
June 6	Fri	GRAD – Last day to submit dissertation for spring degree conferral
June 6-11	Fri-Wed	End-Quarter examinations
June 12	Thu	Grades for graduating students due at noon
June 13	Fri	MD – Translating Discoveries session for clinical students (Period 12)
June 14	Sat	School of Medicine Commencement (all degree programs)
June 15	Sun	Stanford University Commencement
June 17	Tue	Grades for non-graduating students due at 11:59 p.m.
June 23-29	Mon-Sun	MD – Vacation for clinical students

SUMMER QUARTER (TERM CODE 1088)

April 14	Mon	Acess opens for summer quarter course enrollment
June 24	Tue	First day of summer quarter
June 24	Tue	Instruction begins
June 29	Sun	Last day to file study list
June 30	Mon	MD – First day of clerkships for Period 1
July 4	Fri	Independence Day observance (holiday, no classes)
July 6	Sun	Last day for adding courses
July 13	Sun	Last day for dropping courses
July 28	Mon	MD – First day of clerkships for Period 2
August 3	Sun	GRAD – Deadline to apply for summer quarter degree conferral
August 9-14	Sat-Thu	End-quarter period (“Dead Week”)
August 14	Thu	Last day of instruction
August 15	Fri	MD – Translating Discoveries session for clinical students (Period 2)
August 15-16	Fri-Sat	End-quarter examinations
August 19	Tue	Grades due at 11:59 p.m.
August 25	Mon	MD – First day of clerkships for Period 3
September 19	Fri	GRAD – Last day to submit dissertation for summer degree conferral

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

1.2 SCHOOL OF MEDICINE DEPARTMENTS AND INTERDEPARTMENTAL PROGRAMS

BASIC SCIENCE DEPARTMENTS:

- Biochemistry
- Bioengineering
- Chemical and Systems Biology
- Developmental Biology
- Genetics
- Health Research and Policy
- Microbiology and Immunology
- Molecular and Cellular Physiology
- Neurobiology
- Structural Biology

CLINICAL DEPARTMENTS:

- Anesthesia
- Cardiothoracic Surgery
- Comparative Medicine
- Dermatology
- Medicine
- Neurology & Neurological Sciences
- Neurosurgery
- Obstetrics and Gynecology
- Ophthalmology
- Orthopedic Surgery
- Otolaryngology, Head and Neck Surgery
- Pathology
- Pediatrics
- Psychiatry and Behavioral Sciences
- Radiation Oncology
- Radiology
- Surgery
- Urology

INTERDEPARTMENTAL GRADUATE PROGRAMS:

- Biomedical Informatics
- Biophysics
- Cancer Biology
- Immunology
- Neurosciences

STANFORD INSTITUTES OF MEDICINE:

- Cardiovascular Institute
- Comprehensive Cancer Center
- Institute for Immunity, Transplantation and Infection
- Institute for Stem Cell Biology and Regenerative Medicine
- Neuroscience Institute

OTHER:

- Center for Biomedical Ethics
- Center for Education in Family and Community Medicine

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2. REQUIREMENTS FOR THE MD DEGREE

- 2.1 Specification of Requirements for Graduation with the MD Degree
- 2.2 Competencies and Objectives for Medical Student Education
- 2,3 Data Security and Privacy (HIPAA) Training
- 2.4 Safety Training
- 2.5 Academic Requirements
 - MD Program Curriculum – Overview (Color Schematic)
 - Students Matriculating Academic Year 2007-08 or Later
 - Students Matriculating Academic Year 2006-07
 - Students Matriculating Academic Years 2003-04, 2004-05, or 2005-06
 - Students Matriculating Academic Year 2002-03 or Prior
- 2.6 United States Medical Licensing Examination (USMLE)
- 2.7 School of Medicine Statement on Professionalism
- 2.8 School of Medicine Technical, Non-Academic Standards
- 2.9 Note on Licensure

2.1 SPECIFICATION OF REQUIREMENTS FOR GRADUATION WITH THE MD DEGREE

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

1. Satisfaction of Academic Requirements: To graduate, students must satisfy all academic requirements, as delineated in Section 2.5 of this handbook.
2. United States Medical Licensing Examination: To graduate, students must achieve overall passes on the USMLE Step 1 and Step 2 CK (Clinical Knowledge) examinations, and must have taken the Step 2 CS (Clinical Skills) examination, as described in Section 2.6 of this handbook.
3. Satisfaction of Professionalism Requirements: To graduate, students must meet the standards of professionalism set forth in the *School of Medicine Statement on Professionalism* (see Section 2.7 of this handbook).
4. Satisfaction of Technical Standards: To graduate, students must meet the requirements set forth in the *School of Medicine Technical, Non-Academic Standards* (see Section 2.8 of this handbook).
5. Residency Requirement: 13 quarters of registration at full “Med-MD” tuition. MD degree candidates must be registered for the quarter during which the degree is conferred. Students must apply for conferral of a degree by filing an Application to Graduate on Axess. Students may graduate in any quarter by completing their degree requirements and filing the Application to Graduate by the deadline date for that quarter.
6. Data Security and Privacy (HIPAA) Training: MD degree candidates must be in compliance with Stanford’s HIPAA training requirements (see Section 2.3 of this handbook).
7. Safety Training: MD degree candidates must be in compliance with Bloodborne Pathogens and Safety and Emergency Preparedness training requirements (see Section 2.4 of this handbook).

NOTE: *These requirements may be changed at any time.*

2.2 COMPETENCIES AND OBJECTIVES FOR MEDICAL STUDENT EDUCATION

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

1. *Knowledge of the Basic Medical Sciences and Organ Systems*

A graduate is expected to:

- Know the normal structure and function of the body (as an intact organism) and of each of its major organ systems
- Know the molecular, biochemical, and cellular mechanisms that are important in maintaining the body’s homeostasis

- Know the various causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of maladies and the ways which they operate on the body (pathogenesis)
- Know the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions
- Know the principles of pharmacology, therapeutics, and therapeutic decision-making

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

A graduate **is expected to:**

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

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

A graduate **is expected to:**

- Demonstrate a commitment to advocate at all times for the interests of one's patients over one's own interests

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

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

A graduate **is expected to:**

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

5. Commitment to Ethics and Professionalism

A graduate **is expected to:**

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

6. *Commitment to Personal and Professional Development*

A graduate **is expected to:**

- Demonstrate the capacity to recognize and accept limitations in one's knowledge and clinical skills and a commitment to continuously improve one's knowledge and ability
- Demonstrate a commitment to engage in lifelong learning to stay abreast of relevant scientific, health care, and public health advances
- Demonstrate the ability to retrieve (from electronic databases and other resources), manage, and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations
- Demonstrate a commitment to work collaboratively with colleagues in healthcare, research and leadership teams
- Demonstrate a commitment to optimize patient safety by thoughtful selection and timing of interventions and collaborations with all members of the health care team
- Demonstrate knowledge and proficiency in effective techniques for practice-based learning by individuals and system-wide improvements across the continuum of care
- Demonstrate leadership in the various branches of medicine and the health sciences

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

A graduate **is expected to:**

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

2.3 DATA SECURITY AND PRIVACY (HIPAA) TRAINING

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

2.4 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.

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/>

SAFETY AND EMERGENCY PREPAREDNESS TRAINING

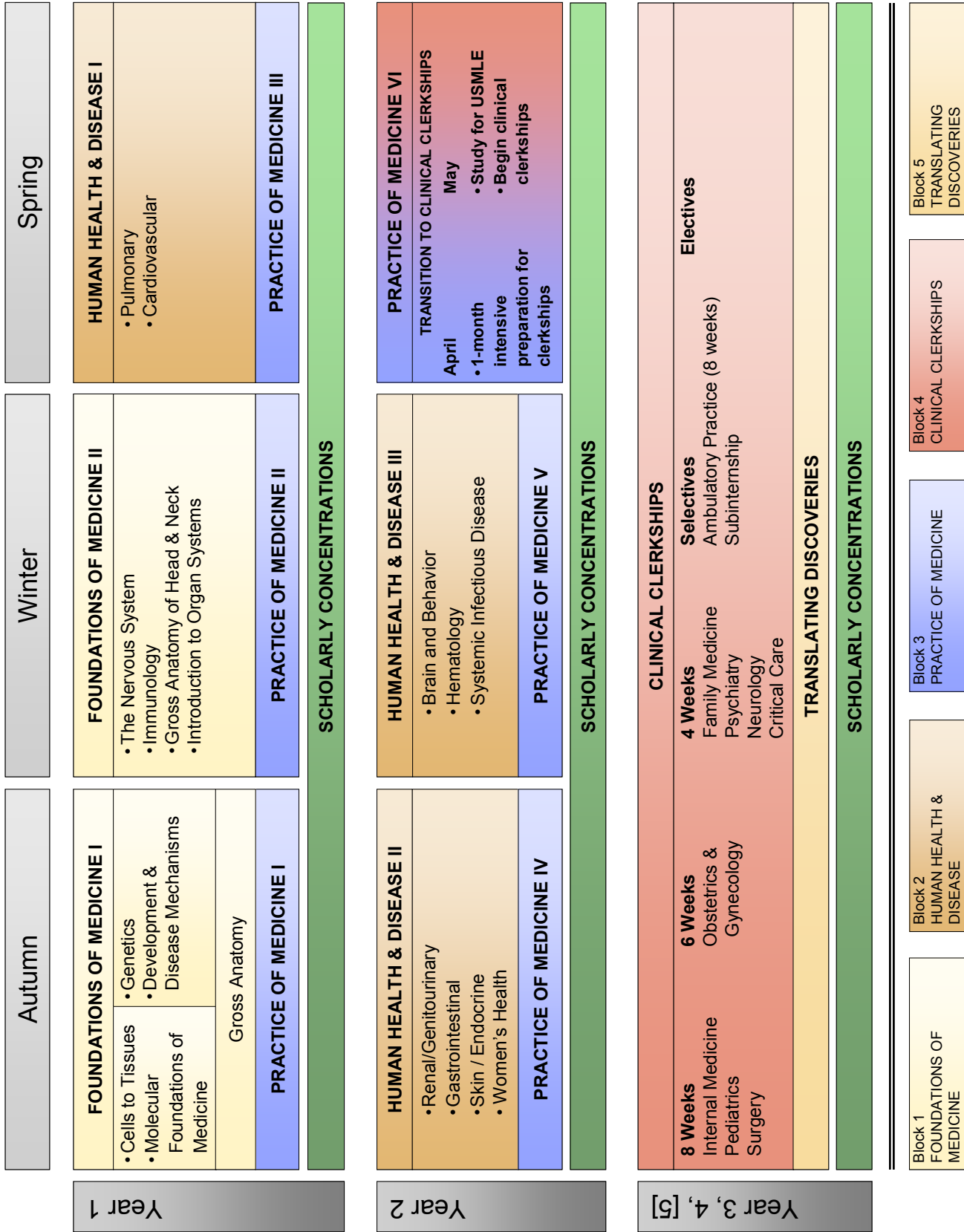
All medical students are required to complete the following three online courses:

- General Safety and Emergency Preparedness (EHS-4200)
- Biosafety (EHS-1500)
- Chemical Safety for Labs (EHS-1900)

These courses are accessed through STARS in AXESS.

2.5 ACADEMIC REQUIREMENTS

MD PROGRAM CURRICULUM – OVERVIEW (COLOR SCHEMATIC)



STUDENTS MATRICULATING ACADEMIC YEAR 2007-08 OR LATERAcademic Units

Satisfactory completion of a minimum total of 252 required academic units as specified in the table *Courses and Units for Students Matriculating Academic Year 2007-08 or Later* (see page 18).

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

Preclinical Curriculum

Students must successfully complete all required courses on the preclinical 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 (see Section 4.6)
- INDE 297 *Translating Discoveries* – 4 units (see Section 4.5)
- MED 255 *Responsible Conduct of Research* – 1 unit
- Scholarly Concentration – Completion of 12 units of coursework and other requirements of a Scholarly Concentration (see Section 3.4)
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (see Section 4.8)
- United States Medical Licensing Examination (USMLE) requirements (see Section 2.6)

COURSES AND UNITS FOR STUDENTS MATRICULATING ACADEMIC YEAR 2007-08 OR LATER

<u>Autumn Year 1 (Q1)</u>		<u>Autumn Year 2 (Q4)</u>		
	INDE 224 (unless exempt)	3	INDE 204	10
	Human Biochemistry		Practice of Medicine IV (P. Basaviah)	
	INDE 201	11	INDE 222: HHD III	15
	Practice of Medicine I (P. Basaviah)		(D. Regula/J. Whitlock/P. Cross/R. Siegel)	
	SURG 203A	11	Renal/Genitourinary System (T. Meyer)	
	Human Anatomy I (J. Gosling/I. Whitmore)		Gastrointestinal/Hepatic System (A. Lowe)	
Weeks 1-4	BIOC 205	3	Endocrine/Male Reproductive System (N. Gesundheit)	
	Molecular Foundations of Medicine		Women's Health (P. Hillard)	
	(G. Chu/M. Krasnow/P. Brown)			
	INDE 216	3	Total	25
	Cells to Tissues (J. Theriot/P. Cross)			
	SURG 201	1	<u>Winter Year 2 (Q5)</u>	
	Basic Cardiac Life Support (R. Smith-Coggins)		INDE 205	8
			Practice of Medicine V (P. Basaviah)	
Weeks 5-13	DBIO 201	4	INDE 223: HHD IV	11
	Development and Disease Mechanisms		(D. Regula/J. Ferrell/P. Cross/R. Siegel)	
	(E. Porzig/S. Kim/D. Kingsley)		Brain and Behavior (R. Fisher)	
	GENE 202 (or GENE 203)	4	Hematologic System (B. Glader)	
	Human Genetics (J. Ford/R. Myers)		Systemic Infections (R. Siegel)	
	Total	40	Total	19
	<u>Winter Year 1 (Q2)</u>		<u>Spring Year 2 (Q6)</u>	
	INDE 202	8	INDE 206	9
	Practice of Medicine II (P. Basaviah)		Practice of Medicine VI (P. Basaviah)	
	INDE 220: HHD I	3	Total	9
	Human Health and Disease: Basic Principles			
	(D. Regula/R. Siegel/J. Whitlock)			
	IMMUNOL 205	4		
	Immunology in Health and Disease (D. Lewis)			
	NBIO 206	8		
	The Nervous System (T. Clandinin)			
	SURG 203B	4		
	Human Anatomy II (J. Gosling/I. Whitmore)			
	Total	27		
	<u>Spring Year 1 (Q3)</u>			
	INDE 203	8		
	Practice of Medicine III (P. Basaviah)			
	INDE 221: HHD II	12		
	(D. Regula/J. Whitlock/P. Cross)			
	Cardiovascular System (B. Kobilka)			
	Respiratory System I (P. Kao)			
	Total	20		
			<u>Total pre-clerkship units:</u>	140
			<u>Clinical clerkships:</u>	
			ANES 306A,N,P (J. Barr)	6
			INDE 301A (E. Schillinger)	6
			MED 300A (R. Chiu)	12
			MED 313A (P. Rudd)	6
			NENS 301A (P. Fisher)	6
			OBGYN 300A (C. DeTata/K. Harney)	9
			PEDS 300A (E. Stuart)	12
			PSYC 300A (C. DeBattista)	6
			SURG 300A (M. Purtill/S. Wren)	12
			Selectives	12
			Elective	6
			Total clerkship units:	93
			<u>Other requirements:</u>	
			MED 255 (Responsible Conduct of Research)	1
			MED 295 (ACLS)	2
			INDE 297 (Translating Discoveries)	4
			Scholarly Concentration coursework	12
			Total for graduation	252

STUDENTS MATRICULATING ACADEMIC YEAR 2006-07Academic 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* (see page 20).

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

Preclinical Curriculum

Students must successfully complete all required courses on the preclinical 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 (see Section 4.6)
- INDE 297 *Translating Discoveries* – 4 units (see Section 4.5)
- Scholarly Concentration - Completion of the requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (see Section 4.8)
- United States Medical Licensing Examination (USMLE) requirements (see Section 2.6)

COURSES AND UNITS FOR STUDENTS MATRICULATING ACADEMIC YEAR 2006-07

<u>Autumn Year 1 (Q1)</u>		<u>Autumn Year 2 (Q4)</u>		
	INDE 201 Practice of Medicine I (C. Braddock)	11	INDE 204 Practice of Medicine IV (P. Basaviah)	10
	SURG 203A Human Anatomy I (L. Mathers)	11	INDE 222: HHD III (D. Regula/J. Whitlock/P. Cross/R. Siegel)	15
Weeks 1-4	BIOC 205 Molecular Foundations of Medicine (P. Brown)	3	Renal/Genitourinary System (T. Meyer)	
	INDE 216 (SBIO 204 in 03-04) Cells to Tissues (J. Theriot/P. Cross)	3	Gastrointestinal/Hepatic System (A. Lowe)	
	SURG 201 Basic Cardiac Life Support (R. Smith-Coggins)	1	Endocrine/Reproductive System (N. Gesundheit)	
			Women's Health (P. Hillard)	
	Total		Total	25
Weeks 5-13	BIOC 202 Biochemistry Review Course (D. Brutlag)	3	<u>Winter Year 2 (Q5)</u>	
	DBIO 201 Development and Disease Mechanisms (D. Kingsley/S. Kim/M. Scott)	4	INDE 205 Practice of Medicine V (P. Basaviah)	8
	GENE 202 (or GENE 203) Human Genetics (J. Ford)	4	INDE 223: HHD IV (D. Regula/J. Ferrell/P. Cross/R. Siegel)	11
			Brain and Behavior (R. Fisher)	
			Hematologic System (B. Glader)	
	Total	40	Systemic Infections (R. Siegel)	
			Total	19
<u>Winter Year 1 (Q2)</u>			<u>Spring Year 2 (Q6)</u>	
	INDE 202 Practice of Medicine II (C. Braddock)	8	INDE 206 Practice of Medicine VI (P. Basaviah)	9
	INDE 220: HHD I Human Health and Disease: Basic Principles (J. Whitlock/R. Siegel)	3		
	IMMUNOL 205 Immunology in Health and Disease (D. Lewis)	4	Total	9
	NBIO 206 The Nervous System (T. Clandinin)	8		
	SURG 203B Human Anatomy II (L. Mathers)	4		
	Total	27		
<u>Spring Year 1 (Q3)</u>			<u>Total pre-clerkship units:</u>	
	INDE 203 Practice of Medicine III (C. Braddock)	8		140
	INDE 221: HHD II (D. Regula/J. Whitlock/P. Cross)	12	<u>Clinical clerkships:</u>	
	Cardiovascular System (B. Kobilka)		ANES 306A,N,P (J. Barr)	6
	Respiratory System I (P. Kao)		INDE 301A (E. Schillinger)	6
	Total	20	MED 300A (R. Chiu)	12
			MED 313A (P. Rudd)	6
			NENS 301A (P. Fisher)	6
			OB/GYN 300A (C. DeTata/K. Harney)	9
			PEDS 300A (E. Stuart)	12
			PSYC 300A (C. DeBattista)	6
			SURG 300A (M. Purtill/S. Wren)	12
			Selectives	12
			Electives	6
			Total clerkship units:	93
			<u>Other Clinical requirements:</u>	
			MED 295 (ACLS)	2
			INDE 297 (Translating Discoveries)	4

updated October 9, 2007

Total for graduation **239**

STUDENTS MATRICULATING ACADEMIC YEAR 2003-04, 2004-05, OR 2005-06Academic 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)* on the Web site, 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 grades in a pre-clerkship course or any uncorrected failing or marginal performance grades in clinical clerkships. Students can graduate with one uncorrected marginal pass in a pre-clerkship course having fewer than eight units.

