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1. INTRODUCTION

This PDF document is a summary of the current policies, standards and procedures contained in the online MD Program Handbook and Policy Manual for AY2016-17, http://med.stanford.edu/md/mdhandbook/. Students participating in Stanford University’s MD program are subject to and are responsible to be aware of the policies and standards established by both the School of Medicine, and by Stanford University; many of the Stanford University policies are found in the Stanford Bulletin, http://exploredegrees.stanford.edu/.

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

2.1. COMPETENCIES AND OBJECTIVES FOR MEDICAL STUDENT EDUCATION
2.2. SPECIFICATION OF REQUIREMENTS FOR GRADUATION
2.3. SCHOOL OF MEDICINE TECHNICAL, NON-ACADEMIC STANDARDS
2.4. SCHOOL OF MEDICINE PROFESSIONALISM PRINCIPLES
2.5. ASSOCIATION OF AMERICAN MEDICAL COLLEGES UNIFORM TEACHER-LEARNER AGREEMENT
2.1. 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. Patient Care
Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
1.2 Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests
1.3 Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
1.4 Interpret laboratory data, imaging studies, and other tests required for the area of practice
1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
1.6 Develop and carry out patient management plans
1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making
1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
1.9 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
1.10 Provide appropriate role modeling
1.11 Perform supervisory responsibilities commensurate with one’s roles, abilities, and qualifications

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

2.1 Demonstrate an investigatory and analytic approach to clinical situations
2.2 Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations
2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
2.5 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care
2.6 Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices
3. Practice-Based Learning and Improvement
Demonstrate the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

3.1 Identify strengths, deficiencies, and limits in one’s knowledge and expertise
3.2 Set learning and improvement goals
3.3 Identify and perform learning activities that address one’s gaps in knowledge, skills, and/or attitudes
3.4 Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
3.5 Incorporate feedback into daily practice
3.6 Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems
3.7 Use information technology to optimize learning
3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals
3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care
3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes

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

4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
4.2 Communicate effectively with colleagues within one’s profession or specialty, other health professionals, and health related agencies
4.3 Work effectively with others as a member or leader of a health care team or other professional group
4.4 Act in a consultative role to other health professionals
4.5 Maintain comprehensive, timely, and legible medical records
4.6 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics
4.7 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions

5. Professionalism
Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

5.1 Demonstrate compassion, integrity, and respect for others
5.2 Demonstrate responsiveness to patient needs that supersedes self-interest
5.3 Demonstrate respect for patient privacy and autonomy
5.4 Demonstrate accountability to patients, society, and the profession
5.5 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
5.6 Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations

6. Systems-Based Practice
Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

6.1 Work effectively in various health care delivery settings and systems relevant to one’s clinical specialty
6.2 Coordinate patient care within the health care system relevant to one’s clinical specialty
6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
6.4 Advocate for quality patient care and optimal patient care systems
6.5 Participate in identifying system errors and implementing potential systems solutions
6.6 Perform administrative and practice management responsibilities commensurate with one’s role, abilities, and qualifications

7. Interprofessional Collaboration
Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care

7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
7.2 Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
7.3 Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
7.4 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable

8. Personal and Professional Development
Demonstrate the qualities required to sustain lifelong personal and professional growth

8.1 Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
8.2 Demonstrate healthy coping mechanisms to respond to stress
8.3 Manage conflict between personal and professional responsibilities
8.4 Practice flexibility and maturity in adjusting to change with the capacity to alter one’s behavior

8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
8.6 Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
8.7 Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty
9. Discovery
9.1 Critically analyze existing literature in a field of inquiry and formulate new investigative questions
9.2 Formulate a high-quality research question and hypothesis
9.3 Describe and employ appropriate research methods to answer a specific investigative question
9.4 Describe and apply the requirements for ethical conduct of scientific inquiry
9.5 Communicate clearly and accurately new knowledge obtained from scientific inquiry

2.2. SPECIFICATION OF REQUIREMENTS FOR GRADUATION

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

1. Satisfaction of Academic Requirements: To graduate, students must satisfy all academic requirements.

2. United States Medical Licensing Examination: To graduate, students must achieve overall passes on the USMLE Step 1 and Step 2 CK (Clinical Knowledge) examinations, and must have taken the Step 2 CS (Clinical Skills) examination.

3. Satisfaction of Professionalism Requirements: To graduate, students must meet the standards of professionalism set forth in the School of Medicine Professionalism Principles.

4. Satisfaction of Technical Standards: To graduate, students must meet the requirements set forth in the School of Medicine Technical, Non-Academic Standards.

5. Residency Requirement: To graduate, students must register for 13 quarters at full “Med-MD” tuition. MD degree candidates must be registered for the quarter during which the degree is conferred. Students must apply for conferral of a degree by submitting an ‘Application to Graduate’ in Axess. Students may graduate in any quarter by completing their degree requirements and submitting the ‘Application to Graduate’ by the application to graduate deadline date for that quarter.

6. Medical Health Requirements and Immunizations: MD degree candidates must be in compliance with medical health requirements at all times. Entering medical students must complete certain health-related forms, immunizations, and tests before beginning studies at Stanford and, for some of these, annually thereafter.

7. Data Security and Privacy (HIPAA) Training: MD degree candidates must be in compliance with Stanford’s HIPAA training and information security requirements.

8. Safety Training: MD degree candidates must be in compliance with Bloodborne Pathogens, Hospital-Acquired Infections training, Safety and Emergency Preparedness training requirements and N95 Respirator training and fitting.
9. Ethical Conduct of Biomedical Research: MD degree candidates must be in compliance with the CITI training requirement.

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

2.3. 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 Advising Coordinator immediately to begin to address what types of accommodation may be considered for development to achieve these standards. Admission to Stanford University School of Medicine is conditional on the candidate’s having the ability to satisfy these technical standards, with or without reasonable accommodation, and results from a process that examines and values all of the skills, attitudes and attributes of each candidate on a case-by-case basis.

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

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

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

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

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

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

**Ethical and Legal Standards**

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

**Equal Access to the School of Medicine’s Educational Program**

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

The School of Medicine has an institutional commitment to provide equal educational opportunities for qualified students with disabilities who apply for admission to the MD degree program or who are enrolled as medical students. The School of Medicine is a leader in student diversity and individual rights, with a strong commitment to full compliance with state and federal laws and regulations (including the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (as amended), and California law (Civil Code 51 and 54). A “qualified person with a disability” is an individual with a disability who meets the academic and technical standards requisite to admission or participation in the School of Medicine’s educational programs, with or without accommodations. As previously noted, admitted candidates with disabilities are reviewed individually, on a case-by-case basis, with a complete and careful consideration of all the skills, attitudes and attributes of each candidate to determine whether there are any reasonable accommodations or available options that would permit the candidate to satisfy the standards. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards, or if it poses an undue administrative or financial burden. Except in rare circumstances, the use by the candidate of a third party (e.g., an intermediary) to perform any of the functions described in the Technical Standards set forth above would constitute an unacceptable substantial modification.

**Process**

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

Admitted candidates who have a disability and need accommodations should initiate discussions with the Associate Dean for Medical Student Life Advising or the Assistant Dean of Medical Student Affairs 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.

2.4. SCHOOL OF MEDICINE PROFESSIONALISM PRINCIPLES
http://med.stanford.edu/md/mdhandbook/section-2-4-school-of-medicine-professional-principles.html

The following professionalism principles 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.

**Objectives and Expectations**
Adheres to Stanford School of Medicine and Stanford Hospital policies
Arrives on time and prepared for educational and patient expectations
Fulfills obligations and commitments in timely fashion
Respectfully and tactfully questions policies, procedures and practices perceived as unfair
Takes responsibility for shortcomings and areas for improvement
Recognizes errors and impairments in peers and reports these to appropriate entities
Maintains personal control amidst adverse or trying circumstances
Takes initiative, perseveres, and is able to prioritize and to manage time
Takes on appropriate share of team work
Reports accurately and fully on patient care activities
Always ensures transfer of responsibility for patient care
Informs supervisor/team when mistakes occur or when faced with a conflict of interest

Excellence entails a conscientious effort to exceed ordinary expectations and to make a commitment to lifelong 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.

Objectives and Expectations
- Demonstrates ability to practice awareness and self-reflection for lifelong personal and professional development
- Balances availability to others with care for oneself
- Recognizes the impact of personal biases on professional conduct
- Actively solicits and incorporates feedback in a timely fashion
- Demonstrates caring, compassion, and commitment to the physical and emotional wellness of self
- Addresses own gaps in knowledge and/or skills
  - Pursues and commits to providing the highest quality of health care through lifelong learning, education, and reflection

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 needs 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.

Objectives and Expectations
- Demonstrates caring, compassion, and commitment to the physical and emotional wellness of others
- Constructively approaches conflict resolution
- Provides constructive feedback to improve instruction
- Actively participates in peer and faculty oral feedback sessions and written assessments
- Shares responsibility for group learning, feedback, and discussions
- Recognizes difficulties in peers and assists them in obtaining help or remediation
- Intervenes on behalf of colleagues when others behave unprofessionally; addresses unprofessional behavior
- Advocates on behalf of patients
- Collaborates with communities to address the social determinants of health
- Advocates for traditionally underserved populations
- Identifies barriers to care and advocates to reduce those barriers
**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.

**Objectives and Expectations**
- Forthright in interactions with patients, peers and in all professional work
- Summarizes material in one’s own voice
- Reports accurate data
- Admits errors and omissions
- Identifies situations where confidentiality is expected and important
- Demonstrates ability to negotiate informed consent
- Identifies components of patient competence as it relates to informed consent
- Understands the role of proxies when patients are unable to provide consent
- Demonstrates 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 or others

**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.

**Objectives and Expectations**
- Appearance is appropriate to situations
- Takes initiative and works collaboratively on a team
- Speaks respectfully/ demonstrates respect for peers, all specialties, disciplines and professions
- Actively inclusive of others to achieve common educational and patient goals
- Exhibits sensitivity to cultural differences among peers
- Any use of humor is appropriate to the situation and leaves no one uncomfortable
- Maintains appropriate boundaries in work relationships
- Recognizes that relationships between physicians and other healthcare workers are sometimes characterized by unequal power and these relationships should be treated responsibly
- Clarifies expectations and clinical responsibilities, including the student’s role on the team
- Communicates with team regarding conflicting responsibilities
- Demonstrates sensitivity to and actively addresses patients' needs
- Demonstrates caring and rapport
- Recognizes that relationships between physicians, and patients and their families have unequal power and those relationships should be treated responsibly
- Exhibits sensitivity to cultural differences among patients
- Listens attentively and responds humanely to the concerns of patients and family members
- Includes patients and families in decision making
- Respects patients’ dignity with form of address and attention to physical modesty
- Maintains appropriate boundaries in dealing with patients and their families
- Responds humanely to the concerns of patients and family members
- Demonstrates empathy and compassion for others
- Demonstrates appropriate empathy for and relief of pain, discomfort, and anxiety
- Is fair and nondiscriminatory
- Extends him/ herself to meet patient and family needs.
- Takes time and effort to explain information to patients
- Maintains decorum even when patients or others behave inappropriately
- Shows sensitivity when discussing bad news, as appropriate
- Maintains composure and seeks consultation as necessary when working with challenging patients

2.5. ASSOCIATION OF AMERICAN MEDICAL COLLEGES UNIFORM TEACHER-LEARNER AGREEMENT

Stanford University School of Medicine holds in high regard professional behaviors and attitudes, including altruism, integrity, respect for others and a commitment to excellence. Effective learning is best fostered in an environment of mutual respect between teachers and learners. In the context of medical education the term “teacher” is used broadly to include peers, resident physicians, full-time and volunteer faculty members, clinical preceptors, nurses, and ancillary support staff, as well as others from whom students learn.

GUIDING PRINCIPLES:

Duty: Medical educators have a duty to convey the knowledge and skills required for delivering the profession’s standard of care and also to instill the values and attitudes required for preserving the medical profession's social contract with its patients.

Integrity: Learning environments that are conducive to conveying professional values must be based on integrity. Students and residents learn professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.

Respect: Respect for every individual is fundamental to the ethic of medicine. Mutual respect is essential for nurturing that ethic. Teachers have a special obligation to ensure that students and residents are always treated respectfully.

RESPONSIBILITIES OF TEACHERS AND LEARNERS:

Teachers should:
- Treat students fairly and respectfully
- Maintain high professional standards in all interactions
- Be prepared and on time
- Provide relevant and timely information
- Provide explicit learning and behavioral expectations early in a course or clerkship
• Provide timely, focused, accurate and constructive feedback on a regular basis and thoughtful and timely evaluations at the end of a course or clerkship
• Display honesty, integrity and compassion
• Practice insightful (Socratic) questioning, which stimulates learning and self-discover, and avoid overly aggressive questioning which may be perceived as hurtful, humiliating, degrading or punitive
• Solicit feedback from students regarding their perception of their education experiences
• Encourage students who experience mistreatment or who witness unprofessional behavior to report the facts immediately

Students should:
• Be courteous of teachers and fellow students
• Be prepared and on time
• Be active, enthusiastic, curious learners
• Demonstrate professional behavior in all settings
• Recognize that not all learning stems from formal and structured activities
• Recognize their responsibility to establish learning objectives and to participate as an active learner
• Demonstrate a commitment to life-long learning, a practice that is essential to the profession of medicine
• Recognize personal limitations and seek help as needed
• Display honesty, integrity and compassion
• Recognize the privileges and responsibilities coming from the opportunity to work with patients in clinical settings
• Recognize the duty to place patient welfare above their own
• Recognize and respect patients’ rights to privacy
• Solicit feedback on their performance and recognize that criticism is not synonymous with “abuse”

Relationships between Teachers and Students

Students and teachers should recognize the special nature of the teacher-learner relationship which is in part defined by professional role modeling, mentorship, and supervision.

Because of the special nature of this relationship, students and teachers should strive to develop their relationship to one characterized by mutual trust, acceptance and confidence. They should both recognize the potential for conflict of interest and respect appropriate boundaries.
3. MD Requirements and Procedures

3.1. ACADEMIC RECORDS AND PRIVACY OF STUDENT RECORD INFORMATION
3.2. REGISTRATION AND STUDY LISTS
3.3. DATA SECURITY AND PRIVACY (HIPAA)
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3.18. STUDENT DUTY HOURS AND WORK ENVIRONMENT
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3.21. UNIVERSAL PRECAUTIONS AND NEEDLESTICK PROTOCOL
3.22. USMLE REQUIREMENTS: STEP 1, STEP 2 CK AND STEP 2 CS
3.23. STANFORD HOSPITAL COMPUTER ACCESS FOR MEDICAL STUDENTS (EPIC)
3.24. SCHOOL OF MEDICINE LEARNING SPACES
3.25. ABSENCE POLICY AND EXPECTATIONS
3.26. N95 RESPIRATOR MASK FIT REQUIREMENTS FOR MEDICAL STUDENTS
3.27. SCHOOL OF MEDICINE DRESS CODE GUIDELINES FOR THE CLINICAL SETTING
3.28. SCHOOL OF MEDICINE CRIMINAL BACKGROUND CHECK POLICY
Transcripts
The notations used on official University transcripts are pass (+), incomplete (I), continuing (N), exempt (EX) and grade not reported (GNR).

Note: Beginning in Clerkship Period 1, 2010, all students taking required clerkships will be evaluated using the Criterion Based Evaluation System (CBES) model and will be eligible for a Pass With Distinction (PWD) notation on the Medical School Performance Evaluation (MSPE) (the PWD notation applies only to required clerkships; it does not apply to elective clerkships or pre-clerkship courses). For students who entered clerkships prior to Period 1, 2010, the PWD notation will be assigned for formative evaluation purposes only and will not appear in their MSPE’s. Students may order transcripts through Axess.

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

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

Notification of Rights Under FERPA
The following is quoted from the Stanford Bulletin:
The Family Educational Rights and Privacy Act of 1974 (FERPA) affords students certain rights with respect to their education records. They are:

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

The student should submit to the Registrar, Dean, chair of the department, or other appropriate University official, a written request that identifies the record(s) the student wishes to inspect. The University official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the University official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.
2. **The right to request the amendment of the student's education records that the student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.**

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

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

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

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

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

   - Upon request, the University may release Directory Information (see Directory Information below).
   - School officials who have a legitimate educational interest in a student's education record may be permitted to review it. A school official is: a person employed by the University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student or volunteer serving on an official committee or representing a recognized student group, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her responsibility to Stanford or to the student.
   - The University may disclose education records without consent to officials of another school, in which a student seeks or intends to enroll, upon request of officials at that other school.
   - The University may choose to disclose education records (and information drawn from education records) to either supporting parent(s) or guardian(s) where the student is claimed as a dependent under the Internal Revenue Code.
   - The University may inform persons including either parent(s) or guardian(s) when disclosure of the information is necessary to protect the health or safety of the student or other persons.
   - For students under the age of 21, the University may notify either parent(s) or guardian(s) of a violation of any law or policy relating to the use of alcohol or controlled substances.
   - The University must provide records in response to lawfully issued subpoenas, or as otherwise compelled by legal process.

4. **The right to file a complaint with the U.S. Department of Education concerning alleged failures by the University to comply with the requirements of FERPA.**
The name and address of the office that administers FERPA is: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-4605.

Procedures for Inspecting Records and Correcting Inaccuracies or Misleading Information

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

Directory Information

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

- Name*
- Date of birth
- Place of birth
- Directory addresses and telephone numbers
- E-mail addresses
- SUNet ID (as opposed to Stanford Student ID Number)*
- Mailing addresses
- Campus office address (for graduate students)
- Secondary or permanent mailing addresses
- Residence assignment and room or apartment number
- Specific quarters or semesters of registration at Stanford
- Stanford degree(s) awarded and date(s)
- Major(s), minor(s), and field(s)
- University degree honors
- Student theses and dissertations*
- Participation in officially recognized sports or activities*
- Weight and height of members of athletic teams*
- Institution attended immediately prior to Stanford
- ID card photographs

For more information, see Stanford's FERPA website at https://registrar.stanford.edu/students/student-record-privacy

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

Students, faculty, and others with questions regarding student records should contact the Office of the University Registrar.
Consent to Use of Photographic Images
Registration as a student and attendance at or participation in classes and other campus and University activities constitutes an agreement by the student to the University's use and distribution (both now and in the future) of the student's image or voice in photographs, video or audio capture, or electronic reproductions of such classes and other campus and University activities.
If any student in a class where such photographing or recording is to take place does not wish to have his or her image or voice so used, the student should raise the matter in advance with the instructor.

3.2. REGISTRATION AND STUDY LIST
http://med.stanford.edu/md/mdhandbook/section-3-2-add-and-drop-deadline-for-courses.html

The preliminary study list deadline is the first day of classes of each quarter during the academic year. As early as possible, but no later than this deadline, students must submit to the Office of the University Registrar via Axess, a study list to enroll officially in classes for the quarter. Students are expected to be enrolled “at status” by the preliminary study list deadline, meaning that students must be enrolled in sufficient units to meet requirements for their status. Students will be charged a $200 late study list fee for submitting their study lists after the quarterly deadline.

Study List Changes
Students may add courses or units to their study lists through the end of the third week of classes. Individual faculty may choose to close their classes to new enrollments at an earlier date.

Courses or units may be added only if the revised program remains within the normal load limits. Courses or units may be dropped by students through the end of the third week of classes, without any record of the course remaining on the student’s transcript.

After the Final Study List deadline, appropriate course instructor approval must be obtained. Study List Changes approved after the deadline must be submitted to the School of Medicine Registrar’s Office.

If the instructor allows a student to take an ‘I’ (incomplete) in the course, the student must make the appropriate arrangements for that with the instructor by the last day of classes.

3.3. DATA SECURITY AND PRIVACY (HIPAA)

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

Pre-clerkship students will not receive credit for the Practice of Medicine course until they have completed this training (both years). Clinical students will be unable to enter the Clerkship Draw until they have completed this training.

To complete the web-based training, log-in to Lawroom (https://el.lawroom.com/loginhipaa.asp). Login ID and password will be sent automatically by the Lawroom system when the Office of Medical Student Affairs enters you into Lawroom. Please retain your Lawroom login and password.
Students must adhere to Stanford University Hospital and Clinics HIPAA Security guidelines outlined at https://privacy.stanford.edu/policies/hipaa-policies

The Data Security Program at the School of Medicine oversees compliance with Stanford policy and federal law. To find out more about the Data Security Program, and to get your computers ready for encryption: med.stanford.edu/datasecurity.

See sections 3.12 and 3.15 for additional information on data security and encryption.

3.4. DEFINITION OF MEDICAL STUDENT PRACTICE ROLE
http://med.stanford.edu/md/mdhandbook/section-3-4-definition-of-medical-student-practice-role.html

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

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

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

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

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

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

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

Medical students are not to be involved in any portion of the medical care of other medical students.
3.5. DISABILITY ACCOMMODATIONS
http://med.stanford.edu/md/mdhandbook/section-3-5-disability-accomodations.html

Students with disabilities (including, but not limited to, temporary and permanent physical, psychological, or learning disabilities) who may need academic accommodations (including services and auxiliary aids), should register with the Office of Accessible Education for assessment and approval of such accommodations. The Assistant Dean of Medical Student Affairs coordinates with the Office of Accessible Education to facilitate accommodations. Students with documented disabilities are responsible for notifying the Assistant Dean of Medical Student Affairs of their accommodation needs. Students should request accommodations well in advance of when needed. Prior to registration with the Office of Accessible Education, students should not request accommodations directly from faculty members or clerkship directors.

3.6. ETHICAL CONDUCT OF BIOMEDICAL RESEARCH
http://med.stanford.edu/md/mdhandbook/section-3-6-ethical-conduct-of-biomedical-research.html

As part of medical student training in the ethical conduct of biomedical research, all medical students matriculating starting in 2009 or later are required to complete the CITI Group 9 module.

The deadline for completion of this requirement for incoming first-year students is December 1, 2016.

To complete this training, students must:

- Visit the CITI website: https://www.citiprogram.org/
- Register for Group 9 and complete all sections

The Office of Medical Student Research and Scholarship will verify all students’ completion.

Note: For students who matriculated prior to academic year 2009-2010, those who have successfully completed MED 255 Responsible Conduct of Research are exempt from this requirement; students who have not previously completed MED 255 must complete the online CITI training in order to graduate.

3.7 EVALUATION COMPLETION REQUIREMENTS
http://med.stanford.edu/md/mdhandbook/section-3-7-evaluation-completion-requirements.html

Receiving substantive, representative feedback from students about our required medical school curriculum and instructors is crucial in helping the School of Medicine to understand program strengths and weaknesses and identify opportunities to improve the educational experience for future generations of students. In addition, learning to give and receive feedback is an integral part of developing professional skills students will need as future physicians.

Professionalism Requirements for Completing Evaluations
1. Students must complete all evaluations assigned to them.
2. All evaluations must be completed within 3 weeks of being assigned. (Due dates will be included in the initial evaluation notice.)
3. Required evaluations include:
   o AAMC Matriculation Questionnaire (MQ)
Evaluations of all required pre-clerkship courses
- Individual evaluations of pre-clerkship faculty lecturers (class will be broken into thirds and each group will be assigned to evaluate 1/3 of the faculty)
- Preceptor evaluations for Practice of Medicine (POM)
- Small group evaluations for POM (peer and small group leader)
- Quarterly evaluations of the learning environment
- AAMC Year 2 Questionnaire (Y2Q)
- Evaluations of all required clerkships
- Individual evaluations of clerkship instructors (complete all assigned evaluations).
- Innovative Strategies for Transforming the Education of Physicians (ISTEP) Learning Environment Survey (if received)
- Stanford School of Medicine Wellness Survey
- Educators for Care (E4C) program/mentor evaluations
- Scholarly Concentrations mid-program and end-of-program evaluations
- Evaluations of Scholarly Concentration mentors
- Survey to collect Information on Residency Interviews and Matching
- AAMC Graduation Questionnaire (GQ)

4. For the pre-clerkship curriculum, completion rates on evaluations will be reviewed after each quarter has finished and the evaluation due-dates have passed. If a student has not completed at least 75% of the evaluations assigned during the quarter, their E4C mentor will be alerted. The student will receive feedback about professionalism expectations from their mentor and/or advisor.

5. Evaluations completion rates will continue to be checked for each subsequent quarter. If a student completes less than 75% of the evaluations assigned during a subsequent quarter, the E4C mentor will be alerted that there has been a second lapse in professionalism with regard to evaluations. The student will receive additional feedback regarding professionalism expectations and a warning that any further lapse may result in a referral to the Committee for Performance, Professionalism and Promotion (CP3).

6. If a student completes less than 75% of evaluations in another quarter (third violation), the student will be referred to CP3 for a professionalism concern.

7. Failure to complete other required evaluations (clerkship, scholarly concentration, wellness, etc.) may also lead to E4C mentors being notified. Repeated failure to complete these assigned evaluations may also result in a referral to CP3.

**Use of Professional Language in Evaluations**

1. Comments provided in evaluations should be constructive, respectful and framed using language that the evaluator would want to hear used if he or she was being evaluated.

2. Written comments provided in student evaluations are anonymous (i.e., faculty cannot access information about the identity of an individual student who provides comments in an evaluation form). However, if a student submits a written comment in an evaluation form that violates either a) the Stanford Affirmation -- [http://med.stanford.edu/commencement/affirmation](http://med.stanford.edu/commencement/affirmation), or b) the Stanford University Code of Conduct -- [http://institutionalcompliance.stanford.edu/conduct](http://institutionalcompliance.stanford.edu/conduct), that comment may be subject to review by committee.

3. Any instructor, staff, or student may request that a comment be reviewed to determine whether it violates the Stanford Affirmation or the Stanford University Code of Conduct.

4. Comments in question will be brought before the Evaluation Review Committee. This committee will consist of the following members (or their designees): The Director of Evaluation, the Assistant Dean of Pre-Clerkship Education, the Assistant Dean for Medical Education, the Associate Dean for Medical Education, the Educators-4-CARE Program Director, a representative from the Student Advising Team, and a medical student representative.
5. If the review committee determines that the comment violates the Stanford Affirmation or the Stanford University Code of Conduct, a request may be made to try to determine the identity of the evaluation writer. In this case, the Director of Evaluation will contact the vendor where the evaluation data is housed (generally E*Value) to request that their staff share with us the identity of the student who committed the violation in their evaluation.

6. The student who wrote the comment that is determined to have violated the Stanford Affirmation or the University Code of Conduct may be asked to revise the comment and/or submit an apology to the faculty member and/or the course or curriculum leader the comment targeted.

7. The student’s E4C mentor and Advising Dean will be notified of the violation. The student will receive feedback about professionalism expectations and a warning that a second lapse will lead to a referral to CP3.

8. If the student submits a second comment that is determined by the Evaluation Review Committee to have violated the Stanford Affirmation or the University Code of Conduct, the student will be referred to the CP3 for a professionalism concern.

3.8. INDUSTRY INTERACTIONS POLICY
http://med.stanford.edu/coi/siip/policy.html

As a medical student and member of the Stanford Medicine community, you are expected to adhere to the Stanford Industry Interactions Policy (SIIP). The purpose of this policy is to establish guidelines for interactions with Industry representatives throughout the Stanford University Medical Center (SUMC), which is composed of the Stanford School of Medicine, Stanford Health Care and the Lucile Packard Children’s Hospital. Interactions with Industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and hospital and research equipment and supplies on-site, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education. Faculty and trainees also participate in interactions with Industry off campus and in scholarly publications in a variety of circumstances including consulting activities of various sorts. Many aspects of these interactions are very positive and important for promoting the educational, clinical and research missions of the Medical Center and for translating knowledge and expertise from the faculty to society. However, these interactions must be ethical and cannot create conflicts of interest (COI) that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the faculty member or the institution. Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

The full policy is available online at http://med.stanford.edu/coi/siip/policy.html.

3.9. LEAVES OF ABSENCE AND DISCONTINUATION AND REINSTATEMENT
http://med.stanford.edu/md/mdhandbook/section-3-9-leaves-of-absenceand-reinstatement.html

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 at Stanford University. Students wishing to take a Leave of Absence should first complete the Leave of Absence form online at https://stanford.app.box.com/v/leaveofabsence
Leave of Absence Request forms with required signatures must be submitted in advance of the preliminary study list deadline of the requested quarter to the School of Medicine Registrar’s Office.

Students who do not meet the requirement for continuous registration during the academic year must obtain an approved leave of absence, in advance, for the term(s) they will not be registered. The leave of absence must be reviewed for approval by the School of Medicine Registrar’s Office, and if the student is in the United States on a foreign student visa, by the Bechtel International Center. Te granting of a leave of absence is at the discretion of the School of Medicine and is subject to review by the Office of the University Registrar. The University may condition its approval of a petition for a leave of absence on the student’s meeting such requirements as the University deems appropriate in the individual case for the student to be eligible to return.

Leaves of Absence are granted at the discretion of the School of Medicine, and are granted for a maximum of one calendar year. Leaves requested for a longer period are approved only in exceptional circumstances. Extension requests must be made to the Committee on Performance, Professionalism and Promotion before the expiration of the original Leave of Absence. Leaves of Absence may not exceed a cumulative total of two years.

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

Students on leave of absence are not registered at Stanford, and therefore do not have the rights and privileges of registered students. They cannot fulfill any official department or University requirements during the leave period.

NOTE: Students taking an approved Leave of Absence have not ended their relationship with the University. A student who is granted a Leave of Absence in Autumn for which the effective date of the leave is prior to the first day of class will not be charged health insurance as they will not be eligible for Cardinal Care. Their eligibility will resume when they return and register for classes. A student who is granted a leave of absence for which the effective date for the leave is on or after the first day of the quarter and they are enrolled in Cardinal Care will remain enrolled for the plan year. Students accessing services at Vaden Health Center will still be charged the Campus Health Fee of $203. Students with questions about this process can contact the Insurance Referral Office at Vaden Health Center at (650) 723-2135. Under some limited circumstances students on Leave of Absence may be able to make special arrangements to continue their university housing; students will need to deal directly with the relevant University offices involved to do so.