Preclinical Curriculum

Students must successfully complete all required courses on the preclinical 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 (see Section 4.6)
- INDE 297 *Translating Discoveries* – 4 units (see Section 4.5)
- Scholarly Concentration - Completion of the requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (see Section 4.8)
- United States Medical Licensing Examination (USMLE) requirements (see Section 2.6)

STUDENTS MATRICULATING ACADEMIC YEAR 2002-03 OR PRIOR*

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* on the Web site, 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 grades in a pre-clerkship course or any uncorrected failing or marginal performance grades in clinical clerkships. Students can graduate with one uncorrected marginal pass in a pre-clerkship course having fewer than eight units.

Preclinical Curriculum

Students must successfully complete all required courses on the preclinical 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 (see Section 4.6)
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (see Section 4.8)
- United States Medical Licensing Examination (USMLE) requirements (see Section 2.6)

* *Students beginning clerkships in Period 11 of the 2004-05 academic year or later are also required to complete MED 313A and INDE 297.*

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

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

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

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

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

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

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

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

<http://www.prometric.com>

Scheduling permits for a practice test session may be obtained at:

<http://www.usmle.org>

Testing for Step 2 CS is currently offered at five centers in different areas of the country. Information on the location of the testing centers is available in the *USMLE Bulletin of Information* or at

<http://www.usmle.org/examinations/step2/cs/CSECAAddresses.html>

2.7 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.

2.8 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

I. 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.

II. 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.

III. 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.

IV. 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.

V. 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.

VI. 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, 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 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 Medical Student Life Advisor 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.

2.9 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 peculiar curricular requirements for licensure, and students are advised to check with the Medical Board in states of possible residency for licensure requirements.

3. REQUIRED PRE-CLERKSHIP CURRICULUM

- 3.1 Quarter 1 (Q1) through Quarter 6 (Q6) Week-by-Week Grids
- 3.2 Required Course Descriptions
- 3.3 Student Pathways Through Human Health and Disease and Practice of Medicine
- 3.4 Scholarly Concentration Requirement

QUARTER 2 (Q2) / WINTER, YEAR ONE: WEEK-BY-WEEK GRID

		Week 1					Week 2					Week 3				
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	
9:00	1/7	1/8	1/9	1/10	1/11	1/14	1/15	1/16	1/17	1/18	1/21	1/22	1/23	1/24	1/25	
10:00		Inde 220		Intro to HHd	Nervous System	HHd	Intro to HHd		HHd	Nervous System	HOLIDAY					
11:00		NBio 206		Nervous System	Immunology	NBio	Immunology		NBio	Immunology		NBio		Nervous S	Nervous System	
12:00		Imm 205		Immunology		Immunology			Immunology			Imm		Immunology		
1:15																
2:15	Practice of Medicine [Inde 202]	Anatomy [Surg 203B]		Nervous System	Practice of Medicine	Practice of Medicine	Anatomy		Nervous System	Practice of Medicine		Anatomy		Nervous System	Practice of Medicine	
3:15																
4:15																
		Week 4 and Week 5					Week 6					Week 7				
	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	
9:00						2/11	2/12	2/13	2/14	2/15	2/18	2/19	2/20	2/21	2/22	
10:00	Nervous System	Intro to HHd		Intro to HHd	Nervous System	Nervous System	Intro to HHd		NBio	Intro to HHd	HOLIDAY					
11:00	Immunology	Immunology		Immunology	Immunology	Immunology	Immunology		Immunology Lab	Immunology		Nervous System		Intro to HHd	Nervous System	
12:00												Immunology		Immunology		
1:15																
2:15	Practice of Medicine	Anatomy		Nervous System	Practice of Medicine	Practice of Medicine	Anatomy		Nervous System	Practice of Medicine		Anatomy		Nervous System	POM	
3:15															Translating Discoveries	
4:15																
		Week 8					Week 9					Week 10				
	M	Tu	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	
9:00	2/25	2/26	2/27	2/28	2/29	3/3	3/4	3/5	3/6	3/7	3/10	3/11	3/12	3/13	3/14	
10:00	Nervous System	Nervous System		Intro to HHd	Intro HHd	Intro to HHd			Intro to HHd	Intro HHd					HHd Final Exam	
11:00	Immunology	Immunology		Immunology	Nervous S	Nervous System			Immunology	Nervous S	Immunology					
12:00						Immunology					Immunology					
1:15																
2:15	Practice of Medicine	Anatomy		Nervous System	Practice of Medicine	Practice of Medicine	Anatomy		Nervous System	Practice of Medicine	POM SP Exams	POM SP Exams	POM SP Exams			
3:15																
4:15																

* Week 11 (Finals Week): Mon, 3/17, 8:30-11:30am - Nervous System Exam; Wed, 3/19, 8:30-11:30am - Immunology Exam; Fri, 3/21, 8:30-11:30am - Anatomy Exam.

3.2 REQUIRED COURSE DESCRIPTIONS

YEAR ONE, Q1: AUTUMN – 13 WEEKS

INDE 201 – Practice of Medicine I

11 units, Aut (Preetha Basaviah)

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

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

- **History-taking and physical examination** training begins in the first quarter, using small groups with physician preceptors to teach, serve as role models, and reinforce principles and techniques. The core clinical skills are acquired through hand-on practice, and evaluated through an extensive program of simulated medical encounters, in which students interview, examine, and “manage” patients in a mock clinic. Large group sessions cover a range of topics from cross-cultural issues to domestic violence and death and dying. Small group meetings provide an environment for interactive learning. Standardized patients with videotaping coupled with feedback are used to improve student skills.
- **Computers in the medical environment** introduces students to informatics and knowledge management, biomedical informatics, and evidence based medicine searching and is designed to support research in the Scholarly Concentrations.
- **Nutrition principles** are acquired through interactive, Web-based instruction, reinforced through problem-based learning cases, and runs in parallel to the basic science components over the first year.
- **Epidemiology and Biostatistics** covers the taxonomy of epidemiological studies, how to critically read a journal article, and how to recognize and understand the concepts behind different clinical study designs. Topics include bias, confounding, diagnostic testing and screening, and “how statistics can lie.”
- **Psychiatry** introduces students to the unique role of medical students in talking with patients, the difference between process and content in patient communication, how to respond to breaks in the patient-physician relationship, and the relationship between the quality of the patient-physician interaction and health outcomes.
- **Bioethics** includes important ethical issues in medical practice, such as confidentiality, informed consent, rationing of care, research ethics.

- **Population health** exposes students to concepts of public health, community action, and advocacy. In addition to classroom instruction, this component includes a yearlong, community-based project, in which students work with community partners in actions to promote health.

SURG 201 – Basic Cardiac Life Support

1 unit. (Rebecca Smith-Coggins)

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

SURG 203A – Human Anatomy

11 units, Aut (John Gosling, Ian Whitmore)

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

YEAR ONE, Q1: AUTUMN – WEEKS 1-4

BIOC 205 – Molecular Foundations of Medicine

3 units, Aut (Gilbert Chu, Mark Krasnow, Patrick Brown)

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

INDE 216 – Cells to Tissues

3 units, Aut (Julie Theriot, Pat Cross)

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

YEAR ONE, Q1: AUTUMN – WEEKS 5-13

DBIO 201 – Development and Disease Mechanisms

4 units, Aut (Ellen Porzig, David Kingsley, Seung Kim)

Mechanisms that direct human development from conception to birth. Conserved molecular and cellular pathways regulate tissue and organ development; errors in these pathways result in congenital anomalies and human diseases. Topics: molecules regulating development, cell induction,

developmental gene regulation, cell migration, programmed cell death, pattern formation, stem cells, cell lineage, and development of major organ systems. Emphasis on links between development and clinically significant topics including infertility, assisted reproductive technologies, contraception, prenatal diagnosis, multiparity, teratogenesis, inherited birth defects, fetal therapy, adolescence, cancer, and aging.

GENE 202 – Human Genetics

4 units, Aut (James Ford, Richard Myers)

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

YEAR ONE, Q2: WINTER – 9 WEEKS

INDE 202 – Practice of Medicine II

8 units, Win (Preetha Basaviah)

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

INDE 220 – Human Health and Disease I

3 units, Win (Don Regula, Robert Siegel, James Whitlock)

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

IMMUNOL 205 – Immunology in Health and Disease

4 units, Win (David Lewis)

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

NBIO 206 – The Nervous System

8 units, Win (Thomas Clandinin)

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

SURG 203B – Human Anatomy

4 units, Win (John Gosling, Ian Whitmore)

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

YEAR ONE, Q3: SPRING – 9 WEEKS

INDE 203 – Practice of Medicine III

8 units, Spr (Preetha Basaviah)

Medical interview and physical examination skills, biomedical literature retrieval and appraisal, nutrition principles, clinical epidemiology, health policy, 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 also gain exposure to geriatrics, initial exposure to pediatrics, and practice mental health interview skills. At the end of this quarter, students participate in a performance-based assessment of their medical interview and physical examination skills. See INDE 201 for a complete description of the Practice of Medicine course series.

INDE 221 – Human Health and Disease II

12 units, Aut (Don Regula, Brian Kobilka, Peter Kao, Pat Cross, James Whitlock)

Structure, function, disease, and therapeutics of the Respiratory System and the Cardiovascular System. See INDE 220 for a description of the Human Health and Disease block.

YEAR TWO, Q4: AUTUMN – 13 WEEKS

INDE 204 – Practice of Medicine IV

10 units, Aut (Preetha Basaviah)

The second year of the Practice of Medicine series (INDE 204 and 205) emphasizes clinical problem solving, 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 and physical examination skills under the mentorship of a clinical tutor. In the practicum, students also gain experience with oral presentations, writing clinical notes, and 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

15 units, Aut (Don Regula, James Whitlock, Pat Cross, Robert Siegel, Anson Lowe, Tim Meyer, Neil Gesundheit, Paula Hillard)

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

YEAR TWO, Q5: WINTER – 9 WEEKS

INDE 205 – Practice of Medicine V

8 units, Win ((Preetha Basaviah))

Continued emphasis on clinical problem solving, 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 and physical examination skills under the mentorship of a clinical tutor. In the practicum, students also gain experience with oral presentations, writing clinical notes, and 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. 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

11 units, Win (Don Regula, James Ferrell, Pat Cross, Robert Siegel, Robert Fisher, Bertil Glader)

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

YEAR TWO, Q6: SPRING – 4 WEEKS

INDE 206 – Practice of Medicine VI

9 units, Spr (Preetha Basaviah)

This last segment of the Practice of Medicine series is an intensive, one-month 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 basic radiology, dermatology, intravenous fluid and electrolyte management. Students practice clinical procedures in a simulation lab 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. The Practice of Medicine series concludes with a “Student Clinician Ceremony,” a dinner and celebratory event to mark students' entry into clinical practice.

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

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

HHD (Human Health and Disease)

Q2 – INDE 220

Q4 – INDE 222

Q3 – INDE 221

Q5 – INDE 223

POM (Practice of Medicine)

Q1 – INDE 201

Q4 – INDE 204

Q2 – INDE 202

Q5 – INDE 205

Q3 – INDE 203

Q6 – INDE 206 (four weeks)

- Students wishing to take a quarter (or more) off will be expected to reenter the curriculum sequence one year later where he/she left off.
- Students with compelling reasons for taking courses out of order may submit a petition to the Committee on Curriculum and Academic Policy.
- Students should understand that such approval will be rare and granted only under very unusual circumstances.

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

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

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

3. Splitting the two-year curriculum over three years

- The course directors support the principle that splitting the two-year curriculum over three years may be desirable for some students, such as for Scholarly Concentrations that would lend themselves better to part-time research over two years rather than full-time research for one year.

- Students wishing to split the two-year curriculum over three years must do so by splitting the morning HHD and the afternoon POM curriculum in one of two ways:

Option #1 – Split curriculum begins following Q2:

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

followed by

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

Option #2 – Split curriculum begins following completion of Q3:

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

followed by

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

4. Afternoon integrative Clinical Correlates exercises

Weekly afternoon clinical correlates exercises have been designed to integrate the basic science knowledge of the HHD course with the clinical skills of the POM course. Students splitting the curriculum participate in these exercises as part of the POM course (with POM taking responsibility for the assessment of student learning in these exercises).

3.4 SCHOLARLY CONCENTRATION REQUIREMENT

The Scholarly Concentration (SC) program is a required, structured program of study in the Medical Student Curriculum that promotes in-depth learning and scholarship. The SC's provide medical students with faculty-mentored scholarly experiences in areas of individual interest combined with structured coursework to support this scholarship. This component of the MD curriculum develops critical thinking, skills in evaluation of 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 Scholarly Concentration program has 12 areas of study, including seven foundation areas, and five application areas. All students must select one of the seven foundation areas, which are designed to develop skills and tools that can be applied to important problems in health care. The seven foundation areas that have been developed are:

- Bioengineering
- Biomedical Ethics & Medical Humanities
- Biomedical Informatics
- Clinical Research
- Community Health
- Health Services & Policy Research
- 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 five available application areas are:

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

This choice of whether to pursue a foundation area or a foundation in combination with an application is based on many factors, including past academic background, current interests, and future goals.

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 Dr. Baker or Dr. Cross.

FIRST STEPS IN DECLARING AN SC

During the first year, students are encouraged to explore and compare the palette of Scholarly Concentrations by:

- talking with SC Directors and others, such as research mentors
- taking introductory courses
- attending seminars
- examining the SC and MedScholars Web sites
- reviewing course requirements
- looking at type of scholarship carried out by the faculty advising team

MAPPING YOUR ROUTE TO AN SC

1. Examine course requirements and opportunities for research.
2. Create a course plan of how to incorporate the SC requirements into your standard core and clerkship schedule
 - a. key courses may be taken the first spring quarter
 - b. summer after the first year can be used for independent scholarship

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

Students planning a five-year curriculum:

- have the opportunity to adjust core class or clerkship schedules to accommodate more SC pursuits.
- who decide to do one year of full-time research may take SC classes (up to three units per quarter) concurrently with the research. Courses must relate to the research, and be approved by the mentor and the SC Director.
- should meet with SC Directors and Advising Deans to craft a plan to allow successful completion of course, clerkship, and research requirements.

DECLARING AN SC

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

Each student must declare a Scholarly Concentration by submitting a completed Declaration Form along with a course plan and general project description. Turn in the signed form, course plan, and scholarship description to SC Program Administrator, Mara Violanti (MSOB X3C25).

FOUNDATIONS

Bioengineering

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

Biomedical Ethics & Medical Humanities

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

Biomedical Informatics

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

Clinical Research

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

Community Health

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

Health Services and Policy Research

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

Molecular Basis of Medicine

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

Independent Design

This unique Foundation allows students to work with a mentor to design their own SC if they are interested in a methodological approach not available in the current Foundations.

APPLICATIONS

Cancer Biology

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

Cardiovascular Pulmonary

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

Immunology

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

Neuroscience, Behavior, and Cognition

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

Women's Health

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

FOR MORE INFORMATION:

Laurence Baker, PhD
Director, Scholarly Concentrations and Medical Student Research
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Mara Violanti, MS
Scholarly Concentrations Program Administrator
(650) 723-0355
marav@stanford.edu

Web site:

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

4. REQUIRED CLERKSHIP CURRICULUM

- 4.1 Clerkship Periods 2007-08
- 4.2 Required Clerkships (Table)
- 4.3 Required Clerkship Descriptions
- 4.4 Selective Clerkship Requirement
 - Selective I: Fundamentals of Clinical Care
 - Selective II: Subinternship
- 4.5 Translating Discoveries – INDE 297
- 4.6 Advanced Cardiac Life Support (ACLS) – MED 295
- 4.7 National Board of Medical Examiners (NBME) Subject Examinations in Required Clerkships
- 4.8 Clinical Performance Examination (CPX)
- 4.9 Policy on Dropping Clerkships Less than Two Weeks before the Start of the Period
- 4.10 Definition of Medical Student Practice Role
- 4.11 Malpractice Liability for Medical Students
- 4.12 Student Participation in Clinical Activities Involving Personal Risk
- 4.13 Universal Precautions
- 4.14 Student Duty Hours and Work Environment
- 4.15 How to Take Clerkships at Other Institutions

4.1 CLERKSHIP PERIODS 2007-2008

PERIOD	PERIOD START DATE	PERIOD END DATE
Period 1	7/2/2007	7/29/2007
Period 1A	7/2/2007	7/15/2007
Period 1B	7/16/2007	7/29/2007
Period 2	7/30/2007	8/26/2007
Period 2A	7/30/2007	8/12/2007
Period 2B	8/13/2007	8/26/2007
Period 3	8/27/2007	9/23/2007
Period 3A	8/27/2007	9/9/2007
Period 3B	9/10/2007	9/23/2007
Period 4	9/24/2007	10/21/2007
Period 4A	9/24/2007	10/7/2007
Period 4B	10/8/2007	10/21/2007
Period 5	10/22/2007	11/18/2007
Period 5A	10/22/2007	11/4/2007
Period 5B	11/5/2007	11/18/2007
Period 6	11/19/2007	12/16/2007
Period 6A	11/19/2007	12/2/2007
Period 6B	12/3/2007	12/16/2007
Period 7	1/7/2008	2/3/2008
Period 7A	1/7/2008	1/20/2008
Period 7B	1/21/2008	2/3/2008
Period 8	2/4/2008	3/2/2008
Period 8A	2/4/2008	2/17/2008
Period 8B	2/18/2008	3/2/2008
Period 9	3/3/2008	3/30/2008
Period 9A	3/3/2008	3/16/2008
Period 9B	3/17/2008	3/30/2008
Period 10	3/31/2008	4/27/2008
Period 10A	3/31/2008	4/13/2008
Period 10B	4/14/2008	4/27/2008
Period 11	4/28/2008	5/25/2008
Period 11A	4/28/2008	5/11/2008
Period 11B	5/12/2008	5/25/2008
Period 12	5/26/2008	6/22/2008
Period 12A	5/26/2008	6/8/2008
Period 12B	6/9/2008	6/22/2008

Any questions regarding clerkship policies may be directed to the Assistant Director of Clerkship Administration, Caroline Cheang, at cheang@stanford.edu or (650) 498-7619.

4.2 REQUIRED CLERKSHIPS (TABLE)

Students must have successfully completed all pre-clinical courses prior to beginning clerkships.

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

Clerkship #	Department	Title	Units
To be completed within the student's first 12 months:			
* 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 student's first 12 months:			
ANES 306A or P	Anesthesia	Critical Care Clerkship	6 (1 month)
INDE 301A	Family and Community Med	Family Medicine core	6 (1 month)
MED 313A	Medicine	Ambulatory Internal Medicine	6 (1 month)
* NENS 301A	Neurology	Neurology Core	6 (1 month)
* OBGYN 300A	Obstetrics & Gynecology	Basic Gynecology & Obstetrics	9 (1.5 months)
* PEDS 300A	Pediatrics	Child Health	12 (2 months)
* PSYC 300A	Psychiatry	Basic Core Psychiatry	6 (1 month)
These clerkships may be completed any time prior to graduation:			
Selective I: Fundamentals of Clinical Care (chosen from approved list)			6 (1 month)
Selective II: Subinternship (chosen from approved list)			6 (1 month)
ELECTIVE			6 (1 month)
Total clinical units required for graduation			93 (15.5 months)

* *Because passing of the NBME subject examination is a requirement in these clerkships, students must enroll in (i.e., begin) these clerkships at the latest by Period 7 of the final clinical year to allow time for remediation of failing scores prior to graduation.*

4.3 REQUIRED CLERKSHIP DESCRIPTIONS

CLERKSHIPS TO BE COMPLETED WITHIN THE STUDENT'S FIRST 12 CLINICAL MONTHS (MUST BE COMPLETED AT STANFORD):

- MED 300A – General Medicine Core Clerkship (SUMC, PAVAMC, SCVMC, KPMC)**
Teaches the natural history, pathophysiology, diagnosis, and treatment of medical illness. Emphasis is placed on acquiring the understanding, skills, and attitudes desirable in a scientific and compassionate physician. Students record histories, physical examinations, and laboratory data for patients for whom they are responsible and present their findings, together with their diagnoses and treatment plans, at rounds and conferences. Developing sound clinical reasoning skills is continuously emphasized. An essential aspect of the clerkship is the students' gradual assumption of direct responsibility for, and full-time involvement in, patient care with the house staff and faculty team. To take advantage of the differences in patient populations and teaching staffs of the four hospitals, students spend four weeks at either SUMC or PAVAMC, and four weeks at either SCVMC in San Jose or KPMC in Santa Clara. The resulting eight week experience is an integrated curriculum designed to cover the essentials of internal medicine. The Department of Medicine supervises a random draw-based assignment to two of the four locations shortly before the beginning of each odd-numbered clerkship period. A passing grade will require a satisfactory performance at both clinical sites and on the NBME Subject Exam. Director: Rex Chiu
- SURG 300A – General Surgery Clerkship (SUMC, PAVAMC, SCVMC, KPMC)**
Provides students with clinical experience in the evaluation and treatment of a wide variety of surgical diseases. Emphasis is placed on teaching students to recognize and manage basic clinical problems. Students function as active members of the surgical team, and follow patients throughout their in-patient course. Outpatient clinics provide the student with the ability to participate in the initial work-up and care plan of pre-op patients. Didactic lectures are given by faculty during the clerkship, which cover pathophysiology of various diseases and principles of surgical management. Basic surgical skills are taught in the operating room and in the emergency department setting. The clerkship offers an opportunity for students to integrate their knowledge of anatomy, physiology and physical diagnosis into a treatment plan for patients with surgical diseases. Each student spends one four-week rotation at SHS or the PAVAMC and one four-week period at SCVMC or KPMC, Santa Clara. Rotation assignments are made on the first day of the clerkship. A one day orientation is held at the beginning of the eight week period. The NBMA Subject Exam is a required component of the clerkship. Directors: Sherry Wren, Mary-Anne Purtill

TWO OF THE FOLLOWING CLERKSHIPS MUST BE COMPLETED WITHIN THE STUDENT'S FIRST 12 CLINICAL MONTHS (MUST BE COMPLETED AT STANFORD, TO BE ASSIGNED BY LOTTERY):

- ANES 306A or P

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

Provides experience managing adult patients in a critical care unit. Students learn how to optimize care for the acutely ill patient and the multidisciplinary approach to complex patients. Teaching emphasizes the review of basic organ physiology, the ability to determine the pathophysiologic mechanisms involved in critical illness, and the formulation of a physiologic based treatment plan. Students gain experience with the implementation of monitoring and therapeutic devices used in the intensive care units and begin to become adept at the evaluation, stabilization and management of the most critically ill patients expected to be encountered in today's acute care hospitals. Ward

rounds, bedside evaluation and treatment, and individual interactions with attending, fellows and residents are part of the educational process. Assignments will be made to either the Stanford Medical-Surgical ICU Service, Stanford Surgical ICU Service, or the Palo Alto Veterans Administration Hospital Medical-Surgical ICU Service. Student preferences for a particular adult ICU site will be given consideration but cannot be guaranteed. Students must attend a mandatory simulator course in order to receive a passing grade for this clerkship. Director: Juli Barr

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

During this four week clerkship, students spend 2 weeks rotating through the Pediatric Intensive Care Unit and 2 weeks rotating through the Neonatal Intensive Care Unit.

The Pediatric Intensive Care Unit (PICU) is a busy academic unit comprised of 24 beds divided between a general and cardio-vascular ICU. The general PICU is comprised of medical, surgical, and trauma patients from within LPCH or referred from hospitals throughout Northern California. Medical admissions range from basic RSV bronchiolitis respiratory failure to septic shock in a complex liver/small bowel transplant patient. Surgical patients represent a diverse pathology and surgical patients seen in the ICU vary from solid organ transplants to various types of neurosurgical procedures. Patients often have multi-system organ failure complicated by immune suppression. The cardio-vascular ICU manages pre- and post-operative patients with congenital heart disease. In this rotation, students learn the basic differences in both pathophysiology and management of critically ill children as compared to adults. The age range of patients is from 2 days to 22 years, exposing the student to a breadth of disease processes. Implementation of various procedures such as intubations or central venous catheter placements will also vary significantly in the various age groups.

The Neonatal Intensive Care Unit (NICU) offers an intensive experience in the management of premature as well as ill term neonates. The focus is on training future physicians to anticipate and recognize the newborn in distress, perform appropriate resuscitation and ongoing assessment and stabilization of such neonates, and deliver optimum continued care and follow up. The NICU patient population is diverse, including 23 week estimated gestational age 500 gram premature newborns; post-dates neonates with pulmonary hypertension; infants with varied cardiac, gastrointestinal, urologic and central nervous system surgical lesions; and newborns with a myriad of chromosomal and metabolic abnormalities. Exposure to therapies such as extracorporeal membrane oxygenation, nitric oxide, high frequency ventilation, surfactant and human recombinant erythropoietin occurs on a daily basis. The NICU is supported by an active Maternal-Fetal Medicine Service and pediatric surgical subspecialty services, involved pediatric radiologists and full laboratory services. It is also the site for both applied basic science and clinical research protocols carried out by members of the divisions of Neonatal and Developmental Medicine and Maternal-Fetal Medicine. Medical student participation in any of these areas is welcome. Directors: Lou Halamek, Saraswati Kache

- INDE 301A – Family Medicine Core Clerkship (SUMC, Community sites)
Teaches the management of diseases commonly encountered in the ambulatory care setting. Emphasis is placed on efficient, cost-effective medical care of men, women and children of all ages in a variety of settings. Prevention, managed care, and cultural competence will be stressed. Didactic workshops will be conducted at SUMC and clinic sessions will be spent attending patients of one ambulatory site.
Director: Erika Schillinger
- MED 313A – Ambulatory Medicine Core Clerkship (SUMC, PAVAMC, SCVMC)
Combines clinic sessions in both general internal medicine and subspecialty medicine. It includes assigned readings, small group discussions, computer-assisted drills, posing and answering clinical questions with critical appraisal of the literature, and problem-based cases to reinforce principles and

complexities of diagnosis and management. The didactics emphasize preventive medicine, cardiovascular, respiratory, and endocrinological disorders, and common clinical presentations in outpatient practice. Director: Peter Rudd

- **NENS 301A – General Neurology Core Clerkship (SUMC, PAVAMC, SCVMC)**
Trains students in the evaluation and treatment of neurological diseases and symptoms in a variety of settings. Students will be assigned to one of the following locations for Neurology training: Stanford Hospital inpatient service; the Palo Alto Veterans Administration Ward/Consultation/Clinics service; Santa Clara Valley Medical Center Neurology consultation and clinic service; Stanford Clinic service; Lucile Packard Children's Hospital Consultation and Clinic service; Neurology Intensive Care Unit Consultation service; Neurosurgery service; or the Palo Alto Medical Foundation Clinic (not available all months). All these venues will satisfy the core graduation requirement for Neurology. A description of the different venues can be found in the CWP-Fishbowl system online or by contacting the Clerkship Director's office (Dr. Fisher, Administrator Ms. Christine Hopkins at 725-6648 or chopkins@stanford.edu). Responsibilities will differ among the different clerkship venues, but a common core of teaching will be presented to all students. All participating students will be expected to attend the common core of teaching, except for Santa Clara Valley students, where teaching will be performed locally. By the end of the clerkship, the students will know how to do a screening neurological exam and will have increased practical knowledge of important conditions affecting the nervous system. The NBMA Subject Exam is a required component of the clerkship. Director: Paul Fisher
- **OB/GYN 300A – Basic Gynecology and Obstetrics Clerkship (SUMC, SCVMC, KPMC)**
Provides the student with skills and knowledge needed to care for patients with common gynecological problems, the well-woman examination, and pregnancy from prenatal care through delivery and postpartum. The clerkship is a full-time, 6-week rotation at one of the 3 sites: Stanford University Medical Center & satellite clinics, Santa Clara Valley Medical Center, and Kaiser Santa Clara. Emphasis is placed on history and physical examination skills in the evaluation and management of pregnancy, vaginal delivery, and both office gynecology and gynecologic surgical procedures through exposure to a large number of patients in the outpatient clinics, Labor and Delivery, and the operating room. The student participates in all the academic functions of the department including conferences, grand rounds, daily lectures, and weekly case studies. A one day orientation is held at the beginning of the clerkship. The NBMA Subject Exam is a required component of the clerkship. Directors: Kimberly Harney and Cynthia DeTata
- **PEDS 300A – Core Clerkship in Pediatrics (SUMC, SCVMC)**
An eight-week experience divided into four weeks on an inpatient service and four weeks in an ambulatory pediatric setting. Students spend four weeks at Lucile Packard Children's Hospital, Packard El Camino or Kaiser Santa Clara and four weeks at Santa Clara Valley Medical Center. The clerkship is designed to offer students an introduction to a wide range of clinical problems in pediatrics and a handful of basic skills needed to work with children and families. The NBME Subject Exam in Pediatrics is a required component of the clerkship. Director: Elizabeth Stuart
- **PSYC 300A – Psychiatry Core Clerkship (SUMC, PAVAMC)**
Designed to solidify the knowledge of psychiatry students have acquired in the Practice of Medicine courses, as students gain practical skills in the application of this knowledge to clinical situations. The core clerkship experience focuses on interviewing skills, psychiatric evaluations, on refining diagnostic skills, and offers an overview of psychosocial and biological treatment modalities for the major psychiatric disorders. The clerkship consists of clinical work on inpatient units under the supervision of

academic and clinical faculty, a weekly lecture series by academic faculty, interviewing seminars taught by voluntary clinical faculty, and attendance at Grand Rounds. Students are assigned to patient care settings at one of the six affiliated sites: a comprehensive medical psychiatry unit (G2), an inpatient general psychiatry ward (H2), a geriatric psychiatry unit, the consult-liaison service at Stanford Hospital, an inpatient research psychiatric ward specializing in the study of schizophrenia or an acute locked psychiatric ward at the PAVA. In addition, an optional outpatient clinic experience can be arranged in the specialty psychiatry clinics at Stanford. Students will be given the opportunity to express their preferences regarding assignment. The final rotation assignment will be determined by the department based on availability of sites. Students will be informed about the specific clerkship requirements at the orientation offered at the start of each clerkship period. They receive a course syllabus and a psychopharmacology textbook. Students are encouraged to visit the Psychiatry clerkship Web site (on CWP) which lists all information containing the syllabus and teaching materials. Students are expected to complete five cases on the CaseTool site and to record cases seen by diagnostic category. Requirements include mandatory attendance at seminars, weekly inpatient case history presentations and Emergency room experiences with residents/attending psychiatrists. The NBME Subject Exam in Psychiatry is a required component of the clerkship. Director: Charles DeBattista

4.4 SELECTIVE CLERKSHIP REQUIREMENT

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

Students wishing to substitute another clerkship not on the list may petition the CCAP for approval prior to enrolling in the clerkship. Students should know that approval of substitutions for selective clerkships is rarely given. Retroactive approval of selective clerkship substitutions will not be granted.

Selective clerkships may be completed at another medical school through the “away” clerkship process. This means that the Stanford clerkship director must certify that a clerkship experience at another medical school is equivalent to the designated clerkship at Stanford. The student then enrolls in the clerkship with the Stanford number and the letter “W” following to indicate it was done at another location.

SELECTIVE I: FUNDAMENTALS OF CLINICAL CARE

Students complete one month of clerkship(s) from the Selective I List (see page 58).

Goals:

Through experiences that broaden their general professional education *in areas not covered in a core clerkship*, students will:

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

Requisites:

- Emphasizes common problems in an area essential for a generalist
- Provides knowledge, skills and attitudes that will enhance development as a well-rounded physician

OR**Goals:**

Through an intensive ambulatory experience, students will:

- become competent at managing problems in an ambulatory setting
- strengthen ability to perform a directed history and physical examination
- appreciate longitudinal management of chronic disease
- develop time management skills during patient encounters
- develop a sense of obligation to the health of the public

Requisites:

- At least 75% of experience should be in an ambulatory/outpatient setting
- Accepts direct responsibility for patients including first to encounter patient, performs procedures, counsels patients, writes notes and orders
- Provides opportunities for patient follow-up

SELECTIVE I LIST: FUNDAMENTALS OF CLINICAL CAREApproved Clerkships

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

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

** May be taken as two-week or four-week rotation.

SELECTIVE II: SUBINTERNSHIP

Students complete one clerkship from the Selective II List (see page 60).

Goals:

Through an intensive inpatient experience, students will:

- Assume a high level of patient care responsibility in preparation for residency.
- Strengthen their clinical and procedural skills.
- Improve their ability to manage complex, acutely ill patients.
- Learn to work as team members.

Requisites:

- Student is responsible for direct management and care of patients with a significantly higher level of responsibility than during core clerkships.
- Builds upon knowledge and skills learned during the core clerkship.
- Internship-like responsibilities, e.g., primary workup of new patients, writes orders, performs procedures, participates in daily care, takes night call, writes notes and dictates discharge summary.

SELECTIVE II LIST: SUBINTERNSHIPApproved Clerkships

<u>Department</u>	<u>Clerkship #</u>	<u>Clerkship Name</u>	<u>Location</u>
Cardiothoracic Surgery	300A	Cardiothoracic Surgery	SUMC
Cardiothoracic Surgery	301B	Adult Cardiothoracic Surgery	PAVAMC
Interdisciplinary	364E	Subinternship in Family Medicine	O'Connor Hospital
Medicine	304A	Cardiovascular Medicine	SUMC
Medicine	311D	Advanced Medicine	KPMC
Medicine	312C	Advanced Medicine	SCVMC
Medicine	314A	Advanced Medicine	SUMC
Medicine	321A	Advanced Medical Oncology	SUMC
Medicine	339B	Advanced Medicine	PAVAMC
Neurology	307A	Pediatric Neurology Subinternship	SUMC
Neurology	308A	Adult Neurology Subinternship	SUMC
Obstetrics/Gynecology	304A*	Inpatient Gynecology	SUMC
Obstetrics/Gynecology	308A	Gynecologic Oncology	SUMC
Orthopedic Surgery	318A	Subinternship in Orthopedic Surgery	SUMC
Otolaryngology	336A	Subinternship in Otolaryngology	SUMC
Pediatrics	313A	Neonatal Intensive Care	SUMC
Pediatrics	314A	Pediatric Intensive Care	SUMC
Pediatrics	335A	Ped Heme/Onc/ Bone Marrow Trans	LPCH
Pediatrics	337A	Inpatient General Pediatrics	LPCH
Pediatrics	338C	Subinternship in Pediatrics	SCVMC
Pediatrics	339A	Inpatient Subspecialty Pediatrics	LPCH
Surgery	311C	Burn Center at Santa Clara Valley	SCVMC
Surgery	316A	Pediatric Surgery	SUMC
Surgery	333A	Multi-Organ Transplantation	SUMC
Surgery	334A	Advanced Vascular Surgery	SUMC
Surgery	338A	Advanced Surgery	SUMC, PAVAMC
Surgery	338C	Advanced Surgery	SCVMC
Urology	310B	Advanced Surgery/Urology	PAVAMC
Urology	338A	Advanced Urology	SUMC

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

4.5 TRANSLATING DISCOVERIES – INDE 297

The curriculum for *Translating Discoveries* (formerly known as Applied Biomedical Sciences ABS) consists of two parts designed to achieve the following goals:

1. To provide continuity of instruction in and translational science topics across the curriculum;
2. To reinforce and extend the study of behavioral, cultural, ethical, social and socioeconomic topics introduced in the Practice of Medicine course sequence.
3. To expose students to recent advances in medical discoveries, emphasizing their application to clinical practice (translational medicine).