For more information see the Leave of Absence section of the Stanford Bulletin at http://exploredegrees.stanford.edu/graduatedegrees/#leavereinstatementtext.

Childbirth Academic Accommodation Period
See University Policies: 8.6 Childbirth Accommodation Policy for Woman Graduate Students for detailed information.

Discontinuation and Reinstatement
A student’s academic degree program may be discontinued if the student:
- Fails to be enrolled by the study list deadline; or
- Fails to be approved for a leave of absence by the start of the term; or
- Voluntarily terminates graduate studies; or
- Is dismissed from graduate students for academic reasons; or
- Is expelled from the University

Students who fail to be either enrolled by the final study list deadline or approved for a leave of absence by the start of a term or after voluntary withdrawal are required to apply for reinstatement through the Graduate Admissions 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 (CP3) which is not obliged to approve reinstatement 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, the perceived potential for successful completion of the program, and the ability of the school to support the student both academically and/or financially, as well as any other factors or considerations regarded as relevant. In addition, the School of Medicine retains the right to condition reinstatement on such academic or other conditions as it deems appropriate.

Reinstatement information is available from the School of Medicine Registrar’s office and the application is available at https://stanford.app.box.com/v/appgradreinstate. Reinstatement applications must be submitted 60 days prior to the first day of the term for which reenrollment is requested. Successful applicants will be billed the reinstatement fee.

3.10. MALPRACTICE LIABILITY FOR MEDICAL STUDENTS
http://med.stanford.edu/md/mdhandbook/section-3-10-malpractice-liability-for-medical-students.html

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

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

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

3.11. MEDICAL HEALTH REQUIREMENTS AND IMMUNIZATIONS
http://med.stanford.edu/md/mdhandbook/section-3-11-medical-health-requirements-and-immunizations.html

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

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

- Tuberculosis (TB): Student may choose to have either a PPD test (requires a return visit to have the test result read) or Quantiferon.
- Influenza: All MD students must be immunized against influenza.

Immunizations can be performed at the following location:

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

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

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

3.12. POLICIES AND RESOURCES FOR ENCRYPTION AND SECURING DEVICES

http://med.stanford.edu/md/mdhandbook/section-3-12-policies-and-resources-for-mobile-devices.html

As all medical students will at some point in their MD program training access Protected Health Information (PHI), they should consistently attest to storing restricted data on all devices, and have their devices appropriately encrypted and fully compliant with School of Medicine data security standards. This applies to all MD program students, whether or not they are actively working with PHI (e.g., during parts of the MD curriculum that do not involve clinical work, when stepping out of the curriculum to obtain another degree, etc.).

Attestation and data security compliance are a professional expectation; failure to correctly attest and/or have all devices encrypted by stated deadlines will result at a minimum in a notification to a student’s Educators-4-CARE mentor. If attestation and encryption is still not completed following such a notification, the student may be referred to the Committee on Performance, Promotion and Professionalism (CP3) and their Advising Dean.

**Personal Responsibility**

Legally, you are **personally and fiscally responsible** for any information disclosure from your computer or mobile devices, whether accidental or not. IRT Security is here to help you protect yourself: encryption is a one-time, necessary step you can take now to prevent problems in the future.

**Data Classification: What Data Must Be Encrypted?**

Stanford University has classified information assets into categories to determine which security precautions must be taken to protect it against unauthorized access. Data may be classified as High, Moderate or Low Risk. Common types of High Risk data include:
- Protected Health Information (PHI)
- Health insurance policy ID numbers
- Social security numbers
- Credit card numbers
- Financial account numbers
- Export controlled information under U.S. laws
- Driver’s license numbers
- Passport and visa numbers
- Donor contact information and non-public gift information

For every School of Medicine affiliate who might use or store this type of data, every device used for Stanford work (even if only for email) must be verifiably encrypted. If you have a device that cannot meet the encryption requirements, it must not be used for Stanford work. This applies to both Stanford-owned as well as personally-owned devices.

For more information on the University risk classification standards, please visit http://dataclass.stanford.edu.

For more information on encryption requirements visit http://med.stanford.edu/irt/security/encryption-main.html

Because personal computing devices are becoming more and more portable-laptops, smart phones, USM thumb drives, etc.-securing the sensitive information stored on those devices is more important than ever. Based on government regulations, individuals may be held personally and fiscally liable in the event of information disclosure. Students are expected to review and follow the policies outlined below:

- **Mobile Device Management**
  [https://uit.stanford.edu/service/mobiledevice/management](https://uit.stanford.edu/service/mobiledevice/management)
  If you have an iOS or Android device that you use for Stanford work, there's an easy way to set up and maintain proper security practices on your device. Stanford uses the application AirWatch to provide Mobile Device Management (MDM). The application is free to install, and automatically configures your device to be optimized for the Stanford environment—from email settings to security settings. Visit the link provided above for more information about MDM at Stanford.

- **Stanford School of Medicine Course Content Access and Appropriate Use Policy**
  [http://med.stanford.edu/irt/edtech/policies/course_content_access.html](http://med.stanford.edu/irt/edtech/policies/course_content_access.html)
  Stanford students may only use Stanford University School of Medicine course materials as intended for curriculum and course-related purposes. These materials are copyrighted by the University or others. Access to this content is for personal academic study and review purposes only. Unless otherwise stated in writing, students may not share, distribute, modify, transmit, reuse, sell, or disseminate any of this content.

- **High Risk Data and HIPAA Compliance**
  [http://dataclass.stanford.edu](http://dataclass.stanford.edu)
  Students must ensure all devices used for Stanford work fully comply with Stanford’s security requirements and HIPAA guidelines. As medical students are expected to interact with High Risk data (such as PHI), all devices must be verifiably encrypted. The University’s BigFix application is used to report the encryption status of laptops and desktops regularly. MDM (AirWatch) is used to
report the encryption status of mobile devices. Additional requirements include ensuring a password is set and that all backups are encrypted.

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

**Stanford Issued iPads Policy and Procedures**

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

- The iPad is Stanford property and will only be available to students while they are enrolled at Stanford School of Medicine (SOM).
- Students must use this device in a responsible manner and in accordance with University policies.
- Students should have no expectation of privacy regarding the device or its contents.
- Students must return the iPad to SOM when requested. iPad privileges may be rescinded prior to graduation in cases where students are found not to have followed policies and guidelines for appropriate use of the device.
- Students must take appropriate steps to protect the iPad and data against loss or theft, e.g. not leaving iPads in public places, not checking iPads in luggage, and not leaving iPads in vehicles unless the vehicle is locked and the iPad is hidden from view.
- Students must immediately report the loss, damage or theft of an iPad to the School of Medicine Educations, Program & Services staff.
- Students must protect the data on the iPad with a password and follow all other security requirements.
- Students must accept financial responsibility for the loss or theft of the device and the disclosure of information resulting from failure to take appropriate steps to protect the iPad. Students may not jailbreak or otherwise tamper with the iPad operating system.
- Students must frequently make encrypted backup copies of iPad content in the case of loss or data corruption.
- Students may not store personal health information (PHI) on the iPad. If students choose to access EPIC or other patient record databases, they must do so in alignment with HIPAA compliance guidelines and hospital policies regarding iPad and other mobile device use. If use of the iPad should compromise the security of patient records in any way, students must be prepared to accept full responsibility for the breach, including responsibility for any financial penalties incurred.
- Policies and guidelines around appropriate use of iPads may vary among clerkships and hospital sites. Therefore, students must review and follow the policies and guidelines set by each clerkship director and by each hospital site. The privilege of using the iPad may be rescinded at any time. Students who do not follow policies and guidelines for appropriate iPad use may be asked to return the device prior to completing the clerkship rotation.
3.13 RESPECTFUL EDUCATOR AND MISTREATMENT POLICY

The School of Medicine standards of conduct for the teacher-learner relationship reads as follows:

I. Standards
   A. Stanford School of Medicine (SoM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the SoM community to respect each person’s worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel. Given their roles in the educational process and their inherently unequal positions vis a vis students, all instructional personnel (including faculty, residents, and other members of the healthcare team) are to treat students with courtesy, civility and respect and with an awareness of the potential impact of their behavior on such students’ professional futures.
   B. Conduct inconsistent with this policy can occur in a variety of forms and may seriously impair learning. In particular, instructional personnel are expected to create an environment in which feedback regarding their performance can be given openly by students without concern for reprisal, and which is free of exploitation, harassment, impermissible discriminatory treatment, humiliation, or other mistreatment or abuse of medical students. Examples of conduct inconsistent with these standards might include:
      - Sexual harassment
      - Physical or verbal abuse
      - Assigning duties as punishment rather than education
      - Requiring a student to perform personal services (such as shopping or babysitting)
      - Unwarranted exclusion from reasonable learning or professional opportunities
      - Evaluation or grading on inappropriate criteria (or threatening to do so)
      - Harassment or discrimination on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity, national or ethnic origin, or any other characteristic protected by applicable law.
   C. Note: The expectations stated in this policy primarily relate to the standards of conduct for instructional personnel. For their part, medical students are expected to adhere to similar standards of respectful and professional behavior, including (but not limited to) the standards of conduct for students set forth in the MD Program Handbook and Policy Manual and website.

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

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

A. The committee meets quarterly, and on an ad hoc basis if it is deemed necessary by the Chair.
B. The committee is chaired by the Associate Dean for Medical Student Life Advising, who is hereafter referred to as the Chair.
C. The composition of the committee includes the following as members:
   - The Chair
   - One or more clinical students
   - An Academic Advising Dean
   - The Director of Graduate Medical Education (or designee)
   - The Assistant Dean for Clerkship Education
   - The Director of Educators-4-CARE
   - A Residency Training Program Director
   - A Resident
   - The Chair of the Physician Wellbeing Committee
D. The REMC will keep such confidential records of its proceedings as are appropriate to support its purposes of education and concern resolution.

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

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

B. **Formal:** If no resolution is reached and the student wishes to proceed with a more formal grievance or complaint process, the Chair may refer the student to other existing processes or may (in an appropriate case) accept from the student a written grievance or complaint to use the procedure described below.

1. The student should set forth in writing the substance of the grievance or complaint, the grounds for it and the evidence on which it is based, and the efforts taken to date to resolve the matter. It is at this stage that the matter becomes a formal grievance or complaint.

2. The grievance or complaint document should be submitted to the Chair. A grievance should be filed in a timely fashion, i.e., normally within thirty days of the end of the academic quarter in which the action that is the subject of the grievance or complaint occurred. A delay in filing may be grounds for rejection of that grievance or complaint.

3. The Chair will review the grievance or complaint and (if it reflects an appropriate use of the process) will then promptly (within 7 days) transmit the grievance or complaint to the Senior Associate Dean for Medical Education (SADME) for handling.

4. The SADME shall promptly initiate a review, which should normally be completed within sixty days. The SADME may attempt to resolve the matter informally, and may refer the matter (or any part of it) to a grievance officer or other designee, who will evaluate and/or address the matter as the SADME directs. The SADME may also, in appropriate cases, remand the matter to the appropriate administrator (including to the administrative level at which the grievance or complaint arose) for further consideration.

5. In undertaking this review, the SADME (or his or her designee) may request a response to the issues raised in the grievance or complaint from any individuals believed to have information the reviewer considers relevant, including faculty, staff and students.

6. The SADME (or his or her designee) shall issue his or her decision in writing, and take steps to initiate such corrective action as is called for (if any). Conduct meriting discipline shall be brought to the attention of the appropriate disciplinary process.

7. **Appeal**
   a. If the student is dissatisfied with the disposition by the SADME (or his or her designee), he or she may appeal to the Dean of the School of Medicine. The appeal should be filed in writing with the Dean within ten days of the issuance of the decision by the SADME (or his or her designee); a delay in filing the appeal may be ground for rejection of that appeal.
   b. The Dean may attempt to resolve the matter informally, and may refer the matter (or any part of it) to a grievance appeal officer or other designee, who will review the matter at the Dean’s direction. The Dean also may remand the matter to the appropriate administrator (including to the administrative level at which the grievance arose) for further consideration.
   c. The Dean should normally complete his or her review of the appeal and issue his or her decision in writing within forty-five days. That decision is final. It is not subject to further review by any other University process.

V. **General Provisions**

A. **Time Guidelines:** The time frames set forth herein are guidelines. They may be extended by the Chair, the SADME or the Dean, as applicable, in his or her discretion for good cause (including for reasons relating to breaks in the academic calendar).
B. Advisers: A student initiating or participating in a grievance or complaint under this procedure may be accompanied by an adviser in any discussion with the Chair, the SADME, the Dean, or their designees (such as a grievance or grievance appeal officer); such adviser must be a current Stanford faculty, staff member or student.

C. Ombuds: Students should be aware that the University Ombuds (http://www.stanford.edu/dept/ocr/ombuds) and the School of Medicine Ombuds (Jim Laflin, jlaflin@stanford.edu) are available to discuss and advise on any matters of University concern and frequently help to expedite resolution of such matters. Although it has no decision making authority, the Ombuds’ Office has wide powers of inquiry.

D. Sexual Harassment and Disability related issues: For further information and resources concerning sexual harassment, students should refer to the web page of the Sexual Harassment Policy Office at http://harass.stanford.edu. For further information and resources concerning disabilities and accessible education, students should refer to the web page of the Office of Accessible Education at http://www.stanford.edu/group/DRC/ and/or the Diversity & Access Office (https://diversityandaccess.stanford.edu).

E. No retaliation: Stanford University prohibits retaliation or reprisals against individuals based on their pursuit in good faith of a grievance or complaint under this procedure, or their participation in good faith in the grievance or complaint process.

F. Standards for Review: If the grievance or complaint involves a decision that is being challenged, the review by the SADME, as well as the review by the Dean on appeal, usually will be limited to the following considerations:
   1. Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear that substantially affected the decision to the detriment of the grievant?
   2. Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the grievant?
   3. Given the proper facts, criteria, and procedures, was the decision one which a person in the position of the decision maker might reasonably have made?

VI. Education
The Stanford School of Medicine will provide ongoing education to promote a positive learning environment and discourage violations of the standards of conduct for the teacher-learner relationship. Such education serves several purposes. First, it promotes an environment of respect for each person’s worth and dignity. Second, it informs students that there are procedures available for them to register concerns of educator conduct violations, which can be investigated and addressed without fear of retaliation. Third, it informs instructional personnel of the SoM’s standards of conduct and procedures for responding to allegations of violations of these standards. Educational sessions on this topic will be introduced during the pre-clerkship curriculum and readdressed early in the clinical curriculum. Educational sessions on this topic will also be presented to educational personnel including but not limited to at forums such as resident orientation, department meetings, and staff meetings. The materials and methods for providing this education will be the responsibility of the Respectful Educator and Mistreatment Committee.
3.14. SAFETY TRAINING
http://med.stanford.edu/md/mdhandbook/section-3-14-safety-training.html

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 Medical Student Affairs sends e-mail instructions to all MD students annually.

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

To complete the web-based training, this course can be accessed through STARS in AXESS (log-in with your SUNet ID and password)

- Bloodborne Pathogen (EHS-1600)
- Recertification Bloodborne Pathogen (EHS-1601)

Safety and Emergency Preparedness Training

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

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

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

3.15. STANFORD MEDICINE POLICY FOR THE REMOVAL AND TRANSPORT OF PHI

PURPOSE
The purpose of this policy is to set forth controls related to removal of Protected Health Information (PHI) or Personal Information (PI) from the medical center and transport of medical information within the medical center. This policy does not replace IT Security policies for protection of electronic patient information including requirements related to emailing patient information.

POLICY STATEMENT
Stanford Health Care (including all SHC-affiliated locations), Lucile Packard Children’s Hospital (including all LPCH-affiliated locations), and the Stanford University School of Medicine (collectively,
“Stanford Medicine”) are committed to complying with state and federal requirements related to the privacy and security of patient information. Workforce Members at Stanford Medicine, as well as those with whom Stanford Medicine conducts its business, have a legal and ethical responsibility to maintain the confidentiality, privacy and security of all PHI/PI, to protect PHI/PI at all times and to guard against the loss of, or unauthorized access to, use or disclosure of, PHI/PI when removing it from the medical center up through its return, and when transporting it within the medical center. Such removal and transport of PHI/PI shall not occur in a manner inconsistent with this policy. Principles and procedures in this policy apply to PHI/PI in all media, including paper and electronic format. Consistent with other policies, PHI/PI that is removed from the premises should never be verbally discussed with any unauthorized person.

DEFINITIONS

Protected Health Information (“PHI”) is defined as information that (i) is created or received by a health care provider, health plan, employer, or health care clearinghouse; (ii) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (iii) that identifies the individual, or provides a reasonable basis to identify the individual. PHI does not include employment records held by Stanford Medicine in its capacity as an employer, or information that has been de-identified in accordance with the HIPAA Privacy Standards.

Personal Information (“PI”) is a person’s first name and last name, or first initial and last name, in combination with any one of the following data elements that relate to such person:
- Social Security Number (SSN);
- Driver’s license or state-issued identification card number; or
- Financial account number, credit or debit card number (e.g., health insurance policy number).

Personal information shall not include information that is lawfully obtained from publicly available information, or from federal, state or local government records lawfully made available to the general public.

De-identification is defined as the process by which PHI is stripped of specific data elements, as defined by HIPAA, in order to assure that personal identities cannot readily be identified from data sets.

Workforce Members are defined as faculty, employees (including temporary employees), researchers, volunteers, trainees, and other persons whose conduct, in the performance of work, is under the direct control of Stanford Medicine, whether or not they are paid by Stanford Medicine.

Supervisor: For the purposes of this policy, Supervisor is used in the context of approval for a Workforce Member to remove PHI/PI from the medical center or transport PHI/PI within the medical center. It is understood that from time-to-time the duties of senior operational leadership (Directors and above) and faculty will require them to conduct Stanford Medicine business for which this policy requires Supervisor approval. Such approval for senior operational leadership and faculty is self-granted, provided that they have ensured that all safeguards and other privacy and security controls are in place. For research activities, Supervisor means the Principal Investigator or Protocol Director.

Medical Center is any location owned, leased or operated by Stanford Medicine, wherever located.

PRINCIPLES

1. PHI/PI shall be treated as confidential and shall be safeguarded according to Stanford Medicine policies at all times.
2. Treatment, payment, healthcare operations, education, IRB-approved research and other Stanford Medicine business involving the permissible use or disclosure of PHI/PI should be conducted within the medical center whenever feasible. Removal of PHI/PI from the medical center by Workforce Members shall occur solely for job-related purposes and with the approval of the Workforce Member’s Supervisor. Removal of PHI/PI from the medical center should not be approved for reasons related to the convenience of the Workforce Member, but rather for instances where the work requiring the PHI cannot practically be conducted on-site in a timely manner, and only after due consideration of alternative ways to remotely perform the work, such as VPN access to PHI/PI or secure scanning of PHI/PI for access from the remote site.

3. The Workforce Member taking the PHI/PI off-site and the approving Supervisor are responsible for ensuring that only the minimum amount of PHI/PI necessary to perform the off-site work is approved and removed from the medical center. De-identified patient information or limited data sets shall be used whenever possible. The approving Supervisor and the Workforce Member removing the PHI/PI, or the Workforce Member transporting the information within the medical center, should be able to account for every element of PHI/PI removed from or transported within the medical center, whether electronic or paper, and should be able to reconstruct the exact PHI/PI that was removed from or transported within the medical center.

4. Appropriate safeguards shall be diligently followed regarding secure transport of PHI/PI off-site and within the medical center. PHI/PI must be in the immediate personal possession of the workforce member at all times during transport, for example, from the time the PHI/PI is taken from the medical center to the time of arrival at the off-site location, or from location-to-location within the medical center.

5. Appropriate safeguards shall be diligently followed regarding securing PHI/PI at the off-site location. PHI must be secured in a manner so that it cannot be accessed by unauthorized individuals.

6. PHI that is lost, stolen, accessed viewed or reviewed by unauthorized individuals, or the confidentiality of which has been otherwise compromised, shall be reported immediately by the Workforce Member to the Privacy Office for their institution for appropriate investigation, including the filing of police reports when appropriate. Reports must be made immediately, including nights and weekends, to:

SHC/LPCH Privacy Office:
From off-campus phone: 650-723-8222; Pager 25584
From any Stanford Medicine phone: 38222; Pager 25584
privacyofficer@stanfordmed.org,
Privacy Officer (during regular business hours) at 650-724-2572

School of Medicine Privacy Office:
medprivacy@stanford.edu
650-725-1828

PROCEDURES
1. PHI should be saved or stored on secure medical center network servers whenever feasible. Saving or storing PHI/PI on computer or laptop hard drives, personal laptops or other personal devices,
flash drives or USB drives, external drives, and other removable media is prohibited unless the device is encrypted to Stanford Medicine standards, password protected and meets other applicable Stanford Medicine security requirements.

2. Before the decision is made by the Workforce Member and the Workforce Member’s supervisor to remove electronic PHI from the premises, IT Security must be contacted to determine whether a viable alternative is available to remotely access the PHI/PI needed to perform the job-related work.

3. PHI/PI should not be printed at off-site locations, for example, home or public printers, unless a Stanford Medicine business need exists to do so.

4. Safeguards must be in place to prevent unauthorized individuals, such as family members, conference attendees or the general public, from viewing or accessing PHI/PI at off-site locations.

5. PHI/PI must be safeguarded during transport and in the personal possession of the Workforce Member at all times. PHI shall not be left unattended in publicly-accessible locations.

6. PHI/PI transported for purposes such as off-site storage, office relocation and new location openings shall be safeguarded to prevent the loss of or unauthorized access to PHI/PI. Only medical center approved off-site storage locations may be used for storing records, documents and electronic media containing PHI/PI. Records and documents containing PHI must be inventoried before off-site storage. See Appendix B for securing documents and records containing PHI/PI for off-site storage or office/department relocation

COMPLIANCE
1. All Workforce Members are responsible for ensuring that individuals comply with those policy provisions that are applicable to their respective duties and responsibilities.

2. Workforce Member failure to protect the privacy, confidentiality, and security of patient information is detrimental to the mission, goals, and operations of Stanford Medicine. Serious consequences can result from failing to protect patient information, up to and including termination.

3. Violations of this policy will be reported to the Privacy Office and any other department as appropriate or in accordance with applicable Stanford Medicine policy. Violations will be investigated to determine the nature, extent, and potential risk to Stanford Medicine.

3.16. STANFORD UNIVERSITY SCHOOL OF MEDICINE EDUCATION RESEARCH INITIATIVE
http://med.stanford.edu/md/mdhandbook/section-3-16-school-of-medicine-medical-education-research-initiative.html

All research involving medical students or the MD program requires approval by the Assistant Dean for Medical Education.

Proposals can be written at any time throughout the year and must be submitted to the Assistant Dean of Medical Education, Cynthia Irvine, M.Ed. (cirvine@stanford.edu) for review and approval.

Submissions should be no more than 2 pages (single-spaced) and must include the following information:
1. Title of project
2. Research question(s) and specific aims
3. Hypotheses (if applicable)
4. Background information and preliminary literature review (1-2 paragraphs, include references at the end)
5. Target population of the research activity
6. Research activity setting
7. Proposed methods (observation, intervention)
8. Intended data analysis plan (qualitative, quantitative, mixed methods)
9. Statement of protection of research subjects or proposed plan, including Stanford IRB review and approval if already obtained, or exemption statement if not considered human subjects research
10. Study personnel (including research mentor(s) if applicable)
11. Funding source (if applicable)

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

**Important:** Straightforward evaluation of existing curriculum for the purpose of program improvement is generally not considered research and would not require review and prior approval. **In general, any data gathering and analysis with the intent to disseminate findings to a broader scientific community would be considered research and should be reviewed and approved by the Assistant Dean of Medical Education, in addition to review by the Stanford Human Subjects Research and Institutional Review Board (http://humansubjects.stanford.edu).**

To learn more about the differences between research and program evaluation, please visit the Research and Evaluation website: http://med.stanford.edu/mededresearch.html

**3.17. STEPPING OUT OF THE MD CURRICULUM SEQUENCE**
http://med.stanford.edu/md/mdhandbook/section-3-17-stepping-out-of-md-curriculum-sequence.html

In addition to the official Leave of Absence procedures that must be followed that are outlined in Section 3.9, students planning to step out of the MD curriculum sequence are required to notify key MD stakeholders by completing the "Intention to Step Out of MD Curriculum" online form (https://stanfordmedicine.qualtrics.com/SE/?SID=SV_37pHA1suCWl8yr) in order to track academic progress. The form requires that students discuss their plans with their assigned Advising Dean and Educators-4-CARE faculty and the information will be shared with the Assistant Director for Medical Student Research and Scholarship to ensure that academic requirements have been met and a plan for re-entry into the MD curriculum is established.

**Clinical Skills and Acquisition Maintenance Plan for Non-MSTP Students**

The Committee on Curriculum and Academic Policy (CCAP) adopted in the fall of 2009 a policy that “each student [leaving the curriculum for one year or more] be required to develop and document a Clinical Skills Acquisition and Maintenance Plan (with the assistance of a faculty advisor and E4C faculty mentor) to maintain and refresh their clinical skills before they step out from the curriculum, even though each such plan might not be the same for every student.
Please complete the form at http://www.stanford.edu/dept/som_ome/csam.fb once a plan has been developed in coordination with your E4C Faculty.

**MSTP Clinical Skills Acquisition, Maintenance and Reentry Plan**

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

**3.18. STUDENT DUTY HOURS AND WORK ENVIRONMENT**


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

**Supervision of students**

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

**Duty hours**

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

**In-house call activities**

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

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.
3. Students must have a minimum of 8-hours free of duty between scheduled duty periods. Students must have a minimum of 14-hours free of duty after 24-hours of in-house duty.
3.19. STUDENT PARTICIPATION IN CLINICAL ACTIVITIES INVOLVING PERSONAL RISK

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

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

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

3.20. SURGICAL PROCEDURES FOR MEDICAL STUDENTS

A medical student must meet all of the following conditions and criteria in order to scrub and/or participate directly in a surgical procedure.

1. The medical student is enrolled in a clerkship program through the Stanford University School of Medicine Office of Student Affairs.
2. Each surgical division/department is responsible for submitting the following:
   a. Current updated lists of residents and medical students who will be in the SHC OR to the OR Administration.
   b. Clerkship coordinators from each specialty service must submit a list of visiting students from other medical schools and documentation from each student’s home school that the student has had appropriate training and has met the requirements to scrub and participate in surgical procedures.
   c. Each surgical division/department and clerkship coordinators are responsible for submitting a document that specifies the level of participation allowed for the students enrolled in the clerkship program.
      i. The students will only be allowed to participate in a surgical procedure to the level of competencies indicated in the document submitted by each clerkship.
3. The students (both Stanford and visiting) who have permission to scrub and participate in a procedure should not wear a green cap.
4. The lists of names and documentation to attest meeting requirements to scrub received from each surgical division/department are kept at the Control Desk.
5. Each student must check in at the OR Control Desk on the first day in the OR.
6. Once the student’s identity is verified and the appropriate documentation has been submitted
that attests to the student’s training in scrubbing techniques, the student will receive an OR-approved sticker on his/her name badge.

7. Students may scrub and participate in surgical cases only if he/she has an OR-approved sticker affixed on the name badge as a proof that the student underwent appropriate training in aseptic techniques.

8. If a student's name is not present on the list submitted by his/her respective surgical division/department, he/she will be denied presence in the OR and be dismissed until credentials are verified.

3.21. UNIVERSAL PRECAUTIONS AND NEEDLESTICK PROTOCOL

If you are stuck by a needle or splashed with bloody fluid (on to your mucous membrane or wound), this is what you do immediately!

1. CLEANSE: Rinse copiously.
2. CALL: Call the needlestick hotline 24/7/365 from all hospital sites. Pager 1-STIX (1-7849). If in SHC/LPCH dial 222 then follow prompts to page. If in SCVMC, PAVA, Cardinal Free Clinics, dial 723-8222 and then follow the prompts to page.

A trained professional will call you back, decide if you need post-exposure prophylaxis and work with you to get medication expeditiously from a pharmacy nearest to you. Most students do not need to go to the Emergency Department or Occupational Health initially. There is no charge if you use the 1-STIX hotline for blood tests, medication or initial follow-up care.

Follow up appointment may be needed but this will be recommended by the 1-STIX professional staff person. This has been set up specially for Stanford medical students and employees so that it is QUICK, CONFIDENTIAL and with NO CHARGE. Records are kept confidential in accordance with applicable laws so that it does not become a part of your health care record. This is a protection for you.

If you have any problems with the hotline, please call Dr. Rebecca Smith-Coggins immediately. Dr. Smith-Coggins can be reached through the hospital page system at 650-723-6661 at pager 13481.

If you choose to go to the Emergency Department, the hospital will charge you and it will go on your health care record. Please call the needlestick hotline first.

Universal Precautions apply to the handling of all blood, body fluids, and human tissue. Body fluids, also known as other potentially infectious materials (OPIM), include: semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, feces, urine, sputum, nasal secretions, saliva, tears, vomitus or any other body fluid or tissue that is visibly contaminated with blood. Appropriate protection including gloves, mask and gown should be worn to protect oneself from exposure.
3.22. USMLE REQUIREMENTS: STEP 1, STEP 2 CK AND STEP 2 CS
http://med.stanford.edu/md/mdhandbook/section-3-22-united-states-medical-licensing-examinations-requirements.html

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 July 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 and in the discretion of the CP3, serve to meet Step 2 CK requirements for the MD degree. Such institutionally administered USMLE equivalency exams do not, however, meet requirements for licensure to practice medicine.

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

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

Up-to-date information on the availability of testing times at Prometric is posted at http://www.prometric.com

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

Information on NBME Self-Assessment Services can be found at: http://www.nbme.org/Students/sas/sas.html

Testing for Step 2 CS is currently offered at five centers in different areas of the country. Information on the location can be found on the website.
As a Stanford Medical Student (registered in a clerkship for credit and/or doing a research project approved by your Advisor), you will/may need access to the Epic systems in order to access patient information at Stanford Health Care (SHC) and/or Stanford Children’s Health (SCH)

**Obtaining Access to EPIC**

**AMIE: Am I Compliant?**
1. You must be compliant with your Stanford University HIPAA/PHI training(s) in LawRoom ([https://el.lawroom.com/loginhipaa.asp](https://el.lawroom.com/loginhipaa.asp)).
2. You must be compliant with the Data Security Program ([https://med.stanford.edu/datasecurity/](https://med.stanford.edu/datasecurity/))

**Set-up Hospital Computer Access**
1. Contact the Office of Medical Student Affairs (OMSA) if you need hospital computer access:
   a. You need access because you will be entering clinics for Practice of Medicine (POM).
   b. You need access because you’re doing a research project and your advisor said you would require access to Epic.
2. The Office of Medical Student Affairs (OMSA) will submit your personal information (Name, Email, Phone Number and Social Security Number) to the Medical Staff Office (MSO) to start the process by credentialing you.
   a. Please note: The Office of Medical Student Affairs will need to ask you for your personal information on behalf of the Medical Staff Office. Your information is confidential and will only be shared with MSO. MSO will not process your credentials without your (Name, Email, Phone Number and Social Security Number).
3. Once MSO notifies OMSA that your Dictation Number/MSO Number has been enabled, it may take up to 24 hours for your credentials to become active.
   a. You will automatically be assigned Epic Training in HealthStream ([www.healthstream.com/hlc/stanford](http://www.healthstream.com/hlc/stanford)).
   b. You will receive an email from HealthStream with instructions to complete your Epic training. Please complete the Epic Training module within 30 days.
   c. OMSA will notify the IT Department (Access Control) so your S-ID can be assigned. It may take up to 72 hours for your S-ID to be assigned.
      i. Once you receive your S-ID and Epic access, you will need to call SHC Help Desk at (650) 723-333 to set your password.
      ii. If you need LPCH Epic access, call the LPCH Help/Service Desk at (650) 498-7500 (after you receive your S-ID) to request LPCH Epic username and password.

**Common Issues/Troubleshooting:**

Your Account is Inactive
- You have not completed Epic Training. Please contact Epicenter University.
- You have completed the training but your account has not been activated yet. Please note it may take up to 48 hours for your access to be granted following training. Contact the Service Desk at (650) 723-3333 if you have an urgent need to access Epic.
• An account was never requested for you. Please contact the Office of Medical Student Affairs (OMSA).
• You know you have an existing account, but your credentials have expired. If your account has not been in use for more than 90 days, your account has expired. Please contact the Office of Medical Student Affairs (OMSA) to activate your account.

Who to Call?

Stanford Health Care Service Desk
Phone: (650) 723-3333
Email: Access-Control@stanfordmed.org

Stanford Children’s Health Help Desk
Phone: (650) 498-7500
Email: DS-Security_LPCH@Dell.com

EpiCenter University
Phone: (650) 724-3742
Email: EpiCenterUniversity@stanfordmed.org

3.24 SCHOOL OF MEDICINE LEARNING SPACES

General Learning Spaces
All Learning Spaces (exceptions are the Goodman Immersive Learning Center [see below] and the Berg Conference Center) may be booked by students for study, seminar discussions, etc. These spaces include EdTech classrooms in: LKSC (floors 1-3), MSOB, Alway, CCSR and HRP. Students are advised that after-hours activities that may require housekeeping will need to be planned in advance. Rooms must be returned to their original condition.

Goodman Immersive Learning Center (ILC)
The Goodman Immersive Learning Center in the LKSC may be scheduled only by course coordinators and/or faculty for guided learning exercises and activities. The hours of operation of the ILC are 8 am – 6 pm Monday – Friday.
http://med.stanford.edu/irt/edtech/policies/policyclinicalskills.html

Safety and Emergencies
In the case of an Emergency (fire, security, medical, chemical spill, etc.) call X-C286. If evacuation is necessary, please move to designated evacuation-meeting locations outside of the buildings and look for the Building Response Team in the bright vests. Cell phone reception may be limited in basement facilities.
TA Training: All TAs must adhere to TA lab training and safety policies that are referenced in the TA Handbook.
3.25 ABSENCE POLICY AND EXPECTATIONS


It is the student’s professional responsibility to review the absence policy and specific attendance requirements for all courses, clerkships and curricular activities in which he/she is involved. Students should avoid scheduling or participating in activities that directly conflict with required courses or clerkships.

**Required Courses**

1. Students are expected to be present at ALL required-attendance sessions and final exams. It is the student’s responsibility to be aware of the attendance expectations for each course.

2. If a student anticipates missing a required-attendance session, he/she must communicate and receive approval from the course director at a minimum of two-weeks in advance. In cases involving illness and unexpected emergencies, students should notify their course director as soon as possible submit a notification form (see below) thereafter.
   a. All students are required to complete the online notification form (https://stanfordmedicine.qualtrics.com/SE/?SID=SV_6tKAAJ9j9pCM2yN) regardless of whether the absence has been approved. If the student and course director are unable to agree on the appropriateness of an absence for a required session, they are encouraged to schedule a meeting with the course director and their assigned Advising Dean to discuss the absence further.
   b. Approval of all absences is at the discretion of the course director.
   c. If an absence is not approved it is expected that the student will make the necessary arrangements to change his/her schedule to be present.

3. Students are responsible for the content and work associated with all missed sessions. Students are also expected to meet the participation requirement and contribute to their group’s learning, even for sessions missed, and must work out an equitable solution that balances the individual student’s needs with the needs of the group. Under no circumstances will an absence relieve a student of meeting all of the academic requirements of the course. If the absence request conflicts with a session or sessions that cannot be otherwise made up or completed, the student is advised that the absence may affect his or performance evaluation in the course.

4. The following are considered professionalism issues that may result in a referral to Committee on Performance, Professionalism, and Promotion (CP3):
   i. Absence from a required session without obtaining advance approval
   ii. Failure to communicate with the course director;
   iii. Failure to complete the online absence notification
   iv. Trend in number of absences across courses

Please note that each student is responsible for requesting approval for his or her own absence; no group approvals will be granted.
Required Clerkships

Students are expected to attend 100% of all scheduled clerkship activities.

Students who miss more than 10% of scheduled time - for any reason - will be required to make up missed time.

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

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

   a. If a student is absent without obtaining advance approval from the clerkship director; the absence will be recorded and reported to the CP3.
   b. Approval of all absences is at the discretion of the clerkship director.
   c. If an absence is not approved, it is expected that the student will make the necessary arrangements to change his/her schedule to be present.
   d. Failure to communicate with the clerkship director about unavoidable absences is a potential reason for failing the clerkship.

Students are expected to seek necessary health care to maintain their physical and mental well-being. Examples of necessary health care include preventive health services, visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Consistent with their rights under University policies and the law, students have a right to privacy when seeking care.

For planned absences related to healthcare, students must contact the clerkship director, site director, and preceptor or patient care team in advance to coordinate time away from the clerkship. Students need not disclose the specific type of healthcare that is being sought. A student’s decision to seek healthcare during a clerkship should have no impact on his or her performance evaluation.

3.26. N95 RESPIRATOR MASK FIT REQUIREMENTS FOR MEDICAL STUDENTS

All medical students participating in clinical activities are required to be fit for a N95 Respirator on an annual basis. N95 filtering face piece respirators are air-purifying respirators certified by the National Institute of Occupational Safety and Health (NIOSH) that protect against airborne contaminants (i.e., dusts, fumes, microbial agents such as tuberculosis bacteria & flu virus). As a medical student participating in clinical activities, you may be required to wear N95 for tasks such as entering isolation rooms and other activities involving close contact with potentially infected persons.

The Stanford University Department of Environmental Health & Safety oversees the mask fit process and per Cal/OSHA guidelines, medical students will be approved after successfully completing the following:
1. Medical Evaluation/Clearance: to determine if users are physically fit to wear a respirator.
2. Training: to ensure users are familiar with N95 Respirators, their proper use and protective limitations. Training consists of reviewing the guidelines and taking and successfully passing the training quiz and is required on an annual basis.
3. Fit-testing: to determine which respirator/model size provides the proper fit for the user. Such fit-test is required on an annual basis. For the fit-tests, students must be clean shaven-no mustaches, beards or stubble since this will interfere with the respirator seal. Students who are not clean shaven will not be fit tested. For those students that request an exemption to the clean shaven guidelines, they will need to complete a waiver form and additional online training. Please contact the Office of Medical Education for additional details.

The Office of Medical Education will coordinate the process for scheduling students for their fit-testing with pre-clerkship students scheduled in Autumn Quarter and clerkship students scheduled during the beginning Period 1 of the clerkship calendar. Students who do not successfully complete all steps of the fit test process may not be allowed to participate in clinical activities until this is completed.

3.27. SCHOOL OF MEDICINE DRESS CODE GUIDELINES FOR THE CLINICAL SETTING

Any time students see patients, they should adhere to the dress code described below. **Dress code guidelines must be followed at all encounters with patients, standardized or real.**

Students are expected to dress professionally and conservatively. **Hospital scrubs are not considered professional attire for patient encounters.**

- **Always bring your white coat.** Your coat must be clean, pressed and worn at all
- Wear your name tag in an easily viewable location (collar of coat, top, or dress).
- Do not wear cologne or perfumes.
- Tattoos should be covered.
- Jewelry should be minimal and understated.
- Clothing should not have rips, tears or frayed edges.
- Do not expose your midriff.
- Clothing should allow for an appropriate range of movement, and should not be flashy or draw attention.
- Button-down shirts (with or without ties), professional tops, or blouses should be worn and should avoid low-cut necklines.
- Tank tops, T-shirts, and thin or “spaghetti-style” straps on tops are not appropriate.
- Pants, slacks, khakis, skirts, or dresses are appropriate. Legs should be covered to the knee.
- Do not wear jeans or shorts
- Dress shoes, low heels, or flats should be worn. Avoid open-toed shoes, flip-flops, tennis shoes, or porous shoes.
The School of Medicine requires Criminal Background Checks for all medical students.

The following outlines the rationale for performing Criminal Background Checks:

- To facilitate the placement of students into clinical training programs
- To bolster the public's continuing trust in the medical profession.
- To enhance the safety and well-being of patients.
- To ascertain the ability of accepted applicants and enrolled medical students to eventually become licensed as physicians.
- To minimize the potential liability of medical schools and their affiliated clinical facilities.

The School of Medicine requires Criminal Background Checks for our accepted students, and we also require this of our matriculated students. Students who do not complete this requirement will not be permitted to participate in any clinical training experience, including clerkships, practicum, clinical shadowing, or any other clinical training exercise.

**CBC Frequently Asked Questions**

1. What does the CBC check for?

   All convictions and conviction-equivalent adjudications, as well as all arrests without final adjudication (including felonies and misdemeanors). Criminal records with the following dispositions are not designated to be included in the report:

   - Judgment set aside
   - Deferred prosecution
   - Pre-trial diversion
   - Pre-trial intervention
   - Acquitted
   - Dead docket
   - Discharged
   - Dismissed
   - Dropped and abandoned
   - Innocent
   - No billed
   - No information filed
   - Nolle prosequi
   - Not guilty
   - STET docket
   - Stricken off docket – with leave to reinstate, warrant returned unserved, and withdrawn

2. I am nearing the end of my medical school training. Why is this being done now? Does this apply to me as well?

   Nationally, the sentiment around the subject of background checks for the various members of the health care team has changed, with required background checks now becoming the norm in clinical settings. If you will be participating in any training in a clinical setting you must complete the background check process. If you are unsure of your plans at this time, you should complete the background check process now to avoid any delays in being able to start a clinical training opportunity in the future.

3. I have already completed the background check and fingerprinting requirements for the Veteran's Administration. Does this mean that I have already met the requirements and do not need to complete this additional CBC through Certiphi?
No, you must still complete the Certiphi CBC. The VA process is, and will continue to be, a separate process managed by the VA.

4. Does this background check process fulfill the requirements of other medical schools? I am doing an away rotation and have been advised that I need to provide proof of a background check.

At this time, it is expected that this background check will meet the requirements of most medical schools and teaching hospitals. If an institution has unique requirements, they should advise of such at the time of application.

5. What if I believe there may be errors in the report? Will I be able to review the results before the report is shared with the school?

Yes, you will receive a copy of your report first. You will have 10 calendar days to review and dispute the information if desired. If you do not provide a response to Certiphi within that time, the report will be released to the school after the 10 calendar days have elapsed. You may also elect to deliver the report sooner if there is no dispute.

6. I believe the report may include a prior conviction. What will the school do with this information, and what additional action is required on my part?

The school has implemented an administrative process for reviewing reports that return indications of prior convictions and conviction-equivalent adjudications, as well as all arrests without final adjudication (including felonies and misdemeanors). You will be contacted directly if there are any questions. Other than providing any clarifying information via the Certiphi process, it is not necessary for you to take proactive approach.

7. I am concerned that information contained in my report may bias faculty who are responsible for my evaluation.

CBC reports are kept separate from student academic records and evaluation processes.

8. Are there any costs to students to complete the CBC?

No, costs related to conducting the CBC will be paid by the School of Medicine.

9. Who do I contact if I have additional questions?

Please contact Jared Shields in the Office of Medical Education at jshileds@stanford.edu
4. CURRICULUM

In this section:

4.1. CURRICULUM SCHEMATIC
4.2. ACADEMIC CALENDAR
4.3. ACADEMIC REQUIREMENTS FOR GRADUATION
4.4. SCHOLARLY CONCENTRATION REQUIREMENT
4.5. REQUIRED PRE-CLERKSHIP COURSES
4.6. CALENDAR OF CLERKSHIP PERIODS
4.7. CLERKSHIP REQUIREMENTS
4.8. SELECTIVE CLERKSHIP REQUIREMENT
4.9. ABSENCES DURING CLERKSHIPS
4.10. DROPPING CLERKSHIPS LESS THAN FOUR WEEKS BEFORE START OF PERIOD
4.11. CLERKSHIPS AT OTHER INSTITUTIONS
4.12. INDE 297: REFLECTIONS, RESEARCH AND ADVANCES IN PATIENT CARE
4.13. MED295: ADVANCED CARDIAC LIFE SUPPORT (ACLS)
4.14. CLINICAL PERFORMANCE EXAM (CPX)
### 4.1. CURRICULUM SCHEMATIC

http://med.stanford.edu/content/dam/sm/md/documents/SOMCurriculumSchematic.pdf

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<th>Year 2</th>
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<td>• Cells to Tissues</td>
<td>• The Nervous System</td>
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<td>• Molecular Foundations of Medicine</td>
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<td>• Basic Cardiac Life Support</td>
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**Gross Anatomy**

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**SCHOLARLY CONCENTRATIONS**

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**PRACTICE OF MEDICINE IV**

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<th>PRACTICE OF MEDICINE V</th>
<th>TRANSITION TO CLINICAL CLERKSHIPS</th>
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<td>3-Weeks</td>
<td>USMLE Step 1 Study</td>
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**SCHOLARLY CONCENTRATIONS**

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**CLINICAL CLERKSHIPS**

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<td>6 Weeks Obstetrics &amp; Gynecology</td>
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**RESEARCH, REFLECTIONS AND ADVANCES IN PATIENT CARE | Advanced Cardiac Life Support**

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4.2. ACADEMIC CALENDAR
http://med.stanford.edu/school/academic-calendar.html

The School of Medicine's Academic Calendar combines dates relevant to all our matriculating programs: MD, MS, and PhD. As a medical student, it is your responsibility to review the academic calendar and be present and available for required MD program activities. Please visit the website for the up to date changes and note key administrative dates on your calendar.

4.3. ACADEMIC REQUIREMENTS FOR GRADUATION
http://med.stanford.edu/md/mdhandbook/section-4-curriculum-overview.html

**Students Entering Academic Year 2016-17**

In addition to satisfying the requirements for the MD degree, students entering in Academic Year 2016-17 must also complete the following requirements.

**Academic 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 2016-17*.

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

**Pre-clerkship Curriculum**

Students must successfully complete all required courses on the pre-clerkship grid (141 units).

**Clinical Curriculum**

A minimum of fifteen and one-half months (96 units) in clinical clerkships.

**Additional requirements**

- MED 295 *Certification in Advanced Cardiac Life Support (ACLS)* – 2 units
- INDE 297 *Reflections, Research, and Advances in Patient Care* – 4 units
- Scholarly Concentration – Completion of 12 units of coursework and other requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (CPX)
- United States Medical Licensing Examination (USMLE) requirements
### Courses and Units for Students Matriculating Academic Year 2016-17

#### Autumn Year 1 (Q1)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 201</td>
<td>Practice of Medicine I</td>
<td>11</td>
</tr>
<tr>
<td>SURG 203A</td>
<td>Human Anatomy I</td>
<td>11</td>
</tr>
<tr>
<td>BIOC 205</td>
<td>Molecular Foundations of Medicine</td>
<td>4</td>
</tr>
<tr>
<td>INDE 216</td>
<td>Cells to Tissues</td>
<td>3</td>
</tr>
<tr>
<td>BIOC 200 *</td>
<td>Applied Biochemistry</td>
<td>2</td>
</tr>
<tr>
<td>DBIO 201</td>
<td>Development and Disease Mechanisms</td>
<td>4</td>
</tr>
<tr>
<td>GENE 202</td>
<td>Human Genetics</td>
<td>4</td>
</tr>
<tr>
<td>SURG 201</td>
<td>Basic Cardiac Life Support</td>
<td>1</td>
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</tbody>
</table>

**Total**                                                                 | 40    |

#### Autumn Year 2 (Q4)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 204</td>
<td>Practice of Medicine IV</td>
<td>10</td>
</tr>
<tr>
<td>INDE 222: HHD II</td>
<td>Renal/Genitourinary System</td>
<td>13</td>
</tr>
<tr>
<td>INDE 265: Microbiology and Infectious Diseases III</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Total**                                                                 | 25    |

#### Winter Year 2 (Q5)

<table>
<thead>
<tr>
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<th>Course Title</th>
<th>Units</th>
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</thead>
<tbody>
<tr>
<td>INDE 205</td>
<td>Practice of Medicine V</td>
<td>8</td>
</tr>
<tr>
<td>INDE 223: HHD III</td>
<td>Brain and Behavior Hematologic System Multi-Systemic Infections</td>
<td>11</td>
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</table>

**Total**                                                                 | 19    |

#### Winter Year 1 (Q2)

<table>
<thead>
<tr>
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<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 202</td>
<td>Practice of Medicine II</td>
<td>8</td>
</tr>
<tr>
<td>INDE 263: Microbiology and Infectious Diseases I</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>IMMUNOL 205</td>
<td>Immunology in Health and Disease</td>
<td>4</td>
</tr>
<tr>
<td>NBIO 206</td>
<td>The Nervous System</td>
<td>8</td>
</tr>
</tbody>
</table>

**Total**                                                                 | 9     |

#### Spring Year 2 (Q6)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 206</td>
<td>Practice of Medicine VI</td>
<td>9</td>
</tr>
</tbody>
</table>

**Total pre-clerkship units:**                                             | 141   |

#### Clinical clerkships:

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANES 306A,P</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Course Code</td>
<td>Units</td>
<td>Course Code</td>
</tr>
<tr>
<td>-------------</td>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>SURG 203B</td>
<td>4</td>
<td>FAMMED 301A</td>
</tr>
<tr>
<td>Human Anatomy II</td>
<td></td>
<td>MED 300A</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>MED 313A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NENS 301A</td>
</tr>
<tr>
<td>Spring Year 1 (Q3)</td>
<td></td>
<td>OBGYN 300A</td>
</tr>
<tr>
<td>INDE 203</td>
<td>8</td>
<td>Peds 300A</td>
</tr>
<tr>
<td>Practice of Medicine III</td>
<td></td>
<td>PSYC 300A</td>
</tr>
<tr>
<td>INDE 221: HHD I</td>
<td>12</td>
<td>SURG 300A</td>
</tr>
<tr>
<td>Cardiovascular System</td>
<td></td>
<td>Selectives</td>
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<tr>
<td>Respiratory System</td>
<td></td>
<td>Elective</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>Total clerkship units:</td>
</tr>
</tbody>
</table>

**Other requirements:**

- MED 295 (ACLS) | 2
- INDE 297 (RRAP) | 4

Scholarly Concentration coursework | 12

**Total for graduation** | 252
Students Entering Academic Year 2015-16
In addition to satisfying the requirements for the MD degree, students entering in Academic Year 2015-16 must also complete the following requirements.

Academic Units
Satisfactory completion of a minimum total of 251 required academic units as specified in the table Courses and Units for Students Matriculating Academic Year 2015-16.

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

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

Clinical Curriculum
A minimum of fifteen and one-half months (96 units) in clinical clerkships.

Additional requirements
- MED 295 Certification in Advanced Cardiac Life Support (ACLS) – 2 units
- INDE 297 Reflections, Research, and Advances in Patient Care – 4 units
- Scholarly Concentration – Completion of 12 units of coursework and other requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (CPX)
- United States Medical Licensing Examination (USMLE) requirements
### Autumn Year 1 (Q1)
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 201</td>
<td>Practice of Medicine I</td>
<td>11</td>
</tr>
<tr>
<td>SURG 203A</td>
<td>Human Anatomy I</td>
<td>11</td>
</tr>
<tr>
<td>BIOC 205</td>
<td>Molecular Foundations of Medicine</td>
<td>3</td>
</tr>
<tr>
<td>INDE 216</td>
<td>Cells to Tissues</td>
<td>3</td>
</tr>
<tr>
<td>BIOC 200 *</td>
<td>Applied Biochemistry</td>
<td>2</td>
</tr>
</tbody>
</table>

### Autumn Year 2 (Q4)
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 204</td>
<td>Practice of Medicine IV</td>
<td>10</td>
</tr>
<tr>
<td>INDE 222: HHD II</td>
<td>Renal/Genitourinary System</td>
<td>13</td>
</tr>
<tr>
<td>INDE 265: Microbiology and Infectious Diseases III</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Total** 25

### Winter Year 2 (Q5)
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 205</td>
<td>Practice of Medicine V</td>
<td>8</td>
</tr>
<tr>
<td>INDE 223: HHD III</td>
<td>Brain and Behavior</td>
<td>11</td>
</tr>
</tbody>
</table>

**Total** 19

### Winter Year 1 (Q2)
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 202</td>
<td>Practice of Medicine II</td>
<td>8</td>
</tr>
<tr>
<td>INDE 263: Microbiology and Infectious Diseases I</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>IMMUNOL 205</td>
<td>Immunology in Health and Disease</td>
<td>4</td>
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<tr>
<td>NBIO 206</td>
<td>The Nervous System</td>
<td>8</td>
</tr>
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</table>

### Spring Year 2 (Q6)
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 206</td>
<td>Practice of Medicine VI</td>
<td>9</td>
</tr>
</tbody>
</table>

**Total** 9

**Total pre-clerkship units:** 140

### Clinical clerkships:
- ANES 306A,P 6
<table>
<thead>
<tr>
<th>Course Code</th>
<th>Credits</th>
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<tbody>
<tr>
<td>SURG 203B</td>
<td>4</td>
</tr>
<tr>
<td>Human Anatomy II</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
</tr>
<tr>
<td>FAMMED 301A</td>
<td>6</td>
</tr>
<tr>
<td>MED 300A</td>
<td>12</td>
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<tr>
<td>MED 313A</td>
<td>6</td>
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<tr>
<td>NENS 301A</td>
<td>6</td>
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<tr>
<td>OBGYN 300A</td>
<td>9</td>
</tr>
<tr>
<td>PEDS 300A</td>
<td>12</td>
</tr>
<tr>
<td>PSYC 300A</td>
<td>6</td>
</tr>
<tr>
<td>SURG 300A</td>
<td>12</td>
</tr>
<tr>
<td>Selectives</td>
<td>12</td>
</tr>
<tr>
<td>Elective</td>
<td>9</td>
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</tbody>
</table>

**Spring Year 1 (Q3)**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 203</td>
<td>8</td>
</tr>
<tr>
<td>Practice of Medicine III</td>
<td></td>
</tr>
<tr>
<td>INDE 221: HHD I</td>
<td>12</td>
</tr>
<tr>
<td>Cardiovascular System</td>
<td></td>
</tr>
<tr>
<td>Respiratory System</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
</tr>
</tbody>
</table>

**Total clerkship units:** 96

**Other requirements:**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED 295 (ACLS)</td>
<td>2</td>
</tr>
<tr>
<td>INDE 297 (RRAP)</td>
<td>4</td>
</tr>
<tr>
<td>Scholarly Concentration coursework</td>
<td>12</td>
</tr>
</tbody>
</table>

**Total for graduation:** 251
Students Entering Academic Year 2013-14, 2014-15
In addition to satisfying the requirements for the MD degree, students entering in Academic Year 2013-14 and 2014-15 must also complete the following requirements.

Academic Units
Satisfactory completion of a minimum total of 253 required academic units as specified in the table Courses and Units for Students Matriculating Academic Year 2013-14 and 2014-15.

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

Pre-clerkship Curriculum
Students must successfully complete all required courses on the pre-clerkship grid (139 units).

Clinical Curriculum
A minimum of fifteen and one-half months (96 units) in clinical clerkships.

Additional requirements
- MED 295 Certification in Advanced Cardiac Life Support (ACLS) – 2 units
- INDE 297 Reflections, Research, and Advances in Patient Care – 4 units
- Scholarly Concentration – Completion of 12 units of coursework and other requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (CPX)
- United States Medical Licensing Examination (USMLE) requirements
### Courses and Units for Students Matriculating Academic Year 2013-14, 2014-15

<table>
<thead>
<tr>
<th>Autumn Year 1 (Q1)</th>
<th>Autumn Year 2 (Q4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 201 Practice of Medicine I</td>
<td>INDE 204 Practice of Medicine IV</td>
</tr>
<tr>
<td>SURG 203A Human Anatomy I</td>
<td>INDE 222: HHD III Renal/Genitourinary System</td>
</tr>
<tr>
<td>BILOC 205 Molecular Foundations of Medicine</td>
<td>Gastrointestinal System Endocrine/Male Reproductive System</td>
</tr>
<tr>
<td>INDE 216 Cells to Tissues</td>
<td>Women's Health</td>
</tr>
<tr>
<td>Total</td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Winter Year 2 (Q5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 205 Practice of Medicine V</td>
</tr>
<tr>
<td>INDE 223: HHD IV Brain and Behavior</td>
</tr>
<tr>
<td>Hematologic System Multi-Systemic Infections</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Winter Year 1 (Q2)</th>
<th>Spring Year 2 (Q6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 202 Practice of Medicine II</td>
<td>INDE 206 Practice of Medicine VI</td>
</tr>
<tr>
<td>INDE 220: HHD I Human Health and Disease: Basic Principles</td>
<td></td>
</tr>
<tr>
<td>IMMUNOL 205 Immunology in Health and Disease</td>
<td></td>
</tr>
<tr>
<td>NBIO 206 The Nervous System</td>
<td></td>
</tr>
<tr>
<td>SURG 203B Human Anatomy II</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

| Total pre-clerkship units: **139** |

<table>
<thead>
<tr>
<th>Clinical clerkships:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANES 306A,P</td>
</tr>
<tr>
<td>FAMMED 301A</td>
</tr>
<tr>
<td>MED 300A</td>
</tr>
<tr>
<td>Course</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

### Spring Year 1 (Q3)

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBGYN 300A</td>
<td>9</td>
</tr>
<tr>
<td>INDE 203</td>
<td>8</td>
</tr>
<tr>
<td>Practice of Medicine III</td>
<td></td>
</tr>
<tr>
<td>INDE 221: HHD II</td>
<td>12</td>
</tr>
<tr>
<td>Cardiovascular System</td>
<td></td>
</tr>
<tr>
<td>INDE 297 (RRAP)</td>
<td>4</td>
</tr>
<tr>
<td>Scholarly Concentration</td>
<td>12</td>
</tr>
<tr>
<td>Practice of Medicine III</td>
<td>9</td>
</tr>
<tr>
<td>MED 313A</td>
<td>6</td>
</tr>
<tr>
<td>NENS 301A</td>
<td>6</td>
</tr>
<tr>
<td>PSYC 300A</td>
<td>6</td>
</tr>
<tr>
<td>SURG 300A</td>
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<tr>
<td>Selectives</td>
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<tr>
<td>Elective</td>
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</table>

**Total clerkship units:** 96

### Other requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Units</th>
</tr>
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<tbody>
<tr>
<td>MED 295 (ACLS)</td>
<td>2</td>
</tr>
<tr>
<td>INDE 297 (RRAP)</td>
<td>4</td>
</tr>
<tr>
<td>Scholarly Concentration</td>
<td>12</td>
</tr>
</tbody>
</table>

**Total for graduation:** 250
**Students Entering Academic Year 2009-10, 2010-11, 2011-12, 2012-13**

In addition to satisfying the requirements for the MD degree, students entering in Academic Year 2009-10, 2010-2011, 2011-12, 2012-13 must also complete the following requirements.