PART ONE: TRANSLATING DISCOVERIES IN THE CLINICAL CLERKSHIPS

An important objective of the Translating Discoveries curriculum is to extend the student's acquisition of basic science knowledge, its translation to clinical practice, and the broad social and ethical implications of this new knowledge throughout the clerkship years of the MD program. To meet this objective, several basic science courses have been linked with clinical clerkships to reinforce and continue basic science instruction in the didactic time of the required clerkships.

Examples of these linkages include:

- use of epidemiological and biostatistical concepts to critically appraise literature (e.g., study design and interpretation) in the internal medicine, surgery, pediatrics, and obstetrics/gynecology clerkships
- use of case studies in microbiology/infectious diseases to examine host/microbe interactions in the internal medicine, surgery, and pediatrics clerkships
- application of principles of reproductive physiology in the obstetrics/gynecology clerkship
- application of principles of neuroanatomy, neurophysiology, and neurobiology in the neurology clerkship

The goal is to match each basic science course and its faculty to one or more clinical clerkships to reinforce that lifelong learning in the basic sciences is critical to the contemporary practice of medicine.

PART TWO: TRANSLATING DISCOVERIES LECTURE/SEMINAR SERIES – INDE 297

The program, directed by Drs. William Mobley and Audrey Shafer, is structured as a two-year curriculum, designed to address important thematic areas in health and disease. The overarching goal of this course is to underscore the value of understanding basic science principles, translating them into the evidence-based, patient-centered practice of medicine, and gaining awareness cognizant of their broader social and ethical implications. The perspective of patients is emphasized, through their frequent participation as course instructors.

Translating Discoveries sessions are held in even numbered clerkship periods on Friday afternoons from **1:00 to 5:00 p.m. on the following dates:**

<u>2007-08 Clerkship Year</u>	<u>2008-09 Clerkship Year</u>
August 17, 2007 (Period 2)	August 15, 2008 (Period 2)
October 19, 2007 (Period 4)	October 10, 2008 (Period 4)
December 7, 2007 (Period 6)	December 5, 2008 (Period 6)
February 22, 2008 (Period 8)	February 20, 2009 (Period 8)
April 18, 2008 (Period 10)	April 17, 2009 (Period 10)
June 13, 2008 (Period 12)	June 12, 2009 (Period 12)

Locations vary, so be sure to watch for e-mail notification prior to the event. All students and faculty are invited to attend.

Graduation Requirement for INDE 297:

Students who began clinical clerkships in Period 11 of 2004-05 or later must attend at least 8 out of 12 sessions offered over two years. Students on **required** clerkships are expected to attend all sessions that occur within the clerkship. Students on elective clerkships may choose to attend, depending on their interest, and their need to meet the requirement of eight sessions.

Receiving Credit for INDE 297:

To receive credit for the course, students must sign into E*Value and submit an evaluation, including a summary paragraph, for each session they attend. When students have submitted evaluations for eight sessions, the School of Medicine Registrar’s Office will enroll them in INDE 297 for four units for the quarter in which the eighth evaluation is completed.

NOTE: Because of the variable length and scheduling of clerkships, it is likely that students will wish to attend one or more of the sessions that fall within an elective clerkship. All Clerkship Directors have been notified of the requirement and should release students who wish to attend the sessions on the designated Friday afternoons.

4.6 ADVANCED CARDIAC LIFE SUPPORT (ACLS) – MED 295

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

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

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

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

4.7 NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) SUBJECT EXAMINATIONS IN REQUIRED CLERKSHIPS

Standards for performance on NBME subject examinations apply in the following required clerkships:

Internal Medicine	Pediatrics
Neurology	Psychiatry
Obstetrics and Gynecology	Surgery

1. Passing criteria are set by the clerkship director.
2. Students who do not pass receive "N" (continuing grade) in the clerkship and must retake exam. (A failed first attempt at the NBME subject exam will not be recorded in the Summative section of the student's final clerkship performance evaluation.)
3. Students who do not pass the NBME subject exam on the second attempt must take an oral exam or suitable alternative, to be determined by the clerkship director. After this third and final attempt at satisfying the exam requirement for the clerkship, the "N" grade will be converted to either "pass" or "fail" for the clerkship.
4. Students who do not pass will appear on the agenda of the Committee on Performance, Professionalism and Promotion.

To ensure that remediation is accomplished prior to graduation, students must enroll in (i.e., begin) all of the above clerkships *at the latest* by Period 7 of the student's final clinical year.

Students with documented disabilities who have been determined by the Office of Accessible Education to require special examination accommodations (see Section 9.5) are responsible for notifying the Assistant Dean of Student Affairs prior to the examination. Such notification by the student should be made at least one week in advance of his/her scheduled exam. The Assistant Dean for Student Affairs coordinates with the Clerkship Director for the accommodation to be made. Students do not request accommodation directly of the faculty member or clerkship director.

4.8 CLINICAL PERFORMANCE EXAMINATION (CPX)

Demonstration of at least minimum competency on the Clinical Performance Examination (CPX) is a requirement for graduation. The examination is usually administered toward the end of the core clerkships (in the final clinical year). A consortium of clinicians and medical educators from all eight California medical schools designs the CPX. The purpose of this exam is to assess medical students in clinical skills essential to the practice of medicine regardless of specialty, and to prepare students for the USMLE Step 2 Clinical Skills Examination (CS – the standardized patient portion of the boards). The CPX assesses students in five skill areas:

- History taking
- Information sharing
- Patient/physician interaction
- Physical examination
- Clinical courtesy

Students who completed the Practice of Medicine (POM) course have already had experience with this type of examination, as the CPX runs similarly to the Mini-CPX that POM administers at the end of the second year.

Students taking the CPX see eight patients with a broad range of problems, which may encompass subject material from any core clerkship. The exam involves a four-hour block of time and usually takes place at the end of the July and beginning of the August block. Each student's exercise is videotaped and made available to the faculty for review. Following the exam, students receive detailed feedback from the patient encounters and a set of scores with comparison standards.

Students who do not attain an overall passing score on the exam, or who fail any individual skill domain, will be required to successfully complete a remediation clinical skills examination. In the event that students need to take this remediation exam, faculty in the School of Medicine will work with them to develop the skills necessary for improvement.

The CPX examination requirement is meant to ensure that all students receiving the MD degree from Stanford have demonstrated competency in fundamental clinical skills.

4.9 POLICY ON DROPPING CLERKSHIPS LESS THAN TWO WEEKS BEFORE THE START OF THE PERIOD

There have been occasions when a Stanford medical student enrolled in a clerkship fails to report for the first day of that clerkship, or provides late notification to the clerkship director that they plan to drop the clerkship. Students are required to make clerkship scheduling changes a minimum of two 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 two weeks of the beginning of the clerkship period may do so only by contacting their academic advisor. The advisor will review the reason and, if permission to drop is granted, will contact the clerkship director and the Assistant Director of Clerkship Administration in the School of Medicine Registrar's Office to finalize the request.

Students who fail to report for the first day of a clerkship, or drop a clerkship within two weeks prior to the start date without permission, will be asked to appear before the Committee on Performance,

Professionalism and Promotion to explain this action. 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).

4.10 DEFINITION OF MEDICAL STUDENT PRACTICE ROLE

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

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

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

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

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

Medical students may act as subinterns, but they are still subject to the above provisions.

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

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

Students functioning in a preceptorship away from the Stanford University Hospital and Clinics and its affiliates are likewise subject to the above limitations. If a preceptorship is an out-of-state one, other state regulations may govern the role of the student in the preceptorship, and students should ascertain the provisions of these regulations.

4.11 MALPRACTICE LIABILITY FOR MEDICAL STUDENTS

Stanford assumes the financial responsibility for medical malpractice liability incurred by registered medical students when participating in any clinical activities as part of their formal educational program at the Stanford University Medical Center, or at other Stanford-approved medical facilities. However, it is very important that Stanford medical students be certain they are protected when participating in clinical work in special situations. Therefore, students should consult the School of Medicine Registrar's Office if they will be:

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

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

4.12 STUDENT PARTICIPATION IN CLINICAL ACTIVITIES INVOLVING PERSONAL RISK

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

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

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

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

4.13 UNIVERSAL PRECAUTIONS

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.

If you believe you have had a significant exposure to blood or OPIM at Stanford proceed immediately to the Stanford Emergency Department. If the exposure occurs at one of the School's affiliated hospitals go immediately to that hospital's Emergency Department. Tell the admitting clerk you have had an occupational exposure to blood or OPIM. The staff will know you need to be seen promptly. After this initial evaluation and management, follow-up care will be carried out at Vaden Health Center; call (650) 498-2336 and request an appointment with Dr. Irene Cannon for post-exposure care. Records are strictly confidential. There is no charge for blood tests, medications, or follow-up care following a blood or OPIM exposure. After the visit to the Emergency Department, call Dr. Neil Gesundheit, Associate Dean for Medical Student Advising: (650) 724-5454 (W), (650) 941-3126 (H), (650) 804-0750 (C), or page (888) 789-3157.

4.14 STUDENT DUTY HOURS AND THE WORK ENVIRONMENT

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

1. Supervision of students
 - a. All patient care must be supervised by qualified residents or faculty.
 - b. Faculty, residents and students must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract the potential negative effects.
2. Duty hours
 - a. Duty hours are defined as all clinical and academic activities related to the students, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
 - b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
 - c. Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

3. In-house call activities

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

- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, must not exceed 30 consecutive hours.

4.15 HOW TO TAKE CLERKSHIPS AT OTHER INSTITUTIONS

Students wishing to take 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. Catalogues 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. Correspondence should include the following information:

1. Your name and address
2. Expected graduation date from Stanford University School of Medicine
3. The clerkships you are interested in taking, including alternates if possible
4. Approximate dates available (be as flexible as possible)
5. A statement that the Associate Dean of Medical Student Advising will be pleased to write a letter of recommendation if required
6. A request for housing information

If the away institution requires a letter of good standing, with proof of malpractice coverage, the student should see 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.

It is 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 from the Associate Dean for Medical Student Advising both the approved *Faculty Authorization Form* 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 Axess; 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.

Students who wish to take a core or required clerkship away from Stanford and use it to satisfy the core or the required clerkship graduation requirement (**a request that is not encouraged**) must get approval from the Associate Dean for Medical Student Advising.

5. REGISTRATION AND STUDENT RECORDS

- 5.1 Registration Instructions
- 5.2 Add and Drop Deadlines for Courses
- 5.3 Leaves of Absence
- 5.4 Reinstatement
- 5.5 Special Categories of Students
- 5.6 Academic Records
- 5.7 Privacy of Student Records
- 5.8 Student Identity and Identification at Stanford
 - Stanford University ID Number
 - SUNet ID
 - Identification Cards
 - Personal Identification Numbers (PINs)

5.1 REGISTRATION INSTRUCTIONS

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

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

As early as possible, but no later than the second Sunday of the quarter, students (including those with TMR status) must submit to the University Registrar's Office, via ACESS, a study list to enroll officially in classes for the quarter. Students can access the ACESS system on the Internet at:

<http://axess.stanford.edu>

Students must enter their study lists by the end of the second week of each quarter in order to avoid late fees. Students registering for pre-clerkship courses should include the appropriate information from the time schedule on their study lists. Students cannot receive credit for any pre-clerkship coursework done in unregistered quarters. Clinical students are responsible for checking the clerkship schedule prior to completing their study lists. Students may not attend clerkships without having completed their registration.

A late registration fee will be assessed by the University Registrar, as deemed appropriate, for study lists submitted after the deadline. Students may petition to waive these late fees. Students with problems caused by holds on their registration may seek special consideration with approval of the School of Medicine Registrar.

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

Students who have paid the equivalent of 13 quarters of full "Med-MD" tuition are eligible for Terminal Medical Registrant (TMR) status. In TMR status, students pay reduced registration fees but must register and receive evaluations for each course or clerkship they attend.

For full registration procedures, see the quarterly *Time Schedule*.

5.2 ADD AND DROP DEADLINES FOR COURSES

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

After the add and drop deadlines, 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.

All add/drop petitions after the deadline must be submitted to the School of Medicine Registrar's Office; they may not be submitted to the University Registrar. Course instructors can exempt (from the above add/drop rule) courses for which they are responsible.

5.3 LEAVES OF ABSENCE

A Leave of Absence is required for any term of the academic year (Autumn, Winter, Spring) for which a student does not wish to enroll in classes. Students wishing to take a Leave of Absence should first obtain the proper paperwork from the School of Medicine Registrar's Office or online at

<http://www.stanford.edu/dept/registrar/pdf/leaveofabsence.pdf>

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

Leaves of Absence 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.

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

NOTE: *Health insurance during Leave of Absence for up to three quarters is available to students covered under the Cardinal Care insurance plan. 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 university offices involved to do so.*

CHILDBIRTH ACADEMIC ACCOMMODATION PERIOD

Women graduate students anticipating or experiencing the birth of a child may formally request a one-quarter extension of University and departmental academic requirements and a childbirth Academic Accommodation Period. The Childbirth Policy (see section 11.6) is administered by the Office of the Vice Provost for Graduate Education (VPGE) through a petition process. In that petition, the woman student specifies the dates on which the Academic Accommodation Period begins and ends, with the requirement that it must fall within at most two consecutive quarters. A letter from the student's health-care provider stating the anticipated delivery date must accompany the petition. If the childbirth occurs prior to filing the petition, the accommodation period begins on the birth date.

The petition is available online:

http://www.stanford.edu/dept/DoR/GSH/childbirth_form.pdf

For complete information on the Childbirth Policy for Women Graduate Students visit:

<http://www.stanford.edu/dept/DoR/GSH/childbirth.html>

5.4 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 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.

5.5 SPECIAL CATEGORIES OF STUDENTS

Students who have already paid the equivalent of 13 quarters of full "Med-MD" tuition and who wish to register for additional quarters prior to receiving the MD degree are eligible for TMR tuition rates. The rules for clerkship scheduling, registration, academic credit, and the standards for academic performance are the same for TMR students as they are for students registered at the full MD tuition rates. The student transcript will list all courses satisfactorily completed.

Students who register to devote their full effort to remedial study at the direction of the Committee on Performance, Professionalism and Promotion register at TMR tuition rates. Directed Reading is listed on transcripts and no residency credit is granted for that quarter.

5.6 ACADEMIC RECORDS

TRANSCRIPTS

The notations used on official University transcripts are pass (+), fail (-), continuing (N), and exempt (EX). 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 an education record for each student to collate data and to provide assistance to Advising Deans in counseling and in preparing the Medical Student Performance Evaluation (MSPE). The record 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 Advising;

2. Committee on Performance, Professionalism and Promotion, whenever the Committee is reviewing a student's performance;
3. Chair of the Committee on Admissions;
4. 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;
5. A duly appointed grievance or grievance appeal officer, or a duly appointed *ad hoc* committee on the Suitability for the Practice of Medicine;
6. University or School of Medicine Ombudsperson on a need-to-know basis;
7. Other university officials on a need-to-know basis;
8. Staff of Educational Programs and Services.

5.7 PRIVACY OF STUDENT RECORDS

NOTIFICATION OF STUDENT RIGHTS UNDER FERPA

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 student requests access.

Materials covered by the Act as "education records" consist of recorded information directly related to the student that is maintained by the school or one of its agents and is used for making decisions about the student, or which may be transmitted to others outside of the institution.

Students may not see confidential letters of recommendation submitted for school records prior to January 1, 1975, provided the letters are not used for other than the original intended purpose. Further, students may waive the right of access to future confidential recommendations in the area of admissions, job placement, and receipt of awards. However, the waiver may not be required as a condition for admission, financial aid, or other services, and the student must be notified, upon request, of the name of every person submitting confidential recommendations whether these are solicited by the institution, the student, or are submitted on the initiation of the evaluator.

Private notes and materials designed as personal memory aids are not covered provided they are not made available to any other person except a substitute.

Students do not have the right to see parents' financial records submitted to the institution.

The right of access to records accrues solely to those who are or have been in attendance at the institution, not to rejected applicants.

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.

Challenges to records may be made only on accuracy and not on judgments; for example, the accuracy of the recording of a grade can be challenged, but not the grade itself.

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.

"Directory information," such as name, address, and telephone number may be made available without specific permission of the student, but notice of the intent to publish such information must be given so that students can indicate their wish that any or all of the information not be released.

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 FOR 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 School of Medicine or 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
- Birth location
- Campus work address and phone number
- Current mailing address
- *Stanford Directory* (local) address and phone number
- Stanford student residence address

- Primary e-mail address
- ID card photographs (for classroom use only)
- Academic information, including class, degree(s), major(s), minor(s), prior institution, and active terms

Students may prohibit the release of any of the items listed above (except name) by designating which items should not be released on the Privacy function of Axxess. Students may prohibit the release of their name (and consequently all other information) after an appointment with a University Assistant Registrar to discuss the ramifications of this action.

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, videotapes, electronic reproductions, or audiotapes 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.

5.8 STUDENT IDENTITY AND IDENTIFICATION AT STANFORD

STANFORD UNIVERSITY ID NUMBER

The Stanford University ID is a number assigned to each student's academic record for unique identification. It is printed on the Stanford University ID card and on documents distributed by the Office of the University Registrar and other administrative offices.

SUNET ID

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

SUNet IDs provide:

- Axxess services
- E-mail service
- Storage space within Stanford's distributed file system
- Usenet newsgroups
- World Wide Web services, including serving of personal Web pages on the Leland system and access to Stanford Web Resources

IDENTIFICATION CARDS

Stanford University Identification Card

ID cards are available to registered students, faculty, and regular staff through the Stanford ID Card Office, 632 Serra Street. The ID card serves as an identification card, an electronic key, and a debit card, allowing cardholders to use services for which they have privileges, to enter facilities, and to make purchases. Married students or students with a domestic partner (same or opposite sex) may obtain a courtesy identification card for their spouse/partner through the Stanford Card ID Office. The spouse/partner card enables use of some campus services during terms for which the student is registered. Similar courtesy cards are also available to the spouses and same-sex partners of faculty and regular staff. ID cards bear a photograph of the cardholder. This photograph is maintained in an online database and is available for classroom use upon specific request and without student consent unless the student has designated that the photograph not be released. Photographs can be designated as private using the Privacy function of Axess.