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

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

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

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

**Additional requirements**
- MED 295 *Certification in Advanced Cardiac Life Support (ACLS)* – 2 units
- INDE 297 *Reflections, Research, and Advances in Patient Care* – 4 units
- Scholarly Concentration – Completion of 12 units of coursework and other requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (CPX)
- United States Medical Licensing Examination (USMLE) requirements
## Courses and Units for Students Matriculating Academic Year 2009-10 thru 2012-13

### Autumn Year 1 (Q1)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 201</td>
<td>Practice of Medicine I</td>
<td>11</td>
</tr>
<tr>
<td>SURG 203A</td>
<td>Human Anatomy I</td>
<td>11</td>
</tr>
<tr>
<td>BIOC 205</td>
<td>Molecular Foundations of Medicine</td>
<td>3</td>
</tr>
<tr>
<td>INDE 216</td>
<td>Cells to Tissues</td>
<td>3</td>
</tr>
<tr>
<td>BIOC 200 *</td>
<td>Applied Biochemistry</td>
<td>1</td>
</tr>
<tr>
<td>DBIO 201</td>
<td>Development and Disease Mechanisms</td>
<td>4</td>
</tr>
<tr>
<td>GENE 202 (or GENE 203)</td>
<td>Human Genetics</td>
<td>4</td>
</tr>
<tr>
<td>SURG 201</td>
<td>Basic Cardiac Life Support</td>
<td>1</td>
</tr>
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**Total** 38

### Autumn Year 2 (Q4)

<table>
<thead>
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<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
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</thead>
<tbody>
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<td>INDE 204</td>
<td>Practice of Medicine IV</td>
<td>10</td>
</tr>
<tr>
<td>INDE 222: HHD III</td>
<td>Renal/Genitourinary System</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Gastrointestinal System</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Endocrine/Male</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reproductive System</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women's Health</td>
<td></td>
</tr>
</tbody>
</table>

**Total** 25

### Winter Year 1 (Q2)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 205</td>
<td>Practice of Medicine II</td>
<td>8</td>
</tr>
<tr>
<td>INDE 220: HHD I</td>
<td>Human Health and Disease: Basic Principles</td>
<td>3</td>
</tr>
<tr>
<td>IMMUNOL 205</td>
<td>Immunology in Health and Disease</td>
<td>4</td>
</tr>
<tr>
<td>NBIO 206</td>
<td>The Nervous System</td>
<td>8</td>
</tr>
</tbody>
</table>

**Total** 38

### Winter Year 2 (Q5)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 206</td>
<td>Practice of Medicine V</td>
<td>9</td>
</tr>
<tr>
<td>INDE 223: HHD IV</td>
<td>Brain and Behavior</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Hematologic System</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Multi-Systemic Infections</td>
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</tbody>
</table>

**Total** 19

### Spring Year 2 (Q6)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 206</td>
<td>Practice of Medicine VI</td>
<td>9</td>
</tr>
</tbody>
</table>

**Total pre-clerkship units:** 138

**Clinical clerkships:**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANES 306A,C,P</td>
<td>The Nervous System</td>
<td>6</td>
</tr>
<tr>
<td>Course</td>
<td>Units</td>
<td>Course</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------</td>
<td>---------------------</td>
</tr>
<tr>
<td>SURG 203B</td>
<td>4</td>
<td>FAMMED 301A</td>
</tr>
<tr>
<td>Human Anatomy II</td>
<td></td>
<td>MED 300A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td>MED 313A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NENS 301A</td>
</tr>
<tr>
<td><strong>Spring Year 1 (Q3)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INDE 203</td>
<td>8</td>
<td>OBGYN 300A</td>
</tr>
<tr>
<td>Practice of Medicine III</td>
<td></td>
<td>Peds 300A</td>
</tr>
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<td>INDE 221: HHD II</td>
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<td>PSYC 300A</td>
</tr>
<tr>
<td>Cardiovascular System</td>
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<td>SURG 300A</td>
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<tr>
<td>Respiratory System</td>
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<tr>
<td><strong>Total</strong></td>
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</table>

**Total clerkship units:** 93

**Other requirements:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED 295 (ACLS)</td>
<td>2</td>
</tr>
<tr>
<td>INDE 297</td>
<td>4</td>
</tr>
<tr>
<td>Scholarly Concentration coursework</td>
<td>12</td>
</tr>
</tbody>
</table>

**Total for graduation** 249
**Students Entering Academic Year 2007-08 or 2008-09**

In addition to satisfying the requirements for the MD degree, students entering in Academic Year 2007-08 or 2008-09 must also complete the following requirements.

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

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

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

**Additional requirements**
- MED 295 *Certification in Advanced Cardiac Life Support (ACLS)* – 2 units
- INDE 297 *Reflections, Research, and Advances in Patient Care* – 4 units
- Scholarly Concentration – Completion of 12 units of coursework and other requirements of a Scholarly Concentration
- Demonstration of at least minimum competency in a comprehensive Clinical Performance Examination (CPX)
- United States Medical Licensing Examination (USMLE) requirements
# Courses and Units for Students Matriculating Academic Year 2007-08 or 2008-09

## Autumn Year 1 (Q1)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 224</td>
<td>Human Biochemistry</td>
<td>3</td>
</tr>
<tr>
<td>INDE 201</td>
<td>Practice of Medicine I</td>
<td>11</td>
</tr>
<tr>
<td>SURG 203A</td>
<td>Human Anatomy I</td>
<td>11</td>
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<tr>
<td>BIOC 205</td>
<td>Molecular Foundations of Medicine</td>
<td>3</td>
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<tr>
<td>INDE 216</td>
<td>Cells to Tissues</td>
<td>3</td>
</tr>
<tr>
<td>SURG 201</td>
<td>Basic Cardiac Life Support</td>
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</table>

**Weeks 1-4**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
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<tbody>
<tr>
<td>DBIO 201</td>
<td>Development and Disease Mechanisms</td>
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</tr>
<tr>
<td>GENE 202</td>
<td>Human Genetics</td>
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**Total** | 40

## Autumn Year 2 (Q4)

<table>
<thead>
<tr>
<th>Course Code</th>
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<tbody>
<tr>
<td>INDE 204</td>
<td>Practice of Medicine IV</td>
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<tr>
<td>INDE 222</td>
<td>Renal/Genitourinary System</td>
<td>15</td>
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<tr>
<td>INDE 205</td>
<td>Gastrointestinal System Endocrine/Male Reproductive System</td>
<td>11</td>
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<tr>
<td></td>
<td>Women's Health</td>
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**Total** | 25

## Winter Year 2 (Q5)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 205</td>
<td>Practice of Medicine V</td>
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</tr>
<tr>
<td>INDE 223</td>
<td>Brain and Behavior</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Hematologic System Multi-Systemic Infections</td>
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</table>

**Total** | 19

## Winter Year 1 (Q2)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
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</thead>
<tbody>
<tr>
<td>INDE 202</td>
<td>Practice of Medicine II</td>
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<tr>
<td>INDE 220</td>
<td>Human Health and Disease: Basic Principles</td>
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<td>IMMUNOL 205</td>
<td>Immunology in Health and Disease</td>
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<tr>
<td>NBIO 206</td>
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</table>

**Total pre-clerkship units:** | 140

## Spring Year 2 (Q6)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
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<tbody>
<tr>
<td>INDE 206</td>
<td>Practice of Medicine VI</td>
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</table>

**Total** | 9

**Clinical clerkships:**
<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
<th>Notes</th>
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<tbody>
<tr>
<td>The Nervous System</td>
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<tr>
<td>ANES 306A,C,P</td>
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<tr>
<td>SURG 203B</td>
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<td>FAMMED 301A</td>
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<tr>
<td>Human Anatomy II</td>
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<tr>
<td>MED 300A</td>
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<tr>
<td>MED 313A</td>
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<tr>
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<tr>
<td>Spring Year 1 (Q3)</td>
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<tr>
<td>OBGYN 300A</td>
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<td></td>
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<td>INDE 203</td>
<td>8</td>
<td>Peds 300A</td>
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<tr>
<td>Practice of Medicine III</td>
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<td>PSYC 300A</td>
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<td>INDE 221: HHD II</td>
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<td>SURG 300A</td>
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<td>Cardiovascular System</td>
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<td>Selectives</td>
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<td>Respiratory System</td>
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<td>Elective</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Total clerkship units:</td>
<td>93</td>
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<tr>
<td>Other requirements:</td>
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<tr>
<td>MED 295 (ACLS)</td>
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<tr>
<td>INDE 297</td>
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<td>Scholarly Concentration coursework</td>
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<tr>
<td>Total for graduation:</td>
<td>251</td>
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4.4. SCHOLARLY CONCENTRATION REQUIREMENT
http://med.stanford.edu/md/student-research/scholarly-concentrations.html

The Scholarly Concentration (SC) program provides medical students with faculty-mentored scholarly experiences in areas of individual interest combined with structured coursework to support this scholarship. This required component of the MD curriculum develops critical thinking, skills in evaluating new data, and hands-on experience with the methods by which new scholarly information is generated.

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

The SC program offers 15 areas of study, including Foundation areas and Application areas. The typical SC program of study consists of work in one Foundation area and one Application area, though students may also elect to work more intensively in a Foundation area only. There are eight Foundation areas, designed to develop skills and tools that can be applied to important problems in health care:

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

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

- Cancer Biology
- Cardiovascular and Pulmonary
- Global Health
- Immunology
- Neuroscience, Behavior, and Cognition
- Prevention Research
- Women’s Health & Sex Differences

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

First Steps in Declaring a Scholarly Concentration
During the first year of the MD program, students are encouraged to explore and compare the different Scholarly Concentrations and their course and research opportunities by undertaking activities including:
Talking with SC Directors and others, such as research mentors
- Taking introductory courses
- Attending seminars
- Examining the SC and MedScholars websites
- Reviewing course requirements
- Looking at type of scholarship carried out by the faculty advisors in different SC areas

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

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

In planning for the scholarly project, students should pay consideration to when the required research can be completed. The curriculum allows for opportunities to pursue research at different periods, including the Summer after the first year of the MD program which can be used for independent scholarship.

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

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

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

Declaring a Scholarly Concentration
Each student must declare a Scholarly Concentration by submitting their course plan, learning objectives, and general project description via the Medical Education Platform (MEP).

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

Completing a Scholarly Concentration
In addition to the course unit requirements, students are required to present their research and submit a written report of their scholarly project. Presentation of scholarly work and submittal of written report must be completed by June 1 of the graduating year.
4.5. REQUIRED PRE-CLERKSHIP COURSES
http://med.stanford.edu/md/mdhandbook/section-4-5-required-pre-clerkship-courses.html

Year 1, Q1: Autumn

<table>
<thead>
<tr>
<th>INDE 201-Practice of Medicine I</th>
<th>EMED 201-Basic Cardiac Life Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURG 203A-Clinical Anatomy</td>
<td></td>
</tr>
</tbody>
</table>

**INDE 201: Practice of Medicine I**
Six quarter series extending throughout the first two years of the MD program, interweaving core skills training in medical interviewing and the physical examination with other major threads addressing the context of medical practice: information literacy, nutrition principles, clinical epidemiology and biostatistics, evidence-based practice, psychiatry, biomedical ethics, health policy, population health. Core clinical skills are acquired through hands-on practice, and evaluated through an extensive program of simulated medical encounters, in which students interview, examine, and manage patients in a mock clinic. The information literacy thread introduces students to informatics and knowledge management, biomedical informatics, and evidence-based medicine searching. Nutrition principles are acquired through interactive, web-based instruction, and reinforced through problem-based learning cases, which run in parallel to the basic science components over the first year. In epidemiology students learn the taxonomy of epidemiological studies, how to critically read a journal article, and how to recognize and understand the concepts behind different clinical study designs. Topics include bias, confounding, diagnostic testing and screening, and "how statistics can lie." Psychiatry introduces students to the unique role of medical students in talking with patients, the difference between process and content in patient communication, how to respond to breaks in the patient-physician relationship, and the relationship between the quality of the patient-physician interaction and health outcomes. Health care policy covers such topics as health insurance, physician payment, health care costs, access, measurement and improvement of quality, regulation and health care reform. Biomedical ethics includes important ethical issues in medical practice, such as confidentiality, privacy, and ethical issues relating to medical students. The population health curriculum exposes students to concepts of public health, community action, and advocacy, and includes a year-long, community-based project. At the end of this quarter students participate in a performance-based assessment of the medical interview skills.

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

**EMED 201: Basic Cardiac Life Support**
All medical students must be certified in Basic Cardiac Life Support before the end of the first (autumn) quarter. Students who provide documentation of certification received within six months prior to the date of matriculation will be exempted from the requirement. The course teaches one- and two-rescuer CPR, management of an obstructed airway, and CPR for infants and children. Upon completion of the course, students receive an American Heart Association certificate in BLS.
Year 1, Q1: Autumn (Weeks 1-5)

<table>
<thead>
<tr>
<th>BIOC 205-Molecular Foundations of Medicine</th>
<th>INDE 216-Cells to Tissue</th>
</tr>
</thead>
</table>

**BIOC 205: Molecular Foundations of Medicine**
Topics include DNA structure, replication, repair, and recombination; gene expression, including mechanisms for regulating transcription and translation; chromosome structure and function; gene cloning, protein engineering, and genomics. Patient presentations and journal clubs illustrate how molecular biology affects the practice of medicine.

**INDE 216: Cells to Tissue**
Focuses on the cell biology and structural organization of human tissues as self-renewing systems. Topics include identification and differentiation of stem cells, regulation of the cell cycle and apoptosis in normal and cancerous cells, cell adhesion and polarity in epithelial tissues, intracellular transport, and cell migration. Histology laboratory sessions examine normal and abnormal samples of blood, epithelia, connective tissue, muscle, bone and cartilage. Patient presentations and small group discussions of current medical literature illustrate how cell biology influences medical practice.

Year 1, Q1: Autumn (Weeks 6-16)

<table>
<thead>
<tr>
<th>BIOC 200-Applied Biochemistry</th>
<th>DBIO 201-Development and Disease Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENE 202-Human Genetics</td>
<td></td>
</tr>
</tbody>
</table>

**BIOC 200: Applied Biochemistry**
Fundamental concepts of biochemistry as applied to clinical medicine. Topics include thermodynamics, enzyme kinetics, vitamins and cofactors, metabolism of carbohydrates, lipids, amino acids and nucleotides, and the integration of metabolic pathways. Clinical case studies discussed in small-group, problem-based learning sessions.

**GENE 202: Human Genetics**
Utilizes lectures and small group discussions to develop a working knowledge of human genetics applicable to clinical medicine and research. Basic principles of inheritance, risk assessment, and population genetics, illustrated by using clinical examples drawn from diverse areas of medical genetics practice including prenatal, pediatric, adult and cancer genetics. Practical aspects of molecular and cytogenetic diagnostic methods emphasized. Existing and emerging treatment strategies for single gene disorders also covered. Prerequisites: basic genetics.

**DBIO 201: Development and Disease Mechanisms**
Overview of mechanisms that direct human development from conception to birth. Conserved molecular and cellular pathways regulate tissue and organ development; errors in these pathways result in congenital anomalies and human diseases. Topics: molecules regulating development, cell induction, developmental gene regulation, cell migration, programmed cell death, pattern formation, stem cells, cell lineage, and development of major organ systems. Emphasis on links between development and clinically significant topics including infertility, assisted reproductive technologies, contraception, prenatal diagnosis, multiparity, teratogenesis, inherited birth defects, fetal therapy, adolescence, cancer, and aging.
Year 1, Q2: Winter

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 202</td>
<td>Practice of Medicine II</td>
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<tr>
<td>IMM 205</td>
<td>Immunology in Health and Disease</td>
</tr>
<tr>
<td>SURG 203B</td>
<td>Clinical Anatomy</td>
</tr>
<tr>
<td>INDE 263</td>
<td>Microbiology and Infectious Diseases I</td>
</tr>
<tr>
<td>NBIO 206</td>
<td>The Nervous System</td>
</tr>
</tbody>
</table>

**INDE 202: Practice of Medicine II**
Medical interview and physical examination skills, information literacy, nutrition principles, evidence-based practice, health policy, and population health are covered. At the end of this quarter, students participate in a performance-based assessment of their medical interview and physical examination skills. See INDE 201 for a complete description of the Practice of Medicine course series.

**IMM 205: Immunology in Health and Disease**
Concepts and application of adaptive and innate immunology and the role of the immune system in human diseases. Case presentations of diseases including autoimmune diseases, infectious disease and vaccination, hematopoietic and solid organ transplantation, genetic and acquired immunodeficiencies, hypersensitivity reactions, and allergic diseases. Problem sets based on lectures and current clinical literature. Laboratory in acute and chronic inflammation.

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

**INDE 263: Microbiology and Infectious Diseases I**
First course in a two-course series exploring microbiology, pathogenesis, and clinical issues associated with infectious diseases. Patient cases springboard discussion on viral, bacterial, fungal, protozoal and helminthic pathogens. Online videos and self-assessments followed by interactive sessions and problem sets.

**NBIO 206: The Nervous System**
Structure and function of the nervous system, including neuroanatomy, neurophysiology, and systems neurobiology. Topics include the properties of neurons and the mechanisms and organization underlying higher functions. Framework for general work in neurology, neuropathology, clinical medicine, and for more advanced work in neurobiology. Lecture and lab components must be taken together.

Year 1, Q3: Spring

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 203</td>
<td>Practice of Medicine III</td>
</tr>
<tr>
<td>INDE 221</td>
<td>Human Health and Disease I</td>
</tr>
</tbody>
</table>

**INDE 203: Practice of Medicine III**
Medical interview and physical examination skills, biomedical literature retrieval and appraisal, nutrition principles, evidence-based practice, biomedical ethics, and population health are covered. Students begin clinical problem-solving sessions to learn the approach to common and important clinical problems. Cases integrate other course themes of population health, evidence-based practice, clinical ethics, nutrition, health policy, and behavioral medicine. Students begin transition from comprehensive to problem-focused patient encounters. Students also gain exposure to geriatrics, pediatrics, and interprofessional healthcare teams, and practice mental health interview skills. At the end of this quarter, students participate in a performance-based assessment of their medical interview and physical examination skills. See INDE 201 for a complete description of the Practice of Medicine course series.

**INDE 221: Human Health and Disease I**
First course in a three-course sequence Human Health and Disease (HHD) course presents organ system-based histology, pathology, physiology, and pharmacology 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). In HHD I, the focus is on structure, function, diseases and therapeutics of the respiratory system and the cardiovascular system.

**Table: Year 2, Q4: Autumn**

<table>
<thead>
<tr>
<th>INDE 204-Practice of Medicine IV</th>
<th>INDE 222-Human Health and Disease II</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDE 265: Microbiology and Infectious Diseases II</td>
<td></td>
</tr>
</tbody>
</table>

**INDE 204: Practice of Medicine IV**
The second year of the Practice of Medicine series (INDE 204 and 205) emphasizes clinical reasoning, clinical practicum, and clinical procedures. Students continue clinical problem-solving sessions to learn the approach to common and important clinical problems. Cases integrate other course themes of population health, evidence-based practice, clinical ethics, nutrition, health policy, and behavioral medicine. Students spend one-half day per week in a clinical setting, practicing medical interview, physical examination skills, oral presentations, and clinical note-writing under the mentorship of a clinical tutor. In the practicum, students also gain experience with other practical aspects of patient care. The Clinical Procedures segment introduces common and important procedures in clinical practice, including phlebotomy, intravenous line insertion, and electrocardiography.

**INDE 222: Human Health and Disease II**
Second course in a three-course sequence. The Human Health and Disease (HHD) course presents organ system-based histology, pathology, physiology, and pharmacology 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). In HHD II, the focus is on the structure, function, disease, and therapeutics of the renal/genito-urinary system, the gastrointestinal system, the endocrine system, the skin, male and female reproductive systems, and women's health.
INDE 265: Microbiology and Infectious Diseases II
Second course in a two-course series exploring microbiology, pathogenesis, and clinical issues associated with infectious diseases. Patient cases springboard discussion on microbiomes, diarrhea, hepatitis, STIs, helminths, zoonoses, and systemic diseases. Online videos and self-assessments followed by interactive sessions and problem sets.

Year 2, Q5: Winter

<table>
<thead>
<tr>
<th>INDE 205-Practice of Medicine V</th>
<th>INDE 233-Human Health and Disease IV</th>
</tr>
</thead>
</table>

INDE 205: Practice of Medicine V
Continued emphasis on clinical reasoning, clinical practicum, and clinical procedures. Students continue clinical problem-solving sessions to learn the approach to common and important clinical problems. Cases integrate other course themes of population health, evidence-based practice, clinical ethics, nutrition, health policy, and behavioral medicine. Students spend one-half day per week in a clinical setting, practicing medical interview, physical examination skills, oral presentations, and clinical note-writing under the mentorship of a clinical tutor. In the practicum, students also gain experience with other practical aspects of patient care. For the Clinical Procedures segment, students will have an opportunity in the Emergency Department to practice performing procedures learned in the previous quarter. At the end of this quarter, students participate in a comprehensive four-station objective structured clinical examination (OSCE) performance-based assessment of their medical interview, physical examination, and clinical problem-solving skills.

INDE 223: Human Health and Disease III
Third course in a three-course sequence. The Human Health and Disease (HHD) course presents organ system-based histology, pathology, physiology, and pharmacology 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). In HHD III, the focus is on the structure, function, disease, and therapeutics of the brain, blood, and MSK systems.

Year 2, Q6: Spring

<table>
<thead>
<tr>
<th>INDE 206-Practice of Medicine VI</th>
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</table>

INDE 206: Practice of Medicine VI
This final segment of the Practice of Medicine series is an intensive, three-week learning experience to consolidate clinical skills from prior quarters, and a final preparation for transition to clerkships. An extensive series of workshops covers topics such as dermatology, ophthalmology, advanced clinical reasoning, advanced presentations, bedside skills, ethics, palliative medicine, advanced sexual history, electronic medical record, EKG interpretation, intravenous fluid and electrolyte management. Students practice clinical procedures with task trainers and through other simulation. 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.
### 4.6. CALENDAR OF CLERKSHIP PERIODS

**SUMMER QUARTER**

<table>
<thead>
<tr>
<th>Period</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 1</td>
<td>June 27 - July 24, 2016</td>
</tr>
<tr>
<td>Period 2</td>
<td>July 25 - August 21, 2016</td>
</tr>
<tr>
<td>Period 3</td>
<td>August 22 - September 18, 2016</td>
</tr>
</tbody>
</table>

**AUTUMN QUARTER**

<table>
<thead>
<tr>
<th>Period 4</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 5</td>
<td>October 17 - November 13, 2016</td>
</tr>
<tr>
<td>Period 6</td>
<td>November 14 - December 11, 2016</td>
</tr>
</tbody>
</table>

**HOLIDAY BREAK**

December 12, 2016 – January 8, 2017

**WINTER QUARTER**

<table>
<thead>
<tr>
<th>Period 7</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 8</td>
<td>January 9 – February 5, 2017</td>
</tr>
<tr>
<td>Period 9</td>
<td>February 6 – March 5, 2017</td>
</tr>
</tbody>
</table>

**SPRING QUARTER**

<table>
<thead>
<tr>
<th>Period 10</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Period 11</td>
<td>May 1 - May 28, 2017</td>
</tr>
<tr>
<td>Period 12</td>
<td>May 29 - June 25, 2017</td>
</tr>
</tbody>
</table>

**SUMMER BREAK**

June 26 – July 2, 2017
4.7. CLERKSHIP REQUIREMENTS
http://med.stanford.edu/md/mdhandbook/section-4-7-clerkship-requirements.html

Students must have successfully completed all pre-clerkship courses prior to beginning clerkships. A total of 96 clinical units (16 months) are required for graduation.

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

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

<table>
<thead>
<tr>
<th>Clerkship #</th>
<th>Department</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED 300A</td>
<td>Medicine</td>
<td>General Medicine Core</td>
<td>12 (2 months)</td>
</tr>
<tr>
<td>SURG 300A</td>
<td>Surgery</td>
<td>General Surgery</td>
<td>12 (2 months)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Clerkship #</th>
<th>Department</th>
<th>Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANES 306A</td>
<td>Anesthesia</td>
<td>Critical Care Clerkship</td>
<td>6 (1 month)</td>
</tr>
<tr>
<td>FAMMED 301A</td>
<td>Family &amp; Community Medicine</td>
<td>Family Medicine Core</td>
<td>6 (1 month)</td>
</tr>
<tr>
<td>MED 313A</td>
<td>Medicine</td>
<td>Ambulatory Internal Medicine</td>
<td>6 (1 month)</td>
</tr>
<tr>
<td>NENS 301A</td>
<td>Neurology</td>
<td>Neurology Core</td>
<td>6 (1 month)</td>
</tr>
<tr>
<td>OBGYN 300A</td>
<td>Obstetrics &amp; Gynecology</td>
<td>Basic Gynecology &amp; Obstetrics</td>
<td>9 (1.5 months)</td>
</tr>
<tr>
<td>PEDS 300A</td>
<td>Pediatrics</td>
<td>Child Health</td>
<td>12 (2 months)</td>
</tr>
<tr>
<td>PSYC 300A</td>
<td>Psychiatry</td>
<td>Basic Core Psychiatry</td>
<td>6 (1 month)</td>
</tr>
</tbody>
</table>

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

These clerkships may be completed any time prior to graduation:

<table>
<thead>
<tr>
<th>Clerkship Type</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selective I: Fundamentals of Clinical Care</td>
<td>6 (4 weeks)</td>
</tr>
<tr>
<td>Selective II: Subinternship</td>
<td>6 (4 weeks)</td>
</tr>
<tr>
<td>Elective</td>
<td>9 (6 weeks)</td>
</tr>
</tbody>
</table>

4.8 SELECTIVE CLERKSHIP REQUIREMENT
http://med.stanford.edu/md/mdhandbook/section-4-8-selective-clerkship-requirement.html

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

Students wishing to substitute another clerkship not on the list may petition the CCAP for approval prior to enrolling in (i.e. beginning) the clerkship. Students should know that approval of substitutions for selective clerkships is rarely given and note the following:

- Retroactive approval of selective clerkship substitutions will not be granted.
- 398A clerkships are not eligible for selective credit.

Faculty Authorization Form: Request for Substitution for Selective Clerkship Form

Selective I: Fundamentals of Clinical Care

Students complete four weeks of clerkship(s) from the Selective I List.

Students complete one month of clerkship(s) from the Selective I list. Students will broaden their professional education by participating in clinical experiences in areas not covered in a core clerkship. This requirement may be met through completion of a clerkship in an ambulatory or combined ambulatory/inpatient setting.

- Students will:
  - Strengthen the ability to perform a directed history and physical examination.
  - Become competent at managing problems in an ambulatory setting.
  - Build an understanding of transitions between inpatient and outpatient care

- Selective I clerkship should:
  - Provide at least 50% of student experience in an ambulatory/outpatient setting.
  - Emphasize common problems in an area relevant to generalist practice.
  - Provide knowledge, skills, and attitudes that will enhance development as a well-rounded physician.
  - Allow students to accept direct responsibility for patients, including serving as the first to encounter the patient, perform procedures, counsel patients, and write notes and orders.
  - Provide opportunities for patient follow-up.

Selective II: Subinternship

Students complete one clerkship from the Selective II List.

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

- Through an intensive inpatient experience, students will:
  - Provide direct patient care, with internship-like responsibilities, functioning as primary providers at a Manager level in the RIME framework.
  - Work on interprofessional teams.
  - Strengthen their clinical and procedural skills.
  - Improve their ability to manage and provide care to complex, acutely ill patients.
Selective Clerkship should:
  - Provide at least 75% of student experience in an inpatient setting.
  - Provide adequate volume and complexity of patients to support an internship-like experience.
  - Allow students to be responsible for direct management and care of patients.
  - Support students in building upon knowledge and skills learned during the core clerkships.
  - Provide students Internship-like responsibilities: primary workup of new patients, writing orders, performing procedures, participating in daily care, taking night call, writing notes, and dictating discharge summaries.

4.9. ABSENCES DURING CLERKSHIPS

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

Students are expected to seek necessary health care to maintain their physical and mental well-being. Examples of necessary health care include preventive health services and screening (e.g., annual check-ups, routine dental cleaning, vaccinations), new and follow-up visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Consistent with University policies and the law, students have a right to privacy when seeking care.

For planned absences related to healthcare, students must contact the clerkship director, site director, and preceptor or patient care team in advance to coordinate time away from the clerkship. Students need not disclose the specific type of healthcare that is being sought. A student’s decision to seek healthcare during a clerkship should be managed so as to have no impact on his or her performance evaluation.

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

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

Failure to communicate with the clerkship director about unavoidable absences is a potential reason for failing the clerkship.

4.10. DROPPING CLERKSHIPS LESS THAN FOUR WEEKS BEFORE START OF PERIOD

Students are required to make clerkship scheduling changes a minimum of four weeks prior to the beginning of the clerkship period. This ensures that students on the waitlist for that period can be accommodated and that clerkship directors can plan patient care and educational activities. Failure to adhere to this policy raises concerns about the professional conduct of a student. Not exercising
the forethought and/or planning to drop prior to the deadline may put at risk the ability for the student to receive a pass with distinction for professionalism on that particular core clerkship. Students who fail to report for the first day of a clerkship, or drop a clerkship within four weeks prior to the start date without permission, will be scheduled to appear before the Committee on Performance, Professionalism and Promotion. Among other potential consequences, if there is a second occurrence of a late drop or other evidence of unprofessional conduct, a notation to that effect will be included in the student’s Medical School Performance Evaluation (MSPE).

4.11. CLERKSHIPS AT OTHER INSTITUTIONS
http://med.stanford.edu/md/mdhandbook/section-4-11-completing-clerkships-at-other-institutions.html

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

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

The petition will be reviewed according to the following process:

1. Review by the student’s Advising Dean; after review and discussion with the student, the Advising Dean’s approval and signature is required on the petition prior to its moving forward.
2. Review by the relevant Stanford Clerkship Director to determine if the content at the off-site clerkship provides a reasonably comparable experience to that at Stanford.

Once the petition has been reviewed and approved by all parties above, the petition will be presented for review to the Assistant Dean for Clerkship Education for final review.

If so approved, the student then enrolls in the clerkship with the Stanford number and the letter “W” following to indicate it was done at another location.

Elective Clerkships

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

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

If you wish to apply to any medical schools or teaching hospitals that use AAMC’s Visiting Student
Application Service (VSAS), you need to request authorizations to apply in VSAS from the Assistant Director of Clerkship Administration.

It is strongly recommended that away clerkships be taken for credit. When the elective with the away institution is confirmed, credits can be requested by filling out a Faculty Authorization Form, which can be obtained from the Assistant Director of Clerkship Administration. When the Assistant Director of Clerkship Administration receives both the approved Faculty Authorization Form from the student’s Advising Dean and an acceptance notification from the other institution, the away clerkship will be added to the student’s Fishbowl schedule. The student should register for the away clerkship on 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.

Additionally, students who choose to take an away clerkship will be responsible for any fees assessed by the institution such as physical exams, background checks, and/or drug testing.

4.12. INDE 297: REFLECTIONS, RESEARCH AND ADVANCES IN PATIENT CARE
http://med.stanford.edu/md/curriculum/reflections.html

Attendance and participation in INDE 297: Reflections, Research and Advances in Patient Care is required for all medical students enrolled in clerkships at Stanford affiliated sites (SHC, LPCH, VAMC, Kaiser Santa Clara and Valley Medical Center). Please note that this applies to students enrolled in required, selective, and elective clerkships.

The curriculum for Reflections, Research and Advances in Patient Care (RRAP) is designed to provide structured time independent of clinical clerkship duties, in order to promote both reflection on and reinforcement for learning in the clinical environment. Reflections, Research and Advances in Patient Care is structured as a two-year curriculum to span the clinical years. Sessions occur every 8 weeks, on the third Friday of even-numbered clerkship periods.

To receive the 4-units of credit for INDE 297, students must attend all sessions throughout the day. The attendance expectations for INDE 297 align with those outlined in Section 3.25: School of Medicine Absence Policy and Expectations. If a student anticipates missing a required session, he/she must communicate and receive approval from the course director in advance of the session. In cases involving illness and unexpected emergencies, students should notify the course director and/or coordinator as soon as possible. Students are responsible for the content and work associated with all missed sessions.

The School of Medicine Registrar’s Office will enroll students in good standing for INDE 297, four units, during the last quarter of clinical rotations before graduation.
4.13. MED295: ADVANCED CARDIAC LIFE SUPPORT (ACLS)
http://med.stanford.edu/md/mdhandbook/section-4-13-advanced-cardiac-life-support-requirement.html

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. Please note that students must have a current Basic Life Support (BLS) certification card in order to enroll and participate in ACLS.

Students must first register for an ACLS training course with the VA and then register for MED 295 on Axess once the date is confirmed. An information packet with training materials will be mailed to your home address two weeks prior to your course. Be prepared to do some reading before the first session.

Contact person: Kavita Narayan (kavita@stanford.edu) 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, call (650) 725-9938, http://www.cecenter.stanfordhospital.com, or the American Heart Association. Students that complete their training at another facility outside the School of Medicine will be responsible for any fees associated with the course.

4.14. CLINICAL PERFORMANCE EXAM (CPX)
http://med.stanford.edu/md/mdhandbook/section-4-14-cpx.html

The Clinical Performance Examination (CPX) is a standardized patient-based clinical skills assessment; demonstration of at least minimum competency on this exam is a requirement for graduation. It is designed by a consortium of clinicians and medical educators from all nine California medical schools to assess clinical skills essential to the practice of medicine regardless of specialty.

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

The CPX may be taken at the end of the first year of clerkships, but must be taken NO LATER THAN one year prior to graduation. The CPX is only administered at Stanford once per year, typically in July. Students planning away rotations should make sure their plans do not conflict with test administration dates, since failure to participate in and pass the CPX would prevent the student from graduating.
The exam involves a five-hour block of time. Each student’s exercise is videotaped and made available for review. Following the exam, students receive detailed feedback from the patient encounters and a set of scores with comparison standards.

During the CPX, students see eight patients with a broad range of problems, which may encompass subject material from any core clerkship. Students are expected to perform a focused history and physical examination, and are also expected to communicate their thinking and preliminary plans to the patients. Students also complete eight inter-stations designed to assess clinical reasoning.

Students must demonstrate at least minimum competency in each of four skill areas:
- History taking
- Physical examination
- Communication skills
- Clinical reasoning

Students who do not attain an overall passing score on the exam, or who fail individual skill domains, will be required to successfully complete a remediation program, including individualized feedback, self-reflection, and working with a faculty mentor in the School of Medicine to develop the skills necessary for improvement. Following this remediation, students will undergo reassessment to ensure minimum proficiency with all categories of clinical skills. Successful completion of this reassessment exam will be required for graduation.

For more information, see the Standardized Patient Program website at http://cisl.stanford.edu/ilc/sim_modalities/spp/
5. ASSESSMENT OF STUDENT ACADEMIC PERFORMANCE

In this section:

5.1. HEALTH PROVIDER INVOLVEMENT IN STUDENT ASSESSMENT
5.2. EVALUATION OF PERFORMANCE IN COURSES
5.3. EXAM POLICY FOR REQUIRED MD PRE-CLERKSHIP COURSES
5.4. EVALUATION OF PERFORMANCE IN CLINICAL CLERKSHIPS
5.5. STANDARDIZED PATIENT TEACHING AND ASSESSMENT
5.6. MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)
5.1. HEALTH PROVIDER INVOLVEMENT IN STUDENT ASSESSMENT

A student may not be formally evaluated by a health professional who has provided medical or mental health services to that student. This applies to one-time/episodic care as well as continuing care.

5.2. EVALUATION OF PERFORMANCE IN COURSES

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

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

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

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

In addition to these transcript-related grades, additional designations are used internal to the School of Medicine to report on academic progress:

- **Marginal Pass (MP)** indicates that a student has fallen short of meeting minimal performance standards for a pass but has done better than a fail at the end of the academic quarter, and that
additional work or remediation is necessary to achieve a pass.

- **Fail (-)** indicates that a student has not met the minimum performance standards for the course. A course in which a student has received a fail grade does not show up on the official transcript. A course in which a student has received a fail grade must be repeated, and the student must achieve a passing grade within one year of the failure or prior to beginning clerkships, whichever is sooner.

**End-Quarter Policy Statement**

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

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

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

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

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

**Final Examinations**

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

Final examinations are governed by the regulations below:

1. Students are expected to take the final examination unless at least 24 hours prior to the examination they have received formal written approval for either dropping the course from the course director
or for obtaining an incomplete from an Advising Dean. Incompletes are given for significant personal or medical reasons beyond the student’s control. If a student does not appear for the examination and has not been granted a drop or an incomplete, the student will receive a fail.

2. Students are expected to report for their examinations at the time and place designated by the Office of Medical Education or the course director, unless the course director has made alternative arrangements. While examinations are not “proctored” as such, students must take the examination in the designated location within the prescribed examination time. Students are expected to adhere to the Honor Code at all times during examinations.

3. When the final examination or its appropriate substitute is not an in-class examination (e.g., when an instructor assigns a take-home examination, paper, or project in lieu of an in-class examination), the schedule and format of the final examination, or its substitute, will be determined no later than the end of the second week of the quarter and, if changed subsequently, may be only a modification approved by a majority of the students in the class.

4. Students with documented disabilities who have registered with and been determined by the Office of Accessible Education (OAE) to require special examination accommodations are responsible for notifying both the SoM Learning Strategies Education Specialist and their course directors at the beginning of the quarter or when their accommodation letter is given that they will need accommodations. Unless students receive accommodations mid-quarter, they must let the SoM Learning Strategies Education Specialist and their course directors know of their accommodations needs no later than the end of the second week of the quarter for which they are receiving accommodations. Reminder: students needing exam accommodations are to contact the OAE first, prior to notifying their course director(s).

5. Feedback on written examinations is to be as complete as practicable; correct answers should be distributed or posted promptly after the examination at a previously announced place, and students should receive their numerical score and its relationship to the class distribution curve in a manner that ensures student privacy. Students have the right to see their final examination and discuss it with a faculty member.

Correction of Deficiencies in Pre-Clerkship Courses

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

Students who fail a pre-clerkship course must achieve a passing grade within one year of the failure or prior to beginning clerkships, whichever is sooner. If this cannot be achieved through remediation (as determined by the Course Director) then the student must retake and pass the course when it is next offered. Only the CP3 has the power to change this requirement. The requirements for achieving a passing grade are determined by the responsible faculty. Students with a failing grade will be counseled by an Advising Dean and reviewed by the Committee on Performance, Professionalism and Promotion.
Academic deficiencies in pre-clerkship courses must be rectified prior to the beginning of clerkships or by a date specified by the CP3 (which has the power in an appropriate case to modify any of the requirements in this subsection).

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

**Evaluation of Performance in Human Health and Disease**

**Grading**
Students receive a Pass or Fail assessment (reported in 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% or an integrated final exam score less than 65% must take the scheduled course remedial examination. A failing score on this remedial examination will earn a grade of “fail” for the course. The “marginal pass” grade is not used in the HHD course.

**Policy for Missed Exams**
Every student is expected to sit for each end-block examination and each end-quarter integrated examination in the Human Health and Disease course at the time scheduled.

The final exam for each quarter of HHD is scheduled for the last day of Exam Week. Failure to sit for any end-block examination or end-quarter integrated exam in the HHD course will earn a grade of “fail” for the course.

**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 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 (≥70%).

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

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

- **Pass (+):** Students have completed all course requirements, performed satisfactorily on the final Standardized Patient assessment and each section of the written final examination, and exhibited professional behavior in the course.

- **Continuing (N):** Students have not completed all course requirements and/or did not perform satisfactorily on any individual section of the written final examination.

- **Marginal Pass (MP):** Students have not performed satisfactorily on the final Standardized Patient assessment and/or the overall written final examination; there may be some concern about the student’s professional behavior in the course; and/or the student’s performance in in-class activities has raised some concerns about knowledge and competence.

- **Fail (-):** Students have performed poorly on the final Standardized Patient assessment and/or the overall written final examination (using the criteria above for N Grade or Marginal Pass); there may be serious concerns about the student’s professional behavior in the course; and/or the student’s performance in in-class activities has raised serious concerns about knowledge and competence.

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

A grade of Continuing (N), Marginal Pass (MP), or Fail (-) will require notification to the CP3.

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

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

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

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

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

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

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

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

A student who receives a Marginal Pass (MP) in any quarter of the POM series (INDE 201-206) must successfully complete a course of remediation tailored to student needs and course resources to correct the grade to a Pass (+). The student will not be allowed to continue through the POM sequence, unless provided special permission from the course director. The CP3 will be notified. Students who do not satisfactorily complete this plan of remediation will not be allowed to continue to clerkships.

A student who receives a Fail in any quarter of the POM series (INDE 201-206) will be required to re-take that quarter the following year, including all required exercises and examinations. The student will not be allowed to continue through the POM sequence, unless provided special permission from the course director (please see various five-year “split” schedules from the Office of Medical Education). The CP3 will be notified.

**5.3. EXAM POLICY FOR REQUIRED MD PRE-CLERKSHIP COURSES**


Per the Stanford University Honor Code, individual faculty members are not present to proctor exams; however, they can determine the best exam environment for their tests and make any requirements they see fit with regard to how students take the exam. The Honor Code states in part, “The faculty on its part manifests its confidence in the honor of its students by refraining from proctoring examinations and from taking unusual and unreasonable precautions to prevent the forms of dishonesty mentioned above. The faculty will also avoid, as far as practicable, academic procedures that create temptations to violate the Honor Code.”

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

- Students will complete exams in the rooms assigned by the course.
- Exams are non-collaborative and, unless otherwise noted by course faculty, closed book.
- Unless otherwise stipulated by the course director, use of any electronic device to access other resources, including (but not limited to) the internet, your notes, and your colleagues, is expressly forbidden and constitutes a violation of the Stanford Honor Code.
- The use of personal listening devices is expressly forbidden in the exam setting.
- Students with disabilities or other special needs for which they may need accommodations should notify the Dean of the Office of Medical Student Affairs and the Office of Accessible Education well in advance to receive appropriate accommodation for exams. Once students receive an official accommodations letter, they must let the SoM Education Specialist and their course directors know.
of their accommodations request no later than the end of the second week of the quarter every quarter in which they are requesting accommodations.

5.4. EVALUATION OF PERFORMANCE IN CLINICAL CLERKSHIPS

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

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

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Pass</th>
<th>Pass with Distinction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Medicine</td>
<td>65%</td>
<td>82%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>65%</td>
<td>85%</td>
</tr>
<tr>
<td>Internal Medicine*</td>
<td>60%</td>
<td>83%</td>
</tr>
<tr>
<td>Neurology*</td>
<td>63%</td>
<td>80%</td>
</tr>
<tr>
<td>OBGYN*</td>
<td>62%</td>
<td>81%</td>
</tr>
<tr>
<td>Pediatrics*</td>
<td>63%</td>
<td>83%</td>
</tr>
<tr>
<td>Psychiatry*</td>
<td>66%</td>
<td>86%</td>
</tr>
<tr>
<td>Surgery*</td>
<td>61%</td>
<td>81%</td>
</tr>
</tbody>
</table>

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

- Written exam requirements are set by the clerkship director.
- Clerkships may use either the NBME Subject Exam or an alternative departmental exam. Clerkships using the NBME Subject Exam are marked with an asterisk above.
- Written examinations must be passed with a minimum score as established by the clerkship.
- Students who do not pass the written exam receive an “N” (continuing) grade for the clerkship and must retake either the NBME Subject Exam or the departmental exam.
- Students who do not pass the written exam on the second attempt must take an oral exam or a suitable alternative, to be determined by the clerkship director.
- After the third attempt at satisfying the exam requirement, the “N” grade converts to either “pass” or “fail.”
- “N” grades must be corrected within 9 months of the end of the clerkship. Uncorrected “N” grades will convert to “fail” after 9 months.
Electives/Selective Clerkship Grading
Students on elective and selective clerkships may earn a final grade of Pass, Marginal Pass, or Fail.

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

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

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

- Director of Evaluation (CEC chair)
- Assistant Dean of Clerkship Education
- An Advising Dean other than the appealing student’s advisor
- A Required Clerkship Director other than the director involved in the appeal
- One additional faculty member (who does not hold a formal role in clerkships or CP3)

Upon receiving a request for review, the CEC will notify the clerkship team responsible for the performance evaluation and will gather data from the student and the clerkship team. The CEC will review the final evaluation and all submitted data, gather additional information as needed, and will generally, though it is not required, reach a decision by consensus. The student and clerkship team will be notified in writing of the final decision. The CEC will attempt to complete each appeal within 45 days of the request. The CEC decision is considered final. Students with further concerns may choose to pursue the Stanford University student academic grievance procedure: [http://www.stanford.edu/dept/registrar/bulletin/4988.htm](http://www.stanford.edu/dept/registrar/bulletin/4988.htm), though they should recognize the limited scope of review inherent in that procedure.

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

Requirements for correcting a marginal pass or failure will be determined by the clerkship director. Students who receive a marginal pass or failing grade are required to meet with the clerkship director to set timely requirements for achieving an unqualified passing grade. Non-passing grades in clerkships, including N or “continuing” grades for failed NBME subject exams, must be corrected within one year of completing the clerkship. Students failing to correct a non-passing grade within one year will be reviewed and discussed by the Committee on Performance, Professionalism and Promotion.
Students cannot receive a Stanford MD degree with an uncorrected marginal pass or failure in a clerkship.

5.5. STANDARIZED PATIENT TEACHING AND ASSESSMENT

The Standardized Patient (SP) Program offers clinical skills training for medical students throughout the four-year curriculum. Its activities are designed to provide a simulated setting for the instruction and assessment of the clinical, cross-cultural and interpersonal skills of medical students. Real patients or actors are trained to consistently recreate the same clinical situation, findings, or problem with each student encounter.

5.6. MEDICAL STUDENT PERFORMANCE EVALUATION (MSPE)

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

6.1. INTRODUCTION
6.2. STANDARDS FOR PERFORMANCE AND SATISFACTORY PROGRESS
6.3. PROMOTION
6.4. PROCEDURES FOR ADDRESSING PERFORMANCE, PROFESSIONAL AND TECHNICAL STANDARDS CONCERNS
6.5. APPENDIX: CHART OF CP³ RESPONSES TO STUDENT ISSUES
6.1. INTRODUCTION
http://med.stanford.edu/md/mdhandbook/section-6-cp3.html

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 Medical Education, Assistant Dean for Medical 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 Assistant Dean for Medical Education, the Assistant Dean for Medical Student Affairs and the Associate Dean of Minority Advising and Programs, 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 the Office of Medical Education.

6.2. STANDARDS FOR PERFORMANCE AND SATISFACTORY PROGRESS


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

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

1. Units
   a. Students must take and successfully complete a per-quarter number of general School of Medicine units (any units listed in the School of Medicine Course and Clerkship Catalog or included for Scholarly Concentration) as follows:
      (i) During Autumn, Winter and Spring quarters (except for the graduation quarter), at least 9 units.
      (ii) Summer quarter (if registered), at least 3 units.
      (iii) Students in Master’s or PhD programs that have required courses outside of the School of Medicine (either programs in another Stanford school or interdepartmental medical school programs) will be monitored for a per quarter unit requirement to be set by the appropriate program director.
   b. Students must take, and successfully complete, a cumulative number of required MD units by the end of August of each year as follows*:
      (i) MD students: At least 35 required units by the end of the first year, 70 by the end of the second, 105 by the end of the third, 140 by the end of the fourth, and 250 by the end of the sixth.
      (ii) MD/PhD students: At least 23 required units by the end of the first year, 46 by the end of the second, 69 by the end of the third, 92 by the end of the fourth, 115 by the end of the fifth, 140 by the end of sixth, and 240 by the end of the eighth year.
      (iii) The cumulative required number of units will be adjusted for those students who have been exempted by the course director from one or more required courses, or who are on an approved Leave of Absence

* Unit figures above are based on 2016-17 matriculation. Please refer to Section 4.3 for information for all unit requirements.

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 prior CP^3 review and approval.

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

4. Examinations
   Students must make satisfactory progress in meeting examinations requirements, such as the USMLE Step 1, Step 2 CK and Step 2 CS (see Section 3.22), and CPX (see Section 4.14).

5. Academic Deficiencies
   a. All academic deficiencies must be corrected within one year (or otherwise within a time limit specifically set by the CP^3 in the individual case).
   b. Note that some deficiencies may be considered to be unable to be remediated and may result in immediate dismissal. Such circumstances may include (but are not limited to) when one or more of the following conditions apply:
      (i) two failures in clinical clerkships.
      (ii) three marginal passes in clinical clerkships.
      (iii) failures in more than 20% of units of pre-clerkship required coursework in a given academic year or over the course of the pre-clerkship curriculum (whether or not remediated).
      (iv) failures in more than 20% of units of combined pre-clerkship or clinical coursework (whether or not remediated) or USMLE Step 1 three times.
      (v) failure of USMLE Step 2 CK (Clinical Knowledge) twice and failing the internal examination.
      (vi) failure of USMLE Step 2 CK (Clinical Knowledge) three times.
   c. A student’s failure to attend required meetings, comply with CP^3 directives for remediation, or meet CP^3 deadlines may preclude remediation and result in immediate dismissal from the Stanford University School of Medicine MD program.

B. Professionalism: Students are required on an ongoing basis to satisfy professionalism standards, as those standards are outlined in Section 2.4 of this handbook. A serious breach of professionalism may result in immediate dismissal from the Stanford University School of Medicine MD program.

C. Technical Standards: Students are required on an ongoing basis to satisfy technical standards, as those standards are outlined in Section 2.3 of this handbook. Continued fulfillment of such standards is a requirement for ongoing registration in the Stanford University School of Medicine.

6.3. PROMOTION
   http://med.stanford.edu/md/mdhandbook/section-6-3-promotion.html

The CP^3 will conduct a systematic review at three intervals of all students’ progress towards completion of the MD degree. Those reviews will encompass all areas of academic performance, professionalism, and
technical standards. Students whom CP³ determines have met these standards will be eligible for formal promotion as follows:

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

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

C. Promotion to Candidate for Residency: In January of the anticipated year of graduation, the CP³ will review students’ progress to certify formally those students who are eligible for the residency match. Criteria for promotion include:
   1. Satisfactory completion of all required clinical clerkships, or acceptable documentation to the committee that the remaining required clerkships will be successfully completed by June of the graduation year.
   2. Continued satisfactory fulfillment of the standards for professionalism of the Stanford University School of Medicine MD program.
   3. Continued satisfactory fulfillment of the technical standards of the Stanford University School of Medicine MD program.
   4. Completion of (or documented satisfactory progress in) a Scholarly Concentration.
   5. Documentation that USMLE Step 2 CK will be taken by April 1 of the graduation year.

D. Promotion to Eligible for MD Degree: In May of the anticipated year of graduation, the CP³ will review students’ progress to determine their eligibility for promotion to “eligible for MD degree.” If promoted, a student will be included on the list to be transmitted to the Dean and Registrar of the University for Conferral of the MD degree. Criteria for promotion are:

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

6.4. PROCEDURES FOR ADDRESSING PERFORMANCE, PROFESSIONAL AND TECHNICAL STANDARDS CONCERNS

A. In general:
   1. The CP³ will periodically review the record of all students; in addition it can place any student on its agenda for discussion and action if there is a concern about his or her performance or progress in fulfilling academic, professionalism or technical standards.

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

   NOTE: See “6.5 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 CP\(^3\) a proposal for a remedial program (where appropriate).

c. To have an opportunity to submit a written statement to the CP\(^3\).

d. In any case involving dismissal from Stanford University School of Medicine MD program, to be invited to appear in person at the scheduled CP\(^3\) meeting during the presentation of their case prior to the closed deliberation of the committee.

NOTE: *Students appearing before the CP\(^3\) may have a qualified advocate of their choice accompany them to the meeting; advocates may be either the student's academic advisor or another faculty member of Stanford University School of Medicine. An attorney is not a qualified advocate.*

e. Under ordinary circumstances, to receive a written report within 10 working days after the CP\(^3\) meeting detailing the committee action taken. The time frame may be extended for good cause at the discretion of the CP\(^3\) chair.

f. To have an opportunity to discuss the CP\(^3\) action and report with an Advising Dean and to submit a written request to the CP\(^3\) 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 CP\(^3\) chair.

g. To have the opportunity to file a formal grievance, as outlined in the Stanford University Bulletin (Student Academic Grievance Procedure). Grievances appealing a CP\(^3\) 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 CP\(^3\) 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 CP\(^3\). This should be done as soon as practicable after the professionalism deficiency is identified.
(ii) The Senior Associate Dean (or his or her delegate) should give the student a copy of these guidelines and arrange a meeting with the student and, as appropriate, the individual identifying the deficiency and/or any of the Advising Deans. If the alleged deficiency can be explained or corrected in a mutually satisfactory manner, the matter need go no further. The Senior Associate Dean should then communicate his or her conclusions or actions to the CP³.

(iii) To facilitate identification of students who may have professionalism deficiencies, student services personnel will maintain impermanent files separately from students’ permanent files as a repository for such concerns. If a serious professionalism concern is communicated to a student, a memorandum regarding the conversation should be sent to the student and a copy placed in the student’s impermanent file. By having a central repository for such information, students whose performance repeatedly provokes professionalism concerns can be identified. The impermanent file should also contain records on formal or informal hearings, and/or CP³ considerations of students regarding professionalism. Except as disclosure is necessary under this process, access to impermanent files will in general be restricted to those Stanford administrative personnel with a need to know (such as the Advising Deans and the CP³) and the student. As a general proposition, the contents of any such impermanent file are to be destroyed within one year after the student graduates.

b. Step 2: CP³ Informal Hearing
   (i) If the student, the identifier of the deficiency, the CP³, or the Senior Associate Dean is not satisfied with the result of the personal communication described above, the CP³ will hold an informal private hearing upon being notified of that dissatisfaction. The informal CP³ hearing will involve the student, a quorum of the CP³, the student’s Advising Dean, a student-chosen advocate (who must be a faculty member of Stanford University School of Medicine), and any other individual (e.g., the faculty member identifying the deficiency) whom the chair of the CP³ thinks pertinent to discuss the matter. The purpose of the informal private hearing will be to permit the student and any other involved individuals to present their versions of the alleged deficiency and work out, if possible, a mutually satisfactory remedy.

   (ii) The chair of the CP³ will communicate in writing the results of the hearing to the student and the Senior Associate Dean within ten working days of the meeting. At the discretion of the Senior Associate Dean, the written communication or other summary of any mutually satisfactory remedy may also be placed in the student’s permanent file. If there is no mutually satisfactory remedy, the written communication and any other records of the informal hearing will be placed in the student’s impermanent file.

c. Step 3: Formal Hearing
   (i) If the matter cannot be satisfactorily resolved at the CP³ informal hearing, or if the student or the Senior Associate Dean is not satisfied with the outcome of the hearing, or if there is a breakdown of (or failure to timely complete or adhere to) the mutually agreed-upon remedy, the CP³ chair will call a formal hearing.

   (ii) A formal hearing is intended to provide an opportunity for the parties to present their positions in a process with the authority to decide on a remedy and/or an outcome, including dismissal from the Stanford University School of Medicine MD program. The Executive Committee of the School of Medicine Faculty Senate shall appoint, to hear the matter, an ad hoc Committee on Suitability for the Practice of Medicine. The Committee on Suitability will be composed of four members of the full-time faculty and one member of the adjunct clinical faculty. Each member of the Committee on Suitability must attend the formal hearing. The Committee on Suitability will hear the matter and make findings
and recommendations to the Senate Executive Committee. Decisions of both committees will be made by majority vote.

(iii) The chair of the Committee on Suitability for the Practice of Medicine will conduct the formal hearing using the general procedural guidelines outlined below:

(a) The student will be informed in writing of the alleged deficiency to be considered, of the situation upon which the concern is based, and of the scheduled date of formal hearing (which shall be at least 10 days after the date of this written statement). The written statement will also include a copy of this process and any special rules and procedures to be followed in the hearing. The student may request a reasonable extension of the hearing if necessary to prepare his or her position.

(b) The student will be allowed to inspect his or her medical school education record to which he or she would be entitled under Stanford’s policy on the Privacy of Student Records, including material in such files concerning the alleged deficiency.

(c) No person who has first-hand information concerning this matter, who presents evidence at the hearing, or who otherwise is involved in this process may serve on the Committee on Suitability. A replacement, when necessary, will be appointed by the Senate Executive Committee.

(d) The student will be permitted to have a qualified advocate accompany him or her at the hearing, but that advocate may not participate directly in the hearing. The advocate must be a member of the Stanford University School of Medicine faculty; an attorney is not a qualified advocate. The student shall notify the chair of the Committee on Suitability at least five days prior to the hearing of the identity of any advocate.

(e) The student has a right to be present during the presentation of evidence supporting the alleged deficiency, to question any witness who presents evidence at the hearing, and to offer evidence or argument at the hearing to rebut that evidence. The student will be given a reasonable opportunity to present his or her version of the situation, and may present relevant evidence and witnesses on his or her behalf.

(f) The presentation of evidence and arguments will be recorded by a court reporter.

(g) Unless the student asks for an open hearing, the data and discussions of the hearing will be kept confidential, and no record will be placed in the student’s permanent file unless the charge of deficiency is substantiated.

(h) The findings and recommendations resulting from the formal hearing should be based upon the evidence presented at the hearing and on the contents of any pertinent Stanford University School of Medicine student records and files.

(iv) After the hearing, the Committee on Suitability for the Practice of Medicine will convey its findings and recommendations in writing to the Senate Executive Committee in a timely manner. The Senate Executive Committee will consider the findings and recommendations and issue a final decision in writing to the student in a timely manner. The Senate Executive Committee will also inform the CP^3 chair and the Senior Associate Dean of Medical Education of the final decision.

(v) The student may appeal the decision of the Senate Executive Committee to the Dean of Stanford University School of Medicine as a formal written grievance under (and within the time limits of) the Stanford University Student Academic Grievance Procedure.

D. Procedures regarding technical standards concerns: If concerns arise as to a medical student’s continuing ability to fulfill the technical standards of Stanford University School of Medicine, the CP^3 will appoint an ad hoc committee to review the matter and advise the CP^3.
Based on Stanford University School of Medicine academic policies, the following actions will or may be taken by the CP³ in the stated situations. The committee may, however, prescribe another course of action in its discretion, and depending upon the individual student circumstances.