For more information:

<http://campuscard.stanford.edu/>

Hospital Photo ID

To obtain a Hospital Photo ID, students must present a signed form from the Office of Student Life to the Security Office located in the basement of the Hospital. This ID grants students access into secured areas of the Hospital based on enrollment in clerkships, etc. It also provides access to many of the secured teaching and study spaces within the School including small group study rooms, Medical Student Lounge, Fleischmann Laboratories, and the 24-hour computing spaces.

PERSONAL IDENTIFICATION NUMBERS (PINs)

Students eligible to use online services, such as Axess, obtain a PIN through the Office of the University Registrar. The PIN, coupled with the assigned University identification number, uniquely identifies the student and serves in place of a signature on electronic forms. The PIN and SUNet ID password must remain confidential. It is a violation of University policy to use another's PIN or identification number to misrepresent yourself in any way. Use of another student's PIN or SUNet ID password can result in loss of student privileges or other disciplinary action.

6. ASSESSMENT OF STUDENT ACADEMIC PERFORMANCE

6.1 Evaluation of Performance in Courses

- Grading System
- End-Quarter Policy Statement
- Final Examinations
- Correction of Deficiencies in Pre-clerkship Courses
- Evaluation of Performance in Human Health and Disease (Q3-5): Statement on Feedback, Grading and Examinations

6.2 Evaluation of Performance in Clinical Clerkships

- Expectations of Student Performance in Clinical Clerkships
- Clerkship Performance Evaluation Form
- Standardized Patient Teaching and Assessment Activities
- Correction of Deficiencies in Clinical Clerkships

6.3 Medical Student Performance Evaluation (MSPE)

6.1 EVALUATION OF PERFORMANCE IN COURSES

All MD program courses are taken pass/fail. 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 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 (M+) in pre-clerkship or clerkship courses is reported by the faculty to the student and the School of Medicine Registrar's Office.
- Fail (−) indicates that a student has not demonstrated to the satisfaction of the responsible department or teaching group that he/she has mastered the material taught in the course.
- Incomplete (I) grades are given by Advising Deans. An incomplete 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 required NBME Subject Exam in a clerkship has not yet been passed, or 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 a placement examination. No units are granted. The student should register for "0" units so that the course appears on the transcript.

A student may not receive credit for repeating a course unless the content has changed significantly, as determined by the course director.

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 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 School of Medicine Registrar’s Office, 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 School of Medicine Registrar’s Office or the course director, unless the course director has made alternative arrangements. While examinations are not “proctored” as such, students must take the examination in the designated location within the prescribed examination time. Students are expected to adhere to the Honor Code at all times during examinations.

3. When the final examination or its appropriate substitute is not an in-class examination (e.g., when an instructor assigns a take-home examination, paper, or project in lieu of an in-class examination), the schedule and format of the final examination, or its substitute, will be determined no later than the end of the second week of the quarter and, if changed subsequently, may be only a modification approved by a majority of the students in the class.
4. Students with documented disabilities who have been determined by the Office of Accessible Education to require special examination accommodations (see Section 9.5) are responsible for notifying the Assistant Dean of Student Affairs prior to the examination. Such notification by the student should be made at least one week in advance of his/her scheduled exam. The Assistant Dean for Student Affairs coordinates with the Course Director for the accommodation to be made. Students do not request accommodation directly of faculty members or course directors.
5. Feedback on written examinations is to be as complete as practicable, correct answers 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

Pre-clerkship courses are graded as pass, marginal pass, fail.

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

Students receiving notification of a marginal pass may 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 with more than one uncorrected marginal pass, or a marginal pass in any course of eight units or more, will be counseled by an Advising Dean and reviewed by the Committee on Performance, Professionalism and Promotion.

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. Only the Committee on Performance, Professionalism and Promotion 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 Committee on Performance, Professionalism and Promotion (which has the power in an appropriate case to modify any of the requirements in this paragraph). It is the prerogative of the department to determine the methods of correcting an academic deficiency and reassessing the student. The Committee on Curriculum and Academic Policy is of the view that, as a general proposition, students should be given the opportunity to correct the deficiency in a timely fashion in order to prevent undue penalties (e.g., substantial financial and logistical difficulties) and to permit academic advancement when warranted.

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 them 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 a reasonable period of time 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 (Q3-5):
STATEMENT ON FEEDBACK, GRADING AND EXAMINATIONS**

Grading

Students receive a Pass or Fail assessment (Axess) 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% and 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 no longer 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. (The 2007-08 Advising Deans are Neil Gesundheit, Susan Knox, Oscar Salvatierra, and Terry Blaschke).

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.

Every student is expected to sit for the integrative end-quarter examination. Any student who misses the final examination and has an Advising Dean's excuse must take a special final examination three days later. A score of zero will be credited towards a student's final score if the integrated final examination is missed without an Advising Dean's excuse.

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 will be required to re-take that quarter the following year, including all required exercises and examinations. Depending on the specific circumstances, such a student may be allowed to continue in the HHD sequence (please see various five-year "split" schedules from the Office of Medical Education).

6.2 EVALUATION OF PERFORMANCE IN CLINICAL CLERKSHIPS

Evaluation of performance in required clinical clerkships is accomplished through a combination of direct observation, multiple choice examinations, and/or standardized patient examinations. The clerkship director is responsible for providing a written evaluation of the student's performance based on data provided by faculty, housestaff, and others who have observed the student's work. Written evaluations of clerkship performance should be completed no later than four weeks after the end of the clerkship. Students who have questions or concerns about written evaluations 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 Committee on Performance, Professionalism and Promotion.

EXPECTATIONS OF STUDENT PERFORMANCE IN CLINICAL CLERKSHIPS

Students are evaluated along several axes, including History and Physical, Clinical Decision-making, Fund of Knowledge, Compassion/Humanism, and Professionalism. Evaluation along these axes forms the basis for passing or failing the clerkship, and such evaluation should be based, to the extent possible, on direct observation of each aspect of performance. Evaluations should incorporate the independent views of as many observers as practicable. In order to pass each clerkship, the student should consider the following expectations:

1. History Taking and Physical Examination

The student should be able to obtain a history from the patient or family and perform an adequate physical examination of the patient. The student should be able to present the history and physical findings in such a way as to demonstrate competence in these areas. Such a presentation should be based on independent student examination as well as review of the medical record. Presentations that are based on another examiner's notes (e.g., for a patient who was previously able to present a history or provide a physical examination but subsequently became incapacitated) should be reported as such.

2. Clinical Decision-making

A student should be able to integrate history, physical examination, radiological and laboratory findings into a reasonable, ordered differential diagnosis. Students are not expected to identify in all cases the single correct diagnosis, but at least to have a logical approach. It will be necessary for students to be able to organize differential diagnoses into large categories, for example vascular, toxic-metabolic, developmental, infectious, neoplastic, degenerative, psychiatric, etc., and to provide some ranking according to likelihood and accuracy of the diagnosis. Ability to reason clinically should be evident in general rounds or clinic discussions, not only on primary patients for whom advance preparation is available.

3. Fund of Knowledge

The student must demonstrate an adequate fund of knowledge of the clerkship subject matter. This knowledge may be acquired in a variety of ways, including by reading basic textbook material, specific articles pertaining to disorders that occur in assigned patients, and by attending student teaching sessions. Faculty and residents will indicate on evaluation forms whether the student appeared to be knowledgeable about medical material during discussions of patients and medical subjects. Additionally, each core clerkship will provide an examination, either the Shelf exam or a customized exam, with minimum passing criteria. Both the exam and resident/attending observation may be included in evaluating the “Fund of Knowledge” component of a clerkship.

4. Compassion/Humanism

It is imperative that the student demonstrate compassionate understanding of the patient and family as individuals with special needs and concerns during the time of illness. Communication should be clear, with evidence of caring, listening and explaining. The student should demonstrate sensitivity to the particular cultural and special needs of patients.

5. Professionalism

Professionalism is the basis of a physician’s contract with society. At the core of medical professionalism is a commitment to each of the following:

- Altruism
- Accountability and responsibility
- Excellence
- Duty
- Honesty and integrity
- Respect for others

In the context of a clinical clerkship, evaluation of students’ professionalism is based largely on observation of participation and work within a team. Daily attendance is expected. Students should arrive at scheduled activities on time. Students should consistently present an attitude of eagerness to learn and a commitment to improving skills and knowledge in the context of patient care. Accordingly, students should expect to participate fully in the care of patients assigned to them and to take responsibility for patient management to the extent that they are able. Performance of tasks to lighten the load of the team is encouraged, but requests to perform such tasks should not be so excessive as to interfere with learning. Students should endeavor to improve the working of the clerkship by providing feedback to the clerkship director in a constructive manner and by completing the end-of-clerkship

evaluation. Problems with team interactions, in particular, should be discussed promptly in a forthright, open manner with the clerkship director in order to improve the learning environment and the team's function.

Possible Reasons for Failure

While not an exclusive compilation, any behavior listed below may lead to a student failing a clerkship (or receiving a marginal pass). The decision to assign a grade less than a pass is the responsibility of the Clerkship Director, based on input provided by those who have directly observed the performance of the student. Unanimous opinion is not required for a student to receive a grade less than a pass.

Possible reasons for failure may include:

1. Inability by the end of the clerkship to obtain an accurate history.
2. Inability by the end of the clerkship to perform the physical examination of that discipline.
3. Repeated inability to generate a case summary and an appropriate differential diagnosis.
4. Repeated demonstration of inadequate knowledge of the clerkship subject matter during daily clinical activities.
5. Inability to pass the end-of-clerkship examination or sequence of examinations.
6. Repeated inability to apply knowledge to clinical situations and decision making.
7. Repeated incidents of insensitivity to patients and families, or evident lack of caring about the welfare of the patients.
8. Dishonesty in any aspect of medical care or professional conduct.
9. Repeated demonstration of or failure to correct unprofessional behaviors.
10. Repeated inability to work collegially with members of the healthcare team.
11. Putting patients seriously at risk due to student inexperience, without making reasonable efforts to ask for help from more experienced team members.
12. Excessive or unexcused absences or failure to communicate with appropriate clerkship staff about unavoidable absences. (All absences must be excused by the Clerkship Director. Students are allowed two days of excused absences on 4-6 week rotations and three days of excused absences on eight-week rotations. Absences extending beyond these limits require additional make-up time.)

CLERKSHIP PERFORMANCE EVALUATION FORM, PAGE ONE

STANFORD UNIVERSITY SCHOOL OF MEDICINE STUDENT CLERKSHIP EVALUATION
-----Evaluator's Form-----

STUDENT NAME	PERIOD	COURSE NUMBER	DEPARTMENT
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Please indicate the number of hours or days you spent in contact with this student prior to undertaking this evaluation:

1. HISTORY-TAKING AND PHYSICAL EXAMINATION		
How often did you directly observe the student do a history and physical? <i>Check One</i> <input type="checkbox"/> 0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> >6		
If you feel insufficiently able to judge, please check here: <input type="checkbox"/>		
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> -- Below Expectations --	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -- Meets Expectations --	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> -- Exceeds Expectations --
Often disorganized, misses key information, inaccurate, not well focused. Problems not well characterized.	Usually thorough, reasonably organized, usually accurate. Addresses pertinent positives, negatives and psychosocial issues in a logical manner. Detects most findings.	Consistently comprehensive, accurate, well organized. Addresses issues in a logical and insightful manner. Elicits subtle findings.
SUMMATIVE COMMENTS (including descriptive examples):		

2. CLINICAL DECISION-MAKING -- Clinical Reasoning, Oral Case Presentations, Written Notes, Clinical Work		
If you feel insufficiently able to judge, please check here: <input type="checkbox"/>		
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> -- Below Expectations --	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -- Meets Expectations --	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> -- Exceeds Expectations --
Disorganized approach to clinical data; unable to prioritize problems; generates inadequate differential diagnoses. Presentations often unclear, incomplete, disorganized or inaccurate, lack syntheses and rationales. Written notes often disorganized, incomplete, superficial, tangential or erroneous; limited formulations; often late. Poor follow-up of clinical problems, little initiative in problem solving.	Usually able to organize and prioritize patient information; generates a well-reasoned differential diagnosis. Presentations usually clear, complete, organized with adequate syntheses and rationale. Written notes usually clear, concise, organized, timely with rationale. Adequate case formulations and discussions. Appropriate follow-up of clinical problems; shows initiative in solving problems.	Consistently synthesizes and prioritizes patient information. Generates an accurate and comprehensive differential diagnosis. Presentations consistently clear, accurate, well organized and concise with thoughtful rationales and pertinent syntheses. Written notes consistently clear, complete, well organized, with concise formulations. Well-researched discussions using additional resources.
SUMMATIVE COMMENTS (including descriptive examples):		

3. FUND OF KNOWLEDGE -- Demonstrate knowledge of core topics & resourcefulness in using current technologies to find information		
Please indicate the basis on which you arrived at your evaluation: <i>CHECK ALL THAT APPLY</i>		
<input type="checkbox"/> Workshop <input type="checkbox"/> Clinic <input type="checkbox"/> Conferences <input type="checkbox"/> Presentations <input type="checkbox"/> Rounds <input type="checkbox"/> Other		
If you feel insufficiently able to judge, please check here: <input type="checkbox"/>		
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> -- Below Expectations --	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -- Meets Expectations --	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> -- Exceeds Expectations --
Limited and fragmented understanding of pathophysiology, diagnosis and management.	Usually demonstrates general understanding of pathophysiology, diagnosis and management. Usually integrates knowledge from a variety of sources; regularly uses medline searches, evidence-based medicine and current technologies to answer patient driven questions.	Consistently demonstrates wide-ranging understanding of pathophysiology, diagnosis, and management, and integrates knowledge from a variety of sources.
SUMMATIVE COMMENTS (including descriptive examples):		

CLERKSHIP PERFORMANCE EVALUATION FORM, PAGE TWO

4. COMPASSION/HUMANISM -- Demonstrate empathy and respect for patients and families
 How many situations did you observe this student interacting with a patient and family? *Check One* 0 1-2 3-5 >6

If you feel insufficiently able to judge, please check here:

1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> -- Below Expectations --	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -- Meets Expectations --	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> -- Exceeds Expectations --
Inadequate level of respect, compassion, and empathy; fails to instill trust; frequently displays insensitivity and intolerance of patient's need for comfort and encouragement; fails to recognize and respect cross-cultural/gender differences.	Usually caring, supportive and respectful; often establishes rapport and trust; usually displays sensitivity and tolerance of patient's needs; usually recognizes and respects cross-cultural/gender issues.	Consistently caring, supportive, respectful and empathetic; establishes strong rapport and trust; demonstrates altruism; always respectful of cross-cultural/gender issues.
SUMMATIVE COMMENTS (including descriptive examples):		

5. PROFESSIONALISM -- collegiality, initiative, dependability, attitudes
 If you feel insufficiently able to judge, please check here:

1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> -- Below Expectations --	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> -- Meets Expectations --	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> -- Exceeds Expectations --
Frequently irresponsible, unreliable, and late; shows disdain for professional colleagues; records frequently tardy and illegible. Uninterested, lacks motivation; unaware of weaknesses, strengths; unable to problem-solve; shows little improvement over the clerkship; insufficiently motivated to acquire knowledge. Unavailable when needed, reacts badly to stress, unwilling to work as part of a team.	Usually responsible and reliable and committed to team of health care professionals; records usually clear and timely; usually motivated; usually reliable and able to be counted on to follow through on tasks, responsibilities; usually available when needed; usually able to handle stress and willing to work as part of a team.	Always responsible, reliable, committed, cooperative and respectful. Shows regard for professional colleagues; displays initiative and provides leadership; records always timely and legible. Enthusiastic, functions independently; self-motivated. Always does what is expected and more; available when needed; always follows through on responsibilities; excellent team player; reacts well to stress.
SUMMATIVE COMMENTS (including descriptive examples):		

FORMATIVE COMMENTS (including descriptive examples):

Evaluator Name:

Check One: Resident/Fellow Attending Group

STANDARDIZED PATIENT TEACHING AND ASSESSMENT ACTIVITIES

The Standardized Patient (SP) activities are designed to provide a simulated setting for teaching 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), Family Medicine, Internal Medicine, Ambulatory Medicine, Pediatrics, and Obstetrics/Gynecology clerkships currently use the Standardized Patient Program. Medical students are assessed at the end of each clerkship period. An examination may consist of four to eight stations or cases and is administered over approximately two to five hours. The encounters are digitally videotaped to allow faculty and students to review these. Following the encounters, feedback is provided in one of three parts, depending on the nature of the SP activity: didactic debriefings with the students, faculty and SP; numerical scores in the area of clinical and interpersonal skills; and narratives representing faculty and the standardized patient's overall assessment of the student's performance.

CORRECTION OF DEFICIENCIES IN CLINICAL CLERKSHIPS

During the course of a clerkship, when a clerkship director becomes aware that a student's performance may warrant a marginal pass or failing grade, the clerkship director must notify the student promptly that, in the absence of improvement, a non-passing grade is being considered. Once the director confirms the decision to assign a non-passing grade, the clerkship director must immediately notify the student about the final grade to be assigned. The clerkship director should also notify the student's Advising Dean, who will arrange a meeting with the student.

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

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

6.3 MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)

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 of accomplishments in research, teaching, and community service is also included in the letter.

For more information about the MSPE, refer to the student resources section of the MD Advising Web site:

<http://med.stanford.edu/md/advising.html>

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

- 7.1 Introduction
- 7.2 Standards for Performance and Satisfactory Progress
- 7.3 Promotion
- 7.4 Procedures for Addressing Performance, Professional and Technical Concerns
- 7.5 Appendix: Chart of CP³ Responses to Student Issues

7.1 INTRODUCTION

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

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

A. Membership:

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

B. General Operating Procedures:

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

4. The CP³ also considers student petitions on various matters, including for:
 - a. An extension of medical education beyond six years as a registered student to complete the MD degree, and beyond eight years to complete MD/PhD degrees.
 - b. Leaves of absence that either individually or cumulatively exceed a total of one year.
 - c. Reinstatement.
5. The CP³ is staffed by a representative from Medical Student Academic Advising.