### Pre-Clerkship: Marginal Pass

<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
</table>
| One marginal pass in a course of eight or more units (e.g., HHD or POM) | • Students must correct the marginal pass within 12 months of receipt of the marginal pass and prior to beginning any clinical clerkship.  
• Students who receive a marginal pass in a course of eight or more units may be required to take the USMLE Step 1 examination prior to beginning any clinical clerkship.  
• NOTE: *An unqualified pass is required to correct a marginal pass.*  |
| Two uncorrected marginal passes in courses fewer than eight units each | • 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: *An unqualified pass is required to correct a marginal pass.*  |
| Three marginal passes in courses of eight or more units (e.g., HHD or POM) | • Three marginal passes in any combination of courses of eight or more units may be considered grounds for dismissal from Stanford University School of Medicine MD program.                                                                 |

### Pre-Clerkship: Failure

<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
</table>
| One failure in a pre-clerkship course                                 | • An unqualified pass is required to correct a failure in a pre-clerkship course.  
• This unqualified pass may be attained through remediation (as determined by the course director), or by retaking and passing the course when it is next offered.  
• If no remediation occurs prior to the next offering of the course, the student will be required to retake the course.                                                                 |
<p>| Failure of one required pre-clerkship course of eight units or more    | • In addition to remediating a failure as noted above, students who fail a pre-clerkship course of eight units or more may be required to take and receive a passing score on the USMLE Step 1 examination before beginning any clerkship. |</p>
<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure of greater than 10% of pre-clerkship required units in any given academic year or over the course of the pre-clerkship curriculum</td>
<td>▪ Students will appear on the CP3 agenda for discussion and possible setting of a remedial curriculum.</td>
</tr>
<tr>
<td>Failure of greater than 20% of pre-clerkship required units in any given academic year or over the course of the pre-clerkship curriculum</td>
<td>▪ These students may be considered for dismissal from Stanford University School of Medicine MD program.</td>
</tr>
</tbody>
</table>

**Pre-Clerkship: Uncorrected Deficiency**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
</table>
| Uncorrected deficiency beyond the prescribed period of remediation time | ▪ If a deficiency remains uncorrected for more than the prescribed period of time following its receipt, the student may be required to appear before the CP³ and could be considered for dismissal.  
▪ An administrative hold may be placed until the deficiency has been corrected.  
▪ Students appearing on the agenda of the CP³ as a result of academic deficiency in one or more pre-clerkship courses may be required to take the USMLE Step 1 examination prior to beginning any clinical clerkship. |

http://med.stanford.edu/md/mdhandbook/section-6-5-clerkship.html

**Clerkships: Clerkship Scheduling**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to get written approval from his/her advisor to drop a clerkship during the four-week period prior to the commencement date of the clerkship</td>
<td>▪ This student’s professionalism issue may be reviewed and discussed by the CP³.</td>
</tr>
</tbody>
</table>
### Clerkships: N (Continuing) Grade

<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
</table>
| N (continuing) grade in any clerkship      | - Students with an N grade in any clerkship are required to contact the clerkship director to set a timeline for retaking the final exam and achieving an unqualified passing grade.  
- Students may appear on the CP\(^3\) agenda for discussion and may be required to provide a written plan for correcting the N grade.  
- Students with an N (continuing) grade in any clerkship must correct the N grade within 9 months of completing the clerkship. Students who receive an N grade within 9 months of graduation must correct the N grade by May 1\(^{st}\) of the graduation year.  
- Students cannot receive a Stanford MD degree with an uncorrected N (continuing) grade in any clerkship.                                                                 |
| N grade in more than one clerkship         | - A student who has an uncorrected N grade in more than one clerkship at any time will be placed on the CP3 agenda and required to provide a written plan for correcting the non-passing grades.  
- A student with more than one uncorrected N grade may be restricted from enrolling in subsequent clerkships or participating in the residency Match until at least one N grade has been corrected. |
| Uncorrected N grade beyond 9 months       | - 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.                                                                                         |

### Clerkships: Marginal Pass

<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
</table>
| One marginal pass in any clerkship         | - 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 CP\(^3\) 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.      | - 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.                                                                 |
<table>
<thead>
<tr>
<th>Clerkships: Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue</strong></td>
</tr>
</tbody>
</table>
| One failure in any clerkship | • 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 | • 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. |

<table>
<thead>
<tr>
<th>Clerkships: Uncorrected N, M+ or F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue</strong></td>
</tr>
</tbody>
</table>
| Failure to correct a non-passing grade within 9 months of completing the clerkship | • 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 may be considered for dismissal.  
• An administrative hold will be placed until the deficiency has been corrected. |

http://med.stanford.edu/md/mdhandbook/section-6-5-examinations.html

<table>
<thead>
<tr>
<th>Examinations: CPX</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue</strong></td>
</tr>
<tr>
<td>Failure to participate in or demonstrate minimum competency in the Clinical Performance Examination (CPX)</td>
</tr>
</tbody>
</table>
### Examinations: USMLE Step 1

<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
</table>
| An overall failure on Step 1 of the United States Medical Licensing Examinations (USMLE) | - 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 will be discussed by the CP3. Students may be required to 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.  
- Failing the Step 1 examination three times ordinarily will be considered grounds for dismissal from Stanford University School of Medicine MD program. |

### Examinations: USMLE Step 2

<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
</table>
| An overall failure on Step 2 CK (Clinical Knowledge) of the United States Medical Licensing Examinations (USMLE) | - 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. |

<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
</table>
| An overall failure on Step 2 CK (Clinical Knowledge) of the United States Medical Licensing Examinations (USMLE) (cont) | - Students may not graduate and may be placed on administrative hold for a set period of time, after which they may be dismissed from Stanford University School of Medicine MD program if they:  
  o fail Step 2 CK (Clinical Knowledge) twice and fail the internal examination; or  
  o fail Step 2 CK (Clinical Knowledge) three times. |
Scholarly Concentrations

<table>
<thead>
<tr>
<th>Issue</th>
<th>Policy and/or Steps to Address Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to declare a Scholarly Concentration by the stated deadline</td>
<td>• Student may be reviewed and discussed by the CP³.</td>
</tr>
<tr>
<td>Failure to make annual satisfactory progress as determined by the SC director</td>
<td>• Student may be reviewed and discussed by the CP³.</td>
</tr>
</tbody>
</table>
| Failure to satisfactorily complete the Scholarly Concentration commitment | • Students who do not receive preliminary approval of completion from their Scholarly Concentration director at least six months prior to expected graduation may appear on the agenda of the CP³. In such cases, 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.  
• An administrative hold may be placed until the deficiency has been corrected.  
• The MD degree will not be conferred without satisfactory completion of the Scholarly Concentration as certified by the Concentration director. |
7. TUITION AND FINANCIAL AID

In this section:

7.1 TUITION STRUCTURE AND BUDGET
7.2 ADDITIONAL FEES
7.3 UNIVERSITY BILLING
7.4 FINANCIAL AID
7.5 TA AND RA SALARY AND TUITION ALLOWANCE TABLES: OLD TUITION STRUCTURE
7.6 TA AND RA SALARY AND TUITION ALLOWANCE TABLES: NEW TUITION STRUCTURE
7.7 FREQUENTLY ASKED QUESTIONS
# 7.1. TUITION STRUCTURE AND BUDGET


## Educational Costs and Budget for the MD Degree 2016-17

<table>
<thead>
<tr>
<th>Tuition</th>
<th>3 Quarters</th>
<th>4 Quarters</th>
<th>Per Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>$54,327</td>
<td>$72,436</td>
<td>$18,109</td>
</tr>
<tr>
<td>Reduced Tuition Rate</td>
<td>$10,860</td>
<td>$14,480</td>
<td>$3,620</td>
</tr>
</tbody>
</table>

## On-Campus Housing

<table>
<thead>
<tr>
<th>Living Expenses</th>
<th>3 Quarters</th>
<th>4 Quarters</th>
<th>Per Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$12,330</td>
<td>$16,440</td>
<td>$4,110</td>
</tr>
<tr>
<td>Food</td>
<td>$5,820</td>
<td>$7,760</td>
<td>$1,940</td>
</tr>
<tr>
<td>Personal</td>
<td>$3,870</td>
<td>$5,160</td>
<td>$1,290</td>
</tr>
<tr>
<td><strong>Sub Total Living Expenses</strong></td>
<td><strong>$22,020</strong></td>
<td><strong>$29,360</strong></td>
<td><strong>$7,440</strong></td>
</tr>
</tbody>
</table>

Other Expenses

<table>
<thead>
<tr>
<th></th>
<th>3 Quarters</th>
<th>4 Quarters</th>
<th>Per Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>$1,230</td>
<td>$1,640</td>
<td>$410</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>$1,500</td>
<td>$2,000</td>
<td>$500</td>
</tr>
<tr>
<td>Medical Insurance*</td>
<td>$4,968</td>
<td>$4,968</td>
<td>$1,656</td>
</tr>
<tr>
<td>Campus Health Services Fee</td>
<td>$609</td>
<td>$812</td>
<td>$203</td>
</tr>
<tr>
<td>Disability Insurance Fee**</td>
<td>$41</td>
<td>$41</td>
<td>$41</td>
</tr>
<tr>
<td><strong>Sub Total Other Expenses</strong></td>
<td><strong>$8,348</strong></td>
<td><strong>$9,461</strong></td>
<td><strong>$2,810</strong></td>
</tr>
</tbody>
</table>

Non-Tuition Expenses

<table>
<thead>
<tr>
<th></th>
<th>3 Quarters</th>
<th>4 Quarters</th>
<th>Per Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total On-Campus Budget</strong></td>
<td><strong>$84,695</strong></td>
<td><strong>$111,257</strong></td>
<td><strong>$28,259</strong></td>
</tr>
</tbody>
</table>

## Off-Campus Housing

<table>
<thead>
<tr>
<th>Living Expenses</th>
<th>3 Quarters</th>
<th>4 Quarters</th>
<th>Per Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$14,517</td>
<td>$19,356</td>
<td>$4,839</td>
</tr>
<tr>
<td>Food</td>
<td>$5,805</td>
<td>$7,740</td>
<td>$1,935</td>
</tr>
<tr>
<td>Personal</td>
<td>$3,870</td>
<td>$5,160</td>
<td>$1,290</td>
</tr>
<tr>
<td><strong>Sub Total Living Expenses</strong></td>
<td><strong>$24,192</strong></td>
<td><strong>$32,256</strong></td>
<td><strong>$8,064</strong></td>
</tr>
</tbody>
</table>

Other Expenses

<table>
<thead>
<tr>
<th></th>
<th>3 Quarters</th>
<th>4 Quarters</th>
<th>Per Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation</td>
<td>$2,145</td>
<td>$2,860</td>
<td>$715</td>
</tr>
<tr>
<td>Books &amp; Supplies</td>
<td>$1,500</td>
<td>$2,000</td>
<td>$500</td>
</tr>
<tr>
<td>Medical Insurance*</td>
<td>$4,968</td>
<td>$4,968</td>
<td>$1,656</td>
</tr>
<tr>
<td>Campus Health Services Fee</td>
<td>$609</td>
<td>$812</td>
<td>$203</td>
</tr>
<tr>
<td>Disability Insurance Fee**</td>
<td>$41</td>
<td>$41</td>
<td>$41</td>
</tr>
<tr>
<td><strong>Sub Total Other Expenses</strong></td>
<td><strong>$9,263</strong></td>
<td><strong>$10,681</strong></td>
<td><strong>$3,115</strong></td>
</tr>
</tbody>
</table>

**Total Off-Campus Budget**

<table>
<thead>
<tr>
<th></th>
<th>3 Quarters</th>
<th>4 Quarters</th>
<th>Per Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Off-Campus Budget</strong></td>
<td><strong>$87,782</strong></td>
<td><strong>$115,373</strong></td>
<td><strong>$29,288</strong></td>
</tr>
</tbody>
</table>
**2016-17 Budget Assumptions**

* Health Insurance: No additional charge for summer quarter if a/w/sp paid. Students who enroll w/sp/su will have insurance assessed differently.

** Disability Insurance: $41 is a one-time fee assessed winter quarter only. Document fee: A document fee of $250 is assessed once upon first admission to Stanford as a graduate or undergraduate. For Cost of Attendance Budget calculations visit: http://financialaid.stanford.edu/grad/budget

### Miscellaneous Educational Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Maximum allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reimbursement for Computer/PDA Purchase</td>
<td>3,000$</td>
</tr>
<tr>
<td>Orientation Housing Allowance</td>
<td>1,200$</td>
</tr>
<tr>
<td>Clinical Instrument Allowance</td>
<td>650$</td>
</tr>
<tr>
<td>USMLE Fees</td>
<td>600$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>USMLE Step</th>
<th>Amount</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>600$</td>
<td>Graduating Students</td>
</tr>
<tr>
<td>2, CK</td>
<td>1,235$</td>
<td>Graduating Students</td>
</tr>
<tr>
<td>2, CS</td>
<td>1,235$</td>
<td>Add $500 per quarter</td>
</tr>
<tr>
<td>Clinical Transportation</td>
<td>500$</td>
<td>Reduce Books &amp; Supplies</td>
</tr>
<tr>
<td>Clinical Books</td>
<td>250$</td>
<td>Reduce Books &amp; Supplies</td>
</tr>
</tbody>
</table>

- $250 per quarter
- Unsubsidized Stafford DL Origination Fee: 1.068% of loan amount
- Grad PLUS DL Loan Origination Fee: 4.272% of loan amount

Other Allowable Expenses (added to budget upon request):
- Dependent Care Allowance - Calculated by the FAO
- Child Care Allowance - Maximum of $3,600 (per child) per quarter. Documentation required.

Fees excluded from financial aid eligibility:

Document fee: $250 - Assessed upon first time matriculation to Stanford University

ASSU Fees: $24 per quarter, A,W, Sp; may be waived.
7.2. ADDITIONAL FEES
http://exploredegrees.stanford.edu/tuitionfeesandhousing/#feestext

Additional fees on the University bill include health insurance premiums, campus health service fee, student activity fees, document fees, housing and dining fees. Fees for academic year 2016-17 are available online, please visit http://exploredegrees.stanford.edu/tuitionfeesandhousing/#feestext for additional information.

7.3. UNIVERSITY BILLING
http://studentaffairs.stanford.edu/sfs/bill/overviews-bill

Stanford University’s policy is to furnish timely and accurate billing information as well as effective payment options to students and authorized payers. Billing and payment services are delivered electronically through Stanford's online billing and payment service, Stanford ePay.

Bill notification is sent to each student's @stanford.edu email address as recorded in Axess. All students with balances will receive a bill notification via Stanford ePay. For more information, reference Quick Steps: View / Pay / Print University Bill.

7.4. FINANCIAL AID

Stanford University School of Medicine’s mission is to prepare physicians who will provide outstanding, patient-centered care and to inspire future leaders who will improve world health through scholarship and innovation.

The M.D. Financial Aid Office facilitates this process by providing a comprehensive financial aid package to assist in making a Stanford University School of Medicine education affordable for a broad range of students.

The School of Medicine attempts to maintain a consistency of financial aid policies from year to year. As some circumstances are beyond the university’s control, Stanford School of Medicine reserves the right to change the regulations, fees, programs, and other information contained in this handbook at any time and without notice.

Eligibility Requirements

In order to apply for and receive financial aid, you must meet the following eligibility requirements.

1. Citizenship

   Federal Financial Aid
   • U.S. citizenship or permanent residency is required.

   Institutional Financial Aid
   • U.S. Citizens, Permanent Residents, and foreign students are eligible.
2. Enrollment Requirements

- Each student must meet the enrollment and satisfactory progress as defined in Section 6.2: Standards for Performance and Satisfactory Progress.
  - Per quarter:
    1. Autumn, winter, spring: **nine** medical school units each quarter (medical school course work includes all courses and research units offered through the medical school).
    2. Summer: a minimum of **nine** units that must include **three** medical school units.
  - Per academic year: minimum of 36 medical school units.
    1. Students planning not to register for a quarter, or to register for summer and take only three medical school units, must be careful that during each academic year they complete a minimum of 36 medical school 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 (CP3).

- Advanced degrees outside of the medical school do not qualify for financial aid funding through the medical school.
- A student who has completed his or her degree requirements, with the exception of the ACLS, will not be eligible for financial aid funding.

3. Maximum Financial Aid Eligibility and Satisfactory Academic Progress

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

- For students in the M.D. program: five years (i.e. 20 quarters).
- For M.D. students working on a master's degree at the medical school: six years (i.e. 23 quarters)
- Funding beyond the maximum time frames will be provided only if there are significant mitigating circumstances and the student’s Academic Advisor gives his or her approval.
- The maximum time allowed does not include periods of approved leaves of absence.
- The School of Medicine Registrar's Office monitors student progress and notifies the School of Medicine's Financial Aid Office and the Committee on Performance, Professionalism and Promotion (CP3) of those students whose academic progress may be in question.
- Upon notification of insufficient SAP, the Financial Aid Office will place students on a "Financial Aid Warning" which will allow students to continue to receive aid for one additional term without taking further action. If the student has not met the requirement by the end of the warning period, then they become ineligible for further assistance (financial aid suspension).
- The student may appeal the financial aid suspension decision and be placed on "Financial Aid Probation" and continue to receive assistance. The student then has one academic year (CP3 will determine length of remediation period) to meet the minimum standards or meet the requirements of an "academic plan" as developed by CP3.
4. Financial Need

- All financial aid administered by Stanford University School of Medicine is based on demonstrated financial need, not academic achievement.
- Stanford’s financial aid program requires that you, your parents and your spouse provide all financial information fully and accurately. If you are over 30 years of age by the start of the academic year, parental information is not required.

5. Change in Financial Status

- All students regardless of age must promptly notify the Financial Aid Office 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, revision of past awards, serious disciplinary action, or all three.

6. Agreement to Student Rights and Responsibilities

**Student Rights**

As an M.D. student at Stanford University School of Medicine, you have the right to know:

- What financial aid programs are available.
- The deadlines for submitting applications for each available financial aid program.
- How financial aid will be distributed, how decisions on that distribution are made and the basis for these decisions.
- How your financial need is determined. This includes how the costs for tuition and fees, room and board, travel, books and supplies, personal expenses, etc., are considered in your budget.
- What resources (such as parental contribution, other financial aid, your assets, etc.) are considered in determining your need.
- How much of your determined financial need will be met by loan and grant funding.
- The terms of various programs in your student aid package.
- Under what circumstances you may be asked to return a portion or all of your financial aid.
- The interest rate on your loans and the repayment terms.
- How Stanford University School of Medicine determines whether you are making satisfactory academic progress and what happens if you are not.

**Student Responsibilities**

As an M.D. student at Stanford University School of Medicine, you are responsible for:

- Completing all application forms and responding promptly to requests for additional documentation and corrections.
- Providing correct information. In most instances, misrepresenting information on financial aid application forms is a criminal offense that could result in indictment under the U.S. Criminal Code; it can also affect eligibility for aid, and may result in disciplinary action.
- Living within your budget, saving any over funding you receive and knowing when you
might be expected to return all or part of your financial aid award.

- Reading, understanding and keeping copies of all forms that you are asked to sign.
- Honoring all agreements that you sign.

7. Donor Acknowledgement

- 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. 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 this requirement by the specified date will lose eligibility for Stanford grants or loans — or both.

Application Process: 2016-17 Academic Year

The financial aid application process is **required and must be completed each academic year** you wish to receive financial aid. Students applying to receive aid during the 2016-17 year must submit completed applications to the financial aid office by **September 30, 2016**. Only applicants who have received an offer of admission for the 2016-17 academic year may apply for financial aid.

Required Documents:

1. **2016-17 FAFSA**  Free Application for Federal Student Aid
   Stanford University School of Medicine school code: **G24552**.
   The deadline to submit the 2016-17 FAFSA is June 30, 2017
   We require students (not parents) to use the IRS Data Retrieval tool to upload your tax information to FAFSA. If you do not use the IRS Data Retrieval tool to complete your FAFSA, you will need to submit a tax transcript to our office. This is not the same as a tax return. You can request a *tax transcript* online (www.irs.gov) or by calling 1-800-908-9946.

   Non-filers can indicate they did not file on the FAFSA but must submit their W2 (if received).

2. **2016-17 Need Access Application – Deadline applies***
   Students who will be 30 years old by the beginning of the academic year are considered independent and do not need to submit the Need Access application. **Do not complete the Need Access application if you wish to apply for federal aid only.** Note: The Need Access application with parent information is required for consideration of eligibility for the Full Tuition Scholarship.
   Register online at [www.needaccess.org](http://www.needaccess.org) and complete all required information. Parental information (income and assets) is required.
   **Note:** A *nominal fee of $28 for new applications and $15 for renewal applications will be assessed.*

   *After September 30, 2016, the Need Access application product will no longer be available for the 2016-17 aid year. Please contact the MED FAO for further instructions.*

3. **2016-17 Stanford Supplemental Financial Aid Application**
   The Stanford Supplemental Financial Aid Application and document upload links for the 2016-17 academic year will be available in AXESS within 72 hours of completing the FAFSA.
You must have a SUNet ID to access this form. If you do not have a SUNet ID, you can use your Stanford ID number to request your SUNet ID at: https://accounts.stanford.edu/.

4. 2015 Federal Income Tax Returns, W-2s, and All Associated Documents

**Students who will be 30 years old by the beginning of the academic year are considered independent and do not need to submit parent taxes. Do not submit parental tax data if you wish to apply for federal aid only. Note: parent tax documentation is required for consideration of the Full Tuition Scholarship** You must forward signed and dated copies of your spouse's (if married and filing separately), and both biological parents' completed 2015 1040 Federal Income Tax forms with W2s. Preferred method of receipt for documents is upload through AXESS. **You can submit documents online via secure upload links available in AXESS after your 2015-16 FAFSA is completed and received by MED FAO.**

If your spouse or parents are not required to file a federal tax return they must complete a non-tax filing statement (only for US Citizens or Permanent Residents that did not file a 1040 federal income tax return). **All W2s should be submitted if received from an employer whether a tax return was filed or not.**

If your parent(s) is not a US Citizen or Permanent Resident, he/she is required to provide official income verification from his/her employer. This verification must show your parent’s income for 2015 and MUST BE CONVERTED into U.S. dollars.

If it is not possible to secure information from a parent due to absolute estrangement, you may complete an absolute estrangement waiver. Professional third-party verification of the circumstance is required.

**Note:** The preferred method for submitting documents is fax or secure web upload available in AXESS.

**Determination of Financial Aid Need**

Financial aid need is determined by evaluating the ability of each student and the student's family to pay the cost of education (student budget).

Financial need is determined by subtracting the amount the student and family can afford to contribute (as determined by the need analysis formula, unit loan and financial aid policy) from the total cost of education (as reflected in the estimated student budget).

$$\text{Student Budget} \quad \underline{\quad \text{minus} \quad} \quad \text{Student & Family Contribution} \quad \underline{\quad \text{equals} \quad} \quad \text{Total Financial Need}$$

**Parental Contribution (Institutional Aid)**

Due to institutional resources being limited, Stanford University School of Medicine holds the policy that the primary responsibility for financing a student's education rests with the family to the extent of demonstrated ability.
You are considered financially dependent upon both your biological parents, even if they do not claim you as a dependent. This applies regardless of your marital status, or the fact that you may have been self-supporting for a number of years.

**Exception: Students who are 30 years old by the start of the academic year are considered independent and will not be required to provide parental information.**

The Need Access Application and your parents’ latest federal income tax returns are used to determine the parental contribution. The formula takes into consideration your parents’:

- Taxable income (wages or salaries, interest and dividends)
- Untaxed income (social security benefits, veteran benefits, voluntary annual contributions to tax deferred savings, workers compensations)
- Assets (savings, investments of all kind, stocks and bonds, stock options)
- Age
- Number of dependents
- Number of dependents in college*
- Federal and state income taxes paid
- An allowance, which varies according to family size.

**Note:** The calculation of parental contribution may be affected by the number of children enrolled in college (excludes parents enrolled in college). As a result of this, the amount of the expected parental contribution will vary from student to student and may change year to year.

**Information from Separated or Divorced Parents**
For the purposes of determining Stanford-based financial aid only, each natural parent must submit financial information and the required tax forms.

**Estrangement from Parents**
If it is not possible for you to secure information from a parent due to absolute estrangement, you may complete an absolute estrangement waiver from the School of Medicine Financial Aid Office. Professional third-party verification of the circumstances is required. If approved, this parent's information will be waived each succeeding year that you are on financial aid.

**Verification of Sibling/Spouse Enrollment in College**
1. Only siblings under the age of 26 that are attending college at least half time for a minimum of one semester or two quarters in the current academic year may be counted as dependents on the FAFSA and Need Access Application.
2. Verification of sibling enrollment will be required during the winter quarter of the current academic year. Failure to provide certification of a sibling’s enrollment in college by the specified deadline and/or when the sibling is no longer enrolled in college will result in the financial aid office will recalculating the student’s Stanford aid eligibility.
3. Students may complete the enrollment verification form provided by the Financial Aid Office or they may have their sibling/spouse request that the National Student Clearing House provide proof of enrollment for a nominal fee (this option is only available if the sibling/spouse’s school participates in this program).
Student Contribution (Federal Aid)
As a graduate and professional student, regardless of age, you will be considered financially independent of your parents for the, Federal Unsubsidized Stafford, Federal Perkins, Federal Grad PLUS Loans, and most alternative loan programs. Note: All federal loans are subject to aggregate loan limits.

The FAFSA and your and your spouse’s (if married) latest federal income tax returns are used to determine the student/spouse contribution. The formula takes into consideration:
- Taxable income (wages or salaries, interest, and dividends)
- Untaxed income (social security benefits, veteran benefits, voluntary annual contributions to tax deferred savings, workers compensations)
- Assets (savings, investments of all kind, stocks and bonds, stock options)
- Age
- Number of dependents
- Number of dependents in college
- Federal and state income taxes paid
- An allowance, which varies according to family size.

Selection for Federal Verification
The Department of Education requires colleges and universities awarding federal aid to verify the information that students submit during the financial aid application process. Students are selected at random by the Department of Education. If you are selected for verification, the Financial Aid Office will send you a verification worksheet which you will be required to complete and return.

Items which may be verified include, but are not limited to:
- Adjusted gross income (AGI).
- U.S. income tax paid.
- Number of family members in the household.
- Number of family members attending post-secondary education on at least a half-time basis.
- Certain untaxed income and benefits.
If you do not provide the required documentation by the indicated deadline, you may lose eligibility for further federal aid. The verification process is complete when the Financial Aid Office has received documentation and any inconsistencies in the reported data have been corrected.

Types of Financial Aid Funding
After receipt and analysis of your application and all required documents, you will be provided with a financial aid award letter that includes a summary of your student budget, student and family expected contributions and proposed financial aid package.

Listed below are some of the sources used in packaging financial aid for our students. In general, you will not be allowed to retain funding from any source in excess of demonstrated financial need.

Institutional Funding
**Stanford (SU) Grant**

If a student's financial need exceeds the amount of the unit loan* and calculated parental contribution, a Stanford Grant is offered. The equation for determining the amount of the Stanford Grant is:

*Step 1:*

\[
\text{Student Budget} - \text{Student & Family Contribution} = \text{Total Financial Need}
\]

*Step 2:*

\[
\text{Total Financial Need} - \text{Unit Loan} = \text{Basic SU Grant Eligibility}
\]

**Unit (Self-Help) Loan**

The Unit Loan is the amount of federal loans offered to meet financial need before any Stanford Grant is offered; behaving similar to a “deductible”.

If financial need exceeds the amount of self-help aid, a non-repayable Stanford Grant is offered (up to a quarterly maximum). Any remaining financial need (not met by self-help aid and the Stanford Grant) must be met with loan funding.

For 2016-17, the unit loan amount is $6,000 per quarter for students paying full tuition. For students paying tuition at the TMR (reduced tuition) rate, the unit loan amount is $2,000 per quarter.

**Basic Stanford (SU) Grant**

The maximum Stanford Grant for 2016-17 is $13,000 per quarter for students paying full tuition, and $3,620 per quarter for students paying tuition at the reduced tuition rate. Students paying the reduced research rate (i.e. completing a Medical Scholars Project or combination Medical Scholars & Teaching Assistantship) are ineligible for need-based funding.

**Middle-Income Assistance Program Grant (MIAP)**

The Middle-Income Assistance Program was established in an effort to provide financial assistance to students who come from middle-income families. Eligibility is based on:

1. Students receiving less than $19,500 in Basic Stanford Grant support for three quarters of enrollment (or less than $26,000 for four quarters of enrollment).
2. Students demonstrating at least $1 financial aid need.

Over-funding with MIAP is not allowed.

For the 2016-17 academic year, Stanford University School of Medicine will match parental offers of $6,500 per quarter (up to $19,500 for those enrolled three quarters or up to $26,000 for those enrolled four quarters).
The MIAP grant awarded may not exceed the maximum grant allowed at the reduced tuition rate (e.g., $3,620 each quarter). Matching funds will be awarded up to but not exceed tuition. Students paying the research rate (i.e. completing a Medical Scholars Project) are ineligible for MIAP funding.

**Note:** The manner in which matched funds are made available to the student is between the student and their parents. The School of Medicine Financial Aid Office does regulate how these funds are applied. Financial aid, including student self-help from TA or Medical Scholars funding, cannot replace matched funds.

**Full Tuition (SU) Grant**
Students from socially economical disadvantaged backgrounds may qualify for the Full Tuition Grant of $18,109 per quarter. Eligibility is based on the Department of Health and Human Services poverty guidelines and is assessed annually. Parent income and asset information must be reported on the financial aid application for consideration. Additional information is available from the School of Medicine Financial Aid Office.

**Research and Teaching Assistantships**
Students often work as Research and Teaching Assistants. Students holding assistantships must be registered in every quarter in which the assistantship appointment is held. Appointments range from four to twenty hours per week (10% to 50% of the average work week). If you have a 50% appointment, you may work only eight hours per week in addition to your RA/TA appointment. International students on F-1 and J-1 visas are limited to 20 hours of an assistantship appointment per week. Payment of assistantships are in the form of a tuition credit (applied to student bill) and salary (paid directly to student).

The tuition credit is applicable only to tuition and cannot be converted to cash. Tuition credit cannot be borrowed or applied retroactively to quarters in which you did not hold assistantships (Admin. Guide 10.2.1).

**Assistantship Limits**
Students beyond their first quarter of medical school undertaking 100% MD curriculum effort may work up to an additional 10 hours per week, i.e. 25% TA/RA. Students may submit a request when they intend to exceed the 100% MD curriculum and 25% appointment limit. The request should be accompanied by statements from the student’s academic advisor, E4C mentor, and course director/research director, indicating the academic readiness of the student and that the student’s extra/co-curricular work will not interfere with academics.

**Medical Scholars Research Program**
Stanford Medical Scholars Research fellowships support medical student research, both locally and off-site. Students carry out research in an academic setting under the direction of faculty members at the medical school, hospital and clinics, and throughout the University and local community. For additional information, please see the Medical Scholars Research Program website ([http://medscholars.stanford.edu/](http://medscholars.stanford.edu/)).
Federal Loans

If a student is eligible for Federal loan funding, he or she will be awarded loans (up to an annual amount) to meet their financial need. Students should contact the Financial Aid Office to request adjustments to their loans.

All new student borrowers must complete specific loan funding requirements prior to loan funds being released to the student’s account.

Master Promissory Note (MPN)

- All students are required to complete a new Master Promissory Note with the Department of Education’s Direct Lending Program.

Entrance/Exit Interview

- The entrance interview is conducted in a group format during the first academic quarter. If you miss the orientation session, you must contact the Financial Aid Office to schedule an entrance interview. A separate online entrance counseling session is also required.
- The exit interview is a graduation requirement for recipients of any loan program. At the exit interview, you will receive a summary of your total loan debt to date and estimated repayment schedule. Exit interviews are conducted in groups or individually (at the student’s request). Students that apply for a leave of absence are required to complete an exit interview. Federal loan borrowers must also complete an online exit counseling session.

Enrollment

- Loan borrowers are required to maintain satisfactory academic progress each quarter he or she is receiving financial aid.

Types of Federal Loans that can be used when packaging a student for financial aid:

- Federal Perkins Loan (Loan program is being phased out by the Department of Education; not available to new borrowers in the MD program)
- Federal Unsubsidized Loan
- Federal Grad PLUS Loan
- Stanford University (SU) Loans (High need students)
- Private Loan

Note: Federal loans are subject to origination fee and interest rate adjustments.

Stanford University participates in the Department of Education’s Direct Loan (DL) Program.

The following outlines key points about the Department of Education’s Direct Lending (DL) Program. Stanford University School of Medicine will process all Stafford (Unsubsidized) and Grad PLUS Loans through the Direct Lending Program.

- New loans will be funded by the Department of Education’s Direct Lending Program
- Loans will be certified and processed through the Financial Aid Office; do not apply for loans directly with DL
- First-time borrowers must complete a new Master Promissory Note (MPN) and online
entrance counseling
  o Grad PLUS Loans require separate MPN and credit check
  o The MPN and Entrance Counseling for both the Stafford and Grad PLUS loans may be completed electronically at studentloans.gov

- The Stafford Loan (Unsubsidized) origination fee is 1.068%; for new loans disbursed after October 1, 2016 the origination fee is 1.069%
- The Grad PLUS Loan origination fee is 4.272%; for new loans disbursed after October 1, 2016 the origination fee is 4.276%
- Academic year loan limits are as follows:
  o Unsubsidized Stafford $40,500 (3Q enrollment) or $47,167 (4Q enrollment)
  o Grad PLUS – up to cost of education less any other financial aid
- Direct Loan borrowers are eligible to receive in-school deferment, 6 month grace period and can apply for Income-Based Repayment (IBR) and Public Service Loan Forgiveness (PSLF)

Private Loan Lenders
If you are interested in a private loan please contact the SOM FAO prior to applying.

For information about managing your debt during school and after graduation, see our Debt Management page.

External Funding Opportunities
The financial aid maintains a list of scholarships and research funding opportunities from outside organizations. A limited directory can be found here:

Appeals
If you have questions about your award or feel your individual circumstances have not been given adequate consideration, you are encouraged to discuss your concerns with the Financial Aid Counselor first. If you do not reach agreement, you may meet with the Director of Financial Aid. If that also proves unsatisfactory, a meeting can be arranged with the Director of Financial Aid, the Assistant Dean for Office of Medical Student Affairs, and the Senior Associate Dean for Medical Education.
All appointments should be on a quarterly basis and appointments must be in 5% increments. The minimum appointment at the School of Medicine has been set at 10%. The Tuition rates are based on full MD tuition of $18,109. Salaries are subject of federal and state income tax withholding – see [http://gap.stanford.edu/7-3.html](http://gap.stanford.edu/7-3.html) for additional information.

### Teaching Assistantship (TA) Rates

<table>
<thead>
<tr>
<th>Percent Appointment</th>
<th>Hours Per Week</th>
<th>Tuition Allowance – reduces tuition by</th>
<th>Quarterly Salary</th>
<th>Dollar Value to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>4 hours</td>
<td>$2,354</td>
<td>$1,926</td>
<td>$4,280</td>
</tr>
<tr>
<td>15%</td>
<td>6 hours</td>
<td>$3,531</td>
<td>$2,889</td>
<td>$6,420</td>
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<tr>
<td>20%</td>
<td>8 hours</td>
<td>$4,708</td>
<td>$3,852</td>
<td>$8,560</td>
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<tr>
<td>25%</td>
<td>10 hours</td>
<td>$5,885</td>
<td>$4,815</td>
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<tr>
<td>30%</td>
<td>12 hours</td>
<td>$7,062</td>
<td>$5,835</td>
<td>$12,897</td>
</tr>
<tr>
<td>35%</td>
<td>14 hours</td>
<td>$8,239</td>
<td>$6,741</td>
<td>$14,980</td>
</tr>
<tr>
<td>40%</td>
<td>16 hours</td>
<td>$9,416</td>
<td>$7,704</td>
<td>$17,120</td>
</tr>
<tr>
<td>50%</td>
<td>20 hours</td>
<td>$11,770</td>
<td>$9,630</td>
<td>$21,400</td>
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</table>

### Research Assistantship (RA) Rates

<table>
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<tr>
<th>Percent Appointment</th>
<th>Hours Per Week</th>
<th>Tuition Allowance – reduces tuition by</th>
<th>Quarterly Salary</th>
<th>Dollar Value to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>4 hours</td>
<td>$2,354</td>
<td>$1,857.60</td>
<td>$4,211.60</td>
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<tr>
<td>15%</td>
<td>6 hours</td>
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<td>$2,786.40</td>
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<td>8 hours</td>
<td>$4,708</td>
<td>$3,715.20</td>
<td>$8,423.20</td>
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<tr>
<td>25%</td>
<td>10 hours</td>
<td>$5,885</td>
<td>$4,644.00</td>
<td>$10,529.00</td>
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<tr>
<td>30%</td>
<td>12 hours</td>
<td>$7,062</td>
<td>$5,572.80</td>
<td>$12,634.80</td>
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<td>$8,239</td>
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<tr>
<td>40%</td>
<td>16 hours</td>
<td>$9,416</td>
<td>$7,430.40</td>
<td>$16,846.40</td>
</tr>
<tr>
<td>50%</td>
<td>20 hours</td>
<td>$11,770</td>
<td>$9,288.00</td>
<td>$21,058.00</td>
</tr>
</tbody>
</table>

All TA/RA appointments are quarterly and based on a 40 hour work week. Appointments are made in 5% increments with the minimum appointment of 10%. Tuition allowance (TAL) is based on MD tuition of $18,109. Salaries are subject to federal and state tax withholdings – see [http://gap.stanford.edu/7-3.html](http://gap.stanford.edu/7-3.html) for additional information.
7.6. FREQUENTLY ASKED QUESTIONS
http://med.stanford.edu/md/financial_aid/FAQs.html

How do I apply for financial aid?
- Complete the on-line FAFSA, Need Access, and Stanford University School of Medicine Supplemental Financial Aid applications.
- Submit signed copies of your and your parents’ 2015 tax returns, W2s, and all schedules.
- If married, you must include your spouse tax return.

Do I have to apply for financial aid every year?
- Yes, you must apply for financial aid annually.

What is the tuition?
- Tuition is assessed quarterly. The 2016-17 tuition is $18,109. The 2017-18 tuition will be available after March 2017 and published on our website after this date.

Does Stanford University School of Medicine offer merit scholarship?
- No, we do not offer merit scholarships, all scholarships are need-based.

Does Stanford University School of Medicine offer financial aid to international students?
- Yes, Stanford institutional need-based financial aid (grant and loans) are available to international students.

How much Stanford University Grant can I receive? There are three tiers of grant:
- Full tuition grant of $18,109 per quarter. Based on family income and assets, offered to 15 students in each entering class.
- Maximum grant of $13,000 per quarter
- Middle Income Assistance Program (MIAP); $6,500 per quarter

What is the Middle Income Assistance Program (MIAP)?
- This is a matching program where you can receive a maximum amount of $6,500 grant per quarter if you parents agree to match the same amount. This is a need based program and you must qualify for this program as calculated by the financial aid office.

What other types of funding are available (other than regular financial aid)?
- We encourage student to apply for research and teaching assistantships and external funding.
- An external funding database is available on our website.
  - (Funding not guaranteed).

If I need additional information, how can I contact you?
- Lawson Roberts, Financial Aid Analyst, (650) 723-6958, lawsonr@stanford.edu
- Abera Metaferia, Financial Aid Counselor, (650) 724-3181,
abella.metaferia@stanford.edu

- Marti Trujillo, Financial Aid Director, (650) 723-6954, mtrujill@stanford.edu
- Write to us at; 1265 Welch Road, MSOB 1st Floor, Suite 100, Stanford, CA 94305
8. UNIVERSITY POLICIES

In this section:

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8.1. STANFORD UNIVERSITY POLICIES
http://med.stanford.edu/md/mdhandbook/section-8-stanford-university-policies.html

As students at Stanford University, medical students are governed by the applicable rules, regulations and policies of the University. Many of these are set forth in the Stanford Bulletin, available online at: http://exploredegrees.stanford.edu/#text, and in the Administrative Guide, available at: http://adminguide.stanford.edu

A number of important policies are discussed below.

8.2. NONDISCRIMINATION POLICY

Stanford University admits qualified students of any race, color, national or ethnic origin, sex, age, disability, religion, sexual orientation, and gender identity to all the rights, privileges, programs, and activities generally accorded or made available to students at the University. Consistent with its obligations under the law, Stanford prohibits unlawful discrimination on the basis of race, color, national or ethnic origin, sex, age, disability, religion, sexual orientation, gender identity or expression, veteran status, or any other characteristic protected by applicable law in the administration of the University’s programs and activities; Stanford also prohibits unlawful harassment including sexual harassment and sexual violence. The following person has been designated to handle inquiries regarding this nondiscrimination policy: Director of the Diversity and Access Office, Mariposa House, 585 Capistrano Way, Stanford University, Stanford, CA 94305-8230; (650) 723-0755 (voice), (650) 723-1791 (fax), equal.opportunity@stanford.edu (email). Stanford’s Title IX Coordinator, Cathy Glaze, has been designated to handle inquiries regarding sexual harassment and sexual violence: Mariposa House (2nd floor), 585 Capistrano Way, Stanford, CA 94305, (650) 497-4955 (voice), (650) 497-9257 (fax), titleix@stanford.edu (email).

8.3. COMMUNITY STANDARDS
https://communitystandards.stanford.edu

The primary codes of conduct for students are the Fundamental Standard and Honor Code. The Student Judicial Charter of 1997 was approved by the Associated Students of Stanford University, the Senate of the Academic Council, and the President of the University during Spring Quarter 1996-97 and Autumn Quarter 1997-98, replacing the earlier charter and becoming effective in January 1998. Cases of alleged violations of the University’s Honor Code, Fundamental Standard, and other student conduct policies now proceed through an established student judicial process based upon the Student Judicial Charter of 1997, which can be found in its entirety at the University’s Office of Community Standards Web site at http://studentaffairs.stanford.edu/communitystandards/process/charter. 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 Community Standards, at Tresidder Memorial Union, 2nd floor, (650) 725-2485 (phone), (650) 736-0247 (fax), or community_standards@stanford.edu (e-mail).

The Fundamental Standard
The Fundamental Standard has set the standard of conduct for students at Stanford since 1896. It states:

“Students at Stanford are expected to show both within and without the University such respect for order, morality, personal honor and the rights of others as is demanded of good citizens. Failure to do this will be sufficient cause for removal from the University.”

Over the years, the Fundamental Standard has been applied to a great variety of situations. Actions that have been found to be in violation of it include:

- Physical Assault
- Property damage; attempts to damage University property
- Theft, including theft of University property such as street signs, furniture, and library books
- Forgery, such as signing an instructor’s signature to a grade change card
- Charging computer time or long distance telephone calls to unauthorized accounts
- Misrepresentation in seeking financial aid, University housing, discount computer purchases, or other University benefits
- Misuse of University computer equipment or e-mail
- Driving on campus while under the influence of alcohol or drugs
- Sending threatening and obscene messages to another student via e-mail, phone or voice-mail.

There is no standard penalty which applies to violations of the Fundamental Standard. Infractions have led to penalties ranging from formal warning and community service to expulsion. In each case, the nature and seriousness of the offense, the motivation underlying the offense and precedent in similar cases are considered.

With regard to allegations of sexual assault, sexual harassment, dating violence or stalking against School of Medicine students, the matter will be handled through the Student Title IX Process. More information about this process is available at: https://stanford.app.box.com/v/student-title-ix-process

The Honor Code

The Honor Code is the University's statement on academic integrity written by students in 1921. It articulates University expectations of students and faculty in establishing and maintaining the highest standards in academic work:

a. “The Honor Code is an undertaking of the student, individually and collectively:
   1. that they will not give or receive aid in examinations; that they will not give or receive unpermitted aid in class work, in the preparation of reports, or in any other work that is to be used by the instructors as the basis of grading.
   2. that they will do their share and take an active part in seeing to it that others as well as themselves uphold the spirit and the letter of the Honor Code.

b. The faculty on its part manifests its confidence in the honor of its students by refraining from proctoring examinations and from taking unusual and unreasonable precautions to prevent the forms of dishonesty mentioned above. The faculty will also avoid, as far as practicable, academic procedures that create temptations to violate the Honor Code.

c. While the faculty alone has the right and obligation to set academic requirements, the students and
faculty will work together to establish optimal conditions for honorable academic work.

Examples of conduct that have been found to be in violation of the Honor Code include:

- Copying from another’s examination paper or allowing another to copy from one’s own paper
- Unpermitted collaboration
- Plagiarism
- Revising and resubmitting a quiz or exam for regarding without the instructor’s knowledge and consent
- Representing as one’s own work the work of another
- Giving or receiving aid on an academic assignment under circumstances in which a reasonable person should have known that such aid was not permitted

For more information, see the Interpretations and Applications of the Honor Code at: http://studentaffairs.stanford.edu/communitystandards/integrity/honorcode

In recent years, most student disciplinary cases have involved Honor Code violations; of these, the most frequent arise when a student submits another’s work as his or her own, or gives or receives unpermitted aid. The standard penalty for a first offense includes a one-quarter suspension from the University and 40 hours of community service. In addition, most faculty members issue a "No Pass" or "No Credit" for the course in which the violation occurred. The standard penalty for multiple violations (e.g., cheating more than once in the same course) is a three-quarter suspension and 40 or more hours of community service.

8.4. PROHIBITED SEXUAL CONDUCT
https://adminguide.stanford.edu/chapter-1/subchapter-7/policy-1-7-3

Please visit the above link to review the full and most current version of the Admin Guide 1.7.3; only the first 12 sections are repeated here.

1. Policy Statement

Acts of Prohibited Sexual Conduct are not tolerated at Stanford University. The University investigates or responds to reports of Prohibited Sexual Conduct under circumstances in which the accused person(s) (Responding Party) is subject to this policy and (i) the individual(s) who believe he/she/they have experienced the Prohibited Sexual Conduct (Complainant) are students, faculty, staff members or program participants and there is a connection between the allegations and University programs or activities; or (ii) investigation and response are necessary for the proper functioning of the University, including the safety of the University community or preservation of a respectful and safe climate at the University. Students, faculty and staff found to be in violation of this policy will be subject to discipline up to and including termination, expulsion or other appropriate institutional sanctions; affiliates and program participants may be removed from University programs and/or prevented from returning to campus.

A comprehensive University web page dedicated to sexual violence awareness, prevention, response and support for those who have experienced sexual violence can be found at NotAlone.Stanford.edu. The web page contains a list of resources and describes reporting options. Resources are also provided at the end of this policy in Section 18 and at and at titleix.stanford.edu.
2. What is Prohibited Sexual Conduct?

Prohibited Sexual Conduct is the umbrella term that Stanford uses to collectively define different types of misconduct relating to assault, violence or exploitation of a sexual nature, or connected to an intimate relationship. Prohibited Sexual Conduct includes (a) Student-on-Student Sexual Harassment, (b) Sexual Misconduct, (c) Sexual Assault, (d) Stalking, (e) Relationship (dating or domestic) Violence, (f) Violation of University Directive or Court Order relating to Prohibited Sexual Conduct or allegations of Prohibited Sexual Conduct and (g) Retaliation relating to Prohibited Sexual Conduct or Allegations of Prohibited Sexual Conduct. Under federal law, Prohibited Sexual Conduct is a severe form of sexual harassment. (See Administrative Guide Memo 1.7.1 for more information regarding Sexual Harassment in the workplace and Administrative Guide Memo 1.7.2 for information about Consensual Sexual or Romantic Relationships in the Workplace and Educational Setting.)

3. What Is Student-on-Student Sexual Harassment?

Unwelcome sexual advances, requests for sexual favors, and other visual, verbal or physical conduct of a sexual nature constitute sexual harassment when the conduct has the purpose or effect of unreasonably interfering with an individual's academic performance or creating an intimidating or hostile academic or student living environment.

Determining what constitutes sexual harassment depends on the specific facts and 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
- Occur between peers or between individuals in a hierarchical relationship
- Be aimed at coercing an individual to participate in an unwanted sexual relationship or have the effect of causing an individual to change behavior
- Consist of repeated actions or may even arise from a single incident if sufficiently egregious

Whether the unwanted sexual conduct rises to the level of creating an intimidating or hostile environment is determined using both a subjective standard and an objective standard.

4. What Are Sexual Misconduct and Sexual Assault?

a. What is Sexual Misconduct?
Sexual misconduct is the commission of a sexual act, whether by a stranger or nonstranger and regardless of the gender of any party, which occurs without indication of consent.

1. The following acts or attempted acts can be the subject of a Sexual Misconduct or Sexual Assault charge:
   a) vaginal or anal intercourse;
   b) digital penetration;
   c) oral copulation; or
   d) penetration with a foreign object

2. Additional Acts of Sexual Misconduct
The following completed acts can be the subject of a Sexual Misconduct charge:
a) unwanted touching or kissing of an intimate body part (whether directly or through clothing); or b) recording, photographing, transmitting, viewing or distributing intimate or sexual images without the knowledge and consent of all parties involved.

b. What is Sexual Assault?
Sexual Assault is an act described in Section 4.a.1 accomplished by use of (a) force, violence, duress or menace; or (b) inducement of incapacitation or knowingly taking advantage of an incapacitated person.

Definitions of force, violence, duress or menace
The following definitions (drawn from California law) inform whether an act was accomplished by force, violence, duress or menace:

- An act is accomplished by force if a person overcomes the other person’s will by use of physical force or induces reasonable fear of immediate bodily injury.
- Violence means the use of physical force to cause harm or injury.
- Duress means a direct or implied threat of force, violence, danger, hardship, or retribution that is enough to cause a reasonable person of ordinary sensitivity to do or submit to something that he or she would not otherwise do or submit to. When deciding whether the act was accomplished by duress, all the circumstances, including the age of the impacted party and his or her relationship to the responding party, are relevant factors.
- Menace means a threat, statement, or act showing intent to injure someone.

c. What is Consent?
Consent is an affirmative nonverbal act or verbal statement expressing consent to sexual activity by a person that is informed, freely given and mutually understood. It is the responsibility of person(s) involved in sexual activity to ensure that he/she/they have the affirmative consent of the other or others to engage in the sexual activity. Affirmative consent must be ongoing throughout a sexual activity and can be revoked at any time. Lack of protest or resistance does not mean consent, nor does silence mean consent. Consent to one act by itself does not constitute consent to another act. The existence of a dating relationship between the persons involved, or the fact of past sexual relations, should never by itself be assumed to be an indicator of consent. Whether one has taken advantage of a position of influence over another may be a factor in determining consent.

d. What is Incapacitation?
Incapacitation means that a person lacks the ability to voluntarily agree to sexual activity because the person is asleep, unconscious, under the influence of an anesthetizing or intoxicating substance such that the person does not have control over his/her body, is otherwise unaware that sexual activity is occurring, or is unable to appreciate the nature and quality of the act. Incapacitation is not the same as legal intoxication.

A party who engages in sexual conduct with a person who is incapacitated under circumstances in which a reasonable sober person in similar circumstances would have known the person to be incapacitated is responsible for sexual misconduct. It is not a defense that the Responding Party’s belief in affirmative consent arose from his or her intoxication.

d. Stranger Assault and Nonstranger Assault
For the purposes of this policy, a nonstranger is someone known to the Complainant, whether through a
casual meeting or through a longstanding relationship, including a dating or domestic relationship. A stranger is someone unknown to the Complainant at the time of the assault. California law requires universities to describe how a school will respond to instances of stranger and nonstranger assaults: Stanford applies the same policies for both stranger and nonstranger assaults.

5. What is Stalking?

Stalking is the repeated following, watching or harassing of a specific person that would cause a reasonable person to (a) fear for his or her safety or the safety of others, or (b) suffer substantial emotional distress.

6. What is Relationship Violence?

Violence is Stanford’s umbrella term that includes dating and domestic violence. Relationship violence is physical violence relating to a current or former romantic or intimate relationship regardless of the length of the relationship or gender/gender identity of the individuals in the relationship, including conduct that would cause a reasonable person to be fearful for his or her safety.

7. What is a Violation of a University Directive or Court Order?

A violation of a University Directive is the failure to comply with a directive issued by the University that restricts the activities of an individual in connection with an allegation or finding of Prohibited Sexual Conduct. A violation of a court order is the failure to comply with any formal order issued by a state or federal court or authorized police officer that restricts a student’s access to another Stanford community member, such as an emergency, temporary or permanent restraining order.

8. What is Retaliation?

It is a violation of this policy to retaliate against any person making a complaint of Prohibited Sexual Conduct or against any person participating in the investigation of (including testifying as a witness to) any such allegation of Prohibited Sexual Conduct. Retaliation should be reported promptly to the Title IX Coordinator. Individuals engaging in retaliation are subject to discipline (for students and faculty), employment action (for employees) and/or removal from responsibilities or campus. Retaliation includes direct or indirect intimidation, threats, coercion, harassment or other forms of discrimination against any individual who has brought forward a concern or participated in the University’s Title IX process. Both parties are prohibited from engaging in intimidating actions directly or through support persons that reasonably could deter either a party or a witness from participating in a Title IX investigation or hearing.

9. Getting Immediate Help

If you or someone you know has experienced Prohibited Sexual Conduct, here are some steps to consider:

a. If you are in immediate danger, or if you believe there could be an ongoing threat to you or the community, please call 911 or 9-911 from a campus phone.

b. Get to a safe place and speak to a confidential resource. Confidential resources have special legal protection and will not share your name or personal information with anyone. They are able to provide
for your immediate mental well-being and to discuss your options with you. A list of confidential resources is provided in Section 18.

1. For students, the Stanford University Confidential Support Team is available 24 hours a day. Office: (650) 736-6933. After Hours Hotline: (650) 725-9955.
2. Counseling and Psychological Services (CAPS) at (650) 723-3785.
3. For all University community members, the YWCA Rape Crisis Hotline is available 24 hours a day at (650) 493-7273 or (408) 287-3000.

c. You are encouraged to seek medical attention and a medical-legal examination for evidence collection purposes. Please see Section 13 for information about medical resources.

d. You are encouraged to contact the police, although you are not required to make a report to the police. Stanford has its own Department of Public Safety, which you can reach at (650) 723-9633, for assistance and support. University officials also will assist you in contacting local law enforcement authorities, if you request assistance. If you believe that there is an ongoing threat to your safety from a particular individual, you may request an Emergency Protective Restraining Order from a California police officer. Please see Section 15 for more information about restraining order options.

e. If you are able, you are encouraged to write down what you remember about the incident. (You might also ask a friend to help you.) If possible, record information in a chronological order including details, such as names of the accused and witnesses, time-estimates and locations. This record will assist you in recalling the event later and might assist you in any further process, such as speaking to the police, doctors or University staff.

f. Students in need of immediate University assistance or interim accommodations should contact the resources listed here; Stanford provides 24-hour assistance. Please note that requesting interim safety measures or accommodations (e.g., housing or academic) will result in a formal notification to the University. For an immediate No Contact Order, a temporary housing accommodation or similar urgent assistance, contact:

**During business hours:**
Catherine Glaze, Title IX Coordinator, 2nd Floor, Mariposa House, 585 Capistrano Way, Stanford, (650) 497-4955, titleix@stanford.edu. The Title IX Coordinator will coordinate with appropriate staff. After hours: undergraduate students should call a Residence Dean and graduate students should call a Graduate Life Office Dean (see below).

**Undergraduate students** during regular business hours call: (650) 725-2800, for Residence Deans or other residential house staff. If there is no answer or if you have an urgent, after-hours issue, contact the campus operator at (650) 723-2300 and ask to be connected to the undergraduate Residence Dean on call.

**Graduate students** during regular business hours call: (650) 736-7078, for a Graduate Life Office Dean. If there is no answer or if you have an urgent, after-hours issue, call the 24-hour pager: (650) 723-8222, pager ID 25085.
g. Employees in need of University assistance relating to employment responsibilities or interim accommodations should contact the Sexual Harassment Policy Office at (650) 724-2120, harass@stanford.edu, a Human Resources Representative or a Sexual Harassment Adviser at harass.stanford.edu/help/advisers. Please note that requesting interim measures or accommodations will result in a formal notification to the University.

10. Reporting Acts of Prohibited Sexual Conduct to the University

a. Where to Report
Reports of Prohibited Sexual Conduct relating to students, either as the Complainant or as the Responding Party, should be reported to:

- Catherine Glaze, Title IX Coordinator, titleix@stanford.edu, (650) 497-4955

All other reports should be made to the Sexual Harassment Policy Office:

- Sexual Harassment Policy Office, harass@stanford.edu, (650) 724-2120

b. What to Report
For University staff members who are required to report Prohibited Sexual Conduct, the following information (if known) should be provided:
• Name of person who may have experienced Prohibited Sexual Conduct
• Name of Responding Party (accused party) (if known)
• Date of the incident
• Date of report
• To whom report was made
• Location of the incident (be specific: not "Responding Party’s room" but “RP’s room in Stern Hall" or "off-campus in downtown Palo Alto")
• Time of the incident
• Nature of the conduct (be as specific as possible, identify the category(ies) of Prohibited Sexual Conduct—sexual misconduct, sexual assault, stalking, relationship violence; and also specific allegations: e.g., sexual misconduct, IP awoke to RP touching her breasts without permission.)

c. Who Must Report
Except for University-recognized confidential resources, the following University staff members (including student staff members) with knowledge of unreported concerns relating to Prohibited Sexual Conduct are required to report such allegations to the Title IX Coordinator (for students) or the Sexual Harassment Policy Office (for all other reports): (i) supervisors; (ii) staff within: (a) Residential Education; (b) Vice Provost for Student Affairs; (c) Vice Provost for Undergraduate Education; and (d) Vice Provost for Graduate Education; and (iii) faculty and staff who have responsibility for working with students in the following capacities: teaching; advising; coaching or mentoring. Reporting by these individuals is required regardless of whether the subject of the Prohibited Sexual Conduct has or has not indicated they will contact the appropriate office.

The University urges individuals who have been subjected to Prohibited Sexual Conduct to make an official report, whether or not they intend at that time to seek criminal or civil redress or pursue internal disciplinary measures. A report of the matter will be dealt with promptly and equitably. The University
will not discipline reporting parties or witnesses for drug and alcohol violations (relating to voluntary ingestion) or similar Fundamental Standard (not Honor Code) offenses related to the reported incident that do not place the health or safety of any other person at risk.

11. University Response to Allegations of Prohibited Sexual Conduct

a. Immediate Response
Upon notice of any concern regarding Prohibited Sexual Conduct, the University will promptly assess the situation and respond, including instituting any immediate safety measures or accommodations necessary to ensure the safety of the Complainant and the Stanford Community.

b. Investigation Process for Matters involving a Student as the Alleged Wrongdoer
For matters in which a concern has been brought against a student in a degree-granting program as the alleged wrongdoer, the University will follow the Student Title IX Process, which is managed by the Title IX Coordinator.

c. Investigation Process for Matters involving Faculty or Staff as the Alleged Wrongdoer
The University will first assess whether an investigation will be conducted; that is, whether the allegation(s), if true, would rise to the level of Prohibited Sexual Conduct and, if so, whether a formal investigation is appropriate under the circumstances, taking into account the Complainant's request for confidentiality. The decision-makers to assess whether to move forward to an investigation are: for all matters in which a student is a Complainant, the Title IX Coordinator; for matters in which no student is involved and the respondent is faculty, the cognizant dean or program director; for matters in which no student is involved and the respondent is staff, Human Resources; faculty and staff decision-makers should confer with the Sexual Harassment Policy Office.