7.2 STANDARDS FOR PERFORMANCE AND SATISFACTORY PROGRESS

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

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

1. Units

- a. Students must take and successfully complete a per-quarter number of general School of Medicine units (any units listed in the School of Medicine Course and Clerkship Catalog or included for Scholarly Concentration) as follows:
 - (i) During Autumn, Winter and Spring quarters (except for the graduation quarter), 9 units.
 - (ii) Summer quarter (if registered), 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: 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: 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 3.4 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 2.6), and CPX (see Section 4.8).

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 preclinical required coursework in a given academic year or over the course of the preclinical curriculum (whether or not remediated).
 - (iv) failures in more than 20% of units of combined preclinical or clinical coursework (whether or not remediated).

- (v) failure of USMLE Step 1 three times.
 - (vi) failure of USMLE Step 2 CK (Clinical Knowledge) twice and failing the internal examination.
 - (vii) 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. 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 2.8 of this handbook. Continued fulfillment of such standards is a requirement for ongoing registration in the Stanford University School of Medicine.

7.3 PROMOTION

The CP³ will conduct a systematic review at three intervals of all students' progress towards completion of the MD degree. Those reviews will encompass all areas of academic performance, professionalism, and technical standards. Students whom CP³ determines have met these standards will be eligible for formal promotion as follows:

- A. Promotion to Clinical Medical Student: upon completion of preclinical courses and other requirements, students will be reviewed for formal promotion. Criteria for promotion are:
1. Satisfactory completion of all required preclinical courses with a passing grade by May 15 of the academic year. (*NOTE: A maximum of one grade of "marginal pass" in a preclinical 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.

- B. 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.
- C. 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.

7.4 PROCEDURES FOR ADDRESSING PERFORMANCE, PROFESSIONAL AND TECHNICAL 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 "7.5 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 qualifying 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 qualifying 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 (Statement on Student Academic Grievance Procedures). 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 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 rebut that evidence.

- (f) 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.
- (g) The presentation of evidence and arguments will be recorded by a court reporter.
- (h) 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.
- (i) 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 Statement on Student Academic Grievance Procedures.

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.

7.5 APPENDIX: CHART OF CP³ RESPONSES TO STUDENT ISSUES

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

PRECLINICAL: 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"> • Require student to correct marginal pass within 12 months of receipt of the marginal pass and prior to beginning any clinical clerkship. • NOTE: <i>An unqualified pass is required to correct a marginal pass.</i>

PRECLINICAL: MARGINAL PASS (CONTINUED)

Issue	Policy and/or Steps to Address Issue
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>

PRECLINICAL: FAILURE

Issue	Policy and/or Steps to Address Issue
One failure in a preclinical course	<ul style="list-style-type: none"> • An unqualified pass is required to correct a failure in a preclinical 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 preclinical 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 preclinical course of 8 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 preclinical required units in any given academic year or over the course of the preclinical 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 preclinical required units in any given academic year or over the course of the preclinical curriculum	<ul style="list-style-type: none"> • These students will be considered for dismissal from Stanford University School of Medicine MD program.

PRECLINICAL: 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.

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 two-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: 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 ordinarily will 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 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 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. • 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 CONCENTRATION

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.

8. MEDICAL STUDENT SUPPORT SERVICES

- 8.1 Educational Programs and Services
- 8.2 Assistant Dean for Student Affairs
- 8.3 School of Medicine Registrar's Office
- 8.4 Financial Aid Office
- 8.5 Office of Student Life
- 8.6 Academic Advising
- 8.7 Advising for Research and Scholarship
- 8.8 Student Life Advisor
- 8.9 Center of Excellence – Diversity in Medical Education
- 8.10 School of Medicine Career Center
- 8.11 School of Medicine Liaison to the Office of Accessible Education
- 8.12 School of Medicine Ombudsperson
- 8.13 Medical Center Chaplain
- 8.14 Security Services

8.1 EDUCATIONAL PROGRAMS AND SERVICES

Educational Programs and Services (EPS) supports the School of Medicine and its student body by fostering an environment that values diversity, scholarly achievement, and community service. Within the larger EPS organization, the offices of the School of Medicine Registrar, Financial Aid, MD Advising, Student Life, the Center of Excellence – Diversity in Medical Education, the Career Center, and the School of Medicine Ombudsperson are dedicated to providing direct assistance to students.

More specifically, these offices of EPS support individual students in attaining their professional goals by providing assistance with meeting financial needs, addressing academic problems, achieving personal well-being, assuming the professional responsibilities required of a physician or scientist, choosing a career, and planning for post-graduate training.

Among the major responsibilities of these EPS offices are: overseeing student registration, monitoring academic progress and administering curricular policies; distributing financial aid and supporting students applying for outside fellowships and scholarships; providing individual academic advising and group informational forums; coordinating with the Office of Accessible Education to provide accommodations for students with disabilities; providing orientation programs for incoming students; organizing special informational programs on career opportunities in medicine and the basic sciences; interacting with the leadership of the Stanford Medical Student's Association (SMSA) and the Biomedical Associated Stanford Students (BioMASS); planning and organizing the School of Medicine commencement ceremony; preparing and publishing the Medical Student Guide and the quarterly Medical Student Newsletter.

8.2 ASSISTANT DEAN FOR STUDENT AFFAIRS

MSOB X313

The Assistant Dean for Student Affairs oversees the Admissions, Advising, Financial Aid, Student Life, and Registrar departments and is a resource for student affairs questions and special help. The Assistant Dean for Student Affairs is accessible to students and available to meet with students with special concerns. As a School of Medicine liaison to the Office of Accessible Education (see Section 8.11), the Assistant Dean for Student Affairs coordinates accommodations for students with documented disabilities.

8.3 SCHOOL OF MEDICINE REGISTRAR'S OFFICE

MSOB X325

The School of Medicine Registrar's Office serves the educational community of the Stanford University School of Medicine by maintaining the official record of each student and providing appropriate data to further the educational processes of the school. The office also coordinates the Visiting Student program that allows students from other medical schools to participate in clinical electives. The School of Medicine Registrar's Office works closely with the University Registrar's Office.

Among the services provided:

ENROLLMENT SERVICES

- Monitor student study lists
- Assist students with dropping and adding courses
- Handle Graduate Authorization Petitions to add a program
- Process and Track Leave of Absence
- Track Satisfactory Academic Progress
- Monitor tuition and TMR status

ACADEMIC RECORDS

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

CLERKSHIPS

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

RESIDENCY MATCH

- Assist with producing the Medical Student Performance Evaluation (MSPE)
- Assist students with rank-order listing (strategizing and entering list online)

- Compile statistics for the Match
- Assist unmatched students with the Scramble for open programs

EXAMINATIONS

- Create final exam schedules
- Schedule placement exams
- Process student applications for the United States Medical Licensing Exam (Step 1, Step 2 CK, Step 2 CS)
- Serve as the National Board of Medical Examiners Chief Executive Proctor

8.4 SCHOOL OF MEDICINE FINANCIAL AID OFFICE

MJOB X383, X385, X387

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

8.5 SCHOOL OF MEDICINE OFFICE OF STUDENT LIFE

MJOB X323

The Office of Student Life provides services to all MD and PhD students in the School of Medicine. In general, the office is a clearinghouse for a variety of issues affecting both MD and PhD students, working with other university departments to help resolve issues ranging from housing to health insurance. The Office of Student Life serves as a liaison between the administration and students through its relationship with the student organizations – Stanford Medical Students' Association (SMSA) and Biomedically Affiliated Stanford Students (BioMASS) – and through working with the student special interest organizations (approximately 50 in number). The support ranges from simple funding of meetings to helping plan major conferences. The office also serves as the conduit for information flow between sources internal and external to the university and students through the School of Medicine listserves, and through the daily electronic events calendar.

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

Medical Student compliance with Health and Safety Training Requirements (HIPAA, Bloodborne Pathogen, and General Lab Safety) is coordinated and tracked through the Office of Student Life.

LOGISTICAL SERVICES PROVIDED:

- White coats
- Hospital photo ID's
- Stethoscopes
- Lockers
- Mailboxes
- FIT testing
- Copy codes
- SUNet IDs
- Assistance with housing issues
- Assistance with the Entrance Medical Requirements
- Assistance with Health and Safety Training requirements
- Assign computer access to Stanford and Packard Hospitals
- Coordinate Call Room policy

PROGRAMS

- New MD Student Orientation
- Stethoscope Ceremony
- Welcome Back Dinner for preclinical MD students
- Clinical MD Student Dinner
- Transition to Residency Dinner
- *Ad hoc* social events
- Commencement ceremony and luncheon

PUBLICATIONS

- *Full Code* (student-to-student guide to the clinical years)
- *Students in the MD Program* (student facebook)
- *Medical Student Guide* (in conjunction with MD student editors)
- *Medical Student Clinical Journal* (in conjunction with MD student editors and faculty advisors)

8.6 ACADEMIC ADVISING

MSOB X3C09

The current advising system, in effect since summer 2002, randomly assigns each incoming student to an Academic Advising Dean in the School of Medicine. Before matriculation, incoming students are notified to whom they have been assigned and have the opportunity to meet with him/her as a group during Orientation. Students may request from their advisor a consultation with any of the Advising Deans.

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

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

A preceptorship/mentorship program provides opportunities for students to develop a personal relationship with a member of the faculty or a community physician who can introduce the student to the science and practice of medicine. This relationship helps students gain early exposure to clinical medicine or research, begin to explore possible long-range career goals, and understand the responsibilities and rewards of academic medicine or practice.

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

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

8.7 ADVISING FOR RESEARCH AND SCHOLARSHIP

MSOB X359

The Associate Dean for Medical Student Research and Scholarship Advising is responsible for advising students about curricular and research opportunities, particularly related to the Scholarly Concentrations. Working with the Academic Advising Deans, the Associate Dean for Medical Student Research and Scholarship Advising oversees a proactive advising program that follows students' independent scholarly pursuits from matriculation to graduation. The Associate Dean for Medical Student Research and Scholarship Advising seeks to optimize each student's experience by:

- seeking out research opportunities and faculty mentors
- viewing the balance of Scholarly Concentration requirements and Core Curriculum requirements
- meeting frequently with students and faculty to facilitate appropriate research programs

8.8 STUDENT LIFE ADVISOR

Boswell Building A045

The Student Life Advisor provides a resource for the medical student body that is confidential (within the limits provided by the law). The Student Life Advisor is a point of contact for students who wish to discuss sensitive or personal topics or to obtain advice of a non-academic nature without concern about affecting their academic "reputation." Students are encouraged to bring issues that impact their life decisions, well-being, and academic performance. Issues appropriate for this office include the following: interpersonal conflicts or misunderstandings; struggles with the stresses of school, family or social life; uncertain career direction; questions regarding professionalism; and discussions about the possible need of REFERRAL for:

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

The Student Life Advisor is available to represent and advocate for medical students, as appropriate, with regard to matters that affect student well-being. The Student Life Advisor works directly with the Academic Advising Deans in developing the Advising Program.

For more information, please visit online:

<http://med.stanford.edu/md/student-development/>

8.9 CENTER OF EXCELLENCE – DIVERSITY IN MEDICAL EDUCATION

MJOB X361

The Center of Excellence – Diversity in Medical Education (COE) was established in 1993 and originally supported by the Health Resources and Services Administration’s Bureau of Health Professions. It is now supported by the School of Medicine. COE’s mission is to increase the number of leaders in academic and clinical medicine from diverse backgrounds, particularly those from underrepresented communities. COE also aims to expand our School of Medicine’s capacity to offer information, research, and training on health issues pertinent to a diverse society.

COE facilitates diversity in the School of Medicine MD program through presentations, workshops, and individual advising to undergraduate premedical students from underrepresented backgrounds. COE provides curriculum and research opportunities to prepare all medical students to be knowledgeable and sensitive to the health care needs of our diverse society. Its staff works with the Office of Diversity and Leadership and the Office of Graduate Medical Education to enhance the School of Medicine’s faculty pipeline for underrepresented faculty.

Thus, the goals of COE include:

- Enhancing recruitment and development of medical students and other health trainees from diverse backgrounds.
- Supporting leadership and advocacy skill development of students and trainees.
- Developing skills in cultural competency training.
- Creating education and research activities related to health disparities
- Assisting the School of Medicine in the development of underrepresented faculty.

8.10 SCHOOL OF MEDICINE CAREER CENTER (SOMCC)

CCSR 4245

The SoMCC is a comprehensive medical and life science career center, assembling resources, coordinating recruitment activities, delivering educational programs, and offering professional career advising services to all School of Medicine trainees, alumni, and postdoctoral researchers in the biomedical sciences across the University. The SoMCC also serves as an on-campus portal for external organizations seeking to develop relationships with our research and clinical training community, providing a variety of ways to engage with and learn more about the talents and technologies developed here at Stanford.

For more information about the SoM Career Center and its services, please visit online:

<http://med.stanford.edu/careercenter/>

8.11 SCHOOL OF MEDICINE LIAISON TO THE OFFICE OF ACCESSIBLE EDUCATION

Students with disabilities (including, but not limited to, temporary and permanent physical, psychological, or learning disabilities) who may need academic accommodations, should register with the Office of Accessible Education (see Section 9.5) for assessment and approval of accommodations. The School of Medicine Assistant Dean for Student Affairs coordinates with the Office of Accessible Education to facilitate accommodations. Students with documented disabilities are responsible for notifying the Assistant Dean of Student Affairs of their accommodation needs. Students do not request accommodation directly of faculty members or clerkship directors.

8.12 SCHOOL OF MEDICINE OMBUDSPERSON

MSOB X301

The Office of the Ombudsman at the School of Medicine provides a neutral, confidential and independent resource for dispute resolution for students, staff, faculty, residents and postdoctoral scholars. The office assists members of the School of Medicine community with any work related difficulty, including interpersonal conflict or misunderstandings, as well as academic or administrative concerns.

The Ombudsman may serve as an intermediary, mediator, facilitator, and informal information gatherer or simply as a listener. The Ombudsman has no authority to take action but has access to anyone in the School for the purpose of informal resolution of concerns and disputes.

More information – including additional resources, reading suggestions, and frequently asked questions about the office of the Ombudsman – is available at the Ombudsman Web site:

<http://med.stanford.edu/ombuds/>

8.13 MEDICAL CENTER CHAPLAIN

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

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

8.14 SECURITY SERVICES

SUMC Ground/Basement Floor
(650) 723-7222

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

Security Services is staffed 24 hours a day, seven days a week, and is located on the ground floor of Stanford Hospital, just below the Emergency Department. Security Services is identified as location 15 on the SUMC floor map of the ground/basement floor:

http://www.stanfordhospital.com/directions/insideHospital/SHC_g

9. OTHER UNIVERSITY SERVICES

9.1 Department of Public Safety

9.2 Parking and Transportation

9.3 Housing

9.4 Vaden Health Center

- Health Insurance Information for Incoming Students
- Entrance Medical Requirements

9.5 Personal Support Services

- Counseling and Psychiatric Services
- Health Promotion Services
- University Ombudsperson
- The Bridge

9.6 Office of Accessible Education

- Student Disability Resource Center
- Schwab Learning Center
- Assistive Learning Technology Center
- Center for Universal Design in Education

9.1 DEPARTMENT OF PUBLIC SAFETY

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

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

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

9.2 PARKING AND TRANSPORTATION

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

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

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

9.3 HOUSING

ON-CAMPUS HOUSING

<http://housing.stanford.edu>

Approximately 54 percent of Stanford's graduate students enrolled at the home campus live in on- and off-campus University housing. The residence program is based on the conviction that living and learning, social and intellectual life should be integrated, not separate. Graduate residences serve as focal points of intellectual, recreational, and social interchange.

Single graduate student accommodations consist mostly of shared one-to-four bedroom apartments. We also offer single or double occupancy dormitory rooms, as well as single occupancy studio apartments. All on-campus, single student housing is furnished. The costs vary greatly and are shown on the Housing Assignments Web site:

<http://housing.stanford.edu/tour/gradtour/rateschart.html>

Rates include all utilities and coin-less laundry services. There is a separate charge for the telecommunications fee and house dues.

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

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

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

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

After the first year: Continuing, matriculated, graduate students are given priority for housing for a specified number of years based on their academic degree program. Students who live in residences that are open year-round and who remain in continuous occupancy in their rooms or apartments may renew their contracts annually if they meet certain eligibility requirements. Students who live in residences that are open only during the academic year or who desire to change residences re-enter the lottery each year. Currently, about 90% of continuing student applicants are assigned housing each year. Students who have limited housing choices may not be assigned housing because space in each individual residence is limited. Additional housing is under construction to better meet demand.

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

Students can indicate housing preferences by submitting an application in Axess, Stanford's online information system:

<https://axess.stanford.edu>

A SUNet ID is required to login to Axess—for more information, please see

<http://sunetid.stanford.edu>

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

OFF-CAMPUS HOUSING

<http://offcampus.stanford.edu>.

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

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

9.4 VADEN HEALTH CENTER

866 Campus Drive, across from Wilbur Field
(650) 498-2336
<http://vaden.stanford.edu/>

Vaden Health Center provides comprehensive, on-site health care on an appointment basis to Stanford students currently enrolled in the university. A wide variety of services are available, including medical care, confidential personal counseling, general health and nutrition education, HIV prevention, and alcohol and other drug abuse prevention. Specific service areas include medical appointments, women's health appointments, Sports Medicine, Urgent Care, Pharmacy, Physical Therapy, Counseling and Psychological Services (CAPS), Sexual Health Peer Resource Center and Health Promotion Services.

REGULAR HOURS FOR AUTUMN, WINTER, AND SPRING QUARTERS

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

- **Medical Services**

Monday through Thursday
Telephone hours: 8:00 a.m. to 8:00 p.m.
Appointments available: 8:15 a.m. to 7:30 p.m.

Friday
Telephone hours: 8:00 a.m. to 8:00 p.m.
Appointments available: 9:15 a.m. to 7:30 p.m.

Saturday and Sunday (for urgent problems)
Telephone hours: 10:00 a.m. to 5:30 p.m.
Appointments available: 10:00 a.m. to 5:15 p.m.
- **Counseling and Psychological Services (CAPS)**

Monday through Friday
8:30 a.m. to 5:00 p.m.
- **Health Promotion Services (HPS)**

Monday through Friday
9:00 a.m. to 5:00 p.m.

Both Medical Services and Counseling and Psychological Services are available to help in urgent situations 24 hours a day, including when Vaden is closed.