In instances in which the University decides to move forward to an investigation, each party will have the same opportunities within the process including: written notice of the concern, an opportunity to respond and be interviewed, and an opportunity to identify relevant witnesses and evidence. Investigations of Prohibited Sexual Conduct will be timely and equitable. The University will review relevant information. While corroborating evidence of accounts is helpful, it is not always available and the credible account of one party can be sufficient to establish a fact. The University makes good faith efforts to complete investigations under Title IX in a 60 day timeframe, although extensions may be appropriate in some matters. Investigations of allegations of Prohibited Sexual Conduct may be conducted by the Title IX Coordinator or her trained designee, by a Human Resources or trained Sexual Harassment Adviser in consultation with the Sexual Harassment Policy Office and the Title IX Office, or by outside resources, depending upon who the parties are and the nature of the conduct alleged. All cases involving students will be investigated in consultation with the Title IX Office. The standard of proof for all determinations of Prohibited Sexual Conduct during an administrative review process is preponderance of the evidence, that is, the conduct more likely than not occurred. Appeal rights are as provided in specifically applicable policies:

- **Staff Investigations.** Following an investigation, a staff member may file a grievance under Guide Memo 2.1.11: Grievance Policy.
- **Senior Staff.** Following an investigation, a staff member may seek administrative review as provided in Guide Memo 2.1.14: Senior Staff.
- **Employees covered by collective bargaining agreements.** Please refer to Labor Relations & Collective Bargaining.
- **Trial period, casual or temporary employees.** Following an investigation, an employee may seek administrative review under Guide Memo 2.1.19: Administrative Review Policy.
- **Faculty.** Please refer to the Faculty Handbook.

### d. Support Resources, Interim Measures & Remedies:

The University will take steps to prevent the recurrence of Prohibited Sexual Conduct through safety measures and will redress its effects through appropriate accommodations. The University in implementing such measures and accommodations will seek to minimize the impact and burden on the involved parties consistent with protecting the well-being of the involved parties and the community. To the extent reasonable and feasible, the University will consult with the Complainant and the Responding Party in determining accommodations and safety measures. (Students are directed to Appendix C of the [Student Title IX Process](#) for additional information.) Appropriate support resources, interim measures and remedies may include:

- Housing accommodations
- Counseling services
- Academic accommodations
- No contact directives, stay-away letters, or campus bans
- Escorts
- Limitation on extracurricular or athletic activities
- Removal from University community
- Referral to University disciplinary process
- Review or revision of University policies or practices
- Training
- Climate surveys

#### 1. Obtaining Interim Measures

When the University has notice of an allegation of Prohibited Sexual Conduct, involving a student, the Title IX Coordinator is authorized to implement interim measures as appropriate, which will generally remain in effect throughout the duration of the University investigation. When the University has notice of an allegation of Prohibited Sexual Conduct that does not involve a student, the Sexual Harassment Policy Office is authorized to implement interim measures as as appropriate, which will generally remain in effect throughout the duration of the University investigation. Interim Measures may include the same safety measures or accommodations provided above.

#### 2. Potential Accommodations in the Event of No Investigation

Even if the University decides not to confront the Responding Party because of the Complainant's request for confidentiality, the University may pursue other reasonable steps to limit the effects of the Prohibited Sexual Conduct as feasible and reasonable in light of the Complainant’s request for
e. Disciplinary & Corrective Action Processes
The University has processes that focus on the imposition of discipline (students and faculty) or corrective action (staff) for individuals found responsible for violating the Fundamental Standard or a University Policy.

1. Student Discipline
Student discipline is implemented through the Student Title IX Process.

The Title IX Office investigates all formal disciplinary complaints of Prohibited Sexual Conduct, and files formal charges if the evidence supports the allegation. Specially trained panelists consider allegations of Prohibited Sexual Conduct after the matter has been investigated and charged. Parties to the process are invited to work with support persons. Sanctions for students found responsible for such a violation range from a formal written warning to suspension for a period of time or expulsion from the University. Expulsion is the expected sanction following a finding of sexual assault and expulsion must be considered for all findings of Prohibited Sexual Conduct. Mediation between parties is not available for cases of sexual assault or misconduct.

2. Faculty & Staff Discipline/Corrective Action
For faculty and staff, violations of this policy are addressed according to applicable faculty and staff personnel policies. Employees in a collective bargaining unit are covered by policies in the applicable agreement. When violations are found, possible sanctions range from censure to dismissal from the University. For more specific information, please see the following resources:

• Administrative Guide 2.1.16: Addressing Conduct and Performance Issues (staff), and the policies described above in Section 11.c.above.
• Faculty Handbook: Statement on Faculty Discipline (faculty).

12. Confidentiality of Information
The University will make reasonable and appropriate efforts to preserve an individual's privacy and to protect the confidentiality of information. However, because of laws relating to reporting and other state and federal laws, the University cannot guarantee confidentiality relating to incidents of Prohibited Sexual Conduct except where those reports are privileged communications to Confidential Resources. (See below.) Exceptions to maintaining confidentiality are set by law; for example, physicians and nurses who treat any physical injury sustained during a sexual assault are required to report it to law enforcement. Also, physicians, nurses, psychologists, psychiatrists, teachers and social workers must report a sexual assault committed against a person under age 18.

Except for Confidential Resources, information shared with other individuals is not legally protected from being disclosed. If the individual requests confidentiality or requests that there be no investigation, the University’s ability to respond may be limited, including pursuing discipline or administrative remedies against the accused, although, where feasible, the University will take reasonable steps to prevent Prohibited Sexual Conduct and limit its effects. It is not always possible to provide confidentiality depending on the seriousness of the allegation and other factors, which will be weighed
by the Title IX Coordinator in conjunction with an individual’s request for confidentiality or a request not to pursue an investigation. These factors include circumstances that suggest an increased risk of the accused committing additional acts of Prohibited Sexual Conduct or other violence, whether the Prohibited Sexual Conduct was perpetrated with a weapon, the age of the student, and the ability of the University to obtain evidence by other means. The University takes requests for confidentiality seriously while at the same time considering its responsibility to provide a safe and nondiscriminatory environment for all students and the University community. The University in such circumstances will make sure the Complainant is aware he/she/they are protected from retaliation.

As required by the Clery Act, all disclosures to any University employee of an on-campus or “non-campus property” sexual assault must be reported for statistical purposes only (without personal identifiers) to the Stanford University Department of Public Safety, which has the responsibility for tabulating and annually publishing sexual assault and other crime statistics. Such reports are for statistical purposes and do not include individual identities or other personally identifiable information.

In California, a police officer is required to ask a victim of sexual assault and domestic violence (specifically section 273.5 Penal Code) if he or she wants his or her name to remain confidential (Penal Code 293(a)). If a victim elects to have his or her name remain confidential, the police will not list the victim's name in a crime log or release it to university officials without permission (Penal Code 293(d)). If the District Attorney elects to prosecute a sexual assault, the name of an adult victim may be subject to disclosure.

If a formal complaint against a student is filed with the Title IX Coordinator then the process provided for in the Student Title IX Process will be followed.

8.5. CONSENSUAL SEXUAL OR ROMANTIC RELATIONSHIP IN THE WORKPLACE AND EDUCATIONAL SETTING
Read the policy: https://adminguide.stanford.edu/chapter-1/subchapter-7/policy-1-7-2

This policy highlights the risks in sexual or romantic relationships at Stanford between individuals in inherently unequal positions. In the School of Medicine context, such unequal positions might include between students (on the one hand) and professors, attending physicians, residents, interns, or others with supervisory or evaluative roles vis a vis the students (on the other hand). The policy prohibits certain relationships between teachers and students; in other relationships: requires notification and recusal from supervision and evaluation. Specific sections of the policy cover in detail relationships with students, between students, and in other contexts.

Read a synopsis of the policy’s important points: https://harass.stanford.edu/be-informed/guidelines-consensual-relationships
8.6. STUDENT ACADEMIC GRIEVANCE PROCEDURE
http://exploreddegrees.stanford.edu/academicpoliciesandstatements/#studentacademicgrievanceproceduretext

The following policy is subject to periodic review (check the online Stanford Bulletin for the currently applicable version).

1. Coverage

   a. Any Stanford undergraduate or graduate student who believes that he or she has been subjected to an improper decision on an academic matter is entitled to file a grievance to obtain an independent review of the allegedly improper decision, followed by corrective action if appropriate. A grievance is a complaint in writing made to an administrative officer of the University concerning an academic decision, made by a person or group of persons acting in an official University capacity, that directly and adversely affects the student as an individual in his or her academic capacity.

   b. Grievance procedures apply only in those cases involving a perceived academic impropriety arising from a decision taken by: (1) an individual instructor or researcher; (2) a school, department, or program; (3) a committee charged to administer academic policies of a particular school, department, or program; (4) the University Registrar, the Vice Provost for Undergraduate Education, the C-USP Subcommittee on Academic Standing, or a Senate committee or subcommittee charged to administer academic policies of the Senate of the Academic Council. They do not pertain to complaints expressing dissatisfaction with a University policy of general application challenged on the grounds that the policy is unfair or inadvisable, nor do they pertain to individual school, department, or program academic policies, as long as those policies are not inconsistent with general University policy.

   c. Individuals should be aware that the University Ombuds Office is available to all Stanford students, faculty, and staff to discuss and advise on any matter of University concern and frequently helps expedite resolution of such matters. Although it has no decision-making authority, the University Ombuds Office has wide powers of inquiry, including into student complaints against instructors.

2. Grievance and Appeal Procedures

   a. Informal Attempts at Resolution: the student first should discuss the matter, orally or in writing, with the individual(s) most directly responsible. If no resolution results, the student should then consult with the individual at the next administrative level, for example, the chair or director of the relevant department or program, or, for those cases in which there is none, with the school dean. At this stage, the department chair or program director, if any, may inform the dean that the consultation is taking place and may solicit his or her advice on how to ensure that adequate steps are taken to achieve a fair result. Efforts should be made to resolve the issues at an informal level without the complaint escalating to the status of a formal grievance.

   b. The Filing of the Grievance:

      1) If informal means of resolution prove unsatisfactory, the student should set forth in writing a statement of the decision that constitutes the subject matter of the dispute, the grounds on which it is being challenged, and the reasons why the grievant believes that the decision was improperly taken. The statement should also include a description of
the remedy sought and the informal efforts taken to date to resolve the matter. It is at this point that the complaint becomes a formal grievance. The written grievance should specifically address the matters set forth in the Standards for Review, as stated in Section 4 below. The grievance should include an allegation of any adverse effects on the grievant, known to the grievant at the time of filing.

2) The grievance document should be submitted to the dean of the school in which the grievance arose; for a grievance concerning a decision of the University Registrar, the Vice Provost for Undergraduate Education, or of a Senate committee or subcommittee, the procedures set forth herein for grievances and appeals shall be modified as stated in Section 3 below. A grievance must be filed in a timely fashion, that is, normally within 30 days of the end of the academic quarter in which the adverse decision occurred or should reasonably have been discovered. A delay in filing a grievance may, taking all circumstances into account, constitute grounds for rejection of the grievance.

c. The Response to the Grievance:

1) The relevant dean shall consider the grievance. The dean may attempt to resolve the matter informally or make whatever disposition of the grievance that he or she deems appropriate. The dean may, in appropriate cases, remand the grievance to a lower administrative level (including to the level at which the grievance arose) for further consideration.

2) The dean may also refer the grievance, or any issue therein, to any person (the "grievance officer") who shall consider the matter and report to the dean as the latter directs. The dean shall inform the grievant (and the party against whose decision the grievance has been filed) in writing of any referral of the matter and shall specify the matters referred, the directions to the person or persons to whom the referral is made (including the time frame within which the person is to report back to the dean), and the name of that person.

3) In undertaking the review, the dean or the grievance officer may request a response to the issues raised in the grievance from any individuals believed to have information considered relevant, including faculty, staff, and students.

4) Should attempts to resolve the matter informally not be successful, the dean shall decide the grievance, and shall notify the grievant (and the party against whose decision the grievance has been filed) in writing of the disposition made of the grievance and the grounds for the disposition at the earliest practicable date after his or her receipt of the grievance.

5) Normally, no more than 60 days should elapse between the filing of a grievance and the disposition by the dean. If, because of absence of key persons from the campus or other circumstances or exigencies (including those due to breaks in the academic calendar), the dean decides that disposition on that schedule is not possible, he or she shall inform the grievant (and the party against whose decision the grievance has been filed) of that in writing, giving the grounds therefore and an estimate of when a disposition can be expected.

d. The Filing of an Appeal:
1) If the grievant is dissatisfied with the disposition of the grievance at the decanal level, either on substantive or on procedural grounds, he or she may appeal in writing to the Provost.

2) The appeal must specify the particular substantive or procedural bases of the appeal (that is, the appeal must be made on grounds other than general dissatisfaction with the disposition) and must be directed only to issues raised in the grievance as filed or to procedural errors in the grievance process itself, and not to new issues. The appeal shall contain the following:

   a) A copy of the original grievance and any other documents submitted by the grievant in connection therewith.
   b) A copy of the determination made by the dean on that grievance.
   c) A statement of why the reasons for the determination of the dean are not satisfactory to the grievant. This statement should specifically address the matters set forth in the Standards for Review in Section 4 below.

3) The grievant shall file his or her appeal at the earliest practicable date after the grievant's receipt of the determination by the dean. Normally, no more than 30 days should elapse between the transmittal of the dean's decision on the grievance and the filing of the appeal. A delay in filing an appeal may, taking all circumstances into account, constitute grounds for rejection of the appeal.

e. The Response to the Appeal:

1) The Provost may attempt to resolve the matter informally, or refer the appeal, or any issue thereof, to any person (the "grievance appeal officer") who shall consider the matter and report to the Provost as the latter directs. The Provost may also, in appropriate cases, remand the matter to a lower administrative level (including to the level at which the grievance arose) for further consideration.

2) The Provost shall inform the grievant (and the party against whose decision the grievance has been filed) in writing of any referral of the matter and shall specify the matters referred, the directions to the person to whom the referral is made (including the time frame within which the person is to report back to the Provost), and the name of that person.

3) Should attempts be made to resolve the matter informally not be successful, the Provost shall decide the appeal, and shall notify the grievant (and the party against whose decision the grievance has been filed) in writing of the disposition made of the grievance and the grounds for the disposition at the earliest practicable date after his or her receipt of the appeal. The decision of the Provost shall be final, unless the grievant requests a further appeal to the President pursuant to Section 2f below, and the President agrees to entertain this further appeal.

4) Normally no more than 45 days should elapse between the filing of the appeal and the disposition by the Provost. If, because of absence of key persons from the campus or other circumstances or exigencies (including those due to breaks in the academic calendar), the Provost judges that disposition on that schedule is not possible, he or she shall inform the grievant (and the party against whose decision the grievance has been
filed) of the fact in writing, giving the grounds therefore and an estimate of when a disposition can be expected.

f. *The Request to the President:* if the student is dissatisfied with the disposition of the appeal by the Provost, he or she may write to the President of the University giving reasons why he or she believes the grievance result to be wrong (following the general format set forth in Section 2d.2 above). No more than 30 days should elapse between the transmittal of the Provost’s disposition and the written statement to the President urging further appeal. In any case, the President may agree or decline to entertain this further appeal. If the President declines to entertain the further appeal, the decision of the Provost shall be final. If the President decides to entertain the further appeal, he or she shall follow the general procedures set forth in Section 2e above, and the decision of the President shall be final.

3. Grievances Concerning Decisions of the University Registrar, the Vice Provost for Undergraduate Education, or of a Senate Committee or Subcommittee

a. For a grievance concerning a decision of the University Registrar, the Vice Provost for Undergraduate Education, the C-USP Subcommittee on Academic Standing, or of a Senate committee or subcommittee, the grievant shall file his or her grievance with the Provost, rather than with the dean, and the Provost shall handle that grievance in accordance with the procedures set forth in Section 2c above.

b. There shall be no appeal of the Provost's disposition of that grievance, except as may be available under Section 2f above.

4. Standards for Review and Procedural Matters

a. The review of grievances or appeals shall usually be limited to the following considerations:

1) Were the proper facts and criteria brought to bear on the decision? Were improper or extraneous facts or criteria brought to bear that substantially affected the decision to the detriment of the grievant?

2) Were there any procedural irregularities that substantially affected the outcome of the matter to the detriment of the grievant?

3) Given the proper facts, criteria, and procedures, was the decision one which a person in the position of the decision maker might reasonably have made?

b. The time frames set forth herein are guidelines. They may be extended by the relevant administrative officer in his or her discretion for good cause.

c. Questions concerning the filing and appeal of grievances should be directed to the Office of the Provost

8.7. CHILDBIRTH ACCOMMODATION POLICY FOR WOMEN GRADUATE STUDENTS AT STANFORD UNIVERSITY

http://gap.stanford.edu/5-9.html

The following may be found in Section 5.9 of the Graduate Academic Policies and Procedures Handbook (the GAP handbook), available online at http://gap.stanford.edu/5-9.html.
Summary
Provides an academic accommodation period for registered and matriculated women graduate students (including students in professional schools) anticipating or experiencing a birth.

Rationale
To increase the number of women pursuing advanced degrees, it is important to acknowledge that a woman's prime childbearing years are the same years she is likely to be in graduate school, doing postdoctoral training, and establishing herself in a career. This childbirth accommodation policy is designed to partially ameliorate the intrinsic conflict between the "biological" and the "research" and "training" clocks for women graduate students.

Nothing in this policy replaces the communication and cooperation between student and adviser, and the good-faith efforts of both to accommodate the birth of a child. It is the intention of this policy to reinforce the importance of that cooperation, and to provide support where needed to make that accommodation possible.

This policy is intended to provide an accommodation for the demands placed on a woman by late-stage pregnancy, childbirth, and the care of a newborn. It is designed to make it possible to maintain the mother's full-time, registered student status, and to facilitate her return to full participation in classwork, and, where applicable, research, teaching, and clinical training in a seamless manner.

Policy
All women graduate students (including students in professional schools) anticipating or experiencing a birth who are registered, matriculated students:

- are eligible for an academic accommodation period of up to two consecutive academic quarters around the time of the birth, during which the student may postpone course assignments, examinations, and other academic requirements;
- are eligible for full-time enrollment during this period and will retain access to Stanford facilities, Cardinal Care, and Stanford housing;
- will be granted an automatic one-quarter extension of university and departmental requirements and academic milestones, with the possibility of up to three quarters by petition under unusual circumstances; and
- if supported by teaching and/or research assistantships, will be excused from their regular TA or RA duties for a period of six weeks during which they will continue to receive support. Students will not receive a stipend or salary if none was received previously, but are eligible for the academic accommodation period and the one-quarter extension of academic milestones.

Eligibility
The childbirth accommodation policy applies to matriculated and enrolled women graduate students anticipating or experiencing a birth. Adoption, foster-care placement, and paternity leave are covered under existing policies governing leaves of absence (see GAP 5.3, Leaves of Absence and Reinstatements).

Birth mothers may opt to use a leave of absence instead of the benefits provided by the childbirth accommodation policy. Depending on the stage in her academic career, the timing of the birth, her funding source, and the level of assistance she will receive from others in caring for the newborn, a woman may find it more advantageous or feasible to take one or more quarters of leave of absence rather than remaining
enrolled and utilizing a childbirth accommodation. This may especially be the case for medical students because of the highly structured and sequential M.D. curriculum, particularly in the first two years.

Requesting a Childbirth Academic Accommodation Period
Women graduate students anticipating or experiencing the birth of a child may formally request a one-quarter extension of university and departmental academic requirements and a childbirth academic accommodation period. This academic accommodation period is not a leave of absence from university responsibilities. The expectation is that the woman will be in residence, and, assuming good health of the pregnant woman or new mother and the infant, will remain engaged in classwork and research, and, if applicable and feasible, clinical activities, even if at a reduced level.

The childbirth accommodation policy is administered by the Office of the Vice Provost for Graduate Education (VPGE) through an online application process. A letter from the student's health-care provider stating the anticipated delivery date must accompany the application.

The application is electronically routed to the student's advisor for approval or denial, and the completed application is then routed to the VPGE Office. VPGE will notify the student, the student's department, and the relevant University administrative offices whether the one-quarter extension of University and departmental academic requirements and the Academic Accommodation Period of two quarters, beginning with the quarter in which the birth is expected, have been approved or not.

Coursework, Research and Clinical Activities
Approval of an academic accommodation period will stop the academic and research clocks with regard to assignments due, reports anticipated, or other class- and research-related requirements. It does not, however, waive class attendance requirements for students in the Law School or clinical training or other requirements in the Medical School. Students in other schools are expected to attend class and participate in seminars to the extent that the health of mother and newborn, and the demands of caring for an infant, allow. Faculty or relevant staff are expected to work with the student to make arrangements for submitting work for completion of requirements when the student returns, and to grade it promptly so as to remove any "Incomplete" notations as rapidly as possible. Faculty members are encouraged to assign "N" and "L" grades, where appropriate.

Part-Time Enrollment
This policy makes it possible for women to maintain their full-time student status, so that they continue accumulating units toward their residency requirement, and to avoid triggering any interruptions in on-campus housing, insurance coverage, eligibility for student loans, and deferment of student loan repayment. By remaining full-time students, the visa status of international students is not affected.

While it is usually better for the woman student to remain enrolled full-time, in some cases, depending on the coursework appropriate to the stage of her academic program, part-time enrollment would be appropriate. This will require careful consultation, in advance, to ensure that the implications for academic progress, visa status, loan eligibility and deferment, etc., have been thoroughly investigated. In completing the petition for the academic accommodation period, the student may request up to two quarters of part-time enrollment by means of a Request for Graduate Tuition Adjustment. If part-time enrollment status is approved, the student will retain all privileges of the childbirth accommodation policy.

Funding
In addition to being eligible for up to two quarters of academic accommodation, those women graduate
students supported by fellowships, teaching assistantships, and/or research assistantships will be excused from their regular TA or RA duties for a period of six weeks during which they will continue to receive support.

Students who do not have an ongoing commitment of financial support in the form of fellowships, teaching assistantships, or research assistantships may petition for an academic accommodation period and an automatic one-quarter extension of academic requirements, but are not entitled to tuition or other funding from the childbirth accommodation fund.

8.8. OWNERSHIP AND USE OF STANFORD NAMES AND TRADEMARKS
http://exploredegrees.stanford.edu/nonacademicregulations/#text-ownestannametrad

Stanford registered marks, as well as other names, seals, logos, and other symbols and marks that are representative of Stanford, may be used solely with permission of Stanford. Merchandise bearing Stanford's names and marks, such as t-shirts, glassware, and notebooks, must be licensed. For complete text of the currently applicable policy, including the University officers authorized to grant permission to use the Stanford name and marks, see Administrative Guide 1.5.4, Ownership and Use of Stanford Name and Trademarks at https://adminguide.stanford.edu/chapter-1/subchapter-5/policy-1-5-4.

8.9. COMPUTER AND NETWORK USAGE POLICY
http://exploredegrees.stanford.edu/nonacademicregulations/#text-compnetusag

For a complete text of the currently applicable version of this policy, see Administrative Guide 6.2.1, Computer and Network Usage Policy, available at https://adminguide.stanford.edu/chapter-6/subchapter-2/policy-6-2-1.

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.

8.10. COPYRIGHT
http://exploredegrees.stanford.edu/nonacademicregulations/#text-copyright

Copyright laws protect original works of authorship and give the owners of copyrights the exclusive right to do and to authorize others to do certain things in regard to a copyrighted work, including: make copies, distribute the work, display or perform the work publicly, and create derivative works. Copyright laws apply to nearly all forms of captured content, including traditional works like books, photographs, music, drama and sculpture. The laws also adapt to changes in technologies, and include in their scope modern forms of works like motion pictures, Web sites, electronic media, software, multimedia works and some databases. Registration is not required to obtain a copyright, so if in doubt, assume a copyright applies.

Unless an exception to the copyright owner’s exclusive rights applies, you must obtain permission from the copyright owner to copy, distribute, display or perform a copyrighted work in any medium for any purpose. Be especially mindful of copyright principles when using the Internet. Just because a work is posted on the Internet does not mean that the owner of the copyright has given you permission to use it. And, you should not be posting material onto the Internet without copyright clearance.

Stanford University Libraries have licenses with many publishers, which permit copying of materials in accordance with the educational, research or administrative functions of the University. In addition, there are four major exceptions to the copyright owner’s exclusive rights, which (if applicable) permit limited use without permission. These are: the fair use exception, the library exception, the face-to-face teaching exception, and the distance-learning exception. For a more detailed explanation of these exceptions, the copyright laws and Stanford’s copyright policies, please review the University’s Copyright Reminder at http://www-sul.stanford.edu/libraries_collections/copyright_reminders/.

It is each person’s responsibility to be aware of and abide by copyright law; violation may result in civil or criminal liability, and constitutes grounds for University discipline, up to and including discharge, dismissal and expulsion.

Peer-to-Peer File Sharing
The use of file-sharing networks and software to download and share copyrighted works like software, music, movies, television programs, and books can violate copyright laws. Both the person who makes an illegal copy of a copyrighted work available and the person who receives or downloads an illegal copy have violated the law and Stanford policies. Many file-sharing programs have default settings that share copyrighted files, such as music and movies, through the Internet. Before enabling any of these programs students, faculty, or staff must read the fine print, make sure to understand the program itself, and only use such programs lawfully. Under the Digital Millennium Copyright Act (DMCA), the copyright owners are entitled to notify Internet service providers, such as Stanford, that IP addresses linked to the Stanford network are sharing copies of music, movies, or other content without authorization. The law requires the University to respond to such complaints by eliminating access to the infringing materials. Stanford will disconnect students who fail to respond to a DMCA complaint promptly, and Stanford will charge reconnection fees starting at $100 and going up as high as $1,000 for successive DMCA complaints. Furthermore, the University will suspend or terminate computer access to the Stanford network, including termination of the SUNet ID, to members of the community who continue to violate copyright laws. Finally, the University will take action through the student, employee, or faculty disciplinary processes if necessary. Beyond University consequences, copyright holders may file civil lawsuits against copyright infringers seeking extensive monetary damages. If compelled by a lawful subpoena, Stanford may be required to identify students, faculty, staff, or others who have violated copyright law. For more information about Copyright infringement at Stanford, including links to the U.S. Copyright Office and the Peer-to-Peer Traffic Advisory Service, please visit https://uit.stanford.edu/security/copyright-infringement.

School of Medicine Course Content Access and Appropriate Use Policy

Stanford University School of Medicine course materials are intended for curriculum and course-related purposes and are copyrighted by the University. Appropriate access to this content is given for personal academic study and review purposes only. Unless otherwise stated in writing, this content may not be shared, distributed, modified, transmitted, reused, sold or otherwise disseminated. These materials may also be protected by additional copyright; any further use of this material may be in violation of federal copyright law. Violators of this policy will be referred to the Committee on Professionalism, Performance, and Promotion (CP³).

For examples and frequently asked questions see
http://med.stanford.edu/irt/edtech/policies/course_content_access.html
8.11. SMOKER-FREE ENVIRONMENT
The general policy for the University can be found at:
http://exploredegrees.stanford.edu/nonacademicregulations/#text-smokenvi

The School of Medicine Specific Smoke-free Environment
The following is quoted from the School of Medicine policy, effective September 1, 2007:

It is the policy of the Stanford University School of Medicine that smoking is prohibited anywhere on the School of Medicine campus. This prohibition includes all enclosed buildings and facilities and all outdoor areas on the footprint of the School of Medicine and at the James H. Clark Center. A map indicating the area subject to this policy may be found at http://med.stanford.edu/tobaccofree/map/

Specifically, smoking is prohibited in classrooms and offices, all enclosed buildings and facilities, in covered walkways, in School vehicles, and in all outdoor areas within the boundaries of the School and the James H. Clark Center.

This policy relies on the consideration and cooperation of smokers and non-smokers. It is the responsibility of all members of the School community to observe and follow this policy and its guidelines. Faculty, staff and students repeatedly violating this policy may be subject to appropriate action to correct any violation(s) and prevent future occurrences.

Smoking cessation programs are available for faculty and staff through the Center for Research in Disease Prevention, Health Improvement Program (HIP): http://hip.stanford.edu.

Students may contact the Health Promotion Program (HPP) through the Vaden Student Health Center for smoking cessation information or programs: http://vaden.stanford.edu/wellness/substanceAbuse.html

In addition, the School of Medicine Web site includes lists of resources and links to other smoking cessation programs: http://med.stanford.edu/tobaccofree/

Stanford Health Care (SHC) Non-smoking Policy
The following is quoted from the Stanford Hospitals and Clinics (SHC) and Lucile Packard Children’s Hospital (LPCH) policy, approved March 2007:

It is SHC/LPCH policy to provide a smoke-free environment for patients, staff and visitors within the Hospital and Clinics and to comply with applicable no-smoking regulations.

No smoking is allowed by patients, employees, medical staff, volunteers, and visitors within any hospital and clinic buildings, interior patios, within the Stanford University Medical Center Loading Dock yard, or near all building entrances or windows.

There are no exceptions for any smoking inside the hospital or clinic buildings. Exterior smoking guidelines for psychiatric inpatients are established within the Psychiatric Inpatient Policy and Procedures.

All employees, medical staff, and volunteers are responsible for compliance and to help enforce this policy. Staff should remind anyone smoking inside buildings about the no-smoking policy and direct them to smoke outside.
Outdoor smoking areas at Stanford Hospital and LPCH are located away from building entrances. Outside smoking locations include Stanford Hospital on the west side benches alongside the Parking Garage at the end of the G-1 Wing Building, and in the H-2 outside psychiatric patients’ patio (this area is not open to the general public). At LPCH, the smoking area is along the west side of the hospital.

8.12. CAMPUS SAFETY AND CRIMINAL STATISTICS
http://exploredegrees.stanford.edu/nonacademicregulations/#text-campsafecrimstat


8.13. CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS COMPLAINT PROCEDURE
An individual may contact the Bureau for Private Postsecondary Education for review of a complaint. The bureau may be contacted online or at 2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833; phone: (916) 431-6924; fax: (916) 263-1897.