TELEPHONE NUMBERS

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

Life-threatening situation 911

(from University phones dial 9-911)

Medical Services at Vaden Health Center include: medical appointments, women's health appointments, urgent care, medical advice, allergy treatment, immunizations, travel advice, after hours medical care, physical therapy, pharmacy, laboratory, x-ray, and sport medicine.

ONLINE SERVICES

VadenPatient is the online service that allows users to:

- make appointments for allergy shots (excluding first appointment)
- make Travel Clinic appointments
- make women's health exam/men's health appointments
- make other medical appointments
- cancel medical appointments
- communicate with your clinician

You may also order Pharmacy refills and complete the Medical Entrance Requirements for new students using online services.

To access VadenPatient you will need your SUNet ID.

Please use our online services or call ahead to make an appointment with either a physician, nurse practitioner, or physician assistant. If you are in need of urgent care during the day and if immediate attention is needed, call and ask to speak to an advice nurse, or come to Vaden and ask to see the triage nurse, who will refer you to the appropriate provider.

MEDICAL EMERGENCIES

If there is a medical or psychiatric emergency that does not require hospital emergency room facilities and staff, students should go to Vaden. If a medical emergency requires treatment in the hospital emergency room, students should go to the emergency room at Stanford University Medical Center.

SERVICES COVERED

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

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

SERVICES NOT COVERED

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

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

OTHER FEE-FOR-SERVICES AVAILABLE

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

PHARMACY

Vaden's pharmacy provides prescription and over-the-counter medications. The costs are competitive with or lower than charges at neighboring pharmacies.

PREGNANCY CARE

The following pregnancy care is available:

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

Dental Care is not available on campus. Vital Savings is a voluntary low-cost discount plan that provides coverage with preferred dentists. The plan offers discounted rates with no claims to file. You can sign up for Vital Savings through your Axess account.

Disability Insurance is required of all MD students and costs \$61 per year (billed through registration in Winter Quarter).

Malpractice Insurance is provided by the University for all MD students and covers them year round as long as they are enrolled (registration during the summer is not required as long as they are enrolled, matriculating students).

HEALTH INSURANCE INFORMATION FOR INCOMING STUDENTS

- **Cardinal Care**

While most services at Vaden are available to Stanford students without charge, all registered students are required to have health insurance, either with Cardinal Care, the University-designated insurance policy paid with Stanford registration fees, or from an external carrier.

If a student decides to use Cardinal Care, the fees will appear on his/her quarterly University bill. This Cardinal Care student health insurance provides year-round coverage for medical expenses for injuries and illnesses. The current fee schedule can be found on the Vaden Web site:

<http://vaden.stanford.edu/insurance.html>

Health insurance during unregistered quarters can be extended until the end of the academic year. You must have had Cardinal Care coverage for the prior quarter. Forms to continue insurance are available at Vaden's Insurance Office and must be completed by the 15th day of the month prior to the unregistered quarter. Premiums must be paid by check or money order at the time of application. Please note that students are not notified in advance that the insurance policy must be renewed.

- **Outside Insurance**

Students are automatically enrolled in Cardinal Care during registered quarters unless health insurance is waived through Axess. The health insurance waiver must be in place by the following dates:

Autumn Quarter
September 15

Winter Quarter
December 15

Spring Quarter
March 15

Summer Quarter
June 15

To waive out of Cardinal Care a student must enter Axess and follow the health insurance waiver link and complete the steps indicated. A health plan name and group or policy number are required to complete the health insurance waiver. A student can waive health insurance for the entire academic year or for a quarter at a time.

Note for students with private health insurance: Many managed care plans provide only for emergency care outside their local service area. Students should review their policies to make sure coverage is adequate.

- Spousal Insurance

Stanford University does not offer an insurance plan to cover dependents of Stanford students. Students may review the following Web site: <http://vaden.stanford.edu/resources.html> for assistance.

Medical services for spouses and domestic partners are available at Vaden on a fee-for-service basis, and charges typically are lower than at other clinics. Medical care for spouses is also available in the community or at the Stanford University Clinic, on a fee-for-service basis.

For more information, call the Vaden Insurance Office at (650) 723-2135.

ENTRANCE MEDICAL REQUIREMENTS

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

<http://vaden.stanford.edu>

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

9.5 PERSONAL SUPPORT SERVICES

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

COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS)

CAPS, located on the second floor of Vaden Health Center, offers, without charge, evaluations and brief counseling to any registered Stanford student. Short-term counseling is defined as evaluation and treatment up to 10 visits a year. For couples counseling, only one person needs to be a registered student. Only students requesting or requiring longer, ongoing, psychotherapy incur fees.

Assistance is available for students experiencing personal problems or difficult situations while at Stanford, including stress, anxiety, depression, relationship distress, low self esteem, procrastination, sexual concerns, sexual assault/harassment, or family problems. Emergency response is available. Workshops and groups to support student adjustment at Stanford and to help with personal and social difficulties that interfere with academic and social functioning are also offered. African American, Asian American, Chicano/Latino, and gay counselors are available upon request. Services are confidential. The School of Medicine is never informed about students using CAPS without their explicit permission.

If longer-term treatment is indicated (more than 10 visits per year), it is available through CAPS or through outside services. The School of Medicine Financial Aid Office can assist students by helping to arrange for a special loan to meet the financial need for such treatment. The Student Health Insurance Plan will co-pay up to \$50 per visit with a \$1,500 maximum per year.

Students can be seen on an urgent basis the same day. A clinician is on-call 24 hours for emergencies and can be reached by calling one of the following numbers: (650) 498-2336; after 5 p.m. and weekends, (650) 498-2336; and Sexual Harassment & Sexual Assault Counseling, (650) 725-9955.

HEALTH PROMOTION SERVICES (HPS)

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

Services include individual preventive counseling and resource referral, speakers, programs, events and workshops at student residences, community centers, student organizations, and for new students. HPS also trains student volunteers and sponsors a variety of health outreach projects and events. Most services are free. Please call (650) 498-2336, extension 5, for further information.

UNIVERSITY OMBUDSPERSON

David Rasch, Stanford University Ombuds
Mariposa House, 585 Capistrano Walk
(650) 723-3682
rasch@stanford.edu
<http://www.stanford.edu/dept/ocr/ombuds/>

The charge to the Ombuds office at Stanford is:

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

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

THE BRIDGE

The Bridge Peer Counseling Center is staffed by intensively trained volunteer student counselors. These peer counselors are willing to discuss any concerns with students – e.g., academic frustrations, coming out issues, sex, substance abuse, loneliness, family or relationships. The Bridge provides information on a variety of other support services available in this geographical area. In addition, it sponsors depression support group workshops on such topics as stress and time management. Call for location and drop-in hours (650) 723-3392 (24 hours per day) or visit online:

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

9.6 OFFICE OF ACCESSIBLE EDUCATION (OAE)

The Office of Accessible Education (OAE) at Stanford University is organized into four interrelated service centers:

1. Student Disability Resource Center (SDRC)
2. Schwab Learning Center
3. Assistive Learning Technology Center (ALTeC),
4. Center for Universal Design in Education (CUDE).

STUDENT DISABILITY RESOURCE CENTER (SDRC)

In accordance with the provisions of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, the SDRC coordinates and offers an array of accommodations and auxiliary aids and services to students with documented disabilities. The SDRC’s goal is to enable students with disabilities to participate fully in the educational experience at Stanford while meeting the academic standards maintained by the university.

Students seek support from the SDRC for a wide range of disabilities, including mobility impairments, learning differences, chronic illness, psychological disabilities, and sensory disabilities.

Working collaboratively with a staff member, staff and student develop and implement an accommodation plan tailored to the student's disability-related needs. Direct support services include, but are not limited to:

- Note taking
- Oral or sign language interpretation
- Stenocaptioning
- Examination accommodations
- Modifications in course load or other academic requirements
- Books-on-tape
- Braille embossing
- Electronic text (e-text)
- Assistive technology screenings and training
- Housing accommodations
- Other accommodations as approved

DisGoCart: During the academic year the SDRC runs a free golf cart transportation service called DisGo for use by any member of the campus community who has a temporary or permanent mobility impairment or who uses a wheelchair. To arrange for an on campus ride, call 725-2484 (5-CHUG).

Students with disabilities for which they may need accommodations should call and register with the SDRC as soon as possible by phoning the main office at (650) 723-1066. Medical students should also contact either the School of Medicine Medical Student Life Advisor or the Assistant Dean for Student Affairs, with whom the SDRC works closely to facilitate accommodations. The Medical Student Life Advisor is located at Boswell Building A045, telephone (650) 725-5066. The School of Medicine Assistant Dean for Student Affairs is located at MSOB X313, telephone (650) 723-4462.

The SDRC is located at 563 Salvatierra Walk, Stanford University, Stanford, California 94305. Voice (650) 723-1066; TTY (650) 723-1067. The Center is open 9:00 am to noon and 1:00 pm to 5:00 pm Monday through Friday.

SCHWAB LEARNING CENTER

The Schwab Learning Center serves students with learning differences (LD) and Attention Deficit Hyperactivity Disorder (ADHD). Emphasis is on a metacognitive approach to learning: students learn how to identify and use their own unique learning styles and strengths to maximize academic success. Medical students who are interested in receiving services offered by the Schwab Learning Center should contact the School of Medicine Learning Strategies Coordinator directly at (650) 387-0550.

Among the services offered by the Schwab Learning Center are:

- Screening assessments for learning differences
- Individual learning style assessments and instruction in specific study strategies for academic enhancement
- Referral to outside professionals, as appropriate, for comprehensive psychoeducational testing (evaluations are subsidized for students with financial need)
- Tutoring in various academic disciplines
- On-site tutoring service for students at the Stanford University School of Medicine
- ADHD coaching
- Orientation program for incoming and returning students

ASSISTIVE LEARNING TECHNOLOGY CENTER (ALTEC)

Located on Meyer Library's second floor, ALTeC provides a wide array of resources to make information technology and education more accessible for those with disabilities. The Center's expert staff can provide training and technical assistance, assess barriers to computer access, and recommend appropriate assistive technology or compensatory strategies. Among ALTeC's current accommodations are:

- A cluster of accessible high-end PCs and Macs
- Software for speech recognition, text-to-speech screen readers, screen magnification, and assistance with studying and writing
- Alternative input devices such as specialized keyboards and mouse substitutes
- Ergonomic computer workstations (some private) with independently adjustable keyboard and monitor positions
- CCTV video magnifiers and a refreshable Braille display
- Tutoring rooms with PCs and whiteboard capture systems

ALTeC's Alternative Format Production Facility (AFPF) converts printed text to computer files (e-text), large print, or Braille using high-speed scanners and Braille embossers. The Equipment and Software Loan Library (EaSLL) allows students to borrow certain assistive technology for evaluation purposes.

ALTeC's services are available to eligible students, faculty, and staff who need assistance due to a disability. Students should contact the SDRC at (650) 723-1066 for more information. Faculty and staff should contact Stanford's ADA/504 Compliance Office at (650) 723-0755 for a referral.

CENTER FOR UNIVERSAL DESIGN IN EDUCATION

This is a research and development center under the auspices of the OAE. It serves to advance the development of instructional methods, tools, and strategies that are inherently flexible, customizable, and accessible to *all* students with different backgrounds, learning styles, abilities, and disabilities in a variety of learning contexts.

10. TUITION AND FINANCIAL AID

10.1 Tuition and Fees

10.2 Financial Aid Policies

10.3 Quarterly Teaching Assistant and Research Assistant Salary
and Tuition Allowances for 2007-08

10.1 TUITION AND FEES

TUITION PAYMENT POLICIES

Stanford's monthly billing is done through Stanford ePay, an online billing and payment service, available to students and their authorized payers. Charges for tuition, room, board, and other fees will be billed prior to the beginning of each academic quarter, and will be due by the 15th of the following month. All other charges are billed monthly as they are incurred.

Stanford ePay provides a convenient way for students or other authorized payers to view and make payments to student accounts 24 hours a day. With Stanford ePay, students can:

- Pay university bill via:
 - Electronic checking (eCheck)
 - Credit card (MC, AMEX, or Discover) – a 2.75% convenience fee applies
- Authorize parents and other payers to view and pay university bills online
- Schedule payments (recurring)
- View billing history
- Make deposits to their StanfordCardPlan

Students who have paid for 13 full quarters of tuition (16 for joint MD/PhD candidates) pay the TMR tuition rate beginning the 14th quarter. The TMR tuition rate is approximately 15% of the full tuition rate.

Students who must repeat a clerkship as required for graduation must again pay tuition.

Students employed as RAs or TAs must be enrolled in 8-10 units to be eligible for the tuition allowance (TAL) portion of the assistantship. (To be eligible for financial aid, a student must enroll in at least nine units.) The unit basis registration privilege is not available to students appointed as pre-doctoral fellows on training grants.

The units of work attempted must be in agreement with the tuition paid by the student.

PER QUARTER TUITION RATES FOR 2007-2008

- Tuition (Courses)
 - \$13, 873 Full-time: 9 – 35 units
 - Full-time for first-year students autumn quarter only: 9 - 45 units

Units exceeding the full-time limit will be charged at \$925 per unit. The cost of units exceeding the full-time limit is not included in the budgets for students on financial aid.

- Terminal Medical Registration (TMR) rate

\$2,081 Applied after 13 full quarters paid for MD students and 16 full quarters paid for MD/PhD students (three at full graduate student rate)

FEES

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

- All students registered at Stanford University must have health insurance, either with the Stanford-sponsored insurance, Cardinal Care, or with an external carrier. The fee for Cardinal Care will appear on the student's tuition bill. Students choosing external insurance must notify the University. For specific information, see Health Insurance Information for Incoming Students (Section 9.3 of this handbook)
- Major Medical Hospitalization insurance is required in addition to basic health insurance. The cost of the plan, offered as a supplement to Cardinal Care, is approximately \$684 per quarter for a single student.
- Medical Student Disability insurance is also required of all students and is currently \$61 per year.
- Associated Students of Stanford University (ASSU) fees are \$29 for autumn quarter, \$30 for winter quarter, and \$30 for spring quarter. No fees are paid for summer quarter enrollment.
- With the exception of ASSU fees, the fees above are included in budgets for students on financial aid.
- Parking fees will be required of students who wish to park a car or motorcycle on campus, either adjacent to on-campus housing or at the Medical Center. Typical fees are \$603 per year for close-in parking (A Lots), \$234 per year for more distant parking (C Lots), \$78 per year for motorcycle parking.

10.2 FINANCIAL AID POLICIES

CITIZENSHIP

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

ENROLLMENT

To be eligible for financial aid, MD students generally must be enrolled for a minimum of nine School of Medicine units during the fall, winter, and spring quarters. During summer quarters, only three of the nine units must be School of Medicine units. Only students working on the MD degree are eligible for financial aid through the School of Medicine Financial Aid Office. Students working on other advanced degrees

should apply for aid from their individual degree-granting departments. Questions concerning eligibility should be directed to the Director of Student Financial Assistance.

SATISFACTORY ACADEMIC PROGRESS FOR FINANCIAL AID

Federal law and regulations require that students receiving financial assistance from federal funds maintain satisfactory academic progress. The following policy presents the standards adopted by the Stanford University School of Medicine for students receiving financial aid.

1. Each student must maintain the following unit requirements:
 - a. Per quarter (autumn, winter, spring): nine School of Medicine units each quarter; summer (if enrolled): a minimum of nine units that must include at least three School of Medicine units (any units listed in the School of Medicine Course and Clerkship Catalog or included for Scholarly Concentration). A student's financial aid may be subject to cancellation for any quarter if the student's enrollment falls below the minimum.
 - b. Per academic year: minimum of 35 School of Medicine units each academic year.

Students planning not to register for a quarter, or to register for summer and take only three School of Medicine units, must be careful that during each academic year they complete a minimum of 35 School of Medicine units. No financial aid will be disbursed to a student who completes less than the minimum. Units for a course dropped will not be included.

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

Funding beyond the maximum time frames will be provided only if approved by an Advising Dean (in his or her discretion) because of *significant mitigating circumstances*.

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

4. A student who has completed degree requirements, with the exception of the USMLE, will not be eligible for financial aid funding.
5. The School of Medicine Registrar's Office monitors all student records and appraises the School of Medicine Financial Aid Office and the Committee on Performance, Professionalism and Promotion of those students whose academic progress may be in question.

FINANCIAL NEED

All financial aid administered by the School of Medicine Financial Aid Office (FAO) is based on demonstrated financial need, not academic achievement. The premise of need-based financial aid is that the student and family have the *primary responsibility* for financing their medical education. Grant eligibility is determined after family resources are assessed.

The financial aid program requires that students, their parents (*if the student is under 30 years of age and is applying for Stanford-based financial aid*), and their spouse provide all financial information fully and accurately. All students, regardless of age, must notify the FAO promptly, in writing, of any change in their financial circumstances during the year. Failure to report changes such as marital status, parental income, assets, scholarship aid, work income, etc., could result in a total loss of assistance, a revision of past awards, serious disciplinary action, or all three.

THE APPLICATION PROCESS

The School of Medicine FAO uses the Free Application for Federal Student Assistance (FAFSA), the CSS Profile Need Analysis Application, and a paper supplemental application, to collect the data used in preparing the financial aid award. The sources of aid awarded (federal grant and loan, institutional grant and loan) are based on these data. The FAO will take action on applications for loans and grants only when all required documentation and materials are received and processed. Priority is given to students whose applications are complete and ready for review by May 15. Students should start the application process six to eight weeks before this date. No Stanford-based aid (Stanford Grant and Loan) will be awarded to applicants who submit application materials after December 31.

Students must reapply and submit all required documents each year. Application forms become available in early February.

FINANCIAL AID AWARD LETTER

Financial aid award letters are prepared after the FAO staff has completed a need-analysis of the student's completed application/file. The initial award letters are placed in student mailboxes. They are also available to be viewed on Axess, the Web-based system where members of the Stanford community may access their account and award activity. Students should review their award letters carefully and ask for clarification as needed.

As new sources of financial support become available, the financial aid award may change. Students are notified of these changes in "revised" award letters.

THANK-YOU LETTER AND ANNUAL DINNER

Most of our grant, loan, and medical scholar funds exist because of generous gifts from alumni or friends of Stanford. If you are awarded such funds, you may be required to write the donor(s) a thank-you letter and attend the annual dinner, tentatively scheduled to be held in February, 2008. Your cooperation is needed and expected, since maintaining the good will of Stanford's donors helps assure the availability of funds for the future. Aid recipients who fail to comply with these requirements by the specified date will lose eligibility for Stanford grants or loans — or both — the following year.

DISBURSEMENT OF FINANCIAL AID

Based on your financial aid application and other supporting documents, your financial aid package will appear on your university bill each quarter as “anticipated aid.”

When you have satisfied all requirements for aid eligibility, the “anticipated aid” will be applied to your account.

If financial aid funds are less than charges, you are required to pay the difference. You may view your student account statement at

<http://axess.stanford.edu>

If funds from financial aid exceed the charges, Student Financial Services will mail a refund check only after registration (enrollment in courses) and attendance at Entrance Counseling (*applies to entering students only*) are completed. Students may also elect to receive their refunds through “direct deposit” into a specified checking or savings account. If this is your choice of reimbursement, please complete a direct deposit form available through the Axess link. Otherwise, reimbursements will be sent via U.S. post and may take a few days longer to receive. Please be sure to update your local mailing address in Axess.

10.3 QUARTERLY TEACHING ASSISTANT AND RESEARCH ASSISTANT SALARY AND TUITION ALLOWANCES FOR 2007-08

Teaching Assistants Elective Courses

Percent Appointment	Tuition Allowance	Departments Tuition Cost 81%	Schools Tuition Cost 19%	Quarterly Salary	TA Salary Semi-monthly
10%	\$1,850.00	\$1,499.00	\$352.00	\$1,451.00	\$241.93
15%	\$2,775.00	\$2,248.00	\$527.00	\$2,177.00	\$362.83
20%	\$3,700.00	\$2,997.00	\$703.00	\$2,902.00	\$483.67
25%	\$4,625.00	\$3,746.00	\$879.00	\$3,628.00	\$604.67
30%	\$5,550.00	\$4,496.00	\$1,055.00	\$4,353.00	\$725.50
35%	\$6,475.00	\$5,245.00	\$1,230.00	\$5,079.00	\$846.50
40%	\$7,400.00	\$5,994.00	\$1,406.00	\$5,804.00	\$967.34
50%	\$9,250.00	\$7,493.00	\$1,758.00	\$7,255.00	\$1,209.17

Teaching Assistants Required Courses*

Percent Appointment	Tuition Allowance	Departments Tuition Cost 19%	Schools Tuition Cost 81%	Quarterly Salary	TA Salary Semi-monthly
10%	\$1,850.00	\$352.00	\$1,499.00	\$1,451.00	\$241.93
15%	\$2,775.00	\$527.00	\$2,248.00	\$2,177.00	\$362.83
20%	\$3,700.00	\$703.00	\$2,997.00	\$2,902.00	\$483.67
25%	\$4,625.00	\$879.00	\$3,746.00	\$3,628.00	\$604.67
30%	\$5,550.00	\$1,055.00	\$4,496.00	\$4,353.00	\$725.50
35%	\$6,475.00	\$1,230.00	\$5,245.00	\$5,079.00	\$846.50
40%	\$7,400.00	\$1,406.00	\$5,994.00	\$5,804.00	\$967.34
50%	\$9,250.00	\$1,758.00	\$7,493.00	\$7,255.00	\$1,209.17

All appointments should be on a quarterly basis and appointed in 5% increments. The minimum appointment at the Med School has been set at 10%. Tuition rates are based on full MD Tuition of \$13,873 per qtr.

There is a 3.5% staff benefit rate applied on student RA/TA salaries.

Department's cost equals the Dept's tuition cost plus student salary for percentage appointed.

Departments must pay the tuition for students on TMR tuition; \$1,990 per quarter.

Student's with TA salary funded with Federal Work Study, tuition split is 50/50; adjustments done upon entry into GFS.

*Schedule for required courses approved by the Dean's Office for 81% tuition supplementation.

Research Assistants

Percent Appointment	Tuition Allowance	Departments Tuition Cost 81%	Schools Tuition Cost 19%	Quarterly Salary	TA Salary Semi-monthly
10%	\$1,850.00	\$1,499.00	\$352.00	\$1,315.00	\$219.17
15%	\$2,775.00	\$2,248.00	\$527.00	\$1,973.00	\$328.83
20%	\$3,700.00	\$2,997.00	\$703.00	\$2,630.00	\$438.34
25%	\$4,625.00	\$3,746.00	\$879.00	\$3,288.00	\$548.00
30%	\$5,550.00	\$4,496.00	\$1,055.00	\$3,945.00	\$657.50
35%	\$6,475.00	\$5,245.00	\$1,230.00	\$4,603.00	\$767.17
40%	\$7,400.00	\$5,994.00	\$1,406.00	\$5,260.00	\$876.67
50%	\$9,250.00	\$7,493.00	\$1,758.00	\$6,575.00	\$1,095.83

11. NONACADEMIC POLICIES AND REGULATIONS

11.1 Stanford University Policies

11.2 Statement of Nondiscriminatory Policy

11.3 Judicial Affairs and Student Conduct

- The Fundamental Standard
- The Honor Code

11.4 Policy on Sexual Harassment and Consensual Sexual or Romantic Relationships

11.5 Statement on Student Academic Grievance Procedures

11.6 Childbirth Policy for Women Graduate Students at Stanford University

11.7 Ownership and Use of Stanford Name and Trademarks

11.8 Computer and Network Usage Policy

11.9 Copyright

- Peer-to-Peer File Sharing
- School of Medicine Course Content Access and Appropriate Use Policy

11.10 Smoke-Free Environment

11.1 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 from School of Medicine Educational Programs and Services, MSOB X3C01, and online at:

<http://www.stanford.edu/dept/registrar/bulletin/>

Certain particularly important policies are set forth below.

11.2 STATEMENT OF NONDISCRIMINATORY POLICY

Stanford University admits students of either sex and any race, color, religion, sexual orientation, or national and ethnic origin 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, it prohibits discrimination, including harassment, against students on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity, national and ethnic origin, and any other characteristic protected by applicable law in the administration of its educational policies, admissions policies, scholarships and loan programs, and athletic and other University-administered programs. The following person has been designated to handle inquiries regarding this policy: the Director of the Diversity and Access Office, Mariposa House, 585 Capistrano Way, Stanford University, Stanford, CA 94305-8230; (650) 723-0755 (voice), (650) 723-1216 (TTY), (650) 723-1791 (fax).

11.3 JUDICIAL AFFAIRS AND STUDENT CONDUCT

In March 1996, President Gerhard Casper convened the Committee of 15 and requested a review of the student judicial system at the University under the then-existing Legislative and Judicial Charter of 1968. During the following year, the Committee of 15 conducted an extensive review of the existing charter and process and drafted a new charter to take its place. 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, phone (650) 725-2485, fax (650) 736-0247, or e-mail judicial.affairs@stanford.edu.

The primary codes of conduct for students are the Fundamental Standard and Honor Code.

THE FUNDAMENTAL STANDARD

Students at Stanford are expected to know, understand, and abide by the Fundamental Standard, which is the University's basic statement on behavioral expectations articulated in 1896 by Stanford's first President, David Starr Jordan, as follows:

“Students 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.”

Actions that have been found to be in violation of the Fundamental Standard include:

- Physical Assault
- Property Damage
- Forgery
- Theft
- Sexual harassment or other sexual misconduct
- Misrepresentation in seeking financial aid, University housing, University meals, or other University benefits
- Driving on campus while under the influence of alcohol
- Misuse of computer equipment or e-mail
- Sending threatening or obscene messages

There is no standard penalty which applies to violations of the Fundamental Standard. Penalties range from a formal warning to expulsion. Each case is fact specific; considerations include the nature and seriousness of the offense, the motivation underlying the offense, and precedent in similar cases

THE HONOR CODE

The Honor Code is the University's statement on academic integrity. It is essentially the application of the Fundamental Standard to academic matters. Provisions of the Honor Code date from 1921, when the honor system was established by the Academic Council of the University Faculty at the request of the student body and with the approval of the President. The Honor Code reads:

“A. The Honor Code is an undertaking of the students, 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 instructor 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 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 which have been regarded as being 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 regrading 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://www.stanford.edu/dept/vpsa/judicialaffairs/guiding/honorcode.int.htm>

The standard penalty for a first offense is a one-quarter suspension from the University and 40 hours of community service. In addition, many faculty members issue a “No Pass” for the course in which the violation occurred.

11.4 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 (Main Quad, Bldg. 310, Room 101; (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.

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://www.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://harass.stanford.edu/confidential.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://hrweb.stanford.edu/elr/policies/list_grievance_procedures.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

- b. 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.

- c. *With Students*—At a university, the role of the teacher is multifaceted, including serving as intellectual guide, counselor, mentor and advisor; the teacher’s influence and authority extend far beyond the classroom. Consequently and as a general proposition, the University believes that a sexual or romantic relationship between a teacher and a student, even where consensual and whether or not the student would otherwise be subject to supervision or evaluation by the teacher, is inconsistent with the proper role of the teacher, and should be avoided. The University therefore very strongly discourages such relationships.”

11.5 STATEMENT ON STUDENT ACADEMIC GRIEVANCE PROCEDURES

The following policy was effective beginning in the 1999-2000 academic year and is subject to periodic review.

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 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 ground 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 Ombudsperson's 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 Ombudsperson's 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 assure 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 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 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 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 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, the dean decides that prompt disposition 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 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 should 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 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 exigencies, the Provost judges that prompt disposition is not possible, he or she shall inform the grievant (and the party against whose decision the grievance has been filed) of that 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 2d2 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 or of a Senate Committee or Subcommittee

- a. For a grievance concerning a decision of the University Registrar 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 the grievance or appeal 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 proper facts, criteria, and procedures, was the decision one that a person in the position of the decision maker might reasonably have made?
- b. The time frames set forth herein are guidelines. They may be extended by the relevant administrative officer in his or her discretion for good cause.
- c. Questions concerning the filing and appeal of grievances should be directed to the Office of the Provost.

11.6 CHILDBIRTH POLICY FOR WOMEN GRADUATE STUDENTS AT STANFORD UNIVERSITY

The following may be found in the Graduate Student Handbook, available online:

<http://www.stanford.edu/dept/DoR/GSH/childbirth.html>

RATIONALE

Stanford University is committed to achieving a diverse graduate student body, and facilitating the participation of under-represented groups in all areas of research and graduate and postdoctoral training. To increase the number of women pursuing the advanced degrees that will prepare them for leadership positions in academia, industry, and government, 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. The Childbirth Policy described here 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 advisor, 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.

SUMMARY OF PROVISIONS OF THE CHILDBIRTH POLICY

The Childbirth 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.

The Childbirth Policy has four components. All women graduate students (including students in professional schools) anticipating or experiencing a birth who are registered, matriculated students

1. 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;
2. are eligible for full-time enrollment during this period and will retain access to Stanford facilities, Cardinal Care, and Stanford housing; and
3. 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. In addition,
4. 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 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 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 Medical, Maternity, and Paternity Leave, as described in the Stanford Graduate Student Handbook. Birth mothers may opt to use Medical and Maternity Leaves in addition to or instead of the benefits provided by the Childbirth 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 the Childbirth Policy. This may especially be the case for medical students because of the highly structured and sequential MD curriculum, particularly in the first two years.

NOTE: *Before applying for a leave of absence, a woman student should determine the implications of a leave for remaining in on-campus housing, continuation of Cardinal Care insurance, fulfilling visa requirements, eligibility for student loans and loan deferment privileges, and whether leave “stops the clock” with regard to University or departmental funding (see Leave of Absence section of the Stanford Graduate Student Handbook). She should also discuss with her research advisor how a leave, especially one longer than a single quarter, would affect time-sensitive research projects and reporting, and the feasibility of resuming the same research project on return from leave.*

PLANNING FOR THE ACADEMIC ACCOMMODATION PERIOD

The student should initiate discussions with her advisor(s) and departmental or school administrators at least four months prior to the anticipated birth in order to make arrangements for an Academic Accommodation Period. This will provide the lead time necessary to rearrange teaching duties for those students supported by teaching assistantships, or to adjust laboratory or other research schedules. Medical students will need to assess and, if possible, adjust the mix of classroom, research, and clinical activities. This planning period should also be used to reach agreement on a timeline for academic issues (e.g., class attendance and residency issues, PhD qualifying exam and other academic milestones, field work, time-sensitive research reports on sponsored projects) that will be affected by the birth of a child and by the automatic one-quarter extension of academic requirements. It is essential that the student consult with the research advisor well in advance of the birth if the nature of her funding or the research grant conditions require that specific tasks be completed by specified dates, or if the PI will need to hire additional help to meet those conditions during a period of reduced activity by the woman graduate student. It is the student's responsibility to make arrangements with faculty and with departmental administrators for course completion and for continuation of teaching, research and/or clinical activities before and following the Academic Accommodation Period.

One of the purposes of the Childbirth Policy is to make it possible for women to maintain their full-time student status, so that they continue accumulating units toward the 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. If part-time enrollment status is approved, the student will retain all privileges of the Childbirth Policy. Independent of making this request for part-time enrollment, if a serious medical problem were to arise for mother or newborn, the woman student would be eligible for reduction in units under existing University policy.

NOTES: International students should discuss the intended Academic Accommodation Period with the Bechtel International Center at the beginning of the planning period to address proactively any unique visa issues and to consider current immigration regulations.

A student must be enrolled for a minimum of 6 units to be eligible for student loans and loan deferment privileges.

APPLYING FOR A CHILDBIRTH ACADEMIC ACCOMMODATION PERIOD AND AN EXTENSION OF ACADEMIC REQUIREMENTS

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. Such a period is intended to recognize the student's need for special consideration before and after the birth of a child. 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 Policy is administered by the Office of the Vice Provost for Graduate Education (VPGE) through a petition process. (Petition form is a downloadable pdf file.) In that petition, the woman student specifies the dates on which the Academic Accommodation Period begins and ends, with the requirement that it must fall within at most two consecutive quarters. A letter from the student's health-care provider stating the anticipated delivery date must accompany the petition. If the childbirth occurs prior to filing the petition, the accommodation period begins on the birth date.

The Office of the Vice Provost for Graduate Education will notify the student, the student's department, and the relevant University 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.

DURING AND AFTER THE ACADEMIC ACCOMMODATION PERIOD

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.

For most PhD students for whom a Teaching Assistantship is part of her support package, it should be possible to arrange the timing of teaching assignments to accommodate childbirth. During the six-week period, students supported by teaching assistantships may choose to continue in some limited capacity (e.g., grading, preparing course materials, or other non-intensive duties), in order to finish out an academic quarter, but cannot be required to do so. With advance planning, most Research Assistantship assignments can similarly be adjusted to accommodate childbirth. Most granting agencies provide for a short period of reduced activity due to health or personal issues. The support of students while they are writing or otherwise preparing the development or defense of a dissertation is typically an allowable expense on a research grant or contract if the student has already been funded to do the work related to that project.

Once a student files a petition, the Office of the Dean of Research will determine if the regulations of a funding agency allow a six-week period of reduced activity and occasional absence. If it does not, the student's salary and/or stipend and associated tuition for the six-week period will be paid from the Childbirth Accommodation Fund, administered by the Office of the Dean of Research. If continued funding would be allowed by the granting agency, but project deadlines require that a Principal Investigator hire a temporary replacement, the support for the mother may be charged to the Childbirth Accommodation Fund for the six-week period.

Students who are supported by fellowships internal to Stanford normally have their stipends distributed as lump-sum payments at the beginning of each quarter. Students supported in this manner who have had their petitions approved will see no change in their fellowship support.

Students who are supported by fellowships external to Stanford must adhere to the rules of the granting agency with respect to absences from academic and research work. If the granting agency requires suspension of fellowship benefits during the six-week period, the student will be eligible for substitute payment from the Childbirth Accommodation Fund.

Once it has been determined that the use of the Childbirth Accommodation Fund is necessary and approved, the Office of the Dean of Research will provide the department with the account information for charging the student's salary and/or stipend and associated tuition during the six-week period.

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.

The student, her advisor, and her department should recognize that it might not be feasible to return to a regular TA or RA assignment immediately after the six-week period. In that case, arrangements should be made to move a teaching assignment to another quarter, to assign limited on-site duties to a research assistant, or to find an alternative form of support. These issues should be negotiated sensitively with the student's needs in mind. For her part, the student should work proactively with her department to make arrangements for ongoing support beyond the six-week period if she cannot return to her normal duties.

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 School of Medicine. 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.

Coda

The Childbirth Policy establishes minimum standards for accommodation for a woman graduate student giving birth. It is expected that advisors, academic staff, and departmental leaders will work with sensitivity and imagination to provide more than this minimum (as some are already doing), according to the particular circumstances of the woman student. For example, women whose research involves working with toxic chemicals or requires extensive travel to remote archives or field areas may need some form of accommodation during the entire pregnancy and during lactation. Taking care of an infant is time-consuming and sleep-depriving, so advisors need to have realistic expectations about rates of progress on research. For their part, new mothers need to keep the lines of communication with their departments open, and demonstrate to their advisors that they are academically engaged and making progress on coursework and research, even if it is at a somewhat slower pace than prior to giving birth. In other words, the Childbirth Policy is intended to support - not replace - the open communication and good will that should characterize the relationship between student and advisor at Stanford University.

11.7 OWNERSHIP AND USE OF STANFORD NAME 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 University. Merchandise bearing Stanford's names and marks, such as t-shirts, glassware, and notebooks, must be licensed. For

complete text of the currently applicable policy, including the University officers authorized to grant permission to use the Stanford name and marks, see Administrative Guide memo 15.5, Ownership and Use of Stanford Name and Trademarks at http://adminguide.stanford.edu/15_5.pdf.

11.8 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>.

POLICY

The following is quoted from the policy:

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.

For further information on the topic of peer-to-peer file sharing, see the section below on Copyright.

11.9 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, 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 permit copying without permission under limited circumstances. 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 Provost's Copyright Reminder, http://www.stanford.edu/dept/ucomm/provost/copyright_reminder.html. 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), 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 also 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 and may also be referred to the Office of Judicial Affairs.

See <http://lane.stanford.edu/services/teaching/coursecontentaccess.html> for examples and frequently asked questions.

11.10 SCHOOL OF MEDICINE SMOKE-FREE ENVIRONMENT

The following is quoted from the policy:

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 Student Health Center for smoking cessation information or programs <http://vaden.stanford.edu/wellness/substanceAbuse.html>. In addition, the School of Medicine Web site (<http://med.stanford.edu/tobaccofree/>) includes lists of resources and links to other smoking cessation programs